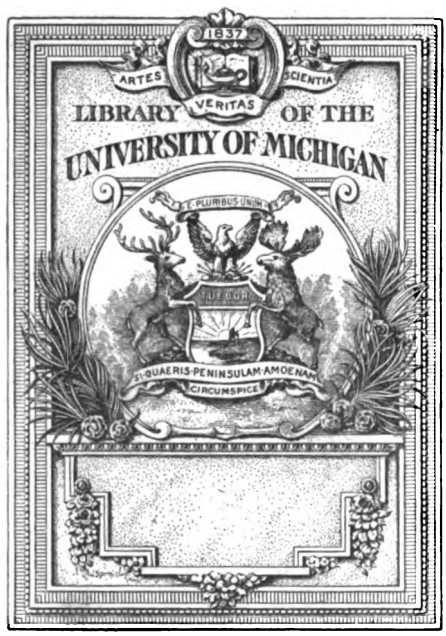
The Medical herald



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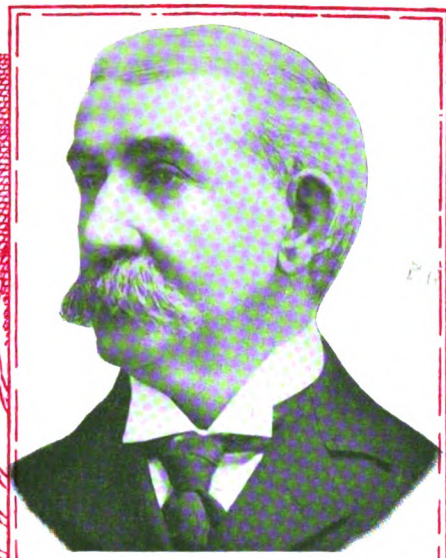

THE Medical Herald.

LEADING TOPICS FOR

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ST. JOSEPH, MO.

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Leading Articles of the Year

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Sioux Valley Medical Society

ST. JOSEPH, MO., JANUARY, 1904.

Contributed Articles

ARIZONA IN THE TREATMENT OF TUBERCULOSIS.

Henry H. Stone, M. D., Phoenix, Arizona,

Superintendent of "Palm Lodge" Sanitarium; Member American Medical Association.

[WRITTEN FOR THE MEDICAL HERALD.]

IN the modern treatment of tuberculosis all authorities, with few exceptions, place first in importance "climate." We all seek for our patients an out-of-door life, and the climate where they can have it continuously and agreeably is the one to be sought after.

I seek to offer in this paper nothing new in the treatment of tuberculosis, but rather to call the attention of the profession to the fact that there is a climate in the southwestern part of this United States, in the arid region, that demands their serious attention. Arizona has had its advocates among the profession for a great many years. Witness the fact, by some of its oldest residents being sent here from the East twenty-five years ago, who regained their health and remained to build up a State. Since the advent of railroads several years ago, it has become better known; and to the profession in the Mississippi Valley and Northern States even better than their brethren of the East.

The following, taken from the United States weather bureau station at Phoenx, covers a period of six years, from October first to June first:—

Highest number of cloudy days any one year, 84.
Highest average temperature in any one month, 71 degrees.
Lowest average temperature in any one month, 44 degrees.
Rainfall for entire year, 6.2.
Wind velocity, 5 miles per hour.
Altitude, 1200 feet.
Latitude, 33 degrees.
Longitude, 112 degrees.

This report applies to the Salt River Valley, and country in and around Phoenix.

Phoenix, the capital of the territory, with a population of some 10,000, is modern in every way: Street railways, banks, churches and good schools, besides many good hotels. The country about is fertile and

beautiful. Irrigation furnishes water for agricultural purposes; all kinds of fruits are grown, such as oranges, lemons, apricots, in fact all of the citrous fruits, as well as nuts of various kinds.

For those who are well enough to enjoy it, excellent driving over country roads that are equal to anything to be found in the East, provides pleasure every day in the year. I only mention the foregoing to bring out the fact that this country now is no longer the land of the "wild and woolly" and the desperado. No finer homes are to be found between Chicago and the coast.

We may have in the rainy season, which is either January or February, a week of rainy weather; before and after this, sunshine always. The wind rarely reaches a velocity of fifteen miles per hour during the winter months, and if it should the desert land will have sandstorms. These are very rare. Frosts are not unknown but seldom severe, and covering short periods. Roses bloom the year round, as well as some other flowers.

These being the actual climatic conditions, it is easily understood how a continuous out-of-door life is possilbe. A life in a house-tent during the winter is not only a blessing for our patients, but a luxury that no one, not even the sick, will give up voluntarily. In the selection of climate Bellamy summarizes as follows:

First. Consumptives with rapid breaking down of lung tissue should avoid altitudes. So also, those of neurotic temperaments.

Second. Those with markedly developed cardiac lesions.

Third. Advanced cases where the capacity for muscular exercise is limited.

Fourth. Laryngeal cases do better in lower altitudes with a dry air.

The above, I believe to be in the main correct. By this I would judge he meant an altitude not over 2,000 feet. From past experiences I am led to coincide with him. Each and every climate has its advocates; some from actual observation or study, and very many from nothing but hearsay. Of the latter, many get wrong impressions from former patients, where the climate was blamed when it was the fault of the patient. And this brings up still another point, namely, that no patient suffering from tuberculosis is a sufficient law unto himself as to what he shall do and what he shall not do. To this is attributable the now conceded fact that patients do much better in institutions than when left to themselves. or where only seeing a physician once a week or such a matter.

Authorities come to our aid, when they tell us that the following is practically the treatment for tuberculosis, as we know it:

First. Continuous exposure to fresh air.

Second. Abundant sunlight; the more the better.

Third. Regulated rest and exercise, under the supervision of competent judges.

Fourth. Increased consumption of proteids.

Fifth. Constant and unremitting medical supervision, which is best supplied in santoria.

In the majority of cases, unless the patient is constantly under the eye of a physician, the treatment will end in failure.

Arizona possesses all the advantages that Egypt enjoys. with the addition of altitude. It also has its disadvantages, but fewer by far than any other climate in America. If altitude is demanded, one can get anything from sea level to 8,000 feet. Time was when good accommodations could not be had, but this is a thing of the past. Several good hotels have been opened in the last few years, as well as several first-class private boarding-houses. To those who can afford it, furnished or unfurnished houses can be secured. Likewise, small ranches in the country.

It is to be hoped that the profession, by having their attention called to this climate, may be induced to investigate for themselves.

WHY DOCTORS HAVE DYSPEPSIA.

William F. Waugh, M. D., Chicago, Ill.

Professor of Practice, etc, Illinois Medical College.

A PHYSICIAN recently wrote to me for advice, beginning with the statement that he was 54 years of age; had always been well, but was now troubled with rheumatism and acidity.

And on looking over my correspondence I note that quite a number of similar letters are in my files, detailing the same story. Why is it that so many physicians in their prime that is, their fifties, are affected with dyspepsia?

Let me say that the average physician is intent upon his work; he thinks first of his duties, and seldom of himself. He goes when he is needed, eats and sleeps when and how he can; and in the process of time some weak part of his economy begins to give way. Naturally it is most frequently his stomach, that uncomplaining organ that has to bear so much neglect, to do so much unnecessary work. For many a year this abuse goes on, but when the decline of the physical forces reaches a certain point, as it usually does in the early fifties. then the trouble begins. And generally it comes in this way: The appetite keeps up to its usual standard while the digestive capacity weakens. Or, the appetite fails, but the habit of eating about so much continues, and then comes bad breath, heaviness, dullness, indigestion, eructations, heartburns, water brash, and the whole train of symptoms that ensue from taking into the stomach more food than it can manage. For a time the purgatives and depurative waters keep things at a standstill; but in time they lose their effect.

The treatment is, however, not so simple. It is necessary to limit the food to the needs and the digestive capacity; to masticate and insalivate the food thoroughly, and to select that which best meets the body's needs as to quality. But I place this third, because I believe that it is less important than the limitation of the quantity of the food taken. Certainly it is not wise to make the meal from pork, beans and cheese, with coffee in large cups as a beverage, but we may take it for granted that our doc-

tor needs no telling as to that. What he fails to comprehend is that he needs less food than during the period of development, and can digest less.

Then comes the treatment of gastric catarrh, invariably present. The oxides of silver and of zinc have almost a specific effect here, if taken on an empty stomach in small doses. I usually prescribe silver oxide gr. 1-12, or zinc oxide gr. ½, every two hours; using the silver only two weeks and then changing to the zinc. Fermentation must be subdued, and salicylic acid answers well, gr. 1-6 every hour. It is necessary to have it always at work that the ferments may have no chance to act. In this way a very small quantitiy of the acid will do the work. When larger doses will fail if given in the old big-and-seldom doses. But there may be tenderness of the gastric mucosa, and here is where iodoform does what nothing else will accomplish. Give gr. ⅙ to ½ every two hours.

There is always some degree of dilatation of the stomach walls, and for this we add to our prescription berberine, or quassin, gr. 1-30 to 1-6. This is not to be added until the acute catarrhal sypmtoms have entirely subsided.

And before this there is another indication to be met. The secretion of the alimentary fluids is defective. We must start the digestive processes by giving a little papayotin and diastace, one or both, at the beginning of each meal; or a little pepsin and hydrochloric acid if you prefer. If we start digestion the stomach will keep it up, even when it has not the power to initiate the process.

No remedies are so universally abused as the appetizers. If there is no appetite there is always good reason for it, and it is a good general rule to wait till the desire for food returns before indulging it. See that the bowels are emptied and disinfected. This is a frequent source of difficulty, as the blood reeking with toxins will not furnish the peptic glands proper materials. A daily evacuation may be had while the bowel is loaded. When once the bowel has been emptied a small morning saline laxative will keep things easy till the natural powers of the system have had time to recuperate.

Don't eat till you are hungry.

Stop the moment you feel you have eaten enough.

Take no cold drinks with your meals.

Don't drink while eating.

Chew and insalivate food till it can be swallowed without drinking.

Take such periods of rest as you feel better for; life is long and you need not kill yourself trying to keep people alive when you know they will all die when their time comes.

Take time to think and you will have plenty of time to do all your work. The man who kills himself with work needlessly is he who has to do everything over and over because he began in such a hurry he did not have his plans matured. Ten minutes spent in making out the morrow's route will save three hours spent in traveling over the same road unnecessarily.

Is this part of the treatment of dyspepsia? Surely; and by no means the least important part.

EMBOLISM AND THROMBOSIS.*

A. L. Gray, M. D., St. Joseph, Mo.

FEARING you have omitted to bring your pocket dictionary I would define embolism as an obstruction of a blood vessel, especially an artery by a fragment of matter brought from another point. At variance from this definition it is possible to have an obstruction of the vessel by a bubble of air. Second, an obstruction of the blood vessel by globules of fat. Third, they may be infective in character in which the embolism contains micro-organism and cause metastatic abscess.

A thrombosis is a clot of blood formed within the heart or blood vessel due usually to the slowness of the circulation, or to the alteration of the blood vessel walls. Emboli may occur at any age, but usually in patients over five. They are usually swept into the circulation from vegetations upon the valves of the heart, or from the endocardial membrane, and the symptoms they produce will depend upon the nature of the emboli, and the vessels occluded by them

In the brain they may cause paralysis, convulsions, como, softening and death.

In the kidneys pain, tenderness and usually hematuria.

In the lungs cough and hemoptysis, and sharp thoracic pains. If in the extremities we have symptoms which might be caused by ligating artery, such as defective circulation, edema, pains, tension and gangrene and death of the parts. If the character of the emboli is infective then we have abscesses at the point of the lodgment and the suppurative condition in general in neighboring tissue with little tendency to heal because of poor blood supply. Now to elaborate more fully upon the symptoms attending the emboli found in brain tissue. We have degeneration and softening in the territory supplied by the vessels. If the blocking is in the terminal artery it may be followed by a condition resembling infarction in which the territory is deeply infiltrated with blood. However, the change is commcnly less striking and affected region may only be a little paler than usual. Gradually the process of softening proceeds. The tissue is infiltrated with serum and is moist. The nerve fiber degenerates and becomes fatty. The neuralgia is swollen and edematous. There is a variety of colors in this condition depending upon the age and the amount of changes having taken place. The color may be red, etc., as result from recent hemorrhage, yellow if old, etc. Different vessels of brain being blocked causes the different lines of symptoms. The middle cerebral artery is the most common, and as a result of hemiplegia due to softening of internal capsule. If basilar artery may have bilateral paralysis due to involvement of both paths, etc. True it is that not all cases of embolism are affctions of the heart, neither do all cases of embolism leave the heart in a crippled condition. About 90 per cent, however, are due to vegetations upon valves of the heart and are accompanied by mitral insufficiency. In those cases which do not come as result of acute endocarditis or recurrent endo-

*Read before the St. Joseph Medical Society.

carditis, such as pleurisy, pericarditis, etc. It is due to a mass of fibrin or blood, or both, and perhaps bacteria dropping in a vein and being carried to some other part of the body where it finds lodgment. If of this character it being frail or friable it may become broken up and find lodgment in different arteries at the same time. This I believe was true in the case to which I will presently refer. It is also true that embolism may be the result of aneurism in which the clot never passed from the heart. In the dilated portion of an aneurism where there is practically no blood current the blood becomes coagulated and portions break from its moorings and is carried to some vessel through which it cannot pass and there find lodgment. Again, we may have an atheroma of artery particularly of the aorta from the territory of pulmonary veins of sufficient size to block a cerebral artery in fact a small artery of any other organ. Besides the above we have in the puerperal state a condition of the blood in which there is a tendency to coagulation, and as a result embolism of such nature that they will do irreparable damage. While the majority of embolism finds lodgment in the brain or cerebral vessel it is not true of all, as we have what is known as pulmonary embolism or thrombosis, whereby the vessels are blocked in a characteristic wedge shape areas and infarcts results. They may be septic or non-septic. The septic originates from ganrgene or suppurative focus and usually contain the staphylococcus or streptococcus. As a result of this condition the blood supply is entirely shut off from this wedge-shaped portion controlled by said vessel, and a metastatic abscess follows. If it is sufficiently large to occlude a main branch of pulmonary artery sudden death may occur. If it is medium size then cough, hemoptysis, mental anxiety, intense dyspnea, syncope, perhaps coma and convulsions. If still smaller the symptoms will be less prominent, and perhaps not recognizable. Embolism is one which is brought about as a result of many of the acute diseases, and especially the acute contagious diseases, such as typhoid fever, scarlet fever, diphtheria, pneumonia, endocarditis, pleuritis, etc. Many or all of the above diseases have as a complication acute endocarditis, and as a result they are accompanied by embolism. Now, to sum it all up we have ascertained that embolism occurs about nine times out of ten as a result of vegetations which spring from the endocardial membrane.

One-tenth may come from pleuritis, pericarditis and aneurism, or from an atheromatous condition of the blood vessel, or from a puerperal condition in which there is a tendency to coaguability of the blood current. We have learned that endocarditis is a disease which may be primary, secondary or occurring in infectious disease. When the emboli is carried from this organ to vessels which occludes there is no perceptible symptoms, but in the point of occlusion of the vessel there is certain lines of symptoms arises depending upon the location, or the blood supply which exists at the point of occlusion. Now in reference to the case which I wish to present to you would say that the first perceptible symptom was that the patient was aroused from a sleep suddenly with the symptoms of alarm or anxiety accompanied and followed by an excessive pain radiating from about the third sacral vertebra on either side. The pain was intense

and of a nature resembling a shock so much so that we thought for a number of hours the patient was on the verge of collapse, and fought as it were for consciousness. The pain raged in its acute form some fifteen minutes and following this burning sensation begun to exist in the left groin, and felt as the embolism passed down the artery, as though a piece of hot lead or something of that nature had found lodgment. It seemed some ten or fifteen minutes before it began and time of the lodgment at the bifurcation of the popiteal artery. Immediately after its lodgment the pain was all at that point, or rather most intense at that point. The lower limbs from the body down begun to swell, and in twelve hours was three inches in circumference from the body to the ankle larger than the other limb. The surface veins stood out in triangles and paralellograms as large as a lead pencil and as blue as indigo. The condition of the foot was cold and pallid and simply without feeling. This condition has existed in a modified form four months, and the circumference of the limb is one and one-half inches larger than the other. In one month after the formulation of embolism the patient was able to walk, but found as much difficulty in handling the other limb as the one with the emboli and there was then a recognized partially paralyzed condition of the other limb, which I believe was due to a deposit of a portion of the embolism in the spinal column. At present there is better use of the paralyzed limb with complete anesthesia of the inner half of the large toe. The case referred to you will recognize as my own in which the emboli was a complication of pneumonia, and came on at the fifteenth day of the disease.

"Words are things, and a drop of ink,
Falling like dew, upon a thought produced
That which makes thousands, perhaps millions, think;
'Tis strange, the shortest letter which man uses
Instead of speech, may form a lasting link
Of ages; to what straights old time reduces
Frail man, when paper—even a rag like this,
Survives himself, his tomb, and all that's his."

—BYRON.

Official Transactions

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PAPERS READ AT THE ANNUAL MEETING, SEPTEMBER FOURTEENTH, OMAHA, NEB.

DIAGNOSTIC SIGNIFICANCE OF ENLARGED SPLEEN.

LeRoy Crummer, M. D., Omaha. Neb.

THE spleen is itself very rarely the seat of primary disease, but on the other hand changes in the spleen secondary to disease elsewhere are found in the most diversified conditions, and in this way we have in the spleen an index very valuable from a diagnostic standpoint. The determination of an enlargement of the spleen is, under certain circumstances, one of the easiest diagnostic maneuvers, but again a moderately enlarged spleen may escape the skill of even the best diagnostician. The size of the spleen is determined by palpation alone in the vast majority of cases, though under certain circumstances it may be necessary to call to our aid percussion. To perform palpation an exact technique and considerable practice is necessary. The patient should be in what is called the three-quarters position, that is, the left side should be elevated somewhat from the table., the patient resting on the back and the right side. The left hand of the examiner should support the patient by being passed over

the lower portion of the chest behind. The right hand should be placed flat on the epigastrium, so that a line through the tip of the index and ring fingers will be paralleled with the costal border. If pressure is now make so that the tips of the fingers slip up under the costal border at the time having the patient take a deep breath, the spleen will be felt, if it is at all enlarged. Enlargements of greater size will be felt in the same way, but the fingers will have to be moved further and further from the edge of the ribs in order to feel the border of the spleen slip by. On account of the anatomical consideration surrounding the spleen, percussion in most cases is by no means as valuable as palpation, but under certain conditions, where for instance, the spleen is bound down by adhesions, or the left half of the diaphragm is paralyzed, or where the patient has been bed-ridden for some time and the spleen has fallen back into the vault of the diaphragm, percussion gives us the only means of detecting enlargement. The normal spleen shows a dulness beginning at the ninth rib, behind, at the border of the large muscles, extending to and including the eleventh rib. This border of dulness extends along the ribs about three inches. If on percussion we find a dulness greater in extent than this we may assume that we have an enlarged spleen.

Because of the difficulty of abdominal palpation in children, particularly those sensitive to tickling, it has been recommended to support the child in the arms so that the normal position of the spleen shall be the lowest point in the child's body. Now by percussing upward we have a better opportunity to outline the spleen; as its weight brings it in direct contact with the abdominal wall a slighter difference in size can be detected in this way than percussion in the ordinary position.

In spite of the fact that the spleen is enlarged we may not be able by the means at our command to definitely appreciate the fact. Among the things which interfere are muscular abdominal wall, ascites though. I have been able to palpate an enlarged spleen in a number of cases of ascites by a sort of ballotment, or the enlarged spleen may, from its own weight fall back into the vault of the diaphragm, so that it does not come forward at all, or it may be held away from the rib border by adhesions, or in the rare cases of wandering spleen, it may occupy other than its normal position. In an occasional case the colon will be in front instead of behind the enlarged spleen, and in this way lead us to think that we have to do with a kidney tumor.

Concerning the pathology of enlarged spleen we might mention that new growths, either benign or malignant, are practically unknown in the spleen. Even metastatic growths seem to avoid splenic tissue. On the other hand, enlargements due to parenchymatous changes are comparatively common and may be due to conditions primary in the most remote parts of the body.

From a diagnostic standpoint we differentiate acute and chronic spleen tumors. The acute are generally of moderate enlargement and soft. The chronic on the other hand may reach any size and in consistency are usually hard. We have two principal diseases in which the acute spleen tumor is of diagnostic significance—typhoid fever and septicemia.

Probably the most constant and yet the most frequently overlooked sign of typhoid fever is enlarged spleen. Unless the technique is perfect, the demonstration in these cases is difficult, but perseverance will usually show an enlarged spleen in typhoid early enough to be of great diagnostic importance. Both general sepsis and local abdominal sepsis are accompanied by soft acute enlargements of the spleen in the vast majority of cases. Other acute infectious diseases have by no means rarely enlarged spleen.

The spleen is affected by incompensation of the heart almost as readily as in the liver, but only rarely is the swelling of the spleen large enough to be detected by abdominal examination.

The spleen of malaria is just between the acute and chronic splenic enlargements. It occurs as an acute tumor in recent cases, and persists as a chronic tumor in relapsing cases and cases which have been treated. It is a very safe rule that if the patient has no spleen tumors he has no chronic malaria.

The association of a splenic tumor with cirrhosis of the liver is by no means constant, but as good an authority as Frereichs says, that in one-half the cases of cirrhosis we have an enlarged spleen. The characteristics of spleen tumors in these cases is a tough resistant oval spleen, the pole of which is felt at the border of the ribs or just below. With amyloid diseases an enlarged spleen is fairly constant, particularly when the amyloid disease is by any means general. In a large per cent of the cases of amylodosis the spleen is affected, the enlargement is variable in extent, from a spleen scarcely palpable to one which with the enlarged liver can occupy the entire abdomen.

Lukemia is the disease which is most frequently associated with an enlarged spleen, and in which the tumor reaches the largest size. The enlargement of the spleen in this disease is one which changes in size very rapidly under the varying conditions of the disease, and is almost a measure of the condition of the patient. The quick enlargements corresponding to the period of increase in the intensity of the disease and the decrease in size corresponding to the period of improvement in the symptoms. In this condition the tumor attains its maximum size. The edge is blunt, the notchs well marked, the surface smooth and elastic to the touch. In spite of the rarity of lukemia a great portion of massive enlargements of the spleen are due to this disease. Splenic anemia, so well described by Osler, has a tumor and symptoms which are identical with those of true leukemia, but without the blood changes. Although comparatively rare, splenic anemia is met with sufficiently often, so that we must always have it in mind. Banti's disease also presents as one of the cardinal symptoms an enlarged spleen, but the spleen has more the character of that associated with cirrhosis of the liver than with that of leukemia. Banti's disease also is winning a place in the literature, and according to the best authorities, is a symptom complex dependent upon diffuse syphilis of the liver, with splenic enlargement, which is an accident dependent upon obstruction in the portal circulation.

