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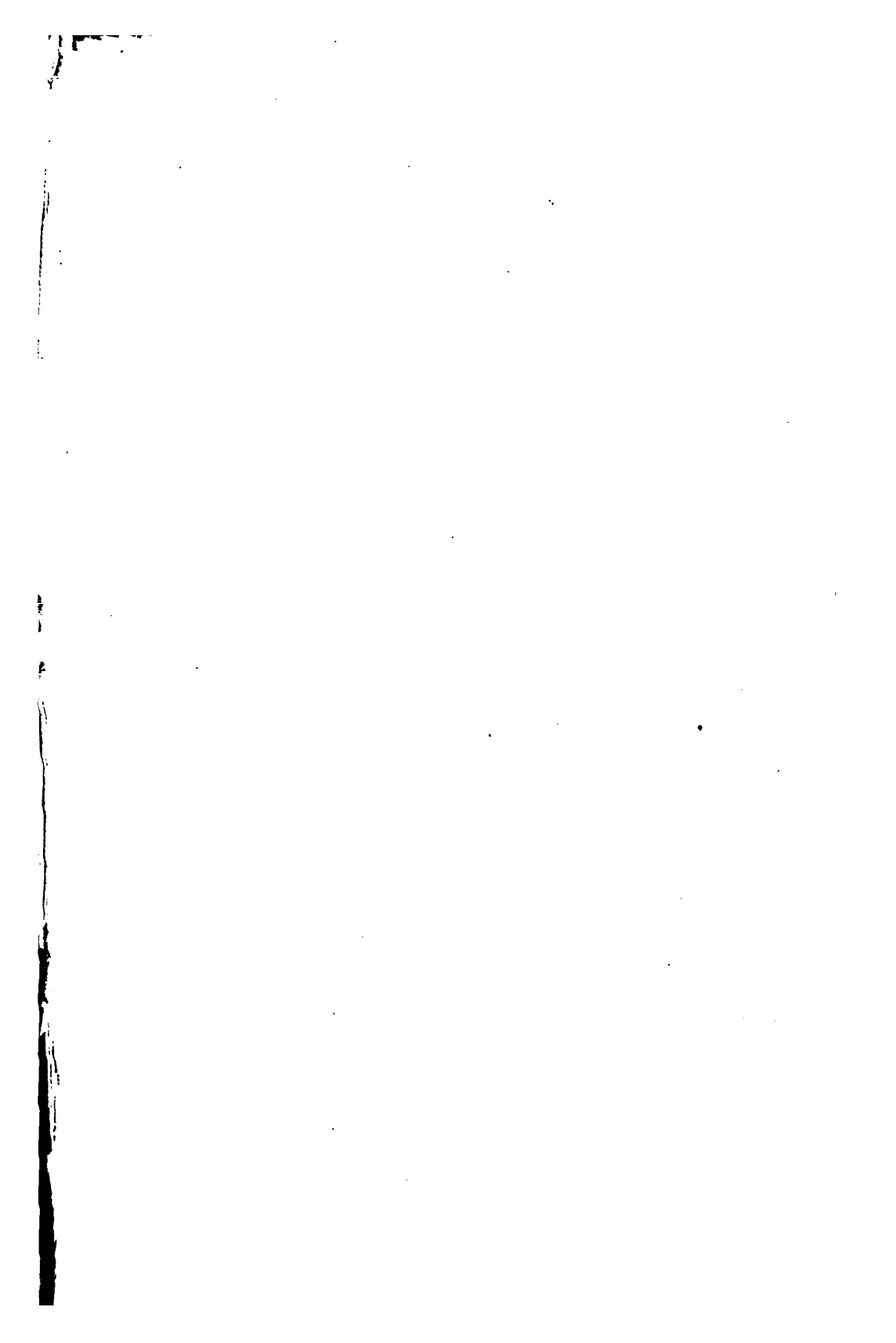
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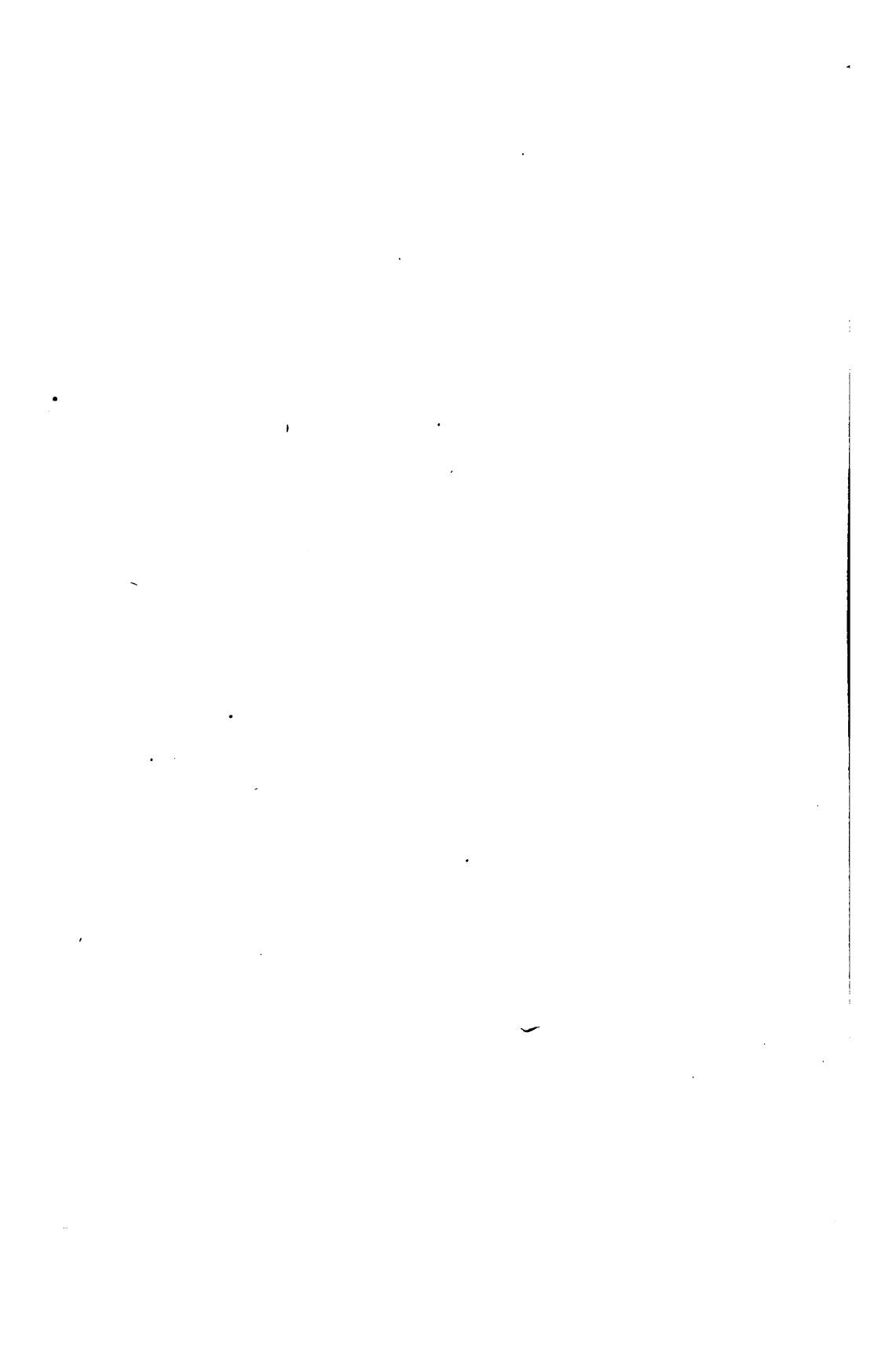
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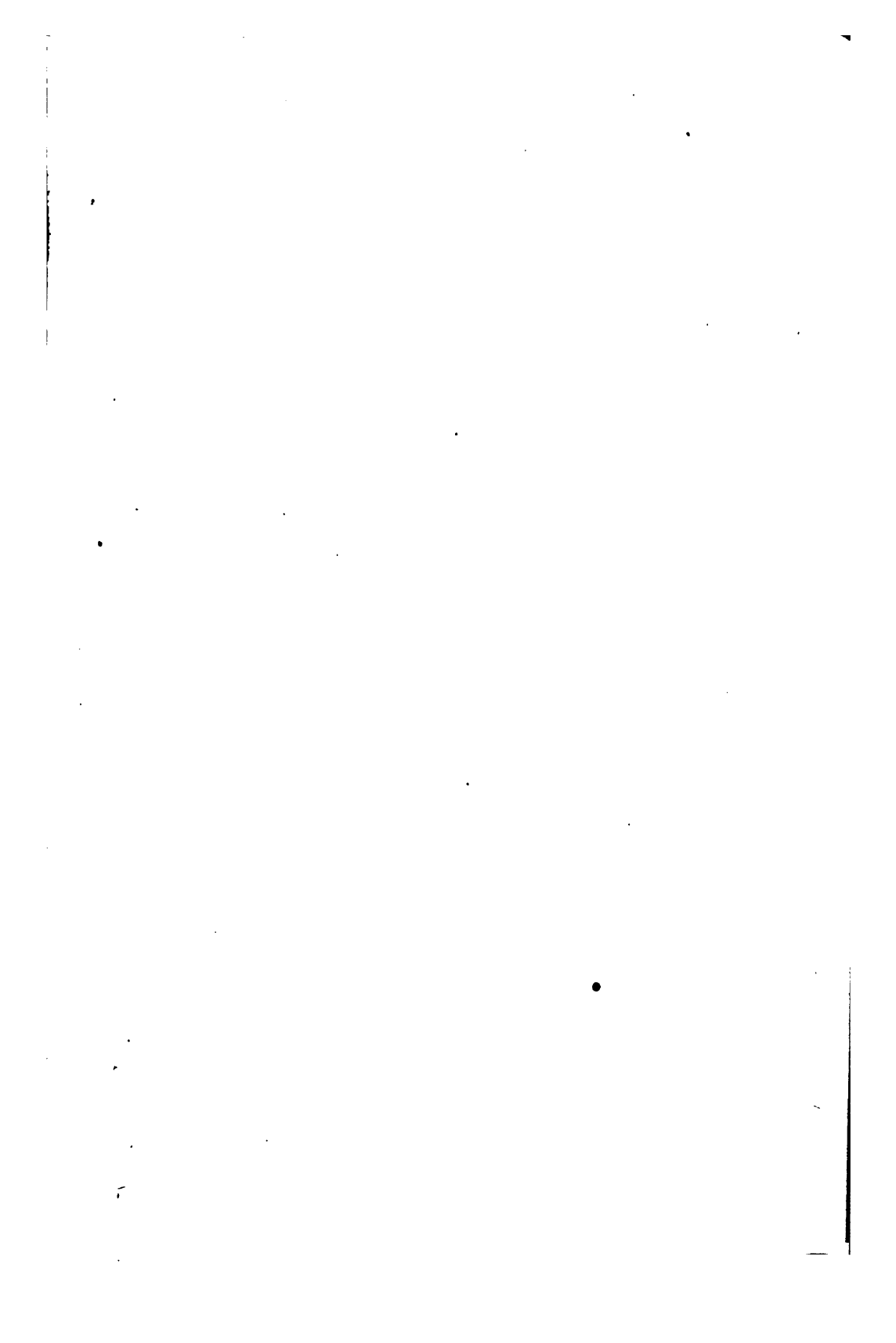
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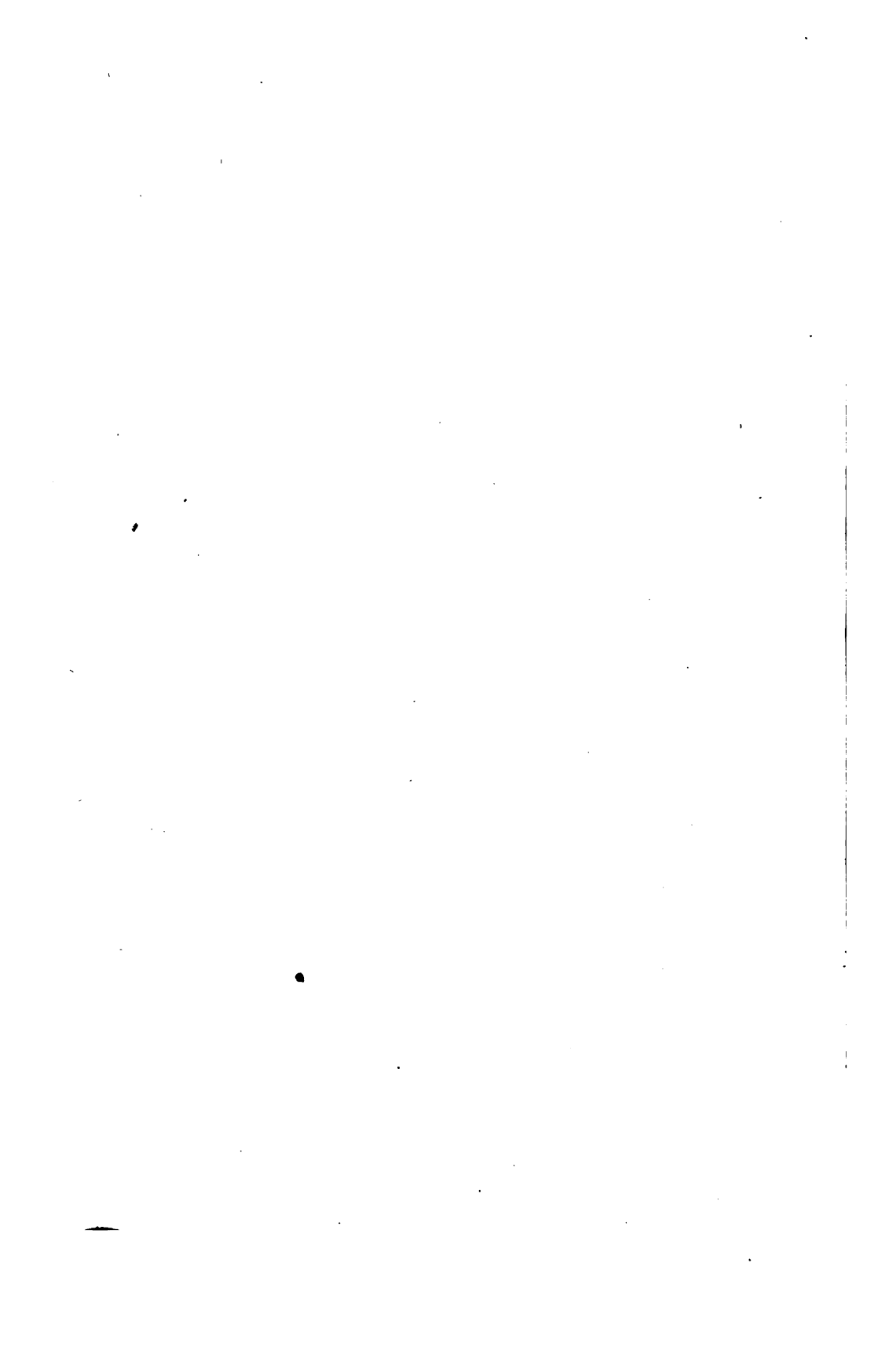
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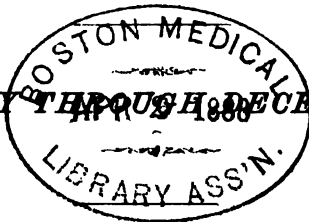




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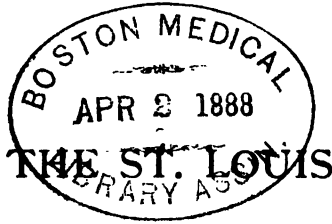
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Original Contributions.

A CASE OF ABSCESS OF THE BRAIN AFTER OTORRHOEA.—AUTOPSY.*
By C. BARCK, M. D., of St. Louis.

History.—Fanny F., aged 15, had suffered for the last seven or eight years from otorrhœa of the left ear. As to the cause, the relatives cannot remember. From time to time, when the discharge was more abundant and offensive, she was treated at different dispensaries of this city. At longer intervals she complained of headache on the left side. During the last six months this headache was more frequent and violent than before.

As the discharge became more profuse, she again went to a dispensary on March 8, 1887; there "they stopped it at once," as the mother expressed herself. So she did not return. Five days later she suddenly became seriously ill with very violent headache, dizziness, nausea; the next day convulsions set in and Dr. R., the family physician, was called. He found a temperature of a 104°-105° F., the patient delirious, half comatose, restless and complaining of a very severe headache. He made the diagnosis of incipient meningitis, ordered ice, quinine and morphine.

As the ear began to discharge again, he called me in consultation and I saw the patient for the first time on March 15th. I found the general condition about the same as described; the external canal of the left ear filled with thick, fœtid pus, the walls so swollen that it was impossible to introduce the smallest speculum and get a view of the drum-membrane. The region over the mastoid process was somewhat swollen and very tender on pressure, and I advised opening it as the only means of possibly saving the patient. The operation was performed the next day.

*Read before the Missouri State Medical Association, May 12, 1887.

Triangular incision; the vertical side behind the concha 4 cm. ($1\frac{1}{2}$ in.) long; a horizontal one, backwards 3 cm. ($1\frac{1}{4}$ in.) long. The periosteum could be scraped off easily and this being done, a drop of thick pus was seen escaping through the bone. At this place a square piece was chiselled out, each side one cm. ($\frac{3}{4}$ in.) long. I prefer in this operation the chisel to all other instruments and use small so-called dentist-chisels of different sizes and forms. The external lamella of the bone being removed, a large irregular cavity filled with pus and carious detritus was laid open. It was cleansed and scraped out with a sharp spoon. The probe entered two-thirds of an inch and reached the mastoid antrum. Injections of water did not flow out through the external canal immediately, but they did so from the second day after the operation, proving that communication with the middle ear had been established. The operation was done with antiseptic precautions, bichloride of mercury being used. The wound was dressed at first twice, then once a day. It healed well, an opening being maintained in the lower angle by a drainage tube.

The discharge, both through the opening and the external canal, was a profuse one. For the next few days the patient seemed to improve. The headache disappeared almost completely. The fever came down to 100° — 102° . She became more conscious and answered questions, but then she got worse again and sank more and more into coma. Paralysis of the right side set in and she died in a comatose state on March 29. Facial paralysis or paralysis of one of the oculo-motor nerves could never be noticed.

The autopsy was made the next morning. The skull was opened in the usual way. Dura mater of the convexity somewhat congested, but not more adherent to the bone than usual. The veins all overfilled. On attempting to take the brain out of the skull there was a gush of thick, yellow, fetid matter, which came out of an abscess cavity in the left hemisphere. This will be described later on. It had opened at a place opposite the posterior wall of the petrous bone and had been adherent to the periosteum quite firmly about the point of opening. Adhesions were found nowhere else. The whole dura mater of the bone was covered with pus, but the greater portion of it was evidently from the abscess. After the brain had been taken out, the whole temporal was removed by two uniting cuts.

The dura mater covering the tegmen tympani and the poster-

ior surface of the petrous bone, was thickened, of a dirty, greenish-black color. In the midst of this, over the aquæductus vestibulæ, there was a small hole occluded by a protruding clot of thickened pus, which corresponded to the opening into the brain abscess. The temporal bone was then divided to show the tympanum, mastoid, antrum and labyrinth. They were found to be united into one irregular cavity, filled partly with matter and detritus. A probe introduced into the wound appeared without difficulty in the middle ear. The malleus and a large portion of the thickened drum-membrane were *in situ*. The perforation of the latter was a relatively small one, in the anterior lower region. The whole tegmen tympani was carious, very thin and showed a number of small perforations through which pus was escaping.

The abscess cavity in the left hemisphere was situated in the temporal lobe, extending backward into the occipital lobe. It was about as large as a goose egg, of an irregular oblong shape. There was a firm enclosing capsule of connective tissue. The opening at the afore-mentioned place was large enough to introduce a penholder, partly, of course, artificially made. The pus within the cavity was of the most offensive character, so that it was nearly impossible to remove the odor from the hands. (The specimens were here demonstrated by the author).

Remarks.—This case presents some interesting features. It is evident that the abscess of the brain must have existed for years. In the light of the autopsy, the pathological history is this: The chronic otorrhœa has led to caries of the petrous bone, labyrinth and tegmen tympani. Undoubtedly the main point in the propagation of this insidious process was the small perforation in the fibrin-thickened drum-membrane, which would not allow the proper escape of the discharge. The path from the middle ear into the brain was not the usual one through the tegmen tympani, but by way of the destroyed labyrinth through the aquæductus vestibulæ, as is clearly shown in the specimens. The firm adhesions about the point of entrance and the dense capsule of the abscess prevented the extension to the meninges and allowed the abscess to increase slowly, almost without symptoms. There was neither paresis nor paralysis, nor the slightest mental disturbance. The casual headache must, of course, be attributed to this, especially to the increased distension, which was relieved in consequence by discharging through the opening into the middle ear. When the patient visited the dispensary for the last

time, the discharge was stopped, probably by filling the external meatus with powder; the pus accumulated and broke through, giving rise to acute meningitis. I may be allowed on this occasion to warn against the indiscriminate powder treatment now in vogue. In discharging processes of the ear, as well as anywhere else, the indication is to secure free drainage.

That the patient could not be saved by the operation is clear. But it was not possible to make the diagnosis of a pre-existing brain-abscess from the lack of symptoms. Headache is often found in otorrhœa, especially when complicated with caries, but where there is no brain-abscess. On the other hand, there are cases on record where patients with similarly severe symptoms were saved by the opening of the mastoid process.

EPIPHORA, ITS CAUSE AND TREATMENT. By A. D. WILLIAMS, M. D., of St. Louis.

Naturally the tears should be carried off through the lachrymal apparatus into the nose as rapidly as they are formed. Whenever the natural drainage of tears from the eye is from any cause interfered with, epiphora—trickling of tears down over the face—is the result. Lachrymation is not epiphora; in the former there is no obstruction, but the tears are secreted faster than the lachrymal apparatus can carry them off, consequently the eye runs over. On the contrary, in epiphora there is either obstruction in the passage, which prevents the tears from getting through into the nose, or, the beginning of the lachrymal apparatus, the puncta lachrymalia, are so displaced that the tears cannot get into the passage. In either case, “weeping eyes” is the result.

While epiphora is a harmless condition and perfectly free from danger to the eye, it is excessively annoying. Most of persons afflicted with epiphora must constantly dry their eyes while walking, riding or driving in the open air.

In every case of epiphora the first thing to be determined is: why do the tears not pass into the nose as they should do? This question is sometimes very difficult to answer. I first look at the *punctum lachrymale* in the lower lid, as that practically carries off all the tears from the eye, and determine, in the first place, if it

stands in its proper place up against the ball; or, if it is displaced so it does not touch the ball at all.

If I find the punctum closed so tightly as to be water-proof, as it often is, I conclude at once that this is the cause of the epiphora, and proceed to forcibly dilate the punctum and canaliculus by passing a conical probe through into the tear sac. Repeating the operation a few times permanently opens up the punctum and lets the tears pass into the nose.

If I find the punctum displaced and turned away from the ball, as it very frequently is, by contraction of the skin or swelling of the conjunctiva, I slit up the canaliculus and thus make an artificial opening through which the tears may pass into the nose.

If the lower canaliculus is closed by a cicatrix, I cut across the canal beyond the scar and slit it open down into the corner and thus relieve the epiphora.

If the lower punctum and canaliculus are in proper position and condition, I seek for obstruction in the nasal duct below the tear sac, where it is usually located. I press hard upon the skin over the tear sac; if there be obstruction below the sac, *ordinarily* I will press either whitish mucus or muco-purulent material out of the lachrymal puncta into the eye. That would prove positively that the cause of the epiphora is obstruction of the nasal duct below the sac.

Failing to press anything out of the sac does not prove positively that there is no obstruction in the nasal duct, still it is good evidence that there is not.

If I find obstruction of the nasal duct and there is *no suppuration from the tear sac*, I make it a rule to advise the patient to bear with the annoyance of the epiphora rather than go through with the necessary operation for stricture of the nasal duct and the tedious after-treatment, with considerable uncertainty in the final result, so far as relieving the epiphora is concerned.

Whenever suppuration in the tear sac sets in, the usual operation for nasal stricture is indispensable.

If I fail to find obstruction in the nasal duct, then I inspect closely the nose to see if the nasal end of the duct is not closed by inflammatory swelling of the Schneiderian membrane, or the products of such inflammation; or by hypertrophy of the inferior turbinated bone. It is a fact that the cause of epiphora is frequently found in the nose. A collection of tough mucus or swelling of the mucous membrane in and about the lower end of

the nasal duct may obstruct the tube so as to prevent the tears from getting into the nose.

But hypertrophy of the inferior turbinated bone is the most common nasal cause of weeping eyes.

The first of these conditions must be treated locally by the use of antiseptic and cleansing applications, such as boracic acid, bicarbonate or hiborate of soda, blown into the nose or snuffed up two or three times a day. Dry applications act better than solutions. These dry powders act particularly nicely in children and young people. They dissolve the mucus, disinfect, cleanse and at the same time medicate the membrane.

In cases of hypertrophy of one or more of the turbinated bones, only surgical treatment will avail anything. The hypertrophied parts should be cauterized *superficially* with galvano-cautery, so as to make them shrink to their normal size. Actual destruction of the turbinated bones by the cautery must be strictly avoided. The burn should be superficial and be repeated till sufficient contraction of the parts is obtained.

Chromic acid may be used instead of the galvano-cautery, but the latter is by all odds the best.

Thus epiphora may be relieved in a variety of ways, but it often requires extreme care to determine the nature and location of its cause.

I have already stated I never advise the probing of the nasal duct for simple epiphora. If it cannot be relieved without that, I recommend the patient to bear that annoyance till suppuration in the tear sac sets in; then an operation is absolutely necessary.

At the late meeting of the Association of American Physicians the following officers were elected for the ensuing year:

President, Dr. William H. Draper; First Vice-President, Dr. Francis Minot; Second Vice-President, Dr. R. Palmer Howard; Recorder, Dr. William Osler; Secretary, Dr. Henry Hun; Treasurer, Dr. W. W. Johnston; Member of the Council, Dr. William Pepper.

Hospital Notes.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., Superintendent.

**CONCUSSION OF SPINE. — PARAPLEGIA. — DEATH. — AUTOPSY. By
BRANSFORD LEWIS, M. D., Senior Assistant.**

Wm. B., aged 25, American, single, machinist, was admitted April 26th, 1886. On the evening before his entrance, while intoxicated, he fell from a third story stairway to the first floor, striking his head and left shoulder, causing unconsciousness which lasted for several hours, after which he was conscious up to a short time before death. He sustained contused wounds of scalp, of the left shoulder and of the knee. There was complete paralysis—motor and sensory—of the parts below in a level with the second intercostal space anteriorly, and the third dorsal vertebra posteriorly. A paresis of both arms and forearms and paralysis of the parts supplied by the ulnar nerves also existed. This paresis afterwards increased, but at no time was there complete paralysis of those parts. The head was held in a fixed, but not abnormal position, because of the pain in the neck which any movement caused.

Examination of the spine revealed nothing more than tenderness distributed throughout the cervical region, but especially marked at the seventh cervical.

Patient had retention of urine and fæces; intermittent priapism was present, but was not severe. The reflexes were absent, excepting that of pupils. The latter were normal. The rythm of the heart's action was for a time disturbed, giving too great a length of time between the first and second sounds. Respiration was diaphragmatic, slow and labored. Pulse full, regular, about 70; temperature natural.

On the following day he was worse; a crimson flush of the throat and upper part of the chest indicated involvement of the sympathetic system. There was less fever and sensibility in the

arms. Temperature 40.6° C. (105.1° Fah.); pulse more rapid. Nausea, with attempts at vomiting that were troublesome. The temperature became lower towards evening, soon after which the patient died.

An autopsy, performed by Dr. F. J. Lutz, at the Morgue, disclosed no macroscopical lesions of the brain or spinal cord, and revealed nothing to account for the symptoms.

CONTUSION OF THE SPINAL CORD WITH PARAPLEGIA.—DEATH.—
AUTOPSY. By BRANSFORD LEWIS, M. D., Senior Assistant.

A. B. (Col'd) æt. 38, nativity U. S., married, laborer, admitted May 16th, 1887.

On May 1st, while under the influence of whiskey, the patient fell from a lamp-post, striking on his shoulders, more heavily on the right than on the left. He was unable to rise and noticed that he had but little strength in his arms, the right one being the weaker. When brought to the hospital there was complete paraplegia, with paresis of the upper extremities. Impairment of sensation was commensurate with the motor affection. From the the third dorsal vertebra, posteriorly and the nipples anteriorly, sensation diminished progressively down to the ilii: below that part it was lost. The sphincters were powerless. There was no deformity of the spinal column.

About the twelfth day of his illness a large bed sore developed at the sacral and lumbar regions. Patient's condition remained about the same up to May 21st, when he was found, during the night, in a comatose state, in which he died the next morning. Before death there was great acceleration of temperature and pulse; respiration was labored.

Autopsy, 7 hours after death. Cranium and contents normal. Upon removing the soft parts from the vertebral column, a depression was notable between the spines of the fourth and fifth cervical vertebræ, caused by the rupture of their connecting ligaments. This allowed of their separation, posteriorly, a centimeter ($\frac{3}{8}$ in.) in width. Over the spine of the vertebra prominens, the tissues were slightly contused. The dura mater of the cord was slightly congested generally; pia mater normal. On making a longitudinal section of the cord, a softened spot, lying opposite the junction of the fourth and fifth cervical vertebræ was found. This softened portion was of a yellowish color, 2.5 cent

(1 inch) in length, involved the whole thickness of the cord, but was especially marked anteriorly. In its center was a small hæmorrhagic spot about two mm. (.08 in.) in diameter. There was no tendency to dislocation of the vertebræ mentioned then existing. The rest of the cord seemed normal. Parenchyma of the kidneys and mucous membrane of the bladder were much congested. Nothing else of a pathological nature was found.

Clinical Reports from Private Practice.

TWO UNUSUAL CASES OF INJURY TO THE TENDONS. By JNO. H. McINTYRE, A. M., M. D., of St. Louis, Mo.

The following cases of a somewhat rare form of injury are interesting in a general way, but the main reason for my desire to report them is the fact that they illustrate a general law in regard to such injuries which in my experience is almost, if not quite invariable, viz:

In all instances where tendons are extended to the point of rupture, and especially when they are torn out, the rupture occurs at the point of muscular attachment.

H. S., aged 62, a heavy, beer-drinking German, presenting evidences of kidney disease, was brought to my office on the 20th of March, 1885, in an insensible condition. I found on examination that the ring finger of the left hand had been torn off at the first joint, bringing away with it the tendon in its entirety, the rupture having occurred at the muscular attachment at the elbow.



Fig. 1.—Finger with Tendon attached.

The stump was dressed in the usual manner. Inflammation of a high grade set in and was followed by the formation of five distinct abscesses, occurring along the line of the tendon which had been removed. The patient was discharged on the 24th of April, or thirty-five days after injury, with a fair use of the hand and arm.

F. S., aged 32, a giant physically, was brought into my office

on the 28th of April, just four days after the discharge of the patient above alluded to, with the right thumb torn off at the middle of the first phalanx, the tendons of the flexor and extensor longus coming away with the thumb, *ruptured at their muscular attachment*. The right index finger, in this case, was crushed at its metacarpal articulation.



Fig. 2. Thumb with Tendons attached.

The treatment was such as is usually followed in these cases. Inflammation ran high and was followed by a large abscess in the palm of the hand and three distinct abscesses along the course of the torn-out tendons. There was, in addition, considerable constitutional disturbance, notwithstanding which the patient made a fairly rapid and good recovery.

Both of these men received their injuries from one and the same machine—a dough mixer in a large cracker factory. The apparatus, which consists of a boiler iron tank in which revolves a dentated cylinder, becoming clogged, the men with that recklessness born of familiarity, inserted their hands to remove obstructions and with the result mentioned.

If the law above referred to has been previously announced I am unaware of the fact.

614 Olive St.

Death of Professor Gosselin.—To the list of distinguished French and German physicians who passed away in the month of May last, we must add the name of Prof. Gosselin, of the Faculty of Paris, who died in that city on the 6th, at the age of 71 years. The deceased was almost the last representative of that circle of surgeons of the old school who were so famous in France during the Empire. He was a hard worker and a voluminous writer, and, though for several years past afflicted with a complication of painful troubles, maintained his intellectual activity to the very last.

1887.]

Correspondence.

WHAT IS LITERARY PIRACY.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

GENTLEMEN.—I would be glad to have your opinion on the following facts:

Dr. Whitehead, of Denver, U. S. A., published a paper on "Hip Joint Diseases" in the *New York Medical Record*. I wrote to Dr. Whitehead asking him to allow me to republish this article in the *Provincial Medical Journal*. He {consented (letter in my hands) and sent me ten blocks to illustrate his paper. The *New York Record* thereupon accused me of literary piracy in a very offensively worded note. I should be glad of the opinion of American journalists on these points:

Has an author no rights in his MSS. or in his published papers? Must he confine his MSS. or proofs to one paper in one country?

Is it for the interests of medicine that papers published in the New World must not appear in the Old World, if there published in any journal? If papers are paid for, I can understand that the authors have not any right to give them to another paper, and if blocks are made at expense of one paper they should not be used without consent.

In my case Dr. Whitehead gave his consent and sent me, at my request, the illustrations.

To simplify your understanding of the matter, I may say I knew his paper had already appeared in that American journal, but this latter has not naturally a large circulation in England. My fault would appear to be I did not note that Dr. Whitehead's paper had already appeared in the United States. Should I have done so?

I absolutely deny the allegation of "piracy," which cannot be sustained in face of the facts.

As I hope to visit America soon, I should like my fellow journalists in the States to understand the real facts and to have the opinion of editors on the questions I have put.

I am yours very truly.

TH. M. DORAN, M. D.,

Editor *Provincial Medical Journal*.

Horton House, Halifax, England, May 14, 1887.

[In answer to Dr. Doran's query we can only give what is the custom in the editorial management of the JOURNAL. The tender of a manuscript to us, for publication as an *original communication*, presupposes that it has not been published before in any journal anywhere, and further, that it is not to be given to any other journal in manuscript form without our consent. The author's right to, and control over his manuscript ceases absolutely (except for purposes of correction or emendation), the moment that it is accepted and put into type by us. We do not accept a manuscript upon any other terms, and should consider a departure from this rule on the part of a contributor as an act of bad faith which would forever afterward close our pages to the offending party. While under the circumstances we must regard the term "literary piracy" as a harsh one, we think that the paper in which the article first appeared was clearly entitled to a credit therefor. Indeed this is the application of the very essence and spirit of our whole system of exchanges and credits, and unless the rule be scrupulously followed, the entire system must go for naught.

While thus, in our opinion, Dr. Doran's action in the matter was at variance with established custom, and contrary to the true interests of medical journalism, it was taken under a mistaken idea, and his frank avowal of principles and views should remove from him, and the very valuable publication of which he is the editor, the stigma of the strong term used by the aggrieved journal.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

The *Chicago Medical News and Examiner* and *Medical Standard* published daily editions during the meeting of the American Medical Association, and while their reports of the general sessions were excellent and full, they did not succeed so well with the sections.

The *Enterprise* of our Chicago cotemporary, the *Medical Standard*, in publishing portraits, is very commendable. We have only one fault to find, and that is the almost studied omission of the portrait of our esteemed Louisville friend, Dudley Reynolds. Why is this thus? *All the others were there.*

1887.]

Editorial Department.

FRANK L. JAMES, PH. D., M. D., and A. H. OBWANN-DUMESNIL,
A. M., M. D., Editors.

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Terms, \$2.00 per annum, in advance. Foreign Countries within
the Postal Union \$2.25.

All communications should be addressed to Box 626, St. Louis,
Mo.

THE LATE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The last meeting of the American Association was one which was well attended. A large number of physicians were present and all took quite an interest in the proceedings. Of the purely scientific work all that can be said is that it was about equal to that of former years in quality. There was more work done, however, in the various sections, the attendance also being fuller than in the last few years.

In the legislative portion of the work of the general sessions, there were some important suggestions made, but there was a fresh confirmation of the old fact that physicians make poor legislators, frittering away much valuable time in the discussion of purely parliamentary points, where it could be advantageously utilized for other purposes.

Among the most important changes proposed is to establish a Council in lieu of the Nominating Committee. This council is to be composed of two members from each state, the term of office lasting two years, one being selected each year. The duties of this Council are to be the election of officers of the Association and of the Sections and the appointing of three essayists to de-

liver each an address at the general sessions. The chairmen of sections are to deliver their addresses before their respective sections. This is a very good move and one to be highly commended.

The organization of the Section on Dermatology and Syphilography was accomplished and makes a much needed and valuable addition.

Taken all in all, the Chicago meeting may be considered a success. Its merits can only be fully appreciated when its work is placed before the profession. Unfortunately, circumstances are such that this can be done in small installments only, but the general result will be felt throughout the length and breadth of the land. When we consider that many were absent, from whom great things were expected, and that many who were present are holding their best material in reserve for the Congress, the Association can be said to have done very well.

THE INTERNATIONAL CONGRESS.

It is not necessary here to go over the details of the now notorious difficulties which have more or less interfered with the preliminary work of the International Medical Congress to be held in Washington this year. At each meeting of the American Medical Association, however, news of an interesting, if not agreeable, character has been received, and at the last meeting the friends of the Congress were instructed, if not edified, by what they learned. The Executive Committee of the Congress held a meeting and the financial outlook was pretty thoroughly considered. It was shown that Congress had appropriated \$10,000, and the donations, etc., up to that time, made in the United States, amounted to \$2,000 more. This was immediately taken as an indication that the Congress will not be a success; and, we are free to say, it will be a complete failure financially unless money is quickly and liberally supplied. The American Association subscribed \$1,000 toward the fund, and if every state and local society did as well as our own, funds would not be lacking.

The Missouri State Medical Association has donated \$300, the St. Louis Medical Society \$200, with others to hear from. It has been said that the majority of the honors of the Congress have been distributed South and West and that those sections ought to

bear the financial responsibility in consequence. This is a very specious form of argument, and it seems hardly fair that those states which are youngest and which are just beginning to recuperate from financial disaster should be called upon to do all.

We have always been warm friends of the Congress, and we are so yet. We are certain that it will be a success. We say this with a full knowledge of what we are saying. Despite the fact that there has been some friction, we know that the profession in America has too much pride to permit our guests to say that it failed on account of the want of a few dollars. But we need the money and need it now. We have pledged ourselves to furnish each visitor with a copy of the transactions free, and we are in honor bound to keep our promise. We know that the West and South will do their duty fully and cheerfully, and the least we can expect is that the balance of the country will not be backward. We feel confident that when the State and local societies of the North and East become alive to the necessity of financial support, they too will come forward liberally. If such be the case there is absolutely nothing in the way to prevent the Washington Congress of 1887, from being in every respect the peer of its predecessors of London, Copenhagen and Berlin.

While we are certain that, so far as scientific work is concerned, this Congress will compare favorably with any preceding one, we wish here to call attention to a disregard of precedent which has been exhibited by the gentlemen who have managed the present affair. Those who have followed the proceedings of the various Congresses, have noticed one thing: When the Congress was held in London, all those Englishmen who had attended the preceding Congress were made officers in the various sections; all the Danes who attended the London Congress were honored with positions in the sections of the Congress held at Copenhagen; but a number of Americans who were at Copenhagen were never offered places in the sections, nor is it likely that they will be. But the explanation is an easy one—they are from the West; *verbum sap.*

THE SECRET OF LONGEVITY.

It is but a few years since it was customary in certain notable medical quarters to express doubts concerning the cases of reported longevity constantly being published in the secular press.

So far was this incredulity carried that an eminent English medical authority declared that there was no well authenticated instance, in modern times at least, of a human being living through an entire century. Within a few years, however, so many well authenticated instances of great longevity have been brought to public notice, that even the most skeptical have been forced to admit that not only may a man live through a century, but that this period is frequently overstepped by several years, and that, too, by individuals who retain their faculties to an astonishing degree. A great many instances are being brought to light by the reporters of the daily press, where these "centurions," as Mrs. Malaprop calls them, have experienced a certain renovation in advanced age, the recovery of vision and cutting fresh sets of teeth being the most common of these evidences of rejuvenation.

The fact then, that the natural term of man's life as fixed by the Bible—the "three score years and ten," can no longer be regarded as a limit, having been accepted the question arises whether this longevity of the present generation really denotes a lengthening of the general average of human life, and if so, what are the causes or influences that have brought about the increment?

To the first part of this question, we think that no man who has studied the question will hesitate a moment in answering that the increase is real, and not apparent. While, on the one hand, we may put away as myths or mistranslations the stories of enormous longevity related in the ancient sacred books; and while we cannot doubt, on the other hand, that in the past, as in the present, there were individual instances where men and women reached great age, we are forced to believe that there are causes now operating which have greatly increased the average of human existence. What are they?

In 1860 the writer, then a student in Munich, had the pleasure of witnessing the time-honored ceremony of St. George's day, when the King, as the head of the church in his own realms, washed the feet of the twelve oldest men in Bavaria. The youngest of these, if memory serves aright, was 96 and the oldest 104 or 106 years old. Baron Liebig, the warm personal friend of the King (Maximilian II, the father of the late illstarred Ludwig), improved the opportunity thus offered, of turning an allegorical ceremony to practical account, by submitting to each of the ancients who had their feet thus washed, a series of questions concerning his Lebenswandel, or mode of life. These questions

embraced queries concerning the use of spirits (schnapps, brandy, etc.), wine, beer, coffee, tea, tobacco (smoking, chewing and snuffing), flesh-meat, vegetables, etc.; the habit of life in regard to labor, rest, sleep, exercise, etc.—in fact, such a series of queries as would readily occur to any medical man who wished to inform himself as to the best method of living out the full term of existence.

No two of those thus interrogated gave identical answers. One had never tasted alcohol, or knowingly drunk anything that contained it; while another had used schnapps regularly ever since he could remember, and never failed to get drunk on certain great occasions annually. Most of them had used tobacco in some form, always, and some of them had been addicted to the weed in almost every shape (barring cigarettes, we suppose). All of them, except the one first mentioned, used wine or beer habitually. One or two (quoting from memory) were bachelors, but the balance had been married at various times in their lives, and several of them had had considerable experience in this line. The most of them had led active outdoor lives, though more than one had followed sedentary occupations.

On one thing only were they all agreed—they were all good sleepers; but even in this particular they differed as to details. For, while one believed in going to bed early and rising early, another said he “went to bed whenever he *could* and got up whenever he *must*,” or words to this effect.

This is not written with the view of deriding those old-world scientists who are trying to arrive at the principle of longevity by tabulating the answers to series of questions propounded to nonagenarians and centenarians (on the contrary, we believe that such an inquest properly conducted, cannot fail to lead to valuable results), but to show that there are other elements beside those entering into the lives of persons who have attained great age, which must be taken into consideration in the attempt to solve the question. These elements are of general rather than an individual nature, and pertain to public hygiene. It is folly and worse than folly to believe and assert that the tendencies of civilization are towards effeminacy and degeneration of race. The dictum of Buechner must be accepted as the true basis of the philosophy of longevity: “The better housed, the better clothed, the better fed, that men are, the more rationally they divide the time for toil and the time for rest, the higher will be their standard of health, strength and long life.”

[July,

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

Tube Cast Mounts; Stained.—I have for exchange for first class pathological or histological mounts, or for sale, a limited number of slides of a remarkable urinary deposit. Each slide contains hyaline, waxy and granular casts, blood and pus corpuscles, and the epithelia of the kidney, bladder, urethra and vagina (besides numerous urinary crystals); stained with osmic acid and eosin and mounted in glycerin.

Diagnostic Value of Leucocytes in the Examination of Neoplasms.—Hayem, in summing up the results of a number of examinations of the blood of patients affected with neoplastic growths concludes as follows: (1) Cancerous tumors (scirrhous, etc.) are accompanied by a light augmentation of the white globules and a diminution of the red: (2) In sarcomata the augmentation of white globules is more marked: (3) In epitheliomata, while there is no absolute leucocytosis, the number of white globules appears to be somewhat greater than in perfect health. Hayem declares that these phenomena are sufficiently constant to furnish valuable assistance in otherwise difficult or obscure microscopical examinations. He thinks that after a sufficient number of observations have been collated and studied the result will be a great advance in the diagnosis of latent cancerous affections, especially in cancer of the stomach.

Section Lifter for Thin Sections.—Every microscopist has at times been annoyed by having the section lifters ordinarily in use, refuse to become moistened when placed in the saucer. As a consequence it is almost impossible to get a thin section to float on one of them, or remain in place after it is coaxed on. In the *Microscope* for June, Dr. Walter Y. Cowl, of New York, describes a lifter made in the usual form, but which is not liable to this disagreeable behavior. The secret lies in the material used

by Dr. Cowl, viz. ; horn—which is quite as easily worked as brass or copper, and possesses other advantages over the old lifters beside the one mentioned. It is light, flexible, capable of a high polish and can be made quite transparent, if this be desired. Lifters required for use in water or glycerin should be deprived of their fatty or oily material, either by heat as suggested by Dr. Cowl, or by a thorough soaking in ether or benzol. Those for use in oily or gummy media do not require this treatment. Of course it is presupposed that each worker will have lifters for each kind of medium, and will use them only in that medium.

CLINICAL MICROSCOPICAL TECHNOLOGY.

VI. URINARY EXAMINATIONS.—MICRO-CHEMICAL REACTIONS.

§ XI. URIC ACID; THE URATES.—Usually the urates of potassium and sodium form spontaneously in acid urines. They are easily recognized by their reddish or brownish-red color. Where there is any doubt, however, it may be dispelled by bringing a minute drop of hydrochloric acid to the edge of the watch crystals and allowing it to mingle with the urine between them. Characteristic crystals of uric acid will form in a moment if the urates be present.

(a) *Uric Acid*. The best and most convenient test is the murexide. A drop of the urine or of the deposit is placed on a slide, and is touched with a capillary pipette moistened with nitric acid. Evaporate carefully over a spirit lamp almost to dryness. If now a minute portion of ammonia be brought in contact with the residue, and uric acid be present, the purpurate of ammonia, or murexide will result. This fine purple will change to blue on contact with liquor potassæ.

(b) *Hippuric Acid*. Sometimes in examining sediments we find rhombic prisms or needle-like crystals which resemble very closely certain forms of uric acid crystals or crystals of triple phosphate. Their nature may be determined in the first instance by the murexide test, and in the second by the addition of a small quantity of hydrochloric acid. If they disappear they are of triple phosphate. If, however, they give negative results with both tests, they are probably crystals of hippuric acid. Sometimes hippuric acid is contained in urine (as in certain fevers,

diabetes, chorea, etc., and after the ingestion of benzoic, salicylic or cinnamic acid, etc.), but does not separate therefrom in crystalline form. It may be recovered by acidulating the urine with hydrochloric acid and letting it stand in a quiet place. Crystals of hippuric acid will slowly separate and fall to the bottom of the container, whence they may be removed in the usual way.

§ XII. OXALATE OF CALCIUM.—The crystals of this salt sometimes resemble those of the chloride of sodium or of triple phosphate so closely as to be indistinguishable by the microscope alone. From the first they may be distinguished by being insoluble in water. Acetic acid differentiates them from the second, which readily dissolves in that medium, while the latter has no effect on oxalate of calcium.

§ XIII. EARTHY PHOSPHATES.—Under this name we include the ammonio-magnesian or triple phosphate, the phosphate of calcium and the phosphate of magnesium. Sometimes they are found existing together in the same urine and in such quantities that they form sediments which, to the unaided eye, resemble deposits of purulent matter.

(a) *Triple Phosphate.* This salt sometimes assumes a granular form very closely resembling the urates under the microscope. The differentiation is simple, however, and consists in the application of heat. The urates redissolve, while the triple phosphate remains unchanged.

(b) *Phosphate of Calcium.* This deposit is sometimes granular and at others crystalline. In the latter case the crystals frequently resemble those of uric acid very closely. They may usually be differentiated from the latter, however, by their lack of color, though this is not always the case. A certain test is acetic acid, in which the calcium phosphate readily dissolves.

(c) *Phosphate of Magnesium.* These crystals may be distinguished from similar microscopical forms by the addition to a drop of the deposit on the slide, a small quantity of a four per cent aqueous solution of ammonium carbonate. A curious effect is almost instantly produced if the crystals be those of magnesium phosphate. They become opaque, the surface becomes rough and the angles lose their sharpness. Under the same conditions calcium phosphate crystals do not lose their transparency, and, while the angles will after a time lose their sharpness, this change occurs slowly and does not progress to the degree that is wit-

nessed in magnesium phosphate. The triple phosphate remains unaltered. This reaction was discovered by Stein, and is quite curious as well as reliable.

(d) *Carbonate of Calcium.* Under certain rare circumstances urine, when allowed to stand for some time, deposits granulations of carbonate of lime. These granulations resemble those of the earthy phosphates, but may be easily distinguished therefrom by first washing the deposit with distilled water (to get rid of any carbonate of ammonium that may be present), and then adding to a portion of it on the slide a minute quantity of hydrochloric acid. Under the microscope the calcium carbonate may be seen to dissolve, with the evolution of carbonic oxide.

§ XIV. *CYSTINE OR CYSTIC OXIDE.*—The hexagonal plates of this rare deposit are sometimes counterfitted by crystals of uric acid. The murexide test (XI. a) will detect the difference, but a much quicker one is strong water of ammonia, which readily dissolves the cystine, the latter being again deposited in hexagonal plates on the evaporation of the ammonia.

§ XV. *LEUCINE.*—These crystals may be mistaken for fat globules, or for crystals of certain fatty acids. In the first instance they may be differentiated by osmic acid, which blackens the fat globules without affecting leucine. In the second case ether is the best test. It readily dissolves the fatty acids but does not attack leucine. The latter readily dissolves in the mineral acids, liquor potassæ and ammonia.

§ XVI. *TYROSINE.*—The needles of this deposit are sufficiently characteristic to obviate any chance of error where one is at all familiar with them. As they have a tendency to form groups, which closely resemble hippuric acid under certain circumstances, it is well to test any such group by placing a couple of drops of water or urine containing the crystals on a hot slide and adding a minute quantity of a solution of mercuric nitrate. If tyrosine be present a red or purple color will instantly appear and the evaporating liquid will leave a red deposit on the glass (Hoffmann).

§ XVII. *HÆMATOIDIN.*—These crystals which are found much more frequently in urine than was hitherto imagined, may be mistaken for certain forms of uric acid. The murexide test has no effect on hæmatoidin, which fact furnishes a ready means of differentiation.

[July,

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Urticaria from Bed-Bugs.—My attention has been more particularly called to this subject by having noticed several similar cases at comparatively short intervals. It is a well-known fact that the ordinary bed-bug (*cimex lectularius*) produces a wheal which is of a burning, itching character, and marked by a very small, almost imperceptible punctum near its central portion. The animal itself is not always confined to beds, but occasionally roams abroad, and, in consequence, when it seizes upon its host, is proportionately more voracious on account of the scarcity of food which it finds. Along the edge of water-closets, especially those adjoining sleeping rooms, it is no uncommon thing to find these odorous pests. They lie in wait for their victim and, whilst very insidious in their method of attack, produce large and troublesome wheals in the popliteal space and neighborhood. The victim has urticaria suddenly and then cudgels his brain as to its probable cause, little suspecting that an unseen foe has attacked him. By lifting the cover of the water closet, which is next the bowl, the "bugs" can be discovered. Then when necessity drives one again to the closet, intervene a piece of paper between the body and seat, and upon removing it the animals will be found upon it. Carbolic acid, corrosive sublimate or, better still, campho-phenique liberally distributed about their haunt will effectually destroy these disturbers of the peace of a contemplative nature.

Naphthol.—In dermatology, as in all the other branches of medicine, we are being constantly regaled with the descriptions of new remedies and their wonderful effects. The accounts of the latter are placed in such a fascinating and glowing garb that it is difficult not to be fired with enthusiasm whilst reading them.

Little by little this excitement wears away, the remedy is subjected to a rational test and we finally learn its true worth. Naphthol, which was heralded with a blare of trumpets, is now but little heard from; and, in a late number of the New York *Medical Record*, we find Dr. Chas. W. Allen concluding that naphthol is destined to fill a place alongside of the valuable drugs, rather than as a substitute for them. It has antiseptic properties and is stimulating. While it seems to act pretty well in killing animal parasites of the skin, it does not seem to be effective in the vegetable parasitic diseases. Dr. Allen claims efficacy for it in the relief of itching; but so many remedies have been lauded in this direction and have failed so miserably when put to the test, that a greater number of cases would be required to substantiate this claim.

Hysterical Pemphigus.—M. Augagneur, of Lyons, reports an interesting case in *La Province Médicale*. An hysterical woman had pemphigus, the bullæ of large size being situated upon the left leg, the dorsum of the foot and on the calf up to the popliteal space. The lesions were irregular in shape. The author demonstrates that, in the present instance, it was the hysteria which caused the cutaneous trouble by bringing about disturbances of the vasomotor innervation. It must not be forgotten that hysterical women are very prone to be malingerers and seem to have a special delight in making themselves interesting and objects of solicitude. The principal cutaneous diseases which they are apt to simulate are chromidrosis (colored sweat) and pemphigus. The latter is done by means of heat or strong acids, and it often requires not only good powers of discrimination, but thorough and ingenious cross-examination to arrive at the truth. Any suspicious appearance accompanying such lesions should make the physician wary and especially careful of making a hasty diagnosis.

Idiosyncrasy Affecting the Treatment of Syphilis.—At the late meeting of the American Association of Genito-Urinary Surgeons, Dr. P. A. Morrow called attention to the fact that, while mercury and iodide of potassium could be ranked as "specifics" in the treatment of syphilis, experience had demonstrated that their action is not always uniform or infallible. All syphilitics are not equally susceptible to these remedies. Idiosyncrasy in relation to these drugs could manifest itself as an ab-

normal sensibility to their action, as an abnormal action of the drug or as a failure on the part of the system to respond to the action of these medicaments.

Whilst the paper contained nothing very novel or startling, it is one which should be carefully read by every one, as a reminder of the fact that syphilis, no more than any other disease, can be treated by a sort of mechanical method—that of giving mercury so many months, then iodide of potassium, etc. Authors have laid down these rules with too much dogmatic precision and it is always useful to receive a quiet hint regarding the purely rational mode to pursue.

Comparative Frequency of Chancroid.—Dr. F. B. Greenough, at the same meeting, spoke of the comparative frequency of the chancroid. At the Boston Dispensary, from July 1, 1873 to March 31, 1887, 1593 cases of venereal sores were seen; of these 391 were chancroids, making a ratio of 4 to 1 nearly. In private practice, whilst the number is smaller, the diagnosis is more reliable and the figures are 10 chancroids in 100 cases, a ratio of 1 to 10. In the dispensary cases there were 391 cases of chancroid to 219 of indurated chancre, or, not quite, as 2 to 1. In private practice the proportions were 10 to 63, or a little less than 1 to 6. These statistics agree with those of the majority of observers, viz. that in hospital and dispensary practice chancres are less frequent. In commenting upon the statistics and comparing with those of the older authors, many changes are to be noted, not only in the change of proportion, but also of the appearance of the lesions, in their treatment and in respect to the attendant complications. Chancroids are much less frequent than formerly, and the author has given the key to this seeming puzzle when he states that one of the principal causes of this decrease is the fact that we no longer manufacture them by cauterizing every sore that is not a typical primary lesion.

Inflammatory Stricture of Male Urethra.—Dr. Jno. B. White, in a well-prepared article on this subject (*Journal of Venereal and Genito-Urinary Diseases*) discusses the subject at some length, and concludes that congestive stricture is a symptomatic affection and ought never to be regarded or treated as an independent condition. He thinks that it is always associated with a spasmodic or permanent stricture, or some other urethral, vesical or renal irritation. If it be a complication of spasmodic

stricture, it need not necessarily result in an organic stricture, providing that the treatment be skillful. When it exists as a complication of organic stricture it is apt to recur unless the true stricture be removed. Marked contraction of the meatus urinarius is alone sufficient to cause urethral inflammation by reflex irritation, and when such a condition exists, permanent relief cannot be expected without complete division of the orifice. Of course, in the presence of inflammatory stricture an antiphlogistic mode of living should be observed in addition to the attention given to local details.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXI. KELOID.

Keloid is one of the affections of the skin which is more or less involved in obscurity. A distinction is to be made between true keloid (of Alibert), hypertrophic scar and cicatricial keloid. This is not always an easy matter and the difficulties surrounding it are sometimes so great that it is almost impossible to establish a difference.

Keloid is essentially a connective tissue new growth and manifests itself in the shape of an oblong plane, an elevated ridge or a cylindrical mass, processes being given off at the periphery, these prolongations giving the entire growth a somewhat fanciful resemblance to a crab. In color this growth is whitish or slightly reddened, it being somewhat lighter in negroes. The surface is smooth, very rarely hairy, and the epidermis is more or less tense giving a shining appearance. The parts most likely to be the seat of this trouble are the trunk, more especially the region over the sternum, the back, nucha and face. The extremities are not often the site of this affection. In regard to subjective symptoms, it often happens that little or none are noticed, or they are not sufficiently marked to occasion any discomfort. In the majority of instances, however, there is itching which is sometimes severe; the keloidal growths

are sensible on pressure and pain is present. This latter is at times so marked and severe as to make the life of the patient a perfect burden.

The disease develops from a few nodules, which first appear and finally coalesce, the resultant mass being sometimes as large as the palm of the hand. Their number is generally limited to one or very few, although as many as thirty have been seen on one patient.

The causes of keloid are involved in obscurity, although it is supposed to be due to some irritation. False keloid is seen to appear after incisions for abscesses, after the application of vesicants, leeches, etc., and after having the ears pierced. But, the fact remains that true keloid appears without any assignable cause and has been named, in consequence, idiopathic keloid by some authors. It is observed more often in females than in males and generally during early and middle adult life. It is very rare in infants and in the aged. It is, moreover, much more often seen in the negro race than in the white, the former seemingly having a predilection for this affection.

In regard to the pathology of keloid, it differs very little from that of fibroma and hypertrophic cicatrix. It consists of a "new formation of the dermatic framework," in other words it is a connective tissue new growth. In true keloid we find bundles of connective tissue, parallel to each other and the papillæ of the skin are intact. In hypertrophic scar, no papillæ exist and the connective tissue, whilst it is abundant, is loose and irregularly distributed. In cicatricial keloid we have an absence of papillæ occurring, but the parallel bundles of connective tissue are present.

To make a diagnosis between true keloid and hypertrophic cicatrix or cicatricial keloid is comparatively easy, as the history alone will almost suffice, there being a history of destruction of tissue or traumatism in the two latter. But it is quite a different matter to establish a differential diagnosis between the two latter and the aid of the microscope even will be often invoked in vain.

The treatment so far has been anything but successful. Excision even at a considerable distance beyond the lesion seems to prove entirely inefficient, as a recurrence invariably takes place. The same may be said of the various other plans which have been tried. Multiple puncture, scarifications, curetting have all been

tried with the same want of success. Caustics seem to be as powerless as operative interference and internal remedies exercise no influence whatever. It has latterly been claimed that electrolysis effectually destroys the growth. The number of cases, in which this method has been used, is so small and the lapse of time, since the last application, so short, that no definite conclusion can as yet be formulated.

The tendency in this trouble is to recur and this is the result of the experience of observers. Keloid when it has once appeared lasts during the life of the individual. Still, in a very few, a spontaneous disappearance has taken place, but this action remains as much a mystery as the reason for the appearance of the disease. About all that can be done is to relieve pain when it becomes too severe and in other ways place the patient in as comfortable a way of passing life, as possible. Where the keloid disfigures by reason of being on an exposed part, but very little if any hope can be held out to the patient, who will have to be content to go through life unfreed of his deformity.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Treatment of Otorrhœa without Osseous Lesions.—

Bresson recommends (*Révue médicale de Toulouse*) the following :

℞ Chloral hydrate.....	gr. xv
Aluminium sulphate.....	gr. xxv
Distilled water.....	℥ j

M. Instill a few drops of this solution into the ear five times a day, after first warming it to the temperature of the body. The local treatment should be supplemented by constitutional remedies, in order to prevent relapses.

Why Eruptive Diseases so often Involve the Drum.—

The so-called exanthematous diseases so often cause abscesses in the drums that such an event excites no surprise. There must be a good reason for a condition of such common occurrence.

The mucous membranes constitute the internal "skin" of the

body and this internal skin is continuous with the external skin and partakes to some extent of its nature. In the exanthemata the eruptive process takes place in the mucous membranes in a modified form at the same time the external skin breaks out. In such cases there is more or less inflammation of both the external and internal skins. This eruptive irritation in the mucous membranes of the drums is often sufficient to excite suppuration, resulting in an abscess. In a closed cavity, like the drum, it requires often very slight irritation to start an abscess.

The eruptive irritation in the mucous membranes in these diseases readily explains why the eyes, the nose and the throat usually get sore. Of course the same condition takes place in the drums, so often resulting in abscesses.

As this eruptive irritation in the mucous membranes is an essential part of the disease and is specific in character, there is no way to prevent it and consequently there is so frequent occurrence of abscesses in the drums. It is worse than useless to try to treat such a specific inflammation in a mucous membrane. It will run its course in spite of everything. The best we can do is to trust to nature and hope that an abscess will not form. If however, it does develop, it should be treated, just as soon as the patient is well enough. In the primary stage absolutely nothing can be done to prevent an abscess in one or both drums.

Cerebral Abscess from Otorrhœa.—Trephined.—Recovery.—A very interesting case of cerebral abscess resulting from otorrhœa, is reported from Glasgow by Dr. Senn in a letter to "*Jour. Am. Med. Ass'n*," for May 7. I give only a condensed statement of facts.

Cerebral symptoms set in; the mastoid process was opened without benefit. Boy was sent to hospital and went under the care of Dr. MacEwen, at which time mental disturbances were present with slight ptosis on affected side. From the history and cerebral symptoms, cerebral abscess was diagnosed and located over cavity of drum, close about the petrous portion of temporal bone. The head was shaved and a trephine applied an inch above and an inch behind the external meatus. The dura mater, on being exposed, appeared about normal. A clean needle was passed into the brain in a forward and downward direction towards petrous bone. At a depth of about an inch pus was found. The abscess was punctured and an ounce of pus escaped. To secure perfect drainage a small trephine was applied lower

down and the bottom of the abscess opened. The large button of bone was replaced with an aperture cut out large enough to admit proper drainage tubes. Another drainage tube was introduced through a small opening lower down, securing complete through drainage. Antiseptic dressing completed the hazardous operation.

The effect was remarkable. The stupor disappeared and consciousness soon returned. The discharge was very slight and the recovery rapid.

Dr. MacEwen places great stress upon the importance of replacing the disc of bone, so as to secure perfect closing of the opening by bone as speedily as possible.

Dr. MacEwen has proven that in aseptic wounds completely detached bone will retain its vitality and reunite promptly. In this boy only a slight depression indicates the spot where the large trephine was used.

Brain surgery has lately made wonderful progress. The same correspondent gives the particulars of other cerebral abscesses successfully opened by the same surgeon, but, as they have no connection with the ear, I do not give them here. The other cases of abscesses were the result of injuries and operated on in the same manner.

Mentevism.—A Russian by the name of Osip Feldmann, and hailing from Tiflis, has been mystifying and amusing the Parisian doctors and laity by a sort of "mind reading," in which he outreads the American charlatans who have been playing the same game before the same audience. Feldmann pretends that by pressing his hand on the chest of an individual and making a few passes over him, he can tell the thoughts of the person experimented on. Some of the tests to which he submitted were apparently very exacting, and the results were very curious indeed, though, as is usual in such cases, the failures were quite as numerous as the successes. Feldmann proposes to call his "new science" *mentevism*, which is a good name, inasmuch as it may be derived from *mens* (the mind) *mentum* (the chin—in allusion to the chinning which is a part of the stock in trade of charlatans), or finally from *mentiri* (to lie).

[July,

Medical Progress.

THERAPEUTICS.

To Abort a Cold in the Head.—M. Bax, speaking from personal experience, says that the progress of coryza may be stopped by taking a dose of sulphate of atropine ($\frac{1}{16}$ or $\frac{1}{8}$ gr.) in the morning, or as soon as the fact that "cold has been taken" is discovered.

A Solution of Corrosive Sublimate for Hypodermic Use which does not cause ulcerations or other local troubles, may be made, according to Schlesinger (*Arch. fuer Experimentelle Path. u. Pharmacie*) by adding ten parts of chloride of sodium to each part of mercuric chloride, and dissolving in two-thousand parts of water.

Ulcerated Chilblains are treated by Dr. Logie in the following simple manner: the ulcer is first cleaned and then covered by wood wool (*laine de bois*, *Holz-wolle*, a fine lint made from the pulp of fir wood), the whole being enveloped in antiseptic gauze. The dressing is maintained in situ for four days, at the expiration of which time the ulcers are usually well.

Selzer-Water for Burns.—If we are to believe M. Dubois, the selzer siphon-bottle, which for so many years has played an important part in assuaging the internal fires of that condition known as "hot-coppers," is henceforth to be equally valuable in the treatment of external burns. The surgeon referred to says that nothing relieves the pain of a superficial burn so quickly as a spray of selzer delivered directly from the syphon. He attributes this action to the analgesic property of carbonic acid and cold.

Pilocarpine in Rheumatic Tetanus.—Brunner relates in the *Centralblatt fuer klinische Medizin* a very interesting case of a man forty years old, who was afflicted with rheumatic tetanus, and for five days been treated with morphine, quinine, chloral and hot baths without the slightest benefit. Brunner then gave two centigrams (0.30 grain) of hydrochlorate of pilocarpine, in one

dose. Shortly afterward profuse ptyalism and perspiration set in, with immediate amelioration of symptoms. At night chloral was administered and sleep obtained. The treatment was repeated the second day and on the third the tetanus entirely disappeared.

Atropine in Hæmoptysis.—When all other remedies have failed, says Hausmann (in the *Révue Gen. de Clin. et de Therap.*) I have succeeded in controlling hæmorrhage by hypodermic injection of atropine. In one desperate case where twelve distinct hæmorrhages had occurred within six hours, and where ergotine and turpentine had been used without effect, Hausmann gave one injection of sulphate of atropine (3 milligrams) at the beginning of the thirteenth hæmorrhage and checked it immediately and there was no further bleeding. Two other equally remarkable cases are reported by the author. The dose (3 mg., or 0.045 grain) is a large one, but seems to have been well borne in each instance.

To prevent Pitting in Small-pox and Burns.—According to Dr. J. Felix, of Bussels (in the *Archives mensuelles de Méd. et de Chirurg.*) the following treatment will prevent pitting in confluent small-pox:

℞ Subnitrate of bismuth.....	ʒ iiss
Tincture of Aconite.....	ʒ iiss
Glycerin enough to make.....	ʒ ij

M. Apply to the parts every three hours. Shortly after application dark or black crusts will form over the pustules, the blackening being due to the decomposition of the subnitrate into the black oxide of bismuth and nitrous acid, the latter having an antiseptic action. When the crusts fall off the skin will be found to be free from scars or pits. The author recommends the same mixture, with or without the addition of a couple of drachms of Sydenham's laudanum, for the treatment of burns of the first and second degrees. In such cases the application should be covered with antiseptic batting and renewed every two or three days.

New Tænifuge.—Dr. Numa Campi in the *Raccogitor Medico*, highly extols the virtues of thymol as a remedy against tænia solium. In this he is only following the lead of Lewin, Federici and Vanni, all of whom have used it as a vermicide in one way or another, and with satisfactory results. Probably the best method of exhibition, however, is that devised by Campi, which is as fol-

lows: In the evening no supper is eaten, the patient retiring after having taking a small dose of castor oil (from a half ounce to six drachms of the oil). In the morning two drachms of thymol are divided into twelve doses of ten grains each and one dose is taken every fifteen minutes until all are ingested. Immediately after taking the last dose of thymol, another dose of castor oil the same size as that taken the previous night, is administered. The treatment is usually rapid and energetic, the worm being expelled entire in the course of a few minutes after the last dose of oil. The thymol is best administered in *cachets*, either wafer or gelatin (the ordinary capsule), but it should not be put into the receiver until just before taking.

Drumine, the new alkaloid separated from *euphorbia drummondii* by Dr. Reid, of Port-Germain, Australia, promises to become a really valuable acquisition to therapeutics. It seems to possess the local anæsthetic properties of cocaine without some of the disagreeable properties of the latter drug. The period of excitation preceding anæsthesia, so noticeable in cocaine, is absent where drumine is used. A few drops of a four *per cent* solution of drumine dropped beneath the lids of the eye produce profound anæsthesia of the conjunctiva, without dilatation of the pupil. Its application to the mucous membranes of the nose, mouth, etc., is also followed by immediate and deep anæsthesia. Internally, in small doses, drumine seems to be without marked action. A curious fact in this connection is stated by Dr. Reid, viz.: that while the *euphorbia drummondii* is poisonous to sheep, killing them by a slow paralysis, in from six to eight days after ingestion, drumine can be administered to them without any apparent evil effect. Drumine is already coming into use in the treatment of affections of the eye, nose, ear, etc., and will no doubt soon be as commonly used as cocaine. The *euphorbia drummondii*, unlike *coca erythroxyton*, is very plentiful all through Southern Australia, and the alkaloid is very easily separable from the plant, thus guaranteeing a cheap and plentiful supply of the drug.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Persistent Epistaxis has recently been studied by Prof. Verneuil who declares that in a large proportion of cases (where there is no immediate and apparent cause of bleeding), the epistaxis is due to latent, but non-malignant, affections of the liver.

In such cases, the bleeding is found to yield to extensive blistering of the hypochondriac region.

Physiological and Toxical Effect of Inorganic Substances.—At the séance of May 7th, of the Société de Biologie, M. Blake reported on the result of experiments made with a view of determining the mode of action of inorganic matter introduced directly into the veins and arteries. Forty-two substances had thus far been used, and leaving out the salts of potassium and those composed of nitrogen, he could announce as a fact established by experiment, that isomorphic bodies produce identical effects, and that the toxicity of a substance is in direct ratio to its atomic weight and its spectroscopic equivalent.

Glycosuria during the Course of Strangulated Hernia.—M. Vincent, interne of the Paris hospitals had occasion to examine the urine of six patients suffering with strangulated hernia and in each case found sugar in notable quantity. The condition subsided within a few hours, or a day or two, after the strangulation had been relieved, except in those cases where phlegmon (abscess, for instance) occurred as an effect of the lesion. Redard has shown in a recent work (*De la glycosurie éphémère dans les affections chirurgicales*) that all suppuration is attended with the appearance of glucose in the urine.

Hallucinations of Vision from Salicylic Acid.—We find in the *Archives Mens. de Méd. et Chirurg. pratiques*, a condensation of the report of M. Schiffers to the Société Médico-Chirurgicale de Liège on a curious case of salicylic intoxication. A rectal enema containing 5 grammes (75 grains) of salicylate of sodium was administered to a little girl, seven years old, suffering with erythema nodosum accompanied by mitral insufficiency. Between one and two hours afterward the child complained of her eyes, and it was found that she was affected with hallucinations of vision. The toxic phenomena lasted one day only and disappeared without treatment.

Role of the Cochlea in Audition.—Dr. Gellé contributes to the *Gazette des Hôpitaux* an experimental study concerning the role of the cochlea in audition. He says "The cochlea may be represented by two cones united at their apices, the bases being closed with membranes of caoutchouc. If we examine the alterations produced in a sonorous current passing through such a contrivance, we find that it arrives much enfeebled at the

extremity opposite to that through which it entered, and that the effect of impact upon the vibrating basic membranes subsides very quickly. If, however, we pierce a hole through the parietes of one of the cones a few centimetres from the isthmus formed by the apices, and auscultate by means of a flexible tube, one end of which is inserted in the opening and the other in the auditory canal, we find that the volume of sound is transmitted in its entirety. If now a similar opening be made in the parietes of the second cone, and a similar tube be attached for auscultation we discover that the sound has suffered a notable diminution by the time it reaches the second opening, and this even though the distance between the two openings be very short. The ear adapted to the first cone will perceive the sound for some time after it has ceased in the opposite ear. We thus see that the bi-conic form has the effect of a marked isolation of the first cone—that which receives the current of sound directly, and which in the actual ear contains the sensorial organ of hearing. In effect any sound which enters by the orifice of the second cone cannot interfere with the audition of sounds received through the outer cone.”

DISEASES OF WOMEN AND CHILDREN.

In Difficult and Painful Accouchements Krueger uses lavements of a one per cent. solution of chloral hydrate in barley water, repeated every three hours.

The Vomiting of Alimentary Matters by infants affected with whooping cough is controlled by Dr. Francotte by painting the fauces with a 10 per cent. solution of cocaine twice daily.

Treatment of Chronic Endometritis.—M. Jouret relates (in the *Rév. Méd. Louvain*) his method of treating chronic endometritis by means of uterine faradization and the application of the galvano-cautery to the cavity of the neck. He claims to have cured several old and bad cases in this manner, and that the recovery was rapid and complete.

The Green Diarrhœa of Infancy.—M. Hayem in a communication to *La France Médicale* states that the green diarrhœa of infancy is caused by a microbe which secretes the peculiar coloring matter. The malady is epidemic and contagious, but yields readily to teaspoonful doses of a two per cent solution of lactic acid in syrup or water. It should be administered immediately after the infant has taken the breast.

Vicarious Menstruation.—A woman in the clinic of Dr. Buman, of Freiburg (Switzerland), was suffering with a carbuncle which had made its appearance on the lower abdomen. The necrosed tissue was removed about the time the patient should have menstruated. The menstruation did not appear in the usual manner, however, but in the shape of an abundant hæmorrhage from the solution of continuity caused by the carbuncle. The hæmorrhage lasted three days and subsided without further phenomena.

Hypertrophy of the Lips in Childhood.—There is an affection of the lips met with quite frequently among children, but which is very rebellious to treatment. It is characterized by a very considerable hypertrophy of the lips, the upper one being more frequently involved than the lower, though occasionally both lips are affected and sometimes the swelling is enormous. It usually is accompanied by or is coincident with a light eczema of the nostrils, and appears at the onset of a coryza. It should be combatted, says M. Lucas-Championnière, by treatment of the eczema and compression. This double indication is met by the application of a little band of rubber fixed in place by threads carried around and fastened behind the head. By this means the pressure can be exactly regulated and can be maintained all day and all night, if necessary.

Diabetic Plaques of the Vulva.—M. Besnier has called attention to an affection of the vulvar mucous membranes which has not hitherto received the consideration which it deserves. It is characterized by the appearance at divers points of the vulvar mucosa of whitish plaques which seem to be exactly analogous to those patches of the mouth and tongue called psoriasis, or leucoplakia. This affection of the vulva occurs most frequently during the course of glycosuria, though it frequently follows or is coincident with uterine affections. In the former case the plaques usually disappear when the sugar is eliminated from the urine, but in both cases the plaques are liable to be transformed into epitheliomata—which is another point of resemblance between the vulvar and the buccal affection. Besnier recommends (in the *Journal de Médecine et de Chirurgie pratiques* for June '87) that these plaques should be treated locally, by alkaline injections or lotions carefully made after each urination and by the application of pomades like the following:

R Oxide of zinc,	
Starch. of each.....	3 ss
Vaselin	3 viss

M. The proportion of vaselin should not be greater than that here indicated, as the object of the pomade (to protect the parts against irritant discharges) would not then be subserved.

SURGERY.

Artificial Anus.—In a discussion on surgical interference in intestinal occlusion at the Société de Chirurgie of Paris, M. Verneuil spoke of artificial anus and the points of election in performing the operation. A point, he states, is as to whether it ought to be made on the right side on the cæcum, or on the left on the sigmoid flexure. He prefers the latter and gives the following as his reasons: The sigmoid flexure is very easy to find and to bring out through the incision; the cæcum, on the contrary, is much more difficult to expose and take out. Moreover, in cæcotomy there exists between the obstacle and the artificial anus a large quantity of material which will take a long time to come out. The intestinal contents escaping by the cæcum are liquid; with an iliac anus they will be solid and sometimes only escape once every two days. The large intestine has a function to perform in digestion which is suppressed in cæcotomy. Of course, cæcotomy is to be performed in certain cases, such as cancer of the transverse colon, and each one of the two operations has its indications, rendering its performance eminently proper.

Paralysis of Left Arm following Fracture of Clavicle.
—At a late meeting of the New York Surgical Society, Dr. Lewis A. Stimson reported a case of this character. A man, aged 29, fell from a height of eight feet, striking upon the outer aspect of the left shoulder. On examination, a simple fracture of the clavicle was found, the symptoms being merely localized pain on pressure and crepitation on moving the fragments. Besides this there was sensory and motor paralysis of the left arm, with no recognizable injury to the bony or soft parts. The muscles reacted well to the faradic current. During the six weeks that elapsed since the accident, the paralysis has not only persisted, but the limb has wasted. The supra- and infra-spinatus muscles also participated in this wasting process. The only movements of the parts below the forearm that were possible, were flexion and

extension of the distal phalanges. There was loss or diminution of tactile sensibility over an area beginning a little above the lower margin of the deltoid muscle, and covering the posterior surface and the external half of the anterior surface of the arm and forearm, the radial half of the hand, the thumb and the index finger. Cases like this are extremely rare, but two like it having been recorded, one by Earle and one by Gibson.

Two Cases of Aneurism of the Aortic Arch Treated by Moore's Method.—M. R. Lépine has reported to the Société Nationale de Médecine de Lyons the results obtained in two cases of aneurism of the arch of the aorta treated by Moore's method. In the first case rest, diet and iodide of potassium not giving any result, galvano-puncture was resorted to unsuccessfully. Then a hypodermic needle was plunged into the tumor and a horse-hair 30 centimeters in length (12 in.), previously placed in carbolized oil, was introduced. In this manner fifteen were introduced. Five days later the patient died of a preexisting broncho-pneumonia. The aneurismal sac was filled with soft clots, among which the horse-hairs were sparsely distributed. In the second case, a man of 40, a watch spring was employed instead of horse-hairs. The diameter of this was 2 millimetres ($\frac{1}{16}$ in.). It was sharpened at one end and pushed through the walls of the sac, the skin being first incised, 35 centimetres ($1\frac{7}{8}$ in.) being introduced. The tumor became harder and flatter and there oozed from the wound serum which evidently was derived from the contraction of the clot. There is no doubt that the operation proved beneficial to the patient, as rupture threatened when he entered the hospital. At the time of the report he was still under observation; but there is little hope of permanent benefit in these cases, as the aorta generally ruptures at some other point after the lapse of a variable length of time.

Hydatid Cysts of the Liver.—These cysts are most often found in the liver from the fact that the *tænia echinococcus* being introduced by way of the digestive canal, becomes arrested there and pursues a slow but incomplete development. Dr. P. Braine has published an interesting review of the treatment of these cysts in *La Gazette des Hôpitaux*. It is well known that hydatid cysts of the liver frequently cure spontaneously by rupturing into some adjacent organ, by calcareous or fatty degeneration, or through infiltration with the biliary secretion. Most frequently, however, the cyst grows; and, sometimes slowly, at other

times rapidly, develops into a voluminous tumor, which not only encroaches upon neighboring organs, but frequently destroys considerable portions of the hepatic tissue. On this account early treatment is always advisable, and as medical means have proven inadequate, surgical interference is the most proper. The operative procedures are various, some of which, like acupuncture, have been abandoned. Electro-puncture has lost favor. Simple capillary puncture, aspiration, puncture with injections, puncture with large trocars, and the use of caustics, all seem to have given way to the more modern procedures of large incisions. Volkmann's method is to make an incision parallel to the edge of the ribs and through the parietal peritoneum. At the end of eight to ten days there is adhesion to the wall of the cyst, which is then freely incised. Drainage and daily injections are then employed. Landau's operation consists in opening the abdominal cavity, tapping the cyst, lifting it up and fixing it to the abdominal parietes, opening freely and entering it after having removed a portion of its wall. In fact, Landau's operation is performed like an ovariotomy in some respects. Drainage and irrigation are also made. A good method is to first evacuate with a fine trocar. If the liquid is limpid this will suffice; if purulent, laparotomy should be performed. The mortality by Landau's operation so far is but 8 per cent.

Society Proceedings.

The Sixth International Congress of Hygiene will take place at Vienna, Sept. 26th, 1887. There will be in addition an exhibit of objects, books, appliances, etc. relating to hygiene both personal and public.

Medical Societies to hold Meetings in July.—The following societies will hold meetings in July, at the time and places appended:

American Neurological Association, Long Branch, July 20; Mississippi Valley Medical Association, Crab Orchard Springs, Ky., July 13; American Otological Society, New London, July 19.

The Connecticut State Medical Society elected the fol-

lowing officers at its late meeting held in Hartford, May 25th, last:

President.—Dr. Francis Bacon, of New Haven.

Vice-President.—Dr. George L. Porter, of Bridgeport.

Secretary.—Dr. S. B. St. John, of Hartford.

Treasurer.—Dr. E. P. Swasey, of New Britain.

The Rhode Island State Medical Society at its annual meeting, held at Providence, June 19th, elected the following officers:

President.—Horace G. Miller, M. D.

Vice-Presidents.—Albert Potter, M. D., and John W. Mitchell, M. D.

Recording Secretary.—William R. White, M. D.

Corresponding Secretary.—Geo. D. Hersey, M. D.

Treasurer.—Charles H. Leonard, M. D.

Mississippi Valley Medical Association.—This Society, which is so widely and favorably known, will hold its next annual meeting at Crab Orchard Springs, Ky., commencing July 13th, 1887. The Committee of Arrangements has made the necessary provisions for a reduction in railroad and hotel rates. The indications for the present meeting are such as point to a high degree of success and all physicians of the Mississippi Valley should make it a point to attend. A Constitution and By-Laws will be submitted for approval by the committee appointed at the last meeting, this having been necessitated by the adoption of the code of ethics of the American Medical Association, at the Quincy Meeting in 1886.

SOUTHERN ILLINOIS MEDICAL ASSOCIATION.

The Southern Illinois Medical Association held one of its regular meetings at Anna, Ills., June 16 and 17. A number of interesting papers were read. On the first day Dr. Hallam read a paper on "Antiseptics, Their Use in Obstetrics, especially in Country Practice." After the discussion which this elicited, Dr. Dyer, of Duquoin, reported the deaths of the following members, during the past year: Dr. Ross, of Cobden and Dr. Leider, of Randolph county. Dr. Booth, of Sparta, next read a paper by Dr. H. Hodgen, of St. Louis, on "Spondylitis." The following resolution was introduced by Dr. Dunning, of Cairo, and unani- mously adopted:

Whereas, Having with regret learned that a minority report of the Legislative Committee appointed to investigate the cause of death of a patient named Paedro at the Hospital for the Insane at Anna, Ill., has been submitted to the Legislature, recommending the dismissal of Dr. L. E. Stocking for incompetency, we hereby testify to our utmost confidence in Dr. L. E. Stocking's ability as a physician, and his kind treatment of those under his care, and refuse to believe otherwise, except on the most unquestionable testimony.

Dr. Lee, of Pomona, presented a patient supposed to have been bitten by a rabid dog. This gave rise to quite a lengthy discussion on the subject of rabies until adjournment.

At the evening session Mr. Bussey, the mayor of Anna, extended a welcome to the visiting physicians. Dr. Sanders, of Jonesboro, in behalf of the local physicians, welcomed the visitors, and the response was made by Dr. Dyer, in an able address.

The second day of the meeting was opened by the reading of the Annual Report of the Secretary, Dr. Huntsinger, of Pinckneyville. After deciding that Dr. Ingram, of Murphysboro, was not debarred from being a candidate for membership, the next place of meeting was considered. Cairo was chosen and Dr. Dunning appointed Chairman of the Committee of Arrangements.

Dr. Huntsinger gave the history of two cases and asked for a diagnosis. After a thorough discussion by some of the members they concluded that the disease was "milk-sickness."

The election of officers, which next took place, resulted as follows:

President, Dr. Wetmore, of Waterloo; First Vice-President, Dr. Agnew, of Wakanda; Second Vice-President, Dr. Dodds, of Anna; Secretary, Dr. Perry, of Cartersville; Treasurer, Dr. Dyer, of Duquoin.

The Society decided not to appropriate any funds to the International Medical Congress, as it was understood that the Committee of Arrangements had sufficient to defray all necessary expenses. Dr. Green, of Mount Vernon, then read a paper on "Otitis Media" which was fully discussed. Dr. Marshall read a paper on "Sulphate of Zinc as a Cure for Epithelioma," by Dr. Burgess, of Sparta. Dr. Martin, of Anna, read a paper on "Elephantiasis." Dr. Marshall, the retiring president, made an address, and the Association adjourned to meet in Cairo in November.

AMERICAN MEDICAL ASSOCIATION.

GENERAL SESSIONS.

The thirty-eighth annual meeting of the American Medical Association was called to order at Central Music Hall, Chicago, Ills., at 11 a. m., on Tuesday, June 7th, by the Chairman of the Committee of Arrangements, Dr. Chas. Gilman Smith. After prayer, Mayor J. A. Roche made an address of welcome and was followed by the President, Dr. E. H. Gregory, of St. Louis, who delivered the annual address, his subject being "Cell Antagonism." Dr. A. N. Bell, of New York, then read the report of the Committee on Immigration. After the adoption of the report, the amendment to create a new Section on Dermatology and Syphilography was adopted. The report of Dr. J. M. F. Gaston, of Atlanta, on Inoculation for Yellow Fever was referred to the Section on State Medicine.

On the second day the Association heard the report of the Board of Trustees of the Journal of the Association, which was adopted. Dr. N. S. Davis, of Chicago, chairman of the special committee on Changes in the Plan of Organization and By-laws of the Association made a report. A number of recommendations were made and quite an animated discussion arose. The Committee on Nomination was then announced and Dr. Jno. S. Lynch, of Baltimore, read the address of the Chairman of the Section on the Practice of Medicine. On account of the absence of Dr. Mudd, of St. Louis, there was no address in Surgery read.

Thursday morning, the third day, the first business transacted was the adoption of the report of the Committee on Nominations which was as follows:

President—A. Y. P. Garnet, of Washington.

First Vice-President—Duncan Eve, Nashville, Tenn.

Second Vice-President—Darwin Calvin, Clyde, N. Y.

Third Vice-President—Charles J. O' Hagan, North Carolina.

Fourth Vice-President—A. Stedman, Colorado.

Librarian—C. H. A. Kleinschmidt, Washington.

Treasurer—R. J. Duglison, Philadelphia.

Permanent Secretary—W. B. Atkinson, Philadelphia.

Assistant Secretary—Joseph Ransohoff, Cincinnati.

Trustees of the Journal—Leartus Connor, Detroit; E. O. Shakespear, Philadelphia; W. T. Briggs, Nashville.

Judicial Council—J. H. Murphy, St. Paul; J. M. Toner, Washington; J. K. Bartlett, Milwaukee; A. B. Sloane, Missouri;

X. C. Scott, Cleveland; A. W. McLuer, Iowa; D. W. Stormont, Kansas; J. H. Hibberd, Indiana.

Committee on Necrology—J. M. Toner, Chairman.

Committee on State Medicine—R. G. Jennings, Little Rock, Chairm

THE NEXT ANNUAL MEETING is to be held at Cincinnati, on the second Tuesday in May, 1888. Chairman of Committee of Arrangements, Dr. W. W. Dawson, of Cincinnati, with power to fill the Committee by appointment.

OFFICERS ELECTED BY THE SECTIONS.