While the true nature of the enlargement of the spleen, discovered in the course of an examination will be found to fit one of the above described

conditions, there still remains a few cases in which we have an enlargement of the spleen with none of the associated signs of other trouble. A case in point, that of a man of 68 years who recently consulted me for tumor in the left abdomen, which he had discovered, but two weeks before. He had had typhoid fever eighteen years before, and for fifteen years had had serpigenous ulcers on the face to the number of five or six, very slow growing. His blood examination showed a blood absolutely normal in every particular, and the splenic tumor which extended to the umbilicus, was long, narrow and hard, and the surface was more or less uneven. The spots on his face had been diagnosed by competent men as epithelioma, and by others as tertiary lesions. In the absence of symptoms of all other diseases with which a splenic tumor could be associated my natural inference was to connect these ulcers and the enlargement and make a diagnosis of either syphilis of the spleen or a carcinoma.

In every case the splenic region should be carefully palpated and the conclusions to be drawn from the presence or absence of a spleen tumor should be carefully considered. In acute diseases enlargement of the spleen means that the disease has become general, the blood is filled either with bacteria or their products and the diagnosis is therefore more grave. In chronic diseases the presence of splenic enlargement should at once show the necessity of a careful blood examination, which will in a large proportion of cases clear up the diagnosis. If the spleen and liver are enlarged at the same time we have an indication of both amyloid disease or hypertrophic form of cirrhosis, in either of which condition it is surprising how much benefit can be accomplished by properly directed treatment.

DISCUSSION.

Dr. W. O. Bridges said that the paper was a valuable one and that he wished to impress upon the members the importance of the examination of the spleen in all cases of fever, especially in typhoid and malarial fevers; that the condition of the spleen will often enable us to make a diagnosis by exclusion, and that in malarial fever, we can make the diagnosis earlier by the discovery of the enlarged spleen. He believed that the average general practitioner does not examine the spleen sufficiently often. In a recent case, he had found a very severe illness which was quite obscure and died. Autopsy showed an abscess of the spleen as the sole cause of death. In Landry's paralysis, the enlargement of the spleen is a point in the differential diagnosis. In a recent case, the differential diagnosis lay between multiple neuritis and Landry's paralysis. The muscles were tender; both legs were completely paralyzed, and the arms were beginning to be. The patient died on the eleventh day. He felt that he had erred in not making certain as to the enlargement of the spleen. Had he found the spleen enlarged, he could have made a positive diagnosis of Landry's paralysis, since splenic enlargement is not present in multiple neuritis. He said that he had found that the spleen was readily palpated in gastroptosis. He has seen both liver and spleen prolapsed, without enlargement, when, to ordinary observation, both seemed enlarged.

Dr. F. E. Coulter briefly said that the most recent investigations in the field of nervous diseases had shown that there was micro-organism present in Landry's paralysis, and that it was found in the membranes of the cord. Lumbar puncture finds it.

Dr. Mayhew said that an enlarged spleen was very rarely seen because it was very rarely looked for and warned his hearers not to make the mistake of calling a prolapsed spleen an enlarged spleen.

Dr. LeRoy Crummer said, in closing, that the study of Landry's paralysis was a very interesting one. Recent authorities have said that Landry's paralysis and multiple neuritis were identical, that, if the peripheral nerves are examined, peripheral neuritis is found in all the cases of the latter disease. It is possible to find septic infarcts in the spleen. Even the gonococcus has been found there. It has also been found that primary cancer is located in the spleen, but very rarely. Warder says that the spleen can be found anywhere in the abdomen. Zuckerkandl says he has never seen a ptosis of the liver; the liver may slide forward and backward, but true ptosis is unknown.

THE X-RAY IN TREATMENT OF MALIGNANT DISEASES.

John. P. Lord, M. D., Omaha, Neb.

[A CLINIC REPORTED BY DR. R. M. STONE.]

WHEN I began the use of the X-ray for the treatment of malignant diseases nearly four years ago, the treatment may be said to have been in the experimental stage. In May, 1902, at the meeting of the State Medical Society, I was able to report some success along with a few failures, which latter were, for the most part, hopeless at the outset, the treatment having been undertaken as a last resort. All of this class died. With better selected cases, however, and with a better understanding of the application of this treatment, progress has been made and more encouraging results secured. With better comprehension of the limitations of this treatment, it has been applied, for the most part, to superficial cases, and as an adjunct in operative cases, where it seems desirable to insure the destruction of any superficial outlying outposts of the disease.

In no instance have I undertaken the treatment of breast cancer by the X-ray alone, but have uniformly recommended, the excision of the growth and the usual radical operation, to be followed by X-ray exposures as a safe guard against the return of the disease. It has been my practice for about two years to save sufficient integument to permit of the apposition of the wound surfaces instead of observing the rule of Halsted, to excise all integument overlying the mammary gland, we having depended upon the X-ray treatment to destroy any cancer cells remaining in the skin. This has saved the patient a disagreeable scar at the usual site of a skin-grafted surface. There can no longer be any question as to

the efficiency of the X-ray treatment in destroying cancer so superficially located, and it is my belief that this treatment is efficient in removing the remaining disease in the chest wall, and possibly in the deeper parts. All forms of superficial cancer are now undertaken with perfect confidence, and, in no instance, has there been failure in cases of this class except in two who abandoned the treatment. We have, however, met with some encouragement in the treatment of disease more deeply located, and, in this connection, I will give a later report upon the case of orbital sarcoma reported as temporarily cured in May, 1902. This patient, a lady of 47 years of age, had consulted two of our eminent oculists, who recommended the sacrifice of the eye and the removal of the tumor, as giving her the best prospects of cure, and, inasmuch as the sight was still good in this eye, she could not understand why it should be removed. Operation having been refused, the patient was sent to me for X-ray treatment. There was marked protrusion of the eyeball, preventing closure of the lids. The tumor could be distinctly felt within the orbit. After three weeks of X-ray treatment, the patient returned home, the growth having practically disappeared, and, a later report, within the last fortnight, states that she is entirely well. The treatment was administered with the eye closed, covered with a small strip of lead, both to protect the cornea and prevent the loss of the lashes. Little irritation of the conjunctiva was experienced.

A man of 70 had a growth over the molar bone for sixteen years. Last February I found a cauliflower-like tumor, the size of an orange. Plasters had been used. The eye was closed; the nose was pushed to one side, and the tumor extended to the angle of the mouth. The pain was very severe and dangerous hemorrhage had exsanguinated him. I offered the man a palliative operation for the purpose of averting further hemorrhage, easing the remainder of his days, and relieving his pain. I regarded the disease as entirely too extensive for an efficient operation, or the successful use of the X-ray. We ligated the right external carotid and removed as much of the growth as possible, including the malar bone and nasal process of the superior maxillary. The posterior wall of the antrum remaining was studded with cancer nodules. On the second day the X-ray was used, and I soon began to have some hope. Later, I removed the right eye to better enable me to reach the disease in the orbit. The X-ray was used constantly. At the time of the operation I saved the infiltrated skin over the nose and about the eye. Now, no evidence of the disease remains. After a suitable waiting period, we shall do the necessary plastic work for cosmetic purposes. I have been very slow to do any plastic surgery in these cases for fear of covering up diseased tissues, preferring to wait until success was assured.

A woman of 42 had had for two years a growth involving the left parotid. The lateral projection of the tumor was about an inch, or an inch and a half. The area of edema extended above the hair line in the temple, forward to the nose, downward to below the angle of the jaw, and behind the ear. The woman was referred by Dr. Ashby, of Red Oak, Iowa, who had had her under observation for over a year. The tumor had been pro-

nounced malignant and he advised that a surgeon be consulted, but his advice had been persistently ignored. The pain and inability to separate the teeth more than half an inch finally drove the patient to accept his advice after the resources of the quacks and her own had exhausted. Upon examination it was found that nothing short of a very radical operation would be of any use. It would be necessary to ligate the left carotid and to put a provisional ligature on the right, as recommended by Crile, we hesitated about advising an operation which would, of necessity, be one of horrible mutilation. When we informed her of this proposed operation, she declined any surgery. She wished the X-ray used, but we had little or no hope of benefit. However, it was used very many times; at first, nearly every day; then two or three times a week for a period of three months. Now nothing can be felt and the patient will return home for one month, again returning for observation, and continuing to do so as long as is necessary. Observation two months later shows complete disappearance of the disease.

Of course it is somewhat unfortunate that in this, as well as in some other cases, the diagnosis is unproven, dependence upon clinical evidence alone being had.

The case of a patient, a man of 67, not present, is one in which there was a cancer of the lower eyeild which was the size of a nutmeg and had begun to break down, producing much eversion of the lower lid. He had been informed that the wisest course to pursue would be to remove the growth and use the X-ray afterward. He asked for the use of the X-ray first. His request was granted and the growth was entirely removed without defect. We have found that the eye tolerates, with little harm, the necessary amount of exposure to the X-ray. The eye lashes are saved by protecting them with a thin strip of lead.

Another patient, a man of 40, also not present, had a tumor of the right parotid removed. For several years there had been developing in front of the ear, at the site of the scar, over the course of the 7th nerve, a tumor now the size of a chestnut. He was informed that an operation would almost surely cause a paralysis of that side of the face and the eyelids. A trial of the X-ray was requested. This was made in February last. In six weeks there was no evidence of a tumor remaining and there still is none. Very vigorous treatment carried out by my assistant at the suggestion of the patient, resulted in a severe burn which has permanently destroyed the pigment cells, leaving a blanched white spot the size of a silver dollar as an oasis in the dark skin of this individual, a suggestion of possible value for the treatment of a pigmented nevus.

A large number of facial cancers, including many lip epitheliomas, have been treated with entire success. Some were of considerable size. A recurrence would not be dreaded by the patient, nor would it perturb the doctor as after any other form of removal, and the patient would seek no other remedy.

A farmer of 60 presented a cancer involving the ear. There was an ulcer and a fungous mass around the ear and the meatus. Plasters had been used repeatedly by several physicians. Much indurated cicatricial

tissue was present which was impracticable of removal. Had it been attempted, the seventh nerve would have been injured. In this case under the use of the X-ray, the induration has disappeared, and, with it, all evidence of disease. Thus far I have not dared to use any plastic surgery for fear of covering up some cancer cells. This case illustrates the value of this treatment.

In a very similar case, that of a man of 75, who had battled for fifteen years with a cancer of similar character, though more extensive, the lower half of the ear having been destroyed, and the meatus and adjoining parts being filled with soft granulations, the writer sought to save time by curretting these away. This procedure disturbed the branches of the seventh nerve and produced paralysis of the lids and muscles of that side of the face. Subsequently, the lids required suture to prevent an inevitable ulcer of the cornea. The remaining cancer was destroyed as in the preceding case.

I also present another man of 65 with a cancer of the right malar prominence which has been present for two years. His appearance is quite unfavorable, but this is due to a recent severe acute attack of inflammatory rheumatism from which he is much emaciated and very anemic. He has had ten exposures during the past two months. The growth is now but about one-tenth of its former size, as shown by the photograph taken at the beginning of treatment.

A merchant of 44 had had caustic used upon a superficial cancer of the lip two years prior to his consulting the writer in the autumn of 1901. At this time he had an enlarged submaxillary gland which was dissected out, together with the lymphatics of the neck. The dissection showed that all the superficial structures of the neck were profoundly involved, too much so for thorough removal, and we used the X-ray many times with most excellent results. Conditions have been normal for nearly two years and there is now no suspicion of disease.

At the first this work was largely experimental and there is still much to be learned; there is scarcely a month passes without some new experience, because the subject is becoming better understood and its proper status better established. At first enthusiasts claimed almost everything, but the profession now understands that there are limitations. The more conservative now testify that it accomplishes more, far more, than they at first believed possible. I have realized from the first that it was chiefly applicable to superficial malignant disease, and have met with failure when I have undertaken too much. In hopeless cases time only is lost while using the X-ray, and this is unimportant, because they are too late for other known successful measures of treatment. It is my pleasure to be able to report that, in many cases, much more has been secured in results than could possibly have been anticipated.

SUMMARY.

All forms of superficial cancer can be most successfully treated by the X-rays. There is less liability to recurrence in cases so treated than with any other form of treatment.

When necessary operations may be made less radical, and remaining disease destroyed by this agency.

All hopeless, operative cases, after partial excision, may sometimes be cured by supplementing the operative procedure with X-ray treatments, and thus reach tissues beyond the reach of successful surgery.

Much mutilation may sometimes be avoided, and better cosmetic results secured, by a combination of surgery and X-ray treatments.

Cancers which involve the eyelids, nose, ear, or other organs, the removal of any portion of which would disfigure, may be cured by the use of the X-ray without appreciable scar or blemish.

It is not necessary to cause a burn in order to secure the best results.

Malignant growths may be stimulated by an improper application of the X-ray.

Sarcoma is thought to be a more amenable to treatment than carcinoma, and hence may be treated through a greater depth of tissue than could carcinoma.

Very superficial carcinoma of the breast as seen in some very thin subjects, can probably be successfully treated just as the axillary glands can be in this same class of cases. (I have not had a case favorable to the adoption of this plan and have in every case excised the breast and used the X-ray subsequently. I have felt that any other course would involve a hazardous delay,)

Much inefficient and ill-directed work is being done because of ignorance of the proper use of the X-ray, and because of unsuitable apparatus, together with the use of tubes not suited to the case in hand.

DISCUSSION.

Dr. M. L. Hildreth asked to be informed of the relative success, or failure, with the use of the ray, and the percentage of each.

Dr. Mayhew said that the penetrating rays were not the effective ones, but the superficial ones were; that such a talk as Dr. Lord's was very misleading; that recovery could not yet be reported; that he ought to have waited five years before making his report.

Dr. F. E. Coulter asked as to what influence, if any, the X-ray had been found to have on metastasis.

Dr. Bryant said that Dr. Lord had referred to a case in which he had advised enucleation, but which had been refused. He had turned the case over to Dr. Lord with no idea that relief even could be had. It was almost certain that the case was one of sarcoma; exophthalmos was present; the eyes could not be closed. The patient has apparently recovered and has been so for two years. He had also had a patient with a round-cell sarcoma of the naso-pharynx; he was unable to breathe, and the growth projected into the pharynx. Part of the tumor had been removed, which made mouth-breathing much better, but nasal breathing was still impossible. The microscope repeatedly showed that the case was one of the small, round-cell sarcoma. After operation the patient was given the

X-ray treatment for two months; improvement continued all the time and the growth finally disappeared.

Dr. Lord, in closing, said in reply to Dr. Coulter, that the X-ray had no permanent influence on metastasis as a rule, because, when there is metastasis, cachexia and evidences of dissolution are present, and there is no use in trying the rays. He said that he had had very little experience in deep-seated cancer because he does not attempt to treat them. As to failures and the percentage of recoveries, in reply to Dr. Hildreth, he said that he was sorry to acknowledge that he had not kept statistics. The conditions are so variable that they are of little value. He had reported elsewhere two cases of death, and he had had since two cases of failure; another case, a cancer of the neck has died. He felt that there was some criticism as if he had been over-enthusiastic, but he felt that he had not been; he had aimed to be very conservative. He said that he had lost four or five cases, but that he had twenty or more cures, and had reached the conclusion that the X-rays easily cure cases of superficial cancer, and an increasing number of deeper-seated cancers are yielding to the influence of the rays.

TREATMENT OF ACUTE PELVIC INFLAMMATION.

Palmer Findley, M. D., Chicago.

IT IS my purpose to confine my remarks to a discussion of the principles underlying the rational and conservative treatment of acute pelvic inflammation.

Gynecology will soon take its place alongside of obstetrics as an all but fixed science. Our knowledge of the pathology, diagnosis and surgical technique relating to diseases of women has reached such a degree of perfection, that there can be no serious disagreement in our discussion of these sections of the subject.

I am impressed with the importance of a careful consideration of the principles involved in the treatment of acute pelvic inflammation, because of the great prevalence of the lesion in hospital and private practice, and because I see almost daily violations of the principles which I believe underlie all rational treatment. With no desire to appear extravagant in my statements, I am convinced that injudicious and untimely surgical intervention in the acute stage of pelvic inflammation is frequently responsible for the extension of the lesion, and for the death of the patient.

By early surgical intervention there is violated the long established principle of giving rest to acutely inflamed parts. If our laboratory experience has taught us anything in connection with clinical work, it is that infections starting in the lower portion of the genital tract (vulva, vagina, cervix), tend to become self-limited if let alone, but as surely extend to adjacent and remote regions through excessive exercise, and through digital and instrumental interference. Bearing in mind that an

infection confined to the cervix may be made to extend to the uterine body, thence to the tubes, and ovaries, and on to the peritoneal cavity by violating the principles of absolute rest, it behooves us to adopt with great caution any procedure that will disturb parts recently infected. To this end we are to proscribe the oft repeated intra-uterine douche, particularly under high pressure; sterile salt solution injected under low pressure will dislodge blood clots, and detached secundines, and by doing so it accomplishes all that is expected of an intrauterine douche. Sterilization of the infected uterine cavity by means of antiseptic douches is no more possible than the sterilization of infected hands by the same sort of a solution allowed to gently flow over the hands for an equal length of time. There can be little virtue in the antiseptic douche beyond that of mechanical removal of non-adherent structures. This can be accomplished equally as well by the use of sterile salt solution and with less liability to injury from absorption of the fluid or from forcing it on through the fimbriated ends of the tubes into the peritoneal cavity. In no way is the principle of rest so frequently violated and with such disastrous results as by the indiscriminate use of the uterine curette. About eighteen months ago I discussed before this society the use of the curette in the treatment of acute puerperal infection, and I now repeat with added emphasis because of the experience of these intervening months. In the first place the uterine curette is useless in the treatment of the large majority of acute pelvic inflammations, and in the second place it is capable of untold harm.

The curette is useless at all times during the acute stage of pelvic infections ave in those cases in which fetal structures are left in the uterus, and even in these cases the finger, placental forceps and Emmet's curette forceps are instruments of greater precision and of less danger. In all forms of acute pelvic inflammation other than puerperal, with retained secundines, there can be no place for the curette.

The *uterine curette is dangerous* because it disturbs infection which should be left quiescent and excites it to further extension and greater activity by the opening up of new avenues through which the infection may travel; by the breaking down of that protective zone which nature has built up in advance of the infection and by the too frequent puncture of the infected uterus. These, in brief, are my reasons for condemning the curette in the treatment of acute pelvic inflammation.

The principle of rest is also violated by the practice of vaginal and bimanual examinations. Such examinations should be restricted to the minimum, because they not only cause pain, but serve a limited purpose and may do harm. Since surgical intervention is seldom required in the acute stage of pelvic inflammation repeated examinations are rarely necessary. As a general rule it may be stated that where the general septic condition is not alarming and a careful pelvic examination does not reveal the presence of pus that can be drained through the vagina it is well to proceed with the treatment along such general lines as rest, douches, hot or cold packs, careful regulation of the diet and bowels, and the relief of pain by anodynes, if necessary. After the acute symptoms have subsided, it is time enough to determine the exact extent of the lesion.

I have spoken somewhat at length of the principle of maintaining rest in the management of acute pelvic inflammation. I come now to the principle of free drainage. It is of the utmost importance to establish early and free drainage when a serous or purulent exudate is so located in the pelvis that it can be reached and drained through the vagina. I will venture the dogmatic statement that the abdomen is never to be opened for the purpose of drainage or for any operative procedure during the acute stage of pelvic inflammation.

Where vaginal drainage cannot, or for various reasons should not be established we are constrained to wait the subsidence of the acute inflammatory reaction before resorting to an abdominal incision. It should be our purpose to delay the opening of the abdominal cavity until the infection has practically lost its virulence. Just when this is accomplished is not possible to say, as we well know from bacteriologic studies in connection with our clinical work. Gonorrheal pus tubes have been known to be sterile within six weeks of the initial infection, while on the other hand the gonococcus has been known to exist in the tissues for fifteen years. As a general rule it may be stated that surgical interference may be safely instituted in gonorrhea at an earlier period than in puerperal infections, because of the earlier sterilization of gonorrheal pus, and of the infrequency with which the gonococcus infects the general peritoneum. It is my practice to decline to open the abdominal cavity for the removal of infected appendages short of six months or a year from the time of infection. In the meantime much relief can be afforded, and sometimes a positive cure obtained by following the general surgical principles in the treatment of acute inflammation in enjoining rest, freedom from all mechanical irritation, in establishing free drainage through the vagina and in such palliative measures as hot douches, hot fomentations, glycerine and ichthyol tampons, catharsis, anodynes, and above all, normal saline solution under the skin, or per rectum, where there is general sepsis.

100 State Street.

INDICATIONS FOR OPERATION IN ACUTE PELVIC INFLAMMATIONS.

A. P. Condon, M. D., Omaha,

Associate Professor of Surgery in the Creighton Medical College; Surgeon to the Mercy Hospital.

PELVIC INFLAMMATIONS are probably the most frequent pathological condition in women that the surgeon meets. The subject is also of vital interest to the general practitioner, as it is he who more often sees the case in the beginning. By pelvic inflammation we understand an involvement of one or all of the pelvic viscera, the peritoneum lining the pelvis or the loose connective tissue found between the peritoneum and pelvic fascia which connects the different organs and supports the arteries, veins, nerves, lymphatics and ureters.

When we take into consideration the peculiar anatomical build of the uterine lining, and think of the frequent changes brought about in the pelvic oragns by pregnancy. menstruation and sexual intercourse, one can understand the predisposition of these organs to inflammation.

Acute pelvic inflammation may be conveniently divided into the puerperal and non-puerperal.

In the puerperal form the primary infection is practically always through the uterine mucous membrane unless there has been an injury to the cervix, vagina or vulva, thereby forming the infection atrium and being carried to the deeper tissues by the lymphatics, veins or by contiguity.

The streptococcus is the most frequent etiological factor in the production of acute puerperal inflammation. It has been demonstrated by Cornil and Widal that the streptococcus is the only germ, which can penetrate the uninjured uterine wall, the mucous membrane acting as a filter for all other germs.

The general symptoms are the same that we observe in a phlegmonous inflammation in other parts of the body. They appear from 24 to 72 hours after delivery or abortion; there is a history of a chill, the temperature is ranges from 102 to 105, rapid pulse, there is pelvic pain and tenderness, there may be abdominal sensitiveness with tympanites, vomiting and diarrhea, vaginal examination may reveal an infiltrated mass, which extends into the lateral cul-de-sacs, and in connection with the uterus, or it may be on both sides of the uterus being connected together by a crescent-shaped infiltrate in front of the cervi. Blood examination shows the leucocytes to number from 15,000 to 30,000.

Since the mucous membrane of the uterus is usually affected first, there may be remains of a pregnancy or necrotic tissue from a gangrenous endometritis. The uterus should be cleaned out and irrigated. Whatever method is used, the curette or finger, the principle should be kept in mind, that in every infection and malignant condition any unnecessary handling, pressure or massage which might press the infectious material into the surrounding parts or circulation, materially increases the danger to the patient.

I believe immobilizing the patient and as nearly as possible the affected part, to be the best treatment. By immobilization I mean absolute quiet. Do not move the patient to a hospital. Give no purgatives and no food; put on ice over the abdomen, and give opium internally, if necessary, to quiet pain. In examining the parts use no force, and make as few examinations as possible.

The maintaining of the semi-cumbent posture (an angle of 35 degrees) in suppurative peritonitis has given good results. The object being to confine the pus to the most dependent part of the abdominal cavity. It seems to me this position of the patient would be of service in the treatment of pelvic inflammations, gravity assisting in locating the infection and preventing its general dissemination.

Often in mild casés the symptoms will subside, the pain and swelling disappear and the case recover without further interference.

If on the other hand, the symptoms become aggravated the tumefaction grows, pain increases, the pulse becomes weak and discordant with

the temperature, the vaginal mass edematous and hard, do not wait for fluctuation, but incise the part.

Treat a phlegmonous inflammation of the pelvis, just as you do in any other part of the body. We do not wait for the formation of pus in a cellulitis of the tissues of the neck, known as Ludwig's angina, neither do we wait in a carbuncle, nor in osteomyelitis.

Therefore, in an acute pelvic inflammation in which the symptoms point to a progressive septic condition, if the inflammatory mass can be reached "per vaginam," it should be freely incised, thus relieving the pain and tension and opening the infected area to drainage.

It is a well-established fact that the absorption of pus, or inflammatory exudate is increased by pressure. When the tension is removed, the absorption to a great extent subsides. Examples of this we observe every day after draining an acute abscess in any part of the body, when the constitutional symptoms of sepsis are seen to disappear.

Where a purulent peritonitis is an accompaniment of a pelvic inflammation, although a grave condition it is often curable. The indications are for abdomino-vaginal drainage. Make a median incision below the umbilicus, evacuate the pus, and counter-drain through the vagina.

In the fulminating form of pelvic inflammation, in which the general symptoms show a profound septic state and the local signs indicate that the entire pelvis is involved, the only hope of saving the patient, would be in establishing thorough drainage, and this would seem to be best obtanied by a vaginal hysterectomy.

So far in our discussion, we have taken only the puerperal form of acute pelvic inflammation; our second classification is the non-puerperal.

There are a number of etiological factors concerned in the production of acute non-puerperal inflammation. A pelvic inflammation may arise by extension from a tubercular metritis or ovaritis, or it may be secondary to an appendicitis. However, these forms are rare. The most common cause is the gonococcus, which so changes the epithelium, that it becomes permeable to other micro-organisms.

This form usually limits itself to the tubes, ovaries and pelvic peritoneum, rarely involving the loose connective tissue to any great extent. The onset and general symptoms are much the same as in the puerperal form, excepting that the marked toxic symptoms are not so pronounced. It is rare in the non-puerperal that the general condition of the patient will demand an operation during the acute attack, but if a fluctuating mass presents itself in the vagina, it should be incised and drained. In some cases this suffices for a cure, while in others not so and a radical operation should be undertaken later when the case has assumed a sub-acute or chronic state.

CONCLUSIONS.

To recapitulate, an operation should be done in acute pelvic inflammations.

1. When the general state of the patient points to a progressive septic condition, announced by a rapid, weak pulse (which is often discordant with the temperature), vomiting, diarrhea, tympanites and a pinched

expression of the countenance, and when it does not yield to treatment, but gradually increases in severity.

2. Whenever during the course of an acute pelvic inflammation, whether puerperal or non-puerperal, a fluctuating tumor appears.

3. When a pelvic inflammation is complicated by a purulent peritonitis.

DISCUSSION.

Dr. Lord said that he was in entire accord with the views expressed in both papers. He felt that the normal saline solution was of greatest value as an eliminant. He felt that elimination was very largely overlooked in these cases of septicemia and toxemia. Purgation does harm and he does not use it, except in selected cases. Salines stimulate the kidneys and the skin, and were most valuable to the patient. He felt that our treatment of these cases should be largely conservative, and he had for years carried out the treatment outlined by these articles. He has often opened Douglas' cul-de-sac and drained off serum and was delighted with the relief this measure afforded. He felt that the papers were valuable, and that we ought to heed the injunctions given.

Dr. B. B. Davis said that he liked to hear Findley because Findley believed in working on general surgical principles, and because much gynecological work is done in violation of general surgical principles. Years ago experience taught him not to operate in acute pelvic trouble. He drians through the vaginal vault. Many cases require no operation; they present grave symptoms, and yet, under absolute rest, will recover without surgery. He said that he was often very much embarrassed, when called a long distance from home to do an operation, by the fact that an operation was expected and yet he was forced to decline to do one because it was unwise. He was very much in accord with the ideas of both papers.

Dr. Don Macrae, Jr., coincided with both Dr. Findley and Dr. Condon as to when to operate, and when not to. Dr. Findley says never, Dr. Condon says, you may sometimes. He said that he often saw cases of puerperal fever and was often asked to operate; the trouble was entirely within the pelvis, the tubes were free and movable; if the case was going from bad to worse, there was nothing to operate upon. The trouble was already out of the uterus before the surgeon was consulted.

Dr. von Mansfelde thanked Dr. Findley for taking the position which he had; he wondered that the surgeons did not jump on him.

Dr. Emmert expressed his delight at hearing these views, and still more to have them approved by the surgeons of Omaha; only a few years ago they would have taken the opposite view. He said that he had treated on the lines suggested by Dr. Findley and they had gotten well; when he heard the surgeons talking, he felt that he had done wrong, but, in his judgment, there is no question but that the position of the writers is correct. Tinkering and handling of these cases is what produces the bad results.

Dr. Treynor said that, so far the discussion had been so uniformly unanimous in favor of the views of the writers that he thought that it was time for the opponents of their position to be heard.

Dr. Ross announced himself as differing from the position of the writers and said that the general practitioner often sees cases of abortion when the material within the uterus has not been all removed. How irrigation can remove it all is beyond his knowledge. He said that he had over and over seen the fever subside after curettage, and that it had saved many lives. He had no hesitation in saying that the curette was necessary. He said that he was pleased with Dr. Findley's conservatism, but could see no reason why we should abandon the curette and stand on the use of the irrigator. He said that if he had had a soft uterine wall to deal with, he should hesitate to use the curette.

Dr. W. O. Henry said that he agreed with those who told the truth; he approved of the use of ice. The bowels should be opened. Rest was also necessary. Cases treated thus would be aborted. The uterine cavity should be cleaned, first with the finger, then with a sharp curette. One need not err in the use of the curette. The danger of curettage was, in his opinion, vastly overrated. Even if you do perforate the womb, the patient is not killed. Uterine douches are not right. One should use pure carbolic acid to wipe out the uterus after curettage, follow it with alcohol, and, let the cavity drain. He believed that some septic cases did not need a curette. If there were tears anywhere in the genital canal, they should all be cleaned, the uterus curetted, and the douche then used. When one finds an infiltrated mass, then, after four to five days, he should open into the mass and, as a rule, would find pus which is thus drained. He said that it was a mistake to operate except for a definite purpose, and advised against waiting for fluctuation when things were going wrong. He agreed with Dr. Findley that the abdominal cavity should not be opened in these acute cases, and said that he often had occasion to remove the uterus through the vagina in such cases.

Dr. H. P. Hamilton said that he concurred with most everything heard in both papers. Whether to use the curette at all, or whether to use it under certain conditions, he was in favor of using it under certain conditions only. He felt that both readers were radical. He said that we have certain acute inflammatory conditions, in the puerperal state, or in abortions, in which retained tissues are present which cause the acute condition, the fever, etc., and that part of the uterus was involved, the mucous membrane and the ducts leading into the uterine wall being chiefly involved; the ducts were involved first and then the uterine glands; toxins were absorbed and fever followed. When drainage was free, there was no fever. In some cases we met with the absorption of poisonous material, and here is where the curette comes in, to remove the dead tissue. He said that it was perfectly proper and surgical to curette this dead tissue off in cases of abortion with small dilation. There was no reason why we should not do it. The sharp curette could not cleanse the uterus,

but it could remove the dead tissue and permit drainage. He asked why carbolic acid was used and answered that it was used only to destroy the lymph stomata, exposed by the curette.

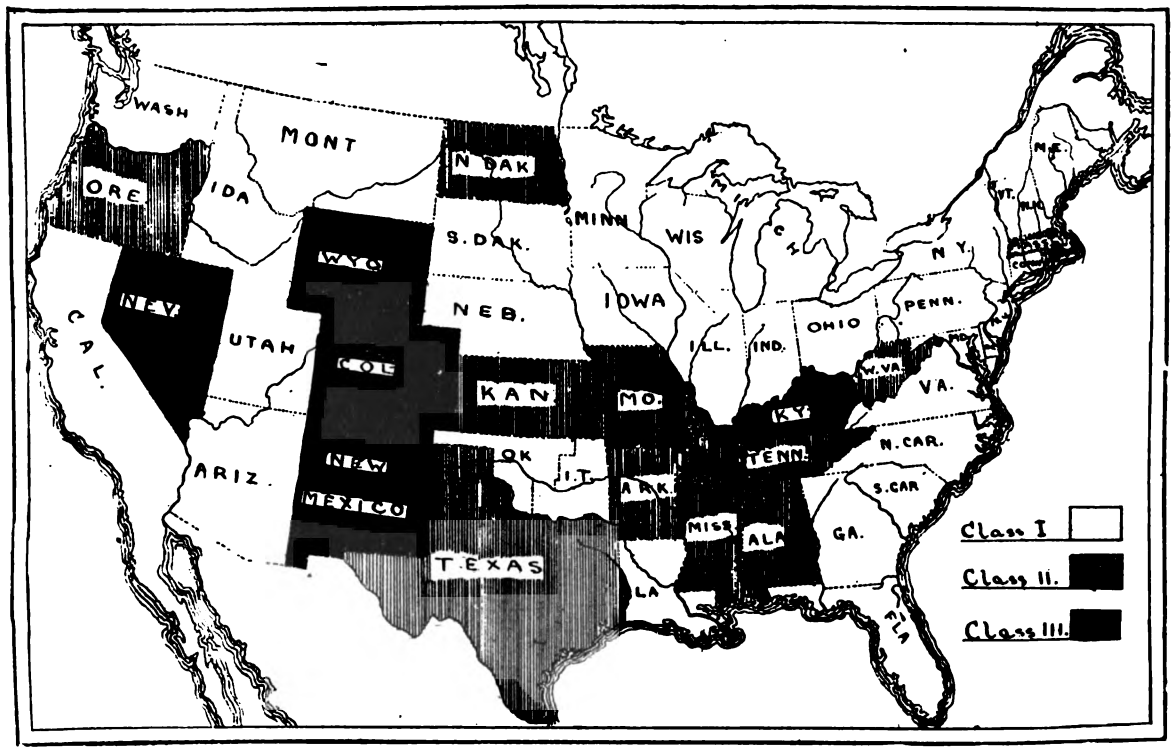
Dr. Milroy said that Dr. Findley did not speak explicitly enough on one point, the permeability of the uterine wall. He felt that the cases should be better classified. Some of the speakers referred to abortion, and some referred to confinement at full term. Dr. Findley very aptly referred to the uterus as often being found like wet, brown paper. Many years ago he had had an experience in a maternity where there had been a mortality of 35 per cent. He had made very many autopsies, and he said that it was impossible to tell anything in the uterine cavity; that there was no resistance whatever; it was like going through a soft blood clot. No living man could recognize the uterine wall when he touched it. He wished to emphasize the position taken with reference to the danger of the currette. It was an impossibility, in his judgment, to recognize the uterine wall with any instrument.

Dr. Findley, in closing, said that the whole matter must be traced back to the pathology involved. He said that Dr. Henry had changed considerably, in the right direction, from the position he had held a year ago; that Dr. Hamilton was quite wrong in the position he had taken with reference to the pathology, and that Dr. Ross had quite misunderstood him. He said that when the uterus was infected, the decidua was crowded full of leucocytes which constituted a natural barrier to the invasion of the deep uterine structure by the micro-organisms which had found their way into the uterine cavity; that, while this so-called "protective zone" is not always capable of withstanding the attack of the micro-organisms, it is often so and is always helpful. He believed that the rational procedure was to remove all foreign infected material from the uterus by means of the intrauterine douche, the finger, placental forceps, or curette-forceps, then to pack the uterus with an antiseptic gauze which will serv e a useful, germicidal purpose. This antiseptic pack, on the one side, and the "protective zone," on the other, would certainly control the infection in so far as it is possible without subjecting the patient to great hazard. Dr. Ross misunderstood him as to the wisdom of the removal of infective material, but he did not misunderstand him as to his sweeping condemnation of the uterine curette in the treatment of acute, puerperal infections. Dr. Henry cannot remove all infection by the sharp curette, unless the infection lies quite superficial, which it rarely does. To remove all infection in a large number of cases means to scrape away the uterus, the tubes, the ovaries, the connective tissue, the pelvic peritoneum, and possibly even the bladder and rectum.

LAWS RELATING TO THE PRACTICE OF MEDICINE.

Compiled by Arthur J. Cramp, St. Joseph, Mo.

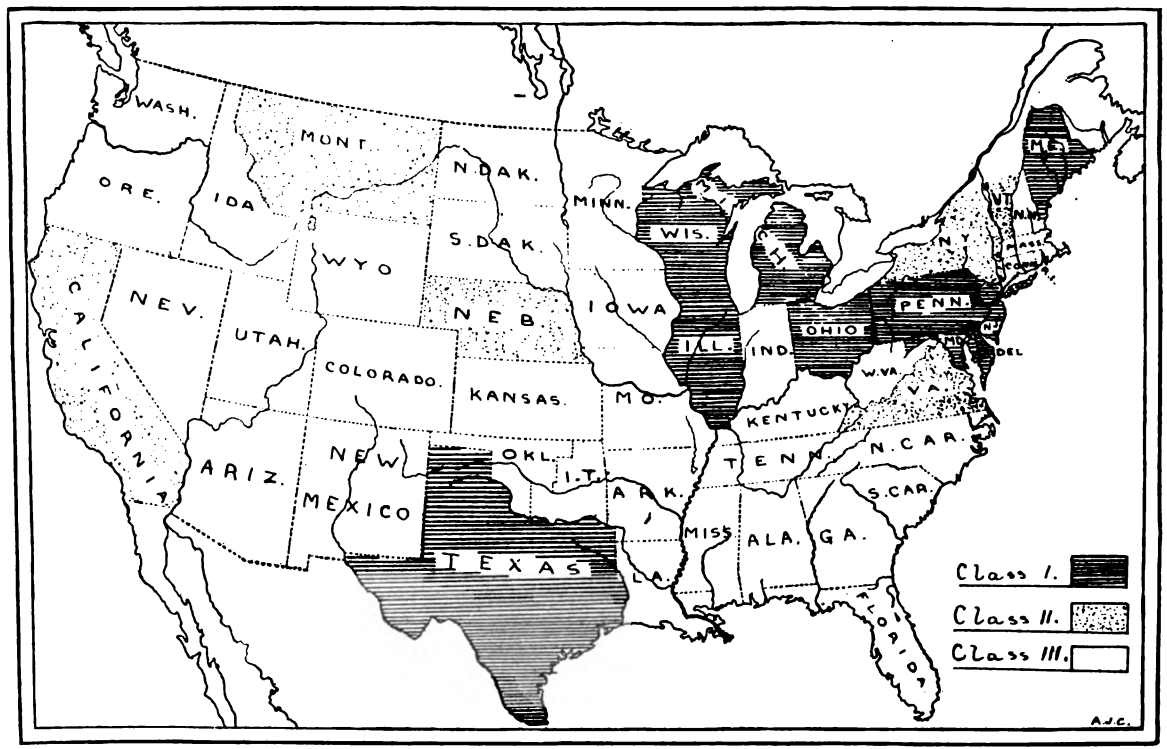
ALABAMA:	Fee $10.00. If examined by County Board a diploma is required.
ARKANSAS:	Fee $10.00.
CALIFORNIA:	Fee $20.00. Reciprocity law, but no reciprocal relations.
COLORADO:	Fee $5.00 to graduates, for certificates; $10.00 for examinaion. Residents only are licensed.
CONNECTICUT:	Fee $15.00.
DELAWARE:	Fee $10.00, good for one re-examination from 6 months to 2 years later, or fee returned. Reciprocates with New Jersey and Maryland upon payment of $50.00.
FLORIDA:	Fee $10.00.
GEORGIA:	Fee $10.00 good for as many re-examinations as necessary.
IDAHO:	Fee $25.00 good for one re-examination between 6 months and 1 year. Must be a citizen of the United States, or have declared intention.
ILLINOIS:	Fee $10.00 for examination, $5.00 for certificate if issued. Board has legal right to exempt graduates of Illinois Medical Colleges from examination, but never exercises it. Reciprocates with Indiana, Maine and Michigan.
INDIANA:	Fee $25.00 good for one re-examination within year.
IOWA:	Fee $10.00 good for one re-examination.
KANSAS:	Fee $15.00. While this State grants licenses upon examination only (a diploma not being necessary), it requires that applicant must show that he "has devoted not less than four (4) periods of not less than six (6) months each (no two in the same twelve months) to the study of Medicine.
KENTUCKY:	Fee $2.00 for certificate; 50 cents for recording same. Non-residents not permitted to register.



MAP A.

CLASS I includes all States requiring both a diploma and an examination for the granting of license.
CLASS II. requiring only an examination—a diploma is not essential.
CLASS III. grants licenses upon diploma.

LOUISIANA:	Fee $10.00 for examination, $1.00 for certificate if issued. If applicant fails $5.00 is returned.
MAINE:	Fee $10.00. Reciprocity with New Jersey, Illinois and Michigan.
MARYLAND:	Fee $20.00; reciprocity with District of Columbia. Junior medical students may take State examination, upon payment of full fee, on Anatomy, Physiology, Chemistry and Materia Medica; if passing in these subjects, are exempt from examination in same subjects when finals are taken.
MASSACHUSETTS:	Fee $20.00 good for one re-examination within year.
MICHIGAN·	Fee $25.00; graduates of Michigan Medical Schools pay but $10.00. Reciprocity on basis of Diploma and Examination with Illinois, Ohio, New Jersey and Maine; on basis of Diploma only with Indiana, Wisconsin, Kentucky and Maryland.
MINNESOTA:	Fee $10.00.
MISSISSIPPI:	Fee $10.25.
MISSOURI:	Fee $15.00 good for one re-examination within year. Any student matriculated in a Missouri Medical College on or prior to March 12, 1901, may on presentation of diploma from a Missouri Medical College, and payment of fee, receive license.
MONTANA:	Fee $15.00 good for one re-examination within 6 months.
NEBRASKA:	Fee $25.00; graduates of Nebraska Medical Colleges $10.00. Reciprocity with Michigan and Wisconsin.
NEVADA:	Fee $25.00.
NEW HAMPSHIRE:	Fee $10.00 good for one re-examination after six (6) months.
NEW JERSEY:	Fee $25.00 good for one re-examination within one (1) year. When requirements are met reciprocity with Maine, Maryland, Virginia, Texas, Illinois and Washington on payment of fee of $50.00.



MAP B.

CLASS I. includes all States having a reciprocal agreement with other States.

CLASS II. comprises those States having a law providing for reciprocity, but having as yet entered into no reciprocal agreement with other States.

CLASS III. These States have no law providing for reciprocity.

ERRATUM.—Nebraska should come under Class I. instead of Class II, as shown.

NEW YORK:	Fee $25.00. Junior medical students may, upon payment of full fee, take State examination on the subjects of Anatomy, Physiology, Chemistry and Hygiene and passing be exempt from examination in these subjects when finals are taken.
NORTH CAROLINA:	Fee $10.00. License from another State may be accepted in lieu of diploma and admit to examination.
NORTH DAKOTA:	Fee $20.00.
OHIO:	Fee $25.00 good for one re-examination. Reciprocity upon examination certificate only with Michigan, Illinois, Indiana and Wisconsin.
OREGON:	Fee $10.00.
PENNSYLVANIIA:	Fee $25.00 good for one re-examination after six (6) months and within two (2) years. Reciprocity with New York on payment of fee of 15.00.
RHODE ISLAND:	Fee $10.00 for examination, $2.00 for certificate.
SOUTH CAROLINA:	Fee $5.00, refunded in case of failure. Graduates of South Carolina Medical Colleges having a four-year course are exempt.
SOUTH DAKOTA:	Fee $20.00 good for one re-examination.
TENNESSEE:	Fee $10.00 for examination for permanent license; $5.00 for examination for temporary license; $5.00 for certificate of permanent license.
TEXAS:	Fee $15.00. Reciprocity with the following States: Delaware, District of Columbia, Georgia, Iowa, Louisiana, Maryland Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Utah, Virginia, Washington.
UTAH:	Fee $15.00.
VERMONT:	Fee $5.00.
VIRGINIA:	Fee $10.00. Undergraduates may be examined on such subjects as they possess credit for in the school they attend.
WASHINGTON:	Fee $10.00.
WEST VIRGINIA:	Fee $10.00 good for one re-examination within year.

WISCONSIN:	Fee $15.00 for examination; $5.00 for license. Reciprocates on basis of license obtained by diploma, with Michigan, Indiana, Nebraska, Maryland and Kentucky; on basis of license obtained by examination with Illinois, Ohio and Maine. Fee $25.00.
WYOMING:	Fee $5.00. If examination is taken, fee of $25.00 charged.
ALASKA:	No laws.
ARIZONA:	Fee $10.00; residence required.
DIST. OF COLUMBIA:	Fee $10.00.
HAWAII:	Fee $10.00.
NEW MEXICO:	Fee $25.00. While granting license on diploma, only a few schools are recognized. Graduates of unrecognized schools must take examination.
OKLAHOMA:	Fee $5.00. Ten years continuous practice accepted in lieu of diploma.

For Bronchitis —Dr. G.'s Formula.

℞ Syr. Hypophosphites (Churchill's).....
Firwein (Tilden's).....aa ʒ ii

M. Sig.: One teaspoonful every two or three hours.

Chronic Rheumatism.—

℞ Sodium iodide..... 3ij
Wine colchicum root..... ʒ iv
Sodium salicylate..... ʒ iij
Ammon. tinct. guaiac..... ʒ ij
Syr. sarsaparilla comp. q. s. ad..... fl. ʒ vj

M. Sig. Dessertspoonful three times daily.

℞ Salicylic acid..... ʒ ij
Ichthyol.....
Belladonna ointment.....
Lanolin.....aa ʒ iv

M. Sig. Rub in thoroughly three times a day, and wrap the joints in cotton-wool.

℞ Conc. aq. ammonia..... ʒ iv
Ol. cajeput..... ʒ j
Tinct. belladonna..... ʒ j
Camphor liniment, q. s. ad..... ʒ viij

M. Ft. liniment. Sig. Rub in twice daily.—*Merck's Archives.*

My desire and aim have been to utter nothing but truth. I have no love for error in any form or in any field of knowledge.—HIRAM CHRISTOPHER.