Surgery—Donald McLean, Ann Arbor, Chairman; B. A. Watson, Jersey City, N. J., Secretary.

Medicine—A. B. Palmer, Ann Arbor, Chairman; N. S. Davis, Jr., Chicago, Secretary.

State Medicine—H. B. Baker, Lansing, Mich., Chairman; S. T. Armstrong, Memphis, Tenn., Secretary.

Children—F. E. Waxham, Chicago, Chairman; W. B. Lawrence, Batesville, Ark., Secretary.

Dental and Oral Surgery—J. Tafft, Cincinnati, Chairman; E. S. Talbot, Chicago, Secretary.

Ophthalmology and Otology—F. E. Hotz, Chicago, Chairman; H. H. Jackson, Philadelphia, Secretary.

Dermatology and Syphilography—L. Ducan Bulkley, New York, Chairman; T. Fayette Dunlap, Secretary.

Medical Jurisprudence—E. M. Reid, Baltimore, Chairman; Dr. Belt, Boston, Secretary.

In regard to the proposed amendments to the constitution and by-laws, they were laid on the table for one year. The committee on a monument to Benjamin Rush reported that \$389 had been received.

The report of the Special Committee on Cremation was referred to the Section on State Medicine.

Dr. F. M. Johnson, of Kansas City, delivered the address of the Chairman of the Section on Obstetrics and Diseases of Women giving a review of improvements during the past year. The address of the Chairman of the Section on State Medicine, by Dr. Geo. H. Rohé, of Baltimore, next followed, after which Dr. G. S. Knox, of Chicago, Chairman of the Section on Diseases of Children read his address in abstract.

The report of the Treasurer of the Association showed a balance on hand of \$1,403.77. The report of the Librarian was

read and ordered filed. A discussion then arose as to making an appropriation for the International Congress with the result that \$1,000 was voted for that purpose.

Dr. N. S. Davis, offered a resolution recognizing as eligible to membership dentists who are graduates of dental and oral schools and colleges which require a standard of preliminary or general education to the term of professional study: and another that the Committee of Arrangements are hereafter directed, at each annual meeting of this Association, to so arrange the programme regarding entertainments and receptions that the evening of the third day be reserved for the regular annual dinner, under such regulations that the members may dine with or without wine, according to choice, and pay only for what they elect to have furnished, and that be the entire cost of the dinner, leaving no part to be paid either by the local profession or the treasurer of the Association.

On Friday, the fourth day of the meeting, Dr. J. S. Marshall, of Chicago, Chairman of the Section on Dental and Oral Surgery, delivered his address and Dr. J. M. Quimby, of Jersey City, N. J., gave the address of the Chairman of the Section on Medical Jurisprudence in general and is especially applicable to infanticide and drunkenness.

Dr. J. M. Toner, of Washington, presented his report in Neurology.

After passing the usual resolutions of thanks to the press, railroads, citizens and committees, the Association adjourned.

Book Reviews.

A Treatise on Diphtheria, historically and practically considered; including Croup, Tracheotomy and Intubation. By A SANNE, M. D. Translated by HENRY Z. GILL, A. M., M. D., etc. 8vo. pp. 656. Illustrated with a full page colored lithograph and many wood engravings. [St. Louis: J. H. Chambers & Co. 1887.

Perhaps no living man could have brought to this great work more and better qualifications to ensure results of value not merely to the medical profession but to mankind in general, than he

who has undertaken it. The author was a pupil of Barthez and Trousseau, the teachers who, next to Bretonneau, have done most toward giving us a clear understanding of the cause, and the pathology and therapeutics of the disease. Beside this he was long an interne of the great *Hôpital Ste. Eugenie* and afterward had a very extensive practice in the city of Paris which gave him thousands of opportunities for study and observation of the dread disease of which he has made so thorough and exhaustive a study.

In the work before us, however, we do not have simply the record of the personal experiences and theories of the author. However valuable such a memoir might be as a contribution to the general literature of a subject, it would necessarily be but fragmentary; whereas in this book we have a complete review and compendium of all worth preserving that has hitherto been said or written concerning diphtheria and the kindred subjects treated of by our author, collated, arranged and commented on by both author and translator.

The ground is cleared in the beginning of the work by a lucid essay upon the surgical anatomy of the pre-trachæal region, with special reference to trachæotomy in children. This is not a portion of the work as it appeared in French, however, but is a contribution from Dr. Lewis S. Pilcher, of Brooklyn. The true work of Sanné begins with the history of diphtheria, which is traced from the remotest times down to the present, the author showing that among the earliest of written human records are allusions to a disease which may very reasonably be supposed to have been diphtheria. The pathological anatomy of the disease is entered into very fully, and after that there is given a full general description of diphtheria, including its localization, course, duration, termination, etc., together with chapters on its nature, epidemics, etc. The chapters on treatment are divided into the general and surgical measures that are necessary under varying circumstances. Trachæotomy is treated of under a separate heading as are the complications which are liable to arise thereafter. The subject of intubation, so recently revived in this country, receives a very careful and impartial discussion at the hands of the translator, and a most valuable chapter on the prophylaxis of diphtheria and croup closes the volume.

The translator has, considering all things, done his share of the work very well indeed, though we occasionally find passages

which indicate a lack of familiarity with the idioms of the original. His notes are frequent and full, displaying deep knowledge of the subject matter. Altogether the book is one that is valuable and timely, and one that should be in the hands of every general practitioner. The mechanical portion reflects great credit on the house of Chambers & Co., of this city, though we confess the book would have looked better had it been printed throughout on one kind of paper. The colored lithograph which is pasted in as a frontespiece should have been of the same size as the balance of the pages. With these trifling exceptions the book is well gotten up.

Elementary Microscopical Technology.—Part I. The Technical History of a Slide, from the Crude Materials to the Finished Mount. By FRANK L. JAMES, Ph. D., M. D. 8vo. pp. 107. Illustrated. [St. Louis, Mo: The Medical and Surgical Journal Company, 1887.

In part I of his *Elementary Microscopical Technology*, Dr. James has given a clear and concise account of the necessary implements and the manipulations required in practical microscopy. Those who are acquainted with the author's preparations and mounts, the beauty and finish of which are beyond challenge, will be struck with the fact that the same careful attention to details and minutiae which characterizes this, also pervades his teachings. Taking for granted that his reader-pupil is ignorant of even the first principles of microscopical technology,—an important point which most writers fail to appreciate, Dr. James begins with the very rudiments of the subject, the handling of the crude material, and by successive steps, the details of which are explained, he gradually leads up to the finished and perfect slide. Starting with the tools and reagents which are absolutely necessary to successful work, the author takes up, as preliminary, the making of a typical slide, and then in the succeeding twelve chapters enters into a careful consideration of the methods employed. Hardening, embedding, section-cutting, staining, the preparation of the glass, slip and cover, the making of cells, mounting media, and the finishing of the slide, are all treated of in the plainest and most comprehensive manner, so that the isolated student wanting a teacher, cannot fail of success, if he but follow the directions laid down in this little book. And herein lies the charm of *Elementary Microscopical Technology*,—it is emi-

nently a book for self-instruction, the outcome of long experience, of many failures and final successes.

In reviewing the various methods of hardening given, we must take exception to the three grades of alcohol recommended for organic matter. Nearly all specimens, the most delicate only excepted, contain water enough to permit of their being placed at once in the ordinary alcohol of the shops, without detriment to their elements.

In a work too, of such great value and importance, the type should have been fresher and the proof reading more carefully done.

Taking Part I as a contribution to the microscopical technology of the present day, however, we are free to say that it is by far the best book on the subject that has yet appeared; and is to be most cordially recommended alike to teacher and pupil.

W. P. MANTON, M. D.,

Editor of *The Microscope*.

Drug Eruptions. A Clinical Study of the Irritant Effects of Drugs upon the Skin. By PRINCE A. MORROW, A. M., M. D. 800 pages, one lithographed plate. [NEW YORK: WILLIAM Wood & Co., 1887. Price, \$1.75.

The subject of drug eruptions is one which has been elaborated of late years and the literature of this subject, although rapidly increasing, has been practically valueless to the general practitioner, from the fact that it has been scattered through the various medical journals. The present work is the first attempt that has been made to collect this mass of valuable material under one roof as it were and place it at the disposal of the medical profession.

Dr. Morrow, the author, who is the editor of the *Journal of Cutaneous and Genito-Urinary Diseases* is not a mere compiler. Having this work in view for some years, he has devoted a great deal of attention to drug eruptions and, as a natural consequence of this, we see everywhere evidence of his accurate observation in the clear description he gives.

The first forty pages of the book are devoted to general considerations, such as the etiology, pathogenesis, treatment, diagnosis, etc., of drug eruptions. Then follows an alphabetical list of drugs in which is given the results of the internal use and external administration, together with methods for detecting these

drugs in the urine. A very complete bibliography closes the volume.

The usefulness of this work to the general practitioner as well as to the specialist cannot be over-estimated, more especially when we consider that the eruptions caused by sixty different drugs are considered. That which is given the most prominence is iodine and its compounds. This is quite natural as it is well known how common it is to give this medicament in elevated doses pushing it to the limit of tolerance.

Dr. Morrow deserves great credit for his work which should be in every physician's library. It is clear, brief and to the point, besides being thoroughly reliable. Moreover it is the pioneer work in one of the important territories of dermatology.

Messrs. Wood & Co., have gotten up the book in unexceptional style, the print being large and clear and the binding first-class.

A. H. OHMANN-DUMESNIL.

Hysteric et Traumatisme: Paralysis, Contractures, Arthralgies Hystéro-traumatiques. Parle DR. PAUL BERBEZ. 8 vo. pp.125. [Paris, aux Bureaux du *Progrès Médicale*; A. Delahaye et Lecrosnier, editeurs. 1887.

In this work we have a study of hysteria from a standpoint if not new, at least sufficiently novel to a very large proportion of the medical profession to make it of exceeding interest to all who devote any attention to the study of mental and nervous maladies. It is in fact a study of hysteria from a surgical standpoint. Connected, as the author has been for several years, and intimately associated with M. Charcot, in the great clinic of the Salpêtrière, the attention of M. Bebez was early drawn to a chain of facts which pointed to the intimate relationship between the protean neurosis of which he treats with certain traumatisms. At the suggestion of M. Charcot he thereupon devoted himself during two years to following up this lead. As a complete study of hysteria from this aspect would lead to endless labor, M. Berbez wisely determined to confine his observations more especially to hysterias whose origin could be traced to the irritable mamma in the female, and the irritable testis in the male. The work is therefore devoted to what may be called false or simulated abdominal surgery—false ovarian cysts, false peritonites following more or less closely some operative traumatism, and finally all of those false abdominal tumors noticed of late years, and of which so many examples are to be found in recent literature, notably in

the works of Abercrombie, Braid, Russel Reynolds, Weir Mitchell, Herbet Page, Duponchel, and others too numerous to mention, but not forgetting Sir Spencer Wells, whose work published in 1886, gives a good résumé of the literature of the subject. In reviewing the influence of railroad accidents in the production of these phenomena, the author has utilized the paper of Dr. P. S. Matthews (*The Surgeon's Duty in Rail-Road Spinal Injuries*) contributed to the *SAINTE LOUIS MEDICAL AND SURGICAL JOURNAL* for September, 1884.

The style of the author is clearness itself, and there is not an unreadable or uninteresting page in the book, which should be in the hands not only of every gynæcologist but of every practitioner who is brought into contact with hysteria in general family practice.

Transactions of the Association of American Physicians.

First Session, Washington, D. C., June 17 and 18, 1886. 8 vo. pp. 261. [Philadelphia: Wm. J. Dorman, Printer, 1886.]

This, the first volume of the transactions of the Association of American Physicians, is handsomely gotten up. While none of the papers are remarkable, some are quite interesting. Besides the minutes of the meeting, there are nineteen papers with the discussions thereon. These papers are all short owing to the rule limiting their reading to twenty minutes. This may be a good system to adopt, but it sometimes is disadvantageous, keeping out good work or by forcing too much condensation.

One of the striking papers in this volume is that of Dr. W. T. Councilman on Certain Elements found in the Blood in Cases of Malarial Fever. It is illustrated by a fine plate. Quite a useful as well as an interesting paper is that of Dr. R. H. Fitzson, on Perforating Inflammation of the Vermiform Appendix. Dr. Wm. H. Welch gives the results of his Experimental Studies of Glomerulo-Nephritis. This paper is very interesting and the plate representing cantharidin nephritis is excellent. Major Sternberg contributes a paper on the Bacillus of Typhoid Fever. These are but a few picked out at random.

The transactions are well printed and bound and look neat. For the most part the typography is clean. On p. 237, however, we have "mardidans" for madidans, "thymoid" for thyroid, etc. In the same paper on p. 246 the types are allowed to say (4th line), "that side upon which she *laid*." Leaving such min-

or defects aside, the book is one which is a credit to the Association and we hope that Vol. II, will be much larger than the present, as it probably will be judging from indications furnished by the second meeting which has taken place. We would recommend to the Association, however, that it issue its transactions earlier and not wait for nearly a year after the meeting, before their appearance.

A Practical Treatise on Impotence, Sterility and Allied Disorders of the Male Sexual Organs. By SAMUEL W. GROSS, A. M., M. D., LL. D. Third Edition thoroughly revised. With sixteen Illustrations. 8vo. pp. 172. [Phila.: Lea, Brothers & Co., 1887. Price, \$1.50

If we are to judge of the value of a book by its popularity, this treatise can justly hold a high place, as the fact that a third edition has been called for shows the demand there is for it. Aside from this, however, we can say after reading it again that it is deservedly popular from the fact that it gives much information, that is good, in a very small amount of space.

The author does not regard impotence and spermatorrhœa as functional diseases of the testicles but rather as usually depending upon reflex disturbances of the genitospinal centre and almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra.

In regard to sterility he makes the broad assertion that, in unfruitful marriages, the husband is "at fault in at least one instance in every six" and hence the importance of examining the husband before submitting the wife to operations for sterility.

The work is divided into four chapters, the first one of which deals with impotence, which is divided into atonic, psychical, symptomatic and organic. In Chapter II. Sterility is considered. After speaking of the composition of the semen, azoospermism, aspermatism and misemission are taken up in the order named.

Spermatorrhœa is the subject of Chapter III, the last chapter being devoted to Prostatorrhœa.

The work is thorough and scientific and, in addition, practical. The general make-up of the book is pleasing and the type and presswork good. In line 11, of the Preface we see "uretura" for urethra. This is rather a surprise for it is a rare thing for the Leas to have errors of this kind creep into their publications.

Manuel de Dissection. Par W. BRAUNE et W. HIS, traduit par le Dr. G. FOETTINGER. Bruxelles, A. Manceaux, 1887.

This is a French edition of the now well-known *Leitfaden fuer die Praeparanten* of the celebrated Leipzig professors whose names it bears—a work essentially practical and remarkable for the minuteness and concision of the directions given for the preparation of anatomical material and making museum specimens. With it in hand it seems almost impossible for the student to go astray. In its preparation they seem to have carried out the motto or axiom which they impress upon their students as the first and dominant principle which should actuate them in the dissecting room—"never abandon a piece of material until you have worked through and scrutinized its minutest details." From benefits derived personally we can recommend this work to every student who can read French or German.

Manuel d' Anatomie Humaine. Par W. KRAUSE. Traduit, sur la treizieme édition allemande, Par Louis Dollo. Fascicule I. Ostéologie et Arthrologie. Bruxelles, A. Manceaux; Paris, Georges Masson. 1887.

This is the first fasciculum of a great general work on human anatomy, the excellencies of which have been proven by the fact that it has already reached a third edition in Germany. The present fasciculum treats of osteology and arthrology. The descriptive text is concise but plentiful, and the illustrations on wood are remarkably clear and excellent, though scarcely so large or so numerous as we could desire.

Literary Notes.

The Vest-Pocket Anatomist is the title of a handy little dissecting room companion, founded upon Gray's Anatomy, by Dr. C. Henri Leonard, of Detroit, the veteran publisher of medical books. The value and popularity of the little work is shown by the fact that the present is the eleventh edition. It is convenient and thoroughly reliable, and its popularity is therefore sure to increase.

Books Received during the Month.—The following books have been received during the month of June and will be proper-

ly noticed hereafter: Stricture of the Urethra, Distin-Maddick (Baillière, Tindall & Cox); Rabies or Hydrophobia, Dolan (Baillière, Tindall & Cox); Treatment by Massage, Schreiber (Lea Bros. & Co.); Anæmia, Henry (Blakiston, Son & Co.); Diseases of the Eye, Meyer (Blakiston, Son & Co.), Management of Diet, Bruen (J. B. Lippincott Co.)

The Physician's Dose and Symptom Book is the title of a convenient little manual by Dr. Joseph H. Wythe, of Cooper Medical College, San Francisco. It contains the doses and uses of the principal articles of the materia medica and officinal preparations, arranged alphabetically, table of weights and measures, symptoms, incompatibles, etc. It is of a handy size for the pocket, though the type is large and clear. It is published by P. Blakiston, Son & Co., Philadelphia.

Pocket Medical Formulary.—One of the best arranged and neatest of this class of books that we have yet seen is the little volume by Drs. Alexander Hazard, Bernard M. Goldberg and Abraham S. Gerhard, of Philadelphia. It is "chug full" of valuable information on therapeutics, diagnosis, posology, poisons and their antidotes, hypodermic medication, etc., and all so well arranged by the patent index system that one can find anything that he desires in a moment. It is handsomely bound in leather, with pocket and tucks. It is published by Collins, Philadelphia.

The Sacramento Medical Times.—We have received the first number of a neatly printed and handsome monthly bearing this title and published at Sacramento, Cal. It is edited by Dr. J. H. Parkinson, with the collaboration of Doctors Wallace A. and William Ellery Briggs, Thos. W. Huntington and Crocker Simmons. The department system, introduced by the *JOURNAL* and found so convenient and popular is followed in the arrangement of matter, and altogether the new candidate for professional favor starts out in a thoroughly sensible manner. We wish it a long and successful career.

Reprints, Pamphlets, Etc., The following worthy of note have been received during the month: Transplantation of a Rabbit's eye into the human orbit, Chas. H. May, M. D., in the *Archives of Ophthalmology*, Vol. XIX, No. I.; Congenital Occlusion of the Posterior Nares, Alvin A. Hubbell, M. D., in the *Buffalo Medical and Surgical Journal*; Remarks and Criticisms by James H. Walker, on the subject of Brewing; Practical Example

of Prescription Writing, by Chas. H. May, M. D.; New Treatment of Affections of the Respiratory Organs, by Rectal Injection of Gases, by Dr. V. Morel, from the French, by J. W. Queen & Co., Philadelphia; Cornell University School of Pharmacy, Announcement for 1887-8; Report of the Committee on Disinfectants presented at the 14th annual meeting of the American Public Health Association.

The Talmud, with Rabbinical Commentaries of ancient, middle and latter ages on Medicine, Hygiene, Medical Jurisprudence, and kindred subjects, is the title of the new work projected by our friend Dr. Carl von Klein, of Dayton, O. The doctor states in a preliminary circular, and in a private letter now before us, that since the announcement of his desire to get out this work, and his intention of doing so providing he receives the proper encouragement therein, he has received over 500 voluntary contributions thereto, leaving only about a similar number necessary to fill his list. It should not be a difficult matter to get these, as we are quite sure that Dr. Von Klein will make a book that will be of the deepest interest to all who are interested in the history of medicine. The price will be but five dollars, and this is not to be paid until the delivery of the book. As no more will be published than those subscribed for, those who intend sending in their names should not delay doing so.

The Juveniles.—A physician who is doing a large and lucrative general practice, not long ago declared that he intended to give it up and adopt a specialty, alleging as his sole reason therefor that he wanted to get acquainted with his family. "I have" said he "a gang of girls and boys growing up at home, of whom I know as little as I do of the children of any of my patients. I am especially worried about what they read. I found this thing stuck behind the stand in the bath room, only yesterday." "This thing" which the doctor pulled out of his pocket and exhibited was one of the vilest of the thousands of vile, yellow-covered, "detective" romances, dealing with the children of the slums, every page of which is full of moral contamination, more infectious and deadly to mind and body than leprosy itself. Not all physicians are situated like our friend; but there are enough of them to make the subject which he raises one of intense interest. While nothing can take the place of wise and affectionate direct parental supervision, or fully compensate for its absence, there is fortunately a partial remedy for the evils which this ab-

sence entails, and that is for the parent to see that his children are supplied, and plentifully supplied, with proper reading matter suited to the years and understandings of those for whom it is intended. Not the goody-goody, mawkishly pious, impossible literature of sunday-school libraries and journals, but good, healthy books and periodicals full of matter that interests and entertains, while they instruct ; such periodicals as *Saint Nicholas* and *Wide Awake*, two juvenile magazines that are an honor to any people and a source of safety to hundreds of thousands of those who in a few years will be the men and women of the country. While the two magazines — one published by the Century Company, of New York, and the other by D. Lothrop & Co., of Boston, are rivals, their rivalry is of that sort that can result only in good, no matter which be the winner. Fortunately for the publishers and the people, there is room enough and to spare for both of them, and we should consider it a real calamity to the youth of America and England (where both have a large circulation) were anything to happen that would seriously injure either. While there is a certain similarity between the journals in many points (beside their identity in well-doing) they are sufficiently unlike in contents to make it desirable for every physician who has a family of boys and girls, to take both of them, and unless he is a *very busy* man he will be very apt to be as eager to read them as any child that he has.

Melange.

M. Aubert claims to have demonstrated that blenorrhagic pus is always alkaline, instead of acid as recently asserted by **M. Castellan**.

The American Orthopædic Association was organized at the rooms of the New York Academy of Medicine, on June 15th and 16th last. There was quite a good attendance and a number of papers were read.

The American Rhinological Association will hold their annual meeting in Washington, D. C., Sept. 1st, 2nd and 3rd, in-

stead of Dayton, Ohio, as formerly announced. The programme will appear in the next number of this JOURNAL.

Only Half Right.—*The Kansas City Medical Index* says that the reason it does not copy from the ST. LOUIS MEDICAL AND SURGICAL JOURNAL is "that a hungry dog has no use for an empty cupboard." As usual, the *Index* man is only half right—i. e., in the first half of his similitude.

Light Purgative for Dyspeptics.—M. Germain Sée is in the habit of prescribing the following:

℞ Sublimed sulphur,
 Cream of tartar,
 Calcined magnesia, of each,.....3 i

M. The whole to be taken in the morning and, if necessary, to be repeated at bed time.

A Human Horn.—The museum of the Hôpital St. Louis, Paris, has recently been enriched by a specimen of peculiar interest, viz: a large and solid horn removed from the head of a woman of Ilyères. This excrescence had attained a length of 21 cm. (8.4 inches) and an examination of the material of which it is composed shows it to be a veritable horn, composed of identically the same morphological and chemical elements as those of a goat or cow.

Body-Weight of Japanese Men.—*The Sei-I-Kwai Medical Journal* for May says that the average weight of the Japanese seamen, taken by authority of an imperial rescript of April 14th, 1882, was found to be 14 *kwamme* or 115.5 lbs. avoirdupois. Continuing the examination for several years, and weighing each man twelve times a year, it was found that the fluctuations in weight were within very narrow limits, and that the weight seemed to have no traceable relation to health or disease.

Rara Avis.—We cannot vouch for the truth of the following item obtained from the *Columbus Medical Journal*. If true it is very strange, to say the least. A grateful patient is rare, but when gratitude shows itself to the extent here given it is phenomenal.

"A patient of Dr. Forbes, of Philadelphia, out of gratitude to the doctor for services rendered, left sixty thousand dollars to such hospital as the doctor might choose. He chose the Jefferson Medical College Hospital, of course."

African Arrow Poison.—It was supposed for many years that the African and South American arrow poisons were derived if not from identically the same vegetable sources, from members of the same family of plants. This is now known to be not true. At a recent meeting of the Société de Biologie, M. Gley described his experiments with a poison brought from the West Coast of Africa where it is known among the natives as inee. He finds that the active principle is strophanthine, the nature of which has already been described in the JOURNAL.

Female Dentists.—The executive committee of the National Hospital of Dental Surgery, of England, has decided to admit women to the practice of dentistry. Twenty-two ladies immediately availed themselves of the privilege, and were inscribed in the Dental Register. The Medical Council of Edinburgh has followed suit, and women are allowed to apply for licences in dental surgery. Only the young and good looking ought to be allowed to pass. With such dentists there would be no objection to the ceremony with which it is said that Dr. E—, a celebrated American dentist of Paris during the Empire, was in the habit of closing all dental operations on his lady patients.

Furuncles in the Ear.—In the JOURNAL for December, 1886, p. 350, speaking of boils in the ear, the advice was given to incise early and freely and afterward to let the ear alone. Recently our attention has been called to a treatment for this annoying infliction proposed by Kirchener, of Brussels, (in the *Journal de Médecine* of that city) who advises early and free opening also, but adds that, if it be done under antiseptic precautions there will be less prospect for a return of the boil or the sequence of a crop of them. His plea is first to wash the cavity out with a tepid solution of sublimate (1:1000), dry with antiseptic cotton, and then incise. The incision is then washed with sublimate solution applied with a camels hair pencil or a pledget of cotton. The penciling should be free and may be repeated two or three times during the day. M. Kirchener says, that he has operated in this way in a very large number of cases and but very rarely had a second boil to appear.

Blood upon the Face of the Moon.—We have received through the mails copies of a pamphlet issued by Dr. J. R. Briggs, of Dallas, Tex., late associate editor of the *Texas Courier-Record of Medicine*, and entitled "Dr. Dudley S. Reynolds, of Louisville,

Ky.—His Title to the Censorship of the Medical Profession. A biographical sketch." We have not followed the journalistic quarrel between Drs. Briggs and Reynolds, which has been progressing for some time past, and of which this pamphlet is the bitter outcome, but the causes of offence must have been very serious indeed to justify the course of Dr. Briggs. Without presuming to pass upon the merits of the affair, however, we would say that Dr. Briggs brings very ugly allegations against Dr. Reynolds; and as much as we deprecate personal journalism these allegations are such that Dr. Reynolds cannot afford to ignore them without risking his reputation as a man and as a physician. We sincerely hope that he will be able to answer them.

American Public Health Association.—The preliminary announcement of the fifteenth annual meeting is at hand, and gives the following information: The meeting will be held at Memphis, Tenn., November 8th-11th, inclusive. The Executive Committee have selected the following topics for consideration at said meeting: The Pollution of Water Supplies; The Disposal of Refuse Matter of Cities; The Disposal of Refuse Matter of Villages, Summer Resorts, and Isolated Tenements; Animal Diseases Dangerous to Man. Papers intended to be read on the occasion should be in print, type-writing or very plain manuscript, and must be handed in not later than twenty days before the annual meeting. A circular will be issued in ample time before the meeting, giving full information in regard to transportation and hotel rates. All communications relating to local matters should be addressed to G. B. Thornton, M. D., chairman local board of health, Memphis, Tenn. Blanks for membership may be obtained by addressing the secretary, Irving A. Watson, Concord, N. H.

The Crown Prince of Germany.—As the natural result of the great service rendered by Dr. Morell McKenzie, in preventing the operation of thyroidectomy, as described in the JOURNAL for June, the Crown Prince of Germany has prolonged his stay in England (whither he went ostensibly to be present at the Queen's jubilee) to be near the English surgeon. We learn that further examinations of the portions of tumor already removed, made by Prof. Virchow, show the growth to be a non-malignant papilloma. While this in itself is reassuring to those who earnestly hope for the Prince's safety, no one will feel quite easy in regard to the

matter until he is pronounced cured. The tendency of papillomata to take on malignant features will, until then, stand as a constant threat of possible danger. For the sake of humanity it is to be hoped that the most optimistic views will be realized in the case of this man, who is known to be enlightened and wise, and a lover of peace. No greater calamity could befall Europe than that he should be removed before time has healed the scars between France and Germany.

Public Institution for Disinfection.—To Germany, whence has come almost all that is useful in the modern practice and theory of antiseptis, we are again indebted for a practical move in the right direction. The city of Berlin is now building and will open in November of this year, a great central station for the thorough disinfection of household articles, wearing apparel, bedding, etc. The disinfecting agent will be heat in the form of dry steam, except in the case of articles (like leather) which are ruined by such measures. The arrangements made by the authorities include the collection from the domicile and the return thereto of articles to be disinfected, and ingenious devices have been adopted to prevent any possibility of the contact of the disinfected articles with objects not yet submitted to the process. The tariff of charges, which includes transportation, is four marks (about 90 cents) per cubic metre of space occupied by the goods. For the disinfection of those articles to which heat cannot be applied, and which must be treated by chemicals, the charge is 80 pfennigs (about 20 cents) per hour for the labor and chemicals required in the work.

Carrying Coals to Newcastle.—One of our valued contemporaries has the following:

ARSENICAL ERUPTIONS.—Dr. T. A. Moroon (*La France Médicale*) has observed the following variety of cutaneous eruptions from the use of arsenic: Erythema, papules, urticaria, vesicles, pustules, ulceration, skin bronzing. In each case the discontinuance of the drug caused the disappearance of the rash.—*London Medical Press*.

The truth of the matter is this: In the July number of the *Journal of Cutaneous and Venereal Diseases*, the editor, Dr. P. A. Morrow, published an article on arsenical eruptions. An abstract of this article was published in the August, 1886, *JOURNAL* (page 107), and was translated literally in a late number of *La France*

Médicale, the latter only giving credit to the original source and converting P. A. Morrow into T. A. Moroon. The *London Medical Press* still further dropped credit by attributing the article to the French journal, and thus after nearly one year we are regaled with a mutilated reproduction of our own abstract. The original English always suffers more or less after being subjected to two translations.

Listerism in Germany.—The Berlin correspondent of the *Therapeutic Gazette* for June, says that the German Surgical Congresses for the last *seventy* (probably intended for *twenty*) years “bear testimony that the Lister system, as well as operative surgery, owes to them its greatest development. Nearly every German Surgical Congress has produced some remarkable progress, the entire completion of which we have not yet reached, but this tradition has not been sustained by the impression made upon us by the meeting this year; there seemed to be something lacking. It is true there were many cases discussed, but there failed to be anything decisive upon any question. The only subject which led to a discussion of great value was the treatment of peritonitis by laparotomy, but which had no satisfactory conclusion; that, however, was in the nature of the case. We will not leave this subject, however, without mentioning the vindication of iodoform as an antiseptic, in spite of the attacks made recently upon this valuable remedy by the Danes, Heyn and Rovsing. Not only were good practical results testified to, but theoretical experience refuted the objections made by the above-mentioned authors. We may, therefore, rejoice that this medical treasure remains as a valuable remedy, of which, unfortunately, there are only too few.

Exorcism in the Anvers Hospitals.—A commission was recently appointed by the government for the purpose of examining into certain charges against the management of the great Hospital Ste. Elisabeth, of Anvers, which is maintained by the municipality and hence is supposed to be absolutely removed from the control of any sect, although the nurses are *religieuses*. Some very curious facts were elicited, and a writer in a recent number of the *Progrès Médical* makes use of them as an argument for the immediate laicisation of the institution. After detailing the sworn statement of one of the physicians concerning the practical impossibility of having the patients get meat, even

when expressly prescribed, on Fridays and during Lent; of the hauling of convalescents out of bed to make them attend mass and religious ceremonies, etc., the writer says: But what is particularly interesting for us is the absolute proof that in this day of enlightenment and science, in one of the largest hospitals of one of the most important cities of the world, the rites of exorcism are openly practiced! "We have" says the *Journal d' Anvers*, in its report of the findings of the Commission, "under our eyes a fac-simile of the amulets which are placed by the sisters in the beds of the patients. It is made of white flannel to which is attached a heart and cross of the same material but of a red color. Beneath these is the following inscription "May thy kingdom come! Behind me, Satan! The heart of Jesus is present with us." As a result of the investigation, says the writer, the laicisation of the hospitals of Anvers is a fixed fact.

Death of Boussingault.—Death has again invaded the ranks of the Immortals, and again the Institute is in mourning. Scarcely are the funeral honors paid to one ere another luminary of French science passes away. The latest vacancy in the Academy is made by the death of Boussingault, next to Chevreul, the oldest member of that august and learned body, who quietly passed away on the 12th of May, aged 85 years. While for several years past Boussingault had not been an active worker in science, no Frenchman has made greater or more valuable contributions to chemistry—especially agricultural chemistry, than he. Indeed, he may be said to have created the science of agricultural chemistry in France. Associated with Roulin in his botanical exploration of South American forests, he became one of that galaxy of French and German savants of which Humboldt, Bonpland, and Liebig were bright, particular stars. In 1833 he was appointed professor of chemistry in the faculty of Lyons, coming to Paris in 1839. It was not until 1848, however, that he became a member of the Académie and was appointed professor of agricultural chemistry at the Conservatoire des Arts-et-Métiers. His works are numerous, the best known, however, being his *Traité de l' économie rurale*. For many years he edited the *Annales de physique et de chimie*, and was a constant contributor to its pages and to the *Comptes Rendus* of the Académie des Sciences. His name is indissolubly linked with that of Dumas in the precise determination of the proportions of the elements of air. He carried out laborious researches in metalurgy and made valuable

discoveries in the chemistry of the conversion of iron into steel. His specialty, however, was agricultural chemistry, more particularly the study of the nutritive value of grains and crops intended for the food of herbivorous domestic animals. His death removes the last remaining link (save Chevreul) which bound together the chemistry of the past generation with that of the present.

Local Medical Matters.

Small-Pox.—During the month of May one case of small-pox was discovered in the city and sent to the small-pox hospital, where the patient died. There was not a single case of this disease reported during the year 1886.

The City Institutions.—The council at a recent meeting confirmed Dr. Dalton, as Superintendent of the City Hospital, and Dr. Atwood as Superintendent of the Insane Asylum. This clears the mayor's slate and fixes the status of the city institutions for the next two years. Taken altogether, the city has reason to congratulate itself on the men thus chosen, and we are quite sure that the institutions will make excellent showings under the new regimes.

The Prospects for the next collegiate year, among the medical schools, we are informed were never brighter than at present. We learn that each of the older schools expects to hold its own, at least, while the newer ones are more than satisfied. Beaumont, especially, looks forward to a largely increased attendance, expecting to draw quite a respectable quota away from some of the older schools of the South.

Still at it.—We suspect that if our friends of the *Globe-Democrat* and *Post-Dispatch* would look into the matter they would find that their special correspondents in eastern cities are systematically making a good thing out of the long and laudatory dispatches descriptive of surgical operations, and the "interviews with prominent physicians," that daily burthen their reading columns, but which properly belong to the advertising department. It would pay them to investigate a little.

A New Definition and Derivation.—Jay Gould had an attack of facial neuralgia a few days ago and did not go down to his office. Forthwith it was reported in Wall Street and telegraphed all over the country that he was very ill, and the enterprising reporters went to interviewing “prominent physicians” as to the nature and danger of neuralgia. The interviews were telegraphed, of course, and through the reports we learn that one of these “prominent physicians” said that neuralgia is a “*Latin* word and means *disease of the nerves.*”

Personal.—We have had the pleasure during the past month of meeting and having several very pleasant conversations with Dr. Adolphus, of Jamaica, long in the British Colonial Service as a surgeon, and now retired on half pay, after an arduous service of forty years in the tropics. Dr. Adolphus is a well preserved gentleman of sixty or thereabouts, whose visit to St. Louis had the double object of seeing relatives and consulting Dr. A. D. Williams concerning his eyes. He was under the impression, made by consulting a celebrated London oculist a couple of years ago, that he had cataract in one or both eyes. Fortunately Dr. W. was able to assure him that such was not the case, and that his trouble was an amblyopia which would probably vanish after a few weeks or months in a temperate climate.

Vital Statistics of St. Louis during May.—From the monthly report of Health Commissioner Dudley we learn that the total number of deaths from all causes in St. Louis, during the month of May, was 563, as against 577, for the same month in 1886. This is a most remarkable showing and could it be maintained throughout the year (which is, of course, an impossibility) would show an annual death rate of only 15 to the thousand of inhabitants. Of this number, 490 were white, and 73 colored, or about 7 to 1. As the proportion of whites to negroes is about 16 to 1, this indicates a relatively high mortality among the latter. The total deaths of infants, under 5 years, was 291, or over half of the entire mortality. The total number of births during the month was 706, of which 668 were white and 38 colored, or nearly 20 to 1.

Criminal Malpractice.—On Saturday, June 25th, a midwife named Mueller, practising in the southern portion of the city, was arrested on a charge of criminal malpractice in causing the death of a young widow named Louisa Clements by producing

an abortion by the use of instruments. Although the deceased made an ante-mortem statement to the effect that Mrs. Mueller had used instruments and given her medicine with a view of producing abortion, and in spite of the fact that the body of the dead woman gave every indication of the fact that death had been caused by malpractice of this description, the coroner's jury who investigated the case failed to find sufficient evidence to hold Mrs. Mueller and she was accordingly discharged. Somebody has been guilty of the crime, and it is to be hoped that the investigation will not be dropped here.

Chicago Hospitality.—At the meeting of the St. Louis Medical Society held June 11th, last, a number of the delegates to the late meeting of the American Medical Association made their reports. They seemed to be unanimous upon one point and were not backward in speaking of it. This was the shabby manner in which the President of the Association, Dr. E. H. Gregory, of St. Louis, had been treated. They also referred in bitter terms to the very unsocial features of the entertainments given, as well as the neglect which they suffered at the hands of the Chicago physicians. These expressions of discontent have found their way in the daily papers and we are afraid that our confrères of the Windy City will regard the St. Louis contingent as ungrateful for the little they were fortunate enough to obtain in the way of social amenities.

Financial Status of the International Congress.—There appeared in a local newspaper not many days ago, an article in regard to the financial status of the coming International Congress. In the interviews published, several local physicians were reported as saying that the Committee of Arrangements had an amount of money equal to \$50,000. A little more than a week before, a member of the Executive Committee stated before the general session of the American Medical Association, that in addition to the appropriation of \$10,000 made by Congress, but \$2,000 had been collected. There is some discrepancy in these two statements and it is a difficult matter to reconcile them. We hope that the statement that \$50,000 is already in, is true, for it would ensure a financial success to a situation which otherwise looks rather gloomy at the present moment.

Medical School for Women.—We learn that it is a settled fact that St. Louis is to have a medical school for female

students exclusively. The means wherewith the new school is to be set going, have been subscribed by wealthy citizens who think such an institution desirable. As to where it is to be, or who are to constitute the faculty, we have heard nothing definite. The only name that has been publicly mentioned in connection therewith is that of Dr. Borck, who has resigned his chair in the Obstetrical School, presumably with the view of assuming a prominent place in the new faculty. Without discussing the merits of the question, if women *will* enter the medical profession (and it seems they will) we see no reason why St. Louis should not have a share of the glory and emoluments to be derived from converting ambitious spinsters into full-fledged doctresses.

Dull Times for the Doctors.—An old physician recently said that he always took his outing in May because there was less sickness in the city during that month than during any other in the year. While the past May was no exception to the rule in this respect, we can scarcely say that matters were any better, from the doctor's business standpoint, during June. With the exception of a few very warm days the weather was delightful, and while the sudden change which occurred about the 21st, caused a slight increment in minor ailments, the general health of the city was never better. In the suburbs there has been some malarial fever among adults and, of course, there has been the usual amount of summer diarrhoeas, cholera-infantum, etc., among the children. At the hotels, most of which have been full, there were a number of cases of cholera morbus, though no fatal ones were reported.

Bergeon's Method and the Quacks.—If any element were needed to complete the ridiculousness or absurdity of the so-called "Bergeon method of treating phthisis by rectal gaseous enemata," it is the avidity with which it has been seized upon and adopted by the advertising quacks. Almost in advance of the regular profession, these gentry took it up, and our daily papers had their columns filled with announcements of the wonderful cures made by it. As long as the regular medical journals continue to give illustrations of the apparatus and publish long rigmaroles concerning the treatment we cannot blame the quacks for turning it to advantage or the public from flocking to their séances. In this connection we are reminded of a statement made in a private letter received from Dr. de Penhoel, formerly

of this city but recently removed to Santa Barbara, Cal. The doctor tells of an enterprising quack of the latter city, who having heard of the treatment but not obtaining a clear idea of the process made a patient inhale the sulphuretted hydrogen, sticking the delivery tube into the mouth instead of the other end. It is needless to say that the treatment did not take very well.

Meetings of the St. Louis Medical Society.—During the past few months there has been an unusual number of pathological specimens presented before the St. Louis Medical Society. This is a move in the right direction and we hope that it will not be abandoned. On Saturday, June 25th, the Society adjourned for the summer vacation and there will be no more meetings held until September.

But two more Appointments remain to be made by the Mayor, in the health department of St. Louis. These are both important, consisting as they do of the Superintendent of the Female Hospital and the Dispensary Physician. The race for the former position has narrowed down to Drs. W. B. Dorsett and F. T. Outley whilst Dr. Warren Priest seems pretty certain of capturing the latter position.

Willard's in Washington, D. C., is so well known that it is not necessary to recommend it. What we desire to acquaint our readers with is that fact that all physicians attending the International Medical Congress will obtain reduced rates at this magnificent hotel.

Jefferson Reorganized.—Exit Bartholow.—We learn just as we are going to press, from private but entirely reliable sources, that the Trustees and Faculty of Jefferson Medical College, having the alternative presented to them of retaining Bartholow as dean and losing Da Costa, or of firing the dean and retaining Da Costa, with a wisdom that we scarcely gave them credit for after their behavior to Pancoast, promptly accepted the latter alternative. The reorganization was effected by first declaring the deanship vacant, which disposed of Bartholow, and immediately thereafter electing Dr. Da Costa to the position thus vacated.

THE ST. LOUIS Medical and Surgical Journal.

VOLUME LIII.—August, 1887.—No. 2.

Original Contributions.

A CASE OF TORN-OUT TENDONS OF THE BIG TOE.—With remarks. By WILLIS V. KINGSBURY, M. D., of St. Louis.

In speaking of this accident, Billroth very pertinently remarks, that it may be classed amongst those traumatisms which are rare. The truth of this proposition is very easy to establish by taking a cursory glance at the literature of the subject, and tabulating the number of such cases which are recorded. After a careful search through all of the literature at my command, I can find a record of a few cases only. Billroth, in his *Surgical Pathology*, states that in all of his experience he has seen but two cases where fingers were torn out and the tendons pulled out with them. In one of these cases all of the tendons were pulled out.

In no work have I been able to find a record of a case similar to the one below, in which the tendons have been torn out with a *toe*. Either this accident is very rare or the cases have not been reported in any of the literature to which I have had access.

There is no doubt whatever that a number of such unreported cases are existing, and, either through neglect or from want of interest, have failed to find their way into medical literature.

The number of cases reported during the past few years point in this direction, and, as a collection of them would form a valuable and interesting chapter, perhaps it would be well for all those having had such cases to report them as minutely as possible.

The causes of injuries of this nature are limited to accidents in which the finger or toe is caught in machinery and the limb forcibly retracted; or falls in which the finger is caught and torn out, together with its tendons, by the sudden weight of the body being brought to bear upon it.

CASE.—Wm. G., age 15 years, on May 6, 1887, was working

at a paper cutter in the book binding department of Geo. D. Barnard & Co., of this city. He got his right foot implicated in a part of the machine in such a manner that the big toe was caught at the first phalanx near the proximal articulation, thus cutting or mashing it off completely and tearing out two tendons (fig. 3). The extensor pollicis proprius tendon is $12\frac{1}{4}$ inches long from the proximal portion of the toe, while the flexor hallucis longus is $8\frac{1}{2}$ inches in length.

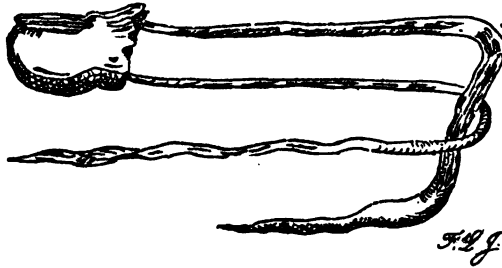


Fig. 3.

Upon seeing the case immediately after the accident, the toe was found hanging by the longer tendon, which was in the sheath a distance of about one inch. Dr. A. C. Bernays being called in, simply took out this portion of the tendon and with it came the toe and the other tendon.

The extremity of the second toe was also considerably lacerated. After washing the wounds their edges were trimmed and sutures applied, drawing them together. The wounded foot was dressed by placing about it an antiseptic gauze bandage and over this a plaster of Paris splint, which was allowed to extend up to the calf of the leg, thus completely immobilizing the ankle-joint. As soon as this dressing was dry the patient was sent home and placed in bed. Chloroform was administered while dressing the foot, one-fourth of a grain of morphia having been injected before the effects of the anæsthetic had passed off.

The following Monday the plaster of Paris dressing was removed from around the toes and the wound was washed. We found no indications pointing to healing by first intention, and accordingly removed some of the sutures. The remaining sutures were removed the following Wednesday, and the wound healed very nicely by granulation.

There were no bad symptoms during the process of repair,

and the patient recovered rapidly. There was no inflammation or soreness along the tracks of the torn-out tendons at any time. The patient was discharged June 16, 1887. The distal end of the phalanx of the big toe was crushed very slightly, and no trouble occurred in removing the fragments of bone. During the healing process several leaflets of bone were exfoliated.

Upon examining the specimen, it is seen that both tendons are in good condition, neither of them being crushed or lacerated. *Each one was torn at the point of muscular attachment.*

The treatment of this case consisted in cleansing the wound every day with carbolized water, and dressing it with antiseptic gauze. The bowels were kept open with salines and the temperature controlled by quinine, the highest point reached being 101°F.

The immobilization of the ankle-joint by means of the plaster of Paris bandage gave rest to the parts and no doubt prevented any inflammatory action along the sheaths of the torn-out tendons. The method of healing of the external wound, as above stated, was by granulation. In some of the cases on record, healing of the external wound was by first intention. In the case detailed above the sutures were applied with the hope of obtaining first intention, but failed to obtain the desired result.

I believe, although very little is said about it, that healing by granulation is the most common method of repair in injuries of this kind.

The dressings were applied so as not to exercise pressure, but just the reverse. After the plaster of Paris was removed, the wound was simply washed and moist carbolized gauze laid upon it and held in place by a cloth about 18 inches square, folded in the shape of a triangle and lightly wrapped around the whole foot. There was very little discharge from the wound at any time.

The old style of dressing was to apply pressure at the proximal end of the wounded extremity and gradually diminish the pressure as the distal end was approached.

The healing process which takes place along the tracks of the torn-out tendons is generally by adhesive inflammation, lymph being poured out and rapidly filling the cavity, and soon becomes organized, as is usual in subcutaneous wounds, this lesion having many of their characteristics. This process is considerably aided by the dressing employed, which effectually seals the opening which communicates with the outer world. The dressing of carbolized

gauze, moreover, adds another advantage—that it makes the external wound aseptic, and thus effectually disposes of any external focus of infection.

So far I have been unable to find more than five cases on record besides mine. In all of these the fingers and their tendons were torn out.

In three of these cases there was inflammation along the tracks of the tendons, and in two of these abscesses formed, and in the other one it is not stated whether there was an abscess or not. In one case there was healing by first intention.

Complete recovery follows injuries of this kind, that being the result recorded in all the cases of which there is a record.

Any physician having had cases of this kind would confer a favor by reporting them and sending me a copy of such report for the purpose of tabulation.

[NOTE.—This case is a striking corroboration of the principle or general law enounced by Dr. J. H. McIntyre in the July number of the JOURNAL (p.21), viz: that in all instances where tendons are extended to the point of rupture, and especially where they are torn out, the rupture occurs at the point of muscular attachment. EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL.]

ADDITIONS TO THE MEDICAL NOMENCLATURE OF THE DISEASES OF THE NOSE AND THROAT. By THOS. F. RUMBOLD, M. D., St. Louis, Mo.

The employment of names aids perspicuity and prevents misunderstanding. I have these objects in view in proposing the new terms about to be given.

ETHMOIDITIS ANTERIOR. Inflammation of the anterior ethmoidal cells.

This affection is erroneously called atrophic catarrh, dry catarrh, ozæna, etc. Inflammation of the anterior ethmoidal cells is a very common form of nasal catarrh. The secretion from these cells flows through their openings situated under the middle turbinated processes, and forms crusts upon the inferior turbinated processes, but before inspissation takes place, the muco-purulent secretion becomes decomposed, emitting an offensive odor, hence the name ozæna. The proof that the crust in

such cases is not formed by the inferior turbinated processes, the place of lodgment, is the fact that if a small piece of cotton is laid upon the place from which such a crust has been removed, and allowed to remain there until next morning, it will be seen that the whole of the secretion is lodged *on the top of the cotton*; plainly showing that the mucous membrane under the cotton did not produce the secretion lodged on the top of the cotton; and when this cotton is withdrawn the surface so covered will be found to be entirely free of mucopurulent secretion. The reason why the secretion remains on these turbinated processes is because the mucous membrane of such cases is much less moist than is a healthy mucous membrane; the membrane on the processes being in an atrophied condition. Atrophy is not always present in this kind of catarrh; when not present, no crust is formed. The complaint is known as atrophic catarrh because of the presence of atrophy. Besides the lodgment of the inspissated secretion upon the inferior turbinated processes, there are other symptoms, objective and subjective, that are frequently present, that will differentiate this kind of catarrh from that of other localities, as for instance, catarrh of the posterior ethmoidal cells, namely:—the rounded, swollen condition of the nose, especially the bridge, frequently accompanied by the enlargement of the bloodvessels of the integument of this part. With this swelling there is more or less pain of this part of the nose, and a sense of fullness and pressure. Another objective symptom is the abnormal bony enlargement seen on each side of the bridge of the nose. Sometimes this enlargement is so great as to be markedly noticeable. Not the least heed is taken of this enlargement by authors, and it is considered as a congenital conformation, and consequently normal, instead of a deformity, a formation, or growth, resulting from diseased action within the anterior ethmoidal cells.

It is very evident that if what I have said be true, this is a complaint that demands a name, and one that will point out its location, and will prevent the unavailing local treatment that is now being directed to the locality upon which the crust forms, namely:—the inferior turbinated processes. These processes are now treated as though the atrophied mucous membrane covering them pours out the secretion that produces the crust. I have proposed for this inflammation of the anterior ethmoidal cells the name of *ETHMOIDITIS ANTERIOR*; but the name *Cellitis Ethmoides*

Anterior or *Esöethmoiditis Anterior*, might as plainly designate the actual location of the disease. The name ethmoiditis would strictly mean an inflammation of the ethmoid bone, while esöethmoiditis and cellitis ethmoides would indicate that the mucous membrane of the cells is the part affected. This would be strictly correct in all cases at the commencement of the complaint, but as the more chronic form, in which the bone itself is also diseased, as shown by its enlargement, is more frequently met by the physician, I think that ethmoiditis anterior will be as descriptive as is required.

It is seldom that "itis" is affixed to a word ending in "oid," but it is not uncommon to see other affixes, as in the word "mastoid." We have "mastoidalgia," "mastoideocentesis," etc., etc., "hæmatoid," "hæmatoidin, etc. Thomas, in his Medical Dictionary, 1886, gives the following: "Arachnitis, a faulty term, denoting inflammation of the arachnoid membrane." On the next page he gives "Arachnoiditis, inflammation of the arachnoid membrane." I consider this a sufficient precedent.

ETHMOIDITIS POSTERIOR. Inflammation of the posterior ethmoidal cells. A diseased condition of these cavities is also met in rhinal practice. The secretion from these cells flows through their openings under the superior turbinated processes, and falls upon the middle turbinated processes, there it becomes inspissated, provided, always, the mucous membrane on these processes is in an atrophied condition, and produces the same symptoms, internally, as observed in ethmoiditis anterior, except that the crust is located higher and further back in the nasal passages. The application of a cotton pledget to the middle turbinated processes, made in the same manner as to the inferior turbinated processes, proves that the crust or secretion that lodges on the middle turbinated processes is not the product of these processes, but that of the posterior ethmoidal cells.

The name given—**ETHMOIDITIS POSTERIOR**—will indicate the location of the inflammation. The term *Cellitis Ethmoides Posterior*, or *Esöethmoiditis Posterior*, might more clearly set forth the location of the commencement of the complaint; yet, as this inflammation is frequently so severe as to affect the bone also, I think that the name first given will be sufficiently descriptive, and will prevent misunderstanding.

The collection of mucopurulent secretion seen on the middle

turbinated processes may also be a product of the sphenoidal cells, as their openings are also under the superior turbinated processes.

The name SPHENOIDITIS, will describe the location of this affection. Like the disease of the ethmoidal cells, it might be called *Cellitis Sphenoides* or Esösphenoiditis.

There are other cavities whose catarrhal secretion frequently forms crusts upon the inferior turbinated processes, namely: the frontal sinuses, the openings of which are situated under the middle turbinated processes.

SINITIS FRONTALIS, will, I think, plainly locate this inflammation.

All four of these affections, for they are not diseases, but inflammations always secondary to nasal disease, are confounded with atrophic catarrh. Atrophic catarrh forms no crusts, the mucous membrane is too dry to pour out secretion; there is no odor from this affection. The only symptom that patients complain of in atrophic catarrh, is a sensation of dryness. There are thousands of cases of atrophic catarrh walking our streets that do not make any greater complaint than do persons affected with atrophic tonsils. Many physicians recognize atrophic catarrh by the presence of crusts alone, when, really, the crust is evidence of inflammation located above the place of lodgment. Again, it is known that atrophic mucous membrane has lost so much of its normal function that it *cannot* secrete as much mucus as it should do; yet we are told that this membrane, when located on the turbinated processes pours out so much secretion that crusts are formed upon it. This is an unscientific assertion, and has never been proven.

NASOANTRITIS. Inflammation of the antrum of Highmore.

The differential diagnosis between ethmoiditis anterior and sinitis frontalis, the secretion from both localities flowing upon the inferior turbinated processes, is, that in sinitis frontalis there is pain in the forehead over the eyebrows, while in ethmoiditis anterior there is a fullness and pain on one or both sides of the bridge of the nose. Not unfrequently both of these affections exist at the same time. Ethmoiditis posterior and sphenoiditis also frequently exist at the same time. When the latter inflammation predominates, the patient experiences painful sensations over the top and back portion of the head, while the pain

occasioned by ethmoiditis posterior is located on the upper and anterior portions of the head.

Ethmoiditis anterior, ethmoiditis posterior, sphenoiditis and sinitis frontalis, besides being four new terms, are also new affections even to rhinologists. The fact that the affections have been called atrophic catarrh, dry catarrh, etc., and treated as though they were a diseased condition of the turbinated processes on which the secretion is seen lodged, will furnish the reason why physicians have considered atrophic catarrh incurable. In the cases of so-called atrophic catarrh, the location of the lodgement of the secretion has been mistaken for the location of the disease. A much greater number of facts is required to fully demonstrate the existence of these four affections, but this much is given to show the necessity for the new terms.

NASOSEPTITIS. Inflammation of the septum nasi.

It is essential to an accurate description of the location of a tumor or disease that there should be no ambiguity regarding the exact topography of the locality under consideration. The locality indicated by the term pharynx, by some writers, means that portion of the air passage extending from the lower portion of the elevated soft-palate to the larynx; others stop with the base of the tongue, and call all below the base of the tongue down to the top of the trachea, the larynx; while still others extend the pharynx from the basilar process to the larynx. The following division of the superior portion of the respiratory tract, extending from the basisphenoid to the larynx will prevent this confusion:

The space of this tract, bounded above by the basisphenoid, anteriorly by the posterior surface of the velum palati and the posterior nasal openings, and posteriorly by the first and upper half of the second cervical vertebra, should be called the *pharyngonasa^d cavity*. The reason why the pharynx should be named first, is because this cavity is examined through the pharynx. Inflammation of this cavity should be called **PARYNGORHINITIS**.

The name pharynx should be restricted to that portion of this passage that lies below the pharyngonasa^d cavity and bounded below by the larynx, and the name pharyngitis should be restricted to this locality.

We have the term palatitis, which denotes inflammation of the palate, but this does not designate whether the soft or hard palate is meant. The term VELITIS PALATI is required to designate the inflammation of the soft palate.

It is very common for a writer to say that the right or left arytenoid is inflamed, or ulcerated, or, that "the supra arytenoid cartilages are often red in color," when he wishes to convey the meaning that the mucous membrane covering these cartilages is inflamed, etc. It is evident that if a writer was held literally to such expressions, he would be made to say that which he did not mean. To prevent misunderstanding in such cases, I suggest the term PROCESSUS ARYTENOIDES or ARYTENOID PROCESSES, meaning the projections formed by the arytenoid cartilages, cartilages of Santorini, submucous tissues and mucous membrane, and the inflammation of these processes should be known as ARYTENOIDITIS.

THE INDICATIONS WHEN PHYSICIANS SHOULD PRESCRIBE THE USE OF GLASSES. By A. D. WILLIAMS, M. D., of St. Louis.

Probably there is no one subject connected with the prophylaxis and preservation of vision, upon which general practitioners, especially those remote from cities, are more frequently called upon to give an opinion than in regard to the propriety of using or not using spectacles; and I may add that in no one thing do they blunder oftener in giving their advice. Ordinarily, people begin to need glasses between the ages of 35 and 45 years, but there are a great many young people who, from one cause or another, fail to see objects distinctly and continuously, especially when close to them, as in reading or sewing. Such persons feel the need of something to help vision and, on consulting the family physician, they are told that they have disease of the optic nerve or of the retina, or some other grave trouble which does not exist. Consequently a knowledge of the first symptoms pointing to a need of glasses becomes of great importance, and fortunately the acquirement thereof does not require a deep knowledge of ophthalmic surgery or technics.

For convenience and simplicity we will divide those who require attention in this direction into the hypermetropic or far-

sighted, and myopic or near-sighted. In the present paper we will deal only with the former class.

I. ADULT LIFE.—With occasional exceptions far-sighted people see perfectly in the distance, a fact which proves, when it exists, that there is no organic disease of any of the parts essential to the act of vision, the retina, optic nerve, etc. A few far-sighted persons, however, have eyes so badly out of focus that they require glasses for distance. But here again, when we find that such glasses make the patient see perfectly, the fact proves the absence of organic disease. In this manner all grave affections are excluded.

Persons considerably advanced in years uniformly say, when they first begin to need glasses, that they cannot hold out to read or to do fine work, particularly at night, but that for a short time they can see as well as they ever did. The eyes soon tire and the print mixes and blurs so that they cannot distinguish individual letters, but after a few minutes' rest they can again read for a short time when again the mixing and blurring supervenes. The intervals of ability to read grow shorter and shorter, while the period of repose necessarily becomes longer and longer, until finally the patient gives up trying to read altogether. Whenever this or a similar history is given, we may know for a certainty that the individual needs glasses for reading and doing fine work.

Persons of mature years usually begin with convex glasses No. 24. As a rule I rarely order a stronger glass than this to commence with, except in those cases where glasses have been needed for years but have not been worn.

II.—CHILDHOOD. There is a very distressing train of symptoms which frequently arises or develops in the early schooldays of childhood. We see a child who has hitherto not suffered with any trouble in vision, begin, with the very first days of school, to complain of its eyes. It seems all at once to have become near-sighted. The book is held close to the eyes and distressing and persistent headaches set in, the pain being greatly aggravated by the slightest attempt to use the eyes. The child is wholly disabled and to force it to remain in school is not merely cruel, it is wicked.

But this near-sightedness is only apparent, and not real. Almost invariably such a child is really far-sighted, either born so, or has become so early in life. The trouble here is *over-focusing*, caused by spasmodic action of the ciliary muscle, which is the

focusing power of the eye, and when the latter is suddenly and constantly called upon to do extraordinary work this spasmodic action becomes continuous. So long as the child did nothing but play, it did not know that there was anything the matter with its vision; but the attempt to read or study instantly develops the latent trouble. In order to overcome the natural far-sightedness the ciliary muscles are called into continuous and excessive action, and this leads to spasm of the muscle.

How many children suffer tortures in this way we have no means of knowing, but the number must be very large. Mistakes in this class of cases are naturally very easily made, but a recital of the history of the case reveals the whole truth. The eyes of children naturally near-sighted rarely or never become painful when called into use, while those affected with far-sightedness, either congenital or developed, invariably do so.

All kinds of general nervous symptoms may develop in connection with spasms of the focusing power. In the proper management of these cases the skill of the physician shows to its best advantage and makes him feel that he has done at least some service to suffering childhood.

The remedy consists in the proper adjustment of glasses, but first and foremost there must be absolute rest for the eyes. Books must be interdicted and the spasms of the muscles must be relaxed by the continuous local use of atropine.

The children as a rule require quite strong glasses, or from 18 to 7. When properly adjusted the glasses prevent the return of ciliary spasm by en-focusing the eyes and thus removing from the muscle the continuous action which was the prime cause of trouble. In conclusion I would impress upon the profession the necessity of looking to the eyes of children and young folks entrusted to their care, since the consequences of the neglect of providing proper glasses for this class of patients are far more serious than the neglect of glasses later on in life.

The use of Gaseous Enemata in the treatment of phthisis has been abandoned in Bellevue Hospital, New York, where they were long and persistently tried.

[Aug.,

Hospital Notes.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., Superintendent.

XV.—GENERAL TUBERCULOSIS; ALCOHOLISM; ŒDEMA OF THE PIA MATER; DEATH; AUTOPSY. By BRANSFORD LEWIS, M. D., Senior Assistant.

Annie W., æt. 46, American, widow, prostitute, was admitted while unconscious, May 6, 1887, at which time there was complete paralysis of all the voluntary muscles, except the *motores oculi*. The left arm, hand, foot, *anguli oris*, and the tongue were moving in clonic convulsions, which were rythmical, about 86 per minute. The right forearm and leg were fixed in a state of tonic contraction. The tongue was inclined toward the left. At first the jaws were tightly closed, but afterwards they became separated, but remained rigid. The patient was unable to swallow. Pupils were of natural size but would not react to light; the conjunctivæ were sensitive to the touch. The only reflex contraction that could be aroused was that of the integument on the lower half of the inner aspect of the right leg. Her temperature was 38.1° C. (100.6° F.), pulse 120, very feeble and small. Respiration 48 per minute; inclined to be labored. Nothing abnormal discovered with heart, liver or spleen; percussion of lungs gave dulness on the right side; râles were heard on auscultation, most numerous over the lower portion. Patient had a staring expression, but perceived nothing that was going on around her.

Two days later it was noticed that the left pupil was only half as large as the right one, and both eyes were turned upward and to the left. From friends of the patient it was then learned that she had been a constant and heavy drinker of spirits; that she had been well up to the previous two weeks. The symptoms of her complaint after that time were not known. She had been unconscious since May 1 (three days before her transfer to the hospital). On May 6, the right pupil was contracted, while the left was dilated—the reverse of the condition existing the day before.

The eyes were then directed upward and to the right. Temperature did not go above 38.6° C. (101.5° F.).

Autopsy, 12 hours after death, showed a normal calvarium with no evidence of injury. Pia mater was excessively oedematous, containing a large quantity of serum. The brain substance was congested somewhat; no hæmorrhage. There was tuberculous degeneration of the greater portion of the right lung, with a pyramidal shaped, dark colored, foul smelling infarct-like area in its lower margin. Tubercles were distributed through the left lung, excepting the upper lobe, but not to such an extent as in the right one. Both were oedematous posteriorly. The portions of the colon and ileum adjacent to the ilio-cæcal valve were the seat of tuberculous ulcers. The rest of the body was normal.

XVI.—CONTUSIONS OF THE KIDNEY—HEMATURIA—PERITONITIS—RECOVERY. By BRANSFORD LEWIS, M. D., Senior Assistant.

M. H., æt. 5, a previously healthy girl, while riding in a carriage April 30, 1887, fell through the door to the ground, being struck on the left side by the wheel in the descent. She did not become unconscious.

The left lumbar region, and the left eyelid, were found to be bruised and black. She complained of constant and severe pain in the left renal and lumbar regions. About four hours after the accident she passed her urine, which was scanty and contained a considerable amount of blood. Urine, passed about ten times during the next 48 hours, was bloody each time; after that it was of natural color, but rather small in quantity. A certain amount of peritonitis developed, as evidenced by the extreme tenderness and tympanitic condition of the abdomen, rapid and small pulse, elevation of temperature (the exact degree could not be ascertained on account of the objection made by the child), and prostration of the patient. Restlessness and insomnia were marked except when controlled by morphine. Her bowels were locked and a very small quantity of nutrition was administered. Stimulants were used freely. She remained in this condition until the night of May 4, when she obtained much needed rest and was greatly improved by the following morning. Convalescence progressed steadily and rapidly thereafter, and, though the mother indiscreetly allowed the patient to walk about within twelve days after receiving the injury, no bad symptoms recurred.

[Aug.,

Clinical Reports from Private Practice.

INCISED WOUNDS OF ABDOMEN AND THORAX; PENETRATION OF CAVITIES; PROTRUSION OF OMENTUM: Rapid recovery. By WALDO BRIGGS, M. D., of St. Louis.

On the 25th of June, last, I was called by Dr. A. B. Shaw, to see a negro man who had been injured in a fight. On examining we found a severe but superficial incised wound on the fore-arm, another quite as wide and deep over the scapula, and a third, somewhat lower down, penetrating the thoracic cavity, through which the air bubbled at each respiration. The wounds were made with an ordinary pocket knife with a large blade, and the last mentioned, that into the thoracic cavity, was a combination of stab and cut. While preparing to dress these wounds the negro, who was a powerful man of about forty years of age, complained of a pain in the left abdominal region and on examination we found that he had received a stab in the lumbar region through which the omentum protruded for quite a foot or more.

The man was evidently desperately hurt and we had but little idea that he could recover. However, after enlarging the abdominal wound and carefully cleansing the omentum, the latter was replaced and the wound closed. A drainage tube was inserted into the wound in the thorax, and a dose of morphine given to alleviate pain.

On the second day the temperature was $103\frac{1}{2}^{\circ}$ and pulse 120, these figures being maintained on the third day. On the fourth they began to recede and soon became normal. Yesterday (July 7th), the patient walked into my office well.

The case is remarkable chiefly as an illustration of the recuperative powers of nature in the healthy human organism.

During the recent Jubilee Festivities in England, several medical men were knighted, but not one was considered worthy of a peerage.

1887.]

Correspondence.

"THE CODE."

HANNIBAL, Mo., July 3, 1887.

DEAR EDITORS OF JOURNAL:

The Code of Medical Ethics, as framed by the regular profession at one of its national meetings, was for the government of its members, the establishment of mutual relations between the people and the profession, and the protection of the people against the nefarious ways of the quacks and irregulars. Soon medical societies were organized, adopting this code as a governing law which prohibited physicians from advertising themselves as specialists or holding consultation with irregulars under forfeiture of all their professional rights and obligations. At this time these organizations exist in all towns and have for members all regular physicians of good standing. At the same time we find in all such towns, but outside these societies, the well known quack, the irregular and the specialist so-called, who are considered unworthy to become members or to be in counsel. Now if a member of said society should be drawn into professional intercourse with any of these quacks and irregulars and such a course becomes known to the officers of the society, he is cited to appear and charges are preferred at the next meeting and such punishment inflicted as the society by vote deems proper—which is generally expulsion, either temporary or permanent. Now we regard this course as proper and right, but if I am not greatly mistaken I have known members of these same societies to have gone into the country ten or fifteen miles and have met in counsel irregulars, eclectics and homœopaths, and have rendered them such assistance as was necessary, and I have yet to learn of complaint against them in the society or otherwise. I am greatly afraid such a charge would implicate some of our Hannibal physicians. To such an indictment many may be compelled to plead guilty. Now gentlemen if you ignore the "code," either in country or

town, you lower the dignity of your profession, observe its provisions in both country and town and you elevate and dignify your professional standing.

It is surely as unprofessional to associate and fellowship with country quacks and irregulars as it is to do the same thing with city quacks and irregulars.

Yours Respectfully,

REGULAR.

HYDRONAPHTHOL.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

Your editorial on Naphthol in the Skin Department of your JOURNAL for July, is indeed a surprise to me, and to many others, who are just beginning to learn the value of hydronaphthol in the treatment of skin and rectal diseases, as an internal remedy and as an antiseptic and disinfectant. Its entire freedom from odor, caustic, or poisonous properties and other characteristics peculiar to carbolic acid and phenols in general, recommend it as the most valuable and unobjectionable coal-tar product yet offered to the profession. The failures charged to hydronaphthol can be traced in every instance to the employment of beta-naphthol, a poisonous compound resembling the hydro somewhat in physical appearance but entirely different in chemical composition and therapeutic action.

In the treatment of skin diseases, notably eczema, scabies, pruritus, and alopecia, I have found hydronaphthol superior to any remedy heretofore employed. In these scalp troubles I use it in the form of an ointment made in the proportion of ten grains to the ounce of fresh or benzoated lard. I order these rubbed into the scalp, which has been cleansed with a slightly alkaline water, every other night previous to retiring, the strength of the ointment being gradually reduced as the case progresses toward a cure. The ointment is soothing and agreeable to the patient, promptly allays pain and itching and imparts to the scalp a soft velvety feeling. Applied to other parts of the body it is equally pleasant and efficient. I employ the same ointment with great satisfaction in the treatment of hæmorrhoids, fissure and other rectal troubles. Mixed with an equal bulk of mercurial ointment and thoroughly rubbed into enlarged inguinal glands it greatly facilitates their absorption.

As an antiseptic and disinfectant volumes may be written of

hydronaphthol. In the wards of St. Mary's Hospital, Brooklyn, the surgeons in charge are using it to the almost entire exclusion of all other antiseptics and disinfectants. Dr. Fowler, one of the leading surgeons there, reports its employment with perfect satisfaction in many laparotomies, one instance complicated with extra-uterine pregnancy of seven months, when pus was spilled into the peritoneal cavity in large quantity. It is also employed in that institution, as well as in a large number in this city, for the preservation of anatomical specimens. This it accomplishes without shrinkage, change of color or decay, thus suggesting its employment for the preservation of meats, fruits, milk, cider, beer, etc., in domestic economy.

As an internal remedy hydronaphthol has been used with great satisfaction in the treatment of flatulency, dyspepsia and cancer of the stomach, while Dr. A. F. Pattie, of Boston, has found it almost a specific in sub-acute rheumatism. He administered it in doses of ten grains *per ore* three times a day after meals with no bad effects.

With the foregoing facts, so authoritic and undeniable, staring us in the face I am at a loss to understand why you see fit to condemn, in the columns of one of America's leading medicals such a valuable therapeutic agent as hydronaphthol.

Very Truly

FERDINAND KING, M. D.

New York, July 8th, 1887.

[In answer to Dr. King, I will state that *beta*-naphthol was the particular preparation I alluded to and probably should have been more specific in designating it. Dr. Chas. W. Allen in his article on Naphthols, to which I made reference, stated that his experience was almost entirely confined to *beta*-naphthol. I have no doubt that Dr. King is correct in what he states concerning the value of hydronaphthol. Not having had sufficient experience with it as yet I would not venture to express an opinion. As to *beta*-naphthol, however, I am certain that he will agree with us.

O-D

Dr. S. T. Armstrong, formerly of this city and for a number of years stationed at the Memphis Marine Hospital, has been ordered to the Marine Hospital at New York. This is a well merited recognition of Dr. Armstrong's services both to the service and to medicine.

[Aug.,

Editorial Department.

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THE VINDICATION OF DR. DUDLEY S. REYNOLDS.

In the July number of the JOURNAL we made a brief reference to a violent personal attack made against Dr. Dudley S. Reynolds of Louisville, Ky., by Dr. Briggs, of Dallas, Texas, and at the same time we expressed our hope and belief that Dr. Reynolds would promptly vindicate himself against the charges brought by Dr. Briggs. This he no doubt would have done, well and promptly, but for the fact that all personal action in the premises on his part was forestalled and rendered unnecessary by the spontaneous and graceful tribute paid him by the Kentucky State Medical Association, which met a few days subsequently to the issuance of Dr. Briggs' pamphlet. This association, composed of representative medical men from all parts of the state, many of them life-long friends of the assailed, unanimously passed and put upon record a vote of confidence in and respect for Dr. Reynolds.

Following close upon this action of the Kentucky State Association comes that of the Mississippi Valley Association, which met at Crab Orchard Springs a few days later. In this the vindication of Dr. Reynolds took a form which must have been, of all others, the most grateful to him; for without a dissenting voice he was elected its president for the ensuing year.

Under these circumstances Dr. Reynolds can well afford not simply to ignore the attack of his assailant but to feel grateful for an assault which gave him so good an opportunity of learning the high esteem, love and honor in which he is held by his professional brethren not only of his own state but of the entire Mississippi Valley.

THE ENGLISH COMMITTEE'S REPORT ON PASTEUR'S METHOD.

In April, 1886, the English Local Government Board appointed a committee, consisting of Sir James Paget, Dr. T. Lauder-Brunton, Dr. George Fleming (V. S.), Sir Joseph Lister, Dr. Richard Quain, Dr. Henry E. Roscoe, Dr. Burdon Sanderson and Mr. Victor Horsly, to enquire into Pasteur's system of inoculation for the prevention and cure of rabies.

These men, whose names are known to every reader of medical literature in the whole world, and are a guarantee, not only of the honesty, but of the thoroughness and scientific depth of their research, went immediately to work upon the task allotted to them. They visited Paris several times during the course of their investigations, and not only made themselves acquainted with Pasteur's methods as pursued in his laboratory, but instituted a most comprehensive series of experiments at home, in England, for the purpose of testing every step and point in the work of the French scientist. After fourteen months of incessant work they finally (on the 27th of June) made a report to Parliament, probably the most comprehensive and thorough document of the sort ever emanating from a civil committee. It has not yet appeared in full, being too voluminous to be issued in other than book form, but in the *Lancet* for July 2nd, we find a number of abstracts therefrom, giving the general gist of the conclusions arrived at.

These are, without exception, favorable to the claims of M. Pasteur,—a verdict in his favor, remarks the *Lancet*, in its comments upon the report, so clear and strong that the Home Government will be in duty bound to take action on the recommendations of the Committee.

This report, emanating from men of such high repute and of such varied scientific acquirements, is the strongest endorsement

that M. Pasteur has yet received, not excepting that of the Académie des Sciences, and cannot fail to exert a profound influence in his favor upon all thinking men the world over.

For all this, we must bear in mind that the great problem is not yet entirely solved. Indeed, M. Pasteur has never claimed that it was, but on the contrary has all along declared the matter to be yet in its experimental stage. No one has uttered more cautions to the over-sanguine than he. We must regard it as a step—a great stride, toward the removal of the *opprobrium medicinæ*, the utter failure hitherto of all prophylactic or remedial treatment of rabies, and we must await with patience the completion of the great work so auspiciously begun.

WHAT CONSTITUTES LITERARY PIRACY.

In the last number of the JOURNAL we published a letter from Dr. Thos. M. Dolan, editor of the *Provincial Medical Journal*, of Leicester, England, with the above caption, and in answer thereto we gave the rules which had guided the editors of the JOURNAL in similar cases to the one detailed by him. Previously to this, however, upon a partial statement of the matter in controversy between Dr. Dolan and the *N. Y. Medical Record*, one of the editors had written a personal letter endorsing Dr. Dolan's course and stating that we had acted similarly not once but often. Dr. Dolan uses this letter in the last number of the *Provincial Journal* in his strictures upon the harsh language of the *Record*. As the matter is one of interest to all who write for the medical press, we desire to have our position fully understood.

Where a paper has been read in public, as before a society or convention, and a copy of the same is immediately sent to us for publication, by the author, we will publish it (if deemed worthy) although we know that the manuscript has been furnished to other journals in the same manner. But where a writer sends us an article and we publish the same, we should deem it an act of bad faith for him to send a transcript thereof to another journal to be published therein as an original article written for that paper. We should not consider the editor of the journal that published the article, however, guilty of "literary piracy" in so doing unless he *knew* the article had been written for and published by us, and had solicited the transcript for the sole purpose of avoiding a due and proper credit to us.

This is our position as concisely as we know how to state it. The *Record* has not been as careful of crediting matter taken from our pages as we could wish, and one glaring instance of this "appropriating process" was cited by us in the *JOURNAL* for January 1887, p. 33. This does not alter the fact that its position in the controversy with Dr. Dolan is the correct one, though we think that the term "literary pirate" was not deserved by Dr. Dolan, who seems to have acted openly and with honest but mistaken motives in the case in question.

WAGNER'S INVERTED SEXUAL INSTINCT.

To the general public, both in Europe and America, whose knowledge of the great German composer of "the music of the future" extends only to his compositions, whose estimates of his character are formed from the apotheosization which he received from the German press at the time of his death, and whose ideas of his face and figure are drawn from the portraits then published, the revelations made by his recently published correspondence come with a peculiar effect.

In these letters, which were mostly written from the court of the late King of Bavaria, we find this man whose brain conceived the grand and magnificent series of operas illustrative of the *Nibelungen Lied*, and who gave a distinctive music to Germany, busying himself in designing gorgeous female toilettes for himself to wear in the presence of the monarch with whom he spent the greater portion of his latter years. They are, in fact, just such letters as a lucky demi-mondaine who has captured and enthralled some doting Cræsus might write to her modiste. In them the writer enters into all the petty minutiae concerning the material, cut and trimming of the various garments which go to make up female finery, from the lace chemise and dainty hose to décolleté corsages and trailing robes.

Nor does the resemblance, in the simile cited above, between the musician and the demi-mondaine, cease here. The letters show that the time of these two men, the music-mad monarch and the monarch-mad musician, whether spent in the magnificent solitudes of the palaces at Munich or Hohenschwangau, at Beyreuth or Traunstein, was passed in the dalliance of lovers.

The naiveté with which the details of this state of things, as

revealed in Wagner's letters are published in the, secular press is wonderful and would be amusing were the whole thing not so disgusting to those who see in them not the mere foibles and follies of crack-brained royalty and greatness, but the bestialities of inverted sexual instinct on the parts of both king and musician, —*Bulguri ambo*.

To the healthy human mind the phenomena of inverted, perverted and depraved sexual instinct are so revolting that the bare, recital of some of the commoner practices is met with incredulity, even on the part of physicians. Indeed the true meaning of many of these phenomena is scarcely suspected even when some wholesale arrest, as was the case in London a few years ago, calls the attention of the world to the existence of entire communities where they are practiced. The police of London, Paris, Vienna, New York, Chicago, St. Louis, in fact of every large city and not a few small ones, can point out men and women who live by the gratification of these bestialities, and in the great centres of population first named there are regular societies and clubs organized for this sole purpose.

NOTICE TO SUBSCRIBERS.

The proprietors desire to thank the subscribers of **THE JOURNAL** for their past promptness in remitting the amounts due from them. There are yet a few who, from some cause or other, have neglected sending in their remittances, and to such we would say that their subscriptions are over due and a *prompt remittance* is earnestly requested.

The Western Pennsylvania Medical College concluded its first year with a banquet, provided by the Faculty, to the Graduates on March 24th, 1887.

The corps of Professors in the Faculty of the College numbers twenty-two, and an equal number of adjunct teachers and assistants. The number of graduates for this year, is, oddly enough, also *twenty-two*; the enrollment being sixty. A large proportion of undergraduates here have entered the Junior Class for the *three* years Graded Course provided by the College.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

Wants Reversing.—Dr. Manton, Editor of the *Microscope*, has chosen as a motto for the valuable series of articles which he is writing for his journal on elementary microscopical technology, "Cleanliness is next to Godliness." I have tried both and find that the first mentioned quality is a long way ahead of the second, and a great deal the easiest in practice. Let a man spend half a morning in preparing some delicate and beautiful object for mounting, and just as he is ready to put on the cover-glass, have a big 'gob' of St. Louis soot settle right on top of his preparation. In the language of St. James the Less, "Where is your *godliness* gone to?"—glimmering! I've been there, Dr. Manton, within the last twenty-four hours, and I want your motto reversed. If I have any godliness left at all, it is simply because I had so much to begin with, and besides, a deep-rooted conviction that no language with which I am acquainted can do justice to the subject.

To prevent Evaporation from Watch-Glasses.—A correspondent says "I am much troubled in working during the warm weather, by the rapidity with which alcohol, water and other fluids evaporate from my watch glasses and little dishes. When I cover them with pieces of glass the latter soon become opaque from the moisture settling on the under side. Besides, evaporation goes on almost as fast as before." Cover each watch crystal with another of the same size, inverting the latter so that the edges rest on each other, like the valves of a clam. Now spring an india rubber band around the edges and you have a container that is air and water tight. I use, in place of watch-glasses, for most work, the little porcelain or glass boxes used by the druggists as containers for cold cream and tooth-paste. Under ordinary circumstances the covers fit sufficiently closely to prevent too rapid evaporation, but when this is not the case, the object is attained

by springing a rubber band over the dividing line between cover and box. The band should be a half-inch wide at least and small enough to make a tight fit.

American Society of Microscopists.—From all present indications the Pittsburgh meeting of this society, which convenes Aug. 30th, is destined to be the largest, most enthusiastic and harmonious of all of the series of which it is the tenth. The local society—the “Iron City,” is working like a community of beavers, and the members individually are interesting themselves in a manner that guarantees a reception to the visitors which will surpass any that they have yet received—not excepting the Rochester meeting. Prof. Kellicott, of Buffalo, writes us under date of July 12th, that he had just returned from a visit to Pittsburgh and found everything in fine shape. We urge all of the readers of the JOURNAL who take an interest in microscopy, and who can possibly do so, to make their arrangements to visit Pittsburgh during the meeting. It will adjourn just in time for those who desire to do so, to attend the International Medical Congress at Washington.

CLINICAL MICROSCOPICAL TECHNOLOGY.

VI. URINARY EXAMINATION—PARASITES AND FUNGI.

§ XVIII. ANIMAL PARASITES. The animal parasites usually found in human urine are *Ecchinococci*, *Filaria sanguinis hominis*, and *Distomum* or *Bilharzia hæmatobium*. The first only is comparatively common in temperate zones, the two latter being entozoa of peoples of the tropics. The technology of examinations of this sort is not special, and the urine requires no treatment other than that described for ordinary sedimentary deposits. It is well to remember, however, in the search for evidences of the existence of filaria or of distomum that it is not in the urine itself that we must expect to find them, but in the blood and fibrin clots which are their invariable accompaniment. Of course, if the urine be allowed to stand for several days these clots will decompose and the parasites will fall to the bottom of the container along with the balance of the sediment.

Among the parasites more rarely found in urines there is an infusorian known as the *Cercomonas urinaris*. *Strongylus gigas*

from the kidney, and ascarides from the intestines are also occasionally found in urine.

§ XIX. FUNGI. Of vegetable parasites there are quite a variety found in urine, varying in size and nature from the minutest bacterium up to torulæ so large as to be visible to the unaided eye. Most of these fungi are easily found even without staining the urine, but they all readily take up the anilin colors, especially eosin. A few minims of the alcoholic or aqueous solution of this substance dropped into the settling glass will make them plainly visible. It is well to add a few drops of the standard solution of osmic acid (1 *per cent.*) to the urine before adding the eosin. This instantly kills all bacteria and does it without distortion.

A curious and instructive experiment in this direction may be made by placing a drop of urine or other fluid containing bacteria on a plain glass slide and covering loosely with a thin coverglass. Put it on the stage of the microscope and focus until the bacteria can be seen in rapid motion. Keeping the eye at the tube, bring a capillary pipette containing a solution of osmic acid in to contact with the fluid under the edge of the cover-glass. In an instant the liquid under observation becomes slightly turbid, but only for a moment,—the turbidity being caused by the difference in the nature and specific gravity of the fluids. As the liquids mingle however, we see the bacterial motion cease almost instantaneously. The same occurs with infusorians and probably all minuter forms of life, whether animal or vegetable.

§ XX. PATHOGENIC BACTERIA. The various methods of preparing pathogenic bacteria for examination will be entered into more fully hereafter, under separate and appropriate headings. It is however necessary in this connection to give here the general method of treating urine in the preliminary examination for bacteria.

The urine to be examined should be drawn, where possible, directly into a bottle which has been sterilized by heat immediately prior to its use. For settling tubes I am in a habit of using large test-tubes containing from an ounce to one ounce and a half. These are sterilized by boiling water before use and as soon as the urine is placed in them the mouth of the tube is stopped with a wad of sterilized cotton which keeps out dust and the bacteria of the surrounding air.

After the addition of from 8 to 10 minims of the solution of

osmic acid to each ounce of urine, the latter should be placed in a quiet place and allowed to settle. The dead bacteria will fall along with the balance of the debris but not quite so rapidly, so that after the urine has stood from 12 to 36 hours there will be found a cloudy stratum dividing the solid sediment at the bottom from the limpid supernatant fluid. This stratum contains the greater part of the bacteria, except those in the clots and morphological elements of the sediment. Indeed it owes its cloudiness largely to their presence. If osmic acid be not obtainable, alcohol may be used instead, but a much larger quantity will be required. Heat may also be used for the purpose of killing the bacteria. The only objection to alcohol or heat is that either will coagulate any albuminous matter that may be in the urine and thus produce a flocculent deposit that greatly interferes with subsequent examination. To obtain a portion of the stratum containing the bacteria for examination, all that is necessary is to pass a pipette with a capillary point down through the limpid urine and well into the cloudy layer, keeping the upper end of the tube closed until the point reaches its destination, and again closing it before withdrawing the tube.

§ XXI. DIRECT EXAMINATION. Until within a very few years the use of reagents, staining materials, etc., was not deemed necessary in the clinical examination of the secretions, excreta etc., and those who have only recently taken up the study of bacteriology with its complicated formulæ and manipulations, do not seem to be aware of the great value of and remarkable results achieved by direct examinations. The fact is, however, that all of the more remarkable results embodied in the labors of Tyndall, Huxley and Pasteur were obtained in this manner. Of course the rigorous exactness of the later methods cannot be hoped for, but the differentiation of bacilli, bacteria, streptococci, spirilli, vibrios, etc., may thus be made with tolerable exactness. While the more minute of the forms may escape notice in direct examination, the cause does not lie in their minuteness, but as remarked by Koch, in the feebleness of their refractive index and in the so-called Brownian movement of the particles. Lines of far greater minuteness, on the frustules of diatoms, for instance, are resolved with ease (See Koch's *Verfahren zur Untersuchung, etc., der Bakterien* in Kohn's *Beiträge zur Biologie der Pflanzen*, Vol. II, p. 399.)

1887.]

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Prurigo.—A rather long paper on prurigo, by Dr. Tom. Robinson, of London, has appeared in two consecutive numbers of the *Journal of Cutaneous and Genito-Urinary Diseases*. He sums up his observations in the following postulates: 1. There is not such a disease as *prurigo*; 2. All cases of itching skins have a recognized and discoverable cause; 3. All the group of symptoms known as prurigo is the result of scratching, and constitute simply symptoms; 4. All scratched skins which have advanced to an elephantoid state, and which have set up enlargement of lymphatic glands, are beyond the reach of remedies or hope; 5. The pruriginous skin of children has its origin in developing hair follicles, which progresses from birth to puberty, when it stops; 6. Excessive itching does not occur in those situations where the hair grows luxuriantly; 7. What is known as winter prurigo is due to imprisoned hair; 8. An irritable state of the skin is always associated with an irritable state of the mucous and synovial membranes. The experience which is given in the paper would hardly justify these postulates, some of which, to say the least, appear somewhat remarkable. It must be borne in mind, however, that the term prurigo has been applied to such different conditions by the English that it is buried in inextricable confusion. Prurigo, as generally understood in this country, is a disease—the prurigo of Hebra, and pruritus is merely the name of a symptom which is observed in many cutaneous affections.