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

MEDICINE
T. H. DOYLE
JNO. DOYLE
C. C. CARTER

NERVOUS DISEASES
F. E. COULTER

EYE AND EAR
F. E. SAMPSON

SURGERY
JACOB GEIGER
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L. A. TODD

PATHOLOGY
E. B. LA FEVRE

MEDICAL JURISPRUDENCE
T. B. ALLEN

VOL. XXIII ST. JOSEPH, MO. JANUARY, 1904. No. 1

The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

UNREACHED IDEALS.

On the river of time there are shattered barques, along the shores of the ocean of life are the skeletons of unreached ideals; no man with an high ideal ever reached it; no man with a purpose worthy of the name ever closed his life with a feeling of perfect satisfaction.

Could the ideals, the hopes and aspirations of generations dead have been realized ours would be a very different world. We would not now be striving for the unattainable and reaching out for that which is beyond our grasp. The noble men of all ages have sought to reach their ideal, played their part upon the world's stage, recited their lines in the drama of destiny and stepped aside pointing onward, ever onward. Through rents in the clouds, through openings in the temples of clay, they caught glimpses of what they had hoped to achieve and fell upon eternal sleep. It cannot be said however, that the life of one who has failed to reach his ideals has been lived in vain, for, as just asserted, a truly exalted ideal cannot be reached with man's present capacity for accomplishment. It is well that such is the case for, once a man builds better than he plans, he has reached full growth, has reached a place beyond which there can be no advancement. The wings of imagination soar no higher, the dream of phantasy sees nothing new. It is said of a great artist that having painted a more beautiful picture than his thought had conceived, he burst into tears knowing that for him advancement was an impossibility. The unreached ideal is a source of constant stimulation, the hope of doing something still

better than has yet been done, by the individual or his fellows is a stimulant that knows no reaction; fed by it one never tires; he mounts on eagles' pinions, running he is not weary, walking he is not faint. The poet in his imagination, unfailing in the delineation of the profoundest mysteries of the human mind, put these words in the mouth of a master painter as he views the finished product of his hand and brain:"

"Wonderful fair the people cried,
'Tis a masterpiece of art,
Yet I deem, the Painter sighed,
Saying in his yearning heart,
These but see the face I wrought,
Not the Mother that I thought."

It was not given to the eyes of men to behold the Madonna as the master painter saw that divinest face.

The joy which came to him in the loud acclaim of the multitude who first beheld his hand work, coupled with the certainty that multitudes in generations yet unborn should but add to that acclaim, was tempered to sadness by the thought that he had sadly failed, from his viewpoint, in doing justice to her whom he loved, to the face of her who was honored as no mother was ever honored, or ever again shall be, in that she gave to the world its Redeemer. As one studies the lives of great men in every age, in every clime, he is the more impressed by the fact that their ideals were never reached, their highest hopes never realized. The world's greatest lawgiver was permitted to see only in the distance what was to him the dearest land on earth as through the mists of tear dimmed eyes—eyes whose brightness the passing decades had not dimmed, he gazed upon the land of his love and longing, forbidden to lead his triumphant people, the people with whom he had suffered and for whom he had borne the heaviest burdens given to mortals to bear, to that land of promise.

The greatest missionary of time whose glory was in the cross he once hated, and whose deepest joy it was to spread the gospel of the despised Nazarene failed utterly to reach his ideal and having suffered perils in the darkness, perils upon land and sea, perils among his own countrymen, perils among false brethren; after he was imprisoned, stoned and shipwrecked, yet suffered martyrdom, crucified head downward outside the gates of Rome.

That which was true two thousand years ago is true today: Those who seek to accomplish most for their fellowmen are least appreciated. They seem utterly to fail according to contemporary standards. The greatest American who had hoped, after he had redeemed a race from bondage and broken the chains of a people bound in unutterable despair, to look upon

a happy and united people, yet fell before the assassin's bullet, his task incomplete, his work not done.

In the profession of medicine it would seem as if the bitterest calumny, the intensest hate, the most scathing scorn and unfairest and most unjust criticism was hurled at him who fain would reach some lofty ideal or accomplish a noble purpose.

Why the divine professions of theology and medicine should, in their forward march, be linked with the most fiendish conflicts, is not accounted for by human philosophy, yet the fact remains and it must not discourage, for humanity moves onward, and he who has a lofty purpose, who with his eye upon the pole star of destiny turns neither to the right nor to the left and never once looks back is a benefactor even though success comes to him in apparently the smallest conceivable degree.

Fortunately we do not know the power of an act, however trivial, yet, we are taught to believe that he who made us and inspires us, looks upon man's heart, knows our inmost purposes and sees success where others see defeat. Looking back upon a year with many failures and perhaps a few successes, we are justified, not in worrying over our defeats, but rather in gathering wisdom from the failures and successes of the past and for the New Year taking a higher purpose, a nobler ideal than that which was our guide before. For the great science of medicine, the future is full of hope; silently yet certainly there work the mighty forces that make for the world's betterment, and whatever the work given the toiler in medicine, however humble his lot, it is his privilege to look forward to the loftiest achievements and upward to the eternal stars. W. J. B.

ST. JOSEPH MEDICAL SOCIETY.

This society held its annual meeting in the Y. M. C. A. hall, on the evening of January 13, 1904, and elected the following officers for the ensuing year:

President, Dr. J. W. Leonard.
Vice-President, Dr. E. S. Ballard.
Secretary, Dr. T. M. Paul.
Treasurer, Dr. F. H. Spencer.

An amendment to the constitution was adopted, changing the name to the "St. Joseph Medical and Surgical Society."

Women seldom live in the future; they are happy in the reign of today.

BUCHANAN COUNTY MEDICAL SOCIETY

This society held its last meeting of the old year in the auditorium of the Public Library on the evening of December 16, 1903. When President Doyle called the assembly to order he found the largest attendance of the year. Minutes of the previous meeting were read and approved. Reports of the secretary and treasurer for the year were presented and adopted.

Committee on Banquet reported that arrangements had been made, and a motion prevailed authorizing the committee to invite all regular physicians in Buchanan county.

Dr. P. I. Leonard presented a clinic, a man 37 years of age; ulcerous growth upon the tongue. History of traumatism, but none of syphilis nor of tuberculosis. Ulcer has a soft base, and its edges are also rather soft. No glandular enlargement. The growth has been cauterized with nitric acid and presents a large granulation surface. Dr. Leonard inclines to the view that it is probably due to traumatism. The case was examined by a number of the members of the society, remarks being made by Drs. T. E. Potter, Jacob Geiger, O. B. Campbell, J. W. Leonard, W. L. Kenney, W. F. Schmid and C. H. Wallace. the majority of whom incline to the view of its carcinomatous nature. The discussion was closed by Dr. Leonard

In view of the fact that this was the meeting for the election of officers, the subject of Rheumatism, which was on for discussion, was deferred to another meeting

Bills were allowed for the Union Printing Co. $2.50, and for the School District of St. Joseph, janitor service and light, $8.75.

The election of officers for the ensuing year resulted as follows: President, W. T. Elam; Vice-President, J. B. Reynolds; Treasurer, J. J. Bansbach; Secretary, Chas. Wood Fassett; Delegate, O. B. Campbell; Censor, T. E. Potter, three-year term.

After short speeches by the officers-elect the society adjourned.

THE RETIRING PRESIDENT,

Dr. Thomas H. Doyle (whose portrait graces our front cover) is one of the familiar figures in the medical profession of the State of Missouri. Dr. Doyle was born at Doylestown, Pa., on the 5th of November, 1840. His medical education was received in the University of the City of New York, being graduated from that institution in March, 1865, in the last class which sat at the feet of the famous Dr. Mott. Subsequently Dr. Doyle served a term in Bellevue Hospital, New York. In March, 1869,

he located in St. Joseph, entering at once into general practice, and at one time was associated with Dr. E. A. Donelan. He soon rose to the front rank as a skillful and successful practitioner, a position which he holds today, a leader among men.

Dr. Doyle has always taken an active part in local politics, and is unswerving in his devotion to the democracy. His great popularity carried him to the mayor's chair in 1886, where he served two years. He has been a member of the United States Board of Pension Examiners, and has ever been prominent in all matters connected with education and the advancement of his profession. He was one of the organizers of the St. Joseph Medical College, and at present holds the chair of Principles and Practice of Medicine in the Ensworth Medical College of this city.

Dr. Doyle is the happy possessor of a loyal wife and two grown children: Dr. John M., a veritable chip off the old block, who is serving his third term as coroner of the county, and Miss Agnes, one of the most popular young ladies in society.

Dr. Doyle undoubtedly enjoys the largest practice of any general practitioner in the county. He is beloved by every one with whom he comes in contact, and were it not for his generous nature and the remarkable amount of charity practice, he would be a millionaire today. His treasures, however, are laid up where the moth does not corrupt and thieves cannot break in and steal. The name of Dr. Doyle will be handed down to posterity as a benefactor to his race. Courteous, kind, unassuming, a friend to the needy, with gentle words of encouragement, his visits to the sick-room carry sunshine and good cheer, while his native wit never fails to act as a tonic to tired souls. May his days of usefulness be prolonged for the sake of the suffering ones who are wont to wait his coming. F.

THE ANNUAL BANQUET.

At the Christmastide, when the spell of good fellowship should be upon all mankind, and the heavenly choir-song, "peace upon earth" pervades the very atmosphere—this is the occasion for harmony, and the one time during the year at least when doctors agree. A typical occasion of perfect unanimity was experienced at Hotel Metropole on the evening of December 22d, when the members of the Buchanan County Medical Society gathered round the banquet table and disposed of an excellent menu.

Dr. Doyle, the retiring president, was the toastmaster, and introduced the speakers in his usual happy manner.

The guests of the society were Mr. W. B. Norris of the local bar; Mr. C. D. Morris of the Gazette, and Dr. E. A. Donelan, the oldest practitioner in the county.

THE TOASTS.

Dr. J. B. Reynolds spoke on "The Physician as a Politician," emphasizing his views with earnest advice to the doctors to take an active interest in civic affairs, and thus promote the health and welfare of the community.

Mr. C. D. Morris handled his delicate subject, "The Lay Press and the Doctor" in a masterly and entertaining manner. He was frequently applauded and upon resuming his seat, Dr. Woodson moved that a vote of thanks be extended him by the society. This was carried unanimously. Mr. Morris pointed out that a newspaper, like the physician, must be honest, must be free, must be brave, intelligent and fraternal. His comparisons and similies were much enjoyed.

Dr. E. A. Donelan urged the necessity of medical legislation in a short heart-to-heart talk, and especially advised those members present to be active and ever-present to see that good laws are formulated in regard to sanitation and health.

Dr. W. F. Schmid assumed the role of the gallant, and drew a pleasing word-picture of woman, her sphere and her virtues. The ears of the fair sex must have fairly burned as Dr. Schmid proceeded in his eloquent and touching tribute to the absent ones.

Mr. W. B. Norris, in speaking of the doctor "From a Legal Viewpoint," said "He who understands the human body and dreams to know the working of the human brain is greatest of all. We, in our profession, study human justice, grand, sacred and holy as is the study, yet to some extent it is man's creation, it is this attempt to reach the divine right. You, in your profession, attempt to reach that same divine right, nature, the human body; greater, grander than any form of nature exhibited to us, for there is templed within it the human brain, the God incarnate."

"The Yankee Doctor Abroad" was the subject of a toast by Dr. W. E. Pentz, who has made several trips abroad in the English service. In speaking of the doctor in London the speaker said: "You go down the Strand and you see him there. You are honored by an invitation to an operation in private—you see the Yankee there. In an emergency call at Charing Cross he comes perched on the front seat of an ambulance. He is known to the barmaids as a deucedly funny fellow who takes his whisky straight."

Dr. Charles G. Geiger was in a reminiscent mood. He spoke of the old physicians of St. Joseph and on the "Buchanan County Medical Society." He advocated harmony on the part of the doctors of St. Joseph and said that the society is a blessing to the medical fraternity of the county. He proposed a toast as follows:

"Thought is deeper than all speech,
Feeling deeper than all thought;
Souls to souls can never teach
What unto themselves is taught."

In speaking on "What of the Surgical Future" Dr. Daniel Morton reviewed the great advance which had been made in surgery and medicine

of recent years. He spoke of the work of the bacteriologist and predicted that in many cases where the knife is now necessary surgery will be dispensed with when the science of bacteriology is more thoroughly developed. Dr. Morton said: "The pendulum has swung its full limit on the side of surgical mechanics. It is starting on its return vibration to the side of surgical philosophy. As a result of the forces thus set in motion we will see surgery lifted again to a still higher plane of human endeavor than that which it now occupies."

Dr. R. C. Deppen spoke in a humorous vein on "The Doctor as a Good Fellow." He said: "The doctor is like a dinner pot; he is full of good things. His outward appearance may not always indicate it but you are sure to find something rich under his lid. He is also patriotic, because he bleeds for his country. He is the first to extend to us the hand of good fellowship on our arrival into this world of trials and tribulations, the last to sooth our aching brow when we make our exit; the first to probate his account against our estate and the last one to be paid. He is the most charitable institution on earth because he believes it is more blessed to give than to receive."

"Our Mistakes" was the subject of a toast by Dr. O. B. Campbell. Among other mistakes he enumerated "To ask a lady patient her age when she has passed the forty mark. To fail to comment upon the beauty of the new-born babe in its mother's presence, though it may have a pug nose and terribly distorted features. To try to pull up by pulling on a great man's coat tails. To fail to recognize the growth a young man is making. To represent yourself to the people as a much abused man among your fellow doctors, because of jealousy on their part. To give out the impression that you are the only intelligent physician where you reside."

"One physician, like a sculler plies,
The patient lingers, and by inches dies;
But two physicians, like a pair of oars
Waft him with swiftness to the Stygian shores."

On another page will be found life-like pencil sketches taken round the board by the Herald special artist.

At the close of the banquet extemporaneous speeches were made by Drs. C. R. Woodson, T. E. Potter, Jacob Geiger, George A. Nash of Maryville, and W. T. Elam, the newly-elected president.

Those who attended the banquet were Drs. Ferd Haskins, H. B. Adler, Henry W. Stiles, W. J. McGill, Chas. Wood Fassett, L. A. Todd, O. B. Campbell, W. F. Schmid, C. A. Tygart, C. R. Woodson, T. E. Potter, Jacob Geiger, Thomas H. Doyle, W. T. Elam, E. A. Donelan, Daniel Morton, J. B. Reynolds, W. F. Goetze, J. J. Bansbach, W. W. Butts, P. 1. Leonard, R. C. Deppen, Charles G. Geiger, F. G. Thompson, Floyd H. Spencer, George C. Potter, William E. Pentz, W. L. Kenney, O. G. Gleaves, D. L. Hunterson, J. H. Flynn, J. M. Brown, Maysville; George A. Nash, Maryville; W. B. Norris and C. D. Morris. F.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The next meeting of this association will be held at Lincoln, Neb., March 24, under the presidency of Dr. A. D. Wilkinson. Members desirous of presenting papers should send their titles to the secretary not later than February 10th. Papers will appear upon the program in the order in which they are received. A symposium on pneumonia, followed by personal experiences, will be a feature of the program.

It is earnestly hoped that all members of the society will make it a point to be present at this meeting, as a new constitution and by-laws will be submitted, and a proposition for reorganization, making this society an auxillary to the American Medical Association, will be acted upon. Organization is the order of the day, and each and every member of the medical profession should make it his duty to add his unit of strength in building up a powerful and influential National society. At the last meeting of the Missisippi Valley Medical Association in Memphis the new constitution was unanimously adopted, and similar action is to be expected of the Missouri Valley members.

THE ST. JOSEPH SURGICAL SOCIETY.

In September Drs. Jacob Geiger, J. W. Heddens, C. H. Wallace, T. E. Potter, O. B. Campbell and L. A. Todd met formally at the Benton Club and formed a new local society, to be known as The St. Joseph Surgical Society.

The society has several objecs in view: One is the monthly meetings of its members for the purpose of discussing papers on subjects entirely surgical. Another is the exhibition and discussion of surgical cases, presented by the members. The third purpose of the society is for the encouragement of original research work, too little of which has been done in the past.

In October Dr. Potter presented the subject of "Cholecytitis" in a well-prepared paper, devoting especial attention to etiology and diagnosis.. Dr. Wallace considered "Tumor Albus" at the November meeting. In December Dr. O. B. Campbell read a paper on "Intestinal Obstruction," giving a report of several cases, together with the results of experimental intestinal work on the dog.

CIVIL SERVICE EXAMINATION FOR PHILIPPINE SERVICE.

A special examination will take place on January 27 and 28, at various places in the West, to secure eligible subjects for vacancies in the staff of government physicians in the Philippine service, at salaries ranging from $1,200 to $1,800 per annum. Age limit 20 to 40 years. Applicants must present themselves in person on the first day above mentioned, securing blanks at the respective post-offices. In Missouri the examina-

tion may be taken at either of the following places: Jefferson City, Kansas City, Kirksville, Springfield, St. Louis. Kansas: Fort Scott, Salina, Topeka, Wichita. Iowa: Des Moines, Dubuque, Fort Madison, Iowa City, Mason City, Sioux City. Physicians residing in other states may learn where the examinations are to be held by inquiry at their local post-offices.

These examinations are open to all citizens of the United States who comply with the requirements, and offer an excellent opportunity to enter a service which has many attractive features and to see a most interesting part of the world. China and Japan are near at hand and are favorite places to visit during vacations. The Philippine service is classified, and the law contemplates promotions on the basis of merit from the lowest to the highest positions. The climate is good and nearly all of the employes are in excellent health.

SPECIAL AIDS TO THE EARLY RECOGNITION OF PULMONARY TUBERCULOSIS.

In an article on this subject in American Medicine, by W. L. Dunn, B.S., M.D., of Asheville, N.C., the following conclusions are drawn:

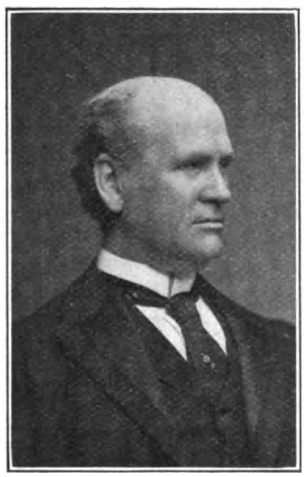
1. The full appreciation of the value of percussion and auscultation findings and of symptoms is dependent upon the recognition of the limitations of the significance of their presence or absence.
2. Deductions from temperature may be made from only frequent, regular observations.
3. An auscultation chart made while listening to the sounds is an essential aid to accuracy of both observation and record.
4. Negative sputum findings are never sufficient ground for negative diagnosis.
5. Blood examinations throw no light upon diagnosis of tuberculosis in its incipiency, except in excluding those conditions in which the blood findings are characteristic.
6. Significance and reliability of agglutination are not yet fully established.
7. The tuberculin test is a safe, reliable, practical, and justifiable diagnostic resource in those cases in which its use is indicated; that is in those cases of suspected early tuberculosis. When a positive diagnosis can be made without the tuberculin test, its use is to be condemned as a meddlesome procedure.

A CHICAGO man died from eating sausage. There is a feature in this case that links it to appendicitis.

The Doctors' Library

PRACTICAL GYNECOLOGY. A Comprehensive Text-book for Students and Physicians. By E. E. Montgomery, M. D., LL.D. Second Revised Edition. 8vo. pp. 900. Five Hundred and Thirty-nine Illustrations. Philadelphia: P. Blakiston's Son & Co. 1903. Price, $5.00 net.

When an author claims that he has spent fifteen years in the consideration of a subject and that he has no apology to offer for giving the public the opportunity of examining his production, especially when he has been placed in a position highly favorable for the gathering and weighing of valuable facts, we find ourselves very naturally in an expectant mood with the said expectations somewhat high. This is just the position in which a reviewer or reader finds himself when he takes up Professor Montgomery's work and it is a pleasant task to say that he would be a crusty critic who did not grant graciously the author's implied claim to speak with authority and agree with a host of those who have already passed judgment that the book is one of the very best (nor need one hesitate very long to say the very best now in use) among books on diseases of women, take it from any point of view. The needs of the student have never for an instant been forgotten, and if the professor is as clear and fascinating as a teacher as his written production would indicate we would urge students to hear him by all means, for whether it be in the consideration of diagnosis, therapeutics, operations, post-operative care or in illustration one turns from the book with reluctance.



The prophecy is ventured that this work will be used by a greater number of students and physicians than any yet written on gynecology, nor will this edition be the last. This comment seems very like flattery but let him who doubts the fact that such is not the case examine the work and try his hand at a less commendatory review. Would that many writers might wait and consider their subject for fifteen years before venturing to make a book. The benefit to medical progress and to the welfare of mankind would be vast beyond calculation. B.

STUDIES IN THE PSYCHOLOGY OF SEX. Analysis of the Sexual Impulse. Love and Pain the Sexual Impulse in Women. By Havelock Ellis, L. S. A., Fellow of the Medico-Legal Society of New York, etc. Philadelphia: F. A. Davis Co. 1903. Cloth. 8vo. Pp. 266. Price, $2 net, delivered.

The anouncement is made by the publishers that this book is to have a restricted sale, such being confined to lawyers, ministers, physicians

and advanced teachers and scientists, and if this restriction be granted there is nothing to be said against it and much in its favor.

Such as desire the information the author seeks to impart will find no feeling of uncleanness or be left with a bad taste in their mouths as is so often the case where one reads works of a similar or professedly similar kind,. Those fitted to possess the book will with few exceptions possess the characteristics necessary to avoid its getting into the hands of those who have no need for the information the book contains. This volume is capable of causing damage if allowed to leave the hands of those for whose enlightenment it is expressly written and published. Author and maker have done their part and deserve well earned praise. B.

MODERN SURGERY: General and Operative. By John Chalmers DaCosta, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Handsome octavo volume of 1099 pages, with over 700 illustrations, some in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery. Obsolete and unessential methods have been excluded in favor of the living and the essential. The author's extensive experience as a teacher is evident throughout the entire work, the statements being clear and to the point.

The progress of surgery in every department is one of the most notable phenomena of the present day. Dr. DaCosta's book has shown steady improvement in the character of each edition, this fourth being so much changed from one of the earlier date as to make the volume a new one. There have also been added over two hundred excellent and practical illustrations, greatly increasing the value of the work. Because of the great amount of new matter it has been deemed advisable in this present edition to adopt a larger type page. This is a great improvement, rendering, as it does, the work less cumbersome.

The characteristic feature of Professor DaCosta's style is to be found in its dogmatism, an element very essential in successful teaching, if not always pleasing to the pain-staking, close observing advanced student. Illustrations of this positiveness of assertion are numerous. A fair sample may be found in the rather overcondensed chapter on "Skiagraphy or the Employment of the Roentgen Rays" where the reader is informd as if there were no room for doubt that "These x-ray injuries are most liable to occur when a Ruhmkorff coil is used and such a condition is very rarely caused by a static machine. Hopkins says that the lesions are produced more frequently by tubes that are energized by alternating currents than by those energized in any other way." He has only found record of four cases produced when a static machine is used.

This rather astonishing statement seems strangely untrue to the facts and causes one to conclude either that the author has had a unique experience or not a very wide one, as in the city of St. Joseph alone the writer has observed four cases of x-ray burn, one of them intensely severe, and

now at the end of eight months incompletely healed, yet all of these produced by static machines while only a single case of irritation lasting beyond a week, and that case purposely irritated more than usual where a coil was used; though it would be well to impress the fact that in incompetent hands tissue may be destroyed by the rays from a Crook's tube no matter how the tube is excited. Because of the lack of power in static machines making the use of a tube of low vacuum necessary and because of the sharp, or perhaps better described, rough interruptions not yet overcome by the makers of static machines, the writer believes that the users of such machines will, until x-ray work is carried on as it should be by those skilled in such undertakings, more frequently do damage than those who use coils. It is unfortunate that Dr. DaCosta has spoken so positively upon one side of this subject for the reason that he might have done the greatest good to students and physicians had he assured them, that which we believe is eminently true, that the static machine and the coil have each a place to fill, that each skilfully used will do excellent work, at the same time impressing upon all the needful warning, that immense damage may be done by careless workers, and drawing attention to the fact that the makers of static machines and of coils have allowed their desire for commercial gain to blind them to the merits of each machine. Altogether the book will be found most satisfactory as a teacher and guide in advanced surgical procedures. B.

BREWER'S SURGERY. A text-book of Surgery for Students and Practitioners, by George E. Brewer, A.M., M.D., Lecturer on Clinical Surgery at the College of Physicians and Surgeons (Medical Department of Columbia University), New York. In one octavo volume of 712 pages, with 280 engravings and 7 plates in colors and monochrome. Cloth, $4.00; Leather, $5.00, net. Lea Brothers & Co., Philadelphia and New York, 1903.

Among the many text books of surgery it would seem that there was not much room for another and yet Dr. Brewer's book will find a definite place and we believe meet with a cordial reception. The essential facts of surgery are briefly and clearly stated.

An error so frequently made in text books of this kind and which served to perplex and annoy the student and physician who seeks information, often in a hurry, has been avoided by the author in that he gives but one or two methods for treating a given disorder and these methods, of course, the best in his judgment. Instead of going over a large number of methods of treatment and in no way intimating their comparative value. No man can write a book in this day upon a subject such as surgery without drawing upon the work of others and should the literary critic undertake the task he might find ground for a charge of plagiarism. Yet the author has wisely refrained from an extensive use of quotation marks or the giving of a long list of authorities. The facts of modern pathology so far as they are settled beyond reasonable question has received the attention they merit, and altogether the book is one of the best that has come before us in recent years. B.

DISEASES OF THE RECTUM AND ANUS. Designed for Students and Practitioners of Medicine. By Samuel Goodwin Gant, M.D., LL.D., Professor of Rectal and Anal Surgery at the New York Post-Graduate Medical School and Hospital; Formerly Professor of Gastro-intestinal Surgery at the Universiy and Woman's Medical College, Kansas City, Mo.; Attending Surgeon for Rectal and Anal Diseases to the New York Post-Graduate Hospital, St. Mark's Hospital, Hebrew Sheltering Guardian Orphan Asylum, and New York Infant Asylum; Member of the American Protologic Society, American Medical Association. Second edition, rewritten and enlarged with thirty-seven full-page plates, twenty of which are in colors, and 212 smaller engravings and half-tones. Pages 687. Royal octavo. Philadelphia, Pa.: F. A. Davis & Company, Publishers, 1914-16 Cherry street. (Extra Cloth, $5.00 net; Sheep or Half-russia, $6.00, net, delivered.)

We are very proud indeed to claim the author of this book as a Western product, and the remarkable sale of the first edition of his interesting work was certainly a pleasing tribute to the popularity of this young writer. The almost unprecedented success of his first work was an incentive to greater effort, and the book as it now appears is the most complete and practical work in the world upon this special branch. Dr. Gant has brought to this edition advanced knowledge from his rich field of experience, and his presentations of the subjects are at all times clear, clean and scientific. A number of new chapters have been introduced into this volume, and many other chapters have been rewritten. The illustrations are superb and reflect great credit on the artist, the engraver and the publisher. The book has been increased from 400 to 700 pages, and its value enhanced by the addition of 17 full-page half-tone plates. This book has won a place for itself among the standard works of the doctor's library.

THE NEUROLOGICAL PRACTICE OF MEDICINE.—A cursory course of Selected Lectures in Neurology, Neuriatry, Psychology and Psychiatry; applicable to General and Special Practice. With 77 illustrations. After the author's class-room methods as a teacher of students. Designed for Students and General Practitioners of Medicine and Surgery. By Charles H. Hughes, M.D., President of the Faculty and

Professor of Neurology, Psychiatry and Electrotherapy, Barnes Medical College; Honorary member of many home and foreign medical and scientific societies, etc., etc. St. Louis: Hughes & Co., Publishers. 1903.

Dr. C. H. Hughes in this book endeavors to help the student and general practitioner over the neurological obstacles which they have to encounter. The author has given us a work very systematically arranged, carefully prepared and well illustrated. He carries throughout the idea that neurology has become more distinctly necessary in the study and treatment of disease and that from a clinical point of view a proper comprehension of the conditions of the nervous system is an absolute necessity. This work is especially interesting at present owing to the bitter opposition which the neurone doctrine is now receiving in Germany, by Nissl of Heidelberg and Bethe of Strassburg. Dr. Hughes has brought together by carefully prepared data of histologic and embryologic facts the idea regarding the doctrine of nerve units. While we cannot in the space allotted go into details of the book here we would call attention to it as a work that we heartily commend to students and practitioners. J.M.D.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The special committee appointed at Memphis to consider the question of meeting place for 1904, has just reached a conclusion, and the thirtieth annual meeting of the Mississippi Valley Medical Association will be held at Cincinnati, O., October 11, 12, 13., 1904. Dr. B. Merrill Ricketts has been elected chairman of the Committee of Arrangements. The following are the officers for the year: President, Edwin Walker, M. D., Evansville, Ind ; President-elect, Hugh T. Patrick, M. D., Chicago; First Vice-President, Bransford Lewis, M. D., St. Louis; Second Vice-President, Geo. W. Cale, Jr., M. D., Springfield, Mo.; Secretary, Henry Enos Tuley, M.D., Louisville, Ky.; Assistant Secretary, S. C. Stanton, M. D., Chicago; Treasurer, Thos. Hunt Stuckey, M. D., Louisville, Ky.;

The following resolution was offered by Dr. S. P. Collings, of Hot Springs, Ark., at the Memphis meeting:

WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures; therefore, be it

Resolved, That it is the sense of the Mississippi Valley Medical Association that measures be taken by Boards of Health, boards of education and school authorities and where possible, legislation secured, looking to the examination of the eyes of all school children, that disease in its incipiency may be discovered and corrected.

HENRY ENOS TULEY, Secretary.

Surgery

L. A. Todd, M. D.

Intravenous Injections of Colloidal Silver in the Treatment of Erysipelas.—Warren Coleman (Medical Record, Nov. 21) has employed intravenous injection of colloidal silver with success in five recorded cases of erysipelas, but states that the number is too small to warrant any positive conclusions. Colloidal silver has been used to some extent recently with varying success in septic processes, generally pyemia, septicemia, pneumonia, anthrax, carbuncle, gonorrhea, etc. The drug is used intravenously in doses of 5 to 10 c.c. of a 1 per cent solution. The injection is made directly into one of the superficial veins at the bend of the elbow with an ordinary hypodermic syringe, the usual precautions of cleanness being observed. No reaction follows the procedure. All who have used colloidal silver agree that it is harmless. There seem to be many possibilities in its use, and its clinical application is being extended to a large degree.

Non-Malignant Tumors of the Mammary Gland in the Female.—(Thos. H. Manley, International Journal of Surgery).—The frequency of tumors of the mammary gland in females is noted. They are of most diverse characters. Generally speaking they may be divided into: (1) Inflammatory infections; (2) benign neoplasms; (3) malignant neoplasms. The first embraces the mastatic abscess or acute inflammation of the breast; and the cold abscess or tubercular inflammation of the breast. The benign tumors are more common than the malignant. Careful clinical diagnosis is most important in these cases in differentiating between benign and malignant growths. The history of the case, heredity, age, cachexia, and above all the local characteristics of the tumor are together essential in clearing up the diagnosis. It is often difficult to differentiate tubercular mastitis with axillary gland involvement from a malignant tumor. When fluid is suspected in a breast tumor, it is essential to aspirate and examine the fluid under the microscope. Advanced malignant tumors can be diagnosticated easily enough, but in that stage operative interference is not curative. The nature of breast growths should be determined early. The author states that some noted authorities advise early and radical operation in dubious cases, with the hope that should malignancy be present, it may be aborted; on the other hand, there is no proof that life is much, if any, prolonged by an early operation in cancer.

The Causes of the Occasional Failure of Operation to Cure Gall-Stone.—W. J. Mayo (Jour. A.M. A.) gives the mortality of all cases of gall-stone coming to operation in his extensive experience as 5 per cent. In uncomplicated cases, it was 2 per cent. The number of failures to cure was small—only 19 cases in the author's series of 631 operated upon requiring secondary operation. These occurred after the earlier operation. The complicated cases gave the least perfect results, and in most instances the complications could be traced to delay on the part of the patient, or his

physician, in seeking surgical relief. The most frequent cause of symptoms subsequent to operation is the incomplete removal of the stones. Stones in the cystic duct, as well as in the common duct often escape attention. This can be overcome to some extent by placing a sand-bag under the ribs, thus dislocating the liver and underlying structures downward, and brinigng into view more clearly the cystic duct. Stone impacted in the cystic duct usually demands cholecystomy. This procedure has largely eliminated such secondary troubles, as persistent fistulae ulceration and stricture of the cystic duct. In septic cases the drainage necessary must not be removed too soon. It is is also important to explore the ducts digitally in every cases before opening the gall bladder. This is especially true if the jaundice has been slight, or absent, and the gall bladder cystic from impaction in the cystic duct. There is nothing in the train of symptoms, or the appearance of the gall baldder to call attention to the common duct. Stones may be quiescent in the common duct for years without giving rise to serious symptoms; hence, they are frequently overlooked, and thus, the necessity of digital exploration of the duct. The common duct is often dilated with stone, so that the finger can be introduced. In case chronic pancreatitis exists at the time of operation, it is necessary to drain for a long time to obtain a good result. Secondary symptoms, jaundice, fever and chills and persistent stomach trouble may arise if the drainage is discontinued too soon. Stone in the common duct is the most frequent cause of chronic pancreatitis, and the choice of procedure would lie between long time drainage or a cholecystenterostomy with a Murphy button. Cancer may be secondary to stone formation, and may simulate inflammatory disease. A thick walled gall bladder is suspicious and should be removed. Persistent biliary fistulae usually means obstruction in the common duct. They were formerly largely due to the improper method of suturing the gall bladder to the skin. The present procedure of turning in the margin of the gall bladder incision by means of a purse-string around the drainage-tube, insures rapid healing of the fistula when the tube is removed. Post-operative adhesions are rather a common cause of failure to effect a perfect cure, especially when they involve the stomach or duodenum The author makes it a rule never to allow the gauze drain to come into contact with these structures, on account of the development of adhesions. Rubber tissue is placed around the gauze and left in place for six or eight days—long enough to allow organization of the adhesive film around the drain. Hernia following these operations is not troublesome, excepting in obese subjects. The author avoids subsequent hernia by bringing the drains out of a second smaller missur outside the first and near the ribs, and then closing tight the original wound. Secondary operations are comparatively safe in Mayo's experience. Separation of adhesions particularly around the liver, occasions conisderable hemorrhage which prolonged pressure with gauze usually checks. Most of these cases require drainage, which must be anchored with catgut to prevent displacement, and which should not be removed too soon.

Concerning the Doctor

His ups and downs; incomings and outgoings; haps and mishaps

DR. A. F. JONAS, of Omaha, who was operated upon for gall-stones recently, has recovered his usual robust health.

DR. W. T. ELAM was recently notified of his election to membership in the American Urological Association, of which Dr. Ramon Guiteras, of New York, is the president.

DR. W. L. KENNEY has been elected to the chair of Ophthalmology in the Central Medical College, succeeding Dr. M. F. Weymann, who has gone to Germany for extended study.

DR. C. H. WALLACE was recently appointed chief surgeon of the St. Joseph and Grand Island Railroad, vice Dr. Daniel Morton, resigned. Dr. L. A. Todd will be assistant surgeon.

DRS. A. L. GRAY and F. H. Spencer will shortly remove their offices from the Hughes building, having a convenient suite of rooms engaged in the new Moss building, corner Eighth and Edmond streets.

DR. J. P. LORD, of Omaha, had a narrow escape recently, his horse running away while out driving with his family. Fortunately the doctor escaped with minor injuries—a black eye and a few bruises.

WM. M. WARREN.—It is with deep regret that we record the death of Wm. M. Warren, of Detroit, Mich., on November 11, 1903, the general manager of Parke, Davis & Co., whose service he entered when a lad of seventeen. At thirty-two he filled the highest place in the gift of the house. At his death his administration was seven years old almost to a day. Its wonderful success has been manifested in a rapid and unceasing increase of the business; in the multiplication of the laboratories and branch houses; in the erection of new buildings, acre after acre; in the successful invasion of foreign market and new fields of scientific enterprise; in heightened prestige; in the formation of a remarkable corps of veteran executives animated by the principles of their leader and trained to perpetuate his policies. No ambitious merchant could wish a nobler monument than the contributions made by William M. Warren to the power and growth of the great enterprise whose progress was the blood in his veins and the breath in his lungs! The secret of his brilliant career was three fold. He knew how, and loved, to discover talent. Into the hands of dozens of obscure and untried men he put the key of opportunity. Wholly free from national antipathy, race prejudice, or social narrowness, he measured his lieutenants by the single standard of ability to produce results. Mr. Warren was a young man—barely forty—and yet he had accomplished more than the average man can in a life of twice as many years. His wonderful talent was also displayed in his management of the medical journals published by his firm, which will sorely miss his guidance. The Medical Herald extends its sympathy to mourning friends.

DR. CYRUS EDSON, of New York, died of pneumonia, December 2, 1903, at Roosevelt Hospital, after a short illness, aged 46 years. He was health commissioner during a portion of the administration of Mayor Gilroy and Mayor Strong. He worked out important problems in the health department and acquired a large practice after his retirement from office.

DR. R. E. YOUNG, of Jefferson City, died January 8th, of pneumonia, at the age of 60 years. He was the son of the late Judge W. C. Young, one of the early settlers of Cole county. Dr. Young was superintendent of the Nevada Insane Asylum at one time and was a member of the State Board of Charities under the Stephens administration. He was a member of the Missouri State Medical Association and served its as first vice-president in 1891-92.

JOHN FORBES.—It is with profound regret, and a sense of personal loss that we note the death of one of our associates. One of the few whose names appeared as co-workers on the editorial staff of the Herald, who sought to do his whole duty, and did it with a thoroughness unequalled by any other, was Dr. John Forbes. Dr. Forbes was a man of magnificent physical proportions. In days when the writer was seeking to overcome the effects of a malarial climate, he was wont to look with envy upon him whose life has been blotted out, believing, that with such a physique as the brawny Scot possessed, nothing in the way of accomplishment would be impossible. Today in perfect health I can but ponder upon the mystery of life and death, and ask again the question so often asked, and ever unanswered, as to why useful, energetic men, men capable of doing good, those with lofty ambition and the noblest purpose, should be cut down in the very mid-day of young manhood, their hopes destroyed, their ideals unreached. The editorial in this issue of the Herald, written before the doctor's death, has a deeper significance to us all in the calamity that is ours. Modest, retiring, unassuming, faithful to duty, true as steel, immovable as the mountains of his loved Caledonia in devotion to those who were his friends, John Forbes was every inch a man. He was a friend of the writer's during the last twelve years, during which time it was a great satisfaction to see him steadily promoted in the government service, his merit fully recognized, while his visits to my office were always awaited with the most pleasant anticipation, as I well knew, he would have something new to tell me along lines of investigation where we were each interested. It seemed impossible to convince him of the very high order of his scholarship, but his thoroughness along medical and surgical lines, particularly in pathology, and his excellent knowledge of ancient and modern languages placed him at once among the very first investigators in this country. He had no equal in the Missouri Valley I am confident. This fact was recognized in the most convincing manner, in that he was within the year past requested by an Eastern publishing house to prepare a work on Veterinary Practice. To this task he set himself with wonted energy and thoroughness, and our last conversation was in regard to the arrangement of

certain parts of the book. Dr. Forbes was a graduate of Glasgow University in Veterinary Medicine, but his medical knowledge was by no means confined to this line of practice. He did excellent work for the Herald in translating from the French several essays on surgery and kindred subjects, and had made a complete translation of a small text-book on Diseases of Women, a part of which manuscript he left with me a few months ago asking my aid in reviewing it, and expressing a desire that I arrange some special parts of the work. This manuscript is one of the most thoroughly wrought out pieces of work that it has been my privilege to review. No details are at hand regarding the direct cause of the doctor's death. He had suffered for years from malaria, and the writer having known the depressing effects of this protean disorder, we could each understand somewhat the meaning of what it meant to freeze to death and burn up at the same time, to have one's bones broken without their being fractured, and to be rent asunder without there being any solution of continuity. His quiet humor, typically Scotch, would often cause merriment as together we spoke of this abomination of desolation and congratulated, ourselves that in the lands that gave us birth the malarial plasmodium found no abiding place. A Scotch mist or the breezes of the Laurentian hills were too stimulating for this tormenter of mankind. Several times he believed himself freed from malaria, but from the meager information which we have reagrding his illness, its deadly work had surely been accomplished, undermining his magnificent constitution and destroying his life. To his bereaved wife and brother, who with himself constituted a happy home. we extend loving sympathy. It will, we trust, console them a little to know that those who knew him. loved him. and with those who were nearer and dearer to him deeply mourn his untimely death.

BELL.

A REMARKABLE CAREER.—The death of Robert Drake Murray, senior surgeon of the Marine Hospital at Laredo (a brief notice of which appeared in our December issue), ends a career that was remarkable in its success despite mishaps that would have broken a less courageous and determined man. Dr. Murray was born in the little town of Bluffton, O., in 1845, and entered the army when but a slip of a boy. He was shot to pieces in the seven days' fight before Richmond, his face, neck, arms and legs being riddled by an explosion of canister. To add to this, he was taken prisoner. The Confederate surgeons decided that it would be useless to operate on him, but despite his injuries he recovered sufficiently to survive six months in Libby Prison. When exchanged he returned to Bluffton with a face wound that did not heal for twenty-five years. At Buffalo he began the study of medicine under Dr. J. A. Seitz, and later attended lectures at the Cleveland Medical College, taking his final degree at the Jefferson Medical College, Philadelphia. For a time he held the chair of instructionr in anatomy at the Cleveland school, and then became surgeon on the Coats Surveys steamer Bache, serving eight years. He then entered the Marine Hospital Service and began an eminent career as an expert on yellow fever. He contrived to survive both smallpox and yellow fever at the beginning of his career as a physician and won his first

fame in the Key West epidemic of 1875. The Brownsville outbreak of 1879, that Brunswick, Ga., later, and the second Brownsville attack, were all ministered by him. He was the first man to show that yellow fever was not infectious from the person and to hold that Havana could be kept clear of the plague by sanitation. For many years the Key West Hospital was his headquarters, but he roved from Ship Island to Tortugas and to the other danger points when the fever appeared. He was the sentry on the country's outposts against the disease and contributed more than any other one man to the knowledge that has led to its subjugation.

DR. W. H. BRYANT, a pioneer physician of Savannah and well known in St. Joseph, died at his home December 24, 1903. Dr. Byrant had been in failing health for a number of months, but his death was a shock to his friends. He was born in Crab Orchard, Ky., in April, 1832, and was graduated from the Kentucky School of Medicine in Louisville He located in Savannah in 1863 and was actively engaged in the practice of his profession until about a year ago, when he retired on account of ill health. He ranked among the leading physicians of the State and for a number of years was a member of the State examining board of physicians. He delivered many lectures before the medical students in St. Joseph and took an active part in everything pertaining to his profession. Dr. Bryant leaves a wife and four children, two daughters and two sons.

HERBERT SPENCER'S WORK.—There were certain defects of method in Spencer's way of working. Much as he prized induction, his inductions were comparatively few, and these few were rapidly made, were brilliant, commanding, suggestive, but not thorough. His formula was imposed on the greater part of the facts with which he dealt; it was not developed from them. Much of his work was outlined in principle before the evidence for the result was in hand. This led to a selection of evidence and consequent inadequacy. We speak of the patient Darwin, but we can hardly speak of the patient Spencer. Darwin's rejection of hypothesis after hpyothesis until gradually, from an immense collection of facts, his truth appeared, finds no parallel in the work of Spencer. Huxley was acquainted at first hand with the greater part of the facts on which he built. But Spencer's facts were largely borrowed, and thus carried over into his results any error that lurked in their sources. Such inadequacies were bound to affect his philosophy, and eventually send the student of the philosophy and science of evolution to more thorough investigators. It is doubtless true, therefore, that the significance of Spencer's work will ultimately be found to reside, not in any great material addition to philosophy or science, but in the fact that he, more than any other man in modern times, made the idea of evolution current and common place; that he sought to break down the barriers between philosophy and science, making both deal with a concretely real world, and holding up to men's minds the ideal of a completely unified world and a completely unified system of knowledge.—From "Herbert Spencer," by Professor Frederick J. E. Woodbridge, in the American Monthly Review of Reviews for January.

Adrenalin and Its Use in General Surgery.—Under the above title an article appears in the October issue of the *Indian Medical Gazette*, from the pen of Harry Gidney, F.R.C.S.(Edin.), D.P.H.(Camb.), etc. The author finds that "the clinical usefulness of adrenalin is very great and extensive, and owing to its power of rapidly and effectively producing vasomotor constriction, it is adapted to treatment of all inflammatory conditions. The drug is also of extreme value in arresting hemorrhage during all surgical operations. It is indicated whenever and wherever any local hyperemia exists, more especially in inflammations of mucous surfaces, such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum, vagina, uterus, stomach, etc. It is used not only to stay hemorrhage when it exists, but also as a preventive or controlling remedy, given either internally or externally prior to an operation, so as to lessen the amount of bleeding during the performance. It is a non-irritant to mucous membrane unless when used too frequently and in excess.