Electrolysis in the Permanent Removal of Superfluous Hair.—In a very valuable article on this subject by Dr. J. N. Bloom (*American Practitioner and News*), the details and methods to be employed are given in a clear and lucid manner. The following points are especially worthy of note: A current of a

strength greater than seven to ten milliampères causes so much pain that it is practically unendurable; and, if the needle is inserted so as to reach the bottom of the hair follicle, or so as to be sufficiently near the hair papillæ, a current of a strength of three milliampères suffices for the destruction of the coarsest hair. It is rarely necessary to use a current stronger than from one to two milliampères. From twenty to thirty seconds will usually suffice to accomplish the purpose intended. By this measurement better results will be obtained, the author claiming that not fifteen per cent. of the hairs so treated will return. He extracts the hair after withdrawing the needle, instead of allowing it to fall out of itself. He bases his action purely upon experience, the difference in the traction required being a guide as to the destruction of the papilla. There is no doubt that this position is correct, but it requires some little experience to acquire the delicacy of touch necessary to form a correct estimate of the condition of the papilla.

Skin Diseases Due to Mental Emotions.—The manner in which skin diseases may be produced by mental emotions, says Prof. H. Leloir (*Annales de Dermatologie et de Syphiligraphie*), is by determining vaso-motor disturbances, by troubling the action of the secretory glands, or by bringing about temporary cutaneous neuroses. Whilst these troubles are but passing in the subject who is not predisposed, they become persistent, intense and sometimes permanent in those who are predisposed. The following are some of the troubles of the skin observed by the author: anæmia of the skin, erythema, urticaria, purpura urticans, eczema, psoriasis, herpes, pemphigus, vitiligo, alopecia areata, etc. These eruptions appear rapidly, are superficially seated in the skin, are accompanied by marked subjective symptoms, last but a short time and are most often seen in women. The predisposing factors are a nervous and impressionable state and predisposition to diseases of the skin. As the cause is some functional disturbance of the nervous system, it is to this that the treatment is to be mainly directed. Nerve sedatives are probably most often indicated, together with soothing and protective external applications.

Leprosy of the Bible.—In an essay upon the Venereal Diseases among the Hebrews during the Biblical Period, Dr. P. Hamonic (*Annales de Dermat. et de Syph.*), takes up the subject

of leprosy, as many have done before him. He concludes, as others have that the term leprosy as used in the Bible is a very vague one, and refers to a number of diseases, some of which are of a non-malignant and others of a malignant character. He regards elephantiasis Arabum as one of the diseases; another, psoriasis; others tinea tonsurans, sycosis, tinea circinata, etc. The descriptions given, however, do not seem to justify the opinion that syphilis was meant. That syphilis existed and was pretty well known is shown by internal evidence which goes to prove that David and Bath Sheba, the daughters of Moab, etc., were thus affected. In fact, it was so well known, that Moses ordered the death of every man who had cohabited with a Moabite. This was to exterminate the epidemic of syphilis which was so severe as to cause the deaths of large numbers of the Israelites.

Extra-Genital Chancres.—The primary lesion of syphilis, as is well known, is frequently extra-genital and non-venereal in origin. Dr. J. Magoniner details two interesting cases in the *Monatshefte für Praktische Dermatologie*. In the first, a chancre occurred upon the upper lip of a girl of 21 years. The submaxillary ganglia were enlarged, but so were the cervical, the patient stating that she was scrofulous; inguinal ganglia, normal. Some time afterwards the eruption manifested itself and yielded promptly to treatment. The point of interest in this case lay in the fact that at no time was there the characteristic induration of the chancre to be felt. This symptom was completely absent. In the second case observed, the problem presented itself to find the initial lesion in a case of syphilis which was just manifesting itself in a married man of 49 years. It was finally determined upon the gum and careful inquiry elicited the fact that it was acquired by using a fellow workman's blowpipe, the patient remembering distinctly that he wounded his gum at the time. The syphilis which followed was stubborn in character and yielded to treatment only with difficulty.

Chronic Gonorrhœa.—The pathology and therapeutics of chronic gonorrhœa, is the subject of an exhaustive paper by Drs. Oberländer and Neelsen in the *Vierteljahresschrift für Dermatologie und Syphilis*. The examinations of the urethra were all made with an electrical endoscope, and the observations are carefully given in detail. We are given the following conditions, among others: hypertrophic mucous urethritis, catarrhal mucous ureth-

ritis, urethritis granulosa falciformis, urethritis glandularis circumscripta, urethritis glandularis proliferans, urethritis glandularis hypertrophica, urethritis glandularis stringens, urethritis follicularis sicca, and urethritis follicularis stringens. In regard to the infective power of all these forms nothing very definite is said. Whilst many cases do not infect, it is held that no guarantee should be given, more especially if a thorough microscopical examination of the secretion and of the contents of mucous crypts has not been made.

Syphilis of the Nervous System.—When syphilis attacks the nervous system it becomes dangerous to the individual in a high degree. Not only is this true on account of possible destructive lesions, but for the reason that it is difficult to recognize because in such cases there are generally no external manifestations pointing to its presence. Dr. Landon Carter Gray states (*Medical News*) that there are certain groups of symptoms which may be regarded as indicative of syphilitic infection, and which are as follows: 1. Quasi-periodical cephalalgia of a peculiar kind. 2. Hemiplegia under forty years of age, with or without preceding cephalalgia of the aforesaid type. 3. Cephalalgia followed by hemiplegia, which bear a singular relationship to one another in that the cephalalgia ceases immediately upon the supervention of the hemiplegia, and does not recur. 4. Convulsions in the adult, which have not been preceded by convulsions in infancy, and are not of traumatic or nephritic origin, or due to pregnancy, or in an individual subject to migraine. 5. Symptoms indicative of a lesion at the base of the brain. 6. A comatose condition extending over days or weeks, not traumatic, meningitic, diabetic, nephritic or from typhoid fever. 7. Tabes dorsalis. 8. General paresis. 9. Spinal lesions in a subject who has had intra-cranial syphilis.

In regard to prognosis, the symptoms of good omen are: nervous syphilis in its early stage; lesions at the base of the brain; spinal lesions without preceding intra-cranial specific disease; peripheral lesions. Of uncertain omen are: long standing nervous syphilis; syphilitic insanities; spinal lesions with preceding intra-cranial specific disease; convulsions; comatose conditions; hemiplegia. Of bad omen are: tabes dorsalis; general paresis; nervous syphilis in persons whose general health is bad; relapses in spite of anti-specific treatment; nervous syphilis in persons who bear the iodides badly.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXII. ZONA.

Zona, commonly designated as "shingles" or better known as Herpes Zoster, is given as one of the classic examples of a skin disease of neurotic origin. It is acute in character and vesicular in form. It may or may not be preceded by prodromoi of more or less severity. These may consist of malaise, fever, neuralgia, etc., and may last but a few hours or even days and weeks. The neuralgic pain is marked, and localized. When the eruption makes its appearance it is first as a reddening of the skin soon followed by groups of small papules which, in a few days, are changed into vesicles. The change may take place in a few hours. These vesicles vary in size from a pin head to a split pea and the groups consist of from six to ten closely aggregated and surrounded by a marked, red areola. Frequently they coalesce forming bullæ of considerable size. Successive crops keep on appearing and, during this time, certain changes take place. The vesicles become more opaque in appearance, their contents becoming purulent. In from nine to ten days they have dried up and crusts have formed which drop off, leaving the skin slightly pigmented.

The distribution of these groups of vesicles is a noteworthy feature of zoster. They are always situated along the course of some cutaneous nerve and this is the reason that zona is so rarely bilateral. The successive crops which appear for a number of days also point to the nervous origin as well as the subjective symptoms which consist of a burning, neuralgic, itching sensation. At times there is anæsthesia dolorosa and even motor paralyses have been observed.

During the first week the disease is at its height, after which it slowly diminishes in intensity. The vesicles have no tendency to burst, but are frequently scratched off by the patient. The number of groups varies considerably from a very few to an involvement of the entire skin. The neuralgia which precedes the eruption sometimes disappears when the groups of vesicles make

their appearance. In some cases, abortive in character, the papules never change into vesicles.

The varieties of zona are determined according to the locality in which the eruption manifests itself and are made more for the purpose of simplifying description than for any other purpose. Thus, we have zoster pectoralis, zoster lumbalis, zoster facialis, etc.

Zona may occur at any age. It attacks both sexes indifferently and is said to occur but once in a life time. It is seen more often in winter than during the warm seasons. Its causes are not well-known. It is supposed to be due to atmospheric changes, especially those of a sudden character; to traumatisms, new growths, cysts, collections of pus and other conditions which either directly injure nerves or which bring about changes in nerve tissues by pressure. The internal use of arsenic has produced zona, as also other medicines.

The diagnosis is not difficult. There is probably but one disease which simulates it and that is herpes. In herpes we do not see the distribution along nerve tracts, nor is there present the neuralgia which is so characteristic of zona, as a prodrome. The itching which is a marked symptom in herpes is but slight in zona in which again there is marked pain.

In zona there is a pathological condition of the sensitive nerves or ganglia whether they be spinal, Gasserian or peripheral. Anatomical investigations have shown that the papillæ of the skin are enlarged and that there is present an infiltration of cells together with enlarged vessels, in the skin. The nerves also appear swollen and present all the conditions found in perineuritis.

The treatment of zona should be both internal and external. Internally the phosphide of zinc seems to have given very good results when administered in doses of one-third of a grain four times daily. Morphine, bromide of potassium and other sedatives are also employed to alleviate the intense neuralgic pains which are so frequently observed. Arsenic is given by some on account of its value as a nerve tonic and it can be given in such forms as arsenious acid, Fowler's solution or as solution of bromide of arsenic. Rest of the invaded parts should be enjoined and the patient should not lie on that side which is the seat of the eruption.

The local treatment consists simply in protection. This consists in applying soothing powders and cotton and if much local

pain be present, combining some anodyne with the powder. Under no circumstances are the vesicles to be opened as when such is the case, or where they are accidentally burst, ulcers are formed which must be dressed with antiseptic washes and cotton. To soothe the local pain galvanism may be resorted to.

If there is paralysis of a motor character as a sequel of zona it must be treated accordingly.

The prognosis of zona is favorable. No second attack is likely to occur and although motor paralysees and sensory disturbances are likely to follow, they generally yield to proper treatment. The disease lasts from three to six weeks, although it may extend its period to months.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Treatment of Burns of the Cornea.—Nothing is more important in the treatment of burns of the cornea than that they should be properly attended to while fresh. The "Fourth of July" so prolific of injuries and burns of all sorts, usually furnishes a quota of burns of the cornea. I have just seen one and as the treatment is in most respects a typical one I will give it. The boy—a lad of 12 years, had dropped a match into a box of loose powder, and the resulting flame burned off his hair, brows and lashes, and touched the cornea of both eyes. There was no violent explosion and consequently there were no powder grains to pick out, but the burns while superficial were sufficient to produce great irritation of the eyes and surrounding skin, and the pain was great. I first used a few drops of cocaine solution to relieve pain and the better enable me to get the lids open. I then cleared away all the crusts from the edges of the lids, and the loose hairs that had gotten into the eyes. If powder grains had been driven into the surface of the cornea (as is usually the case) I would have carefully picked these out as far as possible so to do. A solution of atropine and cocaine (4 grains of each to the ounce

of water) was then ordered, with directions to drop a few minims into the eyes every two hours. The eyes were not tied up or bandaged (for reasons hitherto given in this department) but the patient was told that if the light were unpleasant or painful, they should be properly shaded. This was all, and the patient has gotten along very nicely, making a good recovery. The object of all treatment in burns of the cornea is to allay pain and irritation as much as possible while nature heals the injury. No known method of treatment will prevent the burned tissues from sloughing away. All irritants must be excluded as harmful. In the combination of atropine and cocaine indicated above, we have the best possible application for all kinds of burns of the cornea. The cocaine kills the pain while the atropine, by its direct and almost specific action on the cornea, prevents inflammation and assists nature in the healing process. Both are powerful anodynes and their combination gives us a most admirable treatment for this class of injuries.

The Effect of Pilocarpin on the Eye in the normal and in the pathological states, was the title of a paper read by M. Darier at the séance of May 5th, 1887, of the French Ophthalmological Society. He said that in toxic amblyopias the effect of pilocarpin was very well marked, while in atrophy of the papillæ it was almost nil. Its efficacy in the former conditions is due entirely to its property of eliminating large quantities of fluids. It is also an energetic excitant of the retina. In the discussion which followed the paper, M. Coppez stated that in three cases under his care the interne at the hospital had injected by mistake two centigrams (0.3 grain) of atropine. The patients were saved, but the hypodermic injection of thirty centigrams (4.62 grains) of pilocarpin did not neutralize the effects of the atropine. M. Poncet, considered pilocarpin as a very dangerous remedy when albuminuria existed.

Lanolin in Ophthalmic Practice.—At a recent meeting of the French Society of Ophthalmology M. Abadie said that he placed the discovery of lanolin along side of that of cocaine in ophthalmic medication. This substance, he adds, possesses two cardinal virtues,—it does not rancidify and it is very easily absorbed. In a case of tuberculosis of the iris the application of a pomade consisting of 10 parts of lanolin and 5 parts of iodoform had caused great and immediate improvement and gave hopes of

a complete cure. In those affections of the choroid requiring mercurials the use of lanolin as a base, permitted of an almost direct application of the medicament to the interior of the eye, so rapid and energetic is the absorption.

Danger in Free Use of Galvano-Cautery on Hypertrophied Turbinated Bones.—The turbinated processes are often greatly hypertrophied, so much so that they permanently block up the nose and prevent easy breathing. This condition is very common; in fact, it is the primary condition, which is strongly inclined to eventuate in permanent atrophy of the turbinated processes and the ultimate absorption of the turbinated bones. Hypertrophied turbinated bones can be easily diagnosed by simply inspecting the interior of the nose. The treatment must be surgical. The galvano-cautery is the means usually employed now to reduce the swellings and it is certainly the proper thing to use. I wish to say, however, that its excessive use is dangerous. It must not be forgotten that great hypertrophy is likely to be followed by extreme atrophy, naturally. If the hypertrophied parts are imprudently burned away, the unfortunate and absolutely incurable condition of extreme atrophy will be at once brought about by improper treatment. Whatever be the caustic application resorted to it should be carefully and guardedly made, so as to cauterize the swollen parts very superficially and not deeply through the entire masses. The object should be to cause only sufficient contraction to allow easy breathing through the nostrils. Considerable time should be allowed after each application so as to see what effect has been obtained. There is no doubt but that the turbinated processes and bones have been greatly abused these latter years. Before the galvano-cautery came into use for this purpose, I was in the habit of cauterizing the hypertrophied turbinated processes with pure chromic acid. This is a good remedy, but, like the galvano-cautery, it must be used cautiously. The object must be to cauterize sufficiently to permit easy breathing; but be especially careful to avoid actual destruction of the parts and thus produce at once that incurable condition of extreme atrophy.

Medical Progress.

THERAPEUTICS.

Calomel and Opium in Dysentery.—Dr. W. F. Hyer, of Holly Springs, Miss., in an article in the *Mississippi Valley Medical Monthly* on the treatment of dysentery in its earlier stages says: "When called to a case of dysentery in the early stage try: ℞ Calomel, gr. x; opium, gr. iv; ipecac, gr. i. M. Divide into four doses. Sig.—One every three hours. Twelve hours after the last dose, provided the medicine has not acted, give: ℞ Ol. ricini, ℥i; tr. opii., gtt. x. M. or: ℞ Sal. Rochelle, ℥i; tr. opii., gtt. x. M. As soon as the bowels have moved twice, either from the primary or secondary medication, place the patient on the following: ℞ Pulv. opii., pulv. camphoræ, āā gr., x. M. Make ten pills or capsules. Sig.—One from two to ten hours apart, or sufficient to keep the patient entirely quiet and free from pain or abdominal uneasiness."

Dispensing Anemone Pulsatilla.—The tinctures and alcoholic extracts of leaves and roots, says M. Vigier (in the *Gazette Hebdom. de Méd. et Chirurg.*), as a general thing do not make nice pharmaceutical products. The anemones, which lose their properties by dessication are an exception to this rule, and it is therefore necessary to prepare the tinctures and extracts of the same from the bruised fresh roots. Thus prepared they will last indefinitely and it should be borne in mind that the dose required is much smaller than when the leaves alone are used. As the preparation has a nauseous taste a syrup should be added as a corrigent. The following formula answers admirably:

℞.	Tr. of Anemone root.....	℥i
	Syrup of Orange flowers.....	℥v
		M.

Dose, one tablespoonful from two to four times daily, in water.

Treatment of Ophthalmic Neuralgia.—The bromide treatment of cases of this sort, instituted by M. Charcot, ought says

that authority, to be pushed for a long time, constantly and heroically. It should be kept up because the disease is a rebellious one; it should be constant because the slightest temporary intermission before a cure is made is sure to result in relapses in which the original trouble is intensified, and finally the doses should be heroic because small doses are inefficacious and there is no danger in large ones. These indications may be met by the following course: Give from 30 to 45 grains of bromide every day for the first week; from 45 grains to a drachm daily for the second week; from a drachm to 75 grains the third week and from 75 to 90 grains daily the fourth week. The series should then be recommenced and gone over. Keep up the treatment until there is no sign of disease remaining. This will usually be in from three to four months.

The Neutral Hydrochlorate of Quinine.—The basic hydrochlorate of quinine, says M. Clermont, in a communication to the Académie des Sciences, which is employed to such an extent in the therapeutics of to-day, presents the great disadvantage of requiring twenty-two times its weight of water to perfect its solution. The neutral hydrochlorate, on the contrary, is soluble in its own weight of water, but its extemporaneous preparation by the addition of hydrochloric acid to the basic salt is attended with grave inconveniences in practice. The following is a process for its easy preparation: Dissolve in the proper quantity of distilled water 548 grains of neutral sulphate of quinine. In another vessel dissolve in distilled water 208 grains of dry chloride of barium. Mix the two solutions and let stand until the sulphate of barium is entirely precipitated. The clear fluid is evaporated at a heat below 100° C. (212° F.), the result being a crop of crystals of neutral hydrochlorate of quinine. A solution of this salt has a bitter but not acrid or caustic taste, and it is especially recommended for hypodermic use, although equally valuable for inunctions or internal administration.

Kellin—A new bitter Glucoside.—Dr. Hassan Mahmoud, of Cairo, Egypt, reports (in the *Bulletin Gén. de Therap.*) on the experiments made by himself and Dr. Ibrahim Moustapha, of the Medical School of Cairo, on the medicinal properties of a plant belonging to the *umbelliferae* and known to the fellaheen of the Nile Delta, where it grows most plentifully, as *el kallah* or *amini visuago*. Dr. Moustapha has extracted from the entire plant

a new glucoside to which he has given the name of *kellin*, the formula of which has not yet been determined with any accuracy. Administered in toxic doses to animals, *kellin* produces the following effects: copious and repeated vomiting, paralysis of the posterior members, slowing of respiration and acceleration and disturbance of rhythm in the heart beats. According to Dr. Ibrahim the plant acts in many respects like opium. *Kellin* is a powerful astringent, having a bitter taste which is quite persistent. In medicinal doses it soothes pain and produces sleep, besides acting vigorously upon the kidneys and increasing the excretion of urea. It has been used in decoctions of the seeds as an astringent gargle in stomatitis, mercurial ptyalism, etc.; as an embrocation in rheumatism and gout; and in tincture and decoction internally in troubles of the kidney, bladder and urinary tract. It seems to have a fine tonic effect upon the mucous membranes of all the viæ, and the authors predict an useful future for it.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Rabies in the Domestic Chicken.—M. Ferré inoculated a chicken with rabietic virus from a rabbit and then presented the fowl to the Anatomical and Physiological Society of Bordeaux. Flight soon became impossible, and walking very difficult. When the bird attempted to quicken its pace it fell. In fact it displayed all the symptoms of general paresis. Nevertheless, M. Ferré thought it would recover. If so, he thought that it would open a new channel of investigation in regard to the culture of the virus of rabies for purposes of preventive inoculation.

Influence of Milk Diet on the Elimination of Urea.—That an exclusive milk diet, or a diet of which milk forms a prominent part, has a profound influence upon the albumen of the blood has long been known, although, the exact method in which the modification takes place has not yet been determined. A very suggestive hint in this direction, however, is furnished by a recent study by M. Chibret on the influence of a milk diet upon the amount of urea excreted in the urine. A large number of experiments show that an exclusive milk diet increases the amount of urea *sixty per cent.*, while a diet of which milk formed the half, increased it thirty-five per cent. That this augmentation of

urea is not due to any waste of tissue is proven by the fact that one of the persons experimented upon gained flesh rapidly during the test.

Penetration of Vegetables by Microbes.—M. Galippe has just made a communication to the *Société de Biologie*, on a subject of considerable interest at the present time to hygienists everywhere, viz: do vegetables cultivated in soils manured or enriched by materials containing microbes, take up these latter in such shape that they may thus enter the animal organism? The first series of experiments were made with vegetables from the plain of Gennevilliers, which has been irrigated for a long time past with sewage, and with similar vegetables from other sources. The microscopic examination of these showed that while all of them contained bacteria, the numbers of the latter seemed to be in direct proportion to the richness in microbial life of the manure which had been used in the cultivation of each particular crop. It remains to be decided, however, whether pathogenic microbes may be thus propagated and diffused.

Influence of Bile on Gastric Digestion.—At the séance of June 18th, of the *Société de Biologie*, M. Dastre made a further report of his experiments upon the influence of bile upon gastric digestion. Recently, he said, Riggieri had secured a communication between the gall bladder and the stomach, making a cholecysto-gastric fistula. The conclusions arrived at were similar to those reported by the author to the society in 1880 and 1883, which might be summed up as follows: The introduction of bile into the stomach produced no evil effect upon the digestive functions of that organ. In the case of a dog, upon which a biliary fistula had been formed, the introduction of bile into the stomach caused no decrease in weight. Bile has no influence upon the fatty matters in the stomach. On this last point the author stated that he reserved the right to recur, as he had not yet succeeded to his satisfaction in forming a cholecysto-intestinal fistula.

Relative Digestibility of Human and Cow's Milk.—In a series of researches made in his laboratory at Prague, M. Dogiel, has studied the relative digestibility of human and cow's milk, and of casein. He concludes that human milk is incomparably more easily digestible than that of the cow and that it usually yields more than double the amount of peptones. The lowest

amount of peptones obtained from breast milk was 79.45 and the the highest obtained from the richest cow's milk was 53.11. To determine the exact manner in which the digestion of milk is influenced by casein the author instituted a series of experiments upon the digestibility of casein itself. He found that under exactly the same conditions of artificial digestion, the casein of human milk yielded exactly the same amount of peptones as that of cow's milk, a fact which demonstrates that the superior digestibility of the former does not depend upon its casein but upon other albuminoid substances contained in the milk.

Movements of the Trunk after Decapitation.—In continuation, or rather in complement of the series of experiments on the heads of decapitated animals, M. Paul Loye has found that the movements of the posterior limbs of a decapitated trunk are sometimes so powerful as to throw the body entirely out of the trench into which it was placed before the knife fell. Thirty seconds after decapitation all of the limbs are extended and all the muscles of the trunk contracted. At this moment the rectum endeavors to evacuate its contents. Two minutes after decollation the muscles present fibrillary contractions, which are well marked, especially in the flanks. How are these movements to be explained? Those which immediately follow decapitation are due to excitation of the marrow. The balance of the train (extension of limbs, contraction of muscles, defecation, etc.) are probably due to asphyxia caused by the enormous hæmorrhage. At the moment the knife falls the animal makes a powerful effort at inspiration and the heart beats are accelerated.

Larval State of Nematoid Worms.—At a recent meeting of the Académie des Sciences, M. Alexander Laboulbène discussed the larval conditions of the nematoid members of the ascarides family. He maintains that the development of *ascaris lumbricoides* is direct, which is contrary to the generally accepted theory of helminthologists and especially of von Listow, who, predicates an encystment in some organ of the myriapods. The egg, says Laboulbène, is segmented, and gives issue in the body of the host (man or other animal) to an embryo, which very quickly reaches first the larval and shortly thereafter the sexual state. The experiments of Grassi demonstrate conclusively that when the ripe eggs are swallowed, sexually perfect ascarides will be found in the fæces at the expiration of one month. The eggs

of ascarides, passing out with alvine discharges, fall upon the ground and are washed in various directions by the rains. Thus they are carried into brooks and springs, or possibly upon the stems or leaves of salad plants. Water, we may say, is the ordinary vehicle transporting the eggs to the alimentary canal of the future host. To the ever-increasing domestic use of filters we may confidently ascribe the fact of the constantly decreasing frequency of cases of *ascaris lumbricoides* in cities. In the country, on the contrary, where unfiltered spring water is used almost entirely, these worms are as prevalent as ever.

The Septic Vibrion Innocuous to the Dog.—The septic vibrion which, when inoculated on the rabbit or guinea-pig kills as surely as strychnine, has absolutely no effect upon the dog, according to Charrin and Royer, who have been studying the point in the laboratory of M. Bouchard, and have just reported the results to the Société de Biologie. The only effect of the inoculation is a local lesion at the point of injection, and what is most curious, the dog which has once been injected with the septic vibrion, seems to become absolutely insusceptible of any further effects from the vibrion. It would be interesting to know whether the microbe, modified by culture through the dog, might not be made innocuous to rabbits and guinea-pigs, and thus serve for preventive inoculations in these animals.

M. Chauveau stated, in this connection, that the microbe of gangrenous septicæmia, which is rapidly and surely deadly to asses, horses and sheep, when the virus is taken directly from a gangrenous pustule, becomes, when the virus is derived from the serosity of the pleura, peritonæum, or wherever it (the serosity) is found in considerable quantity, an efficacious preservative or prophylactic vaccinating medium for animals of the same species. Here we have new evidences of the changes in toxic power brought about by a change of culture medium—a natural law to which the key was furnished by true vaccination originally but which was not elaborated until the genius of Pasteur took up the study.

Etiology of Diphtheria, and the Agents which disseminate it.—In a very valuable paper read before the Académie des Sciences by Professor Tessier, of the Faculty of Lyons, the author discusses the causes which lead to outbreaks of diphtheria, and of the natural agencies which play a part in the dissemination of the disease. His researches on the latter portion of the

subject are especially interesting and valuable. They go to show that diphtheria is an infectious disease, in the truest and strictest sense of the word; a disease of which the germ (bacillus of Cornil or Loeffler) transmitted by the dust of the atmosphere, enters the living organism and is absorbed by and through the respiratory apparatus. The solid but exceedingly minute dust arising from depots of rags, straws, etc., the emanations of manure heaps, compost beds, etc., are particularly suspected of playing an important role in spreading the disease, since these things constitute excellent culture mediums for the pathogenic microbes. But domestic fowls, pigeons and chickens, are perhaps the most active agents in its dissemination. These views are in strict accord with those announced by Klebs (at Zurich, in 1883), who proved by a beautiful series of experiments, that diphtheria, almost invariably enters the system through the mucous membranes of the respiratory viæ, and the germs attach themselves to and are transported by the minute particles of solid matter floating in the atmosphere. The importance of these etiological determinations lies in the fact that they point to the true and only methods of general prophylaxis and indicate in an emphatic manner the channels in which the researches of the future should be directed.

The agency next in potency to the atmospheric dust, in the dissemination of diphtheritic germs are domestic birds, pigeons and barn-yard fowls which themselves contract the disease. The transmission of the disease from man to these animals, and vice versa is beyond doubt or discussion. They have been established by Dethil and Emerich and by the personal experiences of the author. In fourteen cases out of twenty-seven the author has found diphtheria springing up apparently spontaneously, in families living along side of deposits of muck or dung, rags or straw, all of which were frequented by pigeons or chickens, and in three cases the disease was traced directly to the agency of chickens. "Out of all the cases which are admitted to our hospital (at Lyons,) it is a rare thing to find one (where there was no history of pathological contact) which did not originate in or alongside some back yard, stable yard or depot of straw, etc., frequented by domestic fowls." Finally the author concludes that among the causes and conditions most favorable to the spread of the infection are sudden colds, and a humid atmosphere, facts abundantly proven by the graphic charts previously submitted to the Academy.

DISEASES OF WOMEN AND CHILDREN.

Cocaine in the Coryza of the Newly-born.—Bianchi, in an article on cocaine in the diseases of children, says that a few drops of a two *per cent.* solution of cocaine introduced into the nostrils several times a day will produce great relief in those cases of the coryza which so interferes with the suckling of the newly born.

Maximum Dosage for Children.—The *Archives of Pediatrics* condenses from an article by Buttin (in the *Journal de Médecine*) the following posological table, which is a good one to remember:

1 to 2	years of age,	$\frac{1}{10}$	of the standard.			
2	" 5	" " "	$\frac{1}{10}$	"	"	"
5	" 7	" " "	$\frac{1}{8}$	"	"	"
8	" 10	" " "	$\frac{1}{6}$	"	"	"
11	" 13	" " "	$\frac{1}{4}$	"	"	"
14	" 16	" " "	$\frac{1}{3}$	"	"	"
17	" 19	" " "	$\frac{1}{2}$	"	"	"

Paraldehyde in the Insomnia of Female Complaints.

—Dr. Horatio Bigelow, in the course of a very valuable paper (in the *American Journal of Obstetrics* for July) on "Pain and insomnia arising from gynecological causes," says "I should be guilty of grave error if I had failed to give more than a passing notice to the value of paraldehydè. Cervello writes that it affects the cerebrum, the spinal cord, and the bulbus, successively abolishing the reflexes, causing anæsthesia and sleep. It is *excessively* volatile, and should be given in doses from 30 m to 3 i, immediately upon uncorking the bottle containing it. It should be administered in brandy or whiskey. When freshly made and administered as I have said, its results are always gratifying, and I know of no drug that can fill its place. After a full dose, eight hours of peaceful, refreshing, natural sleep will follow. No nausea, no headache, no lassitude have been noticed as sequelæ. Its odor is permeating, so that it is always well to disguise it in alcohol, and it must be administered instantly."

Summer Diarrhœas.—In the summer complaint of children Dr. Alex. Harkin, states (*Provincial Medical Journal*), that the following plan of treatment has proven most satisfactory in his hands: "In the preliminary stage I enjoin absolute repose in the

recumbent position, warmth to the surface and to the extremities, total abstention from mothers' and cows' milk, and order when available condensed milk, or as an alternative, arrow-root prepared with water, and the free addition of port wine. It is wonderful how large a quantity of wine thus administered an infant of a few months will consume and require. Also beef tea, well made and freed from fat; counter-irritation over the abdomen by poultices and sinapisms; and failing these remedies, a small blister over the liver, to remove the congestion of the hepatic system. This latter form of counter-irritation will often be found most satisfactory and successful. As internal medicine, having long since discarded the old-fashioned chalk mixture and astringent tinctures, I rely principally upon dilute sulphuric acid, with or without tincture of opium. If given alone, it may be administered after every liquid motion; if with laudanum, then only in regulated doses at intervals. Of course, if the use of milk be persevered with as food, the acid will cause griping and the formation of hardened acids in the bowels. One additional reason for its administration is derived from modern researches, which show that the microbe to whose presence so much intestinal trouble is now attributed, cannot live in an acid medium, but in an alkaline nidus alone."

SURGERY.

Treatment of Burns.—The number of remedies for the treatment of burns is almost innumerable. Everything that could lay claim to a sedative or protective character has been highly lauded in its turn. Among the latest may be cited *Pinus Canadensis*, and still later seltzer-water which is claimed by Dr. Dubois to have a remarkable power of alleviating the pain in extensive and superficial burns. The water must be poured slowly and uninterruptedly over the wound, the quantity sufficient for this purpose being about the contents of a syphon. Whilst there may not be any curative power, the cold and carbonic acid are active factors in causing the pain to disappear and the advantage of this application is the comparative ease with which it may be obtained even in very small towns.

Base Ball Pitcher's Arm.—A number of modern athletic exercises seem to have brought with them ailments peculiar to

those engaged in those exercises. Among these are "tennis arm," "bicyclists' prostate," and "base ball pitchers' arm." Dr. A. H. Leuf, himself quite a good amateur pitcher, has given this subject considerable attention and in a late number of the *Medical News*, gives quite an amount of interesting information in connection therewith. Among the symptoms that are apt to develop, are: myalgia of varying degrees; painful and thickening ligaments and tendons; involvement of portions of the bones, especially at the extremities, osteites and hypertrophy taking place; and periostitis. He considers, as the best prophylactic treatment, regular exercise and by making it less violent and shorter in duration it will do considerable good in mild cases of the affection.

Methyl-Chloroform.—At a late meeting of the Académie des Sciences, R. Dubois and L. Roux, reported the results of their investigations in regard to the anæsthetic action of methylchloroform. This substance, whose boiling point is higher than that of chloroform, does not possess the penetrating and suffocating odor of the latter. It acts rapidly, sleep being produced in five or six minutes in the dog and anæsthesia being complete in seven or eight minutes. Respiration soon becomes easy and regular, maintaining itself in this manner, during the entire narcosis. Complete awakening takes place, without nausea or malaise, one or two minutes after ceasing the inhalations. With the exception of taking a trifle longer to produce anæsthesia, methylchloroform seems to possess marked advantages over chloroform, at least in dogs.

Society Proceedings.

The Pennsylvania State Medical Society voted \$1000 for the International Congress at its last meeting.

The American Otological Society held a very successful meeting at New London, July 19th, last. A large number of valuable papers were read.

The American Neurological Association did good work also at Long Branch, the sessions lasting three days, July 20, 21 and 22.

The Medico-Legal Society, of Chicago, elected the following officers for the ensuing year: President, E. J. Doering, M. D.; First Vice-President, Boerne Bettman, M. D.; Second Vice-President, Erie Winters, Esq.; Treasurer, L. L. McArthur, M. D.; and Secretary, Scott Helm, M. D.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

This society held its regular annual meeting at Crab Orchard Springs, Ky., July 13th, 14th and 15th, 1887, there being a large attendance and quite a number of instructive papers, as well as marked interest taken in the entire proceedings by those who were present.

On Wednesday, July 13th, at 2:30 p. m., the association was called to order, and after the usual addresses of welcome the reports of the treasurer and of the chairman of the Committee of Arrangements were read. This being all the business, the reading and discussion of papers took place.

Dr. J. E. Link, of Terre Haute, Ind., read the report of a case of Gunshot Wound of the Intestine. This elicited quite an animated discussion which lasted until the adjournment of the session.

In the evening Dr. I. N. Love, of St. Louis, president of the association, read his address, which was well received.

The morning session of the second day was first occupied by the report of the Committee on Constitution and By-laws which had been increased by the addition of Drs. D. S. Reynolds, of Louisville, and Ohmann-Dumesnil, of St. Louis. The report was read by the chairman, Dr. Wm. Porter, of St. Louis, and adopted as read. The reading of papers being next in order, Dr. Preston B. Scott, of Louisville, read an essay on Chloroform in Obstetrical Practice. After the discussion of this subject, Dr. H. H. Mudd, of St. Louis, read a paper on the Surgery of the Intestines. This led to quite a lengthy discussion. Dr. Geo. J. Cook, of Indianapolis, then read his paper on Chronic Constipation.

Upon re-assembling in the afternoon, Dr. L. S. McMurtry, of Danville, Ky., read his paper on Emmett's Modified Operation

for Lacerated Periaenum. After the discussion of this, Dr. Y. M. Bond, of St. Louis, read a paper on the Propriety of Removing the Ovaries. Dr. A. C. Bernays, of St. Louis, next spoke on Pylorotomy and presented specimens. Dr. G. W. McCaskey, of Fort Wayne, Ind., read a paper on a New Method of Intra-Pulmonary Medication.

The morning session of the third day terminated the proceedings of the association. Dr. D. W. Thompson, of Indianapolis, Ind., read a paper on Acute and Suppurative Otitis Media, and after the discussion of this subject, the Committee on Nominations made its report as follows:

"Your Committee on Nominations organized by electing Dr. Arch. Dixon chairman. After due deliberation, your committee would present the following report: For President, Dudley S. Reynolds, of Louisville. Your committee would respectfully announce that notwithstanding the personal protestation of Dr. Reynolds, they have unanimously made their choice, believing the honor to be worthily conferred. For Vice-Presidents, Dr. A. Dunlap, Springfield, Ohio; Dr. Y. H. Bond, St. Louis, Mo.; Dr. A. R. Jenkins, Henderson, Ky.; Dr. H. C. Fairbrother, East St. Louis, Ill.; Dr. D. W. Thompson, Evansville, Ind.

"Your committee departed from its usual course in naming one of its members for the Vice-Presidency, but they believe the association will sanction its course.

"Permanent Secretary—J. L. Gray, Chicago.

"Treasurer—A. H. Ohmann-Dumesnil, St. Louis, Mo.

"Chairman Committee of Arrangements—I. N. Love, St. Louis, Mo.

"Next place of meeting, St. Louis, in September, the time to be determined by the Executive Committee."

ARCH. DIXON, Chairman, WILLIAM PORTER, A. DUNLAP, A. M. OWEN, J. L. GRAY.	}	Committee.
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This report was unanimously adopted, and after an address by the president elect, the reading of papers was resumed. Dr. A. W. Johnstone, of Danville, Ky., read a paper on Wounds of the Abdomen, after which the association adjourned *sine die*.

The American Rhinological Association will meet in Washington, D. C., Sept. 1st, 2nd and 2rd. A long list of inter-

esting papers will be read. Among those promised we may mention the following: Intra-Nasal Surgery, T. H. Stucky; Asthmatic Tendency, N. R. Gordon; Nervous Phenomena exhibited in a case of Syphilitic Ulceration of Superior Pharynx, A. G. Hobbs; Deformities of Septum Nasi, A. B. Thrasher; Method and Management of Instrumental Treatment of Diseases of the Nose and Throat, and Relations of Rhinal to Diseases to the Brain, Thos. F. Rumbold; Importance of Nasal Disease, P. W. Logan; Pathology and Treatment of Chronic Naso-Pharyngeal Catarrh, Jno. North; New Method of Removing Polypus of the Nose, C. H. Von Klein; The Unrecognized Disease, H. Jerard; Repair of Membrana Tympani, also Internal Ear Deafness due to Naso-Pharyngeal Catarrh, J. G. Carpenter; Relation of Diseases of the Nasal and Pharyngo-Nasal cavities to Diseases of the Nasal Septum, J. A. Stucky; Reports of cases by members and papers by candidates for membership. A large meeting is promised. The profession is cordially invited.

Book Reviews.

Treatment by Massage and Methodical Muscle Exercise. By JOSEPH SCHREIBER, M. D.; translated by WALTER MENDELSON, M. D. 8vo. pp. 285. [Philadelphia: Lea Bros. & Co., 1887. Illustrated, Price \$2.75.

Perhaps from no modern innovation in hygiene and therapeutics have better and more remarkable results been obtained than through massage and muscle movement; and we may add, in no department of medicine has quackery and charlatanism enjoyed a greater field or been more rampant. In every city and town, in every summer resort and watering place by mountain or sea, in every great hotel in the land, in every Turkish bath—in fact everywhere that the people, especially invalids, congregate, men and women, ignorant alike of the first principles of the art which they profess, have set themselves up as *masseurs* or *masseuses*, and they all seem to thrive. The profession of *masseuse* has been adopted by a class of women, perhaps the most infamous in all the “soiled dove” family, and their doings have made massage almost a byword of reproach in great cities.

It was therefore high time that some master of the real art of massage and muscle movement should come to the rescue with a manual setting forth the methods of practice and the diseases to which they are applicable. We think that the work before us fills the requirements of the case. It is by an eminent and well known advocate of the art of mechano-therapy, whose views, while in accordance with those of Rosbach, Busch, Reibmeier, Samuely and others who have written upon the subject, yet manage to present it in a new and different and we may add, more practical light than any of his predecessors in this line of literature. The book is in every respect a timely and admirable one, and the translator, Dr. Mendelson of New York, has rendered a service to American physicians in putting it into English. It ought to be carefully read by every practitioner and especially by those who are in charge of the health of schools and public institutions.

Stricture of the Urethra, its Diagnosis and Treatment facilitated by the Use of new and improved Instruments. By E. **DISTIN-MADDICK, F. R. C. S. (Edin.).** 8 vo. pp. 156. [London: Ballière, Tindall & Cox, 1887.]

Adopting as a maxim, or proven fact that inflammation in the urethra is the cause of stricture in that canal, and further postulating that if the source of supplies of a besieged army be cut off, the army in due course of time must perish, the author in his introduction, reasons that we have but to apply the principles that may be inferred from the postulate to the treatment of inflammation and we shall avoid stricture. Destroy the cause and we obviate the sequel. The causes of stricture, in by far the largest proportion of cases, are declared by the author to be—(1) Erroneous diagnosis, causing unnecessary catheterism; (2) cases complicated with false passages; (3) negligent and misdirected treatment of gonorrhœa.

Conceiving these examples to constitute the greater part of the sources of inflammation, and hence of stricture, he suggests that if gentleness and dexterity, combined with patience and common sense, were more generally exhibited by the profession, there would be a gradual decrease and abolition of at least a great portion of the causes of stricture.

In the first, second and third chapters of the book, the author elaborates these ideas, dwelling especially upon the frequency of

stricture caused by the unnecessary use of the bougie or catheter, and by the use of these instruments in the hands of ignorant or unpracticed surgeons. He iterates and reiterates the facts, clinching them here and there by cases in point, preferring, as he says, to run the risk of being thought tedious rather than fail in impressing upon his readers the immediate as well as remote evils attendant upon the unskillful and unnecessary employment of instruments in the urethra.

In the fourth chapter the author discusses catheterism, and here he is very practical, giving as well as it may be done in words, an excellent lesson in the art of sounding and exploring the urethra, dwelling upon the choice of instruments, the best forms of and materials for bougies, catheters and sounds, the anatomy of the parts and the precautions to be taken. In the succeeding chapters the various forms of stricture are described, and the methods of treatment best adapted to each.

The author draws largely from his own experiences, but does not rely entirely upon them. He quotes quite freely from the writings of Hunter, Bell, Abernethy, Bryant, Sir Henry Thompson, and our own Gross and many others of lesser fame. Indeed the most interesting chapter in the work is a sort of historical résumé of the methods of practice of the masters of old and modern times.

Barring a tendency to repeat himself, the style of the author is clear and pleasant, though dropping occasionally into the didactic. The mechanical portion of the work is good, though the engravings are scarcely worthy of the text. It has an excellent index, and the type is large and clear—most excellent things in a book of reference, which this is.

Abdominal Surgery. By J. GREIG SMITH, M. A., F. R. S. E., Surgeon to the Bristol Royal Infirmary, etc., etc. 8 vo., pp. 606. [London: J. & A. Churchill. 1887.

A very opportune volume, upon a most interesting and important branch of surgery. Latterly the attention of surgeons has been directed especially to the surgery of the abdomen and head. The literature on these subjects is, to use a mild term, bewildering. The new fields invaded, the bold steps taken and the improvements made and suggested in the methods of operating are so numerous and scattered throughout the extensive periodical literature of the day, that the busy practitioner can scarcely find

time to acquaint himself with even the more-important contributions. On the other hand, many, no doubt, remember the feeling of uncertainty, doubt and apprehension with which they assayed to perform their first laparotomy. How many volumes were perused; how this point and that one were found in scattered volumes or not discovered until they presented themselves on the operating table. It is true, we could turn for much practical information concerning the operation of ovariectomy to the classical work of Wells; to Treves for intestinal obstruction; to Lawson Tait, or to the many other authors who have contributed their personal experience in books and journals; but we had no author to whom we could look for a comprehensive, practical treatise on the operations usually termed abdominal. Smith has undertaken to fill this gap and to gather together for systematic description all abdominal operations, after a method which will satisfy the requirements of the practical surgeon. And his effort must be pronounced a most decided success.

We might differ from the author as to the arrangement of his subjects, but a very complete index facilitates the finding of a given subject. The exclusion of Hernia makes the treatise incomplete, and if "popular habit" does not include herniotomy among abdominal operations, it is time that the habit be changed. It is difficult to conceive, in the majority of cases, how herniotomy is any other than an abdominal operation. We need but hint at strangulated hernia, with gangrene of the intestine!

The views presented as to the indications for the various operations are abreast of advanced surgery, and the methods advocated are such as in most instances experience has proven to be most successful.

It is quite natural that surgeons should differ as to many minute points. Thus, there is some difference as to the proper method of closing the wound in the parietes after a laparotomy. Clearly the same method does not answer for a penetrating wound of the abdomen, with injury of abdominal viscera, which is admirable for the closure of the wound through which an ovarian tumor has been removed. In the latter case, the cavity of the abdomen has become greatly enlarged, through distension of its anterior wall; the wound surfaces can be exactly approximated and plenty of tissue remains. On the other hand, in men, and in women who have not borne children, it is often next to impossible to approximate the wound by the interrupted suture, even though fortified by the

stay suture. In these cases the terrace suture, the approximation of the peritoneal, muscular and cutaneous surfaces, by separate interrupted or continuous suture, or by the suture suggested by Le Cas, will be found to answer the purpose most admirably.

The author has abandoned the binder and simply secures the gauze by strapping.

The different clamps suggested on page 410 as substitutes for the dexterous fingers of an intelligent assistant, ought, in the opinion of many surgeons, be entirely discarded in the operation of resection of the intestines, and in their stead the procedure of Jaffé employed. This consists in the temporary ligature of the intestine an inch or more above and below the point where the incision is to be made. The many advantages of this method are apparent.

Laparotomy for perforation during typhoid fever has been done by Lüche with a fatal issue and might be included in the chapter on perforation from ulceration, to make it complete.

The book contains more practical information on abdominal operations than is to be found in any other volume with which we are familiar, and will, no doubt, before long be found on the shelf of every surgeon as well as of every young physician whose ambition points in that direction.

The typography is good. The illustrations, though few in number, are distinct and *ad rem*.

LUTZ.

Literary Notes.

Signs of Progress.—We have received a very handsomely engraved invitation to call upon the *Memphis Avalanche* and view its new perfecting press—the first ever introduced into the state of Tennessee. We congratulate the *Avalanche* on this very substantial evidence of progress, and hope that its edition may soon require a press of double the present capacity.

The Western Dental Journal.—This new monthly, although having just completed its first half year of existence, gives evidence of taking a front place in periodical dental literature. It is published in Kansas City, Mo., and is edited by Dr. J. D.

Patterson, assisted by Drs. A. H. Thompson, of Topeka, and C. L. Hungerford, of Kansas City. It is bright, newsy and withal scientific—a difficult combination of qualities. The price is \$2.00 *per annum*.

Drugs and Medicines of North America.—The March, 1887, number of this quarterly, delayed for some reason, contains the conclusion of the article on Lobelia, and articles on Scrophularia, Linderia Benzoin, Diphyllia Cymosa, Cercis and Erechtites Hieracifolia. The present number is more profusely illustrated than any of the former ones, and the illustrations are of a high order of merit. The work is published by J. U. and C. G. Lloyd, of Cincinnati.

Books Received.—Our thanks are due to the publishers for the following works received during the month, critical notices of which will appear hereafter: What to Do in Cases of Poisoning, Murrell (The Medical Register Co., Philadelphia); Cyclopædia of Obstetrics and Gynecology, Charpentier and Grandin, Vol. IV. (Wm. Wood & Co., New York); American System of Gynecology, Mann, (Lea Bros. & Co., Philadelphia). Diseases of the Eye, by Edward Meyer (P. Blakiston, Son & Co., Philadelphia).

Fresh Water Algae.—The Rev'd Francis Wolle, of Bethlehem, Pa., so well known by his published works on the algæ and desmids of the United States, has issued an announcement of the publication of a new and beautifully illustrated work on the Fresh Water Algae of the United States, in two royal quarto volumes containing 157 plates representing over 2000 figures drawn and colored from nature. These volumes are uniform with his Desmids, and are sold at the surprisingly low price of five dollars each, or ten dollars for the set. No one interested in the study of the fresh water cryptogams should be without these works of Dr. Wolle.

Reprints.—The following reprints worthy of note were received during the month of July: El entubamiento de la larynge en el crup, by Dr. Ramon de la Sota y Lastra, of Seville, Spain; Importance and Value of Experimental Research, by Dr. N. Senn, of Milwaukee, Wis., being an address delivered at the graduating exercises of the Chicago College of Phys. and Surgeons (reprint from *Western Medical Reporter*); The Relation of the Nervous System to Hæmophilia, Malarial Hæmaturia, etc.,

by C. H. Hughes, M. D. (from *Alienist and Neurologist*, July, 1887); A Unique Case of Bi-lateral Athetosis, by C. H. Hughes, M. D., (from same journal).

Anæmia is the title of a little volume of essays on this subject, by Frederick P. Henry, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic. The substance-matter thereof has already appeared in the pages of the *Polyclinic* and is now collated in book form by the Blakistons. As stated in the preface, it is the first systematic treatise on anæmia which has appeared in this country, and it embodies the results of many years of study and practical investigation of the disorders of the blood. The author has had extraordinary facilities for observation and has made excellent use of them. We commend the work as a trustworthy guide to a knowledge of the train of evils following the imperfect elaboration of the blood.

Outlines for the Management of Diet.—In this, the third volume of the series of Practical Lessons in Nursing, published by the J. B. Lippincott Company, of Philadelphia, we have the result of a thorough and practical study of the subject by Dr. Edward Tunis Bruen, whose name is well and favorably known to readers of medical literature in this country. In a pleasant and almost conversational style, Dr. Bruen has set forth the principles and practice of the great trio of healers,—“Dr. Quiet, Dr. Diet and Dr. Merryman.” He has everywhere subordinated the scientific aspect of the subject to the presentation of practical suggestions, as was meet and proper in a series of lectures to those whose future duties will call them simply to carry out the directions of the physician, and not to the diagnosis and treatment of diseases, viz: the nurses of the Training Schools of the various Philadelphia hospitals. The price of the book is one dollar.

Healthy Homes and Foods for the Working Classes.—This is the title of the first essay written for the American Public Health Association under the conditions of the Lomb prize fund. Its author is Dr. Victor C. Vaughan, of Ann Arbor, Mich., who has already earned for himself an enviable reputation as an original investigator and thinker. There were four of these essays in all, viz: The Sanitary Conditions, etc., of School Houses, by Dr. D. F. Lincoln, of Boston; Disinfection and Individual Prophylaxis against Infectious Diseases, by Dr. Geo.

M. Sternberg, of Washington, D. C.; *The Preventable Causes of Disease, Injury, etc., in Manufactories and Workshops, etc.*, by Geo. H. Ireland, of Springfield, Mass.; and finally the present work. They may be obtained by addressing the secretary of the association, Irving A. Watson, Concord, N. H., and enclosing one dollar. They may also be obtained separately in paper covers for 15 cents each.

Medical Jurisprudence.—We have received from Prof. Marshall D. Ewell, of Chicago, the advance sheets of the first chapters of a new work on Medical Jurisprudence. The chapter before us deals with expert evidence and compensation therefor, and the relation of physicians to patients. It contains a great deal of information concerning his obligations and rights that should be familiar to every physician and which we venture to say is not known to one in twenty. This is written in a terse and almost epigrammatic style, but loses nothing in clearness from its concision. We await the succeeding chapters of the work with great interest, since the subjects treated of very nearly affect the interest of every practitioner and expert.

A New Journal of Natural Science.—We have received the prospectus and table of contents of the *Naturalist's Monthly*, a journal intended for lovers of nature and workers in all departments of the natural sciences. It is edited by J. W. Williams, M. A., M. D., assisted by an able corps of writers, among whom we note the well known names of V. A. Latham, F. R. M. S., and the Rev'd Hildric Friend, M. A., F. L. S., who have charge of the department of microscopy. Among the regular departments we note the following: Original papers on popular scientific subjects; accounts of scientific voyages and exploring expeditions; biographical sketches of noted naturalists, etc. There will be a department of 'notes and queries,' and also one of brief scientific miscellany. The *Naturalist's Monthly* will be published on the first of September, and is issued from the well-known house of Walter Scott, 24 Warwick Lane, Paternoster Row, London, Eng. The subscription price is \$1.75 per annum.

Annual Report of the Special Committee on Surgery for 1886.—This addendum to the Transactions of the Texas State Medical Association shows that the surgeons of the Lone Star State are not only doing good work as surgeons, but that they are beginning thoroughly to appreciate the great value of

reporting their cases in full. As in the former report of the Special Committee on Surgery, of this association (for 1885), a notice of which appeared in the JOURNAL several months ago, this document gives evidence of an immense amount of hard work,—not merely in compiling but in analyzing and tabulating results. For this part of the work too much praise can scarcely be awarded Dr. George Cupples, upon whom fell the duty of editing the labors of the committee. The mechanical portion of the work reflects immense credit upon the establishment of Johnson Bros., of San Antonio, and we feel compelled to congratulate the committee upon the style in which their labors have been put before the public.

The Nature and Treatment of Rabies or Hydrophobia.

—The first edition of this work by Dr. Thos. M. Dolan, physician to the Halifax (Eng.) Fever Hospital, and editor of the *Provincial Medical Journal*, was noticed by us at length in the JOURNAL for August, 1886, (p. 121). Since then it has passed into a second edition, a fact which shows that not only is there a demand for information upon the subject, but that the book to a certain extent met this demand. It is a full and fair résumé of our knowledge on the subject of hydrophobia, and while admitting the futility of all forms of treatment therefor hitherto devised, the author by no means despairs of the discovery of a remedy or a method of cure. "The practical uses of electricity" says he "seemed almost to have been perfected when the world was astonished by the invention of the telephone by Professor Bell. The liquefaction of oxygen and hydrogen was deemed impossible, but both have now been reduced. Medicine and science are so inseparably connected that the word 'despair' should be erased from our vocabulary." So mote it be!

College Announcements.—If one were inclined to forget the fact that there are a very large number of medical schools and colleges in the United States, he would be reminded of it at this season of the year by the frequency with which he receives the annual announcements of these institutions. Since our last number we have received the following:

University of the City of New York; Medical Department, 47th annual commencement.

Albany Medical College, 59th annual session.

Western Pennsylvania Medical College—1st announcement.

Memphis Medical College, 8th annual announcement.

Medical Department, University of Tennessee, 13th announcement.

Medical Department, University of Louisville, 51st annual announcement.

Missouri Medical College, 47th annual announcement.

North-Western Ohio Medical College, 5th annual announcement.

University of Michigan, Department of Medicine and Surgery, 38 annual course.

Mehaffy Medical Department of the Central Tennessee College, (for Colored Students), 12th annual announcement.

Melange.

Specialism.—Specialism and specialties in medicine have made their mark in this country. At every medical meeting of a general character, physicians are being constantly asked, "What is your specialty, Doctor," and woe be to him who acknowledges himself a general practitioner of medicine.

Milk and Scarlet Fever.—Dr. Klein read a paper before the Royal Institution (England), at its meeting of June 3d, on the Etiology of Scarlet Fever. Among other statements that deserve attention was one to the effect that he had discovered the germs of scarlatina, the *micrococcus scarlatinae*, in cans of preserved milk.

A Royal Doctor.—The Grand-duke Karl Theodor, of Bavaria, a cousin of the late king, studied medicine at Munich, and afterward took up ophthalmology as a specialty. He has developed great skill as an operator, and at his recent visit to Meran (Austrian Tyrol), he made no less than 220 successful operations at the Eye Infirmary there. Most of these were upon poor people and were entirely gratuitous.

Arabian Treatment of Migraine.—According to M. Thomas, Abulcassis, when the red-hot iron—the actual cautery, had failed in the treatment of migrains, proceeded as follows to cure the disease: "Take" says the learned Arabian, "a clove of garlic, trim it and cut off the ends. Now with a sharp bistouri make an inci-

sion through the skin of the temple, and pull away the skin until you have a cavity sufficiently large to receive the garlic. Place the latter in the cavity made for it and apply compresses to keep it there for fifteen hours. At the expiration of this time, take out the garlic and put in its place a pledget of cotton saturated with fresh butter. Leave this until suppuration sets in, when it must be removed and the wound allowed to heal under the application of unguents." The remedy is worse than the disease; but this may be said with equal truth of some more modern procedures.

"When A Snake gets into the Vulva," says the Japanese doctor Mano, (who wrote about fifty years ago, and a portion of whose writings are translated into the June number of *Sei I Kwai Medical Journal*), "cut off its tail and put a cinder of aoji (a kind of small bird) in the vulva, which will surely expel it. For the cinder a piece of tobacco may be substituted, or the juice of unripe persimmons, which may be injected by means of a syringe." We can, of course, scarcely enter fully into the feelings of a lady with a snake in the vulva, and still less into the ecstatic complication of misery that must ensue when to the snake unripe persimmon juice is added. We can imagine however the vain attempts of the labia to gratify the desire to whistle which is always excited by persimmon juice. We should not waste all of our pity, however, upon the lady, as the snake is deserving of no small share of it.

The Cholera.—Dispatches from Sicily and Calabria of date of July 25th, state that the cholera there is of a more virulent type than has been known since the first invasion of the disease in 1884 (of which this is apparently only a continuation). London cablegrams of the same date state that English physicians are becoming alarmed over the persistence of the disease, which has hung on for three consecutive years in Southern Europe, and which now assumes not merely its pristine malignity, but which is manifesting a strong tendency to spread beyond the territory which it has so long occupied. The *Lancet* of July 24th, states that deaths from diarrhoea and diarrhaic diseases, in the city of London, have gone up by successive leaps within the past six weeks from an average of 9 per week to 312, which was the number during the preceding week. Of the latter number, 265 were infants under one year. It points out that one of the surest precursors of cholera in a given district is the tendency to diarrhaic fatality, and urges the utmost vigilance.

The Reparative Power of Nature.—In a chatty and interesting series of letters to the *Gazette des Hôpitaux* from Lower Tunis, Dr. Badour gives the following anecdotes illustrative of that *vis medicatrix naturæ* which so frequently excites the astonishment of civilized men when brought into contact with savage tribes or men living in the state of nature. "One of our Arab-convoy," says the doctor, "received a slash of a knife across the abdomen. He was carried to the ambulance, but as nothing was done for him on the moment, he left in disgust and rejoined his companions on the march, with an epiploic hernia as big as the fist hanging out of the wound. This got well absolutely without any further attention. Another had an arm crushed one evening in a cavalry fight. It was amputated and dressed *secundum artem*, but as soon as our back was turned he tore off the bandage and redressed it, Arab fashion, with a mixture of earth and dung. We took this dressing off twice and each time he obstinately replaced it and we finally let him alone. The wound healed completely and rapidly. This fellow, however, recognized the fact that I had been useful to him in relieving him of an useless arm, and frequently visited me, always addressing me (although he was no longer young) as his father.

Two Rare Causes of Dementia.—In the *Révue des Sciences Médicales* we find abstracted from a monograph by Dr. Pick, memoranda of cases of dementia proceeding from causes rarely or never alluded to in treatises on mental diseases, viz: cold and lightning stroke. In the retreat from Moscow, Larrey observed several cases of acute mania caused by cold. Parry, in his Arctic Voyages, mentions analogous cases, and Reisch gives the particulars of four cases of acute transitory mania in children exposed for several hours to extreme cold. The troubles consisted in terrifying hallucinations, followed by amnesia after these had passed away. Brunk relates the case of a butcher, aged 23, who was afflicted in the same manner under similar circumstances. Ball gives a case of acute dementia, terminating in cerebral ischæmia, from the same cause. These are all the cases which Pick has been able to glean in medical literature. He relates, however, the case of a woman, aged 47, which came under his own observation. She was compelled to work for 48 hours, cutting ice, in a temperature of from 7° to 9° below zero, Reaumur (12° to 16° F. above zero) and was seized with mania which terminated in dementia. In regard to emotional troubles occasioned by lightning,

Bucknell and Tuke relate the case of a man who was seized with suicidal mania from this cause. The attack was evanescent and was not accompanied or followed by any other mental disturbance. Pick, commenting on this case, relates another occurring under his own observation. This, too, was a woman, aged 54, upon whose house lightning had fallen, setting it on fire and killing her husband. She, herself, had a shoe torn from her foot, and was knocked senseless. For some time thereafter she was deaf and afterward complained of tinnitus aurium. Later on she presented all the phenomena of the delirium of persecution.

The Sweating Sickness.—An epidemic of this singular disease, known as *miliaris sudatoria*, or *sudor anglicus*, *sudor picardicus*, etc., has been raging for several months in the Department of the Vienne, in France. It commenced in the village of Montmorillon, and spread thence to the Haute Vienne, being particularly severe in the Canton of Mezières, where out of a total population of 2300, 250 or over 10 per cent, were stricken down with it. Many deaths occurred, some of the attacks being almost explosive in violence and in the rapidity with which death ensued the seizure. At Jourdet so malignant and violent was the invasion that within three days every child at the communal school was affected and 13 died. The malady, to use the phrase of a local paper, spread from its centre with the rapidity and evenness of a drop of oil upon water. The total number of the affected, even in this sparsely settled portion of the country, is now upwards of 8000, the death list being very heavy. The local and general governments are straining every nerve to suppress the malady and have sent Doctors Chantemesse, Descoust and Thoinot to the infected localities to investigate the causes of the outbreak.

Sudor Anglicus, with which the epidemic seems to be identical is the name given to a disease which appeared suddenly in England in 1486 and soon became epidemic throughout the island. It is characterized by profuse sweating (hence the name) accompanied by coldness, excessive prostration, palpitation, inequality of the pulse, etc., a miliary eruption coming on in a short time, varying from a few minutes to a few hours after the first invasion. The disease usually lasted only twenty-four hours and terminated in death in a large proportion of the cases. The epidemic of 1486 lasted several months, the disease finally disappearing and nothing more was heard of it for several years. It returned in an epi-

demio form at various times within the next century, the last general invasion being in the middle of the sixteenth century. The disease seems to be one indigenous to Picardie in France, where it has appeared and become epidemic occasionally since the remotest times. The last great epidemic was in 1821, a history of which has been written by M. Rayer, who considers the disease to be a state of inflammation appearing simultaneously in various tissues, and classes it with variola, scarlatina and measles.

Local Medical Matters.

Dr. Von Steinmetz is at present attending to the night service of the City Dispensary, and promises to do well in his new position.

Dr W. B. Dorsett is now formally installed as superintendent of the Female Hospital. We are sure, from what we know of the gentleman, that he will make a competent and conscientious officer.

Dr. Warren G. Priest, who has for years occupied the arduous position of night Dispensary Physician, has been promoted to the office of City Physician, and has the Dispensary under his sole charge.

Lightning at the City Hospital.—On July 7th, lightning struck the City Hospital. The box containing the electrical apparatus for the annunciators was entirely destroyed. The cook and a patient were thrown down and severely shocked, but not permanently injured.

Diphtheria.—This disease, which was prevalent to a greater or less extent all through the winter and spring; and almost subsided in May and June, seemed to take a fresh start during the past month, becoming quite virulent between the 12th and 20th. It seems to be confined to no particular part of the city, though the Mill Creek Sewer region was its favorite habitat.

The St. Louis Crematory.—The Missouri Crematory Association, after many delays and disappointments due to the prejudices of the ignorant and bigoted, have at last secured a site

for their building and furnace on Sublette and Scanlan avenues, and the work of erecting them will be commenced at once and pushed to completion. The cost is estimated at \$5,000, and the money is in hand for the purpose.

A Good Appointment. — Dr. William Townsend Porter, whose reports of cases in our Hospital Reports during the past year have made him well known to the readers of the JOURNAL, has been elected Assistant Professor to the chair of Physiology in the St. Louis Medical College. Dr. Porter has been for several months past in the Physiological Laboratory of the Pennsylvania Hospital, and will bring to the position to which he is called a thorough practical knowledge of the latest and best methods of physiological research.

Cholera Morbus. — During the heated term between the 10th and 15th of July, quite a large number of cases of cholera morbus occurred in the down-town hotels. Some of these were very severe, and in two cases seen by the writer within a few hours of each other, the attack was choleraic in the suddenness of the onset, and in many other features. In one case there was rice water purging and rapid collapse. The patient slowly recuperated however, under vigorous treatment. In none of the cases was there a history justifying so serious and alarming symptoms.

The Battle & Co. Chemical Corporation have just issued a copy of the final decree of the United States Circuit Court in the matter of their suit against Byron Fenner, author of Fenner's Formulary, who had inserted in his book a formula for Bromidio. The suit was in the nature of a restraining order to prevent Mr. Fenner from continuing the circulation of the book containing this formula, at least under a name so closely similar to that of their well-known proprietary preparation "Bromidia." The decree is very sweeping, and enjoins Mr. Fenner "from printing, publishing or circulating in any book or formula hereafter to be issued by the defendant, his agents and servants, the word 'Bromidia' or 'Bromidio' in connection with the recipe now appearing in 'Fenner's Formulary,' of the edition of 1878, on page 290, and numbered 813, unless there is also published in connection with the said words 'Bromidia' or 'Bromidio' a statement that the preparation covered by the said recipe is put up and sold by Battle & Co., of St. Louis, under the trade-mark 'Bromidia.'"

Counter Prescribing.—If Health Commissioner Dudley finds the time hanging heavy on his hands during these piping days of health and freedom from epidemic and endemic diseases in the city, we sincerely hope he will turn his attention to an evil that has been steadily growing in St. Louis and which has become almost universal with a certain class of local druggists. We allude to the habit of counter prescribing, which is indulged in to an extent that is scarcely credible to those who have not examined into the matter. We do not, of course, refer to the administration of well-known remedies in the simpler ailments of life, the recommendation of a cough mixture, diarrhoea remedy or tooth-ache drops; but to the custom of diagnosing and prescribing for almost any and every ailment that is brought to their notice by prospective patients. From long immunity these fellows have, some of them, become so bold that it would seem like an easy matter to fix the offence upon them sufficiently clearly to bring them under the penalties of the law concerning unregistered physicians.

Not Dr. "Billie" Johnston.—On the morning of the 13th ult., the daily papers announced the death of Dr. William T. Johnston, aged 67 years, and the obituary requested Virginia and Kentucky papers to copy. The many friends of Dr. William ("Billie") Johnston, almost without exception, concluded that it was he who had gone over to the majority, and were very much relieved at learning, later in the day, that the decedent was another William Johnston, a Virginian, and a comparative stranger in the city. Some of Dr. Billie Johnston's old friends even went to the funeral under the impression that they were paying the last sad rites to one whom they had known so long and well. In the afternoon Dr. "Billie" was down town and was greeted by many as though he had actually returned from the other shore. It was a warm evening, and in answer to some remarks of a group of doctors, said that while he hadn't actually *been there*, he was free to say that he was convinced that the temperature could not be *much* higher there than here, at the time.

The Hygienic College of Physicians and Surgeons.—This is the name of a new medical school to be started in St. Louis immediately, a petition for incorporation having been filed in the circuit court on the 24th of July. Its object, according to

the petition, is to teach both sexes "anatomy, physiology, surgery, obstetrics, gynecology, chemistry, pathology, therapeutics, dietetics, physical culture, sanitation and all collateral branches connected with the theory and practice of hygienic treatment," and to encourage the practice of "hygeio-therapy, which recognizes the fact that all healing power is inherent in the living organism and which employs only such agents as are embraced in nature's methods: air, light, temperature, clothing, electricity, magnetism, exercise (active and passive), rest, sleep, food, drink, bathing, water applications, mental and emotional influences and mechanical appliances." A pretty extensive bill of fare! The incorporators are a lot of people of both sexes, whose names are more or less known to the St. Louis public. Of course, they propose to cure all diseases "concerning which the regular profession are more or less at sea," and, in fact, to fill a long-felt want, but whether that want is on the part of the public or the incorporators remains to be seen. *Vive la bagatelle!*

Physical Condition of the St. Louis Police Force.—Dr. George Homan, whose eminent capacity to judge and absolute impartiality no one who knows him will doubt for an instant, declared in a paper read before the Medico-Chirurgical Society of this city a few days since, that out of the entire police force of St. Louis, numbering 482 men, rank and file, less than one hundred are physically qualified to stand the strain of emergency duty should they suddenly be called into service. He classifies the force as follows: Superior to good, 3; good, 82; good to fair, 181; fair, 116; fair to doubtful, 40; doubtful, 17; doubtful to unsound, 19; unsound, 12; unsound to bad, 1; bad, 2. Of the nature of the maladies and disabilities found to exist, Dr. Homan says: "While in certain of these affections and conditions the consequences of hard, honest police service were to be seen, in others their occurrence pointed to medical examinations not sufficiently strict, to heedless appointments by those in power, or to intemperance or licentiousness on the part of the person affected." The importance of this subject justifies the publication of this report in full in the secular papers of the city, and the thanks of the citizens are due to Dr. Homan for the exposé thus made.

THE ST. LOUIS Medical and Surgical Journal.

VOLUME LIII.—September, 1887.—No. 3.

Original Contributions.

RULES FOR THE PREVENTION OF CHRONIC CONSTIPATION. By
BRANSFORD LEWIS, M. D., Assistant Superintendent, City Hos-
pital, St. Louis.

1. The surroundings must be hygienic—thorough ventilation, etc., must be secured, to promote the healthy performance of all the functions.
2. Habitual regularity in eating, sleeping, exercising and especially in attendance at the closet at a certain hour, whether there is inclination or not, must be cultivated.
3. The whole attention must be fixed upon the purpose of the visit; no reading of papers is to be indulged in.
4. Frequent bathing, cold morning baths preferred, with energetic rubbing of the surface, especial attention being given to the abdomen, is of material benefit. This may be varied with douches alternately of hot and cold water to the spine and abdomen.
5. The ingestion of a large quantity of water during the day will assist in maintaining the fluidity of the excreta and promote regularity in the bowel action. A pint of hot water taken before breakfast is a serviceable stimulant to the whole alimentary tract.
6. While dressing, practice forced respiration, repeatedly inspiring to the fullest capacity of the lungs. This assists peristalsis in urging forward the intestinal contents. Intermitting pressure and kneading of the abdomen conduce to the same end.
7. Constrained attitudes, such as that required in writing, causing continued pressure on the abdomen, have an obstructive influence and should be avoided.
8. The purgative habit should be looked upon with a fear akin to that of morphine. Stimulation by such means is neces-

sarily followed by relaxation, calling for subsequent increase in the stimulus.

9. Mastication of food digested by the intestine must be perfect—which does not allow of hurried eating. The theory that thorough insalivation of the stomach-digested elements (meats), by too freely incorporating an alkali prevents or retards the action of the gastric juice, would indicate a certain amount of “bolting” of this portion of the diet, after its careful division with knife and fork.

10. The loss of too much fluid from the system by profuse and long continued perspiration, should be guarded against.

11. The digestive function should be carefully kept in order by a dietary, found by observation to be best adapted to the individual; that dietary is to be based also on common sense, and a diagnosis of the location of the indigestion, *i. e.* whether in the stomach or the intestines.

12. Tea contains an astringent and should, therefore, be avoided.

13. A quantity of fluid—*not ice-water*, which chills the stomach and greatly retards the digestive process, sufficient to assist in liquefying the food, say a glassful or two, should be taken *with meals*.

14. Eat vegetables and fruits which allow of sufficient residue after their digestion to increase the peristaltic movement of the bowel; such as lettuce, spinach, peas, asparagus, fresh fruits, raisins, prunes, etc.

15. Brown bread, aerated bread, etc., are preferable to white bread. Hot bread must be strictly prohibited. Butter (if there is no indigestion), oatmeal and cracked-wheat are beneficial.

16. Meats may be taken only in moderation, excepting pork and veal, which must be excluded from the diet.

17. Never allow the sensitiveness of the rectal mucous membrane to become blunted by prolonged retention of its contents; go when the inclination is felt.

18. Do not strain violently with the abdominal muscles; educate the muscles of the lower bowel to the performance of extrusion. Attention to this point will be followed by very gratifying results, as great perfection may be arrived at in the respect desired. Probably there is no commoner cause of hæmorrhoids than neglect of this rule.

19. Do not be in too great a hurry; the passage of a part, may allow the descent of the remainder, of the excretion. The proper performance of defæcation is as essential to the maintenance of health as is that of eating, sleeping, etc.

20. In cases of relaxed abdomen, due to old age or repeated pregnancies, an abdominal band is serviceable.

21. The use of the Faradic current is frequently efficient when other means have failed. General faradization, and direct application of the sponge with energetic kneading of the abdomen should both be tried.

22. Only when necessity decrees, the bowels having refused to act after all the above rules have been adhered to, may resort be had to a *small* enema of *cold* water, or to a soap suppository, the size of a pigeon's egg.

ABSCESSSES OF THE DRUM CAVITY.—PERFORATIONS OF THE TYMPANIC MEMBRANE, AND THEIR TREATMENT. By A. D. WILLIAMS, M. D., of St. Louis.

Acute abscesses in the drum are so common that their treatment becomes a matter of importance: firstly, in order to save the drum from permanent injury, and secondly, in order to relieve the intense suffering which a tympanic abscess causes.

The only proper treatment for an abscess in the drum cavity is to puncture the membrane just so soon as a reasonably certain diagnosis can be made out. I always puncture the drum-head as soon as I am satisfied that an abscess is forming. I do not wait till suppuration has actually taken place. It is not necessary or even advisable to wait so long. The relief is just as great before as after suppuration. In the former condition only a greenish or bloody serum will escape through the puncture. When properly made, the operation is a harmless, trivial matter. The opening should always be made as large as it conveniently can be. The lower portion of the membrane is the best place for the puncture, on account of the easy drainage of the drum; but I make it a rule to puncture *wherever* I can reach the membrane easiest, and that is the portion that is pressed farthest outwards by the serous or purulent collections within. These fluids will usually be seen to boil up around the knife as it passes through

the membrane, particularly when there is much tension of the latter. The after management is the same as in the treatment of otorrhœa. This leads us to the question:

Should Perforations of the Membrane be Treated?

Perforations of the drum-head are, as we all know, very common and are of all grades and sizes from that of a minute pin-hole to complete destruction of the membrane. Their most common cause is suppuration in the drum cavity, the purulent matter spontaneously breaking through the delicate wall and discharging externally. The orifice thus made is perpetuated by continuous otorrhœa, but when this latter is properly treated and cured, should the perforation itself be treated?

I hold that it should not, since there is no necessity therefor. In the great majority of cases whenever the discharge ceases the perforations close spontaneously, and any treatment directed toward this end is not only superfluous but very frequently positively injurious. As a rule their closing does not improve the hearing and when let alone they do no harm.

There are many cases of ear disease where an artificial opening in the drum-head would be very desirable, but it is found that punctures, even when portions of the membrane are excised, cannot be kept permanently open by any known means—a fact which should emphasize the injunction to let the perforations severely alone. Cure the otorrhœa and the punctures or perforations will take care of themselves.

Hospital Notes.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., Superintendent.

XVI.—TWO CASES OF PURULENT SYNOVITIS.—DRAINAGE.—RECOVERY. By H. C. DALTON, M. D.

CASE I.—G. S., male, æt. 21, American, single, cook, was admitted May 8, 1887. On April 30th, patient knelt on a small nail which penetrated his left knee-joint just external to the

patella. He gave it no attention for two days, when it began to pain him so much that he was compelled to go to bed. A week later he entered the hospital with the joint tender, inflamed and filled with fluid. Tinct. of iodine had been painted over the knee, but without benefit. The temperature was slightly elevated. Cold compresses were applied locally. On the evening of the 11th, his temperature rose to 40° C. (104° Fah.), when by aspiration 125 c. c. (4 oz.) of sero-purulent fluid were drawn off; the joint was then irrigated with 2½ per cent. solution of carbolic acid. Two hours later the temperature had fallen to 37.6° C. (190.7° Fah.). It rose again on the following day, when the joint was freely opened by incisions, one above, and one at each side of the patella near its lower end; these were connected by drainage tubes. The limb was then fixed in a Barwell tin-trough splint, which allowed the knee to be dressed without its removal. The patient improved constantly thereafter. On June 3rd, the tubes, having frequently been shortened gradually as the discharge lessened, were withdrawn, and the splint was removed, allowing the employment of moderate passive motion. A posterior splint was then worn except when removed for passive motion during the next two weeks. At the time of his discharge, June 30th, movement of the knee was somewhat limited, but was rapidly approaching the normal.

CASE II.—Ella B., col'd, æt. 21, American, widow, servant, was admitted May 23, 1887, the day before which she had fallen while ascending a flight of stairs, striking her left knee against the edge of a step. Notwithstanding the pain caused by the injury, she continued to perform her household duties during that day. At the time of her entrance the knee was much swelled, very painful, and fluctuation was easily elicited. Fluid containing pus cells was withdrawn by means of a hypodermic syringe. The joint was then opened by three incisions, as in Case I, drainage tubes inserted, joint washed with a 2½ per cent. solution of carbolic acid, and a Hodgen splint applied. Relief from suffering was immediate, and the temperature dropped from 39° C. (102.2° Fah.) to slightly above normal. The after treatment was similar to that of the first case, and the result equally as gratifying; patient now walks with the assistance of a cane, and mobility of the joint is being regained to a natural extent.

Clinical Reports from Private Practice.

CONSERVATIVE SURGERY OF THE HAND. By JNO. H. McINTYRE, A. M., M. D., of St. Louis.

Master E. A —, aged 15, was taken to the office of Dr. E. A. Chancellor, of this city, with the flesh and bones of his hand lacerated and crushed in a frightful manner, having had it caught in the cogs of a power printing press. I was called in order to make an amputation of the hand at the wrist. Upon inspection, however, I concluded to try to save the thumb and little finger.

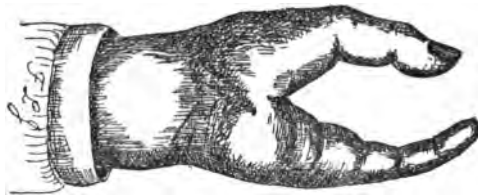


Fig. 4. Anterior view.

The principal features of the operation were, the control of the excessive hæmorrhage, the palmar arch being wounded, the use of the bone forceps and the transplantation of tissue to cover the wound. The portion removed consisted of the metacarpal bones, excepting their heads next the carpal bones. The wound was dressed with the ordinary antiseptic dressing.

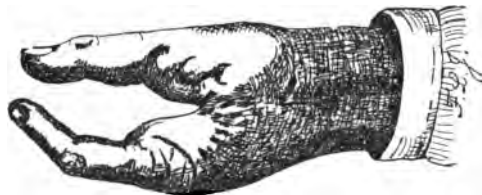


Fig. 5. Posterior view.

The results of the operation are shown in a highly satisfactory manner by these two cuts, engraved from photographs.

Nearly all the puckered tissues on the little finger were drawn from the back of the hand, enough being taken to allow for shrinkage. The wound healed kindly and all by first intention, with the exception of the apex of the wound in figure 5, at which point there was a slight exostosis of bone removed about fourteen days after the operation.

The chief point of interest is the useful member resulting in this case, as in four previous ones, prehension being perfect.

The four other cases, three of which were caused by cog wheels and one, a child of seven years, by a "forty knife cutting box," were almost identical in result with the case illustrated.

AMPUTATION OF THE RIGHT FORE-ARM, AT THE MIDDLE AND LOWER THIRD, FOR CANCER, WITH UNION BY THE FIRST INTENTION, AT THE AGE OF 71 YEARS. By A. H. CHENOWETH, M. D., of Troy, Mo.

Thomas H. Admire, of Brussels, Lincoln Co., Mo., age 71 years, shoemaker by occupation, asthmatic and afflicted with eczema of the face and hands, extracted from the top of the superior surface of his right thumb what he supposed to be an ordinary wart. At the suggestion of a physician he filled the cavity with calomel. The wound began to ulcerate and he sought the advice of several in the practice of medicine, but particularly those who pretended to *cure cancer*. He underwent a painful course of treatment from one of them, who used caustic freely; but, after three or four months, he found himself unable to endure the torture any longer. He then consulted me the second time. I advised amputation of the thumb at the metacarpo-phalangeal articulation.

But being told by a quack that he could be cured by internal medicine, and that chloroform would kill him (he being an asthmatic), he placed himself under the so-called doctor's treatment for the space of eight weeks, thoroughly testing the virtues of wild sage and turpentine. By this time the cancer had extended into the hand and frequently bled profusely. He came into my office on June 1st, 1887, just thirteen months from the day that he had extracted the wart from his thumb and expressed himself ready to have the knife used. I accordingly amputated his hand the same day. It is hardly necessary to state that he bore the operation well; on the next day he was up and on the

sixth day he came down stairs and walked into the garden. On the tenth day he walked out to a harvest field one-fourth of a mile and on the twenty-first day he attended church, walking one-half mile and back. On the nineteenth day the first, and on the twenty-third day the last ligature came away (I used but three ligatures). He slept well the first and each succeeding night, ate regularly and from the fifth day on, came down stairs to his meals. He took but one dose of medicine during the entire time he was under treatment. By the twenty-sixth day the wound was entirely healed and the patient was discharged. On the thirty-second day he went home eighteen miles, in a buggy, and has been in pursuit of his avocation constantly. I made a circular operation and used permanganate of potassium as a wash. After the bandage was off I slipped a thin muslin sack containing cotton, saturated with carbolized water, over the stump. The old gentleman had his hand taken up and fingers straightened to relieve cramp and believes that it did so.

TORN-OUT TENDONS. By W. F. WILKINS, A. M., M. D., of
Ottawa, Kas.

I have read the articles on the above subject, with interest, in your JOURNAL of July and August, and as the authors of these articles speak of the accident being very rare, with your permission, I will give you a similar case.

Some weeks ago I was called to attend a young man who met with the accident while helping his brother operate a corn sheller, the cog-wheels of which had caught his index finger and crushed it as only cog-wheels can. I saw him perhaps thirty minutes after the accident.

The finger was entirely torn from the hand, with the exception of the tendons, and they came away with slight traction. On a close examination, I was satisfied that the rupture had been effected at the muscular attachment at the elbow. Being a subcutaneous wound I hoped it would heal without difficulty. I amputated the finger at the metacarpal articulation, closed the flaps with silk sutures, dressed with iodoform dusted over the surface, and put the hand in a sling. The wound healed nicely by first intention, but on the third day the patient complained of

pain in his arm along the course of the tendons, and a red, irregular line extended from the stump of the finger to the elbow. Fever and intense inflammation ruled for the next four days and fears were entertained by a council which I had called that amputation above the elbow would have to be performed. Pulse 120; temperature 101° to 103° F. Verat. vir. and bromide of pot. were given alternately for four days, with hot fomentations to the parts. In the afternoon of the fifth day, abscesses were headed at three different points. One over the os magnum and the other two near the middle fore-arm, about two inches apart.

After the abscesses had been emptied, and syringed out well with carbolized water—hot—the arm was bandaged, and the patient made a good recovery in fifteen days from the day of accident.

Rupture of the tendons at their muscular attachments could be prevented if the occasion were not so unpropitious for rational thought, as the rupture is effected by the person making a sudden effort to free himself from the machine at the instant the crushing occurs.

A SLIGHT THING GETTING TO BE DANGEROUS. By E. CHENERY, M. D., Boston, Mass.

It is truly remarkable how great a matter a little fire kindleth. A young colored man came into my office a few evenings ago so exhausted from loss of blood he could hardly walk. There had been just below the middle of his nose a dark pimple—mother's mark—the size of a millet seed and for some cause it had been ruptured and for aught he could do the hæmorrhage would not stop. When he came in the blood was freely flowing from this almost imperceptible pin-hole and seemed determined to exhaust all there was in him. A hot instrument was thrust into the point without avail but a cambric needle carried through, over which a figure of eight ligature was passed, secured the bleeding point, while the inflammation excited by the cautery will probably make a permanent finish of it.

Once before hæmorrhage had started up in a similar manner and was with much difficulty stopped. The same remedy had been used this time without avail. So had pressure for some time.

A CENTENARIAN CANCER PATIENT.—REMARKABLE LONGEVITY. By
WALDO BRIGGS, M. D., of St. Louis, Mo.

On the 10th of August, last, a Mrs. Meyer, a small but lively old lady, called at my office to consult me in regard to a cancerous growth upon her left cheek. She gave the following history of the case: "It was" said she, "a birth mark, a 'mother's mark' as they call it in the old country, and never gave me any pain or trouble until a year ago. Then it began to hurt and burn and become as you see it now."

After looking at it carefully I told her that the growth was a cancer, and that I would have to cut it out. "All right," she said, "go ahead." "Only to think," she added, "that my mother's-mark should have lasted more than a hundred years and then have to be cut out!"

I looked at her incredulously and asked her what she meant by the last remark.

"I am one hundred and three years old," said she, "and that man sitting out there is my son."

The person to whom she pointed was a very old man, whom I had mistaken for her husband. She called him into the operating room and told him what I said about the growth, and after chatting with him a moment the old lady said, "Well if it *has* to be done, now is as good a time as any. Go ahead doctor, and cut it out."

I prepared to have her etherized but she resolutely declined to permit it, insisting that she could stand the operation. I thereupon removed the growth and dressed the wound, the ancient patient sitting quietly through the operation almost without a groan.

At present writing, three days after the operation, the wound is healing nicely and the old lady looks as though she were good for several years more of life.

Professor Gairdner, of Glasgow, was offered the distinguished honor of knighthood upon the occasion of the Queen's jubilee, but very sensibly declined.

Dr. Joseph C. Hutchinson, professor of operative clinical surgery in the Long Island Hospital College, died July 17th. He was born in Howard County, Md., and was held in high esteem in Brooklyn.

Correspondence.

STATISTICS ON LONGEVITY.

To the EDITORS OF THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

Endorsing fully the conclusions in the editorial of the July number of the JOURNAL, I am inclined to believe that it would be a great step in this matter of statistics on longevity, if they were or could be extended to the so to speak pre-historic conditions of every individual under survey. The interesting report in the editorial about the contrasting habits of life among the old Bavarian chaps of the royal ablution, seems to point in this direction, and would without the inference in view remain entirely obscure. But it is physiologically as plain as true, that in the bodily development of a person the first two score years, as to the formation of backbones, tell ten times as much as all succeeding years, and centenarians' statistics which leave out of consideration pertinent dietetic points are bereft of their most precious qualities.

In most cases it will be an intricate labor to draw from the subject of inquiry any direct elucidation about the rationale of the hygiene observed in their youth and infancy, or the sins committed against it. But as old folks usually remember the facts of their infancy better than those of middle life, it will not be difficult to profit by their loquacity and elicit by circumstantial evidence the relevant points, as well with regard to their treatment, as to their own behavior.

All well considered statistics on longevity, I should judge, ought to go even beyond that. The ancient notion of nobility of birth was not so devoid of sense as its abusive political application has made it. We can not help tracing back our bodily and mental constitution to the parental conjunction, and our peculiar moral and intellectual being is conditioned by the seemingly casual fact of there being more of the father or of the mother, when our embryonic career was initiated. I cannot, even from my own personal experience, help holding that the

degree of casualty in this regard, so far from being a matter of an ungovernable fate and altogether outside of the reach of our will, may be brought under control, and that procreation, if more deeply understood, could be, if not a voluntary act, at least more than what justifies the *terminus technicus* of Mme. Bernard, who calls her children "*mes accidents*." There is a difference in fathers, and I am satisfied a considerably greater one in mothers. But apart from this mere fact, or what we might call the potential difference, there is a kinetical one too, and a child is what it is by virtue of the potential qualities having to their full scope been translated into kinetical faculty.

Now then, in the parental conjunction can these fundamental points in a person's life fail to exert an influence upon the degree of longevity? Or is it not rather probable that the innate source of robusticity or weakness, conditioned by the biological relation of an individual's offspring, are of greater weight among the items which influence longlivedness, than all those tobacco, beer and whiskey points, the making of which so far serve only to discredit our statistics and to muddle our dietetics?