The author reports the results of several operations, major and minor, in which adrenalin was employed. The first case was one of fracture of the vertex of the skull. As one of the larger branches of the middle meningeal artery had been torn there was profuse dural hemorrhage and capillary oozing which were controlled by the use of the 1-1000 solution. In the second case, one of hemorrhoids, profuse bleeding was checked by the rectal insertion of a plug of cotton wool soaked with adrenalin chloride solution.

The third case was one of skin grafting in which the author tried pressure to stop the capillary bleeding. As the procedure was somewhat tedious he applied adrenalin chloride solution with almost immediate cessation of all oozing, and what is usually a lengthy and sanguinary operation was converted into a short and comparatively bloodless one.

The fourth case, one of hemorrhage after the extraction of teeth, and the fifth, which appears to embrace the author's experience in a number of cases of epistaxis, afforded additional opportunity to test the hemostatic effect of adrenalin.

In case VI a post-partum hemorrhage was checked by swabbing the uterine cavity with adrenalin solution, while the same happy result was obtained in a case of secondary hemorrhage following an operation for the relief of a mammary abscess.

The author has found that the instillation of a 1-5000 to 1-2000 solution of this drug reduces the inflammation and considerably cuts short the process of conjunctivitis. He usually applies it (diluted) over the inflamed parts by means of a soft camel's-hair brush. He always uses the preparation containing chloretone, which has a decided anesthetic action relieving much of the photophobia and pain. He is fully convinced of the power of adrenalin to arrest or lessen the bleeding that arises from the cut ends of the iris after iridectomy. He speaks highly of its efficiency in chemosis, cataract operations, evisceration of the eyeball, operations for ectropion, symblepharon and trachomatous pannus.

The author concludes that in all cases of minor surgery in which it is desired to arrest bleeding from any cut or exposed surface we have in adrenalin a most useful, powerful and rapid drug—one that is non-poisonous, non-irritant and non-accumulative, especially in operations upon the conjunctiva and eyelids.

ONE OF THE PAST GRAND MASTERS

THE YANKEE DOCTOR ABROAD
AT 9 A.M. NEXT DAY

ONE OF THE POST

ECHOS FROM THE BANQUET TABLE

BY THE HERALD ARTIST

Matters of Medical Interest

A man to whom illness was chronic,
When told that he needed a tonic,
Said, "Oh, doctor, dear,
Won't you please make it beer?"
"No, no," said the doc., "that's Teutonic."
—Princeton Tiger.

EXCELSIOR SPRINGS, MO.— This resort is increasing in popularity every day, and physicians who send their patients there during the winter season can be assured of comfortable quarters at the Hotel Royal, where wholesome, food and light, well ventilated, steam heated rooms are always to be found. Rates very reasonable.

REGULATING THE DOCTORS AT HOT SPRINGS.—It is gratifying in the extreme to learn that at last the government has placed restrictions upon the many alleged physicians of Hot Springs, Ark. A list of successful physicians approved by Secretary Hitchcock as qualified to prescribe hot water has been posted. Out of 116 registered with the medical board 79 filled the requirements. Thirty-seven non-graduates and drumming doctors were turned down. Bath houses will not be allowed to bathe patients of physicians not on the government register.

LITERARY NOTE.—"A classic is a book that lives because it says rightly what is worth saying. It lives because readers continue to love and admire it. Briefly, it is a book which is too good to die." No medical book has been styled a classic by competent critics so frequently as Gray's Anatomy. This wonderfully successful book, "the Bible of Medicine," has stood in the fore-front for fifty years and is more popular today and more widely used than ever before. Would-be competitors only serve to show by comparison its surpassing value.

THE DISASTER IN CHICAGO.—More than six hundred pleasure seekers of Christmastide, mostly women and children, were killed, in perhaps less than ten minutes, in the blackness and panic of the Iroquois Theatre fire in Chicago. Mont Pelee licked up its vast tally of lives with scarcely more swiftness. In the great Chicago fire only two hundred persons perished. Only one similar calamity has surpassed the death roll of the Iroquois, that of the Ring Theatre in Vienna, in which eight hundred and seventy-five lives were snuffed out. Collier's Weekly of January 9, contains a graphic description of this fearful catastrophe with illustrations by its special artist.

A GERMAN DECREE.—In Germany a severe blow has just been dealt to hypnotists, magntic healers and other so-called occultists. A law has been passed prohibiting such persons from holding public seances and heavy fines are prescribed as penalties in case of disobedience. The reason why such a measure has been passed is curious. "Seances given by magnetic healers and others," says the law, "are likely to arouse public prejudice against the persons who are used as mediums on such occasions, and, therefore, it is ordained that no meeting of this kind shall be held in the future." Moreover, the magistrates throughout Germany have received strict instructions to prosecute with the utmost vigor any persons who publicly practice hypnotism, magnetic healing or any other of the so-called occult arts.

"NOTHING in the past is dead to the man who would learn how the present came to be what it is."

CALENDAR.—An attractive leaflet calendar is that sent out by the J. M. Grosvenor Co., of Boston, as a reminder of the popular "Bell-capsic" plasters. Did you receive one?

SMALL-POX.—Battle & Co., of St. Louis, have issued an attractive brochure on this subject, detailing many cases where ecthol was used with the most gratifying results. The illustrations add much to the value of the work.

MEDICAL PRACTICE LAWS.—In this issue will be found a concise and very convenient list of the various laws governing the practice of medicine in the various states and territories. Mr. Cramp has, by the introduction of maps, placed this valuable information in such shape as to be available at a glance. This compilation has already appeared in pamphlet form, copies of which may be obtained of Mr. Cramp, at the rate of $5.00 per 100, or 10 cents per single copy. Address Arthur J. Cramp, St. Joseph, Mo.

THE M. J. BREITENBACH COMPANY, of New York, are again distributing their ever popular year book. The edition for 1904 is uniform with those of previous years, which enables physicians to preserve records of daily memoranda year by year in volumes that are precisely alike in general make-up and binding It is really one of the most convenient books for the office table with which we are familiar. The incidental advertising of Gude's pepto-mangan serves to remind physicians of an excellent preparation of iron.

PHOSPHO-ALBUMEN.—This valuable product, the first and most successful of all the glandular extracts, is being advertised to the profession for the first time, although it has been prescribed for the past fourteen years by thousands of the best practitioners in America. The Phospho Albumen Co. is desirous that every doctor should give their product a careful test, and very generously offer to supply samples for this purpose. An investigation will prove its merits, and we would urge our readers to take advantage of the offer, as advertised in this issue.

A SANITARY EVIL.—One of the greatest sanitary evils of America is the overheating of buildings during winter. To remain for several hours in a room the temperature of which is nearly or quite eighty degrees—as is the almost universal practice here—is a most pressing invitation for respiratory inflammations to take up their residence in the body of the indoor worker. The sudden change from our winter-room temperature to the chill and rawness of the outside air is unphysiologic and a defiance to nature. The furnace and the steam heater are two features of our so-called "progressiveness" that are too much in evidence. The English, with their abominable climate, suffer relatively much less from diseases of the respiratory organs than we do. That this is due to the universally prevalent open fireplace and rooms which to us seem chilly is a well recognized fact. The health of the American people demands an organized moment for less heat.—*Petroleum Idea.*

"Extension of the septic products along the vascular highways is prevented by the use of antiphlogistine."

ELIMINATION of waste products is an essential principle in the treatment of nearly all the morbid conditions. Your first thought should be Abbott's saline laxative.

THE PALISADE MANUFACTURING COMPAANY, of Yonkers, N. Y., has issued a handsome brochure entitled "The Actual Invalid in Tuberculosis," which is beautifully printed and illustrated by diagrams and charts. It will be sent to any physician upon application to the publishers.

THE FELLOWS HYPOPHOSPHITE COMPANY, of New York and London, has published a pamphlet entitled "An Illustration of Therapeutic Conservatism." It is handsomely printed and contains much material of interest. Medical letters may be addressed to Mr. Fellows, 26 Christopher street, New York.

THE ANTIKAMNIA CHEMICAL COMPANY, of St. Louis, has issued its calendar for 1904, on the obverse of which is the head of a beautiful nun and is entitled Confidence. On the reverse, in addition to the calendar for the year, is a synopsis of information relating to antikamnia tablets This souvenir calendar has been sent to every physician in the world.

TYREE'S antiseptic versus bichloride, carbolic, etc. None of the objections to corrosive sublimate, carbolic acid and other agents of this class —namely toxicity, chemical union with albumin, superficial effect only, change to inert compounds, corrosive action upon tissues, harm to metal instruments, injury to the hands, etc., prominent in medical literature are experienced in the use of Tyree's antiseptic powder.

BIOPLASM.—Bioplasm has recently been found to be a specific in the nervous prostration which follows the so-called cures of narcotic habits. There has been apparently no remedy known which would check the gastro-intestinal crises following the cessation of the drug; but Bioplasm seems to act in allaying the irritation and renewing the nervous force, with about the same promptitude as renewal of the drug would do. In this respect it differs widely from other enzymes and digestants. It shows conclusively by these results that it is a potent incitant of the assimiative function, especially in nerve cell nutrition, and the removal and disposal of toxic waste.

THE POPE BICYCLE DAILY MEMORANDA CALENDAR.—The re-issue of the Pope bicycle daily-leaf calendar may be considered the opening gun proclaiming the natural and healthful return of bicycling. Col. Albert A. Pope, the founder of our bicycle industries and the pioneer in the Good Roads Movement, is again at the head of the bicycle industry. Upon the 366 calendar leaves are freshly written lines, from the pens of our greatest college presidents, doctors, clergymen, statesmen, and other eminent men and women, all of them enthusiastically supporting bicycling. Half of each leaf is blank for memoranda. This calendar is free at the Pope Manufacturing Company's stores or any of our readers can obtain it by sending five 2-cent stamps to the Pope Manufacturing Co., Hartford, Conn., or 143 Siegel street, Chicago, Ill.

CONSULT your best interests, doctor, by giving triacol a trial.

"THEY that will not be counseled can not be helped. If you do not hear reason, she will rap your knuckles."—FRANKLIN.

CROUP KILLS.—Under this caption an interesting little story will be found on another page of this issue, which commends itself to the intelligence of every practicing physician at this season of the year. Too be forewarned is to be forearmed, and a sample of calcidin may be had for the asking.

GUDE'S PEPTO-MANGAN THE STANDARD.—Iron preparations spring up like mushrooms in a night. The one backed by clinical evidence in hospital practice is the old stand-by Gude's pepto-mangan, which is the standard of known worth and which gives positive results.—Medical News, New York.

PRIZE ESSAYS.—The Maltine Company has ready for distribution the two essays on Preventive Medicine to which were awarded prizes of $1000 and $500 respectively. They are bound in permanent book form and will be sent without charge to all physicians who request them. Address The Maltine Company, Brooklyn, New York.

THE PATHOLOGY OF THE TYPHOID ULCER is the title of a unique little book issued by the Arlington Chemical Co., of Yonkers, N. Y. The plates are exceptionally good, showing respectively, "swollen Peyer's patches," "superficial necrosis," "deep ulceration," and "cicatrization." A copy will be sent free to any doctor requesting same.

REED & CARNRICK, of Jersey City, are presenting their compliments to the profession in the form of a unique little basket for the center table, which serves as a reminder of the excellent products put out by this sterling house. A booklet has also been issued on "The Treatment of Tubercular Affections," being a symposium by Drs. Dieffenbach, Canan, Solis-Cohen and the late Hunter McGuire, which makes interesting reading. A copy will be mailed free upon application to the publishers, Reed & Carnrick.

MORTALITY RATE IN JAPAN.—Health officers say that the death rate for children is lower in Japan than it is in Europe and in America. This is as it should be, in a country where the houses are off the ground a foot or two, and have no cellars, and the air inside is as fresh as it is out; where, too, every one bathes and has a good scrubbing every day. From 800,000 to 1,000,000 persons go to the public baths of the capital daily, and there are tens of thousands of private baths besides. That is a good showing for a city with a population of less than 2,000,000.

THE FAMILY LAXATIVE.—Physicians who recommend a laxative to their patients should exercise due care that they do not establish a pernicious habit. Syrup of figs is well known as a simple and reliable laxative which does not debilitate the organs on which it acts, and does not establish a habit. Due care should be used, however, to obtain the genuine, many worthless imitations being dispensed. The product manufactured by the California Fig Syrup Company is pure and may be depended upon at all times. Be sure the "California" is upon your prescription.

TWENTY-THIRD YEAR

THE Medical Herald.

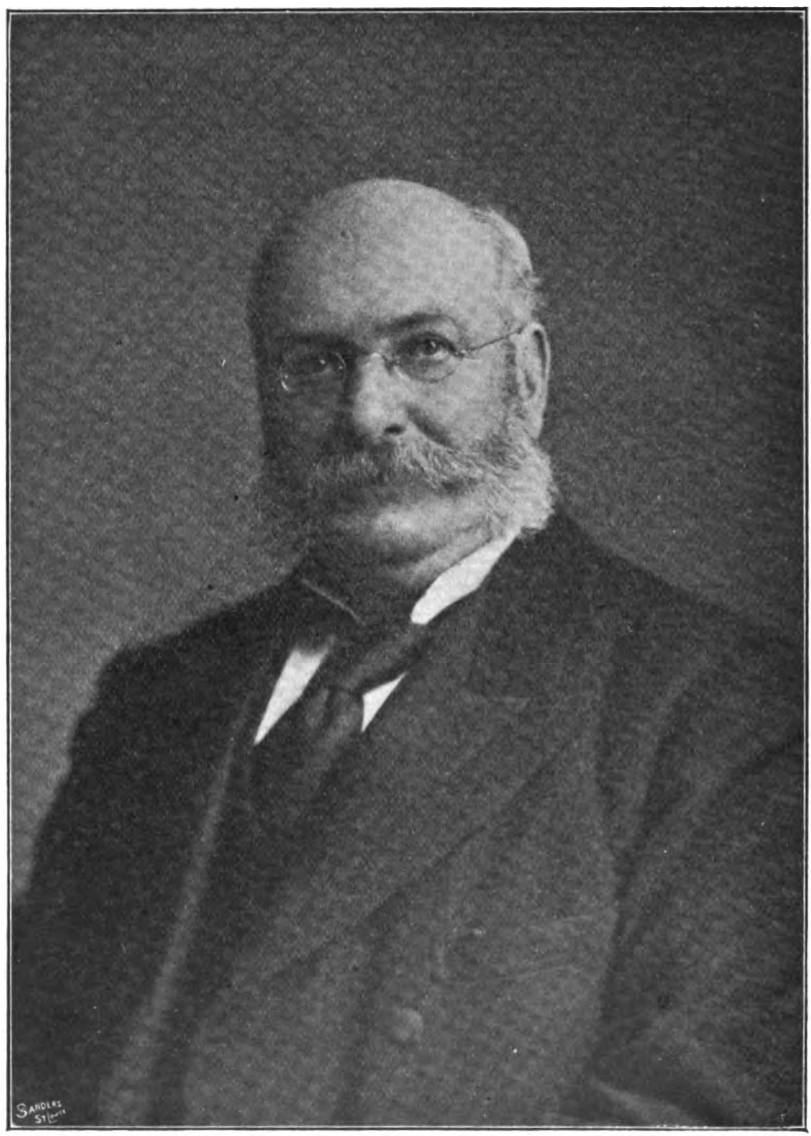
LEADING TOPICS FOR

FEBRUARY..

WALLACE

Official Journal Buchanan County Medical Society, Sioux Valley Medical Association, Medical Society of the

Medical Society of the Missouri Val-



REGINALD HARRISON, F. R. C. S.
LONDON.

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., FEBRUARY, 1904.

Contributed Articles

STONE IN THE BLADDER AND HYPERTROPHY OF THE PROSTATE TREATED BY SUPRAPUBIC LITHOTOMY AND PROSTATECTOMY.

Reginald Harrison, F. R. C. S., London,

Surgeon to St. Peter's Hospital, London; Ex-Vice-President and Hunterian Professor of Surgery, Royal College of Surgeons.

[FOR THE MEDICAL HERALD.]

IT may be generally stated that recent developments arising out of surgery of the prostate are likely to importantly alter the treatment of stone in the bladder in many instances when the latter disorder is complicated with hypertrophy of this gland. The connection that exists between these two conditions in favoring the formation of stone and its recurrence after removal is one that hardly requires demonstration.

In the course of this paper I shall endeavor to illustrate by the narration of cases which have come under my own observation and treatment how removal of more or less of the contents of the prostatic capsule has been advantageously employed for stone complicated in this way. I use the term "contents of the prostatic capsule," as I am not convinced that enucleation of an adenoma necessarily means the removal of the prostate any more than the enucleation of adenoids from the throat implies that the tonsils have been extirpated.

The prostate may be said to favor the formation and increase of bladder stones in at least two ways which are well recognized: (1) By acting as a barrier or impediment, when it becomes permanently enlarged, to the escape of small calculi and gravel, from the bladder which should be naturally expelled in the course of micturition. Thus the greater frequency of stone may be accounted for as the prostatic age is reached. I here refer more particularly to those varieties of calculi and gravel which take their origin in the kidney and are swept downwards and outwards by the unobstructed flow of the urine. These mostly include the urates and oxalates.

(2) By rendering the bladder incapable of emptying its contents. Thus the urine undergoes amoniacal decomposition, cystitis is excited and the formation of a phosphatic stone is frequently the result. This process has been entirely removed by litholapaxy.

CASE I.—A patient, aged 55, whom I saw in April, 1899. He had a stone lying behind a large and pendulous middle lobe of the prostate. I

removed the stone by litholapaxy, the fragments weighing 16.6 grammes of oxalate and phosphatic debris. The patient at the time was largely dependent on the catheter. He had two recurrences of stone after this within twenty months which were treated in a like manner; a third recurrence took place early in 1891. An examination with the cystoscope showed that he then had two stones in the bladder covered by an overhanging lobe. By this time he was entirely dependent on the catheter. I now performed a median lithotomy and after withdrawing the stones I twisted off the pendulous lobe of the prostate with a pair of polypus forceps and removed it with the two stones beneath it. A drainage tube was introduced into the bladder through the perineal wound and retained for a few days when healing rapidly occurred. He has not since used a catheter, and has had no further recurrence of stone (December, 1903). His urine became quite normal and is voided naturally.

This case illustrates how the removal of the only portion of the prostate which was hypertrophied and obstructed the bladder, effectually stopped the further formation of stone and entirely restored the voluntary power of micturition.

CASE II.—A man aged 79. In 1897 I removed a small stone from his bladder by litholapaxy. The prostate was then enlarged and he was entirely dependent on the catheter. I saw him in 1901 when he was again suffering from symptoms indicative of stone in the bladder, but it was not possible to feel it by the sound. The urine was very offensive and the calls for the catheter almost hourly. I advised exploration of the bladder by a suprapubic cystotomy. This revealed a very large prostate which completely concealed five phosphatic stones weighing twelve grammes. The stones were withdrawn and prostatectomy performed. The latter operation was a difficult one as the prostate was far advanced in fibrous degeneration and was removed piecemeal, hardly any portion of it being enucleable by the finger. The patient did remarkably well, and twenty-one days after the operation passed 40 ounces of urine naturally in 24 hours. At the end of the fourth week he was able to go for change to the seaside. His health is completely restored, and he is again leading an active life, and has had no further recurrence of his former disorders.

This case is a remarkable one as illustrating how completely a person over 80 years of age can recover the normal function of the bladder, for after seven years catheter dependence he can now entirely dispense with the use of this instrument.

CASE III.—A man aged 60, who for some years had been entirely dependent on the catheter and had retired from his clerical duties. The cystoscope showed that he had a stone above an enlarged prostate. He was desirous that the stone and the prostate should both be removed through a suprapubic cystotomy, as otherwise could not promise that he would be able to dispense with the catheter, the very frequent use of which entirely spoiled his life. This was done in November, 1901, with a completely satisfactory and rapid result. The prostatic tumor weighed three ounces and included the prostatic urethra, all three lobes were bound together by

an irregular envelopment of unstripped muscle fibres and fibrous tissue, the stone was composed of uric acid and weighed 32.4 grammes. The patient has continued to enjoy excellent health without any signs of recurrence.

CASE IV.—A man, aged 59, whom I saw in 1896. He had an enlarged prostate and a phospho-urate stone in the bladder, which I removed by litholapaxy. From this date till February, 1902, he underwent not less than fifteen litholapaxy operations by me for the removal of stones that reformed at short intervals. In addition he was entirely dependent on the catheter, and his life was consequently during this long period a very unhappy one. On the last mentioned date suprapubic prostatectomy was performed. Since then he has had no further recurrence of stone, and has entirely discarded the use of the catheter. He is now again leading an active country life in full vigor.

CASE V.—A man aged 72 whom I had known for some years and treated for an enlarged prostate. In the early part of 1903 his symptoms of obstruction and cystitis became greatly aggravated, and after trying various methods of treatment without good effect I advised prostatectomy. I suspected there was a stone concealed by the prostate, but I could not feel one with the sound. In June, 1903, I performed the suprapubic operation and removed a urate stone weighing 14 grammes lying between two lateral adenomas. The patient made a good recovery and regained the power of voluntary micturition. He is again leading an active professional life.

I have selected these cases for the purpose of illustrating in the first place how it is possible to restore the natural function of the bladder after long periods of dependence upon the catheter. In all the instances the loss of power was previously spoken of as "atony of the bladder." Whatever meaning was intended by this expression it was subsequently shown that the suspension of power was only temporary, as in every instance recorded, and in numerous others, the contractility of the bladder was completely, and is, I believe, permanently established.

In the second place an earlier employment of suprapubic cystotomy for the removal of the stones in these cases, and also, if found feasible, of the prostatic obstruction would doubtless have saved time that was lost before full relief was obtained. Though a prostatectomy adds to the risk of a suprapubic lithotomy, as compared with a lithalapaxy, there can be no doubt that in some instances this risk should be taken at an earlier stage where these painful conditions co-exist and before serious kidney complications supervene.

Cases are not infrequently met with where the relation of the enlarged prostate to the stone renders it impossible to detect the latter with the sound. The degree and kind of bladder symptoms must determine the necessity for an ocular exploration of the bladder and prostate. Further, in some of these instances even if the stone were detected and removed by litholapaxy the disposition of the parts is such as to render any proceeding which did not also provide for the removal of the prostate at the same time, absolutely useless.

Case III in this series illustrates the combination of suprapubic lithotomy and prostatectomy as a primary proceeding for the treatment of stone in the bladder. No case could have done better or been more perfectly cured in the fullest acceptation of the term.

With the exception of the first case, I have confined my illustrations to that method of dealing with the prostate which has been advocated by Freyer. I have also seen some excellent results which have followed the perineal process of Albarran and Hartman, but the limits of this article will not enable me to discuss these varieties. I refer to them as I feel sure that no one method of operating is applicable to all forms of prostatic hypertrophy which are not within reach of less heroic treatment.

THE NEUROLOG.

BY F. SAVERY PEARCE, M. D., PHILADELPHIA, PA.

Friends! Harken and permit me make for him short speech.
First the neurolog knows how far even metaphysics can reach.
A true nerve physician, he also perceives in the neural cell
The greatest force in life—it has so much to tell!

This psychic doctor struggles on, almost with intangibility;
Oh! how on theories he just does love to dwell!
A man surely of no part in dull tranquility—
Only when his day is done "all's well."

No specialist is half so wonderful;
For cures are oft mysterious even to himself,
Though therapeutics is practiced with science full:
Upon the whole a being of human parts; no ghostly elf.

A truly "nervous crank" is this mighty mental man;
Since he rolls over well in mind any history of the case;
Studies accurately signs and symptoms, then with authority says "we'll read who can"—
The world's astonished at the labyrinthine thoughts so hard to trace.

But nature's fair and judicious in her favors;—
And medicine's part of God's great plan of life.
The neurolog's willing by strenuous endeavors
To stem the tide. What a satisfying strife!

Yet withal he lives humbly on this earthly sphere,
Nor deigns not to take what any man may tell;—
Enough for him to see that in knowledge health's conserved, and added cheer,
To life is made, for every living mortal—be he pauper, prince or peer.

Read at the banquet of the section on Nervous and Mental Diseases, at New Orleans, May 5, 1903.

SURGICAL CLEANLINESS.*

Charles C. Miller, M. D., Chicago,

Professor of Clinical Surgery, Harvey Medical College.

THE operation tonight being one, which is not of peculiar interest, and which we will have an opportunity of showing you repeatedly during the term, I will take this, as an opportunity to detail to you the principles, which should guide you in securing and maintaining surgical cleanliness, or asepsis.

I wish to call attention to those who are beginning their medical career to what appears to them peculiar and novel surroundings and preparations. Yet there is a very serious purpose for all this. These white walls, tables, stands and basins, these white shrouded bodies, turbaned heads and guarded faces are not for mere novel effect, but are of tremendous import, for by these preparations, we hope to and will prevent, what you have vaguely heard of as "blood poisoning," but which we know as sapremia, septicemia, pyemia, erysipelas, tetanus and other less common if not less dangerous, complications to operations. All these preparations aim at but one thing, namely, the exclusion of bacteria, or minute, invisible, living organisms from our operative field, for the entrance and multiplication of these organisms in our wound will result in the development of one or more of the above-named complications.

As surgeons we must look upon every article and thing surrounding us as having upon it great numbers of bacteria, many of which are capable of producing disease, and such you will learn to term pathogenic. Before we can safely operate, everything used in or about the field of operation must be rendered sterile, that is free from all living matter. Each article must be so treated as to remove or destroy the bacteria present. When the importance of bacteria was first discovered, as a cause of wound infection, the air was supposed to be a common medium of infection, and the carbolic spray was brought into play to purify it as well as the wound. Then it was found that so long as free from dust, the air was safe from a surgical standpoint, and so we now make our operating-rooms so that all parts are accessible to soap and brush, and not likely to permit of the accumulation of dust. You will remember this in your private house preparations, and learn to wet down rather than stir up in improvising aseptic conditions for operation.

I will next call your attention to the profusion of clean sheets, towels, gauze pads and sponges, which you see about us here in the operating pit, and while they appear clean to you, they are doubly clean to us as surgeons. These articles have been sterilized, as we say, after they were carefully laundered. This has been accomplished by exposing them for hours to the action of live steam in a specially made apparatus, which we know as a sterilizer. This exposure to the live steam results in the destruction of any bacterial life present in these materials. With the towels,

* A Clinical Lecture to the students of the Harvey Medical College.

sheets and gowns so prepared, we cover all parts about us, which we cannot render safely sterile.

You now see the instruments which we intend to use, make their entrace in an enameled vessel, and immersed in boiling water. That is plain clear water, and they have been boiling hot for over half an hour. If we used a sodium carbonate solution, that is a solution of washing soda, they might be rendered sterile in much less time it is claimed, but as such approaches chemical sterilization rather than sterilization by boiling, we will stick to the prolonged boiling, even though we frequently use the soda in the solution to keep the instruments bright and free from rust.

You now see the nurse carefully covering the table with sterile towels, before laying the instruments out in regular order, and you also note that she handles them almost entirely with a pair of forceps, which we boiled with the remainder of the instruments. Here hands have been carefully sterilized, but as a surgical principle she handles as little as possible, those instruments and materials which are to come into direct contact with the wound. You will note that all the instruments are classified and arranged in order, and this order is followed as nearly as possible in all operations, so that no time may be lost in looking over the table for a desired instrument. During the operation the assistant in charge of the instruments will, as nearly as possible, keep the table in order, for only in this way can he pick up any instrument which he may desire, and pass it to those of us who are operating, without hesitation or loss of time. As soon as the instruments had been arranged you will note that they were carefully covered with towels, and they will remain thus protected until we begin operating.

Your attention is now directed to the patient, as he is wheeled before us from the preparation room, where he has been partially anesthetized. While the patient is unconscious and quiet, he is not quite at the point which we term full surgical anesthesia. In this condition we can more safely transfer him to the operating-table, than were he profoundly anesthetized.

While the assistants are completing the preparations for the operation, I will briefly recount his history since his entrance into the hospital. When he presented himself to the superintendent, he was at once conducted to a bath-room and given a full bath. When this was completed he was conducted to the preparation-room and the field of operation shaved. Then the interne, who had carefully prepared his hands and protected his body with a sterile gown, thoroughly scrubbed the prospective operative field with brushes and green soap, both of which had been carefully sterilized by boiling. This consumed about fifteen minutes, then the soap was washed away, and the parts washed with alcohol, ether and a solution of bichloride of mercury one to two thousand. The chemicals were then washed away with sterile water, and the parts covered with sterile gauze. Over the gauze was placed a thick pad of sterile cotton, and all held in place with a sterile bandage.

The nose, mouth and throat were examined by the interne, and if an unsanitary or diseased condition was found, these parts were thoroughly

treated with antiseptic, but unirritating mouth washes and sprays. These precautions are taken to avoid difficulty during the anesthesia from excessive secretions and to minimize, if possible, the liability of pneumonia developing.

While the patient was receiving this cleaning up a bed was prepared with sterile sheets and slips. He was then put to bed and given water freely. Plain, digestible food was given him, and he was examined to make sure that no gastric dilatation existed. I will not dwell on these preparations, but return to the aseptic preparations, and in later lecture consider the preparations for anesthesia.

Before anesthetizing him his feet and legs were each separately enveloped in a woolen blanket, and these are covered, as you see, with sterile muslin sacks. All parts of the body away from the field of operation have been carefully protected in this way, as patients are very susceptible to any exposure when anesthetized.

While I have been talking, you have noted how thoroughly the assistants have again scrubbed the field of operation, and then have washed it in turn with the alcohol, the ether, the bichloride solution, and finally with sterile water.

We have considered the various parts about us, but have said nothing regarding our hands. Their preparation is one of the most important features of present day surgery.

The skin should be smooth and firm, free from roughness, cracks or abrasions. The nails should be short and well kept. If by any misadventure, such a condition cannot be maintained, the difficulties of rendering the hands surgically clean are greatly multiplied.

We have come to rely chiefly upon mechanical cleansing for our hands. We must avoid the strong chemicals, as their daily use almost invariably results in such irritation, and roughening of our hands, as to make them unfit for surgical purposes. In preparing the field of operation the chemicals are more of service, as they are not used day after day as upon our hands.

We can safely cleanse our hands with sterile soap, brush and water. To accomplish this our forearms are bared to the elbow, and with a brush, which has been boiled, we systematically scrub our forearms, wrists, hands and fingers, observing in so doing a regular order of procedure in order that no part may escape. After five minutes this brush is laid aside and another taken, which has been boiled. With this the systematic scrubbing is kept up for ten minutes, when the brush in use is abandoned for a third one, which has been thoroughly sterilized, and the scrubbing with this latter is kept up for ten minutes more.

Short, vigorous, rapid scrubbing for fifteen minutes, or even ten minutes may render the hands safe, but I have come to prefer the prolonged gentle scrubbing with frequent hot rinsings, and the changing of the brush at intervals.

After all this preparation you have observed frequently, that I have scrubbed the fingers or the hands in this bowl of bichloride solution and then rinsed them in the sterile water. We do not taboo antiseptics on our hands, but avoid their excessive use.

And now those of you who are witnessing your first operation, have noted this basin of boiling water in which lies a package of wet gauze. I open it and you see a number of thin rubber gloves, which have been boiling while we talked, and I don them, as do my assistants, so that as they are probably to remain impervious as they now are, no part of our hands will come in direct contact with the wound.

In the meantime you have noted that upon the completion of the washing of the patient, that all parts have been covered with sterile sheets and towels, and that finally a sheet with a small rectangular opening in it has been placed over the patient and through this opening we propose to operate.

ACUTE INTESTINAL OBSTRUCTION.

O. Beverly Campbell, A. M., M., D., St. Joseph. Mo.

INTESTINAL OBSTRUCTION is properly classified as an acute and a chronic affection. The varieties of acute obstruction are intussusception, volvulus and strangulation by stricture bands or the imprisonment of the intestine in diverticula or apertures. In chronic obstruction of the bowels, which we deem it necessary to here mention, which is incomplete obstruction, but which may terminate in complete obstruction, as causative factors we have: (1) Disease in the wall of the gut (mural), neoplastic or cicatricial. (2) Obstruction in the lumen of the gut (intra-mural), feces, neoplasms, enteroliths, gall-stones and foreign bodies. (3) Obstruction by the compression of tumors outside of the bowel. In arriving at a diagnosis of the probable cause of acute intestinal obstruction, it is well to not only have in mind the usual varieties of acute obstruction, viz., intussusception, volvulus and strangulation by stricture bands, but as well the varieties of chronic obstruction which may produce complete obstruction with all of the acute symptoms. In chronic obstruction of the bowels its character is that of an incomplete obstruction, and many times is considered by the patient and as well the physician as a severe form of constipation. We will now consider the varieties of acute obstruction, the etiology, pathology and character of the lesion.

Intussusception.—In this variety of obstruction, which is an invagination of a portion of the intestine into the portion immediately below it, occurs in nearly one-third of the cases of acute obstruction. Greig Smith has particularly called attention to the association of epithelioma of the wall of the gut with intussusception, the gut immediately below site of the neoplasm fastens about the tumor during heightened peristalsis and forces the tumor and adjacent intestine downward, as though it were

*Read before the St. Joseph Surgical Society.

a fecal mass. The writer wishes to report a case of this character which happened in his practice recently. On the first day of January, 1903, I was called to Maryville, Mo., to see a Mr. H., who had had obstruction of the bowels for one week. The following history was obtained: The patient was 52 years of age. He had noticed that for the past eighteen months that he had had some difficulty in securing the movement of the bowels. Some pain at time of defecation was experienced. He also noticed that when the feces were well formed that the diameter of the mass passed had been gradually becoming smaller. On several occasions he had passed small quantities of both dark colored and bright red blood. One week previously during defecation, after passing a small amount of the characteristic feces, he suffered considerable pain, felt as though he desired to pass more, but could not do so, nor had he been able to pass gas or feces from that time on until I saw him, a period of seven days. The abdomen was greatly distended, pulse 140, temperature 101 deg. F. He had been vomiting quite frequently, and for the past twenty-four hours, it had been stercoraceous.

A bimanual examination was made through the rectum. A tumor was found in the upper portion of the rectum which could be brought into contact with the examining finger by pressing with some force in the region of the sigmoid with the palpating hand. A diagnosis of an invaginated tumor, probably carcinoma, of the sigmoid flexure of the colon was made. The condition of the patient was extreme, so it was decided to do a colostomy for temporary relief. The patient was in the hospital, so he was taken to the operating-room and a colostomy performed. The skin incision was made in the left semilunaris and the descending colon above the tumor site was anchored in the wound by the usual method and the gut opened and evacuated. The patient made a good recovery, and on the sixth day of February, thirty-seven days later, I removed the tumor by resecting between ten and twelve inches of the gut, including the intussusceptum, making an end to end union, using the single cuff method. The patient has made a splendid recovery. The tumor proved to be an adeno-carcinoma.

It is believed that intussusception rarely occurs in a healthy bowel; that there is usually a preceding pathology. It frequently occurs in children who are the victims of entero-coloitis, and occasionally in adults who have chronic catarrhal conditions of the large and small intestine. The pathologic changes that ensue in intussusception, are essentially those of an obstructed circulation. Senn has quite conclusively shown that the circulatory obstruction is in the veins. The intussusceptum soon becomes adherent to the intussuscipiens or containing bowel. This has been frequently observed at the time of operation when it was found impossible to reduce the invaginated bowel. Necrosis and gangrene are frequently observed. In the small number of cases that have recovered without operative measures the intussusceptum has been cast off and discharged through the rectum. When necrosis occurs and the circulatory disturbances are at their height the lumen of the gut become closed, gases and feces distend the intestine above the site of obstruction and peritonitis develops. In-

tussusception may occur in any portion of the intestinal tract, but it has been observed to occur more frequently at the ileocaecal valve, next in frequency in the jejunum and at the sigmoid flexure of the colon.

Volvulus.—This variety of obstruction, which means a twisting of the bowel upon its axis, or a twisting of a loop of the bowel, may occur as a primary condition, but is often found to be associated with pre-existent pathology in the intestine, or within the abdominal and pelvic cavities. Chronic constipation is an exciting factor. It quite frequently occurs where the intestine is adherent to an inflammatory mass as in chronic appendicitis and salpingitis. It would seem that increased peristalsis brought about by purgation, is the immediate cause of the occurrence of volvulus in chronic constipation, and as well where the bowel is held fast and partly constricted from inflammatory adhesions. The writer has had three cases of volvulus, that would seem to warrant the above assertion. Two of them were associated with chronic appendicitis, the third with chronic salpingitis. In the two cases associated with appendicitis, there had been the history of a single attack of appendicitis of a pronounced character followed by more or less soreness in the left iliac region with constipation. Within one year in each instance from the occurrence of the attack of appendicitis a cathartic had been taken to relieve the constipation, when in the act of defecation volvulus occurred.

In the case associated with salpingitis, the patient applied to her family physician, complaining of constipation and headache. The physician prescribed for the headache, and believing she needed a thorough purgation, prescribed ten grains of calomel. The patient had two good actions from the effects of the calomel, which were without pain and during the third attempt at evacuating the bowels, there was considerable griping, the bowels commenced to move, but she was seized with a severe cramping pain and signs of obstruction soon developed. At operation nearly one week later a gangrenous gut was found which had perforated with diffuse peritonitis. The cause of the obstruction was found to be a volvulus, the gut was found twisted upon its axis just above a dense adhesion to the right fallopian tube.

Stricture Bands and Diverticula.—Stricture bands are the products of inflammation. The favorite sites in the male are the appendix vermiformis, the gall bladder, the pylorus and the duodenum. In the female, the pelvis, the appendix vermiformis, the gall-bladder, the pylorus, the duodenum. Adhesions of the intestine and the formation of stricture bands may occur as a post-operative sequela, especially in inflammatory conditions. Especially is this true where abraided areas are left uncovered with peritoneum. On account of the frequency of the occurrence of this very distressing and many times serious sequela, the fifteen minute abdominal operation, which almost invariably left behind abraided areas, has been supplanted by the more thorough and complete procedure of covering all abraided surfaces where possible with peritoneum, searing the remainder with the Paquelin cautery. For besides the occasional occurrence of ileus from adhesions and from bands as a post-operative sequela in abdominal

and pelvic cases, we as well have the most distressing and constant condition of pain. While adhesions of the intestines to inflammatory areas is usually productive of acute obstruction, chronic obstruction from this cause has been frequently observed.

The occurrence of obstruction of the bowels from the imprisonment of the intestine in diverticuli, would seem to be accidental or in a few instances to be due to abnormalities in development.

Diagnosis.—To be able to diagnose the variety of obstruction and its probable site in a given case, entails a thorough knowledge of the subject, its etiology and pathology, and some clinical experience. The importance of such a diagnosis can not be overestimated, as very valuable time, as regards the welfare of the patient, is often sacrificed in a search for the site of the obstruction after the abdomen is opened, with the needless exposure of the intestine where the diagnosis is not made previous to operation.

The history of the case where obtainable is of the utmost importance. In adult females to ascertain the existence or non-existence of chronic pelvic inflammation; (2) chronic appendicitis; (3) chronic inflammation of the gall-bladder; (4) ulceration of the pylorus and the duodenum, is of the utmost significance in attempting a diagnosis.

Quite often it will be found unnecessary to examine further as the cause and site of the obstruction will be found in one of the above-mentioned regions. I shall now point out an error in diagnosis that is quite frequently made, viz., the mistaking of diffuse peritonitis with paresis of the bowels and distension, for ileus. It is true that ileus of more than twenty-four hours duration will be accompanied by at least circumscribed peritonitis, yet a differential diagnosis should be made between ileus of a few hours duration and septic peritionitis.

With negative findings as to the existence of chronic inflammation in one of the regions above enumerated, obstruction from adhesions or stricture bands could be excluded. We have now remaining but two varieties of acute obstruction, viz., intussusception and volvulus. In intussusception there should be a history of a pre-existing pathology, as has been previously mentioned. Its onset is characterized by griping pains and usually the bowels move a few times and some blood is passed.

Distension and obstruction does not come on for several hours after the onset of the attack. In palpating the abdomen a tumor can usually be felt.

In volvulus, or in the imprisonment of the intestine in diverticula, we are likely to have a history of previous good health. The obstruction comes on suddenly, and the symptoms are pronounced. The location of the site of the obstruction can be frequently made: (1) An inquiry of the patient as to the location of the pain first complained of; (2) a bimanual examination through the rectum and careful palpation of the abdomen; (3) a review of the symptoms and conditions from the onset of the malady to the time of examination. Vomiting of feces as a diagnosis of true ileus, may be rightly considered pathognomonic. As to the earliness or lateness of its occurrence as a symptom of the location of the ob-

struction is in the main unreliable. It is generally held that fecal vomit comes on earlier when the obstruction is at the ileocecal valve and in the jejunum than when it is at the sigmoid flexure of the colon.

Treatment.—Acute obstruction of the bowels is a surgical disease, internal medicine having no place in its treatment. Were it possible to impress physicians with the soundness and absolute truthfulness of the above statement, the mortality from the various forms of obstruction of the bowels would not be frightful, as we must acknowledge it to be. It seems absurdly strange that so many physicians when facing true ileus, presumably upon the hypothesis of fecal impaction, resort to repeated doses of castor oil, calomel, eletarium and croton oil, until stercoraceus vomit occurs and the patient is moribund, before they become convinced that surgery is indicated. The prevailing opinion seems to be, that the patient is sick because the bowels refuse to move, rather than from the pathology that prevents them from moving.

I have personally known of physicians treating cases of true ileus as fecal impaction, when the history showed conclusively that the patient's bowels had been moving regularly each day previously to the existing attack. Such a mistake on the part of a physician, shows that a careful systematic search into the condition of his patient had not been made, and as well, that he had not investigated the subject of obstruction of the bowels as closely as he should to be a safe practitioner of medicine. The importance of an early diagnosis and the adoption of prompt surgical treatment in acute ileus should be impressed upon the minds of every general practitioner of medicine. The fearful mortality rate in acute ileus, being estimated at 70 per cent, is an acknowledgement of our poor diagnostic skill as general practitioners of medicine. It can also be said to reflect some upon the surgeon for a failure to impress upon the general practitioner of medicine the importance of an early diagnosis, and as well the adoption of surgical measures.

The wonderful advancement in intestinal surgery during the past decade has made it possible to lessen the mortality of acute ileus to a very small per cent, providing these cases could be operated upon within the first twenty-four or forty-eight hours.

The surgery of acute ileus will depend considerably upon the diagnostic ability of the surgeon. It is only expected of the general practitioner of medicine that he diagnose the case as one of acute ileus, but the surgeon should be able to do more.

(1) He should be able to diagnose the existence of chronic inflammation in one of the regions previously mentioned, as the cause of the ileus or its non-existence.

(2) When it is possible to do this and chronic inflammation can be excluded, then the three remaining varieties of ileus can be considered separately.

(3) Intussusception can usually be diagnosed or excluded.

(4) Volvulus and the imprisonment of the intestine in apertures are the remaining varieties.

It is not possible to always differentiate these varieties, neither does it signify as the surgery is practically the same in these varieties. It is however, necessary to differentiate between ileus from chronic inflammation and the other varieties, for the reason it may be necessary to deal with walled-in pus, and the surgery of such cases differs vary much from the surgery of the other varieties.

CONSTIPATION.

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CONSTIPATION is one of the greatest banes of mankind, particularly among the people of this country. There is perhaps no disability which gives the physician more anxiety and downright aggravation than constipation. Without the adequate statistics to determine the matter, it seems to the author that constipation, with its attending disorders and derangements of the economy is on the increase. When one recalls the vast proportion of patients who consult the physician, giving a history of more or less constipation, and the physician discovers the multiplicity of symptoms-complex that entirely disappear as by magic when the bowel is cleared, it is little wonder some doctors become "cranky" on the subject of keeping the bowels open; even to the extent of overlooking other disorders that should be recognized and remedied.

Every one appreciates and understands the reason for the train of symptoms following a blocking of the excretory products, be they of a urinary or intestinal origin. The toxic agents, the result of either normal or abnormal metabolism, unless they be promptly and at regular intervals discharged, are reabsorbed, giving rise to a sapremia or uremia of greater or lesser intesity, and varying in their manifestations, depending upon the dyscrasia of the individual, and also upon the quantity of poison formep and absorbed, and always varying with the variety of poison, whose name is legion.

There are so many varieties of poisons formed in the economy, owing to varying disturbed individual processes of metabolism as to baffle the most skilled diagnostician, and even, in many cases, to render the chemist helpless. These toxic agents are so subtle as to defy detection, with our most improved chemical methods, save as the most prolonged and delicate analyses are had. Analyses which are too tedious, time-consuming, or delicate for the practicing physician to handle with any degree of certainty or precision.

Fortunately for the sufferer, and a boon to the physician, is the fact that an exact chemical and physiological knowledge of the poison involved is not required in order to meet the indication in nearly all of the cases under discussion. All experienced medical men are agreed that for prac-

tical results, the great desideratum is to excrete the poison or poisons through the natural emunctories, the most important of which is the intestinal tract.