The analogy of animal and plant life even seems to confirm this view. The enormous successes of stock men in breeding superior offspring rest on these principles, and a very limited experience only, is needed in this branch of industry to be struck with the truth that a happy reunion of individualities encloses a virtue of procreation which vies with the most renowned wonders of mythology; and as to plant life it needs an exceedingly limited observation only to see the *dictum* of Liebig* confirmed, that all other things being equal, it is the first taking root of a plant, which, in its whole development, is the decisive point, and that, consequently, the selection of good seed is of so much consequence.

There is a scientific background to the jocose saying "in the selection of one's parents one can not be too cautious."

C. A. F. LINDORME, Ph. D., M. D.

Fort Reed, Fla.

*p. 196 of "Die Chemie in ihrer Anwendung auf Agricultur und Physiologie." Braunsch. 1876.

The New Hall of Anatomy at Vienna, will be erected in a short time, at a cost of nearly a quarter of a million of dollars.

INSOMNIA.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

When the professor of pathology and therapeutics of the Boston Dental College, it came in my way to speak of insomnia and I advised that prompt sleep might be secured to the hard brain-worker by a vigorous walk of a mile or so just before retiring. The president of the institution put this suggestion into practice on several occasions with the desired effect. One of the students, a man in middle life and cumbered with many cares, often found that he could not go to sleep for some time after going to bed. He thought of what I said, got up, took his cane and walked the blood from his "fussed-up head" into the large muscles of locomotion, thereby producing such cerebral anæmia as conduced to prompt sleep. It requires but little reflection to see how philosophical is muscular exercise as compared to brain congestion in inducing prompt, sound, refreshing sleep.

Much of the tortured sleep of brain-workers might be wholly overcome by a judicious resort to the implements of husbandry.

E. CHENERY, M. D.

65 Chandler St., Boston, Mass.

THE TAIT CONTROVERSY.

[The following correspondence is published with the permission of Drs. Bernays and Johnstone and will no doubt be read with interest by all of our readers.—Editors ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

DR. ARTHUR W. JOHNSTONE,

Danville, Ky.

My Dear Sir:—Knowing that, during a prolonged visit to England, you enjoyed unusual opportunities of seeing Mr. Lawson Tait's work, I take the liberty of calling your attention to a series of attacks which have recently appeared in American medical journals directed against that gentleman. Some bitter attacks, charging Mr. Tait with falsehood have appeared, unsupported by any evidence. Might I make so bold as to request you to state as completely as possible what your relations to Mr. Tait were; what opportunities of judging his methods and results you had, and also to state what you may know of the celebrated series of 139 consecutive successful ovariectomies? By complying with

this request you could render a material service, I think, in the determination of this most important matter, and one full of interest to American surgeons.

Respectfully,

St. Louis, Aug. 1st., 1887.

AUG. C. BERNAYS.

DANVILLE, KY., Aug. 19th, 1887.

DR. A. C. BERNAYS.—*Dear Sir*:—I have read some of the articles to which you refer, others I have not been able to procure, but let me assure you that the authors of those I have seen are worthy of your most heartfelt pity. A flat denial does not controvert a fact and to those who know most about it, this form of argument in this particular case seems prompted by the most arrogant ignorance.

But, before going too deeply into the subject, let me give my credentials by stating, as you requested, my relations to Mr. Tait. On the 15th of January, 1886, I began a course which, as completely as it is possible, made *his* knowledge mine. With very few exceptions I not only saw every operation, both public and private, but followed the cases afterward whenever I liked, and I had access to the record book as often as I chose. In short, after I had been with him a little while I was put in as an assistant, and when I left on the 15th of July, 1886, I was doing his assistant's full work.

This included not only the *ordinary* work at the public and his own private hospital, and trips all over the country where operations were to be done, but on dispensary days, when other business called him off, I was left in charge of the whole mass of his public material, and occasionally had to look after some grave case at his private hospital. In the home work, of course, the nurses had charge of all the instruments and made preparations for operations; but I have, time and again, watched them at work and observed closely the sponges and instruments in all stages of being cleaned, and let me assure my American associates, once for all, that there is not the slightest germicide used in the whole process.

The only thing that the most strict Listerite could feel at home with, is the weak solution of carbolic acid in which the sponges are soaked before they are put away to dry. That is so weak that its only possible effect is what Mr. Tait claims: "It

keeps moths and flies away from them." When we went to Bristol, Nottingham, Coventry, Stratford, etc., etc., I had full charge of everything, and I know that nothing but the ordinary household supply of water was ever brought into the operating room. But anyone who has ever seen Mr. Tait operate on a bad case, could tell that the fluid used was harmless, from the fact that if his washing tube runs badly he does not hesitate to put the point of it in his mouth and suck it until the stream comes in full force. Were any germicide there a child would know he would long since have ceased to lead the world. So, as for his methods, I can say most positively from a six months' experience of the most intimate relationship, that they are of the *simplest*, and that he relies for success on good, clean, rapid operating, and not on the fetish of germicides. As for his results they are all that has been claimed for them.

In regard to the 139 series of which you speak, with two exceptions, I think, I know more of them than any other living man, besides Mr. Tait. These two are Dr. John W. Taylor and Dr. Annie E. Clarke, who were his regular assistants throughout the series. I reached England just after the close of the year 1885, so that I saw none of the operations done, but some of the patients were still in the hospital wards and many of them I had occasionally to look after in the dispensary practice referred to. I not only read the original manuscript before it was given to the local society in Birmingham, and looked through the record book in which their histories were kept, but had ample opportunities in talks with the assistants, nurses and matrons to have gotten on the trail of any case that was either not recorded or whose history had been improperly kept.

The records themselves as published give not only the *name*, *date of operation* and residence of the patient, but the physician in charge, and in each private history book, not only the name of each nurse and assistant but also the names of all visitors present so that, with all these clues to each case, heartily hated as Mr. Tait is by the jealous rivals he has so far outstripped, you may be sure that had there been the least thing wrong with this crowning table I would not have been forced to come to America to hear the first doubt of its truth. When I first saw the articles to which you call my attention I merely pitied their writers' ignorance, for it showed me one of two things, that they were either honest doubters who had not kept up with the remarkable runs of the

Keiths, Bantock, Savage, Thornton, Greig, Smith and some of the continental operators, and thus were not prepared for the astounding endurance of the peritoneum when properly handled, which this series demonstrates; or that like many others, of which history gives us numerous examples, they were glad to be lifted from the oblivion of an obscure mediocrity even if it were merely to go on record as having held a controversy with one of the leading men of the age. In either case I felt that Mr. Tait's work was able to take care of itself and needed no help from me, but your letter confirmed an idea which has gradually been growing on me for some time, and that is there are many American practitioners who have neither time nor opportunity to investigate for themselves the verity of these statistics and it is for their benefit and the good of the patients under their care, that I go thus far out of my way "to meddle in an affair that does not concern me," and apparently defend a man who really needs nothing but congratulations. All that anyone need do to find what the English profession think of him and his work, is to read carefully that splendid book on abdominal surgery, just from the pen of one of the best surgeons in England, Greig Smith, of Bristol. Now, when I say England, I do not mean London, for with its denizens like the average metropolitan of all lands, it is an unpardonable social crime to know or acknowledge that anything good can be accomplished outside its bounds, and to their minds existence outside the city limits is merely that of a vegetable. So you see the Obstetrical Society had, in this prejudice, a weapon ready made with which to crush the "country upstart" who dared to criticise the methods of their "Nestor" and who had the temerity not only to lay out new lines of saving life, but the ability to distance them all in the old. What we are now getting in America is merely the discontent of the defeated leaders of the past decades, voiced by a few who know so little as to think that London is England. But do not understand me to say that the Obstetrical Society is the sole exponent of London thought. For like the repetitions to which history is so prone, those who have so long held the reins are now frowning on and trying to stamp as Bohemians the members of the Bristol Gynæcological Society, which while it is the youngest still is the most progressive body in the nation. What *these* Londoners think of Mr. Tait you can tell by noting the fact that he is about the only non-resident of this generation who has presided over a London society.

Outside of London throughout the country wherever we went Mr. Tait was looked up to with pride by the whole British profession and in his own town he is not only the most popular consultant there, but the social lion of the place. As to what this place Birmingham is, very few Americans (not even excepting the teachers who so frequently spend their summers abroad and have repeatedly been Mr. Tait's guests) actually realize its importance in the civilized world. In America we ordinarily hear of it as a place of four hundred and fifty thousand people and at once conclude that its commercial importance is about like that of St. Louis or Chicago, whereas the truth, is that it is merely the fashionable quarter of a city of over three millions of people.

With that strange tenacity by which the English adhere to old names, old customs and old boundaries, the Black Country in which this city stands is still cut up into the various village and borough corporations that it had before its mines were worked and its only interest was agriculture. Now, however, all the way from Birmingham to Wolverhampton, a distance of twenty-two miles, it is one solid city, which looks more like Pittsburg did ten years ago than anything we have on this side. Birmingham, however, contains the banks, central offices, hospitals, etc., etc., which go to make it the capital of what the English call their "Midland Counties."

The abdominal work of this section is done almost entirely by three men—Tait, Savage and Maylins.

Just think of the group of cities around New York harbor thrown into one, with only three operators, one of them doing more work than both the others put together and you will have Tait's relations to his home town.

Now add the rest of the population of Great Britain and you have the source from which this consultation business is drawn; or I might truthfully say, all the rest of the English-speaking world. For while I was with him I saw him operate on cases from Connecticut, New York and Chicago in this country, from Melbourne, Australia, from Cape Town, from Calcutta and Hong Kong. With such a mass to draw from is it any wonder that he so far outstrips all competitors in numbers or that with such constant use his fingers have acquired such great dexterity? It is this wonderful sense of touch that enables him to deal with vesico-vaginal fistula as he does. His method of doing that, as in all other plastic work, is, instead of denuding, to split the edges

of whatever surfaces he wishes to join and so place the stitches that when they are brought together the internal membrane is turned into the cavity of its viscus and stands opposite the corresponding flap on the other-side the ring with their raw surfaces opposed. The external membrane from either side of the opening which he wishes to close is turned outward with its raw surfaces opposed to each other except at the spot where the ends of the suture knots project from between their raw surfaces, thus making the finished union of the vesico-vaginal septum exactly that which the engineer makes in joining steampipes where a great pressure is to be withstood. As he has been badly understood by some as to the way in which these stitches are placed, at the risk of being tedious, I will once more attempt to explain it. Say for instance, you have an opening on the vesico-vaginal septum one-third of an inch in diameter, with a knife or pair of scissors at the very edge of this ring, he would begin to separate the vesical from the vaginal mucous membrane. After extending this separation entirely around the ring for a depth say one-fourth to a half inch, after turning the vesical membrane into the bladder and drawing the vaginal into its own cavity, with a handled needle he would enter the vaginal flap on its raw surface a short distance from its cutaneous margin keeping the needle buried in the tissues, he would pass across the septum and bring the needle out at a point in the raw surface of the vesical flap corresponding to the one at which he had entered the vaginal, then by catching the cat gut suture near the vesical flap, and holding it while he withdraws the needle, he has thus put in place the first half of the suture; now going to the opposite side of the ring, the needle is introduced again in exactly the same way, and by either threading it into the eye of the needle, or what is still easier to accomplish, looping the vesical end of the suture already described into a thread with which the needle was armed before introduction, by simply withdrawing the needle the second half of the suture is brought into position. Now, by tying a series of sutures so placed, the inversions and eversions already described are accomplished, and the union thus obtained is not only that of the septum alone (as we used to get it in the old denudation operations) but it is that of an external and internal buttress in addition; thus making the cicatrix doubly strong in case we get union, but if union should fail, the flaps simply unite in their old position, leaving the opening no larger than it was before, which is rarely

the case after a failure from the old paring operation. By this means I saw Mr. Tait succeed with an inch and a half to two inch opening, on which Baker Brown had failed twenty years before. The reason why Mr. Tait has seen so many of these cases is the fact as I have already intimated that he has charge of the largest practice that any man in this generation has ever attempted to handle and from the lately increased facilities of travel I would not be surprised if it is the largest clientèle of desperate cases the world ever saw, for a large proportion of his practice is made up of the failures of other men.

His perinæum work is done in the same way and for complete tears, it is the most certain as well as the most perfect of all plastic operations, and with some modifications of it in those subcutaneous muscular breakages of which we now hear so much, I believe it will prove equally good. So you see, my dear Bernays, that the shadow must follow the light and that great eminence always means opposition. Galileo had his Loreni, Michael Angelo his Banslinelli, Harvey his Riolauns and all who attempt to scale the same dizzy heights must expect to do it at the expense of the friendship of most of those over whom their shadow falls.

The clamor which these people raise is merely the crucible in which the work of these artists is tested.

The hotter the fire the purer the gold and that Lawson Tait's labors will come from the furnace pure and everlasting is the belief of

Your friend,

ARTHUR W. JOHNSTONE.

The next Italian Congress of Medicine will take place at Pavia, Sept. 19-24, 1887.

The American Dermatological Association will hold its next annual meeting at Baltimore, Aug. 31st and Sept. 1st and 2d prox. Dr. H. G. Piffard, of New York, is the president.

The American Ophthalmological Society elected the following officers to serve for the ensuing year: President, Dr. William F. Norris; Vice-President, Dr. Hasket Derby; Secretary and Treasurer, Dr. O. F. Wadsworth; Corresponding Secretary, Dr. J. S. Prout.

[Sept.,

Editorial Department.

FRANK L. JAMES, PH. D., M. D., and A. H. OHMANN-DUMESNIL,
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Mo.

THE INTERNATIONAL MEDICAL CONGRESS.

Before many days are over, the Ninth International Medical Congress will have assembled. A fair attendance of distinguished foreign gentlemen is assured; a varied and interesting programme has been published and it is pretty certain that the financial backing will be amply sufficient. What is desired now is a full representation of the American profession, and this can only be secured by a large attendance. With reduced railroad and hotel fares, and the rapid means of travel now at our command, there can be no excuse for non-attendance at so important a medical meeting.

It is twenty-one years since the Congress met in this country and, unfortunately, the meeting then held at Philadelphia, was not a pronounced success. This, in great part, accounts for the backwardness exhibited by Europeans in attending the present Congress. If we can show them that we can achieve a success this time, we need never fear any such trouble again. Of course, the squabbling which was indulged in by some of the leaders of opposing factions, has been very detrimental to the interests of the Congress; but, despite this, it can be made a success if all unite in the effort to do so.

This may entail a little more labor on the part of those who work in its interests, but theirs will be the greater honor in making a success, and, should such an unexpected contingency as a failure arise, they have labored in a good cause, and will have no occasion to be ashamed of having taken an active interest in the Congress.

We have spoken frequently upon this subject, and whatever personal feelings individuals may have as to minor matters, we still hold that it is the duty of all, as Americans and as representatives of the medical profession, to do all in their power to make the Congress a success in every possible way.

PROPRIETARY MEDICINES—SHOULD PHYSICIANS PRE-SCRIBE AND RECOMMEND THEM?

“Should the physician use in his daily practice a ‘proprietary’ medicine? Can he, as a reputable practitioner, recommend these preparations in his correspondence with medical journals, without lowering the dignity of his profession or making himself amenable to discipline for a violation of time honored principles of medical ethics?”

These questions have been put to this JOURNAL, and perhaps to others, with the request that they be answered editorially; and while, as put, they are very broad, admitting of much latitude in replying, we think we but voice the general opinion of those who have given the subject any thought, in answering both of them, in a general way, in the affirmative.

The gist of the whole matter depends upon what is meant by the term “proprietary medicine.” In its limited and best sense we understand by the term a remedy of which the ingredients and their proportions are made known to the profession, and the trade or proprietary name of which is alone protected by law. When such preparations are made exclusively for the use of the medical profession, and are advertised exclusively in medical journals, we cannot see any possible lowering of professional dignity or deviation from “time honored principles of medical ethics” on the part of the physician who uses them in his daily practice or who recommends them in his communications to medical journals.

The name, in this class of proprietary medicines, is to be re-

garded simply as the guinea's stamp—a guarantee of the purity and genuineness of the product, and the registration of it—patenting it, if you please, is as much for the protection of the physicians who use it as for the parties who manufacture the remedy. It in no sense makes the drug a “patent medicine” any more than does the writing of “Fairchild” before pepsin, “Merck” before or after an alkaloid, or “Schering” or “Squibb” before chloroform, transfer these chemicals into that category. These men—Merck, Schering, Fairchild, Squibb, and a few others, have devoted their lives and spent enormous sums of money in making their products the purest and best that can be attained by human honesty and human ingenuity; and as a reward their names attached in *copyrighted labels* to their chemicals stand as a perpetual guarantee to the physician and patient against the fraud and greed of less honest manufacturers, and it would be a great injustice to them as well as to the profession and public to deprive them of this guarantee.

The question may be, and frequently is asked by the purists, usually by the very old, or by very young members of the medical or pharmaceutical profession aspiring to be considered very scientific, “why should a physician resort to these ready-made prescriptions at all? Why does he not draw upon his own knowledge of applied therapeutics and write out his own formulæ in every case? Why does he prescribe this one's sugar-coated pills or that one's gelatin covered granules?”

Why, indeed? Simply because he knows that these articles, being made in vast quantities, by improved apparatus and appliances, manipulated by highly trained and educated employees, and directed by skilled chemists, can be made better, more accurately and far cheaper than they could be compounded by the most skillful prescriptionist. He does it for the same reason that he buys a watch ready made from the jeweler, or a buggy ready made from the carriage maker.

The most serious charge that is brought against the makers of some of the best known, most valuable and most frequently used proprietary medicines, is that the formulæ given by the manufacturers are not the true ones, or as Dr. Craighill, of Lynchburg, Va., in a paper read before the Virginia Pharmaceutical Association, at its last May meeting, (published in the *Virginia Medical Monthly* for June, 1887), puts it “a patented proprietary remedy which professes to publish its formulary *but does not.*”

If this charge were true, it would indeed be a grave one and a just cause for the banishment of such medicines from the list of those which the physician may use "without lowering the standard of professional dignity," etc.

But when we examine into the matter, we find the sole ground for the charge to be that when the ingredients as named are put together by the physician himself, or by the prescriptionist, off-hand, though it may be *secundum artem*, the result frequently differs very widely from the preparation which it is intended to imitate. This fact would go far to prove the charge did we not remember that in all chemical processes *manipulation* has a great deal to do with results, and that the *element of time* has a value that nothing else can supply. A mixture in which no amount of shaking will produce combination or solution off-hand, or no amount of filtration will clarify, will frequently become perfectly limpid when given the requisite length of time. We are informed by Mr. Lambert that Listerine requires eleven days in its preparation, and Messrs. Battle & Co. tell us that Bromidia, for instance, requires six days for the thorough combination of its ingredients. We have no doubt that many other such remedies require even more time for their perfection, and no amount of skill on the part of the pharmacist can possibly make up for this element in their preparation. These facts are fully recognized in France and Germany, and we find the highest class of the medical journals of these countries full of advertisements and notices of preparations exactly analogous to our proprietary remedies.

Such is Fame, Indeed!—Not long ago, under the heading, "Coals to Newcastle," we noted the travels of an item from this JOURNAL which had been appropriated by various foreign journals and finally got back into English accredited to one of the thieves. It was a condensation of a paper by Dr. Prince A. Morrow, whose name was twisted by the French, German and Italian cribbers into such shape that his own mother would not have recognized it. The same gentleman is now quoted by the *Lyon Médical* (on the treatment of favus) as DR. PRINCE A. MORROE. Such, to use Dr. Morrow's own words in regard to the other item, is fame!

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

Cole's Studies.—After a recess of several months, the publishers of this series of microscopical brochures (accompanied by slides of the material described in the text), Mess. J. G. Hammond & Co., of Birmingham, England, have issued the remaining numbers of the series of 1887, viz.: numbers 10, 11 and 12 of each section. Section 1 (botanical histology) embraces in this fasciculum the resin glands of *psorulia hirta*, petiole of ivy, and a section of young twig of *aristolochia siphon*. Section 2 (animal histology) embraces the ovotestis of Roman snail, liver fluke and a ripe section of tape-worm (*Tenia mediocanellata*). Section 3 (pathological histology) illustrates the embolic infarct of kidney, tubercular renal phthisis, and epithelioma of kidney. Section 4 consists of objects for popular study or examination with the microscope, the present numbers including the seed of the sun-ray, the odontophore of *cyclostoma elegans*, and *tingis hystericellus*. We cannot say too much in praise of the value of these publications and preparations, and especially of those of section three (pathological histology), to practical students of microscopy. This section is invaluable to the physician learning the use of the microscope in a clinical way, as it gives him an actual standard with which to compare his own preparations and thus enables him to make a diagnosis in doubtful cases. They may be had through Messrs. Queen & Co., of Philadelphia, who are the sole agents in America of the publishers.

Typhoid Bacillus of Erb.—At the séance of July 27th, of the Société des Sciences Médicales de Lyon, M. Rodet presented some slides made from the sediment of drinking waters in places recently decimated by typhoid fever, and at the same time some mounts prepared from a mesenteric ganglion of one of the deceased typhoid patients. In all of them the typhoid bacillus of Erb was present in great quantity and the bacilli in the sediment-

ary mounts were identical with those in the mounts of mesenteric ganglion, thus going far to prove the fact that Erb's is the true bacillus of typhoid.

A Protoplasmic Reticulum.—Under this heading, Dr. C. H. Stowell, of the University of Michigan, and whose magnificent work on the Human Tooth was noticed by us some time ago, reviews the recent articles in *Dental Cosmos* of Prof. Abbott, Dr. Allen and Dr. Andrews, on the reticulum which Heitzmann professes to have discovered in all of the tissues of the human body, the teeth not excepted. The first mentioned of these writers (Dr. Abbott) is a devoted pupil of Heitzmann, and declares in the article published by him (in *Dental Cosmos* for April, 1887) that he has found this delicate protoplasmic reticulum even in the enamel of the tooth, just as Heitzmann has figured it in his book. The two latter gentlemen, on the contrary, examining Dr. Abbott's specimens independently, and with the very best lenses and appliances obtainable, were utterly unable to find Heitzmann's reticulum or anything like it. In this they agree with the position long ago taken by Dr. Stowell, and maintained up to the present time, Heitzmann to the contrary notwithstanding. I must confess, as stated in these pages some years ago, that I have never been able to see the reticulum, so beautifully figured by Heitzmann, *except when my instrument was a little out of focus*. Then indeed something of the appearances found by him were to be observed.

Per-ruthenic Acid, a new Staining Agent.—M. Ranvier, to whom we owe so much of our knowledge of the value and uses of perosmic acid in histological and pathological microscopy, has recently introduced per-ruthenic acid as a reagent in the study of the vacuoles of the calciform cells. A portion of the retrolingual membrane of a frog stained with the new agent was exhibited at the séance of July 18th, last, of the Société de Biologie. The preparation had been kept 10 hours in osmic acid solution before being transferred to the solution of per-ruthenic acid, where it remained only three minutes. The vacuole cells became perfectly black under the treatment and were beautifully sharp and clear. [Per-ruthenic acid ($H_2 Ru_2 O_7$), up to very recently at least, has never been obtained in a free state, nor has the corresponding oxide ($Ru_2 O_7$) been separated. It is one of the hypothetical acids, and I am curious to know

when and how Prof. Ranvier obtained it. Potassium per-ruthenate is a black, shining salt, well enough known to chemists, and as it makes a black solution, it is possible that this salt has been used as the reagent. F. L. J.]

The American Society of Microscopists.—Before this shall have reached most of our readers the American Society of Microscopists will have convened in their tenth annual gathering. The place of meeting is, as stated hitherto, Pittsburgh, Pa., no longer the Smoky but now the Iron City, one of the liveliest, most bustling and beautiful cities in the world. The local society—the Iron City Microscopical Club—have taken the matter of preliminary arrangements in hand, and so far as we may judge by the letters and circulars received from them, have certainly put their house in most admirable order for the entertainment of visitors. We shall have a representative present, and all that is of interest to medical microscopists will be promptly reported in the October JOURNAL.

Bacillus Anthracis.—We have received from Dr. C. M. Mouser of San Francisco, Cal., a slide of kidney and one of lung of guinea pig showing *bacillus anthracis in situ*. The sections are elegant and the stainings perfect. Our only regret is that owing to rough handling in the express office the slides were broken in transit. There must be some one in the San Francisco post office or in some intermediate office who is a fancier of microscopic specimens, as a former lot of slides sent by Dr. Mouser, and one sent by us in return, failed to reach their destination. We do not blame anybody, however, for wanting to get hold of Dr. Mouser's specimens, as they are simply elegant.

Slides of Salicine.—When, some months ago, I made note of the fact that I had hit upon the method of reduplicating the astonishingly beautiful slides of salicine accidentally made some years ago, I had little idea of the possibilities of that alkaloid in the way of strange and gorgeous groupings. Some of my later experiments in this direction have resulted in slides utterly throwing into the shade all former successes. The human eye never before dwelt on so wonderful and gorgeous phenomena as are presented in some of these latest slides. All laws and rules of crystallization seem to be set aside, and the material runs riot in

its bewildering forms and combinations. The most beautiful auroras and most brilliant pyrotechnics fade into insignificance alongside of some of the latest results.

CLINICAL MICROSCOPICAL TECHNOLOGY.

VII. URINARY EXAMINATIONS—PARASITES AND FUNGI.

§ XXII. THE TECHNIQUE in such examinations (i. e. the direct method) is very simple. A drop of the urine is carried to the slide either with a capillary pipette or on the end of a glass rod and immediately covered with a clean cover glass. A most excellent device for this purpose is a bit of platinum wire, looped at the end in a circle from one-eighth to three-sixteenths of an inch in diameter. The wire being of platinum does not corrode and it can always be thoroughly cleaned by holding it for a few moments in the flame of a lamp.

For all ordinary examinations the plain glass slip will be found amply sufficient, and it may be used either with or without the cement ring. When the latter is employed it should be quite shallow, or of a depth secured by one touch of the pencil as the slip revolves on the turn-table.

Where a closer examination is desired as, for instance, when one wishes to observe the movements of the elements, sporulation, development, etc., another form of slip is necessary, viz: one of the various forms of life-slide. There are a number of these devices made by the instrument makers, and to be found in their illustrated catalogues. The best, in my opinion, is that in which the humid chamber consists of an annular depression or furrow cut into the slip. The surface of the central button which is left is polished down so as to leave a minute space between it and the cover-glass when the latter is applied. This arrangement gives abundant space for the multiplication of the organisms and at the same time secures a thin layer of fluid for examination. The student can easily make one of these slides for himself by cementing, with balsam or damar, a thick half-inch round cover-glass to the centre of a slip and then spinning a ring with zinc cement around it, leaving a space of at least an eighth of an inch between the ring and the cover-glass. The ring

should be the least trifle higher than the surface of the cover-glass, as explained above.

§ XXIII. EXAMINATION WITH REAGENTS. The technique of the examination of urine for specific or pathogenic bacteria will be entered into more fully under the general heading of Bacteriological Examination of Fluids, as the processes are essentially the same in all fluids where staining, etc. must be resorted to. Without desiring to anticipate these points, however, I will close the technology of urinary examinations by describing a ready method for the fixation of morphological urinary deposits upon the slide when it is desired to resort to differential staining, as in the search for bacillus tuberculosis, gonococci, etc.

After the deposit has been freed, as far as possible, from the supernatant fluid, the latter is partly replaced by a solution of egg albumen in distilled water, about one part of the former to three or four of the latter. The vessel containing the deposit is gently rotated or agitated for a few moments so as to distribute the latter throughout the added albuminous fluid. It is then allowed to stand in a quiet place until the sediment has again subsided, when the superfluous fluid is drawn off. A drop of the sediment can now be withdrawn by a pipette, evenly spread over a cover-glass and allowed to dry spontaneously, or the cover-glass may be passed through the flame of a lamp, as in the treatment of sputum for similar preparations. The material is then ready for staining. In this manner I have made some elegant mounts of epithelia and other deposits, showing the bacillus of tubercle excellently stained.

St. Charles County Medical Society.—The regular quarterly meeting of the St. Charles County Medical Society took place on Aug. 16th, at Wentzville, Mo.

On August 15, Gov. Oglesby appointed Dr. H V. Ferrell, of Williamson county, a member of the State Board of Health to succeed Dr. Geo. N. Kreider. resigned. Dr. Ferrell is a graduate of the St. Louis Medical College, and one of the most accomplished medical men in Southern Illinois.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Iodide of Potassium in Psoriasis.—Dr. A. Haslund, physician in chief of the Copenhagen General Hospital, in an exhaustive paper on this subject contributed to the *Vierteljahresschrift fuer Dermatologie und Syphilis*, gives his experience. Fifteen years ago Hebra had condemned the iodine and bromine preparations as entirely useless in the treatment of psoriasis. The only internal medicine of any value, in this disease, was arsenic and is to-day almost universally employed. Dr. Haslund has followed the iodide of potassium treatment in fifty cases and reports his results in a detailed manner. Forty cases were cured and of these twenty-four were men, three women, six boys and seven girls. The length of treatment lasted in these cases from seventeen days to fifteen weeks. The amount of the drug taken in single cases varied from one-hundred and sixty grammes (5 ounces) to 1520 grammes (47.5 ounces). The rule which has been followed in administering the drug is as follows: A solution of iodide of potassium in water one in twenty is ordered and a tablespoonful of this given four times daily. Small children are given a solution one-half of this strength to begin with. In two or three days six doses are given; in a couple of days later eight doses and so on, until the patient takes twelve tablespoonfuls a day. After this the solution is increased, every second or third day, by making it one one-hundredth stronger. The only serious case of iodism observed was in a man who was thirty-seven years old. The author concludes that iodide of potassium, in large doses, is a remedy possessed of tolerable certainty to heal the eruption of psoriasis, and there is no remedy with which we are acquainted, which, administered internally, will produce results in such a short time. In regard to relapses the author says

nothing of a positive nature, as he has not had a sufficient length of time to observe the cases he has treated.

Double Zoster.—Whilst zona or herpes zoster is not a rare disease, the double form is one which is quite infrequent. In fact, this form is looked upon as so infrequent among the laity, that there is a common saying that when "shingles" encircles the body death is certain. At a late meeting of the New York Dermatological Society a number of such cases were reported (*Journal of Cutaneous and Genito-Urinary Diseases*). The following were the principal cases reported: Zoster, occupying both sides of the neck, double facial zoster, abdominal zoster on one side and thoracic on the other, double ophthalmic zoster, double abdominal zoster, abdominal zoster on one side and gluteal on the other, etc. Zoster of the extremities has been observed by a number and a number of interesting cases were reported such as zoster gangrenosa. Among the complications of zoster which were mentioned, were iritis, paralysis, gangrene, persistent pruritus which lasted several years, etc.

Horny Growth of the Penis.—Horny growths of the penis are somewhat of a rarity. Fourteen cases have been accurately described, whilst some others have been vaguely referred to by some authors. The latest contribution to this subject is by Dr. Jno. H. Brinton, in the *Medical News*. The case reported occurred in a farmer, aged 62, and the horn had been growing for more than four years, it having originated in a large wart which itched greatly at times. On examination the horny growth was found to spring from the base of the glans, at its coronal border and was firmly attached to both the glans and prepuce. It was one and seven-eighths inches long, one and three-eighths in circumference at the base, curving forward and tapering slightly. On the dorsum, about a half inch in front of the corona, a plate of horny tissue, varying in width from one to three-quarters of an inch, encircled the end of the glans. This covered the glans, had destroyed the frenum and narrowed the meatus to a pinpoint. Amputation of the glans behind the corona was practiced. Rapid recovery took place. The growth was found, on microscopic examination, to consist of densely packed epithelial cells of the squamous variety in a dry and shrivelled state.

Syphilitic Origin of Interstitial Keratitis.—Modern syphilographers have paid much attention to the clinical aspects

of hereditary syphilis and the affections of the eyes observed in this disease have particularly engaged oculists in accurately recording them. As a result of these combined observations many new facts are being daily added to what we already know with some degree of positive confidence. The fact that interstitial keratitis is one of these signs is not yet established positively but all thorough clinical observations tend to confirm Hutchinson's views on the subject. Dr. A. Trousseau has lately made a series of observations, the results of which, together with elaborate tabulations, we find in the *Annales de Dermatologie et de Syphiligraphie*. He bases the following conclusions upon the material he has studied: He thinks that, before long, the heredito-syphilitic origin of interstitial keratitis will be firmly established. In no case has any other cause been found, except malnutrition or rather deficiency of nutrition, the cachexia which itself is due to syphilis. This simply means that the keratitis is of syphilitic origin, for as Fournier has said, syphilis does not produce syphilis solely, but brings about a general disturbance of the organism which is responsible for the effects produced.

Reaction of Gonorrhœal Pus.—M. P. Aubert has written a series of editorials in *Lyon Médical* on the above subject and he concludes that the gonococcus develops with the most intensity and persistence on surfaces whose reaction is normally alkaline, such as the eye, urethra, uterus, ovular and seminal ducts. The pus itself, either on account of an inherent quality or of the medium in which it propagates, is alkaline in reaction. The alkalinity of synovial fluid would then account for gonorrhœal rheumatism. In the bladder, where the acidity of the urine neutralizes the alkalinity of the mucus, the gonococcus is not so persistent as in the urethra. The mucous membrane of the glans, which is acid, as also that of the vulva and vagina, although in constant contact with the pus from the urethra and uterus, is an unfavorable soil for the evolution of the gonococcus. The nasal cavity is an exception to this rule, as it is alkaline and does not seem to be affected by gonorrhœal pus. The explanation of this apparent anomaly may be that it is more difficult to convey the gonorrhœal pus to the nasal cavity. Mr. Edwards has reported a case in the *London Lancet* for 1851, Hölden also speaks of it. Not only this but Hölden states in his *Lehrbuch der Venerischen Krankheiten* that he observed it in the mouth and other authors have confirmed this. Morrison (in the *Bulletin*

Médical du Nord, 1874) observed a case of gonorrhœa of the umbilicus. In all of these localities the reaction is alkaline. This would tend to support M. Aubert's view of the subject, in general, but proves that he has not devoted sufficient attention to the topography of this disease.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXIII. PURPURA.

This disease as it affects the skin is one which is seen quite frequently as a symptom of grave general conditions, such as typhoid fever. In dermatology, however, as a general rule, three varieties only are taken into consideration, viz: purpura simplex, purpura rheumatica (*peliosis rheumatica*), and purpura hæmorrhagica or morbus maculosus Werlhoffi. These three varieties seem to be rather different in the degree of intensity in which they occur as also in the varying severity of the accompanying symptoms and conditions.

Purpura simplex occurs in the form of pink or purplish macules or papules which vary in size from a pin's point, almost, to a split pea. They are at first discrete; but, in a short time, they tend to coalesce and then form patches of irregular size and shape and having a purplish color. The principal area of distribution is on the legs, more especially the flexor surface of the thigh and frequently it extends over the buttocks. The arms are also the seat of the disease which, in fact may extend to any portion of the integument. It is generally limited to the localities already mentioned. The patches, after a certain lapse of time, change color, becoming yellowish, greenish, etc. and resembling the different stages of absorption seen in subcutaneous effusions of blood.

Peliosis rheumatica is so called because it is always associated with rheumatism. The eruption generally appears in the neighborhood of the affected joints, although it is also frequently

found affecting some other portion, such as the abdomen. The lesions are smooth about the size of the nail and in color the same as in the simple form of purpura.

Purpura hæmorrhagica is the most severe form we are called upon to treat. In fact, it is an exaggeration of the simple form. The lesions are larger, more widely distributed and, in addition hæmorrhages from the mucous membranes occur. The nose, mouth, gums, bowels, etc. bleed freely and sometimes so profusely as to endanger the life of the patient. This tendency to bleed may be so marked as to show itself in an exudation of blood from the macules through the skin and upon its surface.

There is not much difficulty in making a diagnosis. The simple form can be easily differentiated from syphilitic roseola by the difference in color and from the fact that, in purpura, the macules occur in successive crops. Besides this, the color gradually changes as absorption goes on. From flea-bites it may be distinguished by the fact that the small central punctum, indicative of where the animal's proboscis enters, is wanting. Besides, the macules of purpura are not so red in appearance and fresh ones show themselves every day, for some time. The hæmorrhagic form might be confounded with scurvy, but here the history will prove sufficient to enable the observer to discriminate properly between the two.

Purpura may last but a few days, in its light form, or it may continue for months when the disease is severe. It generally lasts a couple of weeks or more, in ordinary cases.

Purpuric spots are an accompaniment of a number of diseases and are seen in the exanthemata occasionally. As they depend upon the general condition in those cases, they do not possess any particular importance, unless it is an indication of the severity of the disease which is present.

No adequate cause has been found for purpura. It is more often observed in the old, although the hæmorrhagic variety is seen in children. Purpura is sometimes noticed at birth. It is generally indicative of a lowered general condition. When seen in children it is usually in those whose surroundings are bad, from a hygienic point of view.

This disease is in the nature of an extravasation of blood which occurs in the corium. Later an absorption takes place gradually and when complete no indications exist of its former presence. The size and shape of the macules depend upon the

facility with which the exuded blood can distribute itself. At times, the blood is found in the connective tissue, immediately under the skin; at other times this extravasation is periglandular.

As far as treatment is concerned, it is to be general, and adapted to each particular case. Iron, quinine and the mineral acids act well, and ergot exercises some influence upon the escape of blood from the vessels. Cold baths should be taken, as well as the best of food. The best hygienic conditions should be enforced. Where rheumatism is present it should be treated in the best manner possible. In purpura hæmorrhagica, treatment should be prompt. The condition should be carefully noted and the patient closely watched. Where the effusion seems to be considerable, astringent washes may be used locally, or ice may be applied to prevent a continuance of the process. Ice water enemata have been used for the hæmorrhage from the bowels. The treatment is that indicated by the general condition and which is best calculated to arrest the general hæmorrhage which seems to be going on.

The prognosis in this disease is, of course, to be based upon the symptoms in each individual case. In the simple form it is good. Under proper treatment, the patient will recover in a short time. Peliosis rheumatica is stubborn to all treatment, just as its cause (rheumatism) is. In the hæmorrhagic form of purpura, the physician should always be guarded in expressing an opinion as to the future course of the case. Sometimes death occurs in a very short time, and, in the majority of cases, the condition is a very grave one and likely to recur. The process itself is one which seriously affects the patient and it is but a small percentage of cases that recover completely.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Globular Glass and Silver Shells Inserted after Evisceration.—Recently hollow glass balls of spherical form and proper size have been inserted into eviscerated eyeballs, and the

sclerotic stitched over them for the purpose of preventing the gutted ball from collapsing. The glass, being non-irritating and non-corrosive, makes a good material for an artificial vitreous humor. Mr. W. P. Keall has recently used hollow silver spheres for this purpose in two cases, and reports (Bristol General Hospital Report) them successful. A proper incision was made through the sclerotic and the eye-balls completely eviscerated. The silver shells were at once inserted and the sclerotic and conjunctiva nicely stitched over them. No pain followed and all irritation soon disappeared. It remains to be seen whether glass or silver balls will make the best substitute for vitreous humors.

Treatment of Tobacco and Whisky Amblyopia.—The habitual use of either whisky or tobacco often causes a high degree of amblyopia, and sometimes total blindness. When both are used simultaneously the poisonous effects develop more promptly. The bad effects of tobacco result from smoking, never from chewing, strange as it may seem.

Whisky amblyopia develops only in the habitual and regular drinker, never in the man who only occasionally gets drunk. The long continued use of either or both together, necessarily must precede the involvement of vision.

In these cases the body is so saturated with nicotine or alcohol, or both, that the retinae and optic nerves, and possibly the brain are so *blunted* that they simply fail to perform their functions. Sometimes the optic nerves are congested, at others they are blanched, and then again, the appearance of the whole fundus may be perfectly normal. The diagnosis can only be made from a correct knowledge of the individual's habits.

The *treatment* consists simply in prohibiting absolutely the use of both articles. Gradual cessation of the habits, however, is better than quitting suddenly. It is not every person that can withstand the shock of suddenly giving up such powerful nervines. I usually allow ten days to stop in.

If such a patient chews, he may be allowed to continue that "nasty luxury" as it does not seem to poison the system in any way.

These cases all get well if they will faithfully give up smoking and drinking. Medication is unnecessary unless it be for other conditions than the amblyopia.

Diagnosis and Treatment of Keratitis.—Inflammation of the cornea is manifested subjectively by pain, photophobia and profuse lachrymation, and often imperfection of vision, as when the keratitis happens to be central.

Objectively we find conjunctival congestion and the point or points of inflammation will present a gray appearance, from exudation of lymph in the superficial layers of the cornea. At first the surface of the cornea is unbroken, showing no loss of substance; soon the whitish infiltration breaks down and sloughs away. Now there is a visible loss of substance in the corneal surface, and the keratitis has passed over into ulceration of the cornea, which always implies more or less loss of substance.

Keratitis, therefore, may be regarded as the beginning, or primary stage, of ulceration. It follows that inflammation and ulceration of the cornea require the same treatment, being different stages of the same disease.

The proper treatment is simple and can be briefly given: In giving the treatment for burns of the cornea, I stated that atropine sulphate, when used locally in solution, exerts apparently a specific action on all inflammatory diseases of the cornea. Burns of the cornea are only traumatic keratites, or traumatic ulcerations, as the case may be. The treatment of keratitis, therefore, consists in the local use of a solution of atropine sulphate, 4 grs. to the ounce of water, for a grown person. This is to be dropped into the eye three to five times a day, according to the severity of the inflammation. Ordinarily this is the only remedy necessary to be used, the keratitis healing rapidly under its use. In severe cases, where the pain persists in spite of the atropine solution, about the same amount of cocaine hydrochlorate may be added to the atropine solution. This latter has no other effect than to control the suffering. Before the latter came into use, I was in the habit of giving in these persistently painful cases, quinine and opium combined. Otherwise I give no internal medication, if the patient is healthy.

I do not tie the eyes up, as I believe it has a bad effect by confining the secretions and keeping the eyes too hot.

To guard against the strong light, I have patients wear deep smoked glasses or ordinary shades. Ordinarily, the treatment of keratitis gives satisfactory results, as it usually gets rapidly well. Astringents and irritants must never be used in keratitis.

Cataracta Pyramidalis Hereditary for Several Generations.—Some time since, I examined a gentleman of this city, about 50 years old, for selection of proper glasses. In the course of the examination, I discovered a small, white, round spot in the center of the anterior capsule of both lenses. They were so small they did not perceptibly interfere with vision. On close inspection I found the spots were apparently on the surface of the capsules and were pyramidal in form, constituting typical *cataractæ pyramidales*. The gentleman stated that he was born with these white spots in his eyes, and that they had not changed a particle since his birth. The history of his family showed that these white spots were present in several generations, being always congenital and never changing in the least. The father had exactly similar spots in both eyes; one brother, two sisters, and all three of his own children have the same appearances. Occurring in so many of the family, shows positively that the trouble is hereditary. I never knew of such spots descending from progenitors to offspring before.

Pyramidal cataract was hitherto supposed to be the result of an accident and not inherited. The history of the above family would seem to show that we must change our notions of the nature and cause of *cataracta pyramidalis*. Heretofore these spots on the anterior capsule have been attributed to a central perforating ulcer of the cornea, letting the aqueous escape and allowing the lens to come up against the posterior surface of the cornea. Lymph from the ulcer is deposited upon the capsule. When the ulcer heals, the lens is pushed back into its proper place and a dab of lymph remains on its surface. Thus *cataracta pyramidalis* is supposed to be formed. It is easy to understand that such an accident is not likely to occur in both eyes and certainly can never be inherited.

I never did believe that this explanation applied to all cases of this form of cataract; certainly it cannot be made to apply to the above family, where the trouble is unquestionably hereditary. I can give no satisfactory explanation.

A Number of Calculi from a man's spleen were lately presented to the New York Pathological Society, by Dr. W. H. Porter. No stones were found anywhere else in the body and the case was regarded as unique.

Medical Progress.

THERAPEUTICS.

Tincture of Iodine as a Revulsive.—*La Normandie Médicale* says that when poured upon a little pledget of absorbent cotton and held tightly against the skin, tincture of iodine is a rapid, energetic and certain revulsive. An effect but little short of actual blistering is thus obtained in from ten minutes to a quarter of an hour.

To Administer Castor Oil and mask its taste, M. Leger recommends (in the *Revue de Thérapeutique*) emulsionizing it with casein (which when pure has the property of thus combining with oils, essences and resins). His formula is as follows:

Castor Oil.....	15 parts.
Cherry-laurel water	5 “
Distilled water.....	100 “

Saccharated casein sufficient to make an emulsion.

Subcutaneous Injections of Calomel and the yellow oxide of mercury are vigorously condemned by M. Delpech in a communication to the Société de Thérapeutique. He says that the substances thus brought into the alkaline chlorides of the body are slowly converted into mercuric chloride and that the latter is sure sooner or later to cause nodosities in the subcutaneous cellular tissue and neuralgias of the nerves in the immediate neighborhood of the injections.

Compound Wine of Creosote.—Fraenkel recommends the following in the incipency of pulmonary tuberculosis, where the temperature does not range above 101°-102° F.:

℞ Creosote	ʒiiss.
Tinct. of Gentian	ʒj.
Alcohol	ʒviij.
Sherry wine enough to make.....	Oij.

M.

The remedy should be administered in doses of a half ounce two or three times a day.

Acetanilid in Epilepsy.—M. Mabile and Dr. Ramadier have communicated to the Société Medico-Psychologique the results of their experiences with acetanilid in the treatment of epilepsy. The remedy when administered in doses gradually augmented from a minimum up to 45 grains daily to men, and 40 grains to women, has proven entirely inefficacious in every instance. Not only this, but the drug produces a cyanosing which is alarming to onlookers to say the least. They, however, admit that they could discover no bad sequelæ in the 22 cases (11 male and a like number of female epileptics) experimented upon. M. Lépine, on the contrary, declares that in every case of vertiginous epilepsy in which he administered acetanilid he had good results. He makes light of the cyanosis of the face, and attributes it to a rapid conversion of oxyhæmoglobin into methæmoglobin, not dangerous in the slightest degree.

Instantaneous Cure of Rheumatical Lumbago.—Prof. Germain Sée relates a case of rheumatical lumbago treated by him at the Hôtel Dieu, (Salle Augustin, bed 18) in which an instantaneous cure was made by subcutaneous injection of 8 grains of antipyrin. The man had suffered constantly for four days before treatment and was not able to move from the bed. The lumbago disappeared with the very first injection and never returned, though the remedy was continued for a few days as a precaution against relapse. In other cases of articular rheumatism (of the fingers, toes, etc) the remedy, while not instantaneous, was rapid and sure. [Some years ago a patient of mine, Maj. John T. Burns, ex-comptroller of the State of Georgia, after suffering for three days with rheumatical lumbago, was instantly and permanently relieved by two hypodermic injections of bisulphate of quinine, each injection containing 8 grains of the salt.—F. L. J.]

Antipyrine Hypodermically as a Substitute for Morphine.—In a communication to the Académie des Sciences M. Germain Sée insists upon the advantages of antipyrine employed subcutaneously as an anodyne in the place of morphine. Seven and a half or eight grains of antipyrine, dissolved in as many minims of distilled water, is quite sufficient, says the author to quiet pain from whatever cause it may arise. The injection causes some pain, but this rapidly vanishes. M. Sée has used the remedy with uniform success in neuralgias, acute inflammatory rheumatism, the fulgurating pains of ataxia, hepatic and neph-

ritic colics, anginas of the chest and in asthmatic oppressions. In short, there exists no form of pain relievable by morphine which cannot be subdued equally as well and rapidly by anti-pyrine.

Methylal as a Hypnotic in Mental Diseases.—Since the paper of Personalì, on this subject, presented to the Academy of Medicine of Turin, in October, 1886, and a note of which was made by us at the time, a very large number of experiments have been made by that author in Italy, and by Mairèt and Combemale, in France, on the value of the new hypnotic in the insomnia of dementia and other forms of mental disease. The results are in every way highly gratifying and determine beyond doubt that when administered in doses of from 90 minims to 2 fluid drachms, sound physiological sleep of several hours duration is sure to follow. In the *Progrès Médical* for July 2d, 1887, there is a very exhaustive paper on the subject detailing the results of a very large number of experiments, almost without a failure. Methylal is not, however, as many of our cotemporaries seem to think, a new chemical. It has been known for a long time as formal or methene dimethylate, and it is formed by the oxidation of wood spirits with manganese dioxide and sulphuric acid. It dissolves in 3 parts of water and mixes readily with alcohol and ether.

Garlic as a Dressing for Wounds.—In last month's JOURNAL note was made of the old Arabian treatment of migraine, which consisted of putting a clove of garlic into an incision made through the skin of the temple on the afflicted side of the head. The item calls to mind the treatment in vogue among the 'dago' fishermen of the Gulf coast in cases of injury from the fin of the catfish and of the sting (caudal fin) of the stingaree or sting-ray. During the war the writer was thrown a great deal among these men and frequently witnessed their method of dealing with such wounds. As is well known, the injuries inflicted by the fins of the fish alluded to are very painful and hard to treat by ordinary methods. Those of the sting-ray are especially so, the fin being barbed and also covered with a peculiarly irritating slime. The 'dago' fishermen when wounded take two or three cloves of garlic and bruise them with a little olive oil into a smooth paste. This they force into the wound with a quill or smooth stick, cramming in the material until the lesion is quite full. A poultice

of the same material is then applied and the wound tied up. The dressing is not removed for forty-eight hours when the injury is usually found to be healed. In the dozens of times in which the writer has seen the method used he has never known a single failure.

PATHOLOGICAL AND PHYSIOLOGICAL.

Incubation and Transmission of Endemic Parotitis.—The studies of Dr. Roth in this direction (says the *Boston Medical and Surgical Journal*), based upon three cases in his practice aid in establishing the time of incubation and the manner of transmission of mumps. The period of incubation in all three cases was eighteen days. The first case was caused by actual contact; in the second, the infectious material was apparently brought by the physician himself from a patient in the hospital to another patient in his home; in the third case, the patient used the same bedding which had previously been used by a patient with parotitis.

Urobilinuria.—M. Hayem presented a very exhaustive study of this condition to the Société Médicale des Hôpitaux, of Paris, at the meeting of July 22d. This name is given to that morbid condition wherein abnormal excess of urobilin is constantly present in the urine, either intermittently or constantly. The substance is found either alone or in combination with biliary pigment, as a phenomenon of certain intoxications, maladies of the liver, cerebral affections, in certain chronic maladies and frequently in the acute stage of the same diseases. It is usually accompanied by a venous stasis of the liver, a light catarrh of the biliary passages, with infiltration or fatty degeneration of the hepatic cellule. Alone it cannot produce icterus. Its origin is traced by M. Hayem to the altered liver, which instead of producing the normal pigments, fabricates urobilin, which as indicated by certain clinical facts, passes directly from the biliary viæ into the blood.

Nasal Vertigo.—Dr. Joal, of Mont-Doré, maintains that there is a vertigo belonging to the group of reflex vertigos (gastric, uterine, laryngeal, etc.) due to nasal conditions or lesions—a veritable *vertigo a naso læso*. Irritation of the filaments of the trigeminal is the cause of this vertigo, as also of other nasal

reflexes, the irritation being transmitted by means of the sphenopalatine ganglion to the vaso-motors, whence we have circumscribed anæmia of the brain, and hence vertigo. The causes of irritation may be odors, irritating vapors or powders (snuff, for instance), acute coryzas, chronic catarrh (especially in hypertrophic form), mucous polyps, and finally catarrh of the posterior nasal cavity. These reflexes are developed most frequently among arthritics and the nasal causes are usually of little gravity otherwise. The vertigo itself may be slight or very serious and accompanied by other neuroses (interference of vision, *muscæ volitantes*, etc.), hemicrania, nausea, vomiting, hypochondria, intellectual paresis, spasmodic coughs, crises of dyspnœa, syncope, etc. A diagnosis can only be established by a careful examination of the nasal fossæ.

Toxicity of Strychnine.—Choupe and Pinet, who have for some time past been experimenting with the view of determining the minimum of the lethal dose of strychnine administered hypodermically, announce to the Society of Biology of Paris, that they have determined it to be between 0.24 and 0.25 of a milligram (0.0037 grain) to each kilogram (2 lbs.) weight of the animal experimented upon. The kind of animal, its age, etc., seem to cut little or no figure in the general result. At this rate it would take a little over one-third of a grain of strychnine, administered hypodermically, to kill a man weighing 200 pounds.

Absorption of Salol.—M. Lépine and M. Aubert have made a series of experiments on this point and have reported the result in a paper to the Société des Sciences Médicales de Lyon. This substance, which is a compound of salicylic and carbolic acids, is insoluble in water, and according to the results obtained by the experimenters, when taken internally can be absorbed only when decomposed by the pancreatic juice, and even then absorption is very feeble. If, however, it be dissolved in oil or petrobaselin, and thus injected hypodermically, absorption is rapid and energetic, the salicylic acid being found in the urine in a short period after injection. The conclusion is, therefore, that it should never be administered other than hypodermically, prepared as above.

Vitality of Diphtheria Germs.—An illustration of the great vitality of the toxic germ of diphtheria and the necessity of prolonged isolation in certain cases, is given in a recent paper by

Dauchez (in the *Journal de Médecine de Paris*) who relates there-in the case of a little girl whom he had treated for diphtheria three years ago, and who on the 30th of March last was again attacked with angina. On examining the child the doctor heard a slight croupous rattle and concluded that it would be better to isolate the patient from her brother who had also had diphtheria three years before. In the evening of the same day the child was carried to the hospital where tracheotomy was performed and a croupous membrane removed. The patient made a good recovery and on the 16th of April, or three weeks after operation, she was sent home apparently well, but it was thought best that she still be isolated from the brother. On the 21st of April the father was seized with diphtheria; on the same day the brother, and on the next day the mother was taken down. The author thinks that the sequel justifies him in declaring that three weeks isolation in such cases is insufficient.

Repair of Kidney Substance after Inflammatory Nephrites.—Nauwerk and Ziegler, after an exhaustive series of experiments and observations, some years ago maintained that the reparation of the destructive action of inflammatory processes in nephrites was effected by the cellules entering into karyokinesis. This view has remained unchallenged, but uncorroborated, until recently, when M. M. Cornil and Toupet undertook to review the labors of Cornil and Brault (published in 1870) on the karyokinesis of the epithelial cells and vascular endothelium of the kidney, observed in poisoning by cantharidine. When the animals (guinea-pigs, rabbits and dogs) were rapidly poisoned or killed by a single dose, karyokinesis of these elements was not found, simply because death ensued before it had time to appear. When, however, death was brought about by the frequent injection of very minute doses of cantharidine, so spaced that the lethal effect was secured at the end of several days, an examination of the kidney showed that the epithelial cells of the tubules contained vast numbers of karyokinetic figures, the cells in karyokinesis being ranged between cells in a state of repose, and being distinguished therefrom by the fact that their protoplasm was swollen and transparent, and their form had become spherical or ovoid with characteristic star-shaped nuclei, strongly colored by the staining agent (saffranine)—in short, presenting all of the classic phases of the division of cells.

Elimination of Nitrogen in Urea.—M. Bayrac, a pupil of Lépine, has recently conducted a series of experiments under the direction of Lépine, with the view of determining the relative amount of the nitrogen excreted in the shape of urea as compared with the total amount of that element eliminated through the urine. The following is a summary of the results, as presented by Lépine to the Société des Sciences Médicales de Lyon. In healthy individuals the percentage of nitrogen in the urea varied from 80 to 99 per cent. of its total excretion by the urine. The mean figure is 87, but the percentage varies in the same individual at different hours of the same day. The sum total of no two consecutive days is the same, but, curiously enough, that of every third day coincides with the first, the fourth with the second and so on, the variations between these days being practically nothing. The quantity of the alimentation seems to be a prime factor in the variation—the more nutriment taken by the individual under examination, the greater the difference. A soldier to whom was given exactly the amount of food necessary to support life had an index of 90, while a glutton, who ate more than he could possibly digest, showed only 85. Plentiful ingestion of water augments the proportion, not because it favors the oxidation of the albuminoids, but because under these circumstances the urea passes more easily into the urine than do other incomplete nitrogenous products. The quality of food seems to have no bearing in the matter. Inanition causes a slight lowering of the relative percentage, and, strangely enough, muscular exertion has but a slight effect, so long as it is not carried to the point of fatigue, when there is a considerable lowering (owing to a less active combustion of albuminoids). Antipyretic medicines, like antipyrine, salol, etc., lower the percentage, while acetanilide appears to augment it considerably. [May there not be some connection between the periodicity noted above and the periodicity of the so-called malarial fevers? The action of the antipyretics thus noted, also points suggestively to such a relationship. F. L. J.]

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

An Emetic for Children.—Huchard's formula is as follows:

R Ipecac, in powder	gr. viij to xv
Syrup of violets	℥ i
White linctus	℥ iv

M. To be taken at one dose. The 'white linctus' is the emulsion of almonds, sugar, tragacanth and water of the French Codex, and may be supplanted by the ordinary *mistura amygdala* of the pharmacopœia.

In the Asphyxic Period of Infantile Broncho-Pneumonia, Dr. Rocha Faria (*O Brazil Medico*) recommends the etheric tincture of phosphorus, giving it in doses of from 5 to 12 minims, according to age, in children under six years old. It should be administered in some elixir or cordial, well diluted. Where the extremities are cold, pulse frequent and filiform and asphyxia imminent, resort should be had at the same time to excitant frictions, sinapisms, and inhalations of oxygen. The author adds that the remedy (ethereal tincture of phosphorus) does not seem to be of any value in similar conditions in adult age.

Summer Diarrhœa.—Dr. Victor Vaughan, in the course of a paper in the *Maryland Medical Journal*, says on this subject: *The first thing to do is stop the administration of milk in any form.* The ferment is present in the alimentary canal and giving the best of milk would simply be supplying the germ with material for the poison. This no-milk-treatment is not by any means a new idea; but the reason for it has not hitherto been understood. Now that we know that a powerful poison is formed from the putrefaction of milk, the necessity for its exclusion must become apparent to all. The food used may consist of chicken and mutton broths, beef juice, and rice or barley water. With this list no difficulty will be experienced in giving the child sufficient nourishment.

Causes of Retention of the Membranes.—In a paper read before the Obstetrical Section of the Academy of Medicine in Ireland, by Dr. F. H. Champneys, on the "mechanism of labor, and some causes of the retention of the membranes," on the latter clause of the subject the author concludes as follows: That (1) the mechanism of the detachment and expulsion of the membranes was a complex act in three acts; (2) timely rupture of the bag of membranes was an essential part of the proper mechanism, and too early or too late rupture alike predisposed to retention of the chorion; (3) disorder of any of the three stages in the mechanism tended to prejudice the whole process; (4) among allied conditions might be mentioned too early or too late rupture of the membranes, prolapse of the bag of membranes,

prolapse of membranes (amnion) after delivery beyond the vulva; separation of the membranes found on examination of the placenta; retention of a ring of membranes round the lower pole of the uterus; retention of the whole chorion. Therefore, the membranes should generally be preserved till the os was fully dilated. After this they were not only (in ordinary cases) useless, but they favored the retention of the membranes. They should, therefore, be ruptured when the os was fully dilated. In vertex cases, if the head had settled over the os uteri, the advance of a smooth, sausage-shaped protrusion of membrane pointed to advance of the amnion alone, which favored retention of the chorion. Separation of two membranes not only pointed to adhesion of the chorion, but rendered its subsequent removal more difficult. The following axiom might be formulated: "When the membranes advance low in a vertex case, look out for retention of the chorion."

SURGERY.

Osseous Union of Pseudarthrosis of Jaw.—At a recent meeting of the Société de Chirurgie, of Paris, M. Routier reported a case in which a resection of the inferior maxilla had been performed for facial asymmetry in a hysterical patient. The fibrous tissue of the pseudarthrosis, which had formed, was resected, and, after perforating both fragments, a piece of calf's bone was introduced. This immobilized the two fragments. Repair was simple. The functional troubles, due to the resection, disappeared. Of course, the patient being only sixteen years of age, the result was to a certain extent to be expected.

Resection of the Astragalus.—At a late meeting of the Paris Société de Chirurgie, M. Verneuil presented a little girl, four years old, in whom he resected the astragalus two years previously. She had a tibio-tarsal osteo-arthritis. The fistulous openings were enlarged and the astragalus removed entire. Drainage and immobilization were ordered. The child was apparently cured in a very short time, a marked talipes varus resulting. Still fistulous openings remained. To complete the cure resection was performed and cure resulted, which had already lasted one year at the time of the report. There can hardly be any

doubt as to this post-operative treatment, in cases such as that reported. More rapid and better improvement takes place and it also relieves the patient of a constant drain.

Book Reviews.

On the Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. MILTON, 8vo. pp. 484. Illustrated. [New York: William Wood & Company, 1887, Price, \$4.00.

Milton's work on the pathology and treatment of gonorrhœa has been long and favorably known to the profession. It is needless to make any comments, as this portion of the present work is practically the same as that issued by the publishers, some time since, in their Library. The second half devoted to spermatorrhœa is not so well known, and the author has taken the same pains to elaborate his subject, as in his other work. He has not relied upon the writings of others, but has gone to work and observed carefully and gives us the results of his observations in an honest and straightforward manner.

He makes the rather broad statement (p. 310) "that in men who have reached the age of three or four and twenty, anything beyond one (nocturnal) emission a month, requires attention." He criticizes, rather sharply, Dr. Campbell Black and Prof. Gross for saying "pollutions are natural to all men," together with the other well known teachings of those writers in regard to the frequency and character of seminal emissions as an indication of health.

Besides pathology and treatment of spermatorrhœa, the subject of impotency is taken up and pretty thoroughly discussed, statements made in a former edition being placed more clearly and modified. In regard to the question of connection in spermatorrhœa, he regards it as powerless to cure a "bad" case and useless when the patient is nearly, but not quite, cured.

Mr. Milton reasons well, his style is very readable, and much of profit can be gained from his work. The present edition is well gotten up, handsome in appearance, well printed, in good

clear type and deserves a place in the library not only of the genito-urinary specialist, but of every progressive physician.

A Practical Treatise on the Diseases of the Hair and Scalp. By GEORGE THOMAS JACKSON, M. D. 8 vo. pp. 356. [New York: E. B. Treat. 1887. Price, \$2.75.

This is a book which reflects credit alike on author and publisher. It is a work such as those interested in a particular subject desire. The time is ripe now for monographs and this demand is beginning to be supplied by authors. It makes more accurate observers and groups together a mass of material which would otherwise be very difficult to obtain.

The present work has been very carefully put together by the author, who has divided his subject into four parts. Part I. is devoted to the anatomy and physiology of the hair and to the hygiene of the scalp and hair. In Part II the essential diseases of the hair are considered. Part III embraces the parasitic diseases of the hair and Part IV the diseases of the hair secondary to diseases of the skin.

In each of these the author has not only brought together the best opinions on each particular subject, but has also given us the results of his personal observations, which are of no little value. The anatomy of the hair is, in the main, that of Unna as also the description of its development.

One of the features of the book, and a most valuable one too, is the bibliography and journal literature embracing twenty-six pages. In this, every article relating to diseases of the scalp or hair, written since 1860, is given. The value of such a list to the writer on these subjects cannot be overestimated.

One fault to be observed in this work is the too great reliance placed upon statistics. Thus we find on page 253 the statement made that pediculosis pubis "is much rarer than are the other forms of pediculosis." He there gives the record of eight in eight thousand cases of skin diseases. When we consider the ease with which these little pests are recognized and the general knowledge there exists for their efficient removal, it is not strange that so few applicants should be seen by a dermatologist. But that the proportion is much greater than that above given does not admit of a doubt for a single moment. In my experience it is the most common form of pediculosis, at least in those who are cleanly in their habits.

On the whole, the book is a very commendable one and one which can be read with profit. The illustrations are excellent and of a high order of merit. The printer has been careless in his treatment of the cut of favus on page 226 and the proof-reader has allowed some mistakes to creep in. We take two at random. On the page facing the first page of reading matter we find ü for ii; in the index, Thin's case of parasitic disease is referred to page 566, when it really is on page 261. Barring a few small errors like this the typography is faultless. The binding is handsome.

Those interested in the affections of the hair and scalp can do no better than by adding the above work to their more general treatises on diseases of the skin.

A. H. Ohmann-Dumesnil.

Syphilis. By JONATHAN HUTCHINSON, F. R. S., LL. D. 12 mo. pp. 532. With eight chromo-lithographs. [Philadelphia: Lea Brothers & Co. Price \$2.25.

"Good wine needs no bush" and anything having Jonathan Hutchinson's name attached to it will immediately command attention, on account of its worth. This is still more the case when, as in the present instance, the subject matter is syphilis. The author of the present work is one of the greatest of living syphilographers and has, in no small degree, contributed to the work which brought order out of chaos and made the study of this protean disease a systematic and scientific one.

In the little work under review we have one full of the most interesting clinical matter. In fact, this is the leading characteristic of the work. There is but little of the didactic indulged in and the purpose is to illustrate the points by the "commentaries" which follow. The ideas of Hutchinson are too well known to require a review. He announces his fundamental creed in the preface, "that the disease depends upon a living and specific microbe" although acknowledging that it has not yet been satisfactorily demonstrated. He advocates the administration of mercury as soon as a diagnosis of the lesion is made, and regards mercury with chalk as the most constant of all the mercurial preparations, regarding the administration of medicine by the mouth as a method superior to inunction, a point upon which authorities differ to a considerable degree. In regard to the immediate treatment, he states that if it be properly given it will

prevent secondary symptoms in the majority of cases; or at the worst, retard them considerably and make them lighter in form. This argument is, in a great measure, a *petitio principii* since it is not susceptible of proof, as it is a known fact that every case is a law unto itself.

He states that "the excision of an indurated sore, or its destruction by an escharotic, can seldom do any harm, but will rarely be productive of good" and in this he is borne out by the majority of careful investigators of the question of preventing the further course of syphilis by excising the initial lesion.

It would be too much of a work of superogation to review this book in detail. It is, in general, sound in principle, the clinical reports are models of their kind, and it contains much valuable information given in a pleasing and attractive form.

The colored plates are well executed and their only fault is paucity in number. The appearance and typography of the book are faultless. There is a strict adherence to the English mode of spelling observed throughout, which is due, most probably, to the fact that the book was printed in England. The internal evidence shows the book to have been written, in part at least, subsequent to 1886, but no date appears upon the title page of the work.

But one recommendation can be given to every physician: Do not fail to have a copy of Hutchinson on Syphilis in your library. It can be read with pleasure and profit, many times over and will never weary the one perusing its pages.

A. H. Ohmann-Dumesnil.

Literary Notes.

The Exchanger's Monthly is the title of a little publication emanating from Thos. Chamberlain, Jr., of Jersey City, N. J., and devoted to the interest of mineralogical, geological and archæological collectors. Price 25 cts. *per annum*.

Soon Done For.—We have received from the publishers of the *Nashville Medical News* a notice to the effect that its publication had been suspended. The *News*, it will be remembered,

was a semi-monthly, and was started but a few months ago. It was a bright and lively journal while it lasted, but the want which it came to fill had not been felt quite long enough to guarantee it a permanent existence.

The Pigeon Fancy, and why it should be encouraged, is the title of a little illustrated pamphlet by Dr. Mathias Cook, of Utica, N. Y., and of which we have received a copy. The doctor is an enthusiast who seeks to turn the taste of young Americans from the destructive pursuit of birds with guns and traps, to the more humanitarian and ennobling study of them as living creatures, and in this he deserves all praise and encouragement.

The Pacific Record of Medicine and Surgery with its number for July entered into the second year of its existence. In their notice of the event the editors express themselves as well satisfied with the venture thus far, and with the outlook for the future. We congratulate them and sincerely wish them many returns of the anniversary with an always increasing subscription and advertising list. Thus far they have certainly deserved the success they have met with.

The American Analyst, published semi-monthly by Lassing & McElrath, 19 Park Place, New York, and edited by Dr. Henry Lassing, is one of the most readable and valuable journals that come to our table. It is full of the kind of reading matter that is valuable alike to physicians and laymen, exposing mercilessly the tricks and frauds of dishonest manufacturers and dealers in all articles in daily use as foods, drinks or medicines. It costs only one dollar per annum and should be read by every physician and head of family.

The Open Court is the title of a new fortnightly journal published in Chicago and devoted to the work of establishment of ethics and religion upon a scientific basis. It is edited by B. F. Underwood assisted by his wife, and the literary and scientific character of those copies of it that we have seen is of the very highest character—entirely different from the class of screeds usually found in so-called religio-philosophic publications. Indeed this could hardly help being the case with such a corps of writers as those whose names appear in the numbers before us, embracing as they do Max Müller, Paul Carus, Moncure D. Conway, Samuel Kneeland, Robert Drummond, Edmund Montgomery

and others equally well-known. We certainly welcome the *Open Court* to our exchange list and hope that it has come to stay.

The Formation of Vegetable Mould through the action of earth-worms, by Charles Darwin, is the latest publication by J. Fitzgerald of New York, and constitutes number ninety-two of the now well-known Humboldt Library. We have several times taken occasion to speak of the rare good taste displayed by this enterprising publisher in the choice of works by foreign authors for publication in his Library. The present volume is no exception to the rule, and its cheapness (30 cts.) will put it within the reach of every one. It was one of the latest works of the lamented naturalist, and is written in his best vein. The investigations there reported fill the reader with amazement at the tremendous results of the silent subterranean labors of the puny and despised worm to whose agency to a great extent we owe the formation of the arable soil of the earth.

Reprints and Pamphlets Received.—Since last month the following reprints and pamphlets worthy of note have been received: A Review of the most important Advances in Medicine and Surgery, etc., by C. W. Moore, M. D. (*Pacific Record of Med. and Surg.* July 15th, '87); On the Existence of Dermatitis Herpetiformis as a Distinct Disease, by L. Duncan Bulkley, M. D., (*Jour. Cut. and Ven. Dis.*, April, 1886); Asthma as related to Diseases of the Skin, by L. Duncan Bulkley, M. D., (*British Medical Journal*, Nov., '85); Recent Advances in Preventive Medicine, by Geo. H. Rohé, M. D. (*Journal of Am. Med. Ass.* July '87); Renal Colic, Parasitic and Calculous; a Criticism, by J. B. Marvin, M. D., (*South-Western Med. Gaz.* June, '87); Intubation of the Larynx, by Fletcher Ingalls, M. D. (*N. Y. Med. Journal*, July, '87); Iritis, by A. G. Sinclair, M. D., Memphis, Tenn.; Some Important Points in the Treatment of Deep Urethral Stricture, by F. N. Otis, M. D. (*N. Y. Med. Jour.* Feb'y 19th, '87); Report of Proceedings of Illinois State Board of Health, Quarterly Meeting of July 8th, '87.

College Announcements.—The tide which set in in July has continued through August, and the annual announcements of medical schools and colleges continue to come in with each mail, until one wonders where all of them are to get pupils enough to pay for the printing. Among the most prominent

schools whose annual catalogues have come in since last notice we note the following:

New York Post-Graduate Medical School and Hospital, 6th year.

New York College of Physicians and Surgeons (Medical Department of Columbia College).

Medical Department of the University of Georgetown, D. C., 39th year.

St. Paul, Minn., Medical College, 11th year.

Bellevue Hospital Medical College, 27th year.

St. Louis Medical College, 46th year.

St. Louis College of Physicians and Surgeons, 9th year.

Missouri Dental College, 22nd year.

St. Louis College of Pharmacy, 22nd year.

Melange.

The Climatologist is the title of a new monthly publication which will be shortly issued at Baltimore, Md., under the editorship of Dr. Geo. H. Rohé, of that city.

The International Medical Congress will convene at Washington, D. C., Sept. 7th, 1887. All railroads have made the fare for the round trip at the rate of one and one-third of the regular rates and have promised to grant extension of time. The hotels of Washington, of which there are many, have also agreed to reduce their charges. These rates apply to those attending the Congress and to their families.

Dr. James Richmond, of Tuscola, Ill., it will be remembered, killed Joseph Strong, editor of the *St. Joseph (Mo.) Herald*, a little over a year ago. He was examined and adjudged insane and kept in close confinement in the State Asylum. The superintendent of that institution stating that he had recovered, Dr. Richmond's brother is now seeking his release on a writ of habeas corpus.

The Statue to Paul Broca, erected by universal subscription, was unveiled in Paris, on the 30th of July, with appropriate ceremonies, under the auspices of the Société d' Anthropologie,

of which he was the founder. The Society of Anthropology of Moscow, deposited a crown upon Broca's tomb at the same time; the wreath bearing the legend "to the memory of the genial savant and eminent man, founder of the Société d'Anthropologie of Paris."

Accouchement and Hypnotism.—M. Menet in a communication to the Académie de Médecine, says "that it is simply wonderful how thoroughly and rapidly hypnotic suggestions may be made to calm the pain and soothe labor. All that is necessary, says the author, to secure a painless labor is to hypnotize the patient and suggest to her that she had no pain. The functions of nature proceed as usual and in short, everything is lovely. While this may be true, and we have no disposition to deny or doubt the assertion, we are still inclined to believe that, as a certain old woman said on the witness stand when questioned about the possibility of impregnation during sleep without waking the woman, "so far as she knewed *that* was the most awakinest thing in the world!"

Milk Inspection.—In an item which appears elsewhere in the JOURNAL, M. Galtier is quoted as calling attention to the persistence of tubercle virus in the meat and milk used as food by the public, and suggesting greater skill and care on the part of the inspectors of these articles of food. If this be true of France where the methods of inspection of food stuffs are so much more rigorous and scientific than those employed in England and America, how much more essential is the caution in this country! The inspection of milk, especially, in most of our cities is a mere farce, consisting, as it does most generally, of a specific gravity test alone—a test which means absolutely nothing. The City of St. Louis is about to appoint a milk inspector, and the points made by M. Galtier should be carefully read and borne in mind by the authorities, and some person skilled in the microscope, and with the improved methods of bacterial investigation, should be given the appointment.

Important if True.—Our esteemed cotemporary from "the Hub," *The Boston Medical and Surgical Journal*, has the following in its issue of July 28th, 1887:

"Dr. John Vansant, of the United States Marine Hospital at St. Louis, has succeeded in taking a successful photographic

negative by means of the light emitted from twelve fire-flies. The insects were placed in a three ounce bottle, having a piece of fine white bobinet stitched over its mouth. The average duration of the flash of each insect is half a second, and the luminous area on the abdomen is about one-eighth of an inch square. The time of exposure was that of fifty flashes, as counted by the operator, who claims to have made the first picture ever produced by the light emitted from a living human organism."

We are not proud, even if we are in the West, but we wish it to be distinctly understood that we are not fire-flies and we do claim to be human. We are sure that the photographic journal in which the item originally appeared made no such allegation as the above and we protest right here. The next thing we will be accused indirectly of being clams, but beans never!

Closure of the Lids after Death.—According to M. Velade who has been collecting statistics on this and similar cadaveric phenomena, from 7 to 12 *per cent.* of cadavers are found with the lids closed a few hours after death; 15 *per cent.* have them widely open or staring, and 66 *per cent.*, or fully two-thirds, have the pupils more or less open. Of those whose eyes are partly open at the instant of death, about one-half remain *in statu quo*, while the balance shut spontaneously, more or less closely. Whatever change may occur takes place usually within four hours after the instant of death. After that period no alteration has been noted. Age, sex, and cause of death, do not seem to enter as factors in this condition, but figures would seem to indicate that fat persons and those perishing of asphyxia have a marked tendency to die with closed eye-lids, while lean and anæmic individuals have the contrary tendency. When the eyes close spontaneously in death the cadaver has the appearance of one asleep, while in those cases where the lids have been closed by the hands of others after death, the lids have a blanched appearance and generally show the marks of the fingers used in closing them.

A Comedy of Errors.—A M. Kartulis, of Alexandria, Egypt, undertook to review for the *Centralblatt fuer Bakteriologie* a work in the Bohemian language, by Prof. Hlava, on dysentery (in Czek, "*O Uplavici*"). The learned Oriental mistook the title of the work for the name of the author, and throughout the review spoke of him as Monsieur Uplavici or Mr. Dysentery, while the Bohemian words *Predbezne sdeleni* ("introductory" or

“preface”) were rendered “On Dysentery.” The *Lyon Médical* got hold of the article and in its issue of July 17th made great sport of the errors of M. Kartulis, but, in so doing, itself made some funny mistakes, rendering ‘Parasitenkunde’ ‘Parasitea-kunde,’ ‘Uplavici’ as ‘Uplairci,’ and ‘Dysenterie’ as ‘Dysenté.’ It is but fair to say, however, that these errors of the French journal were evidently typographical and were corrected in the ensuing number. It is a curious fact that it is rare for either a German or French medical or scientific journal to get an English name or title correctly, and while the Germans usually quote French accurately and correctly, the French almost always make a mess of German words, names and phrases.

Deaths from Conflagration and from Small-pox.—A French journal commenting on the wonderful hue and cry which was raised by the secular press, and the public generally, after the burning of the Opera Comique, says: How many millions of francs will be expended now in spasmodic efforts to lessen the risk of great conflagrations, all excited by the burning to death of a few people! During thirty years past less than 200 people have lost their lives, in all France, from such accidents, while in Paris alone a single malady (small-pox) claims nearly that many victims every three months! The money will be raised and expended of course; but, whatever the authorities may do, theatres *will* burn, and in burning will claim some victims, while a single good law, properly enforced, providing for obligatory vaccination would suppress variola completely. As a comparison and as showing what might be done in this line, the *Lyon Médical* says that in all the great German cities put together, there were but five deaths from variola last year, while ten French cities showed a mortality, during the same period, of 2707! They were apportioned as follows: Marseilles, 2051; Paris, 202; Reims, 114; Nice, 52; Bordeaux, 37, Besançon, 24; Lyons, 9; Havre, 7; Nantes, 1. We may add that during that period St. Louis had not a single death!

Fatality of the Lion's Bite.—At the séance of July 20th, of the Société de Chirurgie of Paris, M. Berger narrated the history of a case wherein M. Jouel was compelled to amputate the arm of a man bitten by a lion. The beast had managed to get the entire arm into his mouth and had closed down on the lower portion of the deltoid. The keepers forced him to release his

prey, but in withdrawing the arm all the muscles were torn and the humerus was broken at the lower third. The affair happened late at night and as there was no hæmorrhage to speak of and the man did not seem to be suffering much, operation was postponed until the morning. When, however, the hour for operation came, the temperature was found to be 37.5° c, (99.5° F.); and a great emphysematous tumor had formed over the pectoralis major and was emitting through the wound a very foetid discharge. An inter-scapulothoracic amputation was successfully made, but the patient died two hours afterward. In discussing the case M. Polaillon remarked that in a similar case which came under his care, the lion had seized the fore-arm only. The laceration was not great and the bones were uninjured, but in spite of antiseptic baths and compresses, a diffuse phlegmon developed, and so rapid was its progress that he was compelled to disarticulate the shoulder the patient dying shortly after the operation.

Persistence of the Virus of Tuberculosis.—M. Gautier has determined experimentally that the muscular juices and milk of tuberculous animals retain their specific toxic virulence even after having been subjected to a temperature of from 60° to 70° C. (140° to 160° F.), which is the ordinary cooking temperature of rare-cooked meats. To be absolutely sure that there is no longer life in the germs of such meats or milk, they should be carried to the point of aqueous ebullition in cooking. Rare meats should not be eaten unless one is sure of their source. The same author has demonstrated that neither dessication nor pickling of meats destroy the germs, nor does putrefaction seem to have any effect upon them. Freezing is equally impotent. These facts point to the necessity of a more thorough method of dealing with the soiled garments, handkerchiefs and napkins, especially, of tuberculous patients, as also with the waste and rubbish of hospitals, infirmaries and all private houses where tuberculous patients are living or being treated. Especial care should be exercised in the inspection of animals intended for slaughter, and proper precaution should be exercised in the examination of the milk supply of cities. The officers charged with the latter duty especially should be expert microscopists and should be required to use differential stainings frequently, with the view of detecting the tubercle bacillus.

Recipe for Long Life.—In the June number of the *Sei F*

Kwai Medical Journal, Mr. M. Okada contributes a translation of certain extracts from a work by Dr. J. Mano, on Ancient Methods of Treatment in Japan. The book was written, as we learn incidentally in the text, some fifty years ago, or before the advent of western medicine into Japan. This fact does not prevent it from containing much that may prove instructive to the western teachers themselves, as witness the following on how to attain long life:

“There are various methods of obtaining long life, *but all are difficult for common people.* There is only one method that is easy to be observed, *and that is the custom of eating but two meals in a day* which was practiced among ancient people. This custom is mentioned in the ancient manuscripts and even now (fifty years ago) among the upper classes a third is considered an extra meal. If any one is to follow that custom, to be sure, he will obtain long life. Many of our ancient people lived more than a hundred years, which even foreigners admire. The reason is simply this—*they followed nature, leading a peaceful life, with the least possible cares, and ate food that was neither too rich nor too insipid.* Hence the inhabitants of a city who do not follow the custom get asthma, dyspepsia and other such diseases, and consequently their lives are shorter, while country men, who lead peaceful lives, get comparatively few diseases and their lives are longer.”

The italics are ours, but mark “solid chunks of frozen wisdom.”

A Rare Chance for Experimentation.—Among the features of the coming International Medical Congress there will be, as we learn from a very handsomely gotten up invitation to be present, a banquet extended by the Association of American Medical Editors to the distinguished medical editors from abroad who are to be present on this propitious occasion. As the plates are fixed at the mere nominal sum of fifteen dollars each, we have no doubt that there will be a very large attendance and we would suggest that the occasion be utilized for scientific purposes. We shall not be able to be present in person, but desiring to contribute our quota to the strictly utilitarian and scientific features of the affair, we have the following suggestions to make: (1.) Let each and every participant be carefully weighed prior to entering the banquet hall, and again on leaving the same. This will show the gross gain in avoirdupois of each individual after

the ingestion of a fifteen dollar feed. As the chance may not occur again in a lifetime, we suggest that handsomely engraved certificates be given each individual, setting forth the facts of the case. In doing the weighing we would further suggest that each individual be made to strip before going on the scales, and that his clothing be kept by the weighing committee until after the second weighing. This would necessitate eating *in puris naturalibus*, but would prevent any of the guests from taking away any of the feast except in the natural receptacle therefor. (2.) Each individual when weighed, should be accurately measured, and a record kept of his height, girth, etc. The nativity of each should also be recorded, as thereby a comparison may be instituted as to the relative gluttony of the various peoples and races there represented. The measurements may be utilized in determining the relative storage capacity of the various types of mankind. A comparison could thus be made between the short-and-roomy and the long-and-hungry members of the profession of all nationalities. There are several other ideas which occur to us in this connection but as they will readily suggest themselves to our readers, we will not pursue the matter further. By all means a photograph should be taken of the members while engaged in the repast, and copies of it should be sent to the provincial journals, if for no other purpose than to show that "distinguished medical statesmen" are only ordinary mortals when it comes down to getting outside of a fifteen-dollar-a-plate square meal.

Local Medical Matters.

Dr. H. Jacobson has been appointed day physician at the City Dispensary, vice Dr. F. Outley resigned.

Quite a large delegation of St. Louis physicians will go to Washington to attend the International Congress.

Dr. Chas. H. Powell has received the appointment of assistant physician at the Female Hospital vice Dr. Jacobson, who is day assistant at the Dispensary.

The City Dispensary is being entirely renovated. This is a

much needed change, as it has been a dark, filthy place, with none of the conveniences which such an important branch of the City Sanitary Department should have.

The Missouri Dental College.—This is a branch of the Saint Louis School and is fully up to the high grade of the balance of that institution. More need not be said. Students desiring to take this course should address Dr. H. H. Mudd, Dean, No. 500 N. Jefferson Ave.

Deaths from Sun-stroke.—If anything were needed to prove the exceptionally severe weather which prevailed in this city during the month of July, it would be supplied by an item in the Health Commissioner's report for that month, which shows 47 deaths from sun-stroke. The total number of deaths from insolation during July, 1886, was 4.

The City Hospital and Female Hospital are in need of many repairs and something should be done in this direction before winter sets in. The City Inspector of Buildings has made a report which will, no doubt, be officially pigeon-holed. Nothing will be done, in all probability, until some calamity occurs at these institutions, when everybody will say, "I told you so", and still do nothing.

Impure Water.—A Professor of Chemistry, of this city, created a sensation a few days since by stating that our hydrant water was full of lead and that it was positively injurious. A druggist made some experiments and failed to find a trace of the saturnine foe. In the meantime the water is employed for drinking and culinary purposes and wrist-drop does not seem to be increasing to any alarming degree.

A New Infirmary.—Dr. Waldo Briggs has taken the residence No. 1525 Pine, and has converted it into a very comfortable and convenient infirmary for his surgical patients. We understand that there is a movement on foot to convert the old Foster Academy, 16th and Pine, into a similar institution to be under the management of the surgeons of Beaumont Hospital School faculty. This building would make a splendid hospital of the sort.

Vital Statistics of St. Louis.—The Health Commissioner's report of the vital statistics of the city for the month ending July 31st, 1887, shows a total mortality of 962, as against 819

for the same month in 1886. Of this number 298 were under one year, 102 between one and two, and 79 between two and five years of age. Thus the total mortality of infants under 5 years was 469, or nearly half of the gross number of deaths. The total number of births reported during the same period was 912, of which 883 were white and 29 colored. Seventy-six still births are reported, which are not included in the mortality list above given.

THE MEDICAL SCHOOLS OF ST. LOUIS.

There is no city in America and but few in Europe that can offer greater inducements to young men desirous of entering the medical profession in the right way, and acquiring such a knowledge of the art and science of medicine as will place them on a par with the graduates of any other place or country, than does St. Louis. Situated almost exactly in the geographical centre of the Union, and not far from the centre of population; of easy access by rail and river; with a permanent citizenship of over a half million and a floating population large at all times and frequently enormous; with numerous hospitals and infirmaries, public and private, general and special; with immense manufacturing interests furnishing all forms of surgical injuries; so closely allied geographically and commercially with the South, Southwest and West, that the diseases peculiar to these regions are always represented in her clinics; with a State anatomy law and local regulations which guarantee a large supply of material for dissection; with cheap board and lodging—why should not St. Louis stand at the very head of cities peculiarly suited to the acquirement of a thorough medical education? When we add to all these advantages the statement, which cannot be gainsaid, that among her thousand physicians there can be found no more scientific, learned and enthusiastic men than those who are engaged in her various schools in the noble pursuit of teaching, we but state the exact truth and in so doing present an array of reasons why her schools should be filled with pupils from all portions of her tributary country.

Keenly alive to these advantages, yet knowing that an effort must be made to bring them home to the physicians and students

away from here, our local schools have all been engaged during the past summer vacation in making improvements not only in their buildings and fittings, but in procuring the latest facilities for teaching and demonstrating.

St. Louis Medical College, the patriarchal institution of the city, which, with the coming session, enters its forty-ninth year of honor and usefulness, opens on Monday, October 3rd, without preliminary lectures. It is situated, as every St. Louisan knows, very near the centre of the heart of the city, on Seventh St. and Clark Avenue. The buildings are commodious and well arranged and its long existence has given it a library and museum second to none in the city. The course of study is graded and lasts three years, of which the first is devoted to the fundamental branches and the last two to practical subjects and specialties. For the faculty and their branches, we must refer the reader to their advertisement in this JOURNAL. The fees are \$90.00 for each winter term, with a matriculation fee of \$5.00 which is, of course, paid but once. Dr. J. S. B. Alleyne, the Dean, at 3132 Washington Ave., will be happy to furnish intending students and others all necessary information.

The [St. Louis College of Physicians and Surgeons comes next to the St. Louis school in point of age, entering upon its ninth year with the coming session. This school in point of conveniences for teaching and in the completeness of its course, is second to none in the country. The faculty headed by the venerable Dr. Louis Bauer, is without exception a good one, embracing several names honorably known to the medical profession of the entire country. The school buildings are commodious and convenient, and are situated in a quiet, most respectable and easily accessible part of the city, viz: on the corner of Eleventh and North Market. The regular course, which commences on the first Monday in September, lasts twenty weeks, and is supplemented by a spring or post-graduate course, the whole occupying nine months of continuous instruction. The fees are \$50.00 for lecture tickets, \$25.00 for examination, and \$5.00 for matriculation, the last two being paid but once. Further information on this score will be furnished by application to Dr. Louis Bauer, 515 Pine St., St. Louis. Among the newer features of this school, to be inaugurated during the coming term, is a department of dental surgery, at the head of which we find the names of Edward Flanigan, D. D. S., professor of clinical, operative and mechanical den-

tistry and A. Gordon Finney, D. D. S., professor of the principles and practice of dentistry.

The Beaumont Hospital Medical College, while the newest comer in the field of medical education, is by no means the least of our local institutions of the sort. Having opened its doors but one short year ago, it has rapidly stepped to the front rank in every respect, and is henceforth destined to prove an important factor in the educational interests of the city. The college buildings, situated on Walnut and Sixteenth Sts., while not built expressly for the purpose, could not be more convenient, comfortable and commodious. Indeed, we have rarely seen anywhere an amphitheatre which so nearly approaches the ideal, in which everybody gets a good seat and one in full view of the operating table, and has a seating capacity for six hundred students. The lower lecture room easily accommodates 400 more. The dissecting room is the finest that we have ever seen, anywhere. Large, airy, well lighted and convenient, a hundred students may pursue their work in it at once, without crowding or being in each other's way. The study rooms, reading rooms, museum, dispensary, etc., are all on the same scale. Light and fresh air enter everywhere, giving the building an air of cheerfulness and comfort rarely seen in medical colleges. The dean of the faculty, Dr. W. B. Outten, is at the head of the great Missouri Pacific system of rail-road hospitals and surgical service, and is thus enabled to bring before his students a class of surgical material not easily found elsewhere. The faculty embraces some of the best special talent in the West, and every department is well represented. The museum of this school is in charge of Dr. Waldo Briggs, to whose plastic skill as a modeler and preparer it owes a large part of its choicest preparations. Some of these are real works of art, and all are of the highest utility in teaching the student special anatomy, pathological as well as normal. The fees of this school are \$70.00 for the first course and \$80.00 for the second, no charges being made for fall course, diploma, demonstrator's or hospital tickets. While two full courses entitle a student to an application and examination for graduation, all are urged to take three full courses. All further information will be furnished on application to the Dean, Dr. W. B. Outten, or the Secretary, Dr. Robert Funkhouser at the College (16th and Walnut Sts.)

NECROLOGICAL.

Williams, W. C.—Dr. W. C. Williams, one of the founders of the St. Charles Medical Society, and an old practitioner of O'Fallon, St. Charles County died at his home a few days ago. The St. Charles Medical Society met at Wenzville, on Saturday, Aug. 20th, and passed a series of resolutions in the highest degree complimentary to the deceased. In the death of Dr. Williams the St. Charles Society has most truly, as stated in these resolutions, lost a most enthusiastic worker, a cultured gentleman and a warm and generous friend, whose wise counsel and broad experience the Society will certainly miss.

Freye, Joseph C.—For fifty-three years, in summer's heat and winter's snows, by night and by day, the citizens of Peoria, Ill., have seen the form of Dr. Joseph Freye passing through their streets and entering the huts of the poor as well as the palatial residences of the rich, intent on errands of mercy. But Death, whom he had so often kept at bay when its skeleton fingers were tightening around the heart of the young and old, on the morning of Aug. 21st, claimed the aged doctor as his prey, and he has gone the way of all flesh. Dr. Freye was one of the founders of the American Medical Association, having been the sole representative of the state of Illinois at the memorable meeting in Philadelphia, in 1846. On his return from the East, in that same year, he organized the Peoria Medical Society, having been elected its first president, and having filled that office a number of times since. In his death the science of medicine loses one of its brightest ornaments, the city of Peoria a distinguished citizen and true philanthropist, and the medical profession a Nestor and friend, one to whose good heart and wise head no member of the profession ever appealed for counsel and aid in vain. After life's fitful fever may he rest well!
F. M. C.

Byrd, Wm. C.—It is with pain that we learned of the death of Dr. Wm. C. Byrd, of Quincy, Ill., during the month of August. The immediate cause of his death was insolation. Dr. Byrd was a surgeon who was not only well known for his skill, but he had earned quite a reputation for his originality. He was a prominent member of the Illinois State Medical Society and of the American Medical Association. His contributions to medical literature were numerous and valuable. His loss will be much felt by all those who had the pleasure of knowing him and his genial manners.

THE ST. LOUIS Medical and Surgical Journal.

VOLUME LIII.—October, 1887.—No. 4.

Original Contributions.

APOMORPHIA IN RESPIRATORY DISEASES. By REYNOLD W. WILCOX, M. A., M. D., Instructor in Clinical Medicine at the New York Post-Graduate Medical School, Physician to the Demilt Dispensary.

In 1879 I was conducting some experiments to ascertain the effect upon the cerebral circulation in cats when the various cephalic arteries had been ligated. As the operations were done under ether, it was found to be decidedly unpleasant to have the contents of the cats' stomachs deposited in various parts of the operating room, so it occurred to me that it would be well to have the vomiting done all at once, before the operation. After trying various emetics at last apomorphia, administered hypodermically, was chosen. In the large number of instances in which it was employed, it never failed to produce vomiting, generally within ten, sometimes within five minutes, and when the stomach was empty no retching nor nausea followed; nor was there much systemic disturbance.

In 1884 I began to use apomorphia in diseases of the respiratory organs. As my clinic at the Demilt Dispensary is a general medical one of nearly two thousand new patients each year, I have had abundant opportunity to watch the action of the drug by itself and in contrast with that of similar drugs. The cases in which it has been used have been also under the observation of my private students, and of the matriculates at the Post Graduate Medical School, who attend my clinics.

The literature of the drug has been built up by Rossbach, Duckworth, Jurasz, Kormann, C. Beck, Carville, Prevost, Sée, Riegel and Boehm, Harnock, Brunton, Loeb, Chaupe, Siebert, Dujardin-Beaumetz, Bourgeois, Ziolkowski, Moerz and Quehl, a list by no means complete.

Physiological experiments show that apomorphia produces no depression; if injected into the veins or given hypodermically it produces vomiting as freely after as before section of the pneumogastric; it increases the secretion from the respiratory mucous membrane, producing a thin watery mucus; it diminishes somewhat the vascularity of the bronchial mucus membrane; it stimulates the respiratory center, thus increasing the number of respirations. When old solutions of a markedly green color, or large quantities are given, we get great prostration, as shown by rise of pulse and fall of temperature, depression of the respiratory center, causing slow and shallow respiration. In Carville's case three-tenths of a grain caused collapse in an adult. Therapeutically, I have used apomorphia chiefly in acute bronchitis. In those cases with considerable frontal headache, hot, dry skin, sore throat, marked prostration, rapid pulse, high temperature, stuffy feeling in chest and soreness in epigastrium, dry teasing cough; when physical examination shows harsh respiration, sonorous and sibilant râles with few coarse and fine mucous râles, are its effects most marked. Here, if one thirty-second to a forty-eighth of a grain be given every two or three hours (for the dose must be frequent since the effect does not last a long time) one finds the headache relieved, the sore throat has disappeared, pulse and temperature fall, the cough is markedly diminished in frequency and a copious watery expectoration, easily raised, is coughed up; the respiration becomes softer, the dry râles disappear and many moist râles are heard. In order to procure a good night's rest, I formerly used bromidia, and the results were very satisfactory, but some of the patients complained so much of the taste which nothing will conceal, that I was obliged to abandon its use. Acting upon the suggestion of Dr. M. R. Vedder, I now give with each dose a small quantity of the bromides, preferably that of potash. A half glass of Rubinat water, by far the best laxative-water in the market, will secure a good daily evacuation if given before breakfast. The first daily dose of the apomorphia mixture is taken upon awakening in the morning; resting quietly in bed for a few minutes, a glass of warm milk is taken; in a short time a full breath is followed by a series of coughs by which the night's accumulation of mucus is dislodged and expectorated. Generally there is very little coughing during the day.

The prescription, which may be varied according to each case is:

℞
 Apomorphinæ.....gr. ss *ad* j
 Potassii bromidii.....ʒss
 Tincturæ sanguinariæ.....ʒj
 Syrupi tolutani q. s.....ad ʒiv

M. et ft. sol.

S.—Teaspoonful every two or three hours in a wineglass of water.

The sanguinaria is added for the benefit of the apothecary, showing him that it is a cough mixture; otherwise he would alarm the patient by telling him that it was an emetic,—a circumstance that has happened more than once.

This prescription, modified according to circumstances, can be used in pneumonia, phthisis, chronic bronchitis and spasmodic laryngitis. It is said that this drug is also useful as a spray in relieving the dry throat of phthisis. Failures will occur in the use of apomorphia, as with any other drug, but I have found it to be due to the use of old specimens or of those solutions which have become decomposed and show quite green.

I am sure that any physician who will totally abandon the use of opiates in the treatment of respiratory diseases, use apomorphia and the bromides where indicated, and in the manner above described, will obtain results in a shorter time and far superior to any he has hitherto obtained or can obtain in any other way at present known to medical science.

NEW YORK, August, 1887.

BLEPHARITIS MARGINALIS AND ITS TREATMENT. By A. D. WILLIAMS, M. D., of St. Louis, Mo.

This is the technical name for inflammation of the edges of both lids, but is not entirely correct, as it does not indicate the exact nature of the trouble. The primary disease is in the roots or bulbs of the lashes. In bad cases, however, the disease of the bulbs extends to the adjacent tissue and often involves the whole free margin of the lid. Then it becomes properly blepharitis marginalis. The exact cause of the disease is un-

known. Formerly it was supposed to be caused by parasites and was often designated "tinea tarsi." But that idea is now known to be erroneous. It is probable, however, that some kind of a microbial parasite is at the bottom of the trouble. This disease attacks all kinds and conditions of people, but the so-called scrofulous subjects are particularly liable to have it. The mildest form of the disease is difficult to diagnose. Often the only evidence of the coming trouble is the easy falling of the lashes. When they are pulled upon they come out in large numbers. Then again close inspection often discloses very fine bran-like scales nestling closely around the lashes on the skin. A slight burning and itching constitute the usual subjective symptoms. Later on the scales and scabs are well marked, some of the scales projecting a quarter of an inch among the lashes, while the scabs lie flat down on the skin with yellow points of suppuration showing beneath them.

Sometimes the disease is manifested only by repeated styes, one after another, the patient rarely being free from them. In bad cases the edge of the lid often becomes a solid mass of scales and crusts and when these are forcibly removed large ulcers are found beneath them, which bleed easily and freely.

Sometimes the lashes disappear, giving the lids a very ugly *bald* appearance. This together with the intense redness of the edges of the lids causes great deformity.

Blepharitis marginalis *always* causes more or less conjunctivitis.

The prognosis is good; only occasionally a stubborn or difficult case is encountered.

THE TREATMENT is simple and can be briefly given.

In the first place, if the lashes are long and matted together by the crusts, making it difficult to remove the latter, snip them off close to the skin with scissors. Then remove all the scales and scabs with as little violence as possible. If large ulcers are found beneath them, touch them with the end of a probe, dipped into a strong solution of nitrate of silver (about 20 grs. to the ounce). Dry the lids off and rub over the entire free margins an ointment composed of vaselin and yellow oxide of mercury (1 gr. of latter to 1 drachm of former). This ointment must be well rubbed into the sores and in among the roots of the lashes. A little of the ointment should be allowed to remain among the

lashes to be gradually absorbed. The patient takes the ointment home with instructions to rub it well into the lids two to three times a day, always wiping off the superfluous ointment so the lids will not look too greasy.

This treatment faithfully carried out, will soon make the worst cases of blepharitis marginalis get well. The treatment however should be continued for quite a while after the lids apparently get well in order to guard against a return of the trouble.

In making the ointment the medicine should be *well* mixed with the vaselin by rubbing them *well* together.

Pulling the lashes out in these cases is unnecessary and may be harmful, though writers often advise it. The lashes soon begin to grow vigorously and the "bald" lid is promptly covered with a new crop, relieving entirely the ugly deformity.

Internal medication is unimportant, but may be used for other indications.

THE COMPARATIVE SIZE OF BLOOD CORPUSCLES IN MAN AND DOMESTIC ANIMALS. By FRED A. DETMERS, B. Sc., of Columbus, O. *

Ever since the Hayden murder trial (October, 1879) in Connecticut, the subject of the comparative size of the blood corpuscles of man and animals has awakened greater interest in the minds of microscopists and medico-legal experts than it had before, and by many it has been made a special work.

The point of difference about which discussion centers itself is, that some investigators attribute to the microscope the power to distinguish between the blood corpuscles of human beings and those of other animals, especially of the dog. There are others who take the opposite ground, and say that no such distinction can be made.

That the investigation is of great importance, must, I think, be admitted by all; as yet, however, no definite results have been obtained. Thus far, each one has to rely on his personal experience and investigation into the subject.

*Paper read before the American Society of Microscopists at Pittsburgh, Pa., Sept. 1, 1887.

With a view to ascertain whether there is, or is not, an essential difference as to size and outline between the blood corpuscles of man and some of our domesticated animals, I determined to investigate the subject for myself.

In order that my measurements could in no way be influenced by the results obtained by others, the reports published from time to time were not studied until my measurements were completed.

Of the ten specimens of blood examined, all were taken from live animals, with the exception of that of the new-born rabbit, which had been dead but a few hours. The cat was under the influence of chloroform when the drop of blood was taken, and the blood of the new-born child was taken from the umbilical cord, and was obtained through the kindness of a physician.

All the slides were prepared under the same circumstances and in exactly the same way, viz: by putting a small drop of blood on a perfectly clean slide, near the edge, then passing this slide, drop downwards, gently over another perfectly clean slide, and thus spreading the drop of blood over the surface of the latter in an uniformly thin layer. When this was dry, a ring of shellac was run on the slide; then a perfectly clean $\frac{3}{4}$ th inch cover-glass, 90 *mikra* in thickness, was carefully placed on the ring, and when this was dry, a ring of shellac was run around the cover.

The instruments used in the examination of the blood were Bulloch's professional stand with mechanical stage; Tolles' 1-15 homogeneous immersion objective, corrected at 1; numerical aperture, 1.30; Bulloch's No. 9 eye-piece, with cob-web micrometer; W. A. Rogers' stage micrometer, divided in 1-100 millimeters (10 mm. or 1001 lines) and in 1-2500 inches ($\frac{2}{5}$ inches, or 1001 lines); an Abbé condenser made by Bulloch, and used with a small diaphragm; a common coal oil lamp.

In all the measurements the objective was corrected at 1; cedar oil was used as immersion fluid, and the same length of tube, 238 mm., as also the same *optical* tube-length was maintained.

It is true that with the high amplification I used—1700 diameters—no objective, however good, brings out the outline of the corpuscles as sharp as a mathematical line. Judgment must be used as to how much of the so-called "shadow" surrounding the corpuscle shall be included in the measurement of the corpuscle and how much shall be regarded as shadow. Then again the

cobwebs of the micrometer have a certain thickness. This is, however, a much more accurate means of determining the actual size of a corpuscle than by using the glass micrometer, and then guessing at the exact size, where it cannot be measured.

On each slide the corpuscles which were approximately in the center of the field as the slide was moved from right to left, were measured. Those that were higher or lower than about one fourth the diameter of the field were not measured, because the focus of the outline of these corpuscles above or below a certain distance from the center is never fully as sharp as of those in the center, and in bringing them to the stationary cobweb, into a position where they can best be seen, the slide must needs be moved up and down, as well as sideways. In doing this, confusion would arise as to which had been, and which had not been measured. Of the corpuscles in the center of the field, only those were measured which appeared to be approximately round; those showing a marked irregularity in shape were skipped.

One hundred corpuscles on each slide were measured, the measurements taken in divisions of the eye-piece micrometer. Each measurement, as soon as read off, was recorded in the tables accompanying the thesis.

Only the average size of the whole 100, and that of the largest and smallest corpuscles were reduced from these divisions to *mikra*, 21.16 of these divisions, with the optical apparatus employed, being equal to one *mikron*. This is the result of many measurements of Roger's stage micrometer.

The measurements were not reduced to inches, because the *mikron* is accepted by the American Society of Microscopists as the *standard* microscopical *unit*, and as such it is also recognized all over Europe.

The photographs were taken so as to include as many as possible of the corpuscles that were measured. These can be measured on the negative, and by this means the first results can be verified.

In making the photographs, I used a Blair camera, Bulloch's professional stand, Tolles' 1-15 homogeneous immersion objective, corrected, at 1; Beck's No. 1 eye-piece (approximately a 2-inch eye-piece); an Abbé condenser, made by Bulloch, used with a small diaphragm; a large bull's eye condenser, made by Bausch

& Lomb; a coal oil lamp with a flat No. 3 burner; Seed's 5x7 dry plates, sensitometer 21. Time of exposure, 8 minutes. Exactly the same length of tube, and the same length of camera were used for all the photographs, and as Roger's stage microscope was also photographed with precisely the same appliances, the exact amplification, which is 1040 diameters, could be easily measured on the negative.

After carefully examining the specimens of blood, I feel that I can assert without fear of contradiction, that there can be no question but that the blood of human beings can readily be distinguished from that of such animals as the mule, cat, calf and horse, and more readily from cattle, sheep and pigs. As there is so marked a difference, I have thought it necessary to examine only the blood of the first three, and to record the results obtained.

The blood corpuscles of these animals are not only on the average much smaller, but the largest corpuscles measured are smaller than those of but an average size of the human blood. This can easily be seen by referring to the tables of measurements, and also to the photographs.

Between the blood of the rabbit, dog and man, finer discrimination must be made. Although the average size of the blood corpuscles of the two former is smaller than that of man, the difference is not very great. It may be, however, that by further investigation, by examining other specimens of the blood of these animals, this difference may be found to be a permanent one, and again we may find it greatly diminished. A much more thorough and extensive examination than I have been able to make here, must be made before a difference can or ought to be established with certainty.

It is a much simpler matter to distinguish between the blood corpuscles of a very young and a full-grown animal of the same species than it is to distinguish between those of the full-grown rabbit, dog or man. The blood corpuscles of very young animals lack symmetry of outline and show a marked inequality of contour. Only the minority of the corpuscles are approximately round, and these round ones are chiefly those which are more or less isolated on the slide.

A noticeable feature in this connection, discovered in these examinations, is that almost invariably the largest corpuscles are found where the corpuscles are scattered; and in a field where

they are numerous and close together the general average also is smaller.

The greater size of the blood corpuscles of young animals, their want of symmetry in outline, and want of roundness, can all be explained, if we assume that they are less dense, and hence softer than those of older animals. And it seems that the manner in which the slides were made, brought to bear a greater pressure on these softer corpuscles than they could resist, and hence they became spread out, showing distortions which are rarely found in the blood corpuscles of older animals, which we must assume have become more dense and compact as the animal grew older.

In the specimens examined of the blood of the old dog and of the full-grown person, there is certainly a difference in size as to the average, and also as to the largest and smallest corpuscles. So, if in, suppose, a criminal case, it should be claimed that a certain specimen of blood is that of an *old* dog, it might be determined without much difficulty whether it was human or dog's blood. But suppose it was claimed to be blood of a young dog, one still entitled to be called a pup, then it would be almost impossible to determine which it was, if one expected to decide the question by the difference in size only.

For although there is a very marked difference in the sizes of the corpuscles of a young and an old dog, the size of the corpuscles of a young dog corresponds pretty closely with those of a grown person.

Thus, as to size, we might be at a loss to say which it was, but a decision might be arrived at through further investigation, as by employing other means than those of measurement only; here the difference in contour and apparent density would be an important point.

The largest corpuscle, 12 + *mikra*, found in the specimen of child's blood, is very much larger than any yet found, but the average of the 100 corpuscles measured is smaller (to however so slight an amount that it may be due to some mistake in the measurements) than the average of the young dog's blood. I would, therefore, pronounce it impossible, on the strength of the measurement made, to distinguish between the young child's and the puppy's blood.

But even with all the data here furnished, to look at the matter carefully from all sides, it would indeed be rash, and in many

cases criminal, to arrive at a final conclusion. The investigator must be expert, exact, and must have had experience in this work; and not only that, but he must be conscientious, as well. It will not do to take for granted that the average size of the entire quantity of blood corpuscles in any one animal, and much less the average size of the whole quantity in all the animals of one species, corresponds exactly to the average size of the one hundred corpuscles taken from a single drop of blood.

Of course, it is utterly impossible to measure every corpuscle in the blood of an animal, but a thousand or more should at least be measured before the mere hypothesis, that there is a well defined difference between the blood corpuscles of human beings and those of some of our domesticated animals, can be established as a fact.

[In the measurements which follow, we have taken the mean of each table. — Editors ST. LOUIS MEDICAL AND SURGICAL JOURNAL.]

HUMAN BLOOD, NO. 1.

Largest corpuscle—201 spaces, or 9.500 *mikra*
 Smallest “ —141 “ “ 6.660 “
 Average of 100 corpuscles—175.40 spaces, or 8.290 *mikra*

HUMAN BLOOD, NO. 2.

Largest corpuscle—194 spaces, or 9.168 *mikra*
 Smallest “ —146 “ “ 6.900 “
 Average of 100 corpuscles—169.13 spaces, or 8.000 *mikra*

BLOOD OF NEW-BORN WHITE RABBIT.

Largest corpuscle—214 spaces, or 10.110 *mikra*
 Smallest “ — 89 “ “ 4.210 “
 Average of 100 corpuscles—176.4 spaces, or 8.340 *mikra*

BLOOD OF AGED RABBIT.

Largest corpuscle—178 spaces, or 8.410 *mikra*
 Smallest “ —112 “ “ 5.290 “
 Average of 100 corpuscles—156.93 spaces, or 7.420 *mikra*

BLOOD OF DOG (AGED).

Largest corpuscle—196 spaces, or 9.260 *mikra*
 Smallest “ —138 “ “ 6.520 “
 Average of 100 corpuscles—162.65 spaces, or 7.670 *mikra*

BLOOD OF PUPPY, 5 DAYS OLD.

Largest corpuscle—220 spaces, or 10.397 *mikra*
 Smallest “ —160 “ “ 7.560 “
 Average of 100 corpuscles—191.04 spaces, or 9.0283 *mikra*

BLOOD OF MULE.

Largest corpuscle=165 spaces, or 7.798 *mikra*
 Smallest " = 97 " " 4.584 "
 Average of 100 corpuscles=128.3 spaces, or 6.063 *mikra*

BLOOD OF CALF (3 DAYS OLD).

Largest corpuscle=150 spaces, or 7.089 *mikra*
 Smallest " =103 " " 4.868 "
 Average of 100 corpuscles=126 spaces, or 5.990 *mikra*

BLOOD OF AGED CAT, MALE.

Largest corpuscle=150 spaces, or 7.089 *mikra*
 Smallest " =103 " " 4.868 "
 Average of 100 corpuscles=126 spaces, or 5.990 *mikra*

BLOOD OF NEW-BORN CHILD.

Largest corpuscle=260 spaces, or 12.287 *mikra*
 Smallest " =140 " " 6.616 "
 Average of 100 corpuscles=191.03 spaces, or 9.028 *mikra*

 Hospital Notes.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., Superintendent.

XVIII.—COMPOUND FRACTURE OF FOREARM;—NON-UNION;—REPEATED OPERATIONS;—PARTIAL SUCCESS. By BRANSFORD LEWIS, M. D., Assistant Superintendent.

B. D., aged 35, German, single, teamster, on June 16th, 1885, was thrown from a wagon to the ground, striking on his left arm. A compound fracture of the radius and ulna, at the junction of the upper with the middle third, resulted. It was treated antiseptically and dressed in a felt splint. The wound at first suppurated, but afterwards healed slowly. There seemed to be no attempt at union during the first month, at the end of which time a plaster-of-paris splint was applied, and five weeks later, the same condition being present, it was again applied, but without success. On Dec. 9th, the bones were cut down on; their ends were found to be rounded and covered with fibrous tissue; they were sawn off evenly and drawn together by means of silver sutures. A rubber tube drained the secretions through a

counter opening on the ulnar side of the forearm. After sewing the wound and dressing it antiseptically, an anterior board splint for the forearm, and a posterior right angled pasteboard splint for the arm and forearm, were applied. Primary union of the soft parts followed but the bones remained ununited.

The operation was repeated on May 31st, but without any better success. On Jan. 12th, 1887, a third operation was performed. This time the bones were sawn so as to overlap, thus:

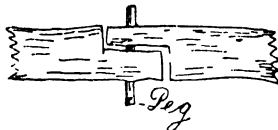


Fig. 6.

apposition being maintained by means of an ivory peg inserted into holes drilled through each pair of fragments and held there by figure-of-eight silver wire. In this instance antisepticism was not so strictly observed, some inflammatory action being desired about the bones. Suppuration did ensue, with the inflammation, which at one time threatened erysipelas, but this was prevented by the application of carbolized glycerin. By June 1st tolerably firm union had taken place between the fragments of both bones, that of the ulna being the stronger.

The patient was then allowed to carry the arm in a sling, and at the time of his discharge, July 13th, he was able to make considerable use of it. Throughout the patient's whole affliction, he had excellent general health, and no direct cause could be assigned for the refusal of the bones to unite.

XIX.—TELEGRAPHER'S PALSY.—IMPROVEMENT.

H. R. B., male, æt. 27, American, single, telegraph operator, a man of intemperate habits, had worked at his profession for ten years before the trouble for which he entered the hospital Aug. 28th, 1887, came on. He had had previous slight attacks of cramps in the afflicted arm, but they were only transient. About a month before his arrival, he first felt a numbness in the right hand (the one with which he worked), and found, twelve hours later, that he could not elevate his hand by means of the extensor muscles. This condition had continued up to the time of examination. It was found too, that sensation was diminished

on the extensor surface of the limb and that the flexor muscles were somewhat weakened. No cause for the malady, other than his occupation could be discovered.

Local faradism was used for three days, with some improvement, when the patient insisted on going out.

Clinical Reports from Private Practice.

COMPOUND COMMINATED FRACTURE OF THE LEFT FEMUR. By W. F. WILKINS, M. D., of Ottawa, Kas.

I was called by telegram to a neighboring town, in consultation with Dr. B., in a case of compound comminuted fracture of the left femur. Mr. J. W. G., while mowing grass on his farm, lost control of his team and in the runaway sustained the injury mentioned above. The attending physician had determined to amputate at the upper third, but the patient objecting, I was called in council.

The long sharp bone from the fracture had, by the machine, been driven through the tissue, between the rectus and sartorius muscles, into the ground. I reached the wounded man three hours after the accident. The doctor had a compressor on the thigh twisted with a stick and was waiting. After making a cursory examination and consulting with my colleague, at the earnest solicitation of the patient and his family, we determined to make an effort to save the limb.

Accordingly a mixture of ether and chloroform was administered to complete anæsthesia. The wound and bones were thoroughly cleansed with carbolized hot water. My instruments and hands were washed also in the solution. An incision was made obliquely across the sartorius muscle, down through the tissue to the bone, about ten inches in length.

The bones were then carefully dissected bare. While two assistants retracted the soft parts, with an archimedean drill I made two perforations through the first, reaching down through the second and third pieces of bone, drew a double silver wire through and around the detached pieces and twisted it firmly to-

gether, carefully filed off the ends and bent them down into small excavations made with a gouge for their reception. I then cleansed the whole with antiseptic water and brought the wound together with seven wire sutures.

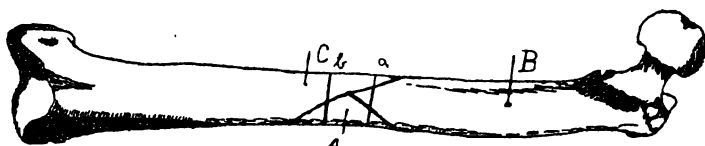


Fig. 7.

A, was entirely separate from other fragments. B, was entirely separate from other fragments. C, the piece which stuck into the ground. a, b, line of wire suture.

Iodoform was thoroughly dusted over the entire wound, and blown into the interstices and the whole was covered with absorbent cotton. A continuous bandage completed the work.

The injured limb rested for five days on pillows, when the dressing was removed and a plaster-of-paris dressing substituted. It was remarkable that very little pus had formed, and the major part of the wound had closed by first intention. During these five days he was given the following prescription :

R	Fl. Ext. Gelsem. Semp.	℥ i.
	“ Verat. Vir.	℥ ss.
	Aquæ dis. q. s. ad	℥ viii.

M. S. A teaspoonful every two hours.

On the ninth day there was no evidence of fever, and the temperature being normal, the sedative was discontinued.

He made a rapid and good recovery in twenty-one days.

At this writing he is able to attend to his business on the farm, walking with the aid of a cane. A slight limp only remains to attest to the terrible injury of three weeks ago.

I am of the opinion that any other treatment, looking to the retention of the limb, would have resulted in failure. If I am in error, I court criticism.

It may be added, that in making the incision, the rectus muscle was not incised but dissected up and down to one side. The sartorius was diagonally severed and when the wound was closed the parts of this muscle were brought into a position as nearly normal as possible. No large bloodvessels were wounded. What little hæmorrhage there was, hot water controlled easily.

Correspondence.

DISLOCATIONS OF THE VERTEBRA PROMINENS.

The dislocations of the various joints in the human frame have been considered with various comments; their reduction has been studied, discussed by various surgeons who have made it a life-study. I have studied the various methods of many authors, such as Hamilton, Gross, Druitt and others, and I am not going to dictate how the reduction of a luxation of an articulation should be done; but, in my opinion, each one of these authors has his pet hobby as to how a certain dislocation should be reduced. I have had dislocations of nearly every class to attend to, and have reduced every one, which could be reduced, by manipulation; the only one which I met that, as the boy said, "floored me" was an inward dislocation of the *vertebra prominens*.

I was called to see a young man who was with others under the influence of ardent spirits just enough to make them "funny." In the evening, while amusing themselves—having a jolly time, one of their comrades let his companions take him and throw him over a small bush upon the frozen ground. In falling he struck upon his shoulders, driving the vertebra above mentioned, inward about an inch. Not being able to get up, they thought at first that he was in fun and let him lie for a few minutes; but when they found that he was not able to rise they carried him into the house, thinking that he would soon recover. About two o'clock in the night I was called, and upon inquiry told them that he was paralyzed and would probably die. I found all of his extremities and the lower portion of the body paralyzed. His lungs and heart acted normally. Being asked if it would do any good to send for another surgeon, I told them that they might do as they chose, but it would not be of any use.

They then telegraphed to my friend, Dr. J. P. Anthony, of Sterling, Ill. Upon his arrival, in a few hours, before going to the bed-side, he asked what the trouble was and I told him. Upon examination he found the case as above stated. He also stated that the patient would probably not live twenty-four hours,

I attended him while he lived and had to draw his urine with a catheter about every twelve hours. He could not move any part of the body but the head; this he rolled from side to side until life was extinct, about forty-eight hours from the time of injury.

A young man, while riding in a buggy, was thrown out, dislocating his ankle and turning the foot almost square around and outward. I was called to see him in the night and when I looked at the foot I told some who were standing by that it was rather an awkward position. I took hold of the foot and leg above the ankle and by very little manipulation with my hands, reduced the luxation, producing scarcely any pain. I ordered cold water dressings and in less than a month my patient was able to be upon his feet again.

WM. HENRY, M. D.

Harmon, Ill.

TORN-OUT TENDONS.

EDITORS JOURNAL.—Noticing that the ST. LOUIS MEDICAL AND SURGICAL JOURNAL is publishing a series of cases of torn-out tendons I send you a short report of a case that occurred in my practice.

Last summer Mr. J. C. C—, Jr., while adjusting something connected with the binding attachment of a reaper, while in motion, had his hand caught by the beak or needle of the binder, which passed obliquely through the knuckle of the little finger of the right hand in such a manner as to destroy the joint, and, hooking under the extensor tendon, brought it away entirely,—the point of separation being near its origin or forearm.

The joint being useless—the little finger was amputated, an oblique portion of the metacarpal bone being removed with it.

The non-appearance of anything like distinct inflammatory symptoms along the extensive track, through which that long tendon was drawn, was a matter of some surprise. The muscular fibers still adherent to the proximal end would indicate laceration that would seem a sufficient cause for more suffering than was experienced.

I might add that *strict* antiseptic dressings were used, which may account for the freedom from acute symptoms, and his rapid recovery, as in ten days he was able to resume work.

F. L. MATTHEWS, M. D.

Springfield, Ills.

SAN MINGUEL DEL MEZQUITAL, Estado de Zacatecas, Mexico.
 Editors of THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

In the August number of your JOURNAL, I noticed a case of torn-out tendons of the big toe, by Dr. W. V. Kingsbury of St. Louis. As I have treated a very similar case I will state it briefly:

The 12th of last February a Mexican of about 24 years of age, cattle herder by occupation, called on me to prescribe for his finger. He showed me his right hand with the first phalanx of the thumb missing. He took out of his pocket the missing phalanx, with the corresponding two tendons on it. He told me, that eight days before, while lassoing a wild steer his thumb became tangled in the lasso and the running bull tore it out. As eight days had elapsed before I saw him, the torn-out phalanx and tendons had shrunk to a considerable extent, and the soft parts of the second phalanx were very much lacerated and suppurating. He told me that he had bathed the whole hand in cold water continually since the accident happened. Therefore the inflammation had subsided when I saw him. As I had doubts of effecting a cure by granulation, I thought best to amputate the second phalanx, but he would not consent to it under any circumstances. All he wanted, he said, was medicine for his finger, as he had to leave the same day for his home, a distance of about 30 or 35 English miles.

I cleansed the wound thoroughly with a weak solution of carbolic acid, and told him to keep it clean and to dress it twice a day with carbolated oil.

Acid. Carbol.	3i
Ol. Oliv.	℥ 3 X

I did not again see or hear of my patient, until about three months afterwards, when I had occasion to visit the hacienda where he was working. The recovery was complete. Having followed my instructions closely, he told me the wound had closed in about 25 days, without having formed an abscess or causing any other inconvenience. The tendons seemed to be, on close examination, as in Dr. Kingsbury's case, torn out by their muscular attachment, as I could not detect any defect in their structure.

As it is the first case I have seen in 20 years practice, and as Dr. Kingsbury correctly states, the cases are exceptionally rare, I thought it of sufficient interest to report to your widely circulating JOURNAL.

H. SCHULTZ, M. D.

Sept , 9th, 1887.

[Oct.,

Editorial Department.

FRANK L. JAMES, PH. D., M. D., and A. H. OHMANN-DUMESNIL,
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Mo.

ANTIPYRINE A PATENT MEDICINE.

It may not be generally known that the substance called Antipyrine and concerning which we have recently received two or three communications, is a PATENT MEDICINE in the strictest sense of the words. Not merely is there a trade-mark covering the name, but the medicine itself is actually patented, and consequently is in exactly the same category, so far as medical ethics are concerned, as Mrs. Winslow's Soothing Syrup, Jagg's Antiruricon, Reginald de Courcy's Bile-beans or Smith's Liver Ejector.

That the physicians have not found out this fact is surely not the fault of Dr. Knorr or his American representatives, since we find in several trade and secular journals the following advertisement, liberally "displayed."

ANTIPYRINE, THE NEW FEBRIFUGE. ———— & Co. of New York, proprietors of AMERICAN PATENT No. 307, 399, dated Washington, October 28th, 1884. *Every package must have number and date of American Patent, also the trade mark "Dr. Knorr's Antipyrine."*

In despite of this advertisement we confess we were ignorant of the fact that the drug was patented and hence have admitted certain notices of it into our columns. Our excuse is that we had never used the drug nor had we ever seen a package of it. This

excuse cannot, however, be plead by those who are filling or trying to fill the pages of reputable medical journals with glowing tributes to the virtues of the patented stuff, since if the advertisement be true they must be aware of the patent.

In admitting the short notes which have hitherto appeared we but followed the example set by that model of professional propriety, the *Journal of the American Medical Association*, which in its number for July 2nd, 1887, published *in extenso* a paper in praise of the remedy, from the pen of Dr. N. S. Davis, Jr., the son of its Editor-in-Chief. "Consistency's a jewel."

THE INTERNATIONAL MEDICAL CONGRESS.

The Ninth International Medical Congress has been held and we may now pass judgment upon it. It was not that brilliant success which its sanguine friends wished to see, nor was it the dismal failure which its opponents predicted. In point of numbers it was successful to a marked degree; one thing, however, being noticed, viz: the paucity of foreigners; and while there were but few of these present, they were gentlemen who stand high at home and they shed a certain amount of lustre upon the Congress. So taken all-in-all, in point of attendance, it was a successful meeting.

In regard to the scientific communications which were made, it must be confessed that the standard of excellence attained at the London and Copenhagen meetings was not maintained at Washington. A large number of papers were read and discussed, and many had better been left at home. On the other hand many of the papers presented are of the highest scientific value, and will reflect honor both upon their authors, and upon the Congress.

The Committee of Arrangements of the Congress arranged a number of social features very admirably, but, unfortunately were unable to carry out the details with that thoroughness which the conditions demanded. Thus at the conversazione in Pension Hall, held the first evening, everybody was indiscriminately admitted so that the hall, large as it is, was filled almost to suffocation and the decorated trans-Atlantic scientist found himself elbowed by the ragged representative of American Democracy. In like manner at the President's reception, any and every one was

admitted and the physicians attending the Congress and for whom this reception had been arranged, were compelled to stand in line for hours.

Barring a few unpleasant events of this character, everything went along smoothly, and there was but one incident to mar the general placidity of the surface and this was not a home quarrel.

The Western physicians did well and the broadness of their views and of their methods was the subject of observation and of commendation.

Many old friendships were renewed and new ones formed through those interesting and enjoyable occasions, the nine o'clock dinners.

THEISM—THEINISM.

The English language abounds in anomalies and is especially rich in words which, though spelled exactly alike, mean totally different things or conditions; but we imagine that the entire list of verbal isomorphs, to borrow a term from chemistry, might be sifted without finding a parallel for the absurdity presented by the newly coined name for intoxication from the use of tea (*thea viridis* or *thea bohea*)—theism. By long usage this word has acquired the signification of "the belief in the existence of a god" (in contradistinction to atheism), and this is the first idea suggested to one on seeing it, even when it heads an article in the pages of a medical journal.

Of course, we have no fault to find with the word itself in its new significance, since it is constructed accurately enough upon the rules of language; but it seems to us that, for the sake of perspicuity and the avoidance of adding to our language any more words of double import, it would be far better to make use of another term. Since *theine* is the active principle in the intoxication which has been dubbed 'theism', an equally correct derivative would be *theinism*, and it would be free from the objections urged above.

The subject (theinism) is one likely to be much written about in the near future, since from a combination of reasons, chief of which are the constant cheapening of teas by improved methods of transportation, etc., and the growth of prohibition, tea is com-

ing more and more into excessive use among the masses—which of course will lead to frequent examples of the form of intoxication. A very excellent and valuable study of the subject has recently appeared in the *Boston Medical and Surgical Journal* from the pen of Dr. William N. Bullard of Boston, whose conclusions may be briefly summarized as follows :

(1) That the action of tea is cumulative.

(2) That its action is more pronounced on the young, and on those subject to anæmia, or in a depressed physical condition, although persons otherwise healthy not infrequently show toxic symptoms.

(3) That among the class of people under consideration, who, as a rule, use medium grades of Oolong tea and Souchong (English Breakfast Tea), the average amount needed to cause toxic symptoms is a little less than five cups *per diem*.

(4) That chronic tea-poisoning is a frequent affection, and that its most common symptoms are loss of appetite, dyspepsia, palpitation, headache, vomiting and nausea, combined with nervousness and various forms of functional nervous affections, hysterical or neuralgic. These symptoms are frequently accompanied by constipation, and pain in the left side or cardiac region.

FRESHNESS PERSONIFIED.

The gosling condition of the newly graduated physician—that in which the proud possessor of the creaseless sheepskin thinks that what *he* does not know is not worth knowing, and that the eyes of an admiring world are fixed upon him, is but a very mild form of egoistic idiocy when compared to that displayed by a weak man who fortuitously finds himself in the proud position of editor of a medical journal in which his lucubrations may see the light without being pruned and corrected by more experienced hands, or running the gauntlet of the wastebasket and the office stove. It makes no difference that the journal is a twenty-four octavo-page monthly, at a dollar a year, with a couple of hundred paying subscribers—he is just as proud of his screeds as though he owned the *Lancet* and spoke to a hundred thousand readers.

Such men are usually reformers, or would-be reformers, who fancy that they have a mission to perform, a high and noble

destiny to fulfill, and they announce the fact in their "salutatories" with many a rhetorical flourish, in which pathetic wails for the degeneracy of modern medicine are mingled with verbose declarations of their intended "reforms". The "code" and its violations, the wickedness and short-comings of specialists and, above all, the general cussedness of older and especially of successful journals, are fruitful themes for his "facile pen."

We were led to this train of thought by receiving a marked copy of a little journal, published in Pittsburgh, Pa., of the sort alluded to above. It has safely reached the ninth number of its first year and is blessed with seven editors. Its chief mission, judging from the character of its "original" matter is to reform medical advertising, or rather the advertising pages of regular medical journals—a subject which, according to the old saw about money and children, it feels itself peculiarly qualified to talk, since it has no advertising to speak of. It announces in bold face long primer that "no secret, *trade mark* or *proprietary* medicines will be admitted into its columns,"—an announcement, under the circumstances, which recalls the old song—

"I cannot marry you, my pretty maid!

Nobody asked you, sir! she said."

An article in our JOURNAL on "Substitution by Druggists" and another commenting on some impertinent remarks of Dr. Squibb, having excited the virtuous indignation of the editors of this bantling, it proceeds in its August number to bewail the fact that such stuff "from an obscure western journal" should have been widely copied and favorably commented upon by almost the entire medical press of America.

Those who have followed the course of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL know that during its forty-four years (nearly) of continuous existence, it has never admitted to its pages the advertisement of a *secret remedy*, nor that of any "proprietary" or "trade-mark" preparation that availed itself of other than legitimate medical journals, or addressed itself to other than physicians. Further, they know that we hold that while the physician who is not able to write his own prescriptions and compose his own formulæ is not worthy of the name, we also hold that when one finds a drug or combination of drugs of known formula, ready prepared by responsible men and which in many cases will answer as well or even better than his formulæ, he would be worse than a fool not to use it, even though it be protected by a proprietary

name. In such cases, as we have said before, the name is but the guinea's stamp, a guarantee of genuineness and currency, and we cannot, for the life of us, see the difference between him who prescribes McMunn's Elixir, Hoffmann's Anodyne, Squibb's ether or chloroform, or Merck's cocaine, and him who writes Bromidia or Listerine, Celerina or Acid-Phosphate.

The entire argument of the Pittsburgh journal is weak and puerile, as its arraignment of the entire respectable medical press of the world for venality and corruption, is egotistic and pharasaic. "I am holier than thou" has been heard too often before this to attract any further attention.

As to the "obscurity" of this "Western JOURNAL" we would remark that it goes to every civilized country on the globe, and is known and quoted quite as often as any other published in this region, at any rate. The very journal which contains the offensive screed has within its very limited space, two articles taken from our pages—one duly accredited, *the other stolen*.

QUESTIONS AND ANSWERS.

Benzol.—Numerous correspondents have written to us within the past few months asking information concerning this product. Many tell us that their druggists give them benzol when they ask for benzol, and assure them that the two substances are identical. Others complain that they get a fluid labelled benzol, but differing from typical benzol not only in specific gravity, odor and color, but in its chemical and physical reactions. This anomalous state of things would not have been surprising a few years ago, when benzol had but few uses in the arts and sciences; but at the present time, when there is scarcely a hamlet in the United States that does not contain one or more workers with the microscope, and where every large city contains its hundreds to whom benzol is a necessity, we confess it is a curious commentary upon the conservatism and ignorance of a portion of the drug trade. The error or confusion in the names was due originally to the imperfect knowledge of the series of hydrocarbons to which the substances in question belong, and secondly to the unadjusted differences between the old and new chemical nomenclatures, and it has been perpetuated by the peculiarities of one manufacturer (Merck) who labels his benzol as the fancy happens to suit him, benzol or benzol. In the exact chemical

nomenclature of to-day the name *benzin* is applied to a mixture of hydrocarbons of the series $C_n H_{2n+2}$, obtained from petroleum. It has the well-known, rank, disagreeable odor of coal oil in an intensified degree, which is modified but slightly by the purifying process known as deodorizing (God save the mark!). It is a solvent of many oils, fats and resins but fails to attack or attacks but imperfectly many which are soluble in pure benzol. It is also known in commerce as *benzoline*, and by the Germans as *petroleum ether*. Benzol on the contrary, is a definite substance having the formula $C_6 H_6$. It is found in commerce in two grades viz: (1) benzol (sometimes labelled *benzol pura*), having a specific gravity of 0.88 (about), an ethereal but somewhat nauseous odor (especially on evaporating) and remains fluid at a temperature as low as zero Fahr.: (2) *benzol purissima*, or chemically pure benzol is the former purified by redistillation after repeated washings in dilute sulphuric acid and solutions of potassium hydrate. It has a pleasant, fruity odor, reminding one of gum benzoin, and crystallizes at $32^\circ F.$ into rhombic prisms. The benzol pura retails in this city at 85 cts. per lb., and the purissima at \$1.60. A firm in Baltimore has put an article upon the market labelled "pure benzol," a few specimens of which we have seen. It is not by any means, what it claims to be—if Merck's *benzol purissima* is taken as a standard.

Capsicum Annum.—Dr. C. E. Olmstead, of 322 W. 37th St., N. Y., says "I saw a quotation from your journal recommending *capsicum annum* for bruises, etc. What is it?" This is another question which has been asked several times. On prescribing it here, several druggists declared that there was no such drug, and that the wholesale houses did not know it. This is simply inexcusable, since the dispensatories (if not the Pharmacopœia) give a full history and description of the plant, which is nothing more nor less than the common annual red pepper of the gardens. It is also known as *capsicum fastigiatum*.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

Clinical Microscopical Technology.—Owing to pressure upon our columns from other sources we are compelled to omit this subject this month. In the next number we shall take up the technology of the microscopical examination of blood.

THE AMERICAN SOCIETY.

The Gathering at Pittsburgh was a disappointment in one respect only—in the matter of numbers; in every other it was a very decided success. The absentees embraced among them a number of the old 'stand-bys,' men who have hitherto been present at every meeting, and whose absence was therefore the more noticeable. Among those after whom most frequent inquiry was made, and whose arrival was hoped for even up to the last day of the gathering, were Governor Jacob D. Cox, of Ohio; Mr. E. H. Griffith; Prof. Hamilton Smith; Dr. Clapp, of New Albany, Ind., and his inseparable companion and friend, Dr. Sloan, of the same place; Mr. Walmsley, the optician, of Philadelphia; Prof. Newcomer, of Indianapolis; Prof. Stowell, of Ann Arbor; Dr. Taylor ("Greybeard"), of Thibodeaux, La., and Dr. Tom Taylor, of Washington, D. C.; Dr. Bob Dayton, of Cleveland; Dr. Stillson, of Indianapolis; Prof. E. Seymour, of Normal Ill., and many others who have never hitherto failed to put in an appearance at the annual gatherings. The reasons for their several absences were eagerly inquired into, and generally disclosed the fact that they were due to circumstances entirely beyond individual control, and not to any waning interest in microscopy or in the Society which now represents the science in America. Several of the absentees are teachers whose schools begin early in September, a fact which we trust will not be forgotten by the Executive Committee in the future, in the choice of the time for the annual meeting.

With this single exception a more genial and thoroughly homogeneous crowd never assembled under the hospitable roof of the Monongahela House in Pittsburgh. The accommodations were simple and to spare, the table was first class, and the attention perfect. Not a single complaint was heard on either or any score until the very close, when in settling accounts it was found that the charges were slightly in excess of the figures published by the Local Committee of Arrangements. This too, was easily explained and arranged, and the crowd left Pittsburgh thoroughly pleased with their visit and the results of the meeting.

The Credit for the happy condition of things described above is due very largely,—indeed almost entirely to the efficient and untiring labors of the Local Committee of Arrangements, composed of members of the Iron City Microscopical Society, of whom the head and front was Mr. C. C. Mellor, a gentleman who has proven himself a man especially fitted by nature and education to direct the business part of great undertakings—and surely it is a great undertaking to arrange for the comfort, amusement and work of a large number of visiting scientists, and to arrange a programme of work and play for a week that shall suit every one and go off without one single mishap, clash, or failure. Of course, he was most ably seconded by the others of the Committee, and indeed by the whole local society, each and every member of which seemed to have nothing else to do other than seeing that their guests left Pittsburgh with a contented mind and a proper appreciation of their wonderful city and its marvelous resources.

The Sessions of the Society were held in the chapel or lecture room of the First Presbyterian Church, and had a building been erected especially for the occasion it could not possibly have met the requirements better or more thoroughly. The room was amply large, the acoustic properties were perfect, and the galleries and lobbies, committee rooms, etc., afforded most excellent accommodations for the display of instruments and apparatus. At no other meeting have the members of the society been able to see and hear so well as at this one.

The Papers. While taking a wide range, as was to be expected in a society where the members represent so many of the arts and sciences united only by microscopy, those bearing directly upon the microscope in medicine or its kindred sciences

were marked by their absence. But two or three papers of direct value to the physician were presented. One of these was from the pen of a lady—a thesis on the comparative size of the blood corpuscles in man and domestic animals, by Miss Freda Detmers, B. Sc., of Ohio University. This paper is a remarkable one from any standpoint in which we may view it and fully justifies us in presenting the very full report thereof which appears elsewhere. We can only say of its author that she is the daughter of Professor H. J. Detmers, M. D., V. S. etc., educated under his eye and inheriting his well-known talent for exact investigation. We only regret that we are unable to reproduce the wonderfully beautiful photographs which accompanied the paper and illustrated it, since we consider the work as by far the best and most thorough contribution to this branch of medico-legal science made of late years.

Prof. T. J. Burrill, of Champaign, Ills., whose very interesting paper on Bacteria and Diseases, read at Chautauqua was published in the JOURNAL last year, and was so widely copied and commented upon, read a supplementary paper on Disease Germs, of which we will give a résumé next month.

Another paper of great value was on the Bacterial Origin of Foot-rot in sheep. It was a graduating thesis of a pupil of Prof. Detmers, and was marked by a thoroughness of research and a neatness and beauty of experimentation of the highest order. Most unfortunately the manuscripts and memoranda of the writer were lost on the homeward trip and the name of the author cannot now be recalled. We will make amends in a future number, as the work is well worthy of the closest study by every physician. In this, as in the paper by Miss Detmers, the exact and painstaking habits of Professor Detmers show through every line, though only reflected by the work of the pupil.

Of the other papers we may incidentally say that those of Professors Rogers, Kellicott, Gage, Burrill, and Seaman were of exceptional value to the science of microscopy.

The Working Session, held in the room used for meeting, the chairs being removed for the occasion, was marked by more than the usual practical and interesting features. Dr. Reeves, of Wheeling, and others, illustrated the uses and management of the various microtomes, parenchymatous embedding, etc. The various processes of injecting, preparation and mounting were

practically illustrated by numbers of experts. In fact the entire technique of microscopy, with all the latest and individual improvements, was most thoroughly demonstrated. Of the practical value of such séances it is a waste of time to speak, since in all mechanical operations one demonstration with the instruments and material is worth a library of treatises. As a proof of the very high value in which the principle is held, a proposition is now before the society looking to a change of the constitution by which a portion of each day will hereafter be given to practical demonstration. This proposition (put in the form of a motion) under the constitution must lie over one year before it can be acted upon, and while a few doubt the wisdom of the proceeding (thinking that the scientific character of the work of the society will be lowered thereby) there is no doubt of the acceptance of the proposed change. The plan will probably be considerably modified, however, before its final adoption, and the arrangements will be so made that sessions for the reading and discussion of papers will go on simultaneously with the working sessions. This can easily be effected when the accommodations are as good as they were at Pittsburgh. Unfortunately there is but one Pittsburgh, however, and we are afraid that this fact will stand in the way of the success of the plan.

The Soiree.—This took place at the old City Hall, and was attended by over 3000 of the best citizens of Pittsburgh. So complete were the arrangements of the Local Committee that not the slightest unpleasant incident occurred. The ventilation of the room was perfect, and the suffocation and crowding of all the former years were absent. The display of microscopes and the exhibition of preparations were fully equal to former years, having never been exceeded, either as to quantity or quality. The audience was orderly, decorous and appreciative, therein differing very widely from the herd that tramped through the hall at Chautauqua on the previous year. Altogether it was a fitting finale to the best meeting in many respects that the Society has yet held. Not a microscope nor a piece of apparatus was injured; not a slide nor a preparation stolen and there was absolutely no trouble or friction in getting to or away from the Hall. Another feather in Local Committee's cap!

The Officers for the Ensuing year.—By a change in the by-laws effected on the motion of Dr. W. J. Lewis, the nominat-

ing committee was appointed at the morning session on Wednesday (2nd day) with orders to report on the ensuing morning. This is a change in the right direction, as it will practically give the Society a chance to know and say something about the choice of the nominating committees, who have hitherto virtually elected as well as selected the officers. Under the new rule the committee reported early on Thursday morning the names of Professor D. S. Kellicott, for President; Dr. Detmers and Dr. Gage, Vice-Presidents; Prof. T. J. Burrill, Secretary; Dr. S. M. Mosgrove, Treasurer. The Executive Committee consists of C. C. Mellor, of Pittsburgh, Dr. Seaman, of Washington, and Dr. Mandeville, of New Orleans. The election of Professor Kellicott to the presidency was a delicate and well-merited compliment in recognition of his arduous duties as secretary during the past six years. Dr. Fell, the retiring treasurer, resolutely set himself against any use of his name for a continuance in office, and insisted that somebody else be made to bear the burthens and assume the thankless role of "dunner for dues" and custodian of the Society's currency and property generally. Dr. Fell has been a most assiduous worker for the advancement of the society, and knew that it could not be carried on upon any but a sound financial basis. He therefore made no bones of dunning delinquent members assiduously, and so well known was this fact that old members usually had their annual fees ready in one hand when with the other they "shook hands" with him on arrival. The new treasurer has served as assistant secretary for the past two years and is well-known as an ardent friend of the cause of microscopy.

The Tolles and Spencer Fund.—This fund, inaugurated in 1884 at the Rochester meeting and started by a five guinea subscription from the Royal Microscopical Society, has hitherto languished. Nobody cared to subscribe to it, since no definite object (other than to do honor to the names of the dead opticians) or method of applying the funds was suggested by the founders of it. At the late meeting Prof. Rogers proposed that the Society devote the interest of the fund to the institution of an annual prize to be worked for by the members of the society, and for the encouragement of young men engaged in experimental research. After some discussion the resolution was adopted, and in a moment money began to flow into the fund from all over the house in sums of ten, twenty and twenty-five dollars, the result

being a net gain of two hundred or two hundred and fifty dollars. It is known that a number of the friends of Tolles and Spencer will materially swell this by subscriptions already promised on the contingency which has thus been fulfilled.

In Conclusion; while, as remarked, medical microscopy did, not directly gain much by the Pittsburgh meeting, the art and practice of the science were materially advanced, and hence the meeting was a success in a scientific as well as a social sense. Every one who was at it will carry pleasant memories of the kindnesses and courtesies of our hosts for many a year. The number of new members gained was very considerable and embraces nearly the entire membership of the local club.

Apology.—We owe the *Microscope* an apology for an oversight in our September issue,—in failing to give that journal credit for the source of our abstract of Dr. Stowell's able article on the intercellular reticulum which Heizmann and others claim to exist in the enamel of the human tooth. This paper appeared in the *Microscope* for August. Hereafter when any really good and un-accredited abstract is found in these columns our readers can just credit it to the *Microscope* to pay for this lapse. They will be right in the great majority of instances.

American Dermatological Association.—The eleventh annual meeting of the society was held at Baltimore, Aug. 20th and Sept. 1st and 2nd last and proved to be not only interesting but highly successful. The following officers were elected to serve for the ensuing year:

President.—Dr. I. E. Atkinson, of Baltimore.

Vice-President.—Dr. P. A. Morrow, of New York.

Secretary and Treasurer.—Dr. G. H. Tilden, of Boston.

Secretary Bayard, who made the address of welcome at the opening of the Congress, is understood to be the most pronounced homœopath in Washington says the *Boston Med. and Surg. Jour.*

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

[NOTE.—The regular department is omitted here but abstracts of the various papers read before the International Congress held at Washington, will be found under "Progress of Medicine." O.-D.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXIV. CORNU CUTANEUM.

This disease or rather deformity is one which, whilst comparatively rare, is full of interest. It is classed among the hypertrophies and known ordinarily as cutaneous horn. A remarkable example has been exhibited to the public, for several years past, in "Tao," who has appeared in the various dime museums of this country. The growth is solid, hard and dry and its surface appears rough or wrinkled; it is more or less roundish in shape or may occur as a flat or irregular growth. When occurring as a true horn in shape, it may be long or short, roundish or conical, and is always more or less crooked and twisted when it has attained any length. The free extremity may be pointed or blunt, being pointed where short and, in general, conical in shape; and blunt when it has attained any considerable length. The length of these horns varies from a few lines to several inches; an example which I have seen, measured seven and one-half inches. The base of these growths is always larger than a cross section at any other point, and at the point of attachment is either flat or lightly concave. At the base there is a certain portion of skins elevated all around, looking like a ring and within this or even beyond its borders there extends a more or less marked inflammatory areola.

These growths are either solitary or multiple. They are solitary as a rule and almost always of a large size. They may occur upon any part of the body, the face and scalp being most

often the portion upon which they are seen. They drop off spontaneously and when this occurs the base is the seat of epithelioma.

The age at which these growths are observed is from forty to forty-five although they have been seen at or about twenty, in a number of cases. They grow quite slowly and there is no pain attending them. When of a certain size, however, moving them by the free extremity causes more or less sharp pain and discomfort. They are of rare occurrence and their cause has not yet been determined. They seem, however, to originate in a "wart" in the majority of instances, and observant subjects of this deformity have noted this as the beginning of their trouble.

These horns consist essentially of a number of slender columns held together by a sort of cement substance. The columns themselves are formed of cells from the lower layers of the epidermis. These cells are shrunken, dry and their nuclei cannot be seen in the distal portions of the growth. At the proximal part they can be distinguished and the vascular supply here can also be determined. Canals have been found, due to a greater or less shrinkage of the material composing the columns, above referred to.

The treatment of this trouble is of the very simplest, and entirely surgical. The simplest and best method, perhaps, is to make a circular incision around the base of the horn and going through the entire integument. This is not only thorough but embraces all the procedures necessary. Another method is to remove the horn and cauterize several times. In growths occurring in special localities the operative procedure must be governed, in great part, by the condition which is present. For instance, in some horny growths of the penis, the only operation which is satisfactory, is amputation. Whatever method is used one rule must be observed—the operation must be thorough and radical or one of two things will happen: the growth will recur or a troublesome epithelioma will develop.

In all these horny growths, immediate removal should be counselled. While it is true that they may exist for years without producing any pain or trouble, it is equally true that they may drop off at any time leaving behind them an epitheliomatous base which may prove very troublesome and refractory to treatment. This is especially the case when it occurs in old people or those pretty well advanced in adult life. In the young there is probably no danger of this kind but the ultimate result will be the same.

1887.]

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Puncture of Nerve-Sheath in "Choked Disc."—Mr. Carter reported to the Medical Society of London (*Lancet*, March, '87) a case of swollen optic nerve—the so-called "choked disc," in which after the usual treatment had failed, he punctured the sheath of the nerve and let out the serum that had collected there and the pressure of which produced the "choked disc" condition. The operation consisted in dividing the rectus muscle, turning the eye far inwards so as to expose the sheath to view. The incision of the latter was followed by an escape of serum, the immediate effect being an almost instantaneous relief of the distressing headache with which the patient had suffered. The recovery was rapid and uninterrupted. This is a new mode of treating this complicated condition, which is naturally so prone to lead to white atrophy, and total blindness, and it certainly is a forward step in the therapeutics of choked disc, whatever be the primary cause of the condition. We hope the operation will soon be repeated and that the result may thus be substantiated.

Cysts of the Optic Nerve.—A little girl, 12 years old, had had, for years, more or less prominence of one eye. At first the protrusion of the eye was barely perceptible, but it gradually and regularly increased, without pain or inflammatory reaction, till the mere prominence became a source of annoyance to her, because the lids would not easily close over the ball.

The eye was pushed straight out from the orbit. The diagnosis was difficult. A solid tumor of some kind could be felt, but no fluctuation could be detected. The idea of malignant growth was excluded by the history. On the supposition that it might be a cyst, an exploratory and free incision was made into the tumor, but nothing escaped and nothing definite was learned as to its nature. The ball was first removed and then the tumor was extirpated. To the surprise of all (several persons were present)

it proved to be a large cyst of the optic nerve, which had apparently developed in the centre of the nerve and occupied its entire length, necessitating cutting it off close to the optic foramen. The nerve had a round and regular cylindrical shape, tapering at each end and with a central diameter about equal to that of the eye-ball. The cyst walls were about a quarter of an inch thick and were so stiff that they did not collapse when punctured. Their inner surfaces were smooth and the cavity had evidently been filled with serum, all of which had escaped during the operation through the exploratory incision. Some weeks later, Dr. Hamilton of Columbus, O., showed me a specimen, consisting of an eye-ball attached to a cyst of the optic nerve, exactly similar to the one I have described. He had recently removed it from a girl about the same age and with the same history. In neither case was there any history of traumatism. These are the only cysts of the optic nerves I have ever seen and so far I have not observed any reports of such cases.

Aspergillus caused by Bathing.—During the month of August I treated three cases of aspergillus, or 'mushroom parasite' in the ear, all of them the result of bathing in cold water. One had bathed in the surf at the sea shore, another in the river and the third in the Natatorium here. The period of incubation in each instance was about three days, and in each the disease first manifested itself as a painful inflammation apparently of the skin of the external meatus, which was soon followed by a watery discharge from the ear. The pain persisted in each case until treatment was instituted. The characteristic lard-like secretion made its appearance about the second day after the inflammation had set in. The watery secretion in neither case became purulent, as it invariably does in ordinary *otitis externa*, and the lardaceous secretion at once settled the diagnosis. It is in this latter material that the parasite embeds itself. The treatment consisted of cocaine locally to control pain; and to destroy the parasites, I used boracic acid in alcoholic solution (10 to 20 grains to the ounce). This was dropped into the ear three times a day, and allowed to remain there from 15 to 20 minutes, each time. The ears were syringed with warm water once daily for the purpose of removing all loose material, and keeping them clean. The cases were discharged cured in from four to eight days. The above I think is about the best treatment for asper-

gillus. Some time since I saw a case where there was an old perforation of the drum which allowed the parasite to invade the cavity. It proved to be extremely stubborn, and after vainly trying other means I finally killed the parasite with a strong solution of nitrate of silver.

Ravages of Ophthalmia Neonatorum.—In a former number of this JOURNAL I carefully pointed out the great danger and destructive effects of ophthalmia of the newly born. The carelessness of physicians in this very grave matter is actually criminal. It must be remembered that if properly treated in the primary stages, all cases of this disease will get well rapidly and easily. But if neglected the case is far different. To illustrate its ravages I need only to refer to statistics. Dr. Taylor, in a recent clinical lecture (published in the *Lancet*, April 16th, 1887), states in substance that of the three hundred thousand blind persons in Europe to-day, fully one-third, or possibly one-half of them were blinded by this disease! My own observation leads me to think that this statement will hold true not only for Europe but for this country and, indeed, the entire world. Cr  d  , influenced by these appalling figures, has suggested as a prophylactic measure, which is asserted by him and others to be absolutely certain in its effects, that a 1 per cent. solution of nitrate of silver be dropped into the eyes of every new-born child. I am not altogether satisfied with this plan, and think it far better that those who are affected should be promptly and properly treated. The physician or accoucheur who understands his business will always be able to discover the first signs of the disease and promptly check its progress.

Crab-lice in the Lashes.—A short time since a young man consulted me concerning a trouble of the lids. On examination I found the lashes infested with crab-lice (*pediculi pubi-*), more than a dozen being taken off one lid! He told me that he had recently been infested with the pests, but thought that he was entirely rid of them. A few grains of mercurial ointment did the work for the survivors, and the patient was happy. I have taken "grey-backs" (body-lice) and head-lice from the ears of patients before now, but this was the first instance in which I had found any of the *pediculus* family in the lashes. Such cases are rare now-a-days.

Medical Progress.

THERAPEUTICS.

[NOTE. All the matter in the Departments under this heading in this issue, unless otherwise stated, are abstracted from the proceedings of the INTERNATIONAL MEDICAL CONGRESS recently held at Washington. We are indebted therefor to the very ample reports of the *New York Medical Record*, the Editors of which will accept our thanks for the same. EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL.]

Campho-phenique.—This is the trade or proprietary name that has been given to a very remarkable substance recently introduced into therapeutics. It is a definite chemical compound of camphor and phenol, having the formula $C_8 H_{11} O$, and consisting of nearly equal parts of camphor and pure carbolic acid. It is a limpid, thick, oily, highly refractive liquid, s. g. 0.994, of an agreeable aromatic odor partaking somewhat of those of its constituents, but less pronounced than either. It is sparingly soluble in water but, unlike chloral camphor, is not decomposed thereby. It is soluble in alcohol, ether, benzol, benzine and the animal and vegetable oils. It mingles readily with vaselin and dissolves paraffin and the resins. The most remarkable property, however, of the new compound is that it is absolutely non-irritant, and though consisting of 50.5 per cent of carbolic acid may be poured with impunity upon the skin of the tenderest infant. Poured upon an abraded or inflamed skin there is a momentary smarting and sense of warmth, which is followed by a sense of coolness and local anæsthesia. Samples have been furnished by the manufacturers to local surgeons and physicians and some of the results obtained have been very remarkable, especially in the abortion of boils and carbuncles by hypodermic injection. Equally remarkable have been some results in the treatment of necroses. A series of experiments is now being conducted with the new material and we hope shortly to present them to our readers. ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

Cascara Sagrada in Chronic Constipation.—Dr. John E.

Brackett, of Washington, D. C., gave botanical and chemical descriptions of the various species of rhamnus, and especially of *rhamnus purshiana*, known also as *casacara sagrada*. He considered the fluid extract in doses of from five to fifteen minims as curative in chronic constipation. In the discussion of the paper, Dr. Murrell, of London, stated that he had not had such results as would justify him in endorsing or even accepting this statement, while Dr. Phillips, on the contrary, had had experiences with the drug which quite confirmed Dr. Brackett's declarations, Dr. Woodbury went even further than Dr. Phillips and said that in the treatment of many cases of chronic constipation with piles, he found that both disappeared simultaneously under the effects of *casacara*. This was notably the case in women, who are prone to these disorders.

Alcohol as an Anæsthetic.—Dr. Link, of Indianapolis, read a paper with this title in the section of Surgery. He stated that he had used it in over one-hundred cases and had never had a fatal result, while anæsthesia was in all cases complete. He gave it internally in two ounce doses until a pint to a pint and a half had been taken and the patient was stupefied. After this about two drams of chloroform were administered in the usual way when a few respirations would put him to sleep. He was led to use the method in his efforts to avoid shock and consequent depression. The alcohol increases the heart's action and thus counteracts the depressant effects of chloroform.

Camp Diarrhœa.—Dr. Chas. W. Buvinger of Pittsburgh, whose note on camp dysentery is found elsewhere, says of the therapeutics of its kindred disease, camp diarrhœa, that the best remedy yet found, according to his opinion is oil of turpentine. He gives it in emulsion, as follows:

℞. Acaciæ pulv. ʒ jss.
Ol. terebinth. f ʒ ij. ʒ ij.

Misce et adde:

Aquæ f ʒ iiij.
Syr. simpl. ad f ʒ xij.

M. Sig.—One teaspoonful every three hours to adults.

Another efficient remedy is a mixture of mercury and ipecac as follows, the same being also most excellent in summer diarrhœa:

℞. Hydrarg. chlor. mit. gr. ij.
Pulv. ipecac gr. iiij.
Opii gr. v.

M. et in chartulas no. x. divide.

Sig.—One every three hours.

Chlorate of Potassium.—Dr. J. S. St. Clair Coghill, of Ventnor, Isle of Wight, after discussing the history of the remedy as applied in therapeutics and the theories hitherto advanced as to its method of action, etc., said that whatever be its mode, the beneficial effect of this agent upon inflammations of the throat and other mucous membranes has been established by experience. The ordinary lozenges are too strong and are liable to exert a caustic action upon the mouth; he uses only two and a half grains in each troche, with white sugar. This, in combination with arsenic internally, is almost a specific in clergyman's sore-throat. It is a valuable tonic and stimulant in cases of cardiac debility and impoverished blood, as in anæmia and chlorosis. It is remarkable what effect this has upon the development of the foetus, when given during the whole course of pregnancy. Several very interesting cases were cited. In the discussion which followed, Dr. Traill Green, the president of the section (Therapeutics) and Dr. Murrell advocated the use of the sodium salt instead of the salt of potassium. Dr. G. L. Magruder recommended the latter in the catarrhal affections of infants and Dr. F. E. Steward said that he had found it useful in the correction of foul breath.

PATHOLOGICAL AND PHYSIOLOGICAL.

Sewage and Water-pollution in Relation to Diphtheria.

—Dr. Chas. Warrington Earle, of Chicago, presented the results of a study of the causes of diphtheria in localities remote from sewer-gas influence in the less thickly populated Western States and Territories. He had received communications from a large number of physicians widely scattered over this great region. His conclusions are briefly summarized as follows: 1. Diphtheria occurs in the mountains and prairies of the great Northwest with the same malignancy as in the East. 2. And with equal virulence in vicinities remote from sewers. 3. When once introduced, the residents of damp sod-houses suffer with marked severity. 4. The infection is transported thousands of miles in some unrecognized vehicle. 5. There is abundant testimony that it follows the lines of railroads and steamers, making it imperative to increase the watchfulness and improve the methods of disinfection by railroad and steam-boat companies. 6. The

desirability of legal enactments obliging people of all classes to recognize their responsibility in regard to the control of contagious diseases.

Influence of Weather-Changes on the Human Organism.—Dr. E. S. Chisholm, of Tuscaloosa, Ala., after carefully noting the influence exerted by temperature, humidity, and electricity, concludes that by far the greatest power over the human organism is exerted by atmospheric pressure. In support of this theory he submits two arguments. The normal atmospheric weight on man is 14.7 pounds to the square inch at the sea level. The body is sustained by an equal power of resistance, wisely provided. If the pressure be less, the surface of the body will be distended, and the superficial circulation is less restrained. This change can be brought about by exposure to great altitude, as well as by natural physical causes, when the circulation will be disturbed just the same. Any undue pressure on a portion of the body may then be felt. May not this disturbance of tension on soft tissues which are fixed to the bony framework of man, or where disease has a seat in periosteal and ligamentous attachments, be liable to greater inflammations? Or when a nerve of a tooth, which in a state of health is inclosed in a bony chamber (which has no expansive liberties, nor needs them as long as health continues), becomes exposed through a small aperture? When the normal atmospheric balance is lowered, the nerve has a tendency to be drawn through the aperture and takes on inflammation, probably followed by congestion and complete devitalization. A report from the Pennsylvania Hospital, some years ago, on the observation of barometric pressure in surgical operations, shows that in 259 operations the barometer was ascending in 102, descending in 123, and standing in 34. Fifty-four of the whole number were fatal, 11 having been operated on with barometer ascending, 25 when descending, and 8 when standing.

The Anatomical Origin of Ovarian Cysts.—At the séance of July 6th of the Société de Chirurgie, M. Tereillon made several statements concerning the origin of ovarian cysts that are quite at variance with the ideas hitherto obtaining on certain points. Basing his opinion upon numerous observations in his own practice, he asserts that ovarian and parovarian cysts are of identical anatomical origin. Again, he says that parovarian cystic

tumors invariably return after puncture, an assertion entirely contrary to the opinions of Duplay and Panas. He asserts, also, that all ovarian cysts have their origin in the supernumerary ovaries and not in the organ of Rosenmueller. In this, however, he is in accord with Malasses and Sinéty. In the discussion which followed the enouncement of these views M. Quénu called attention to the clinical differences between ovarian and parovarian cysts and said that the same course of reasoning that gave them the same etiology might with propriety include dermoid cysts, which of course no one was prepared to admit. In his (Quénu's) opinion these different cysts have only one point in common and that is they spring from peritoneal epithelioma. In answer to this M. Terillon said he had seen multilocular cysts with little dermoid cysts sandwiched between the cystic tumors, and evidently such a dermoid cyst was developed at the expense of the ovary.

Camp Dysentery.—Dr. Chas. W. Buvinger, of Pittsburgh, says that this disease, as also camp diarrhoea is due to a radical change in the manner of living, the use of bad water from stagnant pools or wells contaminated with organic matters, the improperly cooked food and privations being important factors. Other factors were malaria and scurvy. He scouts the idea, now so prevalent, of micro-organisms as etiological factors. As to its treatment, no one remedy can always be relied upon, but he is convinced that fuming nitric acid of 43° B., as furnished by Powers & Weightman, is the best that we have. His favorite formula is as follows:

R Acid nitrosi, 49°	f ʒj.
Tinct. opii	f ʒij.
Aquæ destil	f ʒvj.
Syr. simpl	ad f ʒviij.

M. Sig.—A tablespoodful in one wineglassful of water every three hours.

Phthisis.—Concerning the etiology of phthisis, Dr. Phillips, of Edinburgh claims that experiments (his own and those of others) go to show that when ptomaines have been injected into animals all the characteristic symptoms of the disease follow. The author further claims that atropine counteracts the specific action of ptomaines. In the discussion which followed Dr. Herrick, of Cleveland took sides with Dr. Phillips, while Dr. Arnold, the president of the section, took issue with him. The latter stated that

Koch's experiments yet stood a monument of completeness, and that when Koch's bacillus was injected, even after it had passed through many generations of pure culture, it produced phthisis, and did this invariably.

Condition of the Fœtal Blood.—Krueger has examined the blood of ten newly-born children, the specimens being taken from the umbilical vein after the ligation of the cord and at the commencement of the first respiratory movement. He investigated the quantity of iron, the dry residuum and of the fibrin at the time of coagulation. He found that the dry residuum was greater than that of the pregnant woman (21.069 in the fœtus at term to 17.84 in the woman), while the proportion of fibrin on the contrary was smaller (0.1209 to 0.3820). In spite of this deficiency of fibrin the blood of the fœtus at the moment of birth the tendency to coagulation is much greater in the infantile blood than in that of the mother. Fœtal blood commences to coagulate in 45 seconds and is complete in 18 minutes and 1 second, while the normal period of coagulation of adult human blood is 2 minutes and 50 seconds.

Histology and Pathology of Reproduction.—Dr. H. O. Marcy, of Boston, read an elaborate paper on this subject before the Section of Obstetrics and Gynæcology. He endeavored to show that immediately after conception a destructive process affects the inner surface of the uterus; in some animals and in women this process is limited to the epithelium, while in other animals, as in the rodents, the destruction extends to the entire submucous connective-tissue layer. This destruction is essential, since it facilitates the setting up of neo-formative changes, from which will result the maternal portion of the placenta. This process consists in the formation of new vessels, which are distinguished from the vessels of the unimpregnated uterus in that both the artery and vein consist of only a simple endothelial wall, and that from the external surface of this is elaborated a layer of special cells not separable from the wall of the vessel. These are the so-called decidual or placental cells. The relation established between those two factors of new formation is what is known as placental development. The manner in which this relation is established gives rise to the different forms of the mammalian placenta.

DERMATOLOGY AND SYPHILOGRAPHY.

Vaccination During the Incubation Period of Variola.—Dr. Wm. Welch, of Philadelphia, endeavored to show that vaccination, during the incubation period of variola, is successful in preventing or modifying the eruption of small pox. During the initial stage, however, vaccination is without value. He also asserted that fresh eight-day lymph from a typical vesicle, introduced by means of multiple insertions is the best method, and based his opinions upon observations derived from 144 cases.

Rectal Alimentation in Skin Diseases.—Dr. Jno. V. Shoemaker, of Philadelphia, spoke of the speedy absorption, of substances in solution, by the rectum. He thought this method indicated in cases of lupus of the mouth and lips, after scraping; in pemphigus and impetigo of children due to alimentary disturbances; in acne due to stomachic irritability with vomiting; in syphilodermata; in scrophulodermata; in urticaria; in pruritus ani, and psoriasis.

On the Occurrence of Ulcers resulting from spontaneous Gangrene of the Skin, during the later stage of Syphilis, and their Relations to Syphilis.—Dr. H. Klotz, of New York, formulated the following conclusions on this subject: 1st. Ulcers resembling the so-called gummatous syphilitic ulcer may occasionally result from circumscribed spontaneous gangrene of the skin, without the formation of a previous syphilitic neoplasm. 2d. Such ulcers may be distinguished by several peculiarities of formation of floor and shape. 3d. They are but little affected, if at all, by anti-syphilitic treatment. 4th. Spontaneous gangrene in such cases is probably due to endarteritis obliterans.

Lupus Erythematosus.—Dr. A. Ravogli, of Cincinnati, regarded this disease as a true atrophy of the skin, caused by pressure of cell infiltration, the process being inflammatory. The primary cause consists in an irritation and stimulation of the nerves, which increases the blood-supply and causes a disturbance in the biological activity of the cells. The author found micrococci in colonies on the surface and cocci in the papillary layer and in the interior of the fibers and in the capillary blood-vessels. These would account for the inflammatory process. As to treatment he had used ichthyol with complete success.

Erythematous Lupus of the Hands.—Dr. Ohmann-Dumesnil, of St. Louis, reported a case of this rare condition and stated that it was on the right hand only, and he then gave a clinical analysis of 45 cases of this disease. In conjunction with Dr. James, of St. Louis, he had made pathological examinations and their conclusions are that the process is an inflammatory one limited to the upper structures of the skin and generally beginning in the coil glands.

Contribution to the Knowledge of Impetigo Herpetiformis (Hebra).—Dr. Josef Zeisler, of Chicago, read quite an exhaustive paper upon the clinical characteristics of this disease reporting some cases which he had observed. He wished to differ from Duhring who has included this disease, together with others, under one common name. He referred to Kaposi's classical paper on this subject and thought that more study was requisite before the place of this disease could be definitely settled in the classification. He did not regard it as a variety of dermatitis herpetiformis.

Studies in Hirsuties.—Dr. G. H. Rohé, of Baltimore, spoke of this subject which he regarded as a reversion to the natural ancestral type. A feature he had noticed in these cases was an abnormality in the development of the teeth. He regarded heredity as playing a strong part, as it is found in almost all cases of universal hirsuties, usually from the male line.

A New Method of Treating Diseases of the Skin Locally.—Dr. Valentine Knaggs, of London, proposed emulsions, which, upon drying, form a film upon the skin. He stated that there are two methods of rendering oily substances adhesive: 1. by adding to them resinous, gummy or alkaline substances. 2. In making use of gums to combine fats with water. Thus as a general formula for such an article, he would suggest:

R Paraffin. Mollis.....	3 j
Pulv. Gum. Accac.....	gr. 160.
Acid. borac.....	gr. 16
Aquæ.....	ad 3 ij.
M. Ft. Emuls.	

This makes a flexible and protective film.

A New Method of Treating Favus and Herpes Tonsurans.—Dr. H. J. Reynolds, of Chicago, gives his method which,

in brief, is about as follows: The surface to be treated is first thoroughly cleansed; then the sponge of the positive electrode is saturated with a parasiticide solution and placed over the affected area, the negative electrode being placed upon some other portion of the body. He used a 1 per cent. solution of corrosive sublimate with success in three cases.

Seborrhœic Eczema.—Dr. P. G. Unna, of Hamburg, did not regard the prevailing classification of eczema as correct. Some cases of so-called seborrhœa are really chronic inflammatory processes of the skin. There is no hypersecretion from the sebaceous glands, but the condition is dependent upon a change in the coil (sweat) glands, giving rise to the fat which accumulates on the surface. The treatment consists essentially in applying sulphur-zinc ointment. The paper was a very exhaustive one, the clinical features of the disease being accurately described.

Double Comedo.—Dr. Ohmann-Dumesnil, of St. Louis' read a paper on the symptomatology and pathology of this disease. Microscopic examination showed that the structure was essentially the same as that of the ordinary variety, with the simple difference that there is one large cavity communicating by two apertures with the external surface. He regarded the condition as being produced by the absorption of the septum between two comedones.

Treatment of Syphilis by Injection of Insoluble Mercurial Salts.—Dr. H. Watrazewski, of Warsaw, stated in his paper that he has written before on the subject and, after pursuing his investigations he had arrived at the conclusion that the yellow oxide of mercury is the best agent for this purpose. He gives one injection a week and, on an average, four or five injections are sufficient to cause the lesions to disappear, and twelve to twenty are required for a course of treatment.

Alopecia Areata.—Dr. A. R. Robinson, of New York, in a very exhaustive paper on this subject, first reviewed the theories which have been advanced to account for the occurrence of alopecia areata. He regarded the condition as one due to a mild inflammatory condition of the sub-papillary corium, the lymph channels of the corium being dilated as also the blood-vessels, and containing coagula. Deep down in the corium, the walls of

the blood-vessels and in the lymph spaces were to be found cocci in masses, colonies and lines being in rows in the lymph spaces. Diplococci were also seen. The question which suggests itself is: are they accidental or causative? The author regarded them as causative and, on this basis, recommended as remedies sulphur, pyrogallol, mercury, chrysarobin, etc.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

The Nutrition of Infants.—Prof. Albert R. Leeds, of the Stevens Institute of Technology says on this subject that he had undertaken to find a true basis for the preparation of artificial food by analyzing eighty samples of human milk. He found that human milk differs from cow's milk chiefly in the proportion and digestibility of the caseine, which is smaller in quantity and more easily digested in human than cow's milk. He believed that he had solved the problem by digesting the casein by a peptogenic powder, easily obtainable and of constant strength, which, with the aid of heat, reduced the casein in five minutes. Before this cooking, the milk had been first diluted with water in order to lessen the proportion of caseine, and then had been enriched by the addition of cream to restore the normal proportion of fat. The results of a very large number of trials, followed by careful observation, encouraged the belief that by this process the artificial feeding of infants had nearly reached perfection.

Conservative Obstetrics.—Dr. Rodney Glissan, of Portland, Oregon, said that the expectant method of treating retained secundines after abortion and the placenta after labor was unsafe in private practice, especially when the doctor resided at a distance from his patient, yet it might succeed fairly well in hospitals, under the constant vigilance of experienced practitioners. He approves of the immediate removal of the secundines after abortion in all cases where the cervix is somewhat dilated or dilatable, as is generally the case for an hour or so after the expulsion of the embryo, and in all cases of septicæmia or dangerous hæmorrhage, no matter when they occur. When neither of these accidents is present, and the cervix closed, he does not advocate the immediate and forcible removal of the secundines, but would wait a more favorable condition, when the finger could be easily inserted,

moderate hemorrhage being controlled by ergot, the tampon, etc. No instrument in these cases was so safe, trustworthy, and generally useful as the finger. He adopts the bimanual method, depressing the uterus with one hand to within reach of the finger of the other, giving an anæsthetic if necessary. In the removal of the placenta during labor the author used the Crédé method, supplemented by moderate traction on the cord. He does not believe that moderate traction on the cord, when the uterus is well contracted and properly grasped by one hand externally, is attended by the least risk of inversion or of increasing the hæmorrhage by a suction-like process of the placenta on the cavity of the womb. He thinks that traction upon the umbilical cord as an aid to delivery of the placenta ought not to be abandoned. Dr. Graily Hewitt accorded perfectly with Dr. Glisan. In cases of abortion there was often great difficulty in passing the internal os. We must not expect the os to be open until the abortion had continued for some time. Instruments other than the finger were dangerous. He was much impressed with the importance of not allowing the secundines to remain long in the uterus. Others present expressed the same views.

Treatment of Puerperal Eclampsia.—Dr. E. H. Gregory, of St. Louis, read a paper with this title. He recommends in all cases where convulsions occur before labor, to produce anæsthesia, clear the bowels and rectum and so proceed with delivery as rapidly as possible. When they came on after delivery he knew of nothing so safe, sure and speedy in its action as veratrum viride, given in doses of 6 minims by the mouth or 10 minims by the rectum, repeated every 15 minutes until convulsions cease. Should the remedy cause depression to an excessive or dangerous degree, alcohol is a certain antidote. In his opinion it is better to risk the effects of excessive doses of veratrum under these circumstances than to trifle with the convulsions. The paper caused considerable discussion in a general way but was accepted as one of the most valuable contributions to that section of the Congress. This is however only in accordance with what we know of Dr. Gregory and all that he says and does.

SURGERY.

Abdominal Surgery.—Dr. Chas T. Parkes, of Chicago, read a paper in which he considered the subject of gun-shot.

wounds of the abdomen. While the diagnosis, with the abdomen unopened, was at best uncertain he thought that certain indications should be taken into consideration before opening the abdomen.

Dr. N. Senn, of Wilwaukee, read a very interesting paper detailing experiments in intestinal surgery, with special reference to the treatment of intestinal obstruction. He spoke of stenosis due to partial enterotomy and longitudinal suturing of the wound as also circular constriction due to obstruction of the venous circulation. He spoke also of flexion produced by partial enterectomy and transverse suturing of wound and that caused by inflammatory and other extensive causes, volvulus, invagination, enterectomy, circular enterorrhaphy etc. and concluded by relating his adhesion experiments.

Dr. Jno. Homans, of Boston, read a paper on three hundred and eighty-four laparotomies for various diseases. The greatest number of consecutive recoveries he had had was thirty-eight.

Dr. Addinell Hewson, of Philadelphia, had his paper read by the secretary. He claimed that the main point in laparotomy was the closing of the abdominal wound without sutures. He was not partial to wet dressings.

Dr. J. N. Matthews, of Louisville, read a paper "On when is colotomy justifiable?" He did not consider it justifiable in cancerous disease of the rectum, when located three inches from the anus: nor in stricture beyond the reach of the finger, nor in aneurism, nor in cases of specific origin. In most of these operations life was not prolonged.

Dr. Donald Maclean, of Detroit, reported three cases of kidney disease, the first being a woman of twenty-one. Laparotomy was performed and a good result secured. In the second, a woman of forty, the same result was obtained. In the third, a child twenty-two months old, the patient died.

Dr. B. A. Watson, of Jersey City, spoke of the primary treatment of gun-shot wounds. He advocated compression for hæmorrhage and called attention to the importance of removing all foreign bodies from wounds and their occlusion by means of aseptic bandages and compresses.

Dr. L. Von Farkas, of Budapesth, read a paper giving the statistics of the results of antiseptic treatment of wounds, which were very favorable to the method.

Dr. Eli A. Wood, of Pittsburgh, read a paper in which he

advocated the importance of the government securing and preserving vital statistics in the army and navy for the benefit of subsequent applicants for pensions.

Dr. D. S. Lamb, of Washington, read a paper in which he urged the importance of international regulations for the medical treatment of prisoners of war, whereby they should be treated as human beings and not as criminals and should receive all the attentions their condition required.

Dr. Richardson, of Boston, read a paper on gastrotoomy for foreign bodies in the throat. He thought that gastrotoomy would not be necessary should the foreign body be properly located, but it is difficult to find the location of the cricoid cartilage and the cardiac opening. In sixty cases in which he had operated he found the average distance from the incisors to the cardiac opening fourteen and one-half inches; the longest seventeen, and the shortest ten and one-half inches.

Dr. F. S. Dennis, of New York, read a paper on amputation at the hip-joint for sarcoma. Out of twenty-eight cases of sarcoma of the thigh, but two were living. He regarded this operation as better than amputation at the upper third.

Dr. Garmody, of New York, read a paper on the surgical treatment of traumatic insanity by means of the trephine. He reported a case of a young woman struck on the head with a brick. After trephining, a space three and one-half by two inches was left. In twenty-one days she was rational and the wound healed by first intention.

Dr. Manley, of New York, read a paper on a case of gunshot wound of the large intestine, with a successful result by laparotomy. The patient was operated on twice. He thought that the operation was liable to more risks in a man than in a woman because, in the former, respiration is abdominal. The incision should be made as small as possible to avoid future ventral hernia occasioned by laborious work.

Dr. Robt. Newman, of New York, read a paper on the use of the galvano-cautery sound, particularly in hypertrophy of the prostate gland. He claimed that there is no hæmorrhage, the healing is more rapid, and there is no septicæmia.

Dr. Carnochan, of New York, presented a remarkable specimen of bony union of the neck of the femur within the capsule.

Dr. T. Lemoyne, of Pittsburg, explained his manner of uniting fractures of the femur and humerus by means of a doubl

splice and wired clamps. A stiff, flat, steel bar, with a prong at both ends, was placed lengthwise on the surface of the bone, so that the prongs were inserted into the holes; a stout piece of wire was then passed around the clamp and femur at both ends, and twisted close up, holding the clamp in position. The wires and clamps remained there nine weeks, when the wound was reopened and the clamp removed.

Dr. Geo. Assaky, of Bucharest, read a paper on iodol in surgery. He regards it as an excellent antiseptic, superior to iodoform in that it is free from odor and is not toxic in its effects. In syphilis and scrofulous affections it gives very good results when administered internally. It is also an antipyretic.

Dr. Milton J. Roberts, of New York, read a paper on a new method of operating on bone by means of the electric osteotome. The instrument was exhibited as also some results achieved by its means.

Dr. Geo. E. Post, of Beirut, read a paper on Calculus in Syria. In Palestine the cases are very numerous, the stones being large. He had operated in two hundred and fifty cases of stone in the bladder. The mortality was ten in one hundred and seventy-six cases.

Dr. Oscar J. Coskery, of Baltimore, read a paper on an uncommon case of fracture with dislocation of the tarsus and metatarsus. Reduction was impossible and the patient died nine hours after the accident.

Dr. N. Senn, of Wilwaukee, read a paper on elastic constriction of the neck, with exclusion of the trachea, as a means of controlling hæmorrhage in operations on the head. He has practiced this method only on dogs, and it is very successful. The trachea is separated from the surrounding tissues and a strong rubber band is passed behind it, thus securing the results and not interfering with respiration.

Dr. Carnochan, of New York, presented a specimen of double dislocation of the hip-joint. The question which arises is as to whether these are dislocations or malformations.

A few of the Physicians of St. Louis who attended the International Congress have been numerous interviewed. They seem to enjoy the "pumping" process largely judging by the length of the speeches reported.

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Society Proceedings.

NINTH INTERNATIONAL MEDICAL CONGRESS.

GENERAL SESSIONS HELD AT WASHINGTON, D. C.

Monday, Sept. 5th, First Day.—The Congress met in Albaugh's Opera House and was formally opened by President Cleveland. The officers of the Congress were then named, after which the Secretary-General, Dr. Jno. B. Hamilton, of Washington, D. C., made a report. Dr. A. Y. P. Garnett, of Washington, Chairman of the Committee of Arrangements; also made a report and Hon. Thos. F. Bayard, Secretary of State, made an address of welcome. Responses were made by the following representatives of foreign governments: Dr. Wm. H. Lloyd, Great Britain; Dr. Leon Le Fort, France; Dr. P. G. Unna, Germany; Dr. M. Semmola, Italy, and Dr. Chas. Reyher, Russia. Dr. N. S. Davis, of Chicago, President of the Congress, delivered an address, paying an eloquent tribute to the memory of the late Dr. Austin Flint. The Congress then adjourned.

Tuesday, Sept. 6th, Second Day.—The Congress was called to order and Dr. Austin Flint, of New York, delivered a general address on Fever, its Causes, Mechanism, and Rational Treatment. In this he contended that in self-limited fevers the cause was microorganisms and as we could not destroy them we must be content to moderate their action and sustain our patients. He stated that the great object in the treatment of fever itself was to reduce the pyrexia and limit it, both by direct and indirect means. Alimentation was necessary for repair and products must be supplied for consumption in the abnormal production of heat.

Wednesday, Sept. 7th, Third Day.—After the Congress was called to order Dr. Mariano Semmola, of Naples, delivered a general address on Bacteriology and its Therapeutic Relations. He reviewed the progress of pathology and spoke of the great error of the day, which considers bacteriology as the key to all pathology. He insisted upon the importance of determining precisely the fact that certain bacteria produce a disease, as frequent-

ly they were the effect and not the cause of morbid processes. While bacteriology may lead the way to a very fruitful field of inquiry in the future, it has practically done nothing in the cure of internal diseases.

Thursday, Sept. 8th, Fourth Day.—The following resolution was presented by Dr. A. Y. P. Garnett, of Washington, and unanimously adopted:

WHEREAS, It is proposed to hold at the City of Washington, in 1892, an international celebration in honor of the 400th anniversary of the discovery of America by Christopher Columbus, and an exposition of the history, arts and industries of all nations;

Resolved, That the International Medical Congress favors this patriotic movement, and commends it to the nations of the world.

A committee, consisting of one member from each nationality represented, was appointed to choose the next place of meeting.

Dr. P. G. Unna, of Hamburg, delivered a general address on the Relations of Dermatology to General Medicine. He showed the importance of this branch to the general practitioner, the difficulties attending its study and the fact that it was as yet but in a formative stage. He recommended experiments upon the human skin instead of upon animals and also the endowment of new chairs and laboratories for a thorough investigation of skin diseases, claiming that, as dermatology occupies a middle ground between medicine and surgery, it would benefit both.

Friday, Sept. 9th, Fifth Day.—The committee appointed to select the next place of meeting announced Berlin and the date as 1890. The report was adopted.

A number of resolutions adopted in different sections were read.

Dr. G. Fielding Blandford, of London, made an address on the Treatment of Recent Cases of Insanity in Asylums and in Private Houses. He was much in favor of the home treatment of certain cases; and pointed out the many advantages of such a course in those cases where all the necessary care and attention could be given. But unless this is a certainty it is best to treat such patients in asylums from the beginning, as better results are attained. In conclusion the reader stated that treatment in a patient's own house is rarely successful, therefore the alternatives are an asylum, or a house adapted to the requirements of the case.

Saturday, Sept. 10th, Sixth Day.—The only business transacted at this meeting was in the nature of passing resolutions of thanks by the foreign members of the Congress.

Mr. Graily Hewitt, of London, Dr. Martin, of Berlin, Dr. E. Landolt, of Paris, spoke in high praise of the treatment received and the resolution passed with a cheer.

The Secretary-General responded and the President returned thanks on behalf of the profession of the United States and declared the Ninth International Medical Congress adjourned *sine die*.

MISCELLANEOUS NOTES.

Hot Air in Dental Therapeutics.—Dr. Brasseur, of Paris, urged that the ordinary means, such as bichloride and biniodide of mercury and carbolic-acid crystals, for destroying microbes in the oral cavity and, especially, in carious cavities of teeth, should be supplanted by the use of hot air.

Missouri was represented by a pretty large delegation at the Congress. A number of the gentlemen present held various offices and acquitted themselves creditably.

The American and Foreign Dermatologists were invited to dinner, during the meeting in Washington, by Dr. A. R. Robinson, the chairman of the section. It was not only a thoroughly enjoyable affair, but one which brought out the convivial qualities of every one, including the host who is one of our hard workers.

Mr. John M. Glover, assisted by Mrs. Scanlon and the Misses Gregory, of St. Louis, tendered a reception to the members of the Congress, during the meeting at Washington. We must say that our Congressman did the honors with *éclat* and, all in all, we feel proud of the representative of St. Louis, who so quietly and thoroughly represented the well-known hospitality of his city.

Gone back.—We learn through a postal from the *New England Medical Monthly* that Dr. Wm. C. Wile, who so recently moved to Philadelphia, has shaken the dust of the Quaker City from his feet and retired to the quiet of a New England village—Danbury, Conn., whence he will continue to edit the *New England Medical Monthly*. As the doctor is also one of the editors of the *Medical Register* of Philadelphia we suppose that his department therein will be edited at long range from his pleasant rural retreat.

Book Reviews.

Encyclopædia of Obstetrics and Gynæcology. Vols. IV, VI and X. [New York, Wm. Wood & Co., 1887.

(1). Vol. IV. **Obstetric Operations, the Pathology of the Puerperium.** By A. Charpentier, translated with notes and additions by Egbert H. Grandin, M. D.

(2). Vol. VI. **A Hand-book of General and Operative Gynæcology,** by Dr. A. Hegar and Dr. H. R. Kaltentbach. In two volumes. Translated, etc., by Egbert H. Grandin, M. D.

(3). Vol. X. **Diseases of the Female Urethra and Bladder,** by F. Winckel, M. D., and **Diseases of the Vagina,** by A. Breisky, M. D. Translated, etc., by Egbert H. Grandin, M. D.

(1). Our readers have already been made acquainted with the scope and intent of this magnificent work in our review of the first three volumes of this series. We need not repeat what we then said of the great undertaking of Dr. Charpentier and his American translator, coadjutor and editor, Dr. Grandin and, we may add, of the publishers, Messrs Wm. Wood & Co., of New York.

In the volume before us the work so auspiciously inaugurated in the volumes already presented to the public, continues to excite our admiration not only by the depth of research, the broadness of views and the wide range of investigation therein displayed, but for the clearness and perspicuity of the matter and the admirable manner in which the numerous subjects are presented to the reader.

Volume IV is devoted to **Obstetrical Operations—the Pathology of the Puerperium,** and completes the series of Dr. Charpentier's contributions to the Encyclopædia. In it every operation incidental to the practice of obstetrics is explained by a master hand, in words so chosen that they remind one of a smoothly delivered lecture rather than of the labored sentences of a scientific book. The text is profusely and well illustrated—a fact

which lends additional value to a manual at all times, and especially to one of the description before us.

(2). This volume, which is the first of the two upon general and operative gynæcology contributed by Doctors Hegar and Kaltenbach to the Encyclopædia, deals with gynæcological examinations, minor therapeutical manipulations and elementary operations, and with operations on the ovaries. In the opening chapters the author has gone very fully into the technique of examinations of the female sexual organs—a subject upon which not only general and family practitioners, but many specialists are either grossly ignorant or utterly and indecently careless. The examining couch and operating table, the positions of the patient (erect, dorsaldecubitus, abdominal, lateral and latero-abdominal) and anæsthesia are considered in the first chapter. In the second we have the technique of examination without instruments, including inspection, mensuration, percussion and auscultation, palpation, vaginal touch, etc., etc. Instrumental exploration is gone into not less minutely and thoroughly in the third chapter or division of the work—catheterization, speculum examination, the uterine sound, explorations of the uterine cavity and of the rectum being severally treated. This part of the work is all by Hegar, as is also the succeeding section on gynæcological operations, and the two constitute something over half the entire work. Prof. Kaltenbach's work is divided into two sections, viz: Extirpation of ovarian tumors—ovariotomy, and Castration. In his introductory he has gone into the history of ovariotomy in a manner which while very concise (the whole article occupies only two pages) amply and fully recognizes American claims to priority in this field of surgery. The balance of his work is of the same general character—concise and brief, but clear, and full where necessary.

(3). This volume, especially the first part, is one that may be carefully and profitably studied by every general and family practitioner who has the care of the health of females under his control; since to them, first of all, are complaints made when urinary troubles arise; and an intimate and proper knowledge of the diseases of the female bladder, on the part of the family doctor, may sometimes avert years of misery and anguish to women of his *clientèle*. Probably no man in Europe—certainly none in Germany, is more capable of giving such instruction than is Prof. Winckel, of Munich. The first chapter of this portion of the

work is divided into a general outline of the anatomical and physiological relations of the organs and parts treated of, the technique of examinations of the female urethra and bladder, and a statistical inquiry as to the frequency of occurrence of the diseases of these parts. In the succeeding chapter the malformations and diseases of the urethra are treated separately and succinctly. Chapter third deals with the deformities and diseases of the female bladder, in the same manner. The last section takes up and treats in detail of the vagina, its malformations and diseases—displacements, ruptures, inflammations, etc., including neoplasms, foreign bodies, etc.

All of these books are superbly and lavishly illustrated, and better still, are provided not only with full tables of contents but with copious and accurate indexes. The appearance of volumes VI and X out of their turn is explained by the publishers as due to the exigencies arising in the mechanical execution of so great an undertaking.

Lessons in Gynæcology. By WILLIAM GOODELL, A. M., M. D., 3rd Edition; 8 vo. pp. 593; with one hundred and twelve illustrations. Philadelphia, D. G. BRINTON, 1887.

When a book of this sort has reached its third edition it requires but few words from the reviewer, and especially is this true when it is written by one whose name is so well and favorably known as is that of Dr. Goodell, and published by a Nestor in the medical profession. With such a combination of recommendations, any words from us beyond the mere announcement are superfluous and might reasonably be regarded as almost an impertinence. As stated in the preface, the work does not claim to be "a complete treatise upon the diseases of women," but rather as an epitome of the principles of practice in such diseases, the substance matter being the outcome of clinical and didactic lectures delivered to the third term students of the Medical Department of the University of Pennsylvania. The present edition is not simply a reprint of the former ones, but a fuller and better exponent of the subjects handled in the former ones, every lesson having been revised and enlarged by fresh matter and new illustrations. As a text-book for advanced students it certainly is one of the best in any language, and as such we recommend it.

Atlas des Maladies de la Peau (Dermatologie et Syphillographie). Par SILVA ARAUJO. 3me Fascicule, avec une planche Phototypique. ELEPHANCIE. [Rio de Janeiro: 1887. From the Author.

It is good while since we had the pleasure of reviewing Dr. Araujo's former issues of this Atlas. This third part is devoted to a study of Elephantiasis and in this the author has not only contributed a valuable monograph in general terms, but has added much valuable observation derived from a critical study of over four hundred cases. The plate which accompanies the text consists of six phototype reproductions of a case in different stages. It is a case of elephantiasis of both legs, which was under treatment from Dec. 1879 until Jan. 1885 and at this last date was practically cured, the treatment consisting of electrolysis in the main. Everything written has been done very carefully and with a view of affording useful information. We can safely commend the work to those interested in the subject. The diction is in good French and bears the mark of careful revision.

In mechanical execution there is nothing left to be desired and there is but one fault to be found with the work in general, this being the comparatively long intervals of time elapsing between the appearance of successive numbers.

Our thanks are due to Dr. Araujo for his courtesy in favoring us with these examples of his skill and industry.

A. H. Ohmann-Dumesnil.

Insanity; its Classification, Diagnosis and Treatment.
A Manual for Students and Practitioners of Medicine. By E. C. SPITZKA, M. D. 8 vo. pp. 423. [New York: E. B. Treat, 1887. Price \$2.75.

The success which attended the appearance of the first edition of this work has induced the author to send out a second one and, in the meantime, he has profited by subsequent experiences and has thus been enabled to reconstruct some portions of the present work. While he has not yielded to the temptation to lay greater stress on the medico-legal aspects of insanity, he has attempted to systematize a great deal of the disorder at present prevailing. The discrimination between "systematized" and "non-systematized delusion" is retained on account of its more or less general adoption. "Monomania" is still retained although it has been repudiated by many, and "moral imbecility"

is no longer relegated to the category of possibilities, but adopted into that of fact.

Spitzka, like all his predecessors, is forced to grapple with one of the most difficult problems of a writer in insanity, at the very outset. He endeavors to give a definition which he says answers the requirements of a practical definition, but which he acknowledges labors under the disadvantage of extreme length. He is more felicitous in his description of the general characters and classification of insanity, which forms the first part of the work.

In the second part we have perhaps the most interesting portion, dealing as it does with the special forms of insanity. A valuable part is the third and last in which is considered insanity in its practical relations. This includes the proper methods of examining the insane, the differential diagnosis of the forms of insanity, the recognition of simulation and various other points of similar import, including treatment.

The author in general is conservative and endeavors to present his subject in a clear, concise manner. He always endeavors to be accurate and in his treatment is always forcible.

The book is gotten up in good style by the publishers, the form being handy, the binding neat and the print clear and legible. It forms the second number of a series of manuals being published by Messrs. Treat & Co.

The Principles of Antiseptic Methods applied to Obstetric Practice. By DR. PAUL BAR. Translated by HENRY D. FRY, M. D. 8 vo. pp. 175. [Philadelphia, P. Blakiston, Son & Co. 1887. Price \$1.75.

Of late years the principles and methods of antiseptic practice have more or less pervaded medical and surgical procedures. Among the important branches, which it is claimed, have been benefitted, is obstetrics. While the application of antiseptic practice has found wide favor in France and Germany, it does not seem to have been adopted with the same enthusiasm by the English-speaking physicians.

The present work was written by an enthusiast on this subject and, of course, some of the statements made must be accepted *cum grano salis*. The author begins with a consideration of the relations of the germ theory to the puerperium and the causative influence of germs in the production of puerperal and various other kinds of infection following labor. In the consideration of

antiseptic methods and agents, corrosive sublimate is given a high place. In this chapter some very valuable tables, giving the germicidal power of various agents, are given and will repay careful study.

That antiseptic measures have a marked influence for good in puerperal epidemics and in the stages of labor as well as during the puerperism, the author endeavors to prove. If the elaborate statistics which he presents are at all reliable, and we can find no reason to deny their accuracy, he has certainly succeeded in proving his point.

In the appendix, the antisepsis of the umbilicus and of ophthalmia neonatorum are considered.

The translator has given us a good example of his skill and the book cannot be too highly recommended on account of the valuable information which is given and which is not only of the highest utility to the accoucheur but cannot fail to interest every one desiring to acquaint himself more fully with many of the questions connected with antiseptics.

The book is in Blakiston's usual style, good print and binding being the rule.

The Student's Guide to Diseases of the Eye. By EDWARD NETTLESHIP, F. R. C. S. Third American from the Fourth English Edition. With a chapter on Examination for Color Perception. By WILLIAM THOMPSON, M. D. Small 8 vo. pp. 475. [Phila.: Lea Brothers & Co. 1887.

As the field of each special department of medicine broadens, it becomes necessary that a portion of the preliminary education of the physician should embrace a part of that general field. The student should so familiarize himself with the broad principles of special departments, that he may be enabled in the future to make use of an intelligent discrimination in the conduct of cases and thus render the patient that service which is most valuable. While no physician is able to master the details of the entire range of medicine, he may so acquaint himself with sound teachings as to have a clear, general conception of all the important subjects to which his attention may be directed.

In the small work before us we have combined simplicity of description with thoroughness of instruction. It is such a book as any intelligent medical student can read only with profit to himself. The work is divided into three parts, the first of which

treats of means of diagnosis, a short chapter on optics opening the subject. A valuable chapter is that on examination for color perception by Dr. Wm. Thompson, whose methods are generally adopted for the examination of railroad employes. The second part is purely clinical and deals with not only diseases of the eye and its appendages, but also considers the errors of refraction and accomodation and the means of relieving them.

In part third the relation of the diseases of the eye to general diseases are considered. This is a most important subject to the general practitioner and should be carefully read, as a knowledge of this subject will often obviate a large amount of annoyance and vexation. There is only one fault to find in this part, which is the extreme brevity observed in treating such interesting subjects.

The book is not complete, nor is there any pretension to absolute thoroughness. All the principal diseases, accidents, injuries and operations are mentioned and treated of in a clear, perspicuous style and amply illustrated by good drawings.

The present edition has about thirty pages more than the preceding and is gotten up in handsome style. The print is very clean and clear.

One fault the book possesses, which may be apparent to many of its readers. The pathological changes occurring in many conditions are not so fully dwelt upon as they might be, and pathological histology does not seem to appear as important in the eyes of the author as it should have been.

Literary Notes.

Book Chat.—The physician who wishes to keep himself posted concerning the ephemeral medical and scientific literature of the world 'as well as in miscellaneous literature' cannot afford to be without this publication. It appears every month, and besides containing notes on all of the newest and best publications in English, French and German literature, each number gives a classified alphabetical résumé of the titles of every paper worth preserving which appears in 246 of the best periodicals of the world, embracing medicine, the arts and sciences, etc., with date of publication of each. It is issued by Brentano Brothers, 5 Union Square, New York.

Books and Pamphlets Received.—The following books and pamphlets have been received during the month. Due notice of the same will be made hereafter. The Encyclopædia of Obstetrics and Gynæcology (W. Wood & Co.), vols. VII and IX: Intubation of the Larynx—a series of papers read before the N. Y. Academy of Medicine by A. Jacobi, Joseph O'Dwyer, Francis Huber, Dillon Brown, M. P. Northrup, J. H. Chance and A. Caillé: Address of the President, I. N. Love, M. D. at the meeting of Mississippi Valley Med. Association, July 13, 1887: Catarrhal Mucous Membrane by P. W. Logan, M. D., of Knoxville Tenn.: Address of P. W. Logan, M. D., President American Rhinological Association, October 6th 1885: A Mixed Form of Atrophic and Hypertrophic Catarrhal Inflammation, etc., by P. W. Logan, M. D.: The Radical Cure of Retro-displacements of the Uterus etc., by J. H. Kellogg, M. D., of Battle Creek, Mich.: The Influence of the Dura Mater in causing Pain, etc., by W. H. Fletcher, M. D., Superintendent of the Indiana Hospital for the Insane: *Gastritis gravis acuta in frühen Kindesalter*, von Dr. A. Seibert, New York.

Transactions of the Texas State Medical Association.—This handsomely printed and well gotten-up volume of 430 pages 8 vo. gives a detailed report of the papers read, and the debates thereon at the nineteenth annual session of the Texas State Association, held at Austin on the 29th of April 1887, and the following days. The minutes of the meetings together with the reports of committees occupy only about one-fourth of the entire volume, and the balance is devoted to papers, some of which are of a high order of merit. The volume is prefaced by a portrait on wood of the new president, elected at the meeting, Dr. Samuel R. Burroughs of Raymond.

Transactions of the Medical Society of California.—The Golden State maintains its claim to luxury in every department of life—even in getting up and publishing the reports of its State Medical Society. It would be hard to find a handsomer volume of this sort than the one before us reporting the proceedings of annual session of 1887, held at San Francisco April 20th, 1887. It contains 430 pages 8vo. almost to a line the same as the one above noticed. As in the proceedings of the Texas Society too, the papers are of more than the usual degree of merit, and some of them are very valuable. The paper and printing are beautiful and the book is a credit to the Society in every way.

Physical Diagnosis.—Dr. E. Darwin Hudson, Jr., has given the medical profession a very valuable manual of the physical diagnosis of thoracic diseases, which will be fully reviewed in the November number of the *JOURNAL*.

A Reference Hand-book of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and allied sciences. Edited by ALBERT H. BUCK, M. D., of New York. Vol. V. [New York; Wm. Wood & Co.]

This volume embraces all subjects from Miliaria to Pott's Disease. So much has already been written about this excellent work that further comment than, that this number is fully up to the high standard of the preceding ones is superfluous.

Maryland State Board of Health.—This board is doing most excellent work, if we may take the present publication as a fair sample of its labors. It is a report on improved methods of sewage-disposal and the water supply of cities and towns, by the secretary of the Board, Dr. C. W. Chancellor, of Baltimore, and is entitled "The Sanitation of Cities and Towns and the Agricultural Utilization of Excremental Matters." It treats in detail of the question of sewage-disposal, dwelling upon the deadly nature of sewage contamination and showing from statistics the uniform and great reduction of mortality in cities and towns, where a proper system of sewage disposal has been introduced. The various systems of this disposal now in use in Europe and America are treated of in detail and very fully, and the text is helped out by many wood engravings. The book is gotten up in fair style, but the engravings are not worthy of the text.

Professional Secrecy.—A Belgian physician was fined three successive times by the Court of Criminal Correction because he refused to divulge the name of the mother of an illegitimate child which he had reported to the authorities. The matter was brought before the Chamber of Deputies and the Minister of Justice declared that there was no law by which a physician could be forced to violate professional secrecy. The Medical Federation of Belgium has the matter under advisement, but nothing further has been done toward a solution of the differences between municipal and state laws.

Melange.

That Editorial Banquet.—The *South-Western Medical Gazette*, after alluding to the reception of an invitation to attend the banquet given by the Association of American Medical Editors at the late International Medical Congress, adds facetiously that one of the editors was present at the banquet and when he got home “explanations would be in order, as to how it was possible for one person, at one sitting, to consume fifteen dollars worth of food and drinks.” This question was one that occurred to a good many of those who received the invitation, and the consideration of it beforehand no doubt prevented a good many from accepting the invitation. With a good deal of experience in such matters in some of the most expensive restaurants and hotels of the world, we confess that the sum seemed to us enormous. This consideration, coupled with the fact that we had found invitations to the banquet in the hands of individuals who were unconnected with medical journalism in any manner (save as advertisers), caused us to forego the pleasure of being present.

The Terrors of Childhood.—How often do we hear mothers, soothing very young children to whom it has been found necessary to give a dose of medicine, console them with such talk as this: “Did the nasty old doctor give muzzer’s precious d-a-a-r-l-ing nasty old medicine? Muzzer’ll whip nasty old doctor!” or “Ugly old doctor cut baby’s arm—muzzer’ll beat him for it!” Or, when a young one is refractory we hear them say “You’d better behave yourself! I’ll send for the doctor and make him vaccinate you again!” These and a thousand other foolish things are said until to the young mind the doctor becomes the very embodiment of terror—a buggaboo from whom the child shrinks in fright and aversion. And yet how often the infant’s life depends upon its love of and confidence in the physician! The wise mother, realizing this fact, should teach her children to love and trust the family physician. These thoughts were suggested to us recently in reading a most entertaining work by Professor Mosso, of Turin, entitled *La Paura* (Fright or Fear). Among other anecdotes he says: “An old soldier, whom I once asked what had been his greatest fright—what had caused him the most suffering from terror, answered “One thing alone, — a terror that has pursued me through life and which yet affects me. I have looked death in the face I know not how many times, and surrounded by the greatest carnage and danger, I have never lost my courage. But when I

pass a little church in the depths of the forest, or near a deserted chapel on the mountain, I instantly think of an abandoned oratory that was in the outskirts of my native village, and I become frightened. I look around me and see in imagination the corpse of an assassinated wayfarer, just as I saw it when a little child, and with whose wandering spirit an old servant would threaten me." These terrors, these buggaboos of childhood, continues our author, remain through life, a fatal legacy, a chain enthralling reason. We remember them almost every day of our lives. A subterranean vault, the sombre arch of some bridge, the ruins of some abandoned dwelling with its mysterious darkness and silence—all bring back the atmosphere of infantine timidity. It is exactly as though the eye of the child again rested upon the very scenes. It is not the individual mother, nurse or servants who produce this effect—but the result of generations of wrong training, that have warped the human mind into fantastic shapes exactly as barbaric races have gradually changed the shape of the generic skull by ages of artificial compression. The children of Greece and Rome were frightened by tales of vampyres which sucked the blood of sleepers, of cyclops and chimæras. This detestable mode of education has not vanished and our babies of to-day are still terrified by ogres and dwarfs, giants and griffins, dragons and demons, magicians and sorcerers. Every day we hear a mother or nurse say to a naughty child "Look out! Old bouger-man will catch you! Old bear will eat you up!" or some such blood-curdling threat, the effects of which will never die, and which in many instances render the child the father of the timid, nervous man.

Local Medical Matters.

There are many rumors floating in the air concerning changes in Medical Colleges here. It is said that the complexion of one or two faculties will be changed and that while these changes may be needed, they will raise quite a large-sized breeze in some quarters.

The Alexian Brothers' Hospital, which was formerly connected with the St. Louis Medical College, is no longer *en rapport* with that institution. We are sorry to learn this as the hospital is a model of its kind and the surgical clinics held by Dr. F. J. Lutz, were not only valuable but instructive as well.

The St. Louis Medical Society resumed its meetings for the fall and winter on Saturday, Sept. 17th. Some good papers are promised for the winter. At present the meetings are held in the room of the Secretary of the School Board, the plaster of the ceiling of the former meeting room having fallen.

The Parades and Festivities that are now in progress in St. Louis have afforded some of the physicians of the city abundant opportunities to display their elegant horsemanship and to prompt the memories of the "pomp and circumstance of glorious war," by riding at the head of the columns as medical directors, staff surgeons, etc. Some of the horsemanship, we are bound to say would not have passed muster were the riders candidates for admission into a troop of dragoons—though in one or two instances the view of them was as good as a trip to the circus.

Diphtheria.—The ravages of this disease became so alarming in this city about the middle of September that there was serious talk of closing the public schools. It, however, seemed to come to a stand-still about the 20th, and at present writing appears to be on the decline. The Health Department has done nobly in the matter, and has achieved more than would be deemed possible by one who knows how fearfully its usefulness is hampered by old fogyism and parsimony in other departments of the city government, especially in that which holds the purse-strings. Commissioner Dudley may be relied upon to do his duty under all circumstances, but only the concurrent weight of public opinion from all parties and cliques, will ever force the legislative body into sensible and advanced action in matters pertaining to sanitation.

Lead in Hydrant Water.—Prof. Chas. O. Curtmann, whose ability to decide such questions no one will question, in a paper read before the Medico-Chirurgical Society of this city on the 6th of September, states that he had obtained as high as $2\frac{1}{2}$ grains of metallic lead to the gallon of our local water supply. Dr. Curtmann states that the amount varies from day to day within certain limits, the above figures giving the maximum for August. He further stated that on certain days the lead entirely disappeared from the water in hydrants where only a day or two previously a considerable amount had been obtained. Dr. Curtmann's analyses and examinations agree with those of the writer, who after testing the water in his hydrant without finding lead for several days in succession, one day obtained 34 milligrams from one litre of water, or nearly two grains to the gallon. The lead is always in greatest quantity when the water is most turbid—a fact easily accounted for by the scouring or abrasive action of the fine, sharp particles of sand held in suspension therein.

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Original Contributions.

THE NERVOUS PHENOMENA OBSERVED IN A CASE OF EXPOSURE OF THE ANTERIOR COLUMN OF THE CORD, FROM SYPHILITIC ULCERATION OF THE UPPER PHARYNX.* By A. G. HOBBS, M. D., Atlanta, Ga.

In October last a young man was brought to my office to be treated for "ulcerated sore throat," as his father expressed it.

He had been a cow-boy in Texas for two years, strong and robust, weighing 140 pounds; when he reached me he was thin, pale and emaciated, weighing only 104 pounds.

He denied ever having had syphilis, nor had he any evidence of this disease other than the ulcer about to be described, and according to his own history there never had been any other symptom of syphilis. A posterior rhinoscopic examination revealed an ugly, sloughing ulcer in the posterior and superior wall of the pharynx, about the size of a silver 25 cent piece. By the use of a soft palate retractor a direct view of the greater part of the ulcer could be obtained.

A bent probe discovered necrosed and detached bone at the depth of about half an inch, a piece of which I succeeded in extracting at the first sitting. At each succeeding daily visit, for two weeks, small pieces of bone from the size of a pin head to a small pea were either washed out with the cleansing syringe or extracted with the probe or scoop. My index finger would now enter the cavity as far as the first joint, by which means I could discover either detached or jagged, undetached bones.

The treatment had from the beginning been based upon the assumption that it *was* a syphilitic ulcer, notwithstanding his repeated denials of having contracted the disease, his father's

*Read before the American Rhinological Association, at Washington, D. C., and before the International Medical Congress.

assurances that he had been healthy from infancy and could not therefore have inherited the taint. He began on 40 grains of iodide of potassium three times a day in a menstruum of succus alterans; this dose was afterward doubled. The ulcer was daily cleansed with cotton probes, syringes and sprays, the latter being applied both directly and through the nose, on account of the discharge being partly expelled through this channel. Listerine was used for its disinfectant and cleansing properties, and nitrate of silver, full strength, was applied at the bottom of the cavity by a cotton probe, after which the cavity was packed with iodol.

About this time, after four or five weeks of daily treatment, the phenomena first occurred.

For a week or ten days he had been complaining of constant pain in the back of his head and neck which caused him to carry his head to one side and rigidly. During this period—the four or five weeks—he had been unable to sleep except for a few minutes at a time and in a sitting posture. After the cavity had been thoroughly cleansed at one of the treatments I pressed the nitrate of silver probe to its bottom, when as suddenly as if he had been shot, one half of the patient's body became paralyzed—his head fell to the right, his right arm dropped to his side, his right leg turned outward and he would have fallen from the chair if I had not caught him. Without losing consciousness at any time, this hemiplegic condition lasted about thirty seconds when, as he expressed it, "he felt a tingling in the right half of his body" and in another half minute he slowly raised his right side into position. The next day the same phenomenon was repeated *but on the opposite side*.

He was now so reduced in weight and strength by the loss of sleep and constant pain that he could not walk to my office. The extreme insomnia lasted about ten days, during which time his attendants thought he did not sleep one hour in twenty-four.

The pupil of the eye on the corresponding side of the paralysis was very slightly dilated.

The perspiratory glands were not perceptibly altered in any way on either side of the body during the hemiplegic attacks. But from this time healing began at the bottom of the ulcer, the discharge became less and examinations with the finger did not discover any more rough bone; he slept better and did not complain so much of the pain in the back of his neck.

He naturally did not desire that a paralysis should be deliberately produced now, because he was not certain, nor could I with

much confidence assure him that it would only last one minute if repeated.

A week passed on with all of his symptoms gradually improving, when I could no longer resist the temptation of making another pressure with the probe. Paralysis of the side pressed upon followed each pressure of the probe, but in a much milder degree than before ending in the same tingling sensation, as described before. As only the spray and powder-blower were used from this time onward in dressing the cavity no more pressures with the probe were made till healing had well progressed, probably ten days or two weeks after the last test.

To my surprise, when the probe was now pressed into the cavity a condition just the opposite of paralysis was exhibited;—the arm and leg jerked and jumped similar to a case of chorea. These choreic muscular contractions, unlike the paralysis, lasted only during the pressure of the probe. In repeating the probe pressure at intervals during the next few days the same choreic symptoms were produced, always on the corresponding side of the pressure, but in a less and less degree, requiring a still firmer pressure to produce the effect.

Finally, when the healing process had been thoroughly established and cicatricial tissue had in a measure closed up the cavity, only a "tingling or prickling" sensation followed the probe pressure—a sensation similar to that which followed the hemiplegia in the first instance. After the cicatricial tissue had thoroughly hardened no manifestation followed the pressure of the probe.

At the present writing, ten months since I first saw the patient, he has entirely recovered and presents a picture of perfect health, weighing 135 pounds, 37 to 40 pounds more than he weighed in November of last year. He was kept on a lessened dose of iodide of potash and succus alterans until last July.

I cannot state accurately as to the total amount of dead bone taken from the cavity, but I should say that its area would about equal that of a medium sized almond.

The sequel, it would seem, proved my diagnosis to be correct. Since the ulcer had gradually increased in size for six months prior to the beginning of the anti-syphilitic treatment and though he did not improve at once, as soon as the local treatment succeeded in cleansing the ulcer of necrosed bone, healing began and the more serious symptoms became less.

The case is of even greater interest to the neurologist than to the rhinologist and had more systematic experiments been made

and closer observations been taken of the nervous phenomena something of greater interest might have been gained. I confess that I had not the temerity to risk many experiments at the time in the progress of the case when they would have been available.

Some important points may especially be noticed: (1) The necrosis must have occurred in the anterior process of the second cervical vertebra, hence the spinal cord must have been exposed between the second and third vertebræ. (2) The probe-pressure always produced its effect on the corresponding side of the body. (3) The pressure that produced the paralysis must have wounded the anterior column by pressing a jagged piece of bone against the cord, and the pressure that produced the convulsions must have only irritated the anterior columns, since it is well known that an irritation applied to the anterior column of the spine produces immediate convulsions and a wound produces immediate paralysis.

ANOTHER CASE OF ALBUMINURIC RETINITIS OF PREGNANCY.—By A. D. WILLIAMS, M. D., of St. Louis.

Some months ago I gave in the *JOURNAL* the history of two cases of albuminuric retinitis of pregnancy, and urged as the only remedial procedure in this condition prompt and early induction of premature delivery. I have now to present another sad case emphasizing my former words of warning.

A lady of middle age consulted me during the past week on account of practical loss of her vision. She can barely count fingers with one eye. She gave the following history:

Two years ago, when three months gone in pregnancy, she took a most violent headache, which was not apparently benefitted in the least by any treatment her physician could suggest. This intense headache lasted for several days and suddenly passed away. Very soon after the cessation of pain her vision became dim, rapidly growing worse, until at the end of three or four days she was totally blind. Three months later she had a miscarriage, the fœtus (one of six months) dying almost immediately. Soon after this miscarriage the vision began to clear up, the amelioration progressing until she could count fingers held in certain positions before one eye. Here the process of repair stopped and has remained stationary ever since.

After receiving this history I made an examination and found both vitreous chambers full of old clots of blood, but through these I could discern the peculiar stellated patches in the retina characteristic of albuminuric retinitis. So much for the ophthalmoscope; but for diagnostic purposes I had not to rely upon it alone, but upon the characteristic history, viz:

1. Pregnancy.
2. Headache, intense, intractable, suddenly ceasing.
3. Dimness of vision, following immediately and growing rapidly worse, even to total blindness. (This is peculiarly characteristic and it is a singular phenomenon. The vision is not involved in these cases until *after* the headache ceases. Such at least has been the case in every instance coming under my observation or found in the range of my reading).

4. To make the pathological picture complete an examination should have shown the urine to have been loaded with albumen. This feature is wanting in the history given me, but as no examination was made I can only assume that it was so.

The hæmorrhage into the vitreous chambers is unusual, and in this exceptional case I presume it was due to some accidental condition. That it was not the primary cause of blindness is proven by the fact that the latter was not instant, which it would have been had hæmorrhage been the cause.

That gestation or the pregnancy was the exciting cause is proven by the amelioration which ensued upon delivery. Had, therefore, the true condition of the patient been recognized at the time when her vision began to fail; or better still, when the headache was found to be intractable to treatment, which could easily have been accomplished had the attendant physician caused a test of the urine to be made; and had a prompt miscarriage been induced, in all probability her vision would have been saved. Now she is hopelessly blind. The moral is self evident but I will repeat it for emphasis and for the benefit of those practitioners who are too apt to neglect that greatest of aids to scientific diagnosis, *a careful and competent examination of the urine.*

When the pregnant woman in the earlier periods of gestation is seized with a headache that is violent, intense, intractable and which ceases only to be followed by dimness of vision, suspect albuminuric retinitis. Examine the urine and if albumen is found in any quantity, proceed at once to the only measure which gives any promise of salvation of vision or of life itself, and produce premature delivery.

Hospital Notes.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., Superintendent.

XX.—“WALKING” TYPHOID FEVER.—NORMAL TEMPERATURE.—
DEATH.—AUTOPSY. By H. C. DALTON, M. D., Superintendent.

J. W. S., male, æt. 16, American, single, laborer, was admitted Sept. 10, 1887. Patient had no knowledge of his family history; said he had been healthy until two years ago, when he had malarial fever, since which time he had not been so well. He had been working in the Missouri River Bottom during the summer, hence his hygienic surroundings were not favorable. His last illness began on Sept. 10th with a chill and fever followed by free perspiration, after which he felt comparatively well until the next day, about the same time, when the fever reappeared and became continuous. At the time of the patient's first examination he seemed to be well nourished, but was sallow, and the conjunctivæ were yellow enough to give rise to the suspicion of the presence of jaundice. His pulse was 80, respiration 24, and temperature 98.6° F. His appetite was poor. The ingestion of water to quench his increased thirst caused nausea, and vomiting of a greenish fluid. His bowels had been very loose, moving as many as twelve times in twenty-four hours, the passages being watery and rather copious. After the period mentioned, however, they had only moved three times in twenty-four hours. A headache had accompanied the fever but had disappeared with each return of natural temperature. There was some pain in the left side and left lumbar region. Physical examination showed the spleen was much enlarged, and extended to the crest of the ileum below and to within one inch of the margin of the median line. It was quite tender and there was general abdominal tenderness with some distension. Liver was slightly enlarged; heart and lungs were normal. The patient appeared to do well except a continuation of the pain, and although required to remain in bed

after the first day he said he felt well enough to be up. His temperature was normal on the evening of the 11th and during the 12th and he did not appear as sick as many of the other patients, who were suffering with intermittent fever. He died, however, very suddenly, while lying in bed, at 5:45 A. M. on the 13th without apparent cause or previous prostration.

Autopsy six hours later showed all the organs to be normal excepting the following:—

The spleen weighed 1750 gm. (58 oz.); its substance was very soft, dark, and congested. Liver weighed 2250 gm. (75 oz.); was large, of slate color, and gave increased amount of blood from the cut surface. The mucous membrane of the colon was filled with numerous small ulcerated glands, which increased in number towards the cœcum. Throughout the ileum, but most especially marked at its cœcal end, the glands of Peyer were found to be congested, inflamed, and considerably ulcerated; many solitary glands in the ileum were ulcerated; three large lumbricoid worms were found in the colon.

XXI.—CEREBRAL SOFTENING SIMULATING A CEREBRAL HÆMORRHAGE.—DEATH.—AUTOPSY. By H. C. DALTON, M. D.

J. F, æt. 57, Irishman, married, ironworker, admitted August 27, 1887. The patient's mother, toward the close of her life lost the power of speech; two aunts had rheumatism—which constituted the pathology of his family record. The patient's constitution and general health were usually good. Previous diseases were bad colic and delirium tremens. His habits were extremely irregular—he was intemperate both in the use of spirituous liquors and in his sexual relations. On August 14th, after a prolonged spree while in bed, he noticed that he could not move his left arm, and had only slight control over left leg. He was perfectly conscious and had no abnormal sensations. At the time of our first observation, patient was exceedingly plethoric; his coarse skin and flushed face gave evidence of his dissipation. Temperature and pulse were normal, tongue coated, appetite fair, bowels regular, urine normal. Physical examination revealed no abnormality of the thoracic or abdominal viscera. There was complete paralysis of the left upper, and a paresis of the left lower extremity; sensation was unimpaired in either. Soon after entering he showed signs of approaching delirium which was at

tributed to alcoholism; insomnia became a marked feature; prostration was great, his pulse became intermittent and irregular and much weaker than previously. Urine was passed involuntarily and frequently, macerating the buttocks so that bed-sores soon developed, notwithstanding the care taken to prevent them. On Sept. 3, the patient's mind again became clear, and he appeared better in many ways, but the hemiplegia was found complete; on the day before, however, he had a very weak spell, in which his pulse was weak and rapid and Cheyne-Stokes respiration was present. It was relieved by hypodermatic stimulation. After a short period, in which the patient appeared to gain some, he gradually grew worse, sank into somnolency, then into unconsciousness in which he died on Sept. 11th. There had been no aphasia, nor aural defects. During the latter part of his illness there were irregular periods of fever, the temperature running to 39° C. (102.2° F.) on one morning. The autopsy was held seventeen hours after death. The brain weighed 1500 gm (50 oz.); the meninges were *injected* and the great vessels at the base were greatly distended with clotted blood. The brain substance generally was softer than normal. The posterior portion (greater part) of the corpus striatum, optic thalamus, and almost the entire middle lobe of the cerebrum extending to the cortex was softened and broken down, the degenerated nerve tissues being quite fluid in some places. All was of a pinkish hue. All the large vessels were thickened and spots of atheroma were seen on those of the base. The ependyma of the right ventricle was thickened, and the same cavity was dilated and contained an abnormal amount of fluid. Nothing noteworthy in the rest of the examination.

Clinical Reports from Private Practice.

REGURGITATION OF MILK THROUGH THE EAR—AN UNIQUE CASE.
By H. F. HENDRIX, M. D., of St. Louis.

Eddie J., when two weeks old was brought to my office, because he could not nurse well. On inspecting the fauces, I found that the soft palate was absent, which accounted for the trouble in nursing. The child could not exhaust the air in the mouth sufficiently to cause the milk to flow readily, he therefore had to

be fed by hand, and did not nourish well at any time. When he was three weeks old, his right ear began to discharge a thin, watery matter containing a slight amount of pus. This continued for a time, when it was noticed that in feeding while lying on the right side milk would flow from the corresponding ear and some of it coagulated or curdled in the aural canal. Finally at the age of eight months he contracted whooping cough. The other ear now began to discharge as the right one had done, and soon the milk began to run from it when the child nursed while lying on the left side. At this time also measles supervened and subsequently diarrhœa, which was too severe for the feeble constitution and life ceased.

I have not seen in print nor heard spoken of a similar case and so far as I know, it is unique. It is, at all events, interesting in its pathology—hence this report.

101 N. Jefferson Ave.

CRUSHED HAND.—CONSERVATIVE SURGERY. By W. V. KINGSBURY, M. D., of St. Louis.

On the 25th of last August, Mr. M—, while working at a stamping machine, in a bucket factory, in this city, got his left hand caught and crushed in the machine. The hand was injured to such an extent that it was necessary to amputate the first three fingers. The little finger was so badly lacerated that at first sight it was thought necessary to amputate it also, but as only the soft part was implicated and the bones were not fractured it was considered best to try to save it.

All the phalangeal bones of the first three fingers were broken and crushed and the metacarpal bones were crushed at their distal extremities. The crushed fingers were cut away, after the patient had been anæsthetized by chloroform, and the protruding ends of the metacarpal bones were sawed off as far down as possible, so as to be able to get flaps long enough to cover them. After removing all shreds and dirt, the hand and arm was washed in an antiseptic solution of bichloride of mercury (1 in 2000). Three sutures were applied, drawing together as near as possible the edges of the flaps. Antiseptic dressings were put on and allowed to remain for four days, when they were removed and the wound was found aseptic and showing no signs of inflamma-

tion. The patient made a rapid recovery and at no time did his temperature reach above 99.5° F. He is now able to use his thumb and little finger readily.

The principal feature presented in this case is the recovery of the usefulness of the finger, which was lacerated and denuded to such an extent that the hope of obtaining more than a stiff member seemed to be out of the question. In this finger the process of granulation rapidly replaced the lost tissue. With the exception of a slight loss of motion in the metacarpo-phalangeal articulation, this finger is a very useful member and seems to improve by usage.

The patient can now, with the left hand, pick up a pin and is able to separate his thumb and finger so as to be able to hold an object nearly three inches long between them.

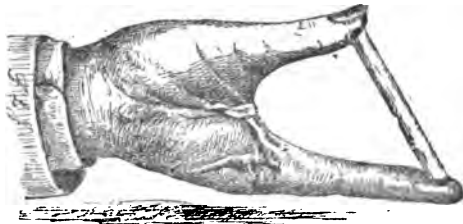


Fig. 8.

Figure 8, from a photograph, shows an anterior view of the hand with the thumb and finger holding a stick two and three-fourth inches long. When the finger and thumb are separated to a great distance, say two inches or more, there occurs a tremor and the stick in the cut was put there for the purpose of controlling this while being photographed. This cut shows the cicatrix on the little finger.



Fig. 9.

Figure 9 gives a posterior view of the hand holding a cigarette between the thumb and finger. This also shows the cicatrix upon the dorsal surface of the hand.

In presenting this case I desire to add another piece of evi-

dence in favor of conservative surgery in injuries of the hand. It seems to me that the limit has not yet been reached. The possibilities in this direction, can hardly be estimated when antiseptics are thoroughly and judiciously employed.
903 Olive St.

A CASE OF VERBAL AMNESIA DUE TO SHOCK. By WALDO BRIGGS, M. D., of St. Louis.

On Friday night, Sept. 30th, Mr. S., proprietor of a large coo-
perage at Jerseyville, Ills., after paying off his hands found
himself in possession of quite a large sum of money (between
five and six hundred dollars) which had come in after banking
hours. Having worked until after dark he seated himself at his
desk by a window, in full view of passers by on the street,
counted his money, rolled it up and stuck it into his pocket pre-
paratory to starting home. After locking up his office he called
at a grocery and bought a few articles which were done up into a
convenient package, and then walked homeward, his residence
being in the suburbs some half or three quarters of a mile away.
Just as he reached the corner of the low fence enclosing his house,
and perhaps a hundred yards from his door, he was felled by a
blow, delivered from behind the fence (and over the top of it),
the weapon, as it afterward turned out, being a plough handle.
As he fell another assailant ran from across the street and belab-
ored him over the head with a club made of a section of grape
vine. After beating him into utter insensibility the robbers took
his money and left him. Exactly how long he remained where
he fell is not known, but probably half an hour. The first that
was known of the affair by his family was when he staggered in-
to the house about 9 o'clock, covered with blood, unable to
speak, or to recognize any of the family, or to understand words
spoken to him, but still grasping in his hands the bundle with
which he started from the shop. He was hastily put to bed by
the family and medical aid summoned.

An examination by the local physicians disclosed several scalp
wounds of greater or less severity but no fracture of the skull.
The right parietal region seemed to have suffered the most, as it
had received the first stunning blow, which was evidently deliv-
ered (taking the position of the assailant into consideration) by a

left-handed man. Fortunately it glanced, and failing to crush the parietal, fractured the right superior maxillary badly.

I was summoned by telegraph and on arriving at the house on the ensuing night, found the patient in a semi-conscious condition, apparently able to understand what was said to him but unable to reply intelligibly, as there was total verbal amnesia, or probably I should say *aphemia*. When he wished for a spoon, for instance, he would say "chair," "stove," "table" or substantives other than the correct one; but that he knew what he wanted was proven by his becoming irritated if anything, other than the object desired, was offered him. A careful examination on my part confirmed that of the local physicians as to the absence of fractures or other lesions of the calvaria. I therefore contented myself with dressing the scalp wounds and readjusting the fractured superior maxillary.

During the time that I was compelled to remain at the house, intelligence gradually returned to the patient, and when given a pencil and paper he managed very disjointedly, it is true, to make known his wants. While still unable to articulate the correct words, when he wished to express himself verbally, he was generally, though not always, able to write them. The first proper and clear answer that he was able to return was made shortly before my departure on the ensuing day. When asked by his son if a certain suspected person was one of his assailants, he answered distinctly and without hesitation, "yes." I have since heard from the case several times and learn that the verbal amnesia has almost entirely disappeared and that the patient is rapidly recovering.

Some of the more curious features of the case are; (1) that he should in his utterly unconscious state have made his way home unaided; (2) that he should have recovered the package and carried it with him; (3) that the verbal amnesia should have extended simply to inability to speak the correct word.

1405 Olive St., St. Louis.

[REMARKS: As M. Charcot has pointed out, a word is not an unity—not a simple, but a complexity, consisting of at least four distinct cerebral images of different kinds, viz: auditive, visual, articulo-motor and grapho-motor. By means of the first sense we learn words and their meaning from others. The visual image is of two kinds, viz: that seen in the "mind's eye" when the word is heard, and that which enables us to recognize the

written or printed word. The articulo-motor image is developed by the repetition of the movements of the tongue and lips necessary to pronounce the word; and, finally, the grapho-motor developed by the movements of the hand and fingers in writing. These verbal memories, these depots of verbal images (as shown by Professor Teissier) are physiologically interdependent upon each other, without being so anatomically; and, therefore, while the abolition of one set may cause the loss or impairment of one or all of the balance, it does not follow that it should necessarily do so. While the interior image, for instance, as in the present case, might not be able to dictate itself to the articulo-motor, it was able to impress the grapho-motor. Another curious feature here is seen: the written word could not recall the spoken one, or rather could not set in motion the articulo-motors, even though the word was spoken by others and heard and understood by the patient. The phenomena while not exceedingly rare, are very curious. The picking up of the package (it is possible that he never let go his hold upon it) and walking home in an utterly unconscious condition is very strange, but often finds a parallel. The writer remembers an instance which occurred several years ago in Mississippi County, Arkansas, and which was reported by the late Dr. Davies of that county, where an employe had gone to a lake a few hundred yards from the house to shoot ducks. The gun was heard to explode and shortly afterward the man walked into the yard through the front gate, opening and closing the same. He passed directly up the walk, threw his game upon the porch, set the gun in its accustomed corner, went through the hall to his room and fell upon the bed unconscious. On examination it was found that the breech pin of the gun (an old-fashioned, smooth-bore single-barrel shot-gun) had blown out, striking him in the forehead squarely between the eyes, passed backward through the brain and partially embedded itself in one of the parietal bones. He lived for several hours, but never spoke after entering the house; though just as he reached the porch he is reported by one of the negroes to have said "I am a dead man." F. L. J.]

Medical Education in America does not seem to have been exhausted yet as a subject for learned disquisitions by the editors of our provincial exchanges.

[Nov.,

Correspondence.

COPYRIGHT AND PATENT RIGHT.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

I commend the brief editorial in your October number, p. 222, on this subject.

Dr. Emmet, of New York, in a conversation with the writer more than twenty years ago, remarked in relation to a speculum he was working upon, that he ought to patent it for the protection of the profession, i. e. to protect them from being put off with inefficient or defective instruments sold as his, by any irresponsible instrument maker.

Dr. J. Marion Sims expressed this view in a presidential address on retiring from the presidency of the American Medical Association.

The medicine antipyrin has been mentioned as a patented article. The advantage to the profession and to patients in having a newly discovered compound patented and covered with a trade mark is; that only an honest article will be offered for sale.

If the same medicine can be made by other processes, very well; but the trade mark ought to protect the profession from being deceived as to the manufacturer and proprietor. If any one by, long investigation can bring out such a compound as antipyrin what principle lies against a patent right, which does not apply with equal force against a copyright? What principle of brotherhood in the medical profession obliges an inventor to give his time for the general professional welfare, which does not require that the maker of a medical book should work for the same general good without compensation?

The kind of labor which brought out antipyrin has not been taken to, in any great degree, in this country.

There are two obvious reasons for this: One is the lack of endowed institutions to support enthusiasts who are willing to work for what brings no result of immediate commercial value.

The other is the disfavor in which patents are held. This prejudice is not altogether confined to the medical profession. A few years ago the American Congress, in making an appropriation for the army, provided that no patented article should be purchased. The inconvenience of this regulation was so great that it has never been repeated by any subsequent congress.

This prejudice is an inherited antipathy to the alchemists who worked in secret places, and were supposed to be in communication with Satan. Now, because Satan likes people with smutty faces, whose hands are begrimed with the soot of furnaces, and hardened by contact with hot instruments, and gives them the secrets of nature, therefore the book makers, who can sit in clean clothes, with delicate hands, with the favor of the Lord, should be compensated by the common people, for their cleric gifts, through a copyright. The poor children of Satan, however, have no rights which common people are bound to respect, because that which comes from Satan is free booty for all marauders. Civilization has, however, so far advanced from the superstitions of the dark ages, that the law allows those children of Satan to protect their labors by patent right from ordinary marauders. What cannot be taken by force without compensation is attempted to be taken by *boycotting, i. e.* by heaping such disgrace upon the poor children of Satan that they will drop their tools and their products and escape into the respectable society of the book-makers whose divine afflatus will keep them warm with the approbation of all men. When the millenium comes the "code" will take up these smutty people, give them a bath and put clean clothes upon them and permit them to feed themselves with the labors of their own hands.

The smut will be regarded as prophetic of the richest rubies from the mine of industry, and Satan will become the emblem of material knowledge, without which the divine book-maker will have no material to work upon.

An argument in favor of furthering the copyright and the patent right upon the same basis in medical estimation, is published in the Transactions of the American Medical Association for 1886.

Waiting for the passing away of the darkness of the dark ages, I am

Jacksonville, Ills.

Your obedient servant,

DAVID PRINCE.

[Nov.,

Editorial Department.

FRANK L. JAMES, PH. D., M. D., and A. H. OHMANN-DUMESNIL,
A. M., M. D., Editors.

FRANK M. RUMBOLD, M. D., Business Manager.

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TO THE FRIENDS OF THE JOURNAL.

The Year of 1887 is rapidly drawing to a close. But one more issue of the JOURNAL and we turn over another leaf in time and add another volume to the long series which have gone before. That the past year was the most prosperous in its career is abundantly testified by a reference to its advertising pages—the true index of any journal's prosperity. We have striven to make it in every way worthy of these evidences of esteem, and shall continue our efforts to provide the best medical monthly in this or any country. We earnestly hope that our old and new friends will show that they appreciate these endeavors, by using their influence to increase the circulation of the JOURNAL; and as all these things should be mutual, we make them the following offer:

To every OLD SUBSCRIBER who sends us the name of a NEW ONE with two dollars (\$2.00) therefor, we will send the JOURNAL for 1888 for one dollar—in other words, for \$3.00 we send the JOURNAL to both names for one year.

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PATENT-RIGHT vs. COPYRIGHT.

In another department of the JOURNAL will be found a letter from that able and well-known Illinois surgeon, Dr. David Prince, of Jacksonville, bearing upon this subject, and which will be found to be well worthy of perusal. It will furnish food for thought for that portion of the medical profession whose minds and senses are ever on the alert, and who spend their time in studying Nature and her laws, instead of "the code" and violations thereof. Dr. Prince, it will be perceived, takes a Spencerian view of the subject, and elaborates the same very pleasantly.

While agreeing with him in the main, we think there is a much simpler and more natural explanation of the extraordinary zeal and ardor of certain of the rank and file in the profession in their desire to uphold those features of the 'code' which prevent the inventor who chances to belong to the medical profession from availing himself of the protection afforded by the patent laws.

Briefly stated, and not to mince matters, in our opinion this zeal arises most frequently *from the desire, or at least willingness of lazy and incompetent men to profit by the brains and labor of others.*

The Code of Ethics is not a thing of to-day, nor of yesterday; it is the outcome of the ages. Taking its origin in the remote past it has grown with the centuries and has been modified by them, each generation leaving its impress upon it. In theory the principle which forbids the physician to keep secret a method or a remedy is wise and just. Freely, it declares, have the discoveries made by our predecessors been handed down to us from time immemorial, and freely should we share those inventions which we may make in the divine art of healing.

But as with many another theory, right and proper in the ab-

stract, when it comes to a practical application we find that it is based upon impossible conditions. Thus, such a rule to be truly golden, pre-supposes a condition of society in which all men are workers, striving for the common weal; in which there are no laggards and no drones, and where to him who gives shall freely be given in return; where some provision shall be made by the many, who practice and enjoy the fruits, for the few whose talents and education lead them to spend their time in study and research.

In some European countries this, to a certain extent, is done by government, which endows and maintains laboratories and makes grants, usually small enough, but sufficient to support and keep alive the men who devote themselves to experiment and research. In such cases it is no more than fair that the labor of these men should be given to the public.

But with us the case is far different. Here we have no pensioned workers, no endowed laboratories, no public or private funds for the support of workers in the fields of science. The physician who carries on experimental research does it at his own expense, in hours filched from his sleep or his practice, and with funds abstracted from his family. Yet if such an one arrives at a method of producing cheap quinine or better morphine, or discovers a drug which may supplant them both, he is expected forthwith to publish it for the benefit of the hundreds and thousands who were earning fees while he was in his laboratory, or asleep when he was at work over the crucible.

Again, if an ingenious surgeon in some of the European countries invents an improved apparatus or instrument, he can designate an instrument-maker who shall have the sole privilege of manufacturing the same, and any other person who makes them without his permission can be punished therefor. In this country the surgeon is expected to publish a description of his invention and to furnish engravings thereof; and then any and every bungler who calls himself an "instrument maker," from Hudson's Bay to the Rio Grande, may manufacture and furnish the instrument (or what he chooses to palm off therefor), regardless of the rights or wishes of the inventor—thus working a treble wrong, a fraud upon the inventor, upon the physician who orders or buys and the patient upon whom it is used.

We are for the maintenance of the code in all that tends to prevent the degradation of medicine; we are opposed to the use

of secret or 'patent' medicines in the usual acceptance of the terms; but we do believe and assert that the code should be so modified as to give some protection and emolument to the physician who chances to be an inventor in that line wherein his inventions would probably be most valuable, *i. e.*, that which he knows most about, medicine or surgery.

RANK HUMBUGGERY.

Some months ago a merchant of this city consulted a physician concerning a gastric and intestinal trouble which was manifestly the result of over-indulgence in food and drink. The doctor so told his patient in plain words and advised abstention and a simpler diet, charging for the consultation (which lasted nearly an hour in the busiest part of the day) the munificent sum of five dollars. The patient "kicked" but paid it. A few weeks later the doctor, while in Philadelphia, met at his hotel, the same merchant, then on his homeward way, and incidentally learned that the latter had while "East" consulted a celebrated New York doctor, who "had diagnosed his case perfectly, and had prescribed medicines to cure it." The merchant was in a patronizing mood and graciously informed the St. Louis doctor that he would let the latter see Dr. —'s prescriptions and letter of directions, as it might be of some service to him in future emergencies (*i. e.* when the St. Louis *Æsculapius* got hold of another "sucker" like the merchant). The first impression was to refuse, but curiosity got the better of wounded professional pride, and he consented to accompany the merchant to his room and take a lesson in medicine. Once there the merchant opened a package about fourteen inches long and ten inches square, bound with a shawl strap, and took out two pint bottles of "tonics," an immense box containing five-hundred capsules, two homœopathic vials containing pellets, a spraying apparatus and a number of miscellaneous boxes of pills, powders, etc. The "letter of instructions" contained minute directions for taking these remedies, and but little else. "Where are the prescriptions?" asked the doctor, and in reply was told that the druggist had kept them "so that" — as he added in explanation, "he can refill the bottles when they are empty."

"And you expect to take all this stuff and send back for more! And may I ask," said M. D. "what all this precious stuff cost you?"

“Well, Doctor — charged me twenty dollars. The druggist’s bill was \$8.60.”

Without prolonging the interview the doctor bade his quondam patient good day and retired to ruminate over the strange and unaccountable love for humbuggery and deceit which possesses the majority of human beings. Not *populus*, but *homo*, the genus man, *vult decipi*. *Decipiatur!*

And to prove that this is the fact, take the following from the *Journal de Médecine de Bruxelles*:

“He was a man of the world, about sixty-five years old and in the last stages of cardiac cachexy, with mitral insufficiency. The major and minor circulations presented classic phenomena. A passive pulmonary congestion left no doubt of a near end. He went to Paris and consulted a physician whose fame is worldwide and he got the following:

1. Alternately every four days take the following: (a) 40 centigrams of digitalis macerated in 150 grams of water. (b) 3 grams each of caffeine and benzoate of sodium in 150 grams of sweetened water. Of this take 3 tablespoonsful daily.

2. Take every day Anderson’s pills.

3. Tisane of black coffee (20 grammes of roasted coffee infused in a litre of water.)

4. Exclusively milk diet.

5. In case of suffocation, take 30 grams of pyridine put into a well stoppered bottle, and inhale as occasion demands.

6. Dry cups on the back, on each side of the spine.

Under these directions the sick man amended notably for a few weeks, or a month. The albumen grew less and less and finally disappeared from the urine. But only temporarily. It reappeared almost immediately and in greater quantity than ever. Oedema of the lower limbs followed; then crises of uræmic dyspnoea, etc., etc., and the Doctor was called again. He gave the following:

1. Iodide of potassism.

2. Anderson’s pills.

3. Take twice daily in a glass of *infusion of pellitory* sweetened with syrup of *stigmata maidis*, ten drops of tincture of digitalis.

4. In case of insomnia take in a grog of rum or kirschwasser two tablespoonsful of a solution of fifteen grams of paraldehyde in 250 grams of water.

5. Suspend the milk diet for five days. Eat no fish, no eggs. Roast pork is recommended as a diet.

6. Against bronchial trouble and to facilitate expectoration. take twice a day, before the principal meals, two capsules of terpinol, No. XXX.

Well, after this came fresh explosions, intensification of

symptoms, and after a few days of subcutaneous injections of morphine, and inhalations of *ballons* of oxygen—the patient died.”

As old Hugo von Trimberg wrote in the 13th century ;

“Manger hin je Paris vert,

D’wenik lernet und viel verzehrt ;

So hat er doch Paris gesehn !”

which may be translated

A many-a-one to Paris wends ;

Little he learns, but much he spends,

But—he has been to Paris !

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

PRACTICAL NOTES FROM THE PITTSBURGH MEETING.

From the numerous excellent papers read at Pittsburgh, at the late meeting of the American Society of Microscopists, we extract the following as being peculiarly useful to physicians who use the microscope. We are indebted for them to the courtesy of Prof. Simon H. Gage, of Cornell Univerity, of whose work in physiological and biological microscopy we have before spoken in terms of the warmest commendation.

PERMANENT PREPARATIONS OF TISSUES TREATED WITH POTASSIUM HYDRATE. (Boardman L. Oviatt, B. S.)—A solution of potassium hydrate of from 36 to 40 per cent. is used, (potassium hydrate 40 grams, water 60.00), then this is replaced by a saturated aqueous solution of potassium acetate. We may then add the staining agent, and then glycerin as a permanent medium. Heart muscle treated in this way five months ago is as perfect as ever.

THE DETERMINATION OF THE NUMBER OF TRICHINÆ or other animal parasites in any given quantity of meat, is thus effected by Prof. Simon H. Gage: After meat has been found to be infested with parasites, if it is desired to determine the number in a kilogram, pound or any other weight, a section of the meat is

made with some sharp instrument and the thickness of the section is measured by placing it between two cover-glasses whose thickness is known, and then after pressing the cover-glasses quite firmly together, measuring the entire thickness. The thickness of the section of meat is then easily determined by subtracting the thickness of the cover-glasses from the number representing the thickness of the cover-glasses and the meat (An excellent instrument for making all fine measurements like these is the "cover-glass measurer" of Zeiss. Another is the micrometre gauge or calliper of the Providence Tool Works). The sections may be from one to three-tenths of a millimeter (from $\frac{1}{16}$ to $\frac{1}{8}$ inch) in thickness. Remove the upper or eye lens of the ocular of the microscope, and place on the diaphragm a piece of paper in which a small square opening has been made, thus converting the diaphragmatic opening from a round to a square one. Replace the lens, and by the aid of a stage micrometer, determine the value of one side of the square field thus made. The opening need not, of course, be square, but it is much easier for most persons to determine the area of a square than of a circle - hence a square is recommended. Put the section of meat under the microscope and count the number of parasites in the field, moving the specimen and making twenty or more counts, in order to get an average which shall fairly represent the number of parasites in one field. Find the cubic contents of one field by multiplying the thickness of the section by the number representing the value of the sides of the square field. From this compute the number of parasites in an entire cubic centimeter. Divide this number by the specific gravity of muscle (1.058) and the result will give the number of parasites in one gram of the meat. From this the number in one kilogram may be obtained by simply adding three cyphers (multiplying by 1000); or in one pound avoirdupois, by multiplying by 453.593, which is the number of grams in one pound. The following is an example:

The thickness of the section was 0.27 millimetre (0.01063 inch) and the value of the square field as seen in the ocular was 1.5 mm (0.05905 inch). The average number of trichinæ seen in this field in twenty observations of different portions of the meat was 3. The cubic contents of the field was $0.27 \times 2.5 \times 1.5 = 0.6075$ cubic millimetres. If 0.6075 cmm. contains 3 trichinæ, one cmm. will contain 4.038 of them, and a cubic centimetre, or gram would contain one thousand times as much, or 4938 trich-

inæ providing it weighed only as much as distilled water at 66° F. But as muscle weighs 1.058, as compared to water, the true number would be $4937 \times 1.058 = 4667.3$ in one gram, or 4667.300 in a kilogram, or $4667.3 \times 453.593 = 2,117,054$ in one pound avoirdupois.

THE TAPE-WORM; METHODS OF PREPARATION FOR THE MUSEUM AND THE MICROSCOPE. (By J. M. Stedman).—A hypodermic, or other syringe possessing a fine, sharp canula, is filled with fine injecting mass, then the canula is inserted in the generative cloaca or opening of the vagina, thus cutting the excretory canal. If the canula is inserted the proper distance, the entire caudal portion of the water vascular or excretory system can be injected. The injecting mass does not flow toward the head on account of opposing valves. For the museum nothing further is done, except to wash the worm with water and suspend it in a bottle of 75 per cent. glycerin, to which has been added a few drops of acetic acid. The worm will soon clear up and show all the structures with the greatest clearness.

For microscopical preparations, one and a half or two segments, after treatment as above, are mounted on a slide in a cell of glycerin jelly. For the most satisfactory microscopical preparations the ovaries and uteri, as well as the excretory system, should be injected. This is accomplished by first injecting the excretory system with one color, as described above, and then by employing another color and forcing the canula further into the worm than when injecting the excretory system. Segments so injected may be preserved in glycerin jelly, or after gradual dehydration, in canada balsam. Uninjected segments may be hardened in Müller's or Ehrlich's fluid and then in alcohol and made into serial sections to show the finer structural details.

Officers of the American Society of Microscopists for 1887-8.—Owing to loss of memoranda, and having to write from memory, a number of errors crept into our report of the election for officers for the ensuing year. The following is a corrected list: President, D. S. Kellicott; Vice-Presidents, A. J. Detmers, T. B. Stowell; Secretary, T. J. Burrill; Treasurer, S. M. Mosgrove; Executive Committee, C. C. Mellor, H. D. Kendall and R. J. Nunn.

CLINICAL MICROSCOPICAL TECHNOLOGY.

IX. THE EXAMINATION OF SEMEN.

§ XXIV. THE MICROSCOPICAL EXAMINATION OF SEMEN becomes of interest to the physician in two classes of circumstances, the one purely clinical, the other medico-legal.

1. It is of clinical interest and value in those cases where there is a question of spermatorrhœa, and in cases where the physician is consulted by a patient desirous of knowing whether he (the patient) is capable of procreating or not. The first class of patients are the most numerous, and in these cases the examination is absolutely the only method of differentiating between true spermatorrhœa and prostatorrhœa, or between the former and certain urethral catarrhs.

2. The medico-legal examinations of, or *for*, semen become necessary in cases of alleged or suspected rape, attempts at violence, etc., and are frequently of the highest importance, the liberty and even life of accused persons depending upon the skill of the examiner.

§ XXV. NORMAL SEMEN. As suggested in the remarks introductory to the examination of urine, the first essential in examinations where valuable clinical results are to be obtained, is that the observer should be thoroughly familiar with the normal appearances of the matter under examination. Without this knowledge he cannot hope to detect pathological changes, and for it he must not depend on plates and pictures in text books. These are well enough in their way, as helps and as guides telling him what to look for, but the best picture ever made, the most accurate steel plate or photograph cannot teach the eye one-tenth so much as one glance through a microscope at a properly prepared slide. Let the rule therefore be absolute; always study for yourself the normal matter until you can recognize the slightest departure therefrom.

Further: as all organic matters and especially all secretions and excretions of the animal organism have a tendency to change on exposure to the atmosphere, and to assume different appearances after lapses of time varying from a few seconds (as in blood) to several hours, these changes should be learned by actual examination of the normal matters at varying periods. In this manner only, can their histological history be learned. This

is especially true of semen, and without wishing to depart from the true objects of our work, for the convenience of the student we will briefly recapitulate here the micrography of normal human semen.

Freshly ejaculated, semen consists of a viscid, semi-opaque, opalescent, whitish fluid, about the consistency of cream. This fluid does not consist solely of true semen, as found where secreted, but contains numerous morphological elements and secretions taken up and carried with it in its journey from the seminiferous tubules to the outer air. The vasa seminalia, the efferent vessels, the vascular cones, the epididymis, the deferent vessels, the seminal vesicles and the urethra, each and all contribute something liquid or solid to the fluid called semen. Even Cowper's glands, the prostate and the urethral mucous add their secretions (Bizzozero). The morphological elements are, however, not so numerous as one would imagine under these circumstances.

1. The largest of the elements held in suspension are certain irregularly spherical lumps having a diameter varying from one-fiftieth of an inch or less, up to twice that size. These consist of a transparent gelatinous substance, colorless or slightly yellow and of a consistence sufficiently firm to give distinct resistance in the application of the cover-glass, and which is felt quite sensibly, especially when some of the larger masses escape from under the edges. Under the microscope these masses at first appear striated, but on closer inspection this is found to be due to the existence of numerous tube-like cavities which seem to be full of limpid fluid. To show these masses well, add a minute quantity of water to a little semen on a slide (a plain glass slip with a cement ring spun on it, is best) and examine instantly with a good $\frac{1}{6}$ " or $\frac{1}{2}$ " objective. The masses will be seen to become at first white and opaque, and shortly afterward to assume a granulated appearance. To see the granulations well, however, requires a much higher power ($\frac{1}{3}$ " or $\frac{1}{4}$ "). When the semen is allowed to stand for a few hours these masses break down and at the expiration of from 12 to 24 hours according to temperature, are no longer to be seen, — dissolved, apparently in the surrounding medium. These masses are supposed to have their origin in the seminal vesicles exclusively.

2. The first objects which strike the eye in looking at a specimen of semen under the microscope are the so-called *spermatozoids*, which are morphological elements, produced, so far

as we now know, by a peculiar transformation of certain cells in the interior of the seminal canalicula. These are the essential element of semen. Of them may truthfully be said, to paraphrase the classical pun of Rabelais ("*sine testiculis esse papa non potest*"), *sine spermatozoa esse papa not potest*. They exist in innumerable quantities in normal semen, and under proper amplification (from 250 to 400 diameters) in their 'living' or active state, resemble nothing so much as a vast shoal of minute tadpoles. They consist of a head, which when viewed from above or below is heart-shaped, and from the sides pyriform, and of a 'tail' which is from 9 to 10 times the length of the head. The head and tail seem to be homogeneous in structure, though the latter is usually divided by histologists into an anterior and posterior part, the latter of which gives to the spermatozoid its well known oscillating or vibratory motion.

Beside the gelatinous masses first spoken of, and the spermatozoids, semen, contains the following elements, viz:

3. *Round or oval cells*, usually of the size of a white blood corpuscle, but sometimes attaining much larger dimensions. They are usually single nucleated, but occasionally they contain two nuclei. In pure semen the nuclei are somewhat indistinct, but the addition of water renders them very plain. These cells are frequently dotted over with globules, apparently of fat.

4. *Minute granulations* of an albuminoid nature. Usually in great numbers.

5. *Prostatic concretions*. These are not constant, but are usually found after repeated coitions (Zahn). They are yellowish in color, irregularly spherical, though sometimes oval or even pyramidal. Sometimes two or more of these masses are found adhering together. They appear to consist of a gelatinous or hyalin matter arranged around a granular central nucleus.

6. *Red blood corpuscles* are sometimes, though rarely, found in semen otherwise normal. This occurs most frequently in the semen of old men (Bizzozero).

7. *Epithelial cells* of various descriptions from the different parts of the seminal viæ.

8. *Granules of pigment* of a yellowish hue. These are rarely seen in normal semen except in old age.

The Vermont State Medical Society held its seventy-fourth annual meeting at Montpelier, Oct. 13th and 14th last.

Department of Dermatology and Genito-Urinary
Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Purpura with Circinate Lesions.—Whilst purpura is an affection of the skin which is seen somewhat frequently, the circinate form is exceedingly rare. In the case reported by Drs. Duhring and Van Harlingen, in 1878, the eruption was confined to the legs. Dr. Henry W. Stelwagen reports a case in the *Journal of Cutaneous and Genito-Urinary Diseases*. The patient was a strong robust man, forty-four years of age. The disease was principally seated upon the trunk, on its anterior aspect. Whilst the lesions were distinctly hæmorrhagic in their nature, unaccompanied by any subjective sensations, the greater number were circinate or ring-shaped. This was especially the case with those of large area. The central part of the lesion was of a faint bluish or dark tint; and the border, for a distance of one or several lines, of a reddish or a reddish blue color. Whilst many of the more advanced lesions (about the size of a dime) were almost perfectly annular, many were also irregularly rounded, and in several places had merged, giving rise to larger patches.

Treatment of Zona.—As has been already remarked in this department, the treatment of this trouble, so far as its cutaneous manifestations are concerned, is entirely protective. The entire question seems to rest upon the best means of attaining this object. Dr. Guibout employs for this purpose flexible collodion, such as is made with the addition of castor oil. This is painted on the affected parts several days in succession, care being taken not to remove the layer previously applied. This application has several advantages in its favor. Its chemical composition makes it a local anæsthetic; in drying it exercises a uniform pressure over the parts; and it furnishes a thick and impermeable coating which excludes the air and all its attending disagreeable effects.

Leucopathia Unguium.—Dr. R. B. Morrison read a contribution on this subject at the late meeting of the American Dermatological Association. The ordinary white spots found upon the nails are well-known and are gradually forced to the outer edge by the growth of the nail. A patient seen by Dr. Morrison exhibited white bands one-sixteenth of an inch wide, extending across the nail, from one border to the other. These bands had been appearing regularly for months. In other respects the nails were normal. The toe-nails were not affected nor was the hair grey. Microscopical examination demonstrated that these white spaces were due to air spaces in the nail. This corresponds to the condition found in white hairs. The manner in which the air finds its way into the nail is not clearly known. Of course a separation of layers forms the vacuoles which hold it, but the manner of its entrance has not been satisfactorily determined.

Treatment of Leprosy.—At one time, the unfortunate individual affected by leprosy was not only unclean but he was accursed and was either confined in a lazaretto or forced to wander far from human habitations. Even within comparatively a few years no attempts were made to alleviate this condition. Now it would seem as if a cure for this dread disease was about to be found. At the last meeting of the American Dermatological Association, Dr. P. G. Unna stated that he had lately treated five cases with very encouraging results. He uses externally an ointment composed as follows:

Chrysarobin	5 parts
Ichthyol (ammonia).....	5 “
Salicylic acid	2 “
Vaselin.....	100 “

This is applied to the lesions on all parts of the body except the face, neck and hands. In these places pyrogallic acid is substituted for the chrysarobin in the formula above. Dr. P. A. Morrow has, in some cases, obtained excellent results from the use of Chaulmoogra oil, whilst in others it seemed valueless. Dr. Piffard, in one case, obtained a very good result by giving strychnia internally and applying Chaulmoogra oil externally.

The Abortive Treatment of Gonorrhœa.—There is always a certain amount of interest attaching to the subject of the treatment of gonorrhœa and more especially to its abortive treatment. Whilst some claim successes others have met with nothing

but failure and whilst one set of writers is devoting itself to treatment another is investigating the pathology, and we have those claiming the disease to be specific, this being denied by the others. Dr. O. T. Osborne contributes a study of this subject to the *New York Medical Journal*; and, after passing in review various writers he sums up his conclusions as follows: 1° Gonorrhœa is a specific inflammation. 2° It is in all probability, caused by a special microbe. 3° The gonococcus of Neisser is, almost beyond controversy, the specific cause of gonorrhœa. 4° The abortive treatment of gonorrhœa with corrosive injections is unjustifiable and unsatisfactory. 5° The only abortive treatment should be weak antiseptic injections, combined with constitutional treatment. I cannot endorse his fourth conclusion and think that the question depends a great deal upon the strength used and the manner in which it is employed.

Syphilis in the Old.—That certain diseases are modified by the conditions found at different periods of life, does not admit of a doubt. Syphilis is particularly noted for the ease with which modifications are effected both in its progress and in the appearance of its lesions. Dr. Regoby, in a paper on this subject in *Paris Médical*, speaks of the modifications found in old people, dependent upon the lowered vitality of the tissues. The infecting chancre, for instance, is very often ulcerative, destruction of tissue being marked. The edges are perpendicular and the bottom rough or irregular. Among the secondary lesions, which acquire a certain peculiarity in old age, we have mucous patches which seem to have almost a natural tendency to ulcerate. This ulceration not only invades the mucous membrane but also rapidly affects the underlying tissues and necrosis is a common sequel of the mucous patches of old people. On the other hand the tuberculo-ulcerative syphilides, which have a natural tendency to ulcerate, are rarely seen in the old.

Care of Teeth in Syphilis.—The following little piece of advice is not only to the point but should be remembered by all those who have occasion to administer mercury. The neglect of this is one of the little sins of omission frequently indulged in by those who know better. Dr. G. Frank Lydston, in a clinical lecture, reported in the *Physician and Surgeon*, says that one of the most frequent of the injurious effects produced by mercury is ptyalism. Salivation in any marked degree is always injurious,

and no greater effect should be produced than a slight redness and tenderness of the gums, with a small increase in the salivary secretion and a coppery taste in the mouth. What is often a good indication to diminish the amount of mercury, is a sensation of the teeth being too long. To prevent ulceration of the cheeks or gums, the mouth and teeth ought to be thoroughly put in order by a competent dentist, prior to beginning treatment. Tarter should be removed and the teeth cleaned, and all those which are decayed, either extracted or filled. I would add to this, the use of the tooth-brush frequently or, at least, after each meal.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the *JOURNAL*, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXV. NÆVUS VASCULOSUS.

This affection is one frequently seen and easily recognized. It is congenital and consists chiefly of blood-vessels in its structure. It occurs either in the skin or subcutaneous tissues. Nævi are either round or irregular in shape and vary in size from a split pea to the palm of the hand. Their color also varies considerably. In some cases it is bright red, in others a darker shade and some have a violaceous or bluish tinge which is well-marked. Whilst any portion of the skin may be affected, the head, and more particularly the face, is most often the seat of this deformity. It is most often seen in the lip, although the scalp is not infrequently affected.

The tendency of some varieties is to grow, not very rapidly but continuously. Others, again, retrograde; whilst the greater majority remain stationary. As a rule, those which are more or less elevated above the surface of the skin increase in size, more especially if supplied by a considerable number of blood-vessels of large size. The deformity is a permanent one, like nearly all congenital troubles of the skin.

Nævus vasculosus, as its name implies, is very vascular and, on that account is compressible. Upon exercising pressure the blood is driven out, and naturally it assumes a paler hue. As soon

as the pressure is removed it rapidly refills and resumes its former size and color.

The skin overlying the structure or the portion that does is not visibly altered. The hairs and glands, which are normal to the part, are found and perform their various functions in an apparently normal manner.

Generally these lesions occur singly, although we occasionally find them multiple. I have seen six on the face of an infant, one of which was as large as a dollar and the others somewhat smaller. There are no subjective symptoms connected with this trouble.

There are two large divisions of *nævus vasculosus*, viz: *nævus tuberosus* and *nævus simplex*.

Nævus tuberosus or *angioma cavernosum* is tumor-like, prominent and erectile. It is a very vascular variety and is often of the pulsating kind.

Nævus simplex or *angioma simplex*, consists of non-elevated, macule-like patches which may be very distinct in color or quite faint. It is more or less smooth and very commonly seen. It is occasionally described as *nævus flammeus*; or, in common parlance, we designate it as "port-wine mark," "mother-mark," "claret-stain," etc. A form of *nævus tuberosus* is also regarded as a "mother's-mark" and commonly known as a "strawberry-mark."

Sometimes *nævus vasculosus* is verrucous or warty in nature and frequently it is pigmented, these, however, being accidental modifications.

The nature of this trouble is not well defined. Of course, it consists of rudimentary, embryonal vessels which develop into blood-vessels of considerable size, but the reason of this is not fully understood.

The lesion may be simple or complex in its structure. It consists essentially of dilated or hypertrophied blood-vessels and capillaries, the former predominating in the tuberos varieties and the latter in the simple form. The blood-vessels are situated either in the corium or subcutaneous tissues, or in both. They are considerable in size and in number and their arrangement is often complex.

The treatment of *nævus vasculosus* is almost entirely surgical and the method employed depends, in a great measure, upon the condition present, the parts implicated, and the humor of the

physician. The simplest method, perhaps is compression. At best it is long and tedious and the best results obtained are far from being satisfactory. Next in order we have vaccination. Some great results have been claimed for this method in lesions which were very considerable in size, the vaccination being made at several points, simultaneously. The ligature is often quite useful especially in small erectile nævi of the lip.

When the lesions are small, caustics may be used to advantage. The bichloride of mercury in collodion or traumaticin (liquittæ perchæ, U. S. P.) in strength of about eight grains to the drachm, or a tartar emetic application of about the same strength are convenient forms. A 50 per cent. solution of carbolic acid or a 30 per cent. mixture of chromic acid have also been employed. Nitric acid is also applied for this purpose.

A method which has been employed is that of injections, the object being to coagulate all the blood. For this purpose a solution of the sesqui chloride of iron is used. For the smooth variety of nævus vasculosus, linear scarifications made quite close to each other and crossed, have met with quite a number of advocates. Others prefer punctate scarification, dipping the needles in some caustic or coagulating liquid.

The actual cautery, red-hot needles, or the thermo-cautery still find adherents, whilst the galvano-cautery is looked upon with favor by a few.

The method which I regard as the simplest, most easy of application and equally effective is that of electrolysis. The positive pole must be large and the needle is attached to the negative. It is plunged into the nævus and the circuit completed. If the operation be performed with care, no sloughing will result; and, if introduced at intervals sufficiently near each other, a very good result will be obtained, a small number of exceedingly small scars being the only remains following the method.

The American Public Health Association will hold its sixteenth annual meeting at Memphis, Nov. 8th to 11th, 1887. The railroads have made a rate of one and one-third fare for the round trip and the hotels have reduced their rates for members of the Association.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Transactions of the American Otolological Society.—We have received from the secretary, Dr. J. J. B. Vermynne, of New Bedford, Mass., a copy of Part I, Vol. IV of the Transactions of the American Otolological Society embracing the papers and discussions of the 20th annual session, held July, 1887. Some of the papers are of considerable value and we will take occasion to recur to them hereafter.

Injection for Parenchymatous Keratitis.—As a hypodermic injection in disseminate choroiditis, retino-choroiditis and parenchymatous keratitis Dr. Abadie (*Gazette des Hôpitaux*) recommends the following:

℞ Bichloride of mercury.....	grs xv
Chloride of Sodium.....	ʒ ss
Distilled water.....	ʒ iij

Mix and dissolve. The injections should ordinarily be made every other day, preferably on the skin of the back, one Pravaz syringe full being the dose for an adult. The canula should be carried well under the skin and the tumefaction caused by the introduction of the fluid should be thoroughly but lightly rubbed. If the injection causes much pain or is not well tolerated it should be preceded by an injection of cocaine near the spot where it is proposed to introduce the mercury. After from eight to ten injections amelioration is usually very marked and rapid. The treatment is equally beneficial in the latent choro-retinites following amblyopias whose causes are obscure.

Good Effects of Iodide of Potassium in Large Doses.—Some years ago I treated a man for syphilitic iritis. Recently he returned with a very ugly eruption extending from the hair to the bridge of the nose, and which he said was constantly extending toward the eyes. The whole affected area was intensely red and was covered with pustules, many of which seemed to involve the entire thickness of the skin. He stated that he had had

treatment, but that the trouble had now existed for several months in spite of the same. Recognizing the trouble as syphilitic I determined upon heroic treatment to prevent the eruption from extending to the eyes, if possible. I therefore ordered him to take 40 grains of potassium iodide combined with one sixteenth of a grain of bichloride of mercury after each meal. For a local application I gave him ointment of zinc oxide, cut with vaselin, to be rubbed in freely three or four times a day. In a few days the crusts cleaned off, the sores healed and the intense redness disappeared. I increased the iodide to 60 grains three times a day, and in two weeks the patient was practically well. While the zinc ointment had much to do with cleaning off the skin, I attribute the rapid recovery entirely to the iodide of potassium in heroic doses. It is astonishing how much iodide the stomach will tolerate under certain circumstances.

The Invention of Cataract Extraction.—According to M. Panas (*Med. Record.*) Jacques David, of LaBarre, Normandy, is entitled to the credit of first introducing the operation for cataract by extraction. A subscription is now being raised to erect a suitable monument to his memory in his native place.

Treatment of Chalazion.—The direct cause of chalazion is the closing of a meibomian duct and the collection in the sac thus formed of the meibomian secretion. The result is a little cyst,—the so-called “blind sty” (i. e. one which has failed to suppurate). The treatment of course is exclusively operative, as no external or internal medicines are of any avail. Open the cyst thoroughly, scoop out the contents, and after the sac is emptied apply a little caustic or irritant to excite adhesive inflammation and cause obliteration of the cyst. As chalazia sometimes point inwards toward the conjunctiva, and sometimes outward toward the skin, the rule should be to open on the side towards which the tendency exists, as on that side the wall is thinnest. When the puncture is made through the conjunctiva great care must be exercised in the application of the caustic to prevent its spreading and getting into the eye. Some surgeons think that these cysts should be extirpated, but this is neither necessary nor advisable. I saw a case only a short time ago where a surgeon had opened a chalazion through the skin and in attempting to extirpate it had cut out a piece of conjunctiva. This in healing made a rough cicatrix, which is now and will always be a source of irritation to the eye. This was certainly bad surgery.

The Best way to Remove Pterygiums.—The books give several methods of removing pterygiums, but there is only one *best* way to remove this hypertrophied portion of the conjunctiva, and that is by a kind of plastic operation on the conjunctiva. I have always used this method and have never seen any good reason for trying any other. The process is as follows: With a pair of small forceps pinch up the entire width of the pterygium, close to the margin of the cornea (taking special care not to include any healthy conjunctiva), and with a knife dissect its apex from the surface of the latter as perfectly as possible. This done, with the scissors loosen the main portion from the sclerotic, going backward toward the semilunar fold but never cutting into it, cutting the growth above and below from the healthy conjunctiva, being sure to spare all the latter. The excision is finished by two cuts, one from the upper and the other from the lower margin of the pterygium, both converging to a point in its centre in front of the semilunar fold, making the excised portion somewhat diamond shaped. The next move is to incise the conjunctiva close along the margin of the cornea or about a quarter of an inch, above and below, so as to let the conjunctiva slip along the corneal margin when the stitches are tied. A thread is now passed through the corners of the conjunctival flaps, above and below, and tied tightly, so as to nicely cover the denuded sclerótica with healthy conjunctiva. This is the main point in the whole operation, success depending in a great measure upon the niceness and exactness of this protection. The operation is finished by a second stitch put in further from the cornea. In rare cases a third stitch is necessary. I allow the stitches to remain until they come away of themselves. If the pterygium is narrow only one side of the conjunctiva need be incised along the corneal margin. The eye should never be tied up.

The District Medical Society of Central Illinois held its regular semi-annual meeting at Vandalia, Ill., on Nov. 1st. Quite a number of interesting papers were read and discussed. The officers at present are: President, Dr. F. B. Haller, of Vandalia and Secretary, Dr. J. H. Miller, of Oconee.

Medical Progress.

THERAPEUTICS.

Abortive Treatment of Furunculosis.—M. Jorissienne has communicated to the Medical Society of Liège, his method of aborting styes and successive crops of boils. It is simply rubbing the affected spot, as soon as it is found, with a one *per cent.* salve of red precipitate in lanolin.

Purgatives in Lead-Poisoning.—The list of purgatives which have been recommended in lead poisoning is very numerous. M. Vidal maintains, however, that sulphur is worth them all, inasmuch as it not only acts as a purgative, but as an eliminative. He gives it, made into a linctus with honey, the dose being two teaspoonsful daily to commence with, and increased if necessary on succeeding days.

Oxide of Zinc in Diarrhœa.—Dr. Dupré has revived the treatment of diarrhœa with vomiting by zinc oxide, which many years ago, was so much vaunted, but which like many other good old remedies and treatments, had become well nigh obsolete. His formula is as follows:

R.	Sublimed zinc oxide.....	ʒ i
	Bicarbonate of sodium.....	ʒ iijs
	Tincture of rhatany.....	gtt. x—xx
	Simple Syrup.....	ʒ viij—xvj

Mix.

The dose for an adult is one tablespoonful every half hour until vomiting and diarrhœa cease. For children a teaspoonful may be given in the same manner.

Cocaine as a Disinfectant.—Dr. Luton having observed many cases where cocaine had been administered in considerable quantity for several consecutive days, declares that where the drug has been exhibited to the extent of 25 centigrams (4 grains) daily, the excretions, sweat, urine, breath, purulent discharges and even fœces, lose their distinctive odors. The loss is not com-

plete at once, but is gradual and progressive up to complete deodorization. The hint, says Dr. Luton, (in an article in the *Union médicale et scientifique du Nord-Est*) is capable of a practical therapeutical application, and he suggests that in many cases cocaine solutions may be most advantageously substituted for carbolic acid, iodoform, sublimate, etc. In typhoid fever, for instance, in the adynamic stage, where there are intestinal ulcerations, accompanied by fœtid diarrhœa, the drug may be employed with benefit, not only as a neurasthenic, but as an antiseptic.

A Succedaneum to Ipecac.—Jorosiewicz has succeeded in obtaining from the roots of the cucurbitacæ and especially from the *cucumis citrullus* (watermelon) a bitter principle which is an active emetic and cathartic. It is obtained by solution with alcohol from the aqueous extract of the melon root, and seems to be identical with emetin; hence the name which Jorosiewicz has given it, i. e.: *emetina melonis*. Physically it is a dense, brownish substance, very deliquescent, but breaking when dry with a glistening fracture. Its taste in aqueous solution is sharply bitter. Chemically, it is neutral, giving neither acid nor alkaline reactions. It is insoluble in ether, but imparts a brownish color thereto. It is instantly dissolved by alcohol, more slowly and sparingly in water; ammonia water and liquor potassae also dissolve it readily and from the solution, acids throw down a brownish precipitate which is almost insoluble in water. A large number of experiments have been made with it in the Lemburg Hospital and the results confirm the claims of its discoverer, viz: that it is a certain, safe and rapid emetic and cathartic. As the emetin appears to be the only active principle of the roots, an infusion of the latter may be administered instead, 25 grammes (about 400 grains) of the root being a safe maximum dose.

[I have seen watermelon root tea used by voodoo negroes in the South as an emetic, time and again, at least 35 years ago.—F. L. J.]

That "Stenocarpine."—It will be remembered that some months ago we made a note in the JOURNAL of a new alkaloid said to have been discovered by a doctor in Louisiana, and extracted from the common honey-locust or thorn-tree. The discoverer claimed that the alkaloid, which he christened *stenocarpine* was a mydriatic, local anæsthetic, etc., of rare powers, rivaling

cocaine. We said very little about it, because having known the coast from infancy we were somewhat incredulous concerning the alleged discovery. That our incredulity was well grounded is now made apparent by a report emanating from the laboratory of Messrs. Parke, Davis & Co., of Detroit, who have caused a careful analysis of the so-called *stenocarpine* (or *gleditschine* as it was afterwards dubbed) to be made. The specimen analysed was supplied by Lehn & Fink, of New York, and the examination was conducted by F. A. Thompson, Ph. G. The report states that the specimen contains six per cent of cocaine and a sulphate of a salt which is apparently atropine, though further experiment is requisite to determine this point absolutely. The reporter further states that after the most careful examination of the leaves of the *gleditsch a trianthos* or thorn-tree, he is unable to discover in them the slightest trace of gleditschine or anything having anæsthetic or mydriatic properties. We may therefore relegate the "new alkaloid" to the domain of "hopeine" and similar swindles, and consign the discoverer to the limbo of professional frauds for whom the contempt of every scientific and decent man is only too mild a punishment. The thanks of the profession are due to Parke, Davis & Co. for their prompt juggling of the attempted swindle.

PATHOLOGICAL AND PHYSIOLOGICAL.

Enormous Biliary Calculus Passed by the Rectum.— M. Pupier presented to the Medical Society of Lyons, a biliary calculus weighing 895 grains (nearly two ounces) which was passed by a brother physician "after a labor that resembled an accouchement." Strange to say, the patient had never experienced any of the colics which usually precede the passage of gall stones, the nearest approach thereto being an occasional soreness, or rather uncomfortableness over the cœcum. He was acholic, and had taken repeated purgatives before starting the calculus on the voyage which terminated, to use his own words, in the anal drama of 24 hours duration. The stone was found on examination to consist of cholesterine, almost chemically pure. The literature of this subject abounds in instances where large numbers of small calculi (in one instance 297) have passed *per viam naturalem* at one time, but a single calculus of such great weight is very rare.

The Relations which exist between the chemical and the mechanical work of muscular tissue have been discussed in a series of papers presented at various times to the *Académie des Sciences* by M. M. Chauveau and Kauffman, and at the séance of August 8th, these gentlemen presented some further documents pertaining to their experiments and supplementary to what has hitherto been published by them. In the study of the amount of heat produced by the muscles which are most used in a physiological condition, they experimented upon the *levator palpebræ superioris* of a horse, using the method of M. Chauveau, hitherto described, and known as the autocalorimetric, which consists of utilizing the muscle itself with its vascular system, in the same manner as the instrument known as the circulating liquid calorimeter. The determinations are effected by means of two thermo-electric needles fixed at definite points in the path of muscular movement. It was found that while a considerable amount of heat is generated at the moment of motion, but a small quantity of it is expended in the labor, the amount oscillating between one-eighth and one-seventh of the total caloric.

Regeneration of Non-striated Muscular Fibre.—Stilling and Pfitzner have contributed a study of this subject to the *Archiven für mikroskopische Anatomie*, in which they say that when some of the little shreds of the muscular tunic of the stomach of the triton are removed, a coagulum is immediately formed and loss of substance is thus prevented. Examination of this coagulum reveals leucocytes in great numbers, and red blood corpuscles in various stages of degeneration and destined to disappear in a few days. The large nucleated flat cells of the peritoneum are reproduced by karyokinesis and leucocytes play no part in regeneration. The leucocytes degenerate, while the connective cellules for about two months show karyokinetic figures under the microscope. Finally there is a new formation of smooth muscular fibres; the nucleus of the fibre segments itself by karyokinesis and the muscular cell follows this evolution, afterwards separating by segmentation at the longitudinal centre. Each tissue is therefore reproduced by isogenesis. These experiments and statements confirm those of Jakinowitsch.

Physiological Processes due to Micro-organisms.—Prof. Vignal has studied the action of micro-organisms of the mouth and of the fæcal matters upon certain alimentary sub-

stances and has presented a paper on the subject to the *Académie des Sciences*. He states in effect that certain of these organisms dissolve albumen, others swell it; some of them dissolve and some swell fibrin; others again coagulate milk, transform starch, invert crystalizable sugar, ferment glucose, etc. These organisms are affected neither by bile nor pancreatic juice, while the gastric juice acts variably upon them, destroying some but not affecting others. That the collective action of these organisms is very considerable cannot be doubted if we remember that a single decigram of faecal matter has been shown to contain upwards of twenty millions of them. M. Vignal agrees with Pasteur in the belief that these organisms play a great role in digestion.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Treatment of Endometritis and Vaginitis of Gonorrhœal Origin.—M. Fritsch recommends (in the *Gazette de Paris*) the following treatment of these very intractable conditions: Take 20 grams ($5\frac{1}{2}$ drams) of a solution of chloride of zinc in water (equal parts) and dissolve it in a quart of tepid water (87° to 90° F.) and with this make two irrigations daily, the patient lying on her back. Usually ten irrigations are sufficient to effect a cure. In those cases when the neck, the mucosa or the tubes are affected, it will be necessary to cauterize with the more concentrated zinc solution and to introduce an iodoform pencil into the cavity.

Ether hypodermically in Infantile Therapeutics.—The use of ether hypodermically, says Dr. Stocquart (in *Arch. mens de méd. et de chirurg. pratiques*), for the rapid relief of grave syncopes or profound sinking spells consequent upon profuse diarrhœas, as in cholera, has long been known and resorted to by many physicians. It is also much vaunted as a remedy in the abundant hæmorrhages of parturition. Recently we have had recourse to it in the organic enfeeblement of infancy, where a sure and prompt remedy was demanded. We have been consulted in cases where children have been brought to us apparently *in extremis*, scarcely breathing, motionless, pale and exsanguined. In such we rarely find organic lesions, as has been demonstrated time and again by autopsies; and the condition, grave as it is, is due to persistent functional disorders, especially disorders of the

digestive viæ dependent upon a vitiated and insufficient alimentation. We have to deal with a chronic condition, reached by slow and progressive processes, but now in its terminal phase. There is no time to lose, and we must address ourselves directly to the readiest weapon in the medical armory and that one most certain to produce the desired effect. It is useless to think of stimulant potions which the little patient will not or cannot swallow, or if swallowed cannot remain in a stomach whose functions are paralyzed by indigestion. Sulphuric ether and the hypodermic syringe solve the difficulty. An ample experience has proven the fact—witness the cases cited below. (The author here quotes the records of numerous illustrative cases). The result of these observations demonstrates that sulphuric ether, hypodermically administered in the dose of a half gram (8 minims) in infants of from one to six months, is rapidly and surely efficacious in overcoming the vital depression of the organism. In less than a minute the infant is drawn out of the state of somnolence and immobility, and in a few hours there is a complete transformation in the general condition of the patient. The injection should be made on the buttocks, in the neighborhood of the great trochanter. Here they are almost invariably harmless, the author reporting a single case in which an abscess followed. Judging from the violent struggles and cries of the patient the injection must be painful. A curious sequela noted in several instances was a cough which came on immediately after the injection, as though the ether, in its elimination was determined to the respiratory viæ and set up an irritative action on the larynx.

For Chafing of Infants.—M. Lorenz in his *Ichthyol in der Chirurgie* recommends the following, which he declares acts like magic:

℞. Ammon. sulph. ichthyolici gr. iiij.
 Unguent, paraffini ʒv.
 Cumarini gr. viij—xv.

M. Apply with the finger to the chafes, after first bathing and drying the child. The author says that the salve burns a little when first applied, but this soon ceases.

Phimosis as a cause of Incontinence of Urine in Childhood.—Almost every conceivable bodily ailment, says M. Désiré de Fortunel (in *Le Lyon Médical*,) has been charged, first and

last by somebody or other, to phimosis. Lesions of the genito-urinary apparatus are, naturally, most frequent; but Fleury has attributed gastralgias, palpitations, facial neuralgias, hypochondria; Althaus has found it a cause of epilepsy; Sayre attributes to it certain cases of club-foot; Hey and Roux declare that it has localized cancer, and caused coxalgia. There is one complaint, however, which nearly all modern writers agree in charging upon phimosis in a large number of cases, viz: nocturnal and even diurnal incontinence of urine. M. Fortunel cites a large number of cases coming under his own observation, showing the correctness of the view, and he recommends in all those cases of incontinence which are rebellious to ordinary methods of treatment and where phimosis exists in any marked degree, that circumcision should be resorted to. The conclusions of M. Poncet, in the same manner, are that phimosis is the cause of at least ninety *per cent* of all cases of incontinence in little boys, and he also recommends circumcision as the remedy above all others.

SURGERY.

Coin in the Larynx.—Dr. Archambault details an interesting case in the *Gazette des Hôpitaux*. A young man of 23 placed a 50 centime piece (about the size of a dime) in his mouth and in endeavoring to speak, it lodged in his larynx. From that moment respiration became very difficult and he was continually threatened with suffocation. Every effort made to extract the coin from above, proved futile. The piece of money was in a horizontal position between the true and false vocal cords. An extensive œdema which had taken place also aided in this difficulty. Four days after the accident, Prof. Péan cut the thyroid cartilage in the median line and up to within a very small distance from the false vocal cords. The foreign body was seized and removed. The patient was well on the eighteenth day. The superiority of the method employed over tracheotomy is evident, as it saves much inconvenience to the patient and yields more satisfactory results.

Management of Compound Dislocation of the Ankle-joint.—At the late annual meeting of the New York State Medical Association this subject was discussed, from its several standpoints by several of the members. Dr. E. M. Moore,

(*Med. Record*), advocated the adoption of more conservative methods than seem to prevail with surgeons. Surgeons to-day are much less conservative than they should be. In five cases in his own practice, he had but one amputation and all recovered, four with useful limbs. The one on whom amputation was performed had gangrene caused by strangulation due to the dressing. He did not think primary amputation should be performed, except in an extreme case.

Dr. N. C. Lynde discussed the question as to when amputation should be practiced, and when other methods should be employed. He thought that if there were only simple contusion complicating the dislocation, amputation need not be necessary. Should the contusion be extensive, however, especially accompanied by extensive injury to the bones, amputation should be performed immediately. Whilst primary amputation is not a perfectly safe procedure, modern methods have greatly lessened the dangers attending it. If conservative methods fail to save the foot, secondary amputation may be resorted to.

Dr. J. D. Bryant discussed the question as to the point where amputation should be made to secure the most useful stump, the risk to be encountered being equal. He regarded the choice of operation as between Syme's amputation, and amputation at the junction of the middle and lower thirds of the leg. The former was warranted whenever a hope of a good stump, by the flap procedure, could be entertained. Pirogoff's amputation was objectionable because, by dividing the bones above the malleoli, the stump would terminate in a bulbous extremity, thus making it very difficult to fit an artificial limb.

Dr. C. W. Brown considered the question as to whether the luxation should be merely reduced, or should some bony tissue be removed; and, if so, how much? He was in favor of removal when the protrusion was so considerable that there could not be replacement without further injury to the soft parts. It was also indicated when a portion of the periosteum had been destroyed, or when the head of the bone had been crushed or broken. The amount to be taken off depended upon the nature of the injury. If the joint was simply open, the dislocation being incomplete, the wound should be thoroughly cleansed and dressed antiseptically, there being no necessity for removing any bone.

Dr. F. S. Dennis closed this interesting discussion by a com-

sideration of what dressing and after-treatment will give the best result with the least risk to the patient. He regarded it as being consistent with real conservatism to perform a partial resection with the view of rendering the wound aseptic. The entire limb should be washed, shaved, scrubbed, and irrigated with an antiseptic solution before the wound is examined. The original wound should be enlarged, the joint thoroughly explored and a counter-opening made. All loose pieces of bone and cartilage and foreign bodies should be removed; and the contused or shreddy soft parts cut away. After carrying a rubber drainage-tube through the cavity, the limb should be enveloped in towels, wet with a bichloride solution. If reduction is not possible on account of the resistance of tendons, they should be cut. The splint to be employed depends upon special indications. In the majority, plaster of Paris can be used. The method advised by the speaker, is to sprinkle the wound with iodoform; over this iodoform gauze, then a wet bichloride bandage. Over this is laid a layer of borated cotton, the plaster of Paris bandage being snugly applied over this. A fenestrum should be cut at the site of the drainage tube at the end of the third day, and the tube should be withdrawn only under continuous irrigation.

Book Reviews.

Druitt's Surgeon's Vade-Mecum.—A Manual of Modern Surgery. 8 vo. pp. 985. Edited by STANLEY BOYD, M. B., B. S. (Lond.), F. R. C. S. (Eng.) etc. 12th Edition, profusely illustrated. [Philadelphia; Lea Brothers & Co., 1887. Cloth \$4.00; Leather \$5.00.

A work esteemed of such transcendent merits that a great government, entering into a struggle for life or death with hundreds of thousands of lives hanging in the balance, delivers a copy of it to each of its surgeons as they go to the field, is not one which is likely ever to perish or to become obsolete. It has within itself a something which guarantees to it an immortality,

and like the subject of Turandot's enigma, in *Die Prinzessin von China*,

“Stein-alt, nicht desto minder
Steht's wieder jung und grün.”

Thus with the revolving years, come forth new editions of Druitt's Manual. Fifty thousand copies of it have been printed and sold in England within the past thirty years, and in this country the present copy marks its twelfth edition; and while from reasons which are patent to all who have kept pace with the progress of surgery within this period, it has been necessary to enlarge and add to the original work in each edition as it has come forth, from reasons equally as patent, it has also been found necessary as well as politic to stick as closely to the original text as possible. The difficulty of the paradoxical task thus set for the editors of each succeeding edition will be the better appreciated if we reflect but for a moment upon the changes which have been wrought in the science of surgery within the quarter of a cycle embraced in the life of this book—changes more radical in method and in principle than had been produced in all the centuries from Hippocrates to Harvey. The nature and scope of some of these changes are well set forth by the present editor in his preface to the twelfth edition: “In the eleventh edition,” says Mr. Boyd, “which appeared in 1877, antiseptic surgery is regarded as still on trial; ligatures are left hanging from wounds; the extra-peritoneal method is recommended in ovariectomy, and we are told to hang a box of McDougald's powder under the bedclothes to keep down the stench of the stump.”

The changes made in the present edition, outside of those made necessary by the advances in surgical science thus briefly alluded to, are quite numerous, and with the new matter which has been incorporated with or grafted upon the old, have increased the size of the volume very materially over that of its latest predecessor, and this notwithstanding the omission of those portions of surgery which are now relegated by common consent to specialists. Thus the chapters on the surgery of the eye, which took up a very considerable amount of space in the older editions, have been entirely omitted in the present volume, or rather have been replaced by a short chapter on injuries of that organ, written by Mr. Silcock. The book, however, is by no means of unwieldy size, a fact very largely due to the compact

and elegant manner in which Lea Brothers & Co. always manage to get up their publications. The engravings are excellent, numerous, and what is better, are many of them new and original. As no medical library is complete without a Druitt, this edition is worthy of and certain to have a large sale.

A Practical Treatise on Diseases of the Eye. By EDWARD MEYER. Translated, with the assistance of the Author from the Third French Edition, with additions as contained in the Fourth German Edition, by FREELAND FERGUS, M. B. [Philadelphia: P. Blakiston, Son & Co., 1887.

The general arrangement of this work is admirable. The first chapter embraces the general examination of the eye, including the use of the ophthalmoscope and the various kinds of perimeters, tests for color-blindness and general considerations on the treatment of ophthalmia.

Then the author takes up the conjunctiva and its diseases and passes from without inwards, taking the different structures as he comes to them, and their various diseases.

An admirable feature of the whole work is that the *necessary* anatomy of each individual structure precedes the consideration of the diseases of the part. This is a convenience that all readers will greatly appreciate. A knowledge of the anatomy of a part is very essential to a proper understanding of the diseases of that part.

The style is easy, natural, concise and not fatiguingly prolix. The author seems to have studied brevity throughout and thus avoided making a cumbersome book. The main objection is that the treatment in many instances is not full enough. For instance a beginner would not get a good idea of the proper treatment of ophthalmia neonatorum from perusing this work. The author should have put his own individual treatment more to the front. An author is read for what he thinks and does and not for what he says about what others think and do.

We recommend this work as being among the best in the English language. Many of the illustrations are borrowed, but proper credit is given. The mechanical work is faultless.

A. D. WILLIAMS, M. D.

A System of Gynæcology by American Authors. Edited by MATTHEW D. MANN, A. M., M. D. Vol. I. 8 vo., pp. 789. Illustrated with 3 colored plates and 201 engravings on wood. [Philadelphia: Lea Brothers & Co., 1887.

Whatever be the cause, a great impetus has of late been given to the publication of works upon gynæcology, and curiously enough, these works have in two or three notable instances at least, assumed an encyclopædial form, or that form in which (to use the words of the preface to the work before us) the largest results are to be obtained, by means of division of labor and combination of effort.

The value of all such works depends largely upon him to whom is intrusted the assignment of subjects to the writers who are thereafter to treat them, viz: the editor. An error of judgment on his part, an overestimation of the ability of a single one of his writers, is apt to vitiate the value of the entire work; for an encyclopædia is like a chain—no stronger than its weakest link. In the present work the editor appears to have chosen his collaborators, and assigned the work to each with rare judgment and discretion. Glancing over the names of writers and the subjects allotted to them we find Dr. Henry C. Coe, of New York City, treating of the Anatomy of the female pelvic organs; Dr. Henry J. Garrigues, of New York, on the Development of the female genital organs and on Malformations thereof; Dr. Egbert Grandin, on Gynæcological diagnosis; Dr. E. C. Dudley, on Gynæcological surgery; Dr. Alexander Skene, on Therapeutics; Dr. Gill Wylie, on Menstruation and its disorders; Dr. Reeves Jackson, on Sterility; Dr. Alphonso Rockwell, on Electricity in Gynæcology; Dr. C. D. Palmer, on Inflammatory conditions of the vulva; Dr. Thad. A. Reamy, on Subinvolution of the vagina and uterus; Dr. R. B. Maury, on Periuterine inflammation; Dr. Eli Van de Warker, on Pelvic hæmatocele and hæmatomata. Dr. Mann, the editor, has treated of Diseases of the vulva, and to Dr. Edward W. Jenks has been relegated the duty of writing the introductory historical sketch of American Gynæcology—a duty that he has performed in a manner most satisfactory to American physicians who remember how great a part of modern gynæcology is purely American in its origin and development. Dr. Jenks' chapter on this subject is a model in its way and it should be carefully read by everyone consulting

the work on any subject—for books like this, we take it, are not intended to be read through at a sitting, but to be consulted as occasion demands. A glance through each department of the work shows that while each writer has treated his subject after his own manner, and with consequent variations of style, each seems to have been thorough, painstaking and elaborate without being prolix. We note, too, what is rare in works of this sort in which subjects so necessarily anastomose, that there is very little repetition of matter.

Of the book itself we need only say that it is in the Leas' best style, compact, well-bound, well-printed with clear type and on good paper—a pleasure and a comfort to the eyes of medical editors at least, who of all men have to see a great deal of anything but good printing. The illustrations are good and many of them made especially for this work, though we recognize among the balance many old acquaintances which have done yeoman service. The colored plates are good but in our copy would have been better had they been allowed to dry thoroughly before binding—the paper sticking to the face and requiring very careful handling to prevent tearing.

Diseases of the Female Mammary Glands, by TH. BILLROTH, M. D., of Vienna, and **New Growths of the Uterus**, by A. GUSSEROW, M. D., of Berlin. Illustrated. [New York; William Wood & Co.

These two works constitute the ninth volume of the Cyclopædia of Obstetrics and Gynæcology. As the work progresses the good words which we were enabled to speak of the earlier volumes appear to be more and more appropriate. Especially apparent in these later numbers is the excellent judgment of the editor of the series in his choice of authors. With this Encyclopædia on his library shelves the physician need rarely be at a loss in any quandary, and the wonderful cheapness of the set (\$16.50 for the twelve volumes) puts them in the reach of almost everyone.

Whooping Cough has been declared "dangerous to the public health" by a recent decision of the Attorney-General of Michigan and is now legally a contagious disease.

Literary Notes.

Dissecting Room Guide.—Messrs. D. Appleton & Company, of New York, have just issued a work on "Operative Surgery on the Cadaver," by Jasper Jewett Garmany, A. M., M. D., etc., which will be noticed further in the December number of the JOURNAL.

International Medical and Surgical Synopsis.—The initial number of this new St. Louis journal has reached us and is cordially welcomed to the exchange list. It is a 32 page, 8vo. monthly, and promises to be of a high grade of merit. It is published by the International Medical and Surgical Synopsis Co., and is at present edited impersonally. We wish it all success.

The American Journal of Medical Sciences, the old and well-known high grade quarterly of the Lea's has determined to enter the arena of monthly literature, making its first appearance as a monthly with January, 1888. It will be edited by the same staff and the only change in the character of its contents will be in the way of curtailment of the length of original articles.

Burnett on the Ear.—The popular house of Henry C. Lea's Sons & Co., of Philadelphia, have placed before the profession the second edition, revised and rewritten, 585 pages, octavo, Dr. Charles H. Burnett's work on, "The Ear," its anatomy, physiology, and diseases. The book contains one hundred and seven illustrations. It will be reviewed in the December number of the JOURNAL.

Publications Received.—We have to acknowledge the receipt of the following books and publications during the month of October: Transactions of the New York Academy of Medicine, Vols. IV and V (from the Librarian of the Academy); Differential Diagnosis, by Havilland Hall, M. D. (Philadelphia, D. G. Brinton); Etudes Cliniques sur le Morruol, par E. Chazeaud (Paris, G. Steinheil).

A Concise Description of the Sympathetic Nerve is the title of a brochure by Prof. Ludovic Hirschfeld, and published by the Fowler & Wells Company, of New York. It is accompanied by a magnificent chart, drawn and colored from nature by J. B. Léveillé, of Paris, showing the sympathetic in its ramifications in the most perfect manner. No more valuable contribution to the literature of anatomy has been made of late years, and the chart should find a place upon the walls of every physician's study.

The Annals of Gynæcology.—The initial number of this new monthly is a handsome 48 page octavo, liberally illustrated with well executed photo-engravings. It is published by Rockwell & Churchill, of Boston, and is edited by Dr. E. W. Cushing, assisted by Drs. Gaillard Thomas, Gill Wylie, W. K. Polk, De Laskie Miller, Andrew Currier and Lawson Tait—an array of names which guarantees a first class journal under any and all circumstances. The price for the first year is one dollar; after that it will be two dollars per annum.

Plant Analysis as an Applied Science.—In this paper which is a reprint from the *Journal of the Franklin Institute*, Miss Helen de S. Abbott has made a remarkable exhibit of the commercial value of plant analysis, without, however, having this as her primary object. Commencing with a concise description of the methods followed (which are those of Dragendorff), Miss Abbott has, in the course of her paper, touched upon a very wide range of interesting and valuable information. The paper, while a scientific one, is also one that contains a vast deal of matter of value to every person who is interested in domestic economy, and as such we recommend it to the careful perusal of all.

Plant Chemistry, as illustrated in the production of sugar from sorghum, is another valuable paper by the same author, being a lecture delivered before the Alumni Association of the Philadelphia College of Pharmacy at its fifth annual meeting in February last. The paper is an exhaustive review of what has been done toward the production of cane sugar from sorghum by the well directed efforts of agricultural chemists. While we do not believe that the problem of cheap sugar from the Chinese sugar cane is yet entirely solved, a great deal has been done toward reaching such a solution, and all that has been achieved is entirely due to the development of agricultural chemistry.

Reprints.—The following reprints worthy of note have been received during the month, and the senders have our thanks for the same; Report of the Committee of the Otological Society on the Examination of the Power of Hearing and how to record its Results (*Transactions Amer., Otol. Soc.* 1887); Report on Orthopædic Surgery, Colo. State Med. Soc. 1887, also Remarks on Stricture of the Rectum, by W. R. Whitehead, M. D. (*Brit. Medical Journal*, July 2nd, 1887); Ovarian Tumors and Remarks on Abdominal Surgery, by Edward Borck, A. M., M. D., of St. Louis (2nd revised reprint): Prevention and Cure of Perforations of the Membrana Tympani, by J. G. Carpenter, M. D. (*American Rhinological Association Report*); The Abuse of Uvulotomy and Tonsilotomy, by the same author (read at St. Louis before same society, Oct., 1886); Pathology, Diagnosis and Treatment of Perforations of the Appendix Vermiformis, by J. McF. Gaston, M. D., Atlanta, Ga. (*Jour. Amer. Med. Assoc.* Aug. 26, 1887); Surgical Relations of Ileo-Cæcal Region, by the same author (same journal, Oct. 9th, 1886); Remarks on Urethral Contractions by Henry Orendorff, M. D. (*South-Western Medical Gazette*); Biology of Tumors, by N. Senn, M. D., Milwaukee, Wis. (*Medical Register*); Buffalo Lithia Waters in the Treatment of Diseases of the Nervous System, by G. Halstead Boyland, M. D. (*N. Y. Med. Journal*, Aug. 20th, 1887).

Biography of Ephraim McDowell.—We learn that this work, a note of which appeared in the JOURNAL some months ago, is rapidly approaching completion and will be given to the world about the first of January next. It is written by our accomplished towns-woman, Mrs. Ridenbaugh, who is a granddaughter of the great surgeon and who brings to the subject, in addition to great natural descriptive talents, a mind and pen trained by former successful literary efforts—one of which ("Enola") we had the pleasure of reviewing last spring. Mrs. Ridenbaugh has had rare opportunities for collecting materials for this work, and has made excellent use of them. She spent several months in Kentucky among the immediate descendents of Dr. McDowell, and interested in her work a large number of the foremost physicians of the state, several of whom contribute anecdotes, sketches and hitherto unpublished letters from and to the subject of her memoir. As the biography of Dr. McDowell is virtually a history of the inception of ovariectomy (and to a large extent of the many laparotomical operations which have grown

therefrom), it is but meet that articles on this subject should be contributed to the work by men who have become distinguished in this branch of surgery. We are gratified to learn that such is the case, and that in addition to the life of McDowell, and the McDowelliana pendent thereto, there will be chapters from the pens of Lawson Tait, Mr. Lister, David Yandell, Dr. Boislinière and others, reviewing the history of ovariotomy and showing the great debt which the world owes to the Kentucky surgeon. The book will be handsomely illustrated with portraits of McDowell, engraved on steel and other steel engravings. It will be issued by subscription only, and will be published simultaneously in English, French, German and Italian. It should and no doubt will, have a very large sale among all classes of the reading public.

• **The Journal of Morphology.**—When some months ago we made note of the projected issuance of this journal we stated that from our knowledge of Prof. Whitman, its editor and founder, we were sure that the new journal would be first class in every respect. The initial number has at last come to hand bearing date of September, 1887, and we can only say that our anticipations have been far more than fulfilled. The volume before us, a royal octavo of 226 pages, printed upon the heaviest and finest book paper and embellished with seven double lithographic plates and one heliotype, all of the highest order of excellence, is one which would do credit to the scientific literature of any land or people. As stated in our preliminary notice, the *Journal of Morphology* is devoted to the collection, or rather concentration, of American zoological and biological thought,—the gathering under one cover of those papers bearing upon morphology which have hitherto reached those engaged in similar studies through the medium of a number of scientific publications scattered over the land, and hence sandwiched among a mass of other matter of little or no value to the morphological student. As its name implies, the subjects which form its legitimate material are studies in embryology, anatomy and histology, and we are sure that every worker in these fields will find it a most welcome addition to the scientific literature at his command. The present number embraces papers by Professors Ramsay Wright and A. B. McCallum, of University College Toronto, on *Sphryanura Osleri*; Dr. J. L. Kingsley, Editor of the *American Naturalist*, on the *Development of the compound eyes of*

Crangon; Dr. Wm. Patten, of Milwaukee, on the *Eyes of Molluscs and Arthropods*; Dr. G. Baur, of Yale College, on the *Phylogenetic arrangement of Sauropsida*; Dr. C. O. Whitman, Director of Lake Laboratory of Milwaukee, on the *History of the germ-layers in Clepsine*; Prof. E. B. Wilson, of Bryn Mawr College on the *Germ-bands in Lumbricus*, and Dr. Wm. Patten, of Lake Laboratory, Milwaukee, on the *Eyes of Arthropods, the Development of the eyes of Vespa and Observations on the ocelli of some Insects*. The *Journal* is published by Messrs. Ginn & Co., of Boston, at \$6.00 per annum.

Melange.

The Medical Journals at present are replete with items announcing the return of local physicians from abroad.

The Manitoba Lancet is to furnish medical pabulum to the centre of our "cold waves." Long may it wave!

The "Mind Cure" seems to have taken quite a hold in the western part of our State if we are to believe our exchanges from that section.

The latest Constrictor of the penis is a thimble. Dr. Martinez Rufino, of Buenos Ayres, gives an account of the removal of one from the penis of a boy of twelve.

There is no State Medical Society which convenes in November or December. This is probably due to two principal causes: Physicians are too busy; and, money does not seem to be too plentiful.

A Blow on the Testicles Causes Death.—The *Centralblatt für Chirurgie* condenses from a Bulgarian journal, the history of the case of a man aged between 40 and 50 years, who, having gotten into a scrimmage with a woman, received from her a violent blow upon the scrotum. He instantly exclaimed "I am a dead man!" and fell senseless. The physician who was called

ried in vain to revive him, life having actually become extinct. The autopsy disclosed not the slightest external lesion. There were small punctiform hæmorrhages found in the lung, some pulmonary and cerebral hyperæmia, but no great lesion. Death resulted apparently from syncope caused by the pain of the blow on the testicles.

A Correction in Order.—We have received from the *Philadelphia Daily Press* a copy of a letter addressed to the editors of the *Medical Register*, assuring them that Dr. I. Minis Hays was not the author of the letters from Washington belittling the International Medical Congress, as charged by the editors of the *Register*. From our knowledge of the latter gentlemen we are sure that they will be only too ready to acknowledge an error of this sort, whatever may be their opinion otherwise, of the party charged by them with this offense. It is all a gentleman can do under the circumstances.

Law of Proportion of the Sexes.—Kisch says that from the statistics of 556 marriages and 1972 births, he deduces the conclusion that when the husband is more than ten years older than the wife, a larger proportion of males will be the result. This is especially marked when the woman is between 20 and 25 years old. If the women be under 20 years old the contrary happens, and the girls are in the majority. The latter is also the case when the wife is older than the husband, or when the ages are very nearly the same. If the husband is very much older than the wife, however, the males will predominate by two to one.

Mutual Relations of Physician and Pharmacist.—Messrs. D. O. Haynes & Co., of Detroit, Mich., the enterprising publishers of the *Microscope* and the *Pharmaceutical Era*, announce that they will give a prize of fifty dollars in gold for the best paper upon "The mutual relations of physician and pharmacist" which shall be sent them prior to January 1st, 1888, for publication in the *Pharmaceutical Era*. The paper must not exceed 2000 words, must not contain the author's name, address or other marks of identification (the same being enclosed in another paper). All who desire to compete may obtain fuller particulars by addressing the firm as above. We know the firm and fully endorse them.

Drunkenness in Berlin.—Dr. Wasserfuhr is the somewhat suggestive name of a gentleman who is leading a sort of a temperance movement in Germany. In the *Berliner Post* of Aug. 21st, the doctor publishes some statistics going to show the alarming progress of alcoholism in Berlin, which are startling enough. He says: In 1882 the number of arrests made by the municipal police on the charge of drunkenness was 6,025; in 1883 it was 7,725; in 1884, 8,803; and in 1885, 9,307. The number of those treated for chronic alcoholism in 1882 was 537, but in 1885 it was 998. The *Post*, commenting on the doctor's figures, admits that the showing is a fearful one, and that something should be done toward checking the evil.

The Reports of Proceedings of the late International Medical Congress are no doubt very entertaining reading, and as Mr. Weller, Sr. would say, "werry fillin'", but we are beginning to wish that our esteemed contemporaries would cut them short. Two out of three of the medical journals that have come to our table during the past six weeks or two months, have been chug-full of them, to the exclusion of almost everything else. As most of them have thus far reached only the third day's proceedings it looks as though the slow torture might continue a couple of months longer. We hope our confrères, however, will take pity on their proof-readers (who are the only persons, probably, who read the matter) and cut the balance short.

The Æsculapian Society of the Wabash Valley.—On Thursday, Oct. 24th, this old, but vigorous, medical society held at Paris, Ill., its forty-first annual meeting. The society was organized about two and a half years after the founding of the *JOURNAL* and in one of the earlier numbers may be found an account of the first meeting. At the last meeting the following officers were elected: President, Dr. George Kingland, Kansas, Ill.; Vice-President, Dr. W. O. Jenkins, Terre Haute; Secretary and Treasurer, Dr. E. T. Baum, of Paris, Ill.; Board of Censors, Dr. C. B. Johnson, Dr. G. T. Reagan, Dr. J. L. Reat, Dr. L. J. Weinstein, Dr. H. S. Bell. The next meeting will be the semi-annual meeting, which will be held at Terre Haute the second Thursday in May 1888. The annual meeting will be held in Peoria the last Thursday in October, 1888.

Condition of the German Crown Prince.—The cable dispatches, to the daily press leave the actual condition of the

German Crown Prince as much of a mystery as ever. The news is good or bad as it chances to come from English or German sources. The former always make the prince upon the mend averring that Dr. Mackenzie's treatment is slowly but surely effecting a cure, but always adding that the prince is a little hoarse yet, that his throat is a little sore, or something of the sort; and it is noted also that the august patient is always on the go to some place or point for further attention from Dr. Mackenzie. The German dispatches on the contrary, are gloomy and croaking, asserting a return of the tumor, or predicting its immediate reappearance. We see no reason to change the opinion already expressed by us and that is that the heir to the German throne is in a very precarious and dangerous condition. With all the world we sincerely hope that he may recover, but we fear that he will not do so.

The Cholera.—The laxity of the New York Quarantine Officials in passing into this country, unopened and unexamined, the baggage and plunder of Italian immigrants coming right from the centre of cholera infection, is justly receiving the strongest condemnation from Dr. DeWolff, of the Chicago Board of Health. This official, in his correspondence, reports the seizure of sixteen bales of household plunder coming from within a few miles of Palermo, and brought by an infected steamer, on board of which latter several deaths from cholera occurred during the ocean passage. Dr. DeWolff justly stigmatizes this as criminal negligence on the part of the New York officials. As it is more than likely that a portion of the immigrants turned their steps toward St. Louis and the South-west, we sincerely hope that Commissioner Dudley will be on the lookout for them. In case he catches up with plunder of the sort described by Commissioner DeWolff, short work will be made with the same. In such cases there is no disinfectant like fire.

The Vomiting Centre.—According to the researches of Tunas, published in Prof. Botkin's *Clinical Annals (Ejenedelnaya Klinikestkaja)*, the section of the medulla at the level of the fourth ventricle does not prevent vomiting when hypodermic injections of apomorphine are given. The experiments were made on dogs and cats. Later, by touching successive portions of the medulla with a hypodermic needle charged with apomorphine, he was able to localize with precision the site and extent of the vomiting centre. This, he says, is a space directly in front of and

behind the calamus, in the deeper layers of the medulla. The area of the region in animals of ordinary size is about 5 mm. (0.20") long by 2 mm. (0.08") broad. The author accounts for the absence of vomiting which exists in ruminants, rodents and some other animals, to the non-existence or rudimentary condition of this centre. Every effort to produce vomiting in a rabbit failed—not a sign of gastric movement being detected after the administration of powerful emetics.

Hair on the Tongue.—Dr. Wilhelm Roth of Vienna, reports (*Annales des maladies de l'oreille*) a singular affection of the tongue. Two cases have been observed by the author. In one of these the tongue was covered with a brownish coating from which emerged a number of brownish yellow hairs. In the other case the hairs were white. In both cases the balance of the buccal cavity showed nothing abnormal. One of the patients complained of a vague tickling sensation in the tongue, and a sense of constriction in the larynx. In the other case the breath was horribly offensive. A microscopic examination showed the 'hairs' to consist of an aggregation of corneal epithelial cells and masses of micrococci. The author regards the affection as a hitherto undescribed form of parasitic stomatitis. It is not the "black-tongue" described by Dessois, as shown by the fact that the dark spots did not disappear, and that the 'hairs' consisted of masses of parasites. The treatment consisted in the application of a ten per cent. solution of bichloride of mercury, and was effectual.

No Specific for Sea-sickness.—Surgeon Donellan, of the City of Rome, plying between New York and Liverpool, and who should certainly be able to speak from experience, declares that there is no specific for sea-sickness, and that amyl nitrite, cocaine, and other medicines concerning whose powers in this direction so much has been said and written, so far from being an aid, are absolutely harmful. In his own practice he usually commences with an emetic (sea-water ordinarily), after the action of which the patient is placed in the recumbent posture with the head low. In urgent cases he proceeds *secundum artem*, following symptoms, as he would in any other malady. A belt drawn tightly around the waist and carrying a pad which acts as a compress upon the epigastrium, will sometimes act as a preventive. The writer, although frequently exposed, has never suffered from

sea-sickness, though once in a violent gale on the Atlantic he became qualmish. A mustard leaf laid on the epigastrium, externally, and an eighth grain of morphia internally, gave immediate and lasting relief.

Outrages in France.—M. Brouardel, in his series of lectures on medical jurisprudence delivered in the Collège de France, and which are being printed in the *Gazette des Hôpitaux*, gives some curious and almost inexplicable statistics. In the lecture on rapes and attempted violations of the person, he shows that while the annual number of attempted rapes on adult women has remained almost stationary since 1826, or even decreased slightly (from 166 in 1826 to 133 in 1880) notwithstanding the increase in population in this period, the number of attempts upon children under 16 years has grown from 169 in 1826, to 768 in 1880. An analysis of these figures by seasons shows another curious fact, viz: that more than two-thirds of the rapes and attempted rapes occur in the summer months. Thus of the 760 attempts on children in 1880, 300 occurred in May, June and July, 200 in August, September and October, while in the six months from October 31st to May 1st there were only 268. The youngest infant violated was but eleven months old; another was only eighteen months and a third but two years. Such brutality is almost inconceivable.

The Opium Habit in China and India.—A government report, emanating from one of the most distinguished surgeons of the West India service, and made some years ago, declared that in China and India there existed vast numbers of men who had been opium habitués from childhood, and who notwithstanding this were strong, powerful and apparently healthy in mind and body. Some of them had attained great age, and so far as the reporter was able to learn, seemed to enjoy an immunity from endemic and epidemic diseases. Now comes Mr. H. E. M. James, of the Bombay Civil Service, who states that during a recent trip through Mantchuria he had found the inhabitants using a native opium for smoking purposes, and although the habit was all but universal he had seen but two persons who had ruined themselves by it. He declares further that basing his opinion upon the experience gained during his stay among the race of opium smokers, the habit was no more hurtful, when indulged in in moderation and on a full stomach, than tobacco smoking. All

of which may be true, but it is a bad idea to get abroad among American and English youths.

A Caution against Suggestion.—M. Brouardel in a lecture on some of the sources of error in expert examinations where accusation has been made of an attempt at violation of young children (one of the series in medical jurisprudence elsewhere spoken of) tells the following anecdote: A little girl, three years old, was being treated for ophthalmia in the service of M. Lannelongue, and having contracted vulvitis, it was claimed by her parents that an attempt at violation had been made upon her. I was requested to see her, which I did privately. After examining the parts I said "Little girl, who did this to you?" She hesitated in answering and, as an experiment, I suggested the name of a distinguished foreign statesman. "Yes" she replied instantly, "it was he!" Without betraying my ruse, I told the examining magistrate to question the child and she would tell him who had assaulted her. He did so several days afterward, and the little one glibly accused the gentlemen whom I had suggested, and stoutly maintained the accusation. She had not forgotten the name! "*Rien*"—adds the old professor, with a lack of gallantry born of much experience, "*rien ne ment aussi facilement qu'une femme!*" (Nothing lies so easily as a female).

Professional Courtesy with a Vengeance.—The French journal *Le Scalpel* tells a good story which is too long to translate, but which may be paraphrased as follows: In a certain village in France there lived a doctor who for a number of years had been "cock of the walk," the sole licensed practitioner in the town and surrounding country. He was naturally phenomenally thin and bilious looking, of dark complexion, his hair long and black and hanging in snaky ropes around his neck, giving him the appearance of a living mummy. He cared nothing for appearances and being without a rival, did pretty much as he pleased. One fine morning he discovered however, that his "soup had a hair in it"—in short that a new doctor had come to town, and what was worse, had taken a house on the same street and directly across the way. The new doctor was the exact opposite of the old one, physically,—round, rosy, young; the picture of physical health and good humor, and soon became a great favorite, especially among the women, who dubbed him the "rose-bud," just as they had called the old one "the ogre." Of

course, the rivalry in business soon became intense, though the two men were apparently the best of friends, and each strove to say pleasant things about the other, after a fashion well known to all of us, of course, and without putting too much sarcasm in their words. One day some time after the arrival of doctor No. 2, a lady called on No 1 for advice. After the usual civilities she exclaimed "O dear doctor, how ill you do look! What has come over you of late? Do tell me, what *is* the matter? Dr. Blank your neighbor, is *such* a nice man—the very picture of health, and you! You seem to decline visibly." "Oh, my dear friend" said the wily old doctor, and a light came into his weather eye as he said it, "a-a-a-h! That's it! You see Dr. Blank is a good physician, a *fine* physician; but I fear—in fact I am sure, he does not understand my case." "Understand your case?" queried the lady, "what do you mean?" "Yes, madame. A physician does not treat himself. If he is sick he goes to a confrère. There are but two of us here. We treat each other. Dr. Blank was sick; he came to me, I was sick and went to him. Madame, you see the result." It is needless too say that she saw it.

The Whines about Wine.—There was an old jackass of a man who accompanied by his son, was journeying to a distant city, their pack train consisting of another jackass. When the old man rode and the young one walked the passers by railed at the old fellow for "taking it easy" on ass-back while the poor boy had to walk. When the boy was put on the brute he in turn was guyed and abused for riding while his poor old daddy walked. When the pair of them climbed on the donkey they were rottenegged, and arrested by a policeman in the pay of the Society for the prevention of cruelty to animals, for overloading and abusing a patient beast. Nothing was left for the old fellow to try in his attempt to please the public, but to shoulder the jackass and carry it. To this the animal objected and in so doing kicked the stuffing out of the old man and lamed the boy for life. "Alas!" philosophized the two legged ass "that I should have been such a fool! In trying to please everybody I have pleased nobody, not even the donkey. Henceforth I shall please myself and the public be d—d." This anecdote has a moral of course, and we would recommend it to those gentlemen who have recently been worrying themselves about the criticisms of the "W. C. T. U" and other "temperance" advocates concerning wine at our medical and other public banquets. The so-called "temperance"

agitators are becoming an intolerable nuisance in these matters, and every attempt on the part of societies or individuals to placate them, short of a complete surrender of all personal liberty, seems only to add to the impertinence of their demands. The solution of the question reached by the American Medical Association in regard to wine at the annual banquet should satisfy every reasonable person, and does satisfy everybody who has any right to be consulted in the matter, viz: the members of the Association. Let the balance howl.

Necrology.

B. Von Langenbeck.—This noblest ornament of the fraternity of surgical artists, was suddenly carried away from existence by a stroke of apoplexy, on the night of September 30th, at Wiesbaden. The man was called "*Excellenz*" and if ever the title was well bestowed B. von Langenbeck deserved it. Having been one of the disciples of the great surgeon, I feel deeply touched and can fully appreciate the almost irreparable loss to the science and art of which he was the inspired master. He was not only the Nestor of German Surgeons, but he was acknowledged the most polished and affable gentlemen in the entire profession. He did the honors in the most elegant style to foreigners visiting Berlin and never tired of giving his most valuable advice to younger surgeons who flocked to his daily clinics. His numerous titles and honors were well earned by his great pathfinding work in the surgery of bones and in plastic operations. His work is nearly all recorded in the Archives of Surgery which bear his name and which are now in their 36th year. May they be continued by a worthy successor.

A. C. B.

Dr. James A. Gray, of Atlanta, Ga., died at the early age of 37, on Sept. 27th last. He was Secretary of the Georgia State Medical Association and Managing Editor of the *Atlanta Medical and Surgical Journal*.

Joseph Meyer.—The University of Berlin has suffered another bereavement in the loss of Professor Joseph Meyer, who died on the 25th of September, shortly after the lamented Langenbeck. Dr. Meyer was professor extraordinary and director of the policlinic of internal medicine, a chair created expressly for him in 1848, and occupied by him continuously up to his death. He was the author of numerous works on various medical subjects, especially however on Auscultation of the Heart, Rupture of the Oesophagus, Cholera and Pleurisy. He was born in 1818 at Strahlsund and graduated at the University of his native city in 1845.

Local Medical Matters.

The Alumni of the St. Louis Medical College intend to reorganize their association immediately and get to work.

It has been rumored that some radical changes have been recently effected in the editorial management of one of our local cotemporaries.

A curious Combination occurred not long ago in this city. A physician entered his office and was shortly followed by a patient. Right upon the heels of the latter an undertaker's wagon drove up and stopped.

A "doctor" of this city has a photographic representation of two cases of tubercular and ulcerating forms of leprosy prominently displayed in his office window. Underneath the pictures we are informed that "similar cases are promptly cured" by him.

The Medical Schools have all got to work, and without exception report increased attendance and a better grade of pupils than ever before. Each of the schools has made gains of from ten to twenty-five per cent in the number of pupils on hand at the opening, and these figures will be largely increased during the month.

Free Office Rent.—Some days ago we noticed an advertisement in the papers, stating that a druggist wanted a physician to locate near his store. Upon investigation, it was found that some of our would-be-prominent young physicians had answered the advertisement and promised to write all prescriptions in cipher provided the druggist would give them a well-furnished office, free.

Vital Statistics of St. Louis.—The report of Commissioner Dudley shows that during the month of September the number of deaths in the city was 804 (against 734 during the same month of last year) of which 736 were white and 68 colored. The total number of deaths under five years was 369, of which 186, or almost exactly half were under one year. In comparing the mortality by causes of death we find that in a large proportion of cases, the death rate of the previous September was greater than that of the last, as the following table will show:

CAUSE OF DEATH	SEPT. '86	SEPT. '87.
Total Constitutional Diseases	152	133
Total Developmental Diseases	54	39
Measles	1	0
Scarlatina	10	1
Whooping Cough	5	1
Typhoid Fever	17	14
Diarrhoeal Diseases, infants,	45	29
Diarrhoeal Diseases, adults,	15	12
Erysipelas	2	0
Syphilis	4	2
Inanition	27	24
Cancer and Malignant Tumors	16	15
Phthisis	62	49
Marasmus	60	52
Hydrocephalus	6	3
Bronchitis	19	13
Convulsions	43	40
Apoplexy	11	10
Cirrhosis of Liver	15	14
Nephritis	12	10
Other Urinary Diseases	7	4
Accidents of Pregnancy	2	1
Congenital Debility, etc.	33	24
Senility	19	14
Suicide	7	6

This showing becomes all the more remarkable when we reflect how much more crowded St. Louis was during Sept. '87 than during the same month of '86.

The first Porro's Operation recorded in this State was performed on Oct. 15th, by Dr. A. C. Bernays, of this city. The operation was primarily intended to be an exploratory laparotomy but, the presence of numerous intramural fibroid tumors, some of which showed signs of degeneration, led to the performance

of the Porro. Previous to the ablation of the uterus, the cesarean section was made, a living child, in the eighth month, being delivered.

Selling Prescriptions.—We accidentally overheard a prominent druggist remark to his clerk that Dr. —, of Washington Ave., told him that as he was getting \$300 a year for his prescription trade he could not afford to change unless the applicant for his trade would raise it to \$500.

Diphtheria.—The alarm over this disease is almost, if not quite subsided, the mortuary reports showing a constant diminution in the death rate. The Health Commissioner's report for September shows that there were at one time good reasons for the scare, the deaths from diphtheria numbering 135 during the month. During the same month in 1886 there were but eighty-five deaths from this cause.

A Medical Hall.—The St. Louis Medical Society at one of its meetings in the early part of the summer appointed a ~~Real Estate~~ and Building Committee, with the object of initiating steps toward securing ground and erecting a building which should serve as a meeting place for the society and other medical reunions, and as offices, etc. for physicians. The committee consisted of Drs. Alleyne, McPheeters, Lutz, Atwood and Dudley—all good men, and they have recently issued a circular which shows that they "mean business." In it they call upon physicians individually and collectively (as in the case of societies working under the national code of ethics) to assist the movement. In order that this may be done intelligently we would respectfully suggest that the Committee call a meeting of all those physicians and societies who are desirous of aiding so praiseworthy an object, and let there be an interchange of ideas upon the subject. The JOURNAL and its editors may be relied upon to do all in its power toward making the movement a success.

AN EXPLANATION TO THE PROFESSION.

On Sunday morning, Oct. 23rd an article appeared in the *Globe-Democrat* of this city, introducing in a very sensational manner the name of Dr. Ohmann-Dumesnil, one of the editors of this journal. To those who know Dr. Ohmann-Dumesnil personally it is altogether unnecessary to say that he was entirely ignorant of the intended publication of the article in question, and that he had said nothing to the reporter and writer thereof which would justify the exceedingly unpleasant notoriety thus given him. To those who are not personally acquainted with him we would say that no one could be more mortified than he over the whole affair. The only portion of the entire article which emanated from him was that in which he declined to be interviewed on the subject and stated that it was one in which the public had no concern.

Editors St. Louis Medical and Surgical Journal.

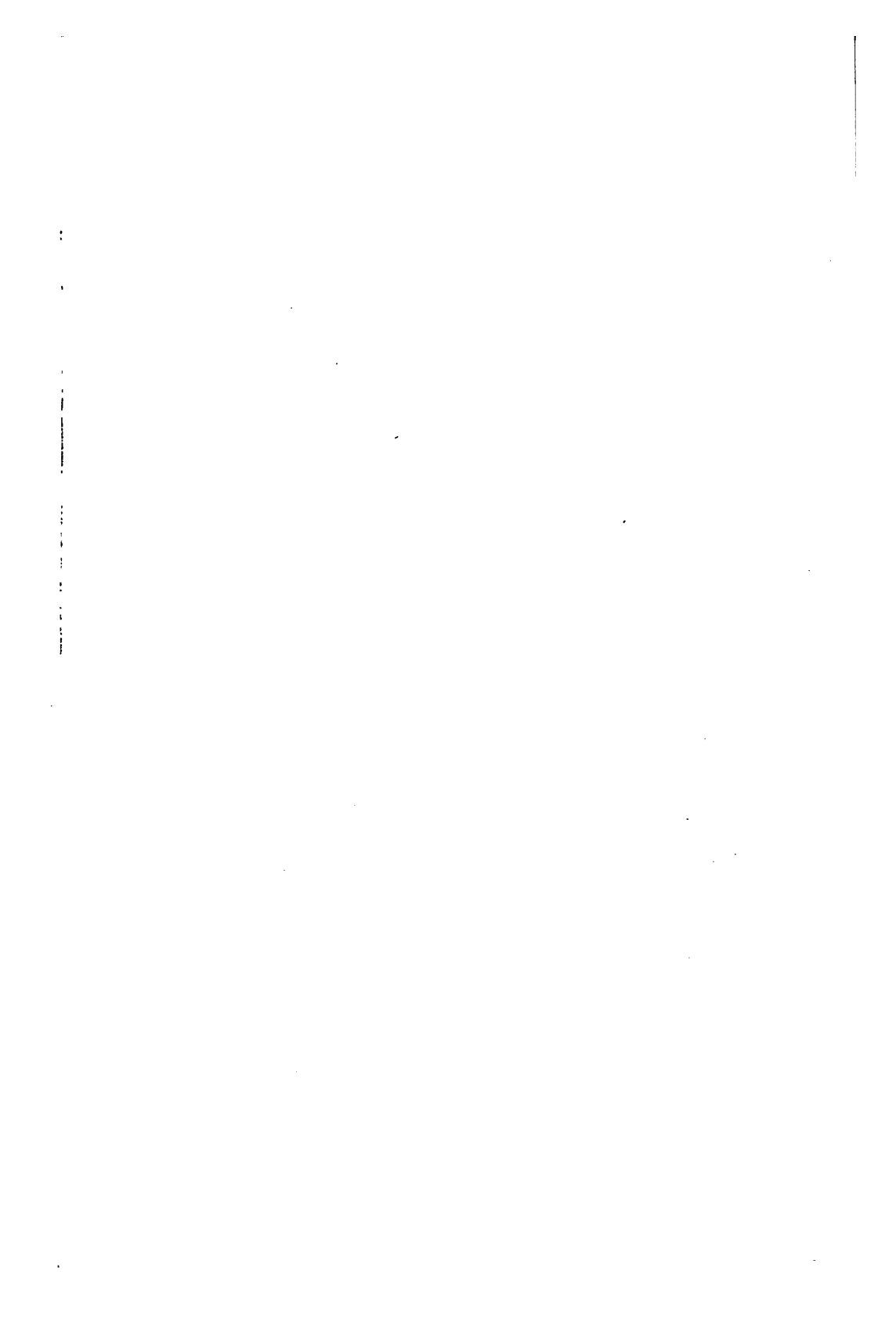




PLATE I. [FROM A PHOTOGRAPH.]

SECTION OF CANCER OF ROOT OF THE TONGUE.

The anterior portions normal.

THE ST. LOUIS Medical and Surgical Journal.

VOLUME LIII.—December, 1887.—No. 6.

Original Contributions.

THREE CASES OF TOTAL EXCISION OF THE CANCEROUS TONGUE.
By AUGUSTUS C. BERNAYS, A. M., M. D., of St. Louis, Mo.,
Prof. of Anatomy, College of Physicians and Surgeons; Sur-
geon to the Lutheran Hospital; Consulting Surgeon to the
City and Female Hospitals, etc.

A contribution to the casuistics of surgery of the tongue scarcely needs an apology. Considering the unsettled condition of surgical rules for the treatment of cancer of the tongue, every contribution is sure to be received with interest by the profession.

This article is intended to give my own experience in the total removal of the tongue and does not aim at giving an exhaustive treatise of the entire subject. For those desirous of studying these diseases, the book of Mr. Henry T. Butlin, F. R. C. S., published in convenient form, with some excellent illustrations, by Lea Brothers of Philadelphia, in 1886, is to be recommended. It is one of the best-written and most practical treatises on the subject ever published. The literature will be found very complete in this book, and since I can add nothing new no attempt at giving a bibliography will be made here.

Before beginning the description of my cases, I merely desire to emphasize the point that they are cases of extirpation of both halves of the tongue, the operation usually called "total excision of the tongue." This operation is in no way to be compared with excisions of the tongue, which involve only the anterior two-thirds, leaving the root of the tongue intact. This latter operation is a simple matter, devoid of interest and is well understood by all surgeons. It can be performed through the mouth in a few minutes, by means of scissors and without any danger to the patient. The removal of the whole tongue, with its root, from the hyoid bone is a capital operation, and is always

fraught with great danger because these cases are usually accompanied by extensive manifestations of the disease, involving the removal of indurated glands, parts of the floor of the mouth, the arches of the palate, parts of the jawbone or even the epiglottis and parts of the pharynx.

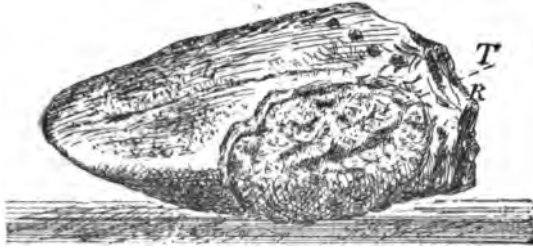


Fig. 10. L. Tongue; R. Root of Tongue; T. Tumor.

Case I. Mr. X—, from Washington Co., Ill., age 49, came to the Lutheran Hospital for operation. He had a tumor on the left side of his tongue (see Fig. 10) painful, and ulcerated, as is shown by the engraving. Externally the tumor appeared to be confined to the left side; but a careful digital examination traced it down in the direction of the root and across the median line into the right half of the organ. In the spring of 1883, with the assistance of Drs. Castelhun, Harnisch, Richter and others, I attempted to perform an operation similar to the one suggested by Nunneley, of Leeds, which is a modification of Chassaignac's original *écraseur* operation. The patient was chloroformed and placed on an ordinary table, his shoulders being slightly raised by a pillow. Two loops of thread were passed through the tip of the tongue, by means of which it was pulled through the open mouth. Next I passed a narrow-bladed knife from the neck, in the median line, through the root of the tongue. The point entered just above the hyoid bone, the cutting edge being turned forwards while the back of the blade rested against the hyoid bone. Under the guidance of the index finger of the left hand in the mouth, the blade was now made to pass into the pharynx, its back striking the back of the epiglottis. The tongue and all the tissues below it and the skin, were now split by the blade in the direction towards the chin about one half inch. The blade was withdrawn and the index finger passed through the incision

from below, so that its point could be seen on the back of the tongue. The chain of an *écraseur* was then passed through the incision and out of the mouth. After the glosso-epiglottic ligament on the right side was cut through with scissors, the chain was brought around the right half of the tongue and passed through the floor of the mouth into the first incision. Thus the right half of the tongue was completely surrounded by the *écraseur* at its very roots, the ends of the chain passing down and out just at the hyoid bone where they were drawn together by the screw constrictor. After the chain was fairly tightened and constriction begun it suddenly tore off. I next tried a loop of steel wire, which also broke, next this wire was doubled but it again gave way under the traction.

Under these circumstances, having the incision which admitted my finger from below and being able to pull the tongue well forward, I determined to try to excise the tongue with scissors, through the mouth. The right half of the tongue was cut off close to the hyoid bone and this act was followed by no loss of blood at all. The same manœuvre on the left side, however, was followed by a profuse hæmorrhage, which was checked by the application of two artery forceps; but, before these could be applied, considerable blood was aspirated into the trachea. When the hæmorrhage was checked the patient was pulseless and was not breathing. Dr. Castlehun said "He is dead." His lower extremities were now raised and his head lowered, while artificial respiration was tried with no success. He was replaced on the table and I made tracheotomy with a single incision; the two lips of the wound were drawn apart by Langenbeck's retractors, and, by placing my mouth down on the incision, I sucked two mouthfuls of coagulated blood out of the trachea and bronchi. The air rushed in and, by a few artificial respiratory movements of the chest, breathing began and the patient soon rallied. A tracheotomy tube was inserted, the ligature applied where the artery forceps had been left, a drainage tube was drawn through the submental incision, and the patient carried to his bed.

He was allowed no food or drink during the first twenty-four hours. After this time he was able to swallow liquids and made a splendid afebrile recovery. The tracheotomy tube was removed on the eighth day and the patient discharged on the twenty-first day. He was living and doing well six months after

the operation. After that I lost track of him and am unable to give his subsequent history.

Case II. Mr. E. S., 52 years of age, from Belleville, Ill., coal miner, had a cancer near the root of the tongue which he said began to grow eight months before. An examination showed the tongue to be firmly fixed and a tumor about the size of a hen's egg projected under the chin and was firmly adherent to the inferior maxilla and also to the skin covering it. The patient thought that it had originated from an ulcer caused by a projecting carious tooth. The tumor extended exactly to the epiglottis in a backward direction. On the left side the glosso-pharyngeal arch was infiltrated and also the tonsil. The right side of the pharynx was normal, as was also the anterior third of the tongue. The case was one of the worst I have ever seen, and I deliberated for some time before I became convinced that its radical extirpation was possible.

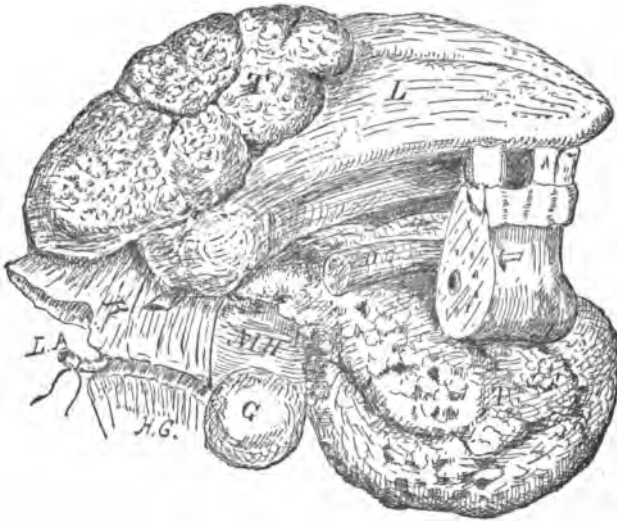


Fig. 11. L. Tongue; T. Tumor; D. G. Digastric; H. G. Hyoglossus; M. H. Mylohyoid; G. Gland; R. Root of Tongue; L. A. Lingual Artery.

On the fourth of April, 1884, at No. 915 Chouteau Ave., with the assistance of Drs. A. H. Ohmann-Dumesnil, A. F. Bock, C. Barck, Spiegelhalter, Thornton, Harnisch and others, the following operation was performed: The patient was given one-half grain of morphine hypodermically and chloroform was ad-

ministered through the mouth. The lingual arteries were then ligated on both sides through small incisions parallel to and one-half inch above the lateral extremities of the hyoid bone. Tracheotomy was next performed and Trendelenburg's tampon-canula in its original form was introduced and the chloroform administered through a funnel and rubber hose attached to it. An attempt to remove the large submental tumor from the jawbone proved that the bone itself had been invaded by the cancerous growth and its resection was necessary. Fig. 11 shows the exact amount of tissue removed. The jaw was cut through with a Jeffries saw, near the juncture of the ramus with the body, in

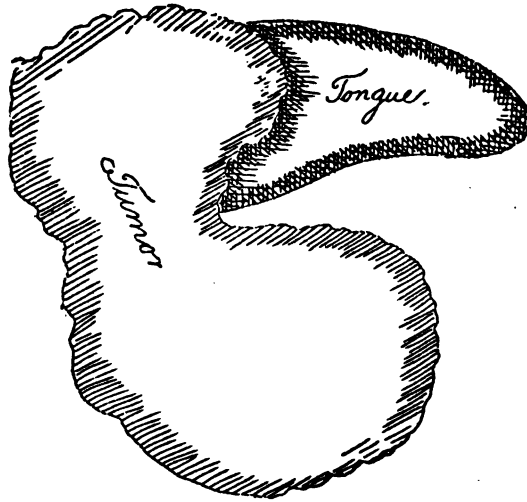


Fig. 12. Vertical Section through tumor and tongue shown in Fig. 11. (Diagrammatic).

front of the insertion of the masseter muscles on both sides, after two skin flaps had been reflected from an incision extending through the lower lip, over the chin, to the hyoid bone in the median line. Through this wound the middle portion of the jawbone with the submental tumor and the tongue containing the tumor was removed, after all the attachments had been separated by means of curved scissors. The removal of the infiltrated glossopharyngeal arch gave rise to hæmorrhage from the ascending pharyngeal artery, which required a ligature. The whole wound was washed with a three per cent carbolic acid solution, all the coagula removed from the pharynx and larynx

down to the tampon canula and the whole surface dusted with iodoform. The tampon canula, was exchanged for an ordinary one and the wound accurately closed by sutures.

The patient rallied nicely, his pulse and temperature remained normal for forty-eight hours. He was fed by means of the stomach tube. On the morning of the third day there was a decided catarrh of the trachea, and breathing became somewhat labored on account of the accumulation of tough mucus. Pulse 100, temperature 100°F. On April 7th the bronchial catarrh had extended lower down and continued to do so, in spite of treatment, the patient dying, in consequence of the process in his lungs, on the next day. Fig. 12 is a diagrammatic representation of the manner in which the disease extended downwards from the tongue.

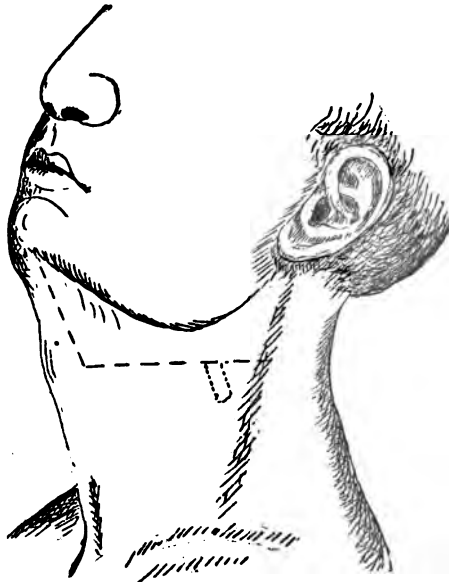


Fig. 13. Modification of Kocher's Incision.

Case III. Mr. L. E., age 66, for about one year had noticed a gradual increase in the size of his tongue, accompanied by a corresponding loss of mobility of the organ and great impediment of speech. During the two months previous to Sept. 22nd, 1887, his tongue had become ulcerated near its base, making any movement exceedingly painful. When he called on me he said that mastication and swallowing were so painful that he often

went twelve hours without nourishment. An examination proved that the tumor involved the tongue only, and that it was confined entirely to the root of the organ, the anterior half being normal in structure. The hard mass rested close up against the epiglottis. I determined to perform Kocher's operation, because the tumor was so large that its removal through the mouth by means of scissors was certainly impossible. The plate shows that the tumor involved the very root of the tongue and had to be dissected away from the hyoid bone and the epiglottis, to both of which it was closely adherent.

On Sept. 22nd, with the assistance of Drs. Ohmann-Dumesnil, A. F. Bock, G. W. Vogt, W. V. Kingsbury and Geo. W. Cale, the operation was performed at the patient's residence in St. Louis. The patient was placed into the chloroform-morphine narcosis and tracheotomy performed, using the tampon canula of Trendelenburg. The pharynx was next plugged with an antiseptic sponge attached to a string. The incision was made as is shown in the engraving Fig. 13, which is a modification of Kocher's incision, having one angle less. The flap of skin was turned up over the face and the lingual artery was ligated near its origin from the external carotid. The facial artery and vein were also ligated and then the incision was carried through into the mouth parallel to the jawbone. The submaxillary gland and some lymphatic glands were also removed because they were found indurated. Next the mucous membrane was divided from within the mouth around the right side near to the tongue, between it and the sublingual gland and extending back to the glossopharyngeal arch. The tongue was then slit through its entire length, the two halves being held by loops of silk cord passed through its anterior part. The right half of the tongue was drawn down through the submaxillary incision and easily cut loose from all its attachments at its base, by means of curved scissors. The large incision on the neck seemed to me sufficient to enable me to dispense with an external incision on the left side for the purpose of ligating the lingual artery. I thought that I could ligate it near to the hyoid bone, after cutting off the tongue, and this proved to be a correct and satisfactory procedure.

The whole wound was carefully irrigated with a weak (1:8000) solution of bichloride of mercury; a large drainage tube was drawn through the angle of the external incision and the skin

wound united by numerous sutures. No iodoform or gauze was used within the mouth. I relied entirely upon very frequent gargling and washing out with a solution of permanganate of potash, for the purification of the internal wound.

An ordinary tracheotomy canula was left in the trachea for forty-eight hours, after which time it was removed, the incision healing up spontaneously in about twelve days. The patient was nourished regularly by means of the œsophageal tube. The whole external incision united by first intention. The drainage tube worked admirably as an outlet for the profuse mucous secretion. The patient made an excellent recovery and was discharged on the twenty-second day.

In conclusion, I desire to state that in compiling statistics of operations for cancer of the tongue, total excisions requiring an external incision ought not to be compared or classified with partial resections per os. I have never lost a single patient when the latter operation was performed. Of all procedures for the total extirpation of the tongue, or even more extensive operations, Kocher's seems to me decidedly the most appropriate.

903 Olive St.

AN INQUIRY CONCERNING SPECIFICS. By C. A. F. LINDORME, Ph. D., M. D., of Fort Reed, Fla.

Every time that I alight upon a topic like the one in hand, I feel a kind of nausea; I know that the average reader prefers records of big surgical feats and never before heard of cures by brand new remedies, newly imported from some brand new country. But if "It is my nature's plague to spy into abuse," I am in a measure reconciled to my fate by the fact that all raking up of stumbling blocks to the current and inveterate medical reasoning is like a bitter medicine; it don't taste well, but it is a mighty great thing for one who likes it.

Now, in good earnest, there is nothing more detrimental to science than knowledge, if the hooks with which it is fastened to some solid point on earth are continually loosened, so that, soaring high, it drifts like the rudderless balloon, at the mercy of the winds, in the most unsubstantial stratum of terrestrial atmosphere.

To make out of knowledge science, some methodic apparatus is therefore *de rigueur*, lest medical libraries get full, and the heads of the physicians empty: "The bookful blockhead, ignorantly read, with loads of learned lumber in his head."

If it were the quantity of literature only, by which a physician could become wise, all of the doctors would swell the number of fools in the world, but "Language is but the instrument conveying to us things useful to be known" (Milton) and "If ideas and words were distinctly weighed and duly considered, they would afford us another sort of logic and critic than we have been hitherto acquainted with." (Locke)

In the reluctance to treat in medicine so-called dry matter prevailing generally, topics like the above have all along the line been sadly neglected, and we dare state that there are in medical literature a great many words for which it would be a laborious task to get out lawful papers of naturalization. In the course of history they creep in, are not wanted at all, but, because of their accomodating character, handled by way of preference; and at last they assume the right of being, which confers upon good and bad the dumb and barren alike, a permanent existence: "The things, we know, are neither rich nor rare, but wonder how the devil they got there."

A perfect Robin Hood in lawful medicine is the term *specifico*. Its home is the highway; no doubt about that. But it has by the charm of its practical actuation proved so attractive, that no critical apparatus ever dared to earnestly undertake its exterritorialization, and there it is, defying through centuries by its popularity all legal inquest and suspension.

The first historical record of the word dates as far back as Philippus Aureolus Bombastus Theophrastus Paracelsus ab Hohenheim, M. D., the great fermenting medical genius of the sixteenth century, who was so busy and had so much to do in upsetting the residual ideas of antiquity, that in the heat of his fire against them, he did not find the way among his own: "His head like a smoke-jack, the funnel unswept, and the ideas whirling round and round about in it, all obfuscated and darkened with fuliginous matter." (Sterne.)

Paracelsus claimed that there is a congruence of disease and medicine according to which a disease might be given the name of its remedy and classified by that (for instance, helleborus disease) and that by virtue of the substantial relation between

every special ailment and its specific remedy, this would be sure to cure it, and none else.

Paracelsus himself never undertook to support by experiment or argument the veracity of his assertion, and of his followers George Ernest Stahl most peremptorily refused to endorse his constructive *materia medica*. But among practitioners his idea of specifics outlived him; it was a nice expression, which, if true, or the people made to believe in, would tell on the position of the medical adviser; he could forthwith enter the sick chamber *à la Cæsar*, and the first of his records of cases would invariably be *veni, vidi, vici*. For a while, in our own century, it looked as though this flattering perspective was about to be realized. Shakespeare says, "Frailty thy name is woman," but by way of heredity, it seems, some of it went over upon man. He cannot consider the strength, poise the weight, and discern the evidence of the clearest argumentations, where they would conclude against his desires." (South,) And of this the founder of homœopathy, took advantage by resuscitating the puerility of Paracelsus, and ruffing it up to a system, which extended and flourished in the proportion as it flattered the never abating hope of the public to make curing as easy as getting sick.

It is not, by far, so surprising, however, that the homœopathic extravagance was brought to light, and tried to coin money out of Paracelsus' specific excentricity, as that the profession at large tolerated the idea of specifics, their rejection of the Hahnemannian system, notwithstanding, and up to this very day making use of the word, although its sense is more doubtful now than ever before.

In case of defective evidence it is generally some solitary dashing point which is ostentaciously put forward to bear testimony. In the case of specifics quinine was made to play this part. But its glory was not proof against the fading influence of time which confirmed in this instance again the truth of Pope's distinction, "To observations which ourselves we make, we grow more partial for the observer's sake." Later observers found new remedies which did the same thing as quinine, while they missed many things which quinine was claimed to perform, and did not do. Not enough that this *non plus ultra* of specific drug action failed in very many acute cases to keep up its reputation, it never benefitted anybody in chronic ones or after setting up a

tolerance, when hydrastis proved to be the better remedy or others were used to advantage. But "how use doth breed a habit in a man!" The word once introduced into the medical vocabulary, it was considered to mean something and must stand, though all experience clamored loud against its boasted qualities the public and the profession were determined to believe in specifics, and specious physiological tests were made to render this belief plausible, for "No man sets himself about anything but upon some view or other which serves him for a reason." (Locke.) The more the physiological test was pushed the more evident became the vicariousness of remedies. Specifics could be picked out by the dozen, and there was nothing to bear down homœopathy so ponderously as its *embarras de richesses* of symptoms. Mercury is reputed to be the great salivating agent, and no doubt it is, but salivation is caused also by arsenic, gold, antimony, alum, eucalyptus, hydrastis, colchicum, stillingia, asafetida, arnica, etc. It is belladonna with which habit has connected the idea of dilatation of the pupil. But this is caused as well by hydrocyanic acid, gelsemium, the bromide, cimicifuga and manganese. Again, whenever the professional mind dives into the sphere of mental action it is phosphorus which comes to the foreground; to the intellect of the modern thinker phosphorus is the specific for an easing up of the flow of ideas. But aside from the fact that alcohol never ceased to be the great stand-by of all those with whom, when sober, the flow of ideas is somewhat sluggish, there is ether, arsenic, cannabis indica or haschisch and asafœtida even, which in their action upon the cerebrum have an increased flow of ideas among their prominent symptoms. As to the more common ones, as nausea, epigastric pain, vomiting, diarrhœa, there is hardly one among the more prominent drugs which does not own it. But as "wonder is the effect of novelty upon ignorance," and "men with unbounded imagination often want the poise of judgment," it is natural that the faith in specifics continues to have a wide range and numbers wait patiently for the Messiah of specific medication, for "superstitious prophecies are not only the belief of fools, but the tack sometimes of wise men."

An overwhelming corroboration was afforded the opinion of the vicariousness of medicine by the theory that all single diseases are in their diversity only pathological modifications of principally

one and the same physiological state of things, the difference being one of development only, occasioned by outer or inner circumstances favoring the one or the other direction of hygienic impairments or morbid increment. This theory, is substantiated by the argument that the curing of disease depends precisely in the same way as all physiological formation, upon the change of matter which in man takes place by disintegration and reintegration of tissue; and this, so far from being instituted, or directed, or substantiated by any special drug, elementary or compound, is dependent upon a number of physiological conditions, which, moreover are in the fewer instances of absolute value, exerting in most of the cases an influence only in so much as concomitant states are prevailing. This now generally established standpoint of medical science is a death-blow to the frail doctrine of specifics, but, as "we have different prospects to the same thing according to our position to it," (Locke) these considerations will continue to be slighted by all those who want a nice handy shingle to hide from themselves the truth, dawning upon them even, that a deep going revolution is creeping onward in the healing art and science. They will, as long as it pays better, persist in supporting the fiction of specifics, for "men are apt to prefer a prosperous error to an afflicting truth."

Last, not least, we must mention the various technical therapeutic contrivances, like electricity, massage, water treatment, which bear upon this question of specifics, and we cannot but admire the innocence of authors like Sidney Ringer and Roberts Bartholow, who in their works on therapeutics or *materia medica* (it is hard to tell which is which) with an ominous repose of mind, give access to and treat alike these positive physiological manipulations and the physiologically tested drug action of their pathological specific. They do not seem to feel the glaring discrepancy of their proceeding and, dupes to a tradition—mix up a modern scientific standpoint with a force, that, although coquetishly assuming the exterior of research, was virtually a mere fancy, born of barbarism and conceit, an arbitrary construction of thought by a man who had neither a scientific knowledge of the relevant point, nor was, in the time he lived, in the position to procure it.

Exceedingly characteristic for the thoroughness in general with which medical therapeutics are handled by some writers, and for the *deus ex machina* part which the term "specific" plays in

their explanations, is a remark of Roberts Bartholow, p. 148 of the third edition of his "Practical Treatise on Materia Medica and Therapeutics." After dwelling upon the small extent to which quinine in fevers and inflammatory diseases lessens the body heat, our author dismisses the astonishing fact that in malarial fevers its antipyretic action is most conspicuous, with the laconism, "but, in this case, its action is specific."

It would appear, indeed, from the utter disregard of the object of a medical text-book for students and practitioners, manifested by this pseudo-apothegmatic diction, as though the author did apply to school books the distinction of Friederich Schiller:

By what is wisely concealed

The master of style is revealed.

For from a didactic point of view, Bartholow's "but, in this case, its action is specific" vies competitively fortunate with Sterne's stylistic nicety at the end of his *Sentimental Journey*, "I caught the fille de chambre."



THE DIAGNOSTIC SIGNIFICANCE OF PERSISTENT AND INTERMITTENT CHROMOPSY. By A. D. WILLIAMS, M. D., of St. Louis.

Incipient disease of the brain is often extremely difficult to diagnose. In fact, in many cases there are absolutely no head symptoms that would lead the general practitioner to a suspicion even, of brain disease. It is therefore important that all phenomena which point with any degree of certainty in that direction should be well understood. I would therefore call attention to chromopsy as one which I think furnishes an almost infallible diagnostic sign of brain lesion.

The word chromopsy, or chromatopsy, has hitherto been indifferently applied to two distinct conditions, viz: (1), a persistent state of vision in which rainbow colors appear constantly before the eye, and (2) intermittent instantaneous flashes of light and color. It is the former of these which has the diagnostic significance indicated, the latter having quite a different meaning, as we shall see. The following is a case in point, illustrative of persistent chromopsy.

A short time ago I was consulted by a man apparently thirty years of age, who had suffered total loss of vision in one eye, and great impairment in the other. This had happened almost with-

out his being aware of what was occurring, so far, at least, as pain is concerned. His general health is perfect in all respects. He sleeps well, has a good appetite, and has never had the slightest headache. He states that several years ago, without any known cause, ptosis of the right lid suddenly developed, but after a time it gradually disappeared. At the same time he noticed that the vision of his left eye was defective. This grew rapidly worse until the eye became totally blind. Soon afterwards the right eye began to fail, the condition growing worse rapidly up to about two years ago, when the process seemed to become stationary.

Examination of the left eye reveals central vision nearly perfect, while peripheral vision is almost destroyed. The patient says that it seems as though he were looking through a tube. The consequence is that while he can see the whole of a large object if placed at a distance, if the same is near by he can see only a limited portion thereof. The ophthalmoscope reveals well-marked white atrophy of both nerves, both being nearly snow-white.

The most interesting thing in connection with the case is that all objects have the appearance to the patient of being colored nearly uniformly green and pink commingled; but while these colors appear to be mingled, each color seems to be distinct. They are never absent, day or night, and appear to cover every object looked at by him.

The diagnosis was simply disease of the brain, the nature of which cannot be determined as yet. In no other way can we account for the primary ptosis and the later atrophy of the optic nerve. The prognosis is hopeless—the man is certain to become totally blind. I attempt no explanation of the phenomena.

Intermittent chromopsia, or flashes of light before the eye, indicate disease of the optic nerve, retina or choroid, or of all combined. The phenomena in this class of cases are different from those in the former. Instead of the persistence of colors, we have flashes of light, lightning-like in rapidity. Sometimes they appear as sparks of fire, at others like luminous balls of various colors, sometimes floating slowly and at others flashing, like arrows, across the field of vision. Occasionally they are described as moving in circles or semi-circles.

As I stated in a former article, if we could get at the optic nerve or retina and pinch it, the result would be, not pain, but a

flash of light. These flashes, therefore, indicate that the nerve or the retina is pressed upon by an exudation from some inflammatory process. When the choroid alone is involved the retina is irritated and made "to flash" because it lies against the choroid.

Hospital Notes.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., Superintendent.

XXII.—HYSTERO-EPILEPSY. By BRANSFORD LEWIS, M. D., Assistant Superintendent.

Rose O., æt 32, German, married, housewife. Patient's family history and constitution were good; her general health was good up to two years ago. Fifteen years ago she suffered from "brain fever" but made a complete recovery. Her last illness began about Aug. 1st, 1887, with a sudden convulsive seizure, in which she was found by other occupants of the house. She was rolling over the floor in a blanket, breathing hard, with eyes turned up and a small amount of foam coming from her mouth. She appeared to be unconscious, and afterwards claimed that that condition had existed. On recovering from the attack she slept for about an hour. She suffered intense pain in the head and abdomen for two or three days, after which she felt well for six weeks. At the end of that time, without warning or previous ill feeling, she experienced a second epileptoid attack, closely resembling the first, and followed by the same symptoms, such as abdominal pain, intense headache, marked insomnia and restlessness. She was then seen for the first time by one of the Hospital staff, who noticed some protrusion of the right eye. This had not been observed before, either by the husband or wife, but when the attention of the latter was called to it, she said that there was a sensation of fulness about it. Upon testing the vision, the left eye appeared to be normal, but she could not distinguish the number of fingers held up before the right eye. No ophthalmoscopic examination was made. Tenderness of the right ovary was

marked; no other abnormality of the pelvic organs was discoverable, and the thoracic and abdominal viscera gave no physical evidence of any disorder. The patient was quite weak during the next few days; had no appetite, and slept little, notwithstanding the fact that bromides with some chloral were given. Her respiration was greatly increased in frequency. The epileptoid attacks recurred nearly every day. Without uttering a cry of any kind, she would suddenly roll her eyes up, assume the opisthotonic attitude, breathe laboriously, the pupillary reflex being absent. In about three or four minutes, she would rather suddenly regain the seemingly absent consciousness, and would then suffer as before described.

The exophthalmia gradually disappeared, but vision is still affected to the same extent. Under the influence of moral and tonic treatment, the patient recovered within two weeks after her entrance to the hospital.

XXIII.—TYPHOID FEVER, WITH RELAPSE. By BRANSFORD LEWIS, M. D., Assistant Superintendent.

J. S., male, aged 19, American, single, laborer, was admitted Aug. 21st, 1887. Family history, constitution and general health was said to have been excellent. The patient claimed to have recovered from an attack of typhoid fever three weeks before our first acquaintance with him, and that eight days before, he had begun to have daily exacerbations of fever, during some of which he had been delirious. His bowels had been constipated. At the time of his first examination, he was stupid and unable to bring his attention to bear on the questions asked. His face was flushed, tongue coated white and dotted with reddened papillæ; pulse 120, temperature 105° Fah. Appetite was nil, thirst increased. Sleep disclosed a tendency to muttering delirium, which soon continued while he was awake. About Aug. 26th, the typhoid papules appeared on the abdomen, gurgling and tenderness were present in the right iliac region; the mouth became dry and sordes developed on the teeth. The bowels were loose and typhoidal in character. To determine the question of a former recent attack of typhoid fever, Dr. Wm. A. Fries, his attending physician, was asked the nature of his illness; his answer will be quoted: "I treated T. S. from July 26th, to Aug. 8th, for typhoid fever; he had been treated for some time previously by another physician. While under my observation he had continuous

fever, well marked tenderness in the right iliac region, with gurgling which could be noticed at examination; and a slight diarrhoea. I was told that during the night there was delirium, but in the day no such manifestation could be noticed. His tongue was parched and coated with a dark brown substance, and sordes were marked—in fact it was, in my estimation, as typical a case of typhoid fever as ever came under my observation.”

The patient recovered from his second attack gradually, in conformity with the established custom of well regulated typhoids, and departed with the injunction not to tempt Providence and the doctor by a third such illness.

It may be stated that a case similar to the above occurred in the hospital last summer, the various stages of prodromes, eruption, etc., being passed through in both attacks.

Clinical Reports from Private Practice.

AN UNUSUAL CASE OF TYMPANOPHONY.* By FRANK M. RUMBOLD, M. D., of St. Louis.

C. R.—, æt. 17 years, tall and slender, called at my office August 8th, '87, complaining of an “echo” in his right ear. He had been subject to colds from infancy. About three weeks ago he began to have profuse and frequent epistaxes, for which a local physician sprayed his nostrils with a strong solution of boracic acid. The pain from this application was so severe that the patient cried and would not go back for other treatments. Immediately after this application he began to be annoyed with the “echo” and with deafness of that ear.

Upon examination I noticed that both nostrils were almost closed by a swollen condition of the turbinated processes, and that the right eustachian tube was wide open and flabby looking. The tympanic membrane of the affected ear was flattened. After four treatments with vaselin and oil of eucalyptus, with spray producers numbers 4, 5, 1 and 2, the “echo” ceased and the tympanic

*Read before the Am. Rhinological Association, Sept. 1st, 1887.

membrane began to be slightly concave. After the sixth treatment the cone of light became nearly normal; nasal respiration was much improved and at the date of writing (August 17th) the hearing in this ear is as good as that in the other.

The chief points of interest in this case are the youth of the patient; the apparent cause of the tympanophony and the rapidity of the relief of the disagreeable symptom. This complaint generally occurs after the age of thirty-five years.

LACERATED WOUND OF THE THUMB.—CONSERVATIVE SURGERY OF THE HAND. By B. VON STEINMETZ, M. D., of St. Louis.

Conservative surgery, especially of the upper extremities is, or at any rate ought to be the object of every conscientious surgeon, as no mechanical contrivance or apparatus has yet been invented to take the place of the hand or fingers, and least of all of the thumb. Besides, the vascular supply of the hand is such, that there is a very good chance of recovery, even when a part of a finger is entirely cut off, if it be quickly readjusted and kept in proper apposition. The following case is to the point:

J. L., age 15 years, came to the City Dispensary on August 16th, with a lacerated wound of the left hand and thumb, caused by a circular saw. The laceration extended from the junction of the scaphoid and semi-lunar bones, forward and outward, injuring the os magnum, trapezoid, metacarpal bone of the index finger, and cutting through the first phalanx of the thumb; so that the thumb was held only by a piece of integument and lay on the dorsum of the hand.

The boy wanted me to amputate the thumb, but I told him that the whole thumb might possibly be saved. Accordingly I sewed the loose end to the proximal part of the thumb, dressed the wound antiseptically and put the hand and arm on an anterior splint. In four days, the distal end showed signs of granulation and in two weeks, the wound had filled up and was healing rapidly.

To-day, Oct. 12th, the severed phalanges have united, and the boy has very good use of his thumb. From the first dressing of the wound to the removal of the splint, there was absolutely no pain and no elevation of temperature, which I attribute to the antiseptic treatment.

820 Beaumont Street.

Correspondence.

TORN-OUT TENDONS.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

Allow me to add one more to your very interesting list of torn-out tendons, illustrative of the position advanced by Dr. McIntyre, viz: that "whenever tendons are extended to the point of rupture, and especially when they are torn out, rupture occurs at the points of muscular attachment" (ST. LOUIS MEDICAL AND SURGICAL JOURNAL for July, 1887, p. 21).

The case is briefly as follows: O. B., a machinist in care of a rimmer, had his right thumb caught in a rim of brass. In attempting to release it, the member was torn off at its metacarpophalangeal articulation, bringing away with it the *flexor longus pollicis*. The latter gave way at its source of origin, or its "points of muscular attachment," as you may see in the specimen.

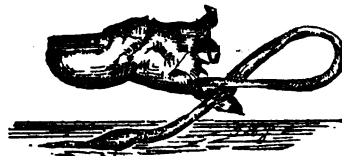


FIG. 14.

Fig. 14 represents the thumb with the *flexor* attached. By examining the specimen sent herewith you will see the reason why the *extensor* did not come away in the same manner,—the deep cut across the back of the thumb abundantly accounting for its severance. The head of the metacarpal bone was so denuded as to necessitate its removal for the formation of a flap. The wound received only one or two dressings. There was no inflammation, and no abscesses were formed along the track of the torn-out tendon—the external wounds healing by first intention.

ROBT. J. HILL, M. D.

St. Louis, Mo., Nov. 15th, 1887.

[Dec.,

Editorial Department.

FRANK L. JAMES, PH. D., M. D., and A. H. OHMANN-DUMESNIL,
A. M., M. D., Editors.

FRANK M. RUMBOLD, M. D., Business Manager.

Terms, \$2.00 per annum, in advance. Foreign Countries within
the Postal Union \$2.25.

All communications should be addressed to Box 626, St. Louis,
Mo.

THE FARNY SUTURE.

Our readers will remember that in the *JOURNAL* for January, 1887, p. 63, we described "a suture that is painless and leaves no scar" which had been used by the writer (one of the editors) occasionally for at least ten years. It consisted essentially of attaching a piece of adhesive plaster to each lip of the wound and passing the suture from edge to edge of these, after the manner of a shoe or corset lacing. In the article we stated that perforated or porous plaster could be used in the same manner.

To our very great surprise, we find in the advertising pages of the *N. Y. Medical Record* an advertisement of the "Farny Suture," which is identically the suture described by us, and which we find was patented on July 13th, 1887, or about six months after the publication of the method in the *JOURNAL*.

Dr. Henry C. Dunavent, of Osceola, Miss. Co., Arkansas, will bear witness that this identical method was used by us in a plastic operation on the face of a boy at least ten years ago. Dr. Waldo Briggs, of this city, will also certify that the method was described to him by the writer not less than six or seven years ago, and that it has been used by him, occasionally, in hare-lip and similar operations ever since that time.

Under the circumstances, we cannot see by what right Mr.

Farny or anybody else can claim this suture, or how a patent can be issued for the same. At any rate, we shall continue to use the same, as we have done for the past ten or twelve years, and the patentee will have a good time enforcing his rights.

ABUSIVE MEDICAL JOURNALISM.

Acerbity in medical journalism may be pardonable, under certain conditions, but brutality is never justifiable. While the former may be due to just resentment, the latter is always the outcome of coarseness. It is not at all necessary to lower one's self to the level of the prize fighter in order to make an expression hit the mark. In fact, the more refined, the deeper the sarcasm, the more marked the result. But when a brutal fling is made it becomes a boomerang,—harmless to him against whom it is directed, but recoiling with full force on him who uses it. Two examples of this species of writing have lately appeared in a couple of our esteemed cotemporaries.

The first of these is from the Oct. 22nd, 1887 issue of the *Weekly Medical Review*, and is as follows:

The distinguished dermatologist, Prof. Unna, while in New York City, is said to have been called in consultation over the case of a well-known and wealthy lady here. The fee received, \$6,000, is probably one of the largest ever obtained by a dermatologist.—*Med. Rec.*

“That's nothing; we remember of a bankrobber who received a fee of \$50,000 for one visit to the bank, and it was not the largest fee ever received by a bank-robber, either. Between the dermatologist and the bank-robber we cannot see much difference, except that the dermatologist lacked the adamantine nerve to ask for \$50,000 instead of \$6,000. His services were worth the one fee just as easily as they were the other.”

We must candidly confess that we were surprised at finding so gratuitous and scurrilous a fling in a journal which so ardently supported the Congress of which the assailed was an honored and distinguished member. Nay, more than that, he was the welcome guest of the association of which two of the editors of the *Review* were officers; and this assault upon him, after he had broken our bread and returned to his home, betrays a spirit inexplicable to us. As to the remarks themselves, they need no comment. They betray their author as a professional failure, to whom a well-earned acknowledgment of merit in another is as gall and wormwood.

The second example of the kind of journalism referred to is to be found in the *New England Medical Monthly*, for Oct. 15th. It occurs in the course of an editorial, ostensibly a retrospective glance at the recent Congress, but really an annular eulogy of certain gentlemen who, in due course of the journalistic whirl, are expected to pay back the flattery with interest. This is a matter of monthly and weekly habit, and is duly understood as a matter of course, and it is not to this, but to the foil—the dark background skillfully depicted by the editor in order to throw into bolder relief the transcendent virtues of the eulogized, that we take exception. Listen to this:

“Another thought at this time arises, and that is, was this opposition, born in self conceit, nurtured in hate and breathing only the spirit of vengeance, American? Were these men by birth Americans, by education Americans, by interests Americans? We think if the records are carefully looked over, there will be found one or two in Kentucky, (Louisville), Philadelphia, Washington, New York and Boston, but *the mass of them have queer sounding names, which have a foreign accent* that does not savor of American ideas. The Anarchists of the Medical Profession are not in the true sense Americans, prizing above everything the honor of their country and the honor of a noble profession. Self interest with them seems to be everything, and it is impossible for them to rise up above the question of medical politics.”

Were it not that the context forbids such a construction, we should be inclined to accept this as sarcastic raillery instead of sober earnest. Since when, we pray, has the “queer sound” or the “foreign accent” of a man’s name been made the test and measure of his patriotism, his Americanism, his respect for the laws, or his scientific attainments? By what reasoning does the writer of this twaddle convert a ‘van,’ a ‘von,’ a ‘de,’ or an accented letter into evidences of “medical anarchism?” A wise process that, which converts a Parsons or a Fielden into model citizens and places under the ban the law abiding descendants of the Huguenots, the Knickerbockers and the Conquerors.

The idea would be absurd were it not so impertinent, and laughable were it not so invidious. It is a deliberate insult to every American physician of foreign birth or extraction, whose parents did not have the forethought, or who himself was not *wiley* enough to transpose a letter or two in his name and thus confer upon it an English look, at least.

The ST. LOUIS MEDICAL AND SURGICAL JOURNAL was friendly to the Congress, and although one of its editors chanced to have

a "queer sounding name" with a "foreign accent," we never missed an opportunity of rebuking and deprecating the efforts of the obstructionists who were conspiring to make it a failure. We may therefore, even at the risk of being styled "medical anarchists," now make an assertion, concerning the Congress, which hitherto we have left unsaid for fear of giving aid and comfort to its enemies, and it is this; that no inconsiderable amount of the lukewarmness and even open opposition to the Congress, among physicians not only of "queer sounding" and foreign, but of good old English names, grew out of the fact, which soon became patent to all that a certain clique or ring, actuated by that very "spirit of self-interest which made it impossible for them to rise above the question of medical politics," had seized upon the event as an opportunity of boosting themselves into fame and notoriety. This ring was organized at the St. Louis meeting of the American Medical Association, and consisted of the editors of certain medical journals who pledged themselves to copy from each other, and to praise, flatter and tickle each other at every possible opportunity. How well they carried out their agreement we leave to the readers and to the files of their respective journals. They attempted to manipulate things to the furtherance of their designs at the Chicago meeting, but were not altogether successful.

While this fact was notorious, and while there were many who like ourselves, maintained silence concerning it, there were others who preferred seeing the Congress fail rather than that this clique should reap their coveted reward. We have no excuses to make for this latter class, because they were actuated by that very spirit of "self interest" which gave birth and life to the ring which they were fighting. So long as the *New England Medical Monthly* confines its diatribes to them, although to our minds it is simply a case of pot calling kettle black, we have nothing to say—even though in its self-styled defence of "the honor of a noble profession" it should (to use the editor's own words elsewhere in the article referred to) exhibit a "spleen belonging to the hoodlum combined with the weakness of infants and children."

Whenever he again exhibits his know-nothing tendencies and attacks as "medical anarchists" those whose only crime is that they have failed to follow his example to Anglicize their names, he will again hear from us.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

What is Karyokinesis? is a question asked by C. Schroetter, M. D., by "Medical Student," and by several other correspondents. A comprehensive answer would take more space than we have to spare in this issue of the JOURNAL (owing to the encroachments of the index for 1887), but will be given in the January number, along with the best method of procedure for studying the phenomena. In response to the first named querist, however, we will say that either of the first two methods of spelling given by him (karyokinesis or caryocinesis) is correct, while the third (karyocynesis) is manifestly incorrect. The term is derived from two Greek words, viz: *karuon*, a seed or kernel, hence *nucleus*, and *kinésis*, a flowing or moving. Literally, therefore, it means "a flowing or moving of the nucleus," and is synonymous with *karyolysis*, which is sometimes used to signify the same series of phenomena, viz; the method of cell reproduction by division brought about indirectly by the multiplication of nuclei, in the progress of which process the so-called "karyokinetic figures" are produced.

Gundlach's Apochromatic Objectives.—At the Pittsburgh meeting of the American Society of Microscopists, Mr. Ernest Gundlach exhibited some objectives made, after formulæ of his own, partly with ordinary optical glass and partly with the new glass from the manufactory of Schott & Co. (the Abbé-Zeiss apochromatic). I had the pleasure of testing some of these objectives and of comparing their results with those of Zeiss made after the original formulæ, and have no hesitation in giving the preference in every instance to Mr. Gundlach's work. The comparative amount of light admitted in the Gundlach lenses is really remarkable, while in clearness and sharpness of definition there is scarcely anything left to wish for. I shall, at no distant day, be able to give the readers of the JOURNAL more detailed in-

formation concerning these remarkable objectives. One immense advantage which they possess over those of Zeiss and other makers, is that they do not require a specially constructed and corrected eye-piece but give equally good results with any well constructed Huygenian ocular. In speaking of Mr. Gundlach's objectives I would especially call the attention of physicians working in bacteriology and, indeed, in any direction requiring high powers, to his one-tenth ($\frac{1}{10}$) glycerin immersion, new formula. Considering the price this is one of the most remarkable objectives ever made by anybody, possessing at once a magnificent defining power combined with perfect flatness of field and an extraordinary working distance. The price at which they are sold (\$25.00) puts them within the reach of every worker with the microscope. Could I not supply its place by another by the same maker I would not part with the one which I have for five times its cost.

CLINICAL MICROSCOPICAL TECHNOLOGY.

X. EXAMINATION OF SEMEN.

§ XXVI. SPERMATOOA IN THE URINE.—The technique of the examination of urine for spermatozoids has already been given in the section on the examination of urinary deposits. It will be remembered, however, that as the element must be washed out of the urethra, naturally enough, the first urine which passes out will contain the greater bulk of them. It is therefore advisable when such a course can be pursued, that the first ounce or two of the fluid should alone be preserved for examination. Under such circumstances if spermatozoa be present in any quantity, they will be found in a drop of the urine removed with a pipette without waiting for the liquid to settle. Where urine is brought for examination without this precaution having been taken, it should be placed in a settling glass and allowed to stand for several hours, the clear supernatant liquid may then be poured off and the examination made as heretofore directed.

The mere presence of spermatozoids, even in great quantities, in a single sample of urine must not, however, be accepted as proof of spermatorrhœa, since involuntary emissions may occasionally occur, under certain circumstances, to persons enjoying

perfect health. They may also occur as a sequel or concomitant of the debility following a protracted illness.

It is only when they happen with some degree of frequency and regularity that the condition becomes that which is meant by the term spermatorrhœa. When the emissions are of the character above referred to, the spermatozoids will usually be found entangled or meshed in stringy shreds of mucus; but the only sure way to determine the nature of the case without a doubt is to subject the urine to examination for several successive days.

§ XXVII. EXAMINATION OF URETHRAL DISCHARGES. — The physician is frequently consulted by patients who complain of a more or less constant discharge from the urinary meatus, which they imagine, or are led to believe, is spermatorrhœa. This discharge may be thin and watery, or it may be viscid, glairy and tenacious, and possess many of the characteristics of true semen. Such patients usually suffer more from the mental than the physical effects of these discharges, especially when they have fallen into the hands of incompetent or unscrupulous advisors, or when they have had recourse to the pernicious literature of the quacks and frauds who abound in all large cities, and who regard these unfortunates as their special and legitimate prey.

Here again the technique is perfectly simple, the examination requiring neither reagents nor preparation, thus enabling the physician to make a demonstration, if necessary, which will satisfy the mind of the patient himself, while it unfolds its story to the professional consultant. A clean slip of glass is pressed firmly against the lips of the urinary meatus and made to receive a small

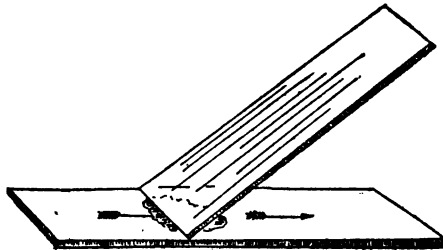


Fig. 15.

amount of the discharge. If the latter be at all abundant it should be spread out on the slip in the manner heretofore described in such cases, i.e.: by taking another clean slip, applying one end of it to the slide, on or near the drop of fluid, and

while holding it an angle of 45° , bringing it lightly but evenly over the surface of the slide. The foregoing cut shows the position of the slips, the arrow marking the direction in which the upper slip should move.

When the suspected matter is not very abundant this process is not necessary. The slide may be placed on the stage of the microscope and examined either with or without the application of a cover-glass.

The presence of spermatozoids in any quantity will be very certain indication that the flow is true spermatorrhœa, and their absence an almost equally certain proof that it is due to urethral inflammation or prostatorrhœa. If the physician desires to go further into the matter and determine the exact nature of the flow, he need only bear in mind the following facts:

(a). If the matter under examination shows the following morphological elements, it is indicative of *urethral inflammation*, viz:

Leucocytes in great abundance.

Cylindrical (urethral) epithelium in greater or less plenty.

Red blood corpuscles, the number of which depends upon the activity of the inflammation.

(b). When due to *prostatorrhœa* the morphological elements of the fluid will consist of—

Little whitish masses of epithelial cells, mostly cylindrical.

Numerous highly refractive, colorless granules of a size varying from one-tenth to one-half that of a red blood corpuscle, some of them even attaining quite the size.

A certain number, very variable, of small starch-like masses of irregular size and shape.

§ XXVIII. THE VIRILITY OF SEMEN.—When freshly ejaculated semen is allowed to stand for some hours at the normal temperature a very remarkable change occurs in its appearance and structure, both microscopic and macroscopic. After the lapse of a certain time, varying from eight or ten to twenty-four hours, according to the temperature surrounding it, the material will be seen to have separated into two distinct layers, the upper of which is nearly colorless and more fluid, and the lower more opaque and viscid. Examination of a portion of the upper layer, carefully removed with a pipette, will show it to be almost free from all morphological elements except spermatozoids, and even these will be in vastly lessened quantity. The lower layer will,

as would naturally be expected, contain all of them in greater quantities except the large gelatinous lumps spoken of in § XXV., 1. These will have disappeared, presumably dissolved in the surrounding liquid. In place of these we find certain crystalline substances—spermatic crystals. Some of these crystals are evidently triple phosphate, but the nature of the others has not been accurately determined, Boettcher claiming them to be of an albuminoid character, while Schreiner and others think them a phosphate of an organic base, having approximately the formula C_2H_5N . Without going further into the matter, in an examination made to determine a question of so delicate a nature as that indicated by the title of this paragraph, it is plain that the sample to be studied should be fresh, or preserved in such a manner as to retain its normal condition.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Elephantiasis induced by Posture.—It has been a matter of observation, by all those who have devoted any considerable degree of attention to elephantiasis, that the disease is almost always found in the lower extremities. The cause of this is explained quite satisfactorily by Dr. E. D. Mapother, who attributes the trouble to the posture of the individual, irrespective of climatic or racial influence. At the late meeting of the British Medical Association, held in Dublin, he read a paper on this subject. He stated that a study of the conditions which lead to the disease in tropical countries seems to him to prove it due to blockage of those subcutaneous lymphatics which are mainly active while muscles are keeping up the erect posture. Jonathan Hutchinson, in a recent publication, stated that, "As favoring the production of elephantoid conditions, it is almost essential

that the part affected should be pendulous, or, as in the case of the lower extremity, at a hydrostatic disadvantage in reference to its circulation." If this be true, elevation, upward frictions, and compression with elastic bandages should be useful measures to adopt, during the stage of inflammatory œdema.

Syphilitic Acne of the Nose.—M. Horand calls attention to a syphiloderm, in *le Lyon Médical*, which has not been as yet carefully described. In syphilitic acne of the nose we have a cutaneous trouble limited to the alæ and body of that organ. It consists of pustules, of the size of a split pea, some of which are topped by blackish crusts. They may be either discrete or confluent. The skin upon which they rest is of a dark-red color, thickened, of a doughy feel and often containing the scars of former pustules. When the entire nose is affected it is increased in volume and more or less deformed in shape. The lesion begins as a circumscribed redness of the skin, upon which a pustule appears. As this discoloration extends, new pustules appear and the skin thickens. During this period, the old pustules burst, ulcerate and finally cicatrize. The troubles with which this affection might be confounded are: acne rosacea, acne indurata, impetigo or lupus. In the syphiloderm there are no subjective pains whatever. Pain is absent and the ulceration which takes place is accompanied by very little secretion, which latter forms a blackish crust. Constitutional treatment is efficient and rapid in its action.

Red Chromidrosis.—At the last meeting of the French Association for the Advancement of Science, held at Toulouse, M. Andrés of that city reported a case of red chromidrosis. The patient was a young man of 22, not hysterical, who was affected with a red or rose-colored transudation on each wrist and under the finger-nails. A microscopic examination showed it to be composed of reddish granules, isolated or mingled with epidermic cells. M. Le Roy de Méricourt who reported the first case of this nature to the Paris Academy of Medicine, March 25, 1884, declared formally that he entertained no doubt whatever that this was another case. While a large number of cases of colored sweat have been reported there are very few indeed, that are genuine. Late researches made of supposed cases of this trouble, have generally revealed bacteria or some micro-organism as the cause of the coloration, and it is only those in which careful micros-

copic examination has been made, that can be accepted as genuine.

Diet in Skin Diseases.—Dr. James C. White, in an interesting paper on the above subject (*Journal of Cutaneous and Venereal Diseases*) states, among other things, that alcohol in excess may permanently enlarge the facial capillaries, produce dermatitis and furuncles, and other inflammatory troubles. Acid fruits produce in some persons acute eczema, the type being erythematous and papular. Strawberries produce urticaria. Apples sometimes produce an acneform eruption about the mouth. In children they produce the so-called "apple humor" at times. This consists of clustered vesicles or shallow impetiginous or ecthymatous lesions on the lower part of the face. Some nuts, especially the English walnut, produce an irritation of the lining membrane of the mouth in some. A herpetic eruption about the edges of the lips may also be caused. Lobsters, crabs, mussels, oysters, clams, etc., produce urticaria in a limited number of persons. In some again a particular meat has the same effect. These are important points to bear in mind, not only when prescribing a diet for a patient, but also in an examination, as they may often account for the skin trouble which is present.

Leprosy.—The cases of leprosy which occur in this country, especially in whites, have more or less interest attached to them. Ever since the discovery of the specific bacillus of this disease and of more or less successful methods of treatment, this interest has been considerably increased. At a meeting of the Philadelphia County Medical Society held Oct. 12, last, Dr. Van Harlingen presented a case and detailed two others which had come under his observation. The first case was a Cuban woman, of about 50 who was affected with anæsthetic leprosy of a mild type. The general health did not seem to have suffered materially. After a very short period of treatment the patient disappeared. In the second case there was a mixture of the tuberculous and anæsthetic varieties. The patient was a woman of 40, who lived fourteen years in Brazil and while there bore her husband a child, now 12½ years old and affected with marked and severe anæsthetic leprosy in the earlier stages, being the third case detailed. Dr. Van Harlingen regards the malady as contagious and thinks that there is no question that the disease is on the increase in this country. He also states that cases have been reported as occur-

ing *de novo* in Americans who never left the country. I have observed a case of this nature also in a woman, and have her child under observation. In regard to contagiousness I am inclined to think that if the disease is due to a bacterium, infection and not contagion is the true method of its propagation.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXVI. MOLLUSCUM FIBROSUM.

This affection of the skin, which is also known as molluscum simplex, is a connective-tissue new-growth, of rather infrequent occurrence. It appears as elevated, sessile or pedunculated tumors which vary considerably in size. At times they are not any larger than a pea, or even smaller, and at others form enormous masses. Both extremes may be found in the same case, together with intermediate sizes. Whilst molluscum fibrosum may occur singly, we generally find that numbers of the tumors exist. To the feel they appear soft and elastic, as a rule, although we occasionally find one of more density and almost tendinous in the sensation which it imparts upon manipulation. The skin which covers these tumors is apparently normal and not unfrequently reddish in color. In the smaller forms it is of the same thickness as the surrounding skin, but in the larger growths it is thinner and at times the blood-vessels are quite apparent.

These fibromata occur principally upon the trunk, as well on the chest as upon the back, there being no site of predilection. The trunk is most often involved, but in connection with it, the face, genitalia and limbs are also the seat of disease. When the trouble is limited to one or two lesions, we find it in no particular part; the auricle, or some other portion of the head or face being as liable to become the seat of the trouble as the trunk.

The growth of these tumors is very slow, but almost always continuous for quite a length of time, although very irregular. Whilst some will never become larger than a pea, others continue increasing in volume until they weigh many pounds. There are no subjective symptoms observed in this affection, as a rule. In the case of large tumors, however, the weight of the mass not only proves inconvenient but frequently produces irritation and

thus proves a source of pain and annoyance, which is intensified if the process be permitted to go on until ulceration is established.

There can scarcely be any trouble in recognizing molluscum fibrosum. It can be distinguished from lipoma by the fact that the latter has a soft, doughy consistence and is more or less lobulated and does not occur in such great numbers. Besides, it is not sessile or pedunculated, as a rule, until it has attained a considerable size and then it is easily recognized. In molluscum epitheliale, we have a dome-shaped lesion, with a central punctum and depression and other characteristics which have already been described. Cysticercus cellulosaë of the skin is a very rare trouble. We have here a number of lesions, uniformly firm in consistence and equal in size. Multiple neuromata, which consist largely of fibrous tissue, are distinguished from fibromata by the fact that they are always the seat of marked pain. In lymphangioma cutis, there is present in addition to the lesions, more or less general involvement of the lymphatic system and lymph troubles can be clearly made out.

Molluscum fibrosum occurs in both sexes about equally. It generally begins in childhood or near the approach of puberty and the growth goes on slowly from this time on, becoming a source of annoyance in adult life, on account of the deformity produced. It is not frequently seen, but this may be due to the fact that many persons have but a few of the lesions in portions of the body not ordinarily visible. I have seen a number of such cases and they did not care to undergo any treatment, nor did they pay any attention to their trouble. The health of those subject to fibromata of the skin is, in general, good. They are, however, stunted in size. The cause of the disease is not known; some observers contend that it is inherited, having observed its transmission through three generations.

The structure of molluscum fibrosum depends a great deal upon its age. In young lesions there is a more or less gelatinous condition, whilst in the older it becomes distinctly fibrous. It is essentially a connective-tissue new-growth and consists, when fully developed, of a white fibrous mass in a dense capsule. When large, the center is soft, in many cases. As to the origin, there is still some question. The mass of evidence goes to prove that the new-growth takes its origin in the connective tissue of the fat underlying the skin.

The treatment is almost entirely surgical, when it is at all possible. In those cases where almost all the skin of a part is involved no treatment is scarcely possible unless it be electrolysis, which may prove of benefit in many cases. Where removal is possible, it should be practiced by means of excision, the ligature, the galvano-cautery or thermo-cautery. The operation should be thorough and the choice of means will, in a large measure, depend upon the number and size of the tumors, as well as upon the personal preference of the operator.

Molluscum fibrosum lasts throughout life. Sometimes it undergoes spontaneous involution, but such cases are rare. As a general rule, there is an increase which is slow and gradual and, after a certain length of time, this growth is stopped.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Fatal Hæmorrhage from the Conjunctiva.—H. Schmidt-Rimpler gives the history (in *Monatsschr. für Augenheilkunde*) of a case wherein a child nine months of age, apparently healthy was suddenly and apparently spontaneously seized with hæmorrhage from the conjunctiva of the left upper lid. A slight hæmorrhage took place, at the same time, from the nose and from behind the ear. The bleeding from these latter points was easily controlled, but that from the conjunctiva persisted in spite of all treatment, resort having been had to persulphate of iron, the actual cautery, clamps, etc. After the actual cautery, the bleeding was checked for a few hours. The clamps would control the hæmorrhage while applied, but as soon as they were removed the flow recommenced. Of course they could not be kept on continuously without destruction of the lid. The child died on the tenth day. The child was evidently a "bleeder," but there was no family history pointing in that direction, except that one uncle in early childhood had a serious hæmorrhage from a leech bite, but that might occur in almost any very young child.

Treatment of Ulcers of the Cornea.—In a former article on the treatment of keratitis I stated that this disease and ulceration of the cornea are different stages of the same disease or condition. In ordinary keratitis there is at first an inflammation of a circumscribed spot in the cornea. Soon a whitish exudation of lymph takes place in the part. Later this exudation may and often does slough out, leaving a break or loss of substance in the surface of the cornea. Whenever this occurs keratitis has become ulceration. I cannot imagine how a loss of substance in the cornea can possibly take place without some pathological condition preceding it. Of course the change from keratitis to ulceration may be so sudden that the former may not be recognized, but it certainly precedes the ulceration. These facts point unmistakably to the proper treatment of ulceration, viz: with atropine locally applied. I know of nothing better; and if anything is settled in ophthalmological therapeutics it is that atropine has, in some unknown manner, a definite, if not a specific curative action in these allied conditions, keratitis and ulceration of the cornea. I was, therefore, much surprised to note that Meyer, in his recent work on the eye (noticed in the *JOURNAL* for November, 1887, p. 314), after giving the indications for treatment, says that these are best met by resting the eye and by instillation of pilocarpine or eserine solution, adding in substance that "atropine is to be used only when the eye is irritated." Now I have found that eserine and pilocarpine are almost sure to increase pain in painful ulceration, while atropine is an anodyne, besides having a positively curative effect upon the disease itself. I therefore beg leave to express my doubts as to the value of Meyer's treatment or, at least, as to its superiority over that by atropine.

Boracic Acid in Suppurative Conditions of the Middle Ear.—Doctors will differ, is an old and trite saying, but if anybody wants to know just how easy it is for them to do so, let him read in the last volume of the *Transactions of the American Otolological Society*, the debate on the value of boracic acid in the treatment of suppurative conditions of the middle ear. The members of this society seemed to be about equally divided on the question, one party advocating and the other as strenuously opposing its use in this class of diseases. As much as I know about doctors' disagreements I confess that I was surprised to see how widely men can differ as to the action of a drug which

has been in such general use for so long a time. Individually I am a strong advocate of the remedy in the class of diseases referred to. It has acted so well and so uniformly in my hands that I rarely or never use anything else, and could scarcely wish for anything better. It has in my hands rarely failed to check promptly and dry up all the discharge, though occasionally I meet with a case in which neither it nor anything else will control suppuration. In such cases it is very probable that there is hidden disease of the bone, somewhere, which maintains the discharge of purulent matter. I notice that some of the physicians who took part in the discussion referred to, advised packing the external meatus full of the acid. This, in my judgment, should never be done. The powder should lie loosely in the bottom of the ear, as I have hitherto shown in speaking of the use of the agent in such cases (see the JOURNAL for April, 1887, p. 245). When polypi and fungous granulations exist they should be destroyed with chromic acid before using the powdered boracic acid. Great care should be exercised in this proceeding, however.

Complete Paralysis of Fifth Nerve.—A. B. was a German soldier who served through the severest portion of the Franco-Prussian war. In the beginning of it he was stout and hearty, but after some time was seized with rheumatism and a continued fever, during the course of which his sight became impaired and he was discharged. Some months since he consulted me about his eyes, and on examining them I was surprised to find that the inside of the lids, the corners and the sclerotic of the left eye could be fingered, rubbed with the hand or instruments without causing any pain, or without causing the least reflex resistance. Examining further I found that the entire region supplied by the fifth nerve, on that side, was in a similar condition, and that the nerve could be pricked, cut or pinched without occasioning the slightest sensation! The ball was intensely red, but the redness was of a peculiar character, not inflammatory but that of passive congestion. The vessels were greatly enlarged but the blood moved sluggishly or scarcely at all through them. The conjunctivæ in like manner showed a solid blood-red appearance. The diagnosis was complete paralysis of the fifth nerve—the first case of the sort that I had ever seen or heard of. This case proves to my mind that *herpes zoster ophthalmicus* is not caused, as usually supposed, by a paralytic affection of the fifth nerve, or this man

would have had a bad case of it. There was, on the contrary, no sign of such trouble, and no history that there ever had been.

Medical Progress.

THERAPEUTICS.

Salicylate of Sodium in Facial Neuralgia.—Dercum reports that in a case of facial neuralgia, rebellious to all usual treatment, he had had immediate amelioration and speedy cure from salicylate of sodium in thirty grain doses repeated every four hours. We have had good results from the drug in similar doses in hemicrania.

New Methods of Refrigeration in the Treatment of Neuralgias.—Instead of an application of the spray of methylene chloride or other refrigerating agent, directly to the skin, Bailly recommends that it be received upon a tampon of dry, non-hygroscopic cotton or silk fibres. This stores the material and the refrigeration can be applied with it in the nicest manner.

Elixir of Terpin.—Vigier recommends the following formula, which gives a stable preparation:

Syrup of honey	
Glycerin, of each,	14 parts,
Alcohol of 95°,	
Terpin, of each,	1 part.

The dose is one tablespoonful. The terpin will remain in solution if a tablespoonful of the elixir be mixed with a glass of water, but a smaller amount precipitates it.

Naphthalin in Cystitis.—Naphthalin has a marked germicidal property and as it is eliminated largely through the urine, it would seem to be a rational remedy in purulent cystites. Experiment in this direction bears out the reasoning, and proves that in the drug we have a most valuable remedy in all those urinary complaints in which pus and bacteria form a prominent

feature of the excretion. It should be given in good sized doses, so that the gross amount ingested shall reach from 45 to 75 grains daily.

Extract of Coca in painful Affections of the Stomach.

—M. Ardenne, of Toulouse, reports (Congress of French Physicians) that he commenced to experiment with extract of coca erythroxyton in the month of November, 1885, directing his attention especially to its analgesic properties in painful affections of the stomach. The results were very precise and demonstrated the great value of the remedy in this direction. It invariably and quickly suppresses pain in all forms of gastric troubles, acting promptly and surely when all else had failed. His formula for its exhibition is as follows:

Extract of Coca	℥ ij
Syrup of Orange-flowers	℥ iss
Slippery-elm water enough to make.....	℥ vi

M. Dose from a teaspoonful to a tablespoonful, according to age, severity of symptoms etc., repeated every hour until pain is suppressed.

Inhalations of Sulphurous Acid in Tuberculosis.—In the discussion of a paper read by Dujardin-Beaumetz before the Société de Therapeutique, on hypodermic injections of sulphurous acid dissolved in liquid vaselin (by Villi's method) in the treatment of tuberculosis, the author of the paper stated that while he had obtained good results, so far as the diminution of bacilli was concerned, from these injections, much better apparently had been obtained from the inhalation of the gas after the manner used in the Cherbourg hospital. There (at Cherbourg) 20 grams (5 drams) of flowers of sulphur to each cubic metre of space was burned in a room. After the lapse of twelve hours the patients are caused to enter this chamber and remain there eight hours. Bacilli rapidly disappear from the expectorations, and the latter become white. The patients also sleep better, and in fact there is an amelioration of symptoms all along the line. M. Vigier called attention to the fact that the same method of treatment had been very successfully used in whooping cough.

The Treatment of Morphiomania.—Professor Ball states that in the Asylum of St. Anne it has been found impracticable to treat morphiomania by complete and sudden suppression of the drug. The method found most certain and satisfactory was

by gradual suppression. Insomnia and nervousness were combated by bromide and chloral. Heart symptoms were treated by sulphate of sparteine in doses aggregating three (3) grains *per diem*. The dangers of complete and sudden suppression, aside from the tortures thus entailed, are very great—much greater than the great body of practitioners are aware of. In a case cited by M. Ball, that of a woman who took from 15 to 20 grains daily of hydrochlorate of morphine, abrupt and total suppression was followed by collapses which necessitated immediate use of the drug. She was then put upon the gradual treatment and for six weeks she enjoyed perfect health. Just when the morphine had been reduced to a minimum and was about to be withdrawn altogether, the patient fell into a state of collapse and suddenly died. The autopsy revealed fatty degeneration of the heart, with incipient degeneration (fatty) of the muscular fibres, and of other organs, while the spleen, the liver, kidneys and nerve centres were surcharged with morphine.

Spongy Platinum as an Oxidizing Agent in Therapeutics.

—M. Onimus exhibited before the Académie de Médecine, at the séance of October 20th, an apparatus by means of which the atmosphere may be saturated with a medicament, and at the same time an energetic artificial oxidation set up. The agent in the latter process was a mass of spongy platinum maintained in a glowing condition by the vapor of alcohol, ether, or essential oils. Like a Dobreiner lamp, the apparatus is automatic, the platinum being kept at a red heat without inflaming the impinging gases. This condition is, of course most favorable to oxidizing the substances brought into contact with the metal and the formation of ozone. The substances to be used therapeutically are dissolved in the alcohol, ether or mineral oils used for heating the platinum. In this manner an apartment can be rapidly and thoroughly medicated and rendered aseptic. In the sketch (Fig. 16) P is the spongy platinum, T the metallic wick carrier, and W the wick.

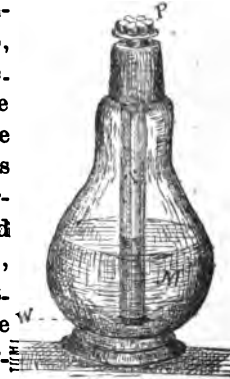


Fig. 16

PATHOLOGICAL AND PHYSIOLOGICAL.

Effects of a Milk-Diet on the Urea.—According to Chibret an exclusively milk-diet enormously increases the relative amount of excreted urea. In some of his experiments the increment was over sixty per cent, but the average result showed an augmentation of 35 per cent. throughout a very large number of experiments.

Tuberculization by Inoculation of Cultivated Bacilli.—M. Daremberg reported to the Société de Biologie, (séance of October 15th, '87) the result of inoculations of tuberculous cultures, applied directly to the meninges by trepanation. In every instance, except one, the result was a general as well as a local tuberculosis. The exception was an animal (guinea-pig) inoculated with a very feeble culture, and in this case there was local tuberculosis alone. Death was rapid and certain in all the other cases, but it was noted that this rapidity of infection and death was in direct ratio to the freshness and activity of the culture. In most of the cases the tuberculous nature of the lesions was patent to the unaided eye, while the microscope revealed the fact that the tissues were literally crowded with the bacilli of tuberculosis.

Erectile Tissue of the Nasal Fossæ.—Dr. Leon Arviset has just produced a remarkable study on this subject, and his work has been published by the Faculty of Lyons before whom it was read as a thesis for the degree of *doctor medicinæ*. His conclusions in brief are as follows: There exists in the mucosa of the nasal fossæ a true erectile tissue, the seat of which is on the turbinated bones and the septum. Its erectile nature is demonstrated by its method of development, the exhibition at certain points of nascent capillaries which later assume a cavernous appearance; by its structure, consisting of capillaries lined with endothelium and the formation of limited meshes by the trabeculæ enclosing smooth muscular tissue; and finally, by its physiology which teaches us that these tissues become turgid under various excitations. It seems to be in a higher state of erectile development in wild animals than in those living in a domesticated state. In man this tissue is situated immediately beneath the epithelium of the pituitary mucosa, extending in depth to the bony skeleton and therefore occupying the entire thickness of

the mucosa, which at its surface presents few or no glands. The meshes of erectile tissue in man are narrow, superficially, and broaden as they descend. The efferent arterioles of the cavernous tissue of the turbinates are situated in the spongy structure of these bones. They are accompanied by a group of efferent venulæ. The turgescence of the erectile tissue may be produced by direct excitation. There is a close relation between this turgescence and the genital functions and it is possible that in the lower animals erection of the genitalia may be a reflex of the excitation of the nasal turgescence brought about by the odor of females in heat. At the surface of the cavernous body of the turbinates there is a sensitive zone the excitation of which produces a reflex cough. Any and all causes which congest the face lead to turgescence, just as anæmia produces a contrary effect upon the erectile pituitary tissue. Since at the surface this mucosa is reduced to a simple layer of epithelium, a very great turgescence of the tissue may lead to a rupture of this layer and epistaxis is the result. The rhinoscope shows that the part occupied by the erectile tissue is most frequently the site of epistaxis. The greater part of those epistaxes called "spontaneous," "idiopathic," "plethoric," and "supplementary" are due to perforations of the corpora cavernosa of the nasal fossæ, under the influence of an augmentation of tension in the vessels of the head. Hæmorrhage may be precipitated by the touch of the finger or by sternutation. Finally, we may say that in general any epistaxis produced by cephalic congestion arises from the erectile organs of the nasal fossæ. The entire mechanism of epistaxis may be expressed in these words: perforation, by excess of pressure, at those points where the mucosa is at once the weakest and the most vascular.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Salicylate of Sodium in Whooping Cough.—Dr. Aumaitre says (in the *Gazette Médicale de Nantes*) that he had excellent success with salicylate of sodium in whooping cough. The dose is from two to three grains twice or thrice daily.

Œdema of the Glottis of the New-born.—Vogt observed in an infant born at term, and the pregnancy of whose mother was marked by no accident (unless a superabundance of amniotic fluid might be so called), a general anasarca. After a few con-

vulsive breaths the child died. At the autopsy, along with peritonitis and general anasarca, there was cedema of the glottis. This was the only case of the sort ever observed by him.

Metritis in Virgins.—According to Bouton (*Thèse de Paris*, 1887), metritis in virgins is of far more frequent occurrence than has hitherto been accepted, and further, that on account of the belief in the rarity of the affection, it is usually allowed to progress to stages of gravity without observance or even suspicion of its existence. The causes which may lead to metritis under such circumstances are varied, but one prime cause is uterine malformation. Whatever be the cause, however, the treatment should be radical, viz: progressive dilatation of the uterine neck.

Treatment of Sialorrhœa of Pregnancy.—As Justus Schramm has remarked, "of all the troubles of pregnancy, excessive salivation has received the least attention." The reason is, probably, that it rarely or never becomes a grave trouble, and its duration is usually self-limited. A writer in the *Berliner Klinische Wochenschrift* has recently published a most excellent study on the subject, in which he discusses the various views advanced as to its etiology, pathology, etc., and gives in detail the history of the treatment of several very interesting cases. Without entering into the minutiae we may sum up the therapeutic results as follows:

Astringent gargles and collutories; no results whatever.

Potassium iodide; after twenty-four days of trial, no results.

Atropine; caused a diminution of flow which lasted while the medicament was used. At no time did this diminution approach even a cessation of the flow, or the normal standard of salivation.

Duboisinine—the same as atropine.

Galvanism of the sympathetic caused a sensible diminution of the flow, controlling it measurably, but never quite stopping it. This would indicate that the phenomenon is an uterine reflex.

Pilocarpine, so ardently recommended by Labbé and Davesau, had apparently no effect.

Bromide of potassium, from the very moment of its exhibition, showed itself to be the long sought drug. Under its influence the flow of saliva rapidly and steadily decreased and reached a min-

imum in a few hours. The strength of the patient, sadly invaded by the constant drain and its attendant annoyances, rapidly returned. As to the dosage, it must be regulated to the exigencies of the case.

Gravity of Hæmorrhage from the Genital Organs during Gestation.—The appearance of a hæmorrhage from the genital organs during the last months of pregnancy has hitherto always been associated by obstetricians with *placenta previa*. While, says M. Legry (in *Le Progrès Médical*) it is true that this form of hæmorrhage is due in a large number of cases to a vicious attachment of the placenta, it is well to remember that in a certain proportion of cases the etiology is entirely different. In the latter category we must place hæmorrhages due to the rupture of varices of the external genitalia. The true source of the flow of blood is often overlooked, and the result is the more deplorable because promptness of intervention is so frequently the only possible hope of salvation. To illustrate the truth of the observation M. Legry gives the history of a case which we will not reproduce here, in which the rupture of a minute varix on the internal face of one of the labia minora gave rise to a hæmorrhage so excessive that in the space of less than three hours the patient was reduced to a condition of complete collapse. She was saved by energetic and careful treatment, but the extreme gravity of the case seemed so illy proportioned to the apparent triviality of the cause, that M. Legry searched up the literature of the subject. Outside of the cases cited by Budin (nine in all) he found but four others reported (two each by Young and Berthod), or a total of thirteen, of which nine, or nearly 70 *per cent* were fatal. The excessive abundance of the hæmorrhage was a marked feature in every case. The bleeding had come on spontaneously in some of the cases, and in others it was due to traumatism so slight as to have been almost imperceptible at the moment of lesion—a pin-scratch, for instance. In several of the cases the hæmorrhage was so rapid that the patient died before medical aid could be summoned. In the four recoveries which were noted, only one owed her life to spontaneous cessation of hæmorrhage. The error of diagnosis which is likely to be made in these cases is, as suggested above, the promptness to attribute flows of blood under such circumstances to *placenta previa*. Vaginal tamponment would in these cases have but little or no beneficial effect—possibly a slight checking

due to pressure above the point of lesion. Accoucheurs and surgeons called in cases of sudden and profuse hæmorrhages occurring during the latter part of gestation, therefore, should in all cases make a most careful examination of the external genitalia, and satisfy themselves that the flow is not due to rupture of varices thereon.

SURGERY.

Suture of the Urethra.—M. Lucas-Championnière read before the Société de Chirurgie, séance of October 26th, the history of two cases of transverse ruptures of the urethra which had been treated by him by trimming off the lacerated portion and suturing the approximated ends. The results were excellent, and the distinguished reporter thinks that the urethra may frequently be sutured after wounds in which hitherto the suture has been neglected.

Hot Water Irrigations in Grave Epistaxes.—Dr. Alvin, of Mont Doré, gives the history (in *La Loire Médicale*) of a case of epistaxis which had lasted forty-eight hours, resisting all methods usually resorted to, even complete plugging, until the patient was well-nigh spent. The doctor then bethought himself of hot water and by the aid of an English nasal irrigator he irrigated the nasal cavity with water heated to 65° or 70° C (150° to 160° F.). In three minutes the water came back clear and free from blood, showing that the flow was arrested. The irrigation was not painful, and as the upper lip was protected by a heavy moustache it was not burned by the water. The irrigation was repeated as a precautionary measure twice during the evening, and there was no return of hæmorrhage. [The use of hot irrigations has long been resorted to in uterine hæmorrhages and there is no reason why it should not be equally serviceable in epistaxis, There is no need of raising the temperature to the figure named, however, 115° to 120° F. being quite sufficient.—Eds. ST. L. M. & S. JOURNAL.]

Book Reviews.

Treatise on Human Physiology. For the Use of Students and Practitioners of Medicine. By HENRY C. CHAPMAN, M. D., 8 vo. pp. 945. [Phila.: Lea Brothers & Co. 1887.

The author has presented, in this volume, an interesting résumé of physiology given in a pleasant style. He has largely drawn upon the standard writers on the subject, utilizing their illustrations, a profusion of the latter being scattered throughout the text. The work gives evidence of much painstaking labor, as well as a conscientious desire to write a useful book. It is evident that the author is not an expert physiologist so far as making original experiments and investigations is concerned, but he has acquired the knowledge of what the student requires and he has endeavored to supply this and has fairly succeeded in his self-imposed task.

A subject which he has entirely overlooked and one which is occupying considerable attention at the hands of anatomists and physiologists, at present, is the karyokinesis of cells. Ever since the classic work of Walther Flemming appeared, attention has been drawn to this process which is a most important addition to the subject of cell proliferation and which is the best explanation of the process which has yet been offered. It underlies all the processes of cell reproduction and we are surprised at such an important omission, in a work which, in other respects, is so good.

In general the work is to be commended, as a text-book and as a handy compilation for ready reference. The purely technical details of physiological experimentation are given in a thoroughly simple manner and the information to be derived is sound.

The typography and mechanical work is good, but the proof-reader has let quite a large number of errors creep into the book. A few taken at random are *Kolliker* for *Kölliker* and *Muller* for *Müller*, which seem to be regarded as interchangeable. Some of the French and German references, in the foot-notes, are won-

derful in their orthography, but otherwise the book presents a very good appearance.

Literary Notes.

Book Reviews.—Owing to the space taken up by the index to Vol. LIII. we are compelled to omit promised reviews of several works received during October and November.

Society for Ethical Culture.—The first annual report of this society is at hand, and shows that the ethical idea has taken firm hold in our community and is here to stay. Every physician in the city should become a member of the society, as there is nothing inconsistent between its principles and those of true Christianity, or true Judaism.

Therapeutics of Infancy and Childhood.—Messrs. J. B. Lippincott & Co., the publishers of the *Archives of Pediatrics*, announce that with the January number of that journal they will begin the publication of a series of articles on the therapeutics of infancy and childhood from the pen of Dr. A. Jacobi. The articles will be well worth reading and preserving, and will prove a valuable contribution on a subject of which the author is an acknowledged master.

Medical Communications to the Massachusetts Medical Society.—This volume is worthy of the old and eminent society which issues it, containing, as it does, nine papers, any one of which would relieve any annual report of the charge of mediocrity. The annual discourse, on the "Position of the Massachusetts Medical Society, its Relations to Medical Progress, the Community and its Fellows," by George J. Townsend, M. D., is especially well worth reading for the ideas advanced as to the true position which should be occupied by a representative medical society.

Reprints.—The following reprints worthy of note have been received during the month, and their authors have our thanks for the courtesy: Treatment of Pulmonary Consumption, by Thos. J. Mays, M. D.; removal of Two Osteomata of Orbit, by Joseph Andrews, M. D. (*New York Medical Record*, Sept. 3rd, '87); Address at the Opening of Memphis Medical College, by T. J. Crofford, M. D. (*Miss. Valley Med. Monthly*); Anatomy and Physiology of the Recurrent Laryngeal Nerves, by Franklin Hooper, M. D. (*N. Y. Medical Journal*); Hay Fever, by Seth Bishop, M. D. (*Journal Amer. Med. Association*).

Early Australian Voyages.—Messrs. Cassell & Co. have done a good work for the great reading public who have not time to frequent the public libraries, or money to buy high-priced books, in the institution of their National Library. Under this title they publish some standard works every week, at the uniform price of ten cents for each number, or a subscription price of five dollars per annum. The latest addition to this list is *Early Australian Voyages*, including those of Pelsart, Tasman and Dampier, by John Pinkerton. In these days of rapid ocean travel the book has a flavor of good, old salt-water sailing that is simply delicious.

The Factors of Evolution.—This great essay of Herbert Spencer is the latest of Fitzgerald's republications, being the October number of the Humboldt Library. To those who have kept abreast of the advances made in the natural sciences, especially those bearing on the theory of evolution as advanced by Darwin, it will prove a most efficient brief, summing up in that masterly manner for which its author is noted, every fact which bears upon the subject, and placing them all at the fingers ends. To those who have not read up the works of the last few years, especially those which have elapsed since Darwin's death, the work will prove a revelation, so clear, so sharp and concise are the statements made therein and so convincing the deductions therefrom. The work will be mailed free to any address for fifteen cents.

Four Months Among the Surgeons of Europe.—Dr. Senn, the well-known surgeon of Milwaukee, whose letters from Europe, addressed to Dr. Fenger and printed in the *Journal of the American Medical Association*, made such pleasant reading to the stay-at-homes last summer, has collected these letters and republished them in a 12-mo pamphlet form, under the above

caption. Each letter in this little volume describes *currente calamo*, a visit to some great British or Continental centre of medical work and education, with pen-pictures of the men who are leaders in the various branches of medical science in them—men whose names are household words with physicians the world over. The volume is provided with a comprehensive index, and besides being pleasant and profitable reading, is valuable as a reference hand-book to the hospitals, etc., visited by Dr. Senn. It may be obtained, we suppose, from the *Journal of the Association*, though this is a matter of conjecture, as the volume gives no information on the subject.

Women's Work.—This is the title of a new sixteen-page quarto, monthly, published at Athens, Ga., and of which the first number made its appearance on our table among the November journals. It is edited by Mrs. E. R. Tennent, of Marietta, Ga., assisted by a number of ladies whose names are already familiar to readers of farm, horticultural, domestic and fashion papers. It is devoted, as its name implies, to the interests and employments of women, in every walk and sphere of life, from the scullery to the drawing-room, and from the sewing machine operator or cigarette girl to the confidential counting-room manager. The first number certainly bespeaks for the journal a wide circulation among women, for it is full of things which they should know and in which they delight. We wish it all the success that it deserves, which is saying a good deal. We would beg the editors and managers, however, to beware of a rock which has wrecked many another promising publication of the sort, and caused them to be tabooed from homes presided over by modest and careful mothers, viz: the admission into the pages of their journal advertisements of quack medicines and of an otherwise shady nature. We observe one such advertisement in a prominent place in the journal before us.

The Mississippi Teacher.—One of the most cheering signs of the progress which is being made in educational matters throughout the South is the appearance, here and there, in the older States, of journals devoted to school and college matters,—journals in which the advancement of the standard of education is the prime object, and which discuss all questions pertaining to the public school system as simply incidents, or as means to an end. Such a journal is the one whose name heads this paragraph,

and of which the initial number has been received by us. The *Teacher* is an eighteen-page quarto monthly, published at Meridian, Miss., and edited by Mr. Andrew J. Kincannon, a gentleman who occupies a prominent place in the public school system of Mississippi, and who brings to his work a degree of earnestness that augurs well for the success of his journal—especially as the latter is, as we are informed, instituted on a sound financial basis. The number before us consists entirely of original matter, mostly essays and communications from teachers, addressed to teachers, and on the subject of teaching, as would naturally be expected. It makes a neat and handsome appearance, being printed with new type on good paper; but we will be pardoned for saying that it betrays a carelessness in proof reading, especially as to spelling and punctuation, which is sadly out of place in an educational journal. However, time will remedy this, and we sincerely hope that the new journal will have a long, useful and prosperous career.

Melange.

The American Association for the Cure of Inebriety held its regular semi-annual meeting at the Turkish Bath Hotel, Brooklyn, on Nov. 9th, last. The President's address, "On the Responsibility of Inebriety," delivered by Dr. Jos. Parrish, of Burlington, N. J., was a very able paper.

Our Exchanges are quite fond of quoting a few laudatory sentences which Robert Louis Stevenson has written anent the fraternity. It is evident, however, that Mr. Stevenson has only met a few doctors and has generalized from particulars.

The New York Medical Association, at its last meeting rescinded the restriction upon members in regard to publishing their papers in medical journals prior to their appearance in the transactions. Sensible Society!

Our Oldest Subscribers.—Dr. J. M. Dunlap, of High Point, Mo., is the oldest subscriber to THE JOURNAL that we know

of. He has taken it for *thirty-five* consecutive years, without missing a number. May he live long enough to take it thirty-five years more. Dr. N. Smith, of Kingston, Mo., has taken the JOURNAL since 1856.

Morphiomania in the Lower Animals.—It is stated that monkeys, dogs and other animals that remain for any length of time around the opium dens of China and Cambodia soon betray a marked morphiomania. When these animals are deprived of their opium for a day or two they display all the phenomena which are exhibited by their masters under similar circumstances.

The Tri-State Medical Association of Mississippi, Arkansas and Tennessee met at Memphis, November 7th, last, and continued in session for two days. The meeting was quite a successful one.

The Illinois State Board of Health has pursued a number of "Indian doctors" and other quacks with a sharp stick, of late. The result has been that they migrated to our glorious State, where they are allowed to flourish in tranquility.

The Southern Illinois Medical Association will hold its thirteenth semi-annual meeting at Cairo, Ills., Thursday, December 1st, next, and continue two days. The officers of this thriving society are: President, Dr. A. Wetmore, of Waterloo; First Vice-President, Dr. F. M. Agner, of Wacanda; Second Vice-President, Dr. F. S. Dodds, of Anna; Secretary, Dr. W. H. Perry, of Carterville; Treasurer, Dr. L. Dyer, of DuQuoin. The present meeting promises to be a very successful one.

A Chinese Remedy for Croup.—The formula of Teheng-Ke-Tang is as follows: "Take from an old wall seven big spider webs, two of which at least should contain living spiders. Mash them up together (the webs and spiders) and add to the mass (or *mess*, we should say) about two scruples of alum dissolved in as little water as possible. Cook the whole over the fire until dry, and then increase the heat to incineration. The incinerated residue is powdered very fine and the powder is blown into the throat with a little bamboo cane. This is a sure cure." In short, the Chinese use burnt alum.

Cantankerousness Rebuked.—The little medical journal recently started at Pittsburgh, Pa., which has been trying to

write itself into a little cheap notoriety by sneering at the International Medical Congress, and abusing or impugning the motives of older and better journals, receives another dressing down in the last number of the *New England Medical Monthly*. Dr. Wile tells this cantankerous bantling that if it would cease carping at the work of others, drop the role of self-elected censor of the entire medical press, and do a little honest work, it might have some chance to reach a second birth-day. These are not his words, but convey the meaning of his article,—all of which, we may add, is sound Yankee sense.

Tansy Madness in Rabbits.—The essence of tansy (*tanacetum vulgare*), says M. Hayem, has a more rabifying effect upon the rabbit than does the actual hydrophobic virus. Under its influence the mild and harmless animal becomes savage and attempts to bite everything that comes near. The anatomical lesions are identical with those produced by true rabies, viz: subpleural hæmorrhage, sanguineous infarcts of the liver, and bloody spumous mucosities of the trachæa and bronchi,—all of which are due to medullary and especially bulbar excitation, and excitation of the pneumogastrics. These lesions may exist without rabic poison and are sometimes the result of simple meningites. Fortunately this form of rabies—the *rabies cuniculi tanaceticus* is not infectious, any more than is the tetanus of strychnine poisoning.

The Mask Torn Off, is the expressive heading of an able editorial in the *American Lancet* for November, signed with the initials "B. W. P." It handles without gloves the recent impudent and ungrateful publications of Dr. Squibb in regard to preparations other than his own, and their use by physicians. We took occasion some months ago to express ourselves somewhat in the same manner about the pretentious utterances of this man, and therefore feel that however severe the criticisms of "B. W. P." may be, they are richly merited by him whom they excoriate. Simmered down, the fact is that Squibb is finding that others beside himself can and do make good and pure drugs and chemicals, and having so long led the medical profession of this country by the nose, he hopes by his impudent assertions to retain his hold upon them. We say this, fully recognizing the good that he has done in the past, but giving him credit only for that honesty which he found to be the best policy. Of one thing he may be

assured—the medical profession will not be scolded by him into purchasing his wares when they can find others equally good, if not better, and at more reasonable rates.

Death by Hanging.—At the recent Congress of French Physicians, held at Toulouse, M. Gosse, of Geneva, reported two cases of suspension by the neck analogous to those reported at the Congress of Nancy, last year. In both these cases the suicides (for such they were) had so arranged the lines that there was no compression of the anterior face of the neck, and death could therefore not be attributed to strangulation proper, but to cerebral congestion due to compression of the jugulars. With a scientific ardor rarely found, M. Gosse repeated on himself the experiment of suspension with a rope arranged as in the cases alluded to, and reported his sensations up to loss of consciousness. He states in brief that the compression of the jugulars produced a sensation of heat in the head, a burning of the skin of the face and roaring in the ears, but no pain. Loss of consciousness ensued in a very short time—less than three minutes. It is easy to comprehend that in such cases the post-mortem would reveal no pulmonary lesions due to the act itself.

Some Ignorant Anatomists.—That most excellent journal for children and grown folks alike, *Wide Awake*, in the course of an article by C. F. Holden says: “In the fifteenth century numbers of fossil elephants were discovered, which, with hardly an exception, were considered giants; and one excavated in Dauphiné, during the reign of Louis XIII., caused more controversy than any subject, political or scientific, of the time. All classes of scientific men were arrayed against each other; the two parties being divided as to whether the bones were those of an elephant or of the giant Teutobochus. Later, in 1577, the inhabitants of Lucerne, Switzerland, announced to the world that a giant had been found in their precincts. The announcement was made by a distinguished man of science, Prof. Felix Pläter Bæle, who examined the remains by order of the Council, and reported as above; and forthwith the eminent professor was requested to make a design of the giant restored, which he did, giving the figure of a man about twenty feet in height, and this the proud populace adopted to support the arms of the city. The design and some of the bones can still be seen in the College of Jesuits at Lucerne. But when the anatomist Blumenbach examined the

bones he immediately pronounced them those of an elephant, much to the mortification of some, while others held out for the giant.

The French Physicians and the next International Medical Congress.—A speck of war has already arisen on the horizon of the next International Medical Congress. Indeed, so far as France is concerned, the tocsin has already sounded, and its clangor is mingling, even now, with the echoes of "beautiful rucktion" which the late affair created in the ranks of the profession in this country. The cause of complaint, on the part of our Gallic friends is, of course, the choice of Berlin, instead of Paris, as the next place of meeting; and the French journals are just now very busy trying to find a scape-goat upon whom to lay the blame for the failure to secure the Congress. The *Progrès Médical* arraigns the authorities,—the political party in power, and declares that it was due to negligence and to the unaccountable apathy of the great physicians of France. While we can understand that there would naturally be a little pique in the matter, we must confess that there is also something ridiculous in the present attitude of these journals, and presumably in the ranks of the profession in France. It reminds one of children who "get mad," pout and "won't play," because the game does not exactly suit them. Altogether there is something humiliating to the thoughtful medical man in the spectacle which the profession has presented to the world in regard to these congresses in the past and in the present. What could have been more disgusting and disenchanting to the fair-minded and intelligent laymen of our country, than the miserable professional bickerings which marked the entire period of preparation for the Washington Congress? We sincerely hope that long ere 1890 our French confrères will have gotten over the present ill-humor and will be present in force in Berlin and take that prominence in the councils there which belongs to them by right of their great skill and learning. We are sure that the Germans will meet them more than civilly, if they do.

Hysteria in the Male—the Aissaouas.—M. Just Lucas-Championnière has recently published in the *Archives de Neurologie* a study of Hysteria in the Male, in the course of which he describes certain characteristics of the Aissaouas or "whirling dervishes," whom he had many opportunities of observing in Algeria. As noticed by almost all travelers and writers, the peo-

ples of Northern Africa partake of the characteristics of the Orientals, and have in a large degree that peculiar lack of susceptibility to pain which is one of the marked idiosyncrasies of the true Oriental. He accounts for this by saying that they are more susceptible to nervous phenomena—more impressionable, owing, no doubt, to their mode of life and the climate of the country. All surgeons who have served in Algeria have noted the fact that the natives will endure without a groan or a sign of suffering, operations of the severest description. As Dr. Bruch remarked, "they submit to an operation exactly as though it were being performed on somebody else." This indifference is not, however, due to that fortitude which enables a brave man to endure pain and suppress outward signs of it; nor is it even akin to this stoicism, as has been imagined by some writers. They do not betray under these circumstances that involuntary muscular contraction, that reflex shrinking which is present in the case of the brave man who suffers, but suppresses his emotions. They have, rather, the appearance of absolutely not feeling the pain, and they do not complain simply because they do not suffer. Their mental impressionability, on the contrary, is far greater than ours. Their imagination is always on the alert; individually and collectively they undergo emotional excitations which are unknown to us. Their nervous system is in a state of constant exaltation, due no doubt to the fact of their living on food, which in quantity and quality is worse than that of the poorest and most miserable among us. Life is a perpetual fast or mortification of the flesh, and we know the effects of this, as exemplified in religious communities, ascetics and devotees. The question of race, therefore, has much to do in the feats of the Aissaouas, who by long training and special methods finally reach the point of insensibility to pain necessary in the exercises to which they are addicted. Monotonous and deafening music, rhythmic balancing of the head, fixation of vision on luminous objects, inhalation of odoriferous vapors, etc., are adjuncts contributing to this condition of exaltation. While race plays so important a part in the qualities mentioned, there are, of course, certain individuals in every community, in whom these are developed in a far higher degree than in others, and those are the ones usually chosen for the performance of special feats of endurance. In a performance of which we were spectators there were grouped many of the paraphernalia of hypnotism. A taper or flambeau occupied

the centre of the court and formed a point around which they revolved in rhythmical movements. It is almost always there, and in their intricate gyrations they maintain the eyes fixed upon the flame; where the flambeau is not used its place is filled by a brazier of live coals, or more frequently a pyramid of highly polished daggers or sword-blades. The movements have two constant features – the implantation of regular, rhythmic blows on the bulb and on the head, accompanied by a swinging of the body forward and backward. The principle movement however is the rotating of the head. The result seems easy of analysis. After “dancing” awhile the dervishes halt, their bodies covered with sweat, the face congested, the eyes haggard and suffused. They utter cries which resemble somewhat the bleat of the fallow deer, but which are essentially hysterical. Their condition is, in fact, that of artificial hysteria, during which the individual attains a condition of nervous insensibility. This is most evident, for as we have remarked, a brave man may suppress for a short time all external evidences of pain, but no matter how great his will and determination this suppression is relatively of short duration; but with these *aissaouas*, however long the dance and tortures continue (and they sometimes last for hours) there is absolutely no sign, either of countenance or of body which would indicate that the dancers had the least sensation of pain; and yet some of the tortures must be extremely painful or would be so to us, or to persons not in their condition. Such, for instance, are the cuts and slashes made across the lips and nose, the lying down on leaves of the Barbary fig, and even chewing these leaves. The insensibility is accompanied by a phenomenon common enough among hysterical persons, viz: the wounds made by the pricks and cuts do not bleed at all or but very slightly. This is a feature which constantly attracts the attention of European observers. The dervishes will constantly exhibit to you wounds in which instruments have passed entirely through a part, but which leave scarcely a trace of blood. Nevertheless there is sometimes, though rarely, an abundant hæmorrhage, as when a superficial artery or vein is severed. The rarity of this is due to the fact that the dervishes are aware of the parts of great vascularity and avoid wounding them. They pretend in many instances to be invulnerable, or to enjoy an immunity from the effects of the most fool-hardy experiments. That they are sometimes mistaken and go too far with their “temptings of providence” is shown by

some of the preparations in the museum of the Jaffa Hospital. Among others there is a stomach of a dervish who had swallowed some nails, the result of which was death from perforation. The dervishes preserve consciousness a trifle better than true hystericals in their attacks. This conservation, however, is a matter of degree, since it is far more marked in some than in others. In their dances the chief musician always keeps an eye upon certain dancers, and the moment that their movements betray a loss of conscience (by becoming irregular, too vigorous, etc.), he checks them by stopping the music and the dance until the dancers are in a condition to recommence. This is usually very soon, since the period of excitation is quite transitory. When this is the case the dervish usually recommences the entire programme of performances through which he must pass to arrive at the condition which he started out to produce. The séance over, the Aissaoua rapidly regains the normal state, the hysteria passing off in an astonishingly short time. Another proof that the condition is one of hysteria are the convulsions which seize the dancers. I witnessed two attacks, violent but short, of convulsions, and a curious fact was that the chief suppressed them by the historical method of pressure made upon the stomach, produced by kneeling by the side of the patient and pressing his hands, closed as in a fisticuff, directly over the stomach—an easy proceeding as the patient was almost entirely naked. The convulsion yielded almost instantly. The attack was not a part of the programme and the companions of the patients sought to conceal them from view by getting close up around them.

Local Medical Matters.

A Benedict.—Dr. G. Hurt, (familiarily called "Father Garland," by his intimate friends) has taken unto himself a wife. Long may they live in peace and plenty.

Beer-Waiters.—One would scarcely expect that a professor in a medical college would make a good "beer-slinger," yet it is

a fact that some of them handle the mugs as if they were used to it.

Swallowed a Diaper-Pin.—One of our local physicians was recently called to see a ten months infant who had swallowed a diaper pin of the "safety" pattern. He advised the mother to keep on the diaper and the pin would soon find its proper place,—and it did.

At the Alumni Meeting of the St. Louis Medical College it was whispered that several of the graduates were intentionally omitted from the list of invitations to that meeting because they were connected with other colleges. If this be true they will look upon the *alma mater* as an unkind step-mother.

A New Theory of Percentages.—The shop-keeper who doubled his money and claimed that he made only one *per cent*, has a counterpart (if the druggists are to be believed) in a young Washington Avenue oculist who insists that a *four per cent* solution of atropine means four grains of the drug to the ounce. One of his prescriptions went to the *wrong* druggist a day or two ago, and his patient came very near crossing the divide.

The City Comptroller is reported to have said, in an interview recently published in the *Republican*, that the Health Department was wasting money, and that it did not make proper use of the fair (?) supply of money which it was receiving. The Comptroller seems to have arrived at the brilliant conclusion that the Health Department is one of the branches of the Municipal Government which can be run on the same kind of motive power which lends force to some of the others—wind.

Was it Intentional?—When the meeting of the Alumni of the St. Louis Medical College was called, several prominent members of the local profession, who claim that school as their Alma Mater, failed to receive an invitation to be present. As they are in good standing and honorable men, it seems queer that they should not have been invited, *if* the purpose of reorganizing the association is to bring the graduates into friendly relations with each other. We hardly think that the prime movers in the reorganization would *intentionally* slight graduates whose professional ability can but shed lustre upon the institution from which they graduated.

St. Louis Medical College Alumni.—Pursuant to a call

about fifty graduates of the St. Louis Medical College met and effected a reorganization of the Alumni Association. The following officers were chosen:

Dr. G. F. Hulbert, *President*.

Dr. A. H. Meisenbach, *Vice-President*.

Dr. Benj. Primm, *Recording Secretary*.

Dr. N. Guhmann, *Treasurer*.

Dr. Frank Heitzig, *Librarian*.

Committee of arrangements: Dr. I. N. Love, Chairman; W. Townsend Porter, H. Hodgen, C. V. F. Ludwig, R. Lowry, and A. S. McCarty. The association will meet every three months and will have for its object the advancement of the popularity of a three-year course of medical instruction, besides social features. Refreshments were served and those present had a very enjoyable time.

The State Anatomical Board.—In accordance with the law, the professors and demonstrators of the various Medical Colleges of the State held a meeting in this city, on the evening of Nov. 14th last. There were present Drs. A. C. Bernays, A. V. L. Brokaw, F. R. Fry, J. L. Ingram, J. W. McCandless, W. B. Morgan, A. B. Stickney, C. A. Todd and J. W. Vaughan, of St. Louis, and E. R. Lewis, of Kansas City, the last representing the Kansas City Colleges. St. Joseph was represented by a letter and Columbia by proxies. The only business of any importance which was transacted was the election of officers, which resulted as follows:

President, Dr. E. R. Lewis, of Kansas City.

1st Vice President, Dr. J. M. Heddens, of St. Joseph.

2nd Vice-President, Dr. I. N. Moss, of Columbia.

3rd Vice-President, Dr. W. B. Morgan, of St. Louis.

Secretary, Dr. A. C. Bernays, of St. Louis.

Assistant Secretary, Dr. J. McCandless, of St. Louis.

Treasurer, Dr. J. L. Ingram, of St. Louis.

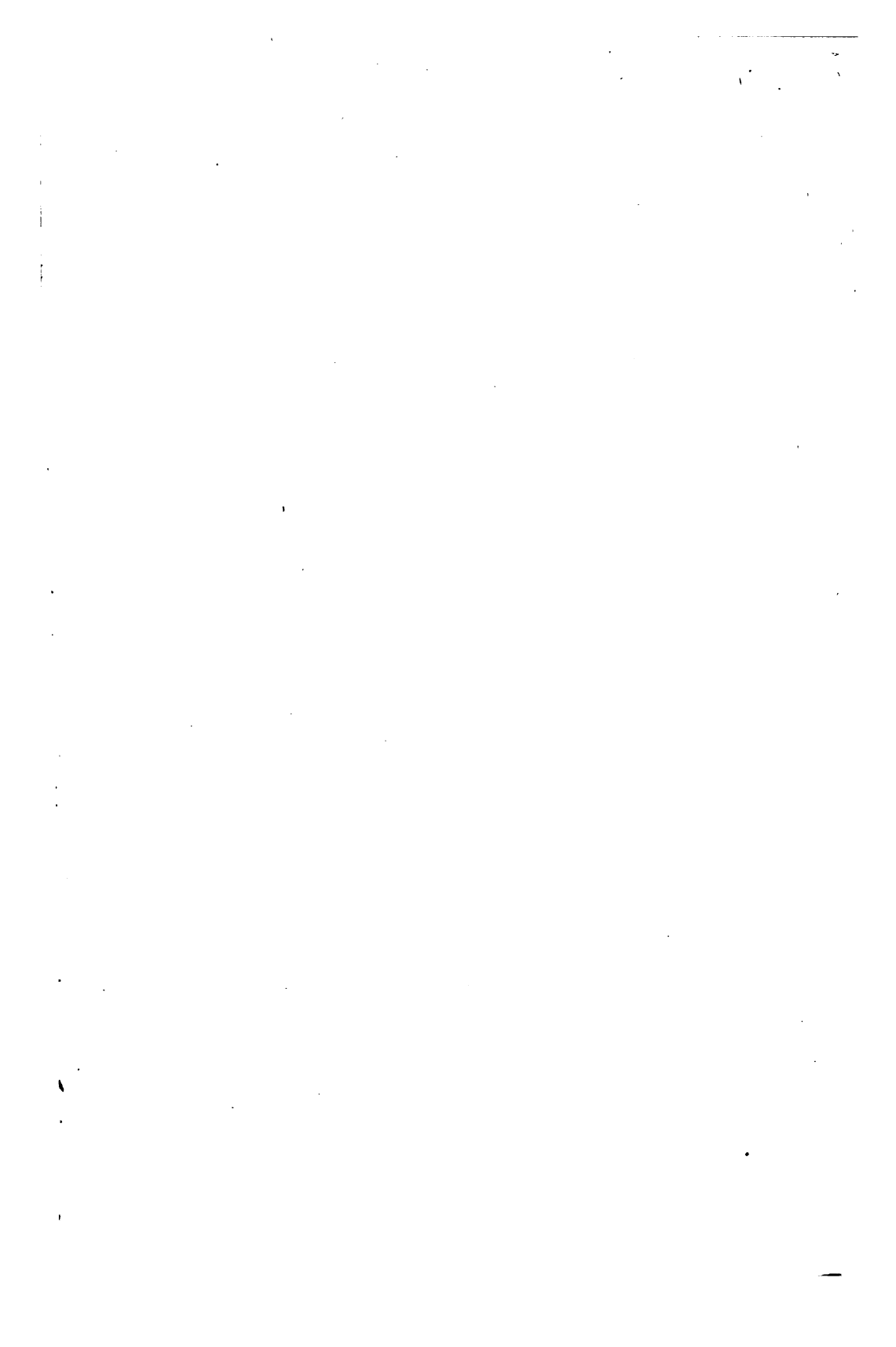
The next regular meeting of the Board will be held at Kansas City during the sessions of the Missouri State Medical Association.

Vital Statistics for October.—The report of Health Commissioner Dudley shows that in spite of diphtheria, a heavier number of deaths from violence, and a largely increased population, the month of October just past shows a remarkable decrease in the mortality bill—764, against 821, during the corres-

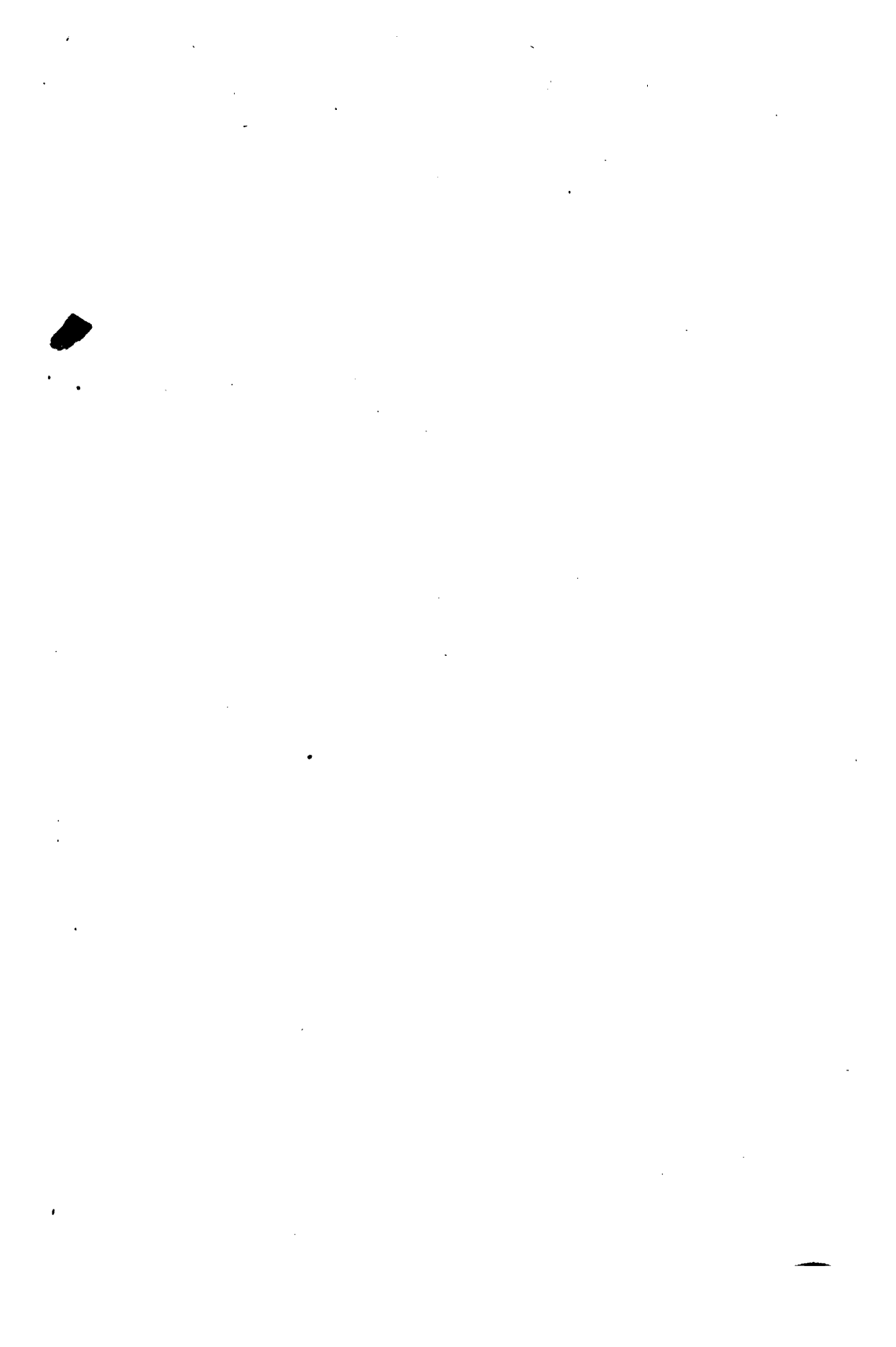
ponding period of the preceding year. When it is remembered that during two weeks of this time St. Louis contained from three to four hundred thousand strangers, that the first week's festivities were celebrated in an almost steady down-pour of cold rain, the actual decrease of seven and one-half per cent is an extraordinary showing, and one which should attract more than passing attention. As has been the case for some time, diphtheria is responsible for by far the largest number of deaths due to any single disease, viz: a total of 115 deaths, or 15 per cent of the entire mortality. Of this number seventy-four were under five years of age, seventy-two being white and two colored. Membranous croup is accredited with eighteen deaths, against thirty in October 1886. Taken by colors, there were sixty-eight negroes to six-hundred and ninety-six whites. Of the fifty deaths by violence there were eleven suicides, one homicide and thirty-six fatal accidents, beside two deaths from surgical operations. The "accidental" roll was run up by the mysterious Market street explosion, which burned eleven persons. The number of births reported during October was nine hundred and thirty-eight of which nine hundred were white and thirty-eight colored. It will be noticed that while the negro death rate is ten per cent of that of the whites the birth rate is only about four per cent.

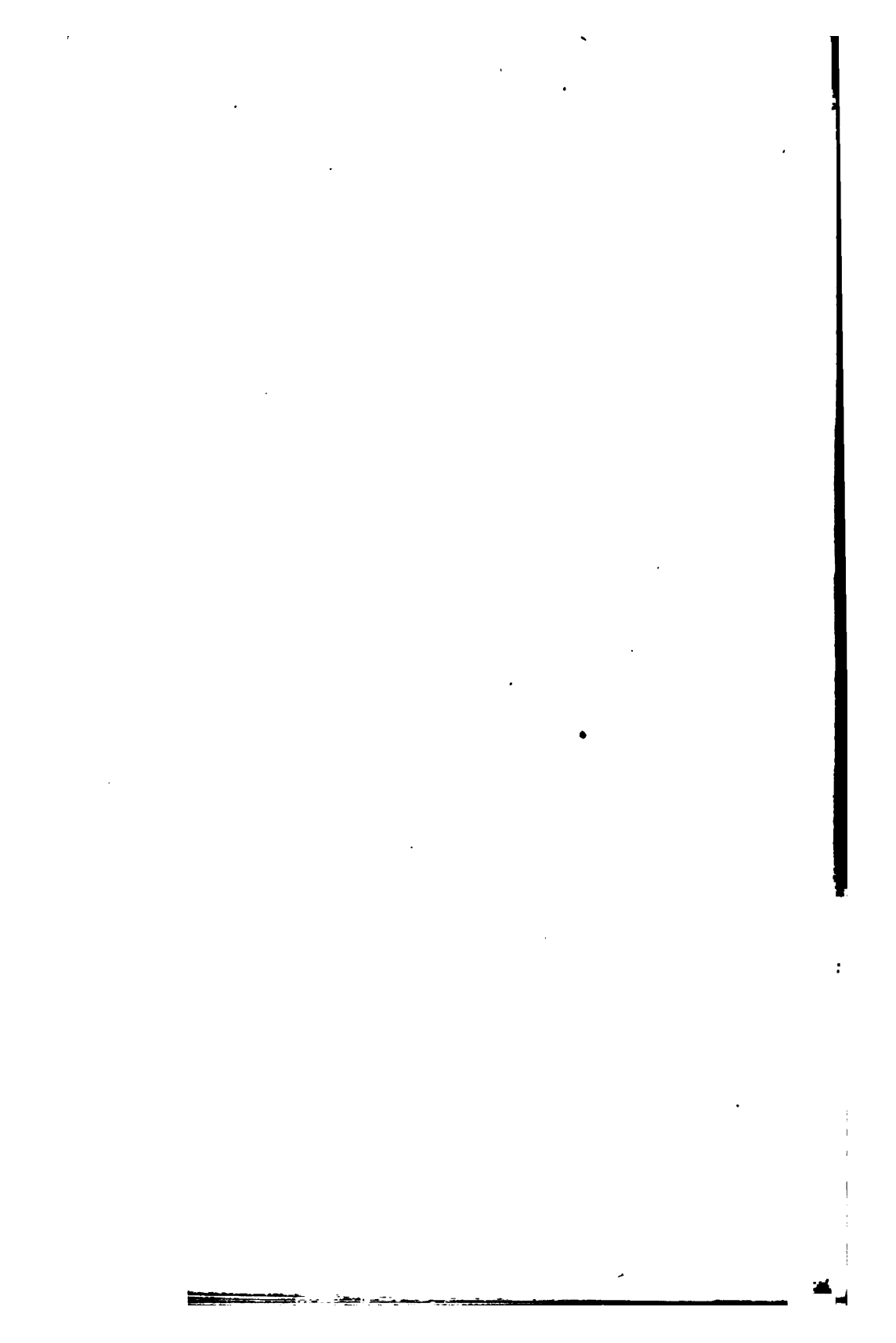
NECROLOGICAL.

Moses Gunn.—This eminent surgeon passed away at his home, in Chicago, on the 4th of November, aged sixty-five years. From the numerous notices of his death in the local press we learn that Dr. Gunn was in his sixty-fifth year when stricken down. He graduated at Geneva Medical College in 1846, and commenced the practice of medicine in the then little village of Ann Arbor, Michigan. Here he became connected with the Michigan State University and took the chair of anatomy, occupying the same until nearly the outbreak of the war between the States. He served as surgeon during the latter, and after its close settled in Chicago, where he remained until his recent demise. At the time of his death he occupied the chair of surgery in the Rush Medical College. The last time that we saw him in life was at the American Association meeting at Chicago last June, on which occasion he had every appearance of health and vitality and bade fair to last many years.









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