How this shall be best, most efficiently and radically done, is a matter that is perenially appearing to vex and to baffle the best of the profession. The question is constantly reappearing in one form and another to any man practicing medicine in any of its branches. The successful treatment of all diseased conditions in chronic constipates depends so largely upon the rectifying of the emunctorial functions that little can be accomplished until such are functionating, at least, somewhere near the norm. This is a matter realized by all practicians of medicine, and has to be boldly, defiantly and persistently met.

Aside from the special gymnastic exercises and the attempts at the formation of a defecatory habitus, the entire therapeutic means at our command may be divided into three general classes, to wit: I. Dietetics. 2. Tonic-laxatives. 3. Cathartics.

With reference to gymnastic efforts and the "habit-formation," it is the belief of the author that they are, as a general proposition, a "delusion and a snare." Possibly they may be applicable in well selected cases, timely and well managed; but they are not means that may be generally applied or that are generally conducive to successful results. The same might be equally affirmed with reference to dietetics; although dietetics, in conjunction with other modes of treatment, in a goodly percentage of cases, accomplishes, oftentimes, very gratifying results. However, dietetics is only an adjunct, and can rarely or never be successful to the exclusion of other remedial agents.

That class of remedies called tonic-laxatives are deserving of more consideration. They play the part of general tonics, which latter of themselves, have the power to alter the secretory functions and tend to stimulate and reconstruct the glandular tissues. Beside, they act as a "whip" to the unstriped muscular tissue of the gastro-intestinal tract, and thus by increasing peristalsis, accomplish the desired result in a greater or lesser degree. The disadvantages of the tonic-laxatives are unpalatability, gastric disturbance, with accompanying nausea, and possibly vomiting, usually intense and prolonged griping and tenesmus, and the fact that the cathartic action is rapidly exhausted; requiring a constantly increasing dosage, with lessening cathartic effect. This continues until the cathartic effect is not at all produced, or the dosage becomes so burdensome as to require a change of medicament.

Undoubtedly, the most satisfactory class of cathartics are the saline cathartics. They are the safest being least poisonous; the most reliable in action and effect; the most trustworthy and efficient; least liable to produce gastric disturbance or other disagreeable effects, such as hypercatharsis, headache, griping, tenesmus, and the variety of nervous disturbances as expressed by anxiety, "figits", melancholia, etc.

The dosage of the salines can be so regulated as to produce a laxative, purgative or cathartic effect, depending upon the results desired to be accomplished. This is difficult to attain with the other classes of cathartic

agents. The salines, through some unaccounted-for action, have the property of abstracting from the blood the reabsorbed intestinal poisons, and then to most effectually and rapidly eliminate them. This is a fact not to be underestimated when selecting a cathartic. The salines also act as chologogues and have an intestinal antiseptic action.

By all odds the best salines are the natural saline or bitter cathartic waters. The European waters of this class have for a long time been held in the highest esteem. Recently a bitter cathartic water of this class has been discovered in this country. This water bears the trade-name of AbilenA. I have personally and experimentally found it to be superior in nearly every respect to the European waters. The dose is small, two to four ounces; it is well borne; is reliable, trustworthy and efficient; never nauseates or grips.

The natural saline waters act most agreeably, efficiently and pleasantly on the economy; and no artificial combinations seem quite so well to answer the requirements, and to give such beneficial and satisfactory action.

POEMS THAT EVERY DOCTOR SHOULD KNOW.

DOUGLAS, DOUGLAS, TENDER AND TRUE.

BY MISS MULOCH.

Mrs. Craik, better known as Dinah Maria Mulock, was born at Stoke-Upon-Trent, England, 1828, and died at Shortlands, Kent, October 12, 1887. She was the author of many popular novels. She published a volume of poems in 1859, and "Thirty Years' Poems" in 1881, besides many children's books, fairy tales, etc. She married George Lillie Craik, Jr., in 1865.

Could ye come back to me, Douglas,
In the old likeness that I knew,
I would be so faithful, so loving, Douglas,
Douglas, Douglas, tender and true.

Never a scornful word should grieve ye,
I'd smile on ye sweet as the angels do—
Sweet as your smile shone on me ever,
Douglas, Douglas, tender and true.

O, to call back the days that are not!
My eyes were blinded, your words were few;
Do you know the truth now, up in heaven?
Douglas, Douglas, tender and true?

I never was worthy of you, Douglas,
Not half worthy the like of you:
Now, all men beside seem to me like shadows—
I love you, Douglas, tender and true.

Stretch out your hand to me, Douglas, Douglas,
Drop forgiveness from heaven like dew,
As I lay my heart on your dead heart, Douglas,
Douglas, Douglas, tender and true.

VALIDOL, ITS PHARMACOLOGY AND THERAPEUTICS.

M. Klonk, M. D., San Francisco, Cal.

A PROMINENT place among the best remedies of modern therapeutics must in my estimation be accorded validol, which was introduced by Dr. Schwersenski, of Berlin, some six years ago, and is being manufactured by the Vereinigte Chininfabriken Zimmer & Co., of Frankfurt on the Maine. I am basing this opinion not simply on my own personal experience with the preparation in 67 cases, but also on the reports of numerous foreign observers, such as Dr. G. Schwersenski's "Validol, an analeptic and anti-hysteric," Ther. Monatshefte, Nov., 1897. Dr. A. G. Cipriani's: "Validol in the treatment of anorexia and vomiting of consumptives," Allgemeine Med. Central Ztg., No. 75, 1899; Dr. Verum's "Validol, a new preparation of menthol," Berl. klin. Wochenschrft, No. 33, 1899; Dr. G. Ritter's: "Validol, a excellent analeptic for use in dental practice," Deutsche zaharztliche Wocheschrift, III. Jahrgang, No. 140, 1900.

For years validol has been extensively used in Germany, France and Italy, where its prompt annd speedy action in a certain group of diseases, such as hysteria, diseases of the stomach, etc., seems to be appreciated, but in the United States it has not yet found the recognition and popularity among physicians to which it is entitled. The principal reason for this is probably to be found in the distrust which every new remedy has to contend with in this country. Many of the newer drugs fail to receive the searching and elaborate clinical tests which, in case of favorable results, would induce the conscientious physician to prescribe them in private practice.

Validol, a valerianate of menthol, is, exactly expressed, an ester of menthol and valerianic acid, containing 30 per cent free menthol. (Ester, a word invented by Gmelin, a German chemist, is an ethereal salt or compound ether, consisting of an organic radical united with the residue of any oxygen acid, organic or inorganic.)

For the better comprehension of the pharmacological and therapeutic properties of its principal constituent menthol, I will give a few data concerning the history of its use and action.

The name "menthol" appears first about thirty years ago in Hy. Watt's Dictionary of Chemistry, London, 1873, where menthol is defined as "menthylic alcohol, hydrate of menthyl, camphor or stearoptene of peppermint-oil." Although peppermint camphor was employed in ancient times by the Egyptians and Greeks in gastric disorders and by the Romans and especially by the Chinese in neuralgia and rheumatism, menthol was not used in Europe as a local anesthetic prior to 1875. In what high esteem the Japanese held menthol, can be learned from the fact, as early as 300 years ago, they used a portable medicine chest which contained nothing but the crystal. They were used mostly to soothe and relieve neuralgic pain.

It was not before 1882 that the usefulness of menthol was clearly recognized by the profession, both in Europe and the United States; its use, however, was confined to external applications, for instance as an ointment for headache and itching skin disease. About the same time twenty to fifty different solutions of menthol were prescribed for diseases of nose and throat, and for lessening sensibility in operations of the pharynx. Laryngoscopy was made considerably easier by the use of menthol solotions, tuberculous ulcers of the larynx improved under endotracheal injections with menthol and warm olive oil, coryza and ozena were much improved by the use of menthol and boric acid as a snuff, and finally menthol was employed internally in the vomiting of pregnancy and chronic disorders of digestion, to stimulate the secretion of the gastric juice.

Unfortunately, the physician in prescribing menthol for internal use, encountered strong objections on the part of the patient, which is not astonishing, since on account of the sharp, acrid taste of the camphor, in conjunction with it a specific odor, it can by no means be classed with the palatable medicines.

Menthol or peppermint-oil camphor is derived from the volatile oils of the various kinds of mentha. Of these mentha arvensis purpurescens of Japan, and mentha javanica of the Sunda Islands, furnish the largest percentage of oil, characteristic of which is the well-known aromatic, balmy taste giving rise at first to a sensation of heat, which eventually passes into that of a long enduring coolness. On distilling this volatile oil to half its volume and cooling down the residue to 25 deg. F., the peppermint-oil camphor or menthol crystallizes and separates, forming colorless, fragrant, prismatic crystals. It is an oxyhexahydroparacymol, C_{10} H_{20} O, having the odor of peppermint, melting at 108 deg. F. and volatilizing unchanged at a higher temperature. Menthol is but slightly soluble in water, but imparts to that liquid a strong smell and taste. It is very soluble in alcohol, chloroform, ether and oils, both volatile and fixed; it freely dissolves in concentrated acids, but sparingly in aqueous alkalies.

With reference to its physiological significance, menthol possesses all the properties and action of the mint-preparations, but in a higher degree. It is an aromatic stimulant, and antispasmodic and carminative. Applied to the skin, it acts as a local anesthetic; it first produces a burning sensation, but on blowing upon the skin, this is followed by a sensation of cold. Menthol in solutions of 1:2000 is a powerful bactericide, destroying the comma bacillus. Given internally, it stimulates the cardiac muscle and the secretory nerves, and increases arterial tension without affecting the rate of the pulse. It lessens reflex sensibility and sensation, and increases the respiratory rate.

During the past ten years, menthol has been used more extensively than formerly, the following diseases having been successfully treated with it: Burns and scalds, insect-bites, eczema, pruritus vulvae et ani to palliate itching and pain; in tinea tonsurans (ringworm of the scalp), a 20 per cent solution is applied with cotton. For local pain, neuralgia, toothache

and earache, menthol moulded by heat into small cones and rubbed over the part affected alleviates throbbing aches immediately.

The second constituent of validol is valerianic acid, obtained from the root of valeriana officinalis L. In the dry form, valeriana exhibits its well-known camphor-like, characteristically offensive odor; its taste is sweetish-bitter and aromatic.

Just as the taste of menthol proves the chief obstacle to its internal use, so the horrible odor of valerianic acid makes this drug undesirable.

Physiologically valerian acts as a nerve tonic, overcoming disorders of motion and sensation spasms, neuroses, neuralgias, colics, and palsies. It is a powerful sedative for reflex excitability and was for some time considered a specific for epilepsy.

Having at some length discussed the pharmacological properties and physiological action of its constituents parts, I will now briefly describe those of validol.

Validol, as before stated, is a chemical compound of menthol and valerianic acid, without their disagreeable odor and taste, possessing, however, their therapeutic value in a higher degree. If a drop of validol be quickly rubbed on the surface of the hand, an agreeably modified odor of valerian develops, which soon changes into that of peppermint, an odor refreshing to the filaments of the olfactory nerve. Validol is a colorless oily liquid of an agreeable taste, which children will take as readily and willingly as adults.

The physiological action of validol may be summed up briefly, as follows: Applied to the uninjured skin, it produces no physiological effect; on surfaces of epidermis—ulcers and wounds—it at first causes irritation; this gradually passes into a burning sensation which in its turn is relieved by one of pleasant coolness. Applied to the healthy mucous membrane, its results are a redness and slight pain, which, however, are immediately followed by a cooling sensation combined with an anodyne effect. Given internally, in small doses of from one to five drops on sugar, it acts as. a carminative on the gastric and intestinal mucous membranes, stimulating peristalsis, and thus promoting digestion. At the same time, it diminishes the reflex action upon the gastric mucous membrane by its direct effect on its nerve filaments, reducing their sensibility, and thus removing pain and sensation of fulness. In small doses it exercises a stimulating influence on the bronchial mucous lining, increasing expectoration. It manifests its antiseptic properties by delaying the decomposition of food in the alimentary tract and correcting the putrid secretion of the bronchi.

The beneficial effects of validol in the wide field of hysteria, neurasthenial and hypochondria included, must in my opinion be attributed to some extent to the fact that it consists in part of the approved anti-hystericum valerian, but principally to its function as a suggestive remedy.

In reporting my own clinical experience with the preparation, I shall for the sake of brevity refrain from giving the history of each of the 67 cases, which came under my observation, but shall simply name the various diseases in which validol proved of value as a curative or symptomatic remedy and give the mode of administration.

A. DISEASES OF THE NOSE, THROAT AND UPPER AIR PASSAGES.

1. In acute coryza with its typical accompaniments, dry, obstructed nose, swelling of the nasal mucous mebmrane, difficult or suspended nasal breahting, headache, etc., a drop of validol applid to each nostril or to the Schneiderian membrane, produces a momentary contraction of the blood vessels with the subsequent secretion of a liquid mucus and a rapid, general amelioration of all the symptoms.

2. In acute catarrhal angina painting the inflamed mucous membrane with pure validol brings prompt relief: the application is painless.

3. In laryngeal and bronchial catarrh doses of from 5 to 10 drops on sugar several times a day, or inhalations of validol, increase expectoration by reflex action upon the pneumogastric nerve, diminish cough and shorten the attack of bronchitis—acute and subacute.

B. DISEASES OF THE STOMACH.

1. In acute gastric catarrh and the sequelae of acute alcoholism, characterized by an aversion to food, nausea, vomiting, headache, and dizziness, the prompt action of validol seems almost specific.

The mode of administration is as follows: Apply one drop of validol to each nostril with the tip of the finger; this at once creates a refreshing coolness of the whole nasopharyngeal cavity. Rub five drops upon the feverish and aching forehead (to avoid irritation the eyes should remain closed during the application), and give 5 to 10 drops internally on sugar; let the patient breathe through his nose while the sugar dissolves in his mouth. This treatment, if necessary, may be repeated after one or two hours; should vomiting porsist, drops of validol taken in water will in most cases readily and safely overcome it.

2. In fermentative dyspepsia the meteorism caused by prolonged retention of food and its decomposition will positively be relieved by ten to twenty drops of vaildol on sugar.

3. In gastralgia with its well-known and most distressing symptoms 10 to 20 drops of validol on sugar will give prompt relief in the majority of cases. In conjunction with the internal validol medication, I have found it expedient in some of the most severe cases to avail myself of the cataphoretic action of the galvanic current and have observed a quicker cessation of pain by this combined mode of treatment. The anode (+ pole) saturated with validol is applied over the seat of the pain, the kathode (— pole) being placed upon the lumbar vertebral column.

4. In vomiting of pregnancy I obtained better results with validol than with any of the customary preparations, the number of the attacks being as a rule promptly reduced and their severity and duration diminished.

5. In anorexia and vomiting of consumptives I can but confirm the experiences with validol of Dr. Cipriani. Administered in doses of from 5 to 10 drops several times a day after meals and continued for a period of about two weeks, it proved an excellent stomachic, stimulating the secretions of the gastric mucous membrane. In most cases the patients exhibited a hearty appetite instead of their former anorexia and nausea.

C. THE VARIOUS MANIFESTATIONS OF HYSTERIA.

No other disease of the nervous system is so diversified in its forms as hysteria. Fr. Hoffman very appropriately says of it: *Non est morbus unus, sed potius cohors morborum.* Of the infinite number of symptoms comprised under the name of hysteria, I will quote but those which are pre-eminently the subject of complaint in hysterical individuals, and which subside quickly under treatment with validol.

1. Neuralgia of the stomach.—The patients complain of heartburn, pyrosis, attended by eructation of an acid fluid, spasmodic vomiting, pain in the pit of the stomach and distension, flatus, colic of the intestines, etc.; all these symptoms rapidly disappear by the use of validol.

2. Hemicrania—Migraine. Only the angiospatic form promptly yielded to the beneficial action of validol, while its application to other forms of hemicrania fell short of success. I had my patients take 10 to 15 drops on sugar at the approach of the attack, at the same time rubbing the forehead with 5 drops of the remedy. To prevent too rapid evaporation, I instruct my patients to cover the affected part with cotton held in place by a loosely tied handkerchief.

D. DISEASES OF THE HEART.

My experience with validol in this group of diseases is limited to six cases. I can therefore pass no final judgment on its efficacy in these diseases. Still I must mention that validol is an excellent heart stimulant. Its action is quick and prompt without any unpleasant by-effects. Doses of from 1 to 2 drops several times a day continued for weeks and even months, proved to be a heart-tonic, by means of which I obtained splendid results in anemic children with a thin, weak and irregular pulse. After a prolonged administration of these small doses, the pulse became full, regular and strong.

In conclusion I would like to state that validol (validolum simplex as distinguished from validolum camphoratum which contains 10 per cent of camphor) is valuable in the cases cited partly as a symptomatic, partly as a curative agent, that it replaces many of the remedies formerly administered, that it excels many of them by its prompt and seldom failing action, and that its use may probably be extended to wider fields (for example seasickness). Validol is brought on the market in 10 gramme ($2\frac{1}{2}$ drachm) and 25 gramme ($6\frac{1}{4}$ drachm) vials only and should for the sake of convenience always be prescribed in these quantities.

ANY one can say that which is new; any one that which is true. For that which is both new and true, we must go duly accredited to the gods and await their pleasure.

My desire and aim have been to utter nothing but truth. I have no love for error in any form or in any field of knowledge.—HIRAM CHRISTOPHER.

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

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T. B. ALLEN

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The Editors' Forum

[Discussion of Current Topics invited in this department The Editors assume no responsibility for the views expressed by correspondents.]

SELF-KNOWLEDGE ESSENTIAL TO POWER.

In this advanced age when the study of psychology becomes more and more essential in the completion of a medical man's education and a real necessity for the rounding out of character—for he who would be a successful character-builder dare not despise or scan lightly this vast field of information—that we devote ourselves to a careful and painstaking investigation of this ever-widening science.

No man is capable of accomplishing the greatest possible good unless he first becomes acquainted with himself. Know thyself, stands over the gateway that leads to achievement as surely today as it did over the entrance to the ancient academy of learning. Indeed we should be slow to trust any man as a guide in business, education, or the direction of the maintenance of health and the perfect development of body and mind who did not give evidence in his every undertaking that he was master of himself—that, however well he knows books, however thorough his acquaintance in business methods, however deep his knowledge of things scientific or of the things which relate to man's present or eternal welfare, he must first and best be acquainted with himself. One of the most convincing evidences that a man knows himself, and that the acquaintance is neither casual or superficial is found in a perfect self-control. The degree of calmness with which an individual meets the experiences of life measures with unerring accuracy his capacity for achievement. He who is ignorant of life and all that life involves cannot meet the varied and complex problems daily demanding solution. The majesty of calmness is the majesty of power and invincible comes conquering and to conquer. Perfect calm-

ness is an evidence of perfect peace; these qualities are indissolubly joined. He who knows his ground, he who has thorough knowledge of the task undertaken sails no unknown sea; knows no emergency; the word failure is absent from his vocabulary; no honorable contest is ever by him avoided, no duty ever shirked. The attribute of calmness is apparently more essential in the work of a physician than that of any other person in the world. He who would successfully combat disease and carry those who suffer from disease or injury back to perfect health dare not show a perturbed spirit. He must display no anxiety or fear. Once a patient detects the faintest evidence of anxiety, fear or haste, a successful termination of the task presented to physician and patient becomes impossible, or the difficulties multiplied infinitely. The daily experiences of him who would alleviate human anguish and assuage human pain are such as when properly interpreted develop in a most marked degree the characteristic of calmness and perfect poise; hence it is our firm conviction that a physician by force of his environments is the most favored of men; his preference is not even consulted in the matter, a resistless, unresting influence drives him toward a state of mind that is essential to power. A life of ease is not conducive to achievement, nor does it develop the highest type of character. Opposition, competition, dangers seen and unseen conflict with things present and known with things unknown and to come, with principalities and powers battling with storm and tempest, pestilence in the darkness and the destruction that wastes at the noonday. These make a man; these are the things that round a character; these are the elements that make a destiny. He who is endowed with a quiet, even spirit, a trained heart and educated mind is invulnerable. His quiver is full of winged arrows, the twang of his bow is the music of war, his hand is steady, his eye true. Such a man strikes the mark; such a man succeeds in spite of opposition. Not only is he invincible, he is far more—he is immortal.

Idleness and ease never produced and never shall produce, anything great or good, never produced a Paul, a Napoleon or a Gladstone. Discord and disquiet have no association with the truly great. Worry, bluster, fretting, fault-finding, hurrying, slander, hate, dissipation, desolation and despair, these are the associates, these the harvest of idleness and ease. He who frets and worries will soon be, possessed of envy, malice and revenge. The end of such a one is dishonor and confusion. He who knows his own soul, who is able to control himself; he who has conquered and firmly rules his own spirit is unacquainted with the attributes of the victim of idleness and ease. His joy is work, his delight in achievement. What does it matter to such a man if the finger of scorn is pointed towards

him because of envy or misunderstanding. What if the tongue of slander and the teeth of envy seek to besmirch him or bite in the dark. With perfect poise he walks serene, secure in the knowledge that the individual who would slander his character and heap calumny on his finely poised head, in due time and with a certainty that never fails shall be a suicide, destroyed by the recoil of the missles with which he sought the destruction of another. The best work is often accomplished under the stimulus of adverse criticism. We build the most solid and enduring monuments of character because of the unkind or even brutal remarks of our enemies. A man sustained by the power of calmness is ever ready to learn his defects, whatever the source from which the information comes, and his deepest inquiry, his richest discoveries in the study of his greater self often—very often result from criticism made by those who seek his destruction.

I would call attention to a truth by no means given the prominence it deserves, and it is this: The criticisms of a man's enemies, if they be true, may be used by him to his eternal gain though meant for any other purpose than benefit. While unjust and base criticism, such as comes from designing, dishonest and untruthful men having served a valuable purpose in causing the one at whom it has been viciously aimed to search diligently for a weak spot in his armor or defect in his make-up, recoils upon the sender to his annihilation. He who knows himself need have no fear of falsehood and calumny.

"The only weapon of offense that Nature seems to recognize is the boomerang. Nature keeps her books admirably; she jots down every item, she closes all accounts finally, but she does not always balance her books at the end of the month. To the man who is calm revenge is so far beneath him that he cannot reach it—even by stooping—when injured, he does not retaliate; he wraps around him the royal robes of calmness, and he goes quietly on his way.

"When the gray heron is pursued by its enemy, the eagle, it does not run to escape; it remains calm, takes a dignified stand and waits, quietly facing the enemy unmoved. With the terrific force with which the eagle makes its attack, the boasted king of birds is often impaled and run through on the quiet, lancelike bill of the heron. The means that man takes to kill another's character becomes suicide of his own." BELL.

He who thinks with difficulty believes with alacrity. A fool is a natural proselyte, but he must be caught young, for his convictions, unlike those of the wise, harden with age.

PNEUMONIA.

It is unfortunate indeed and not in the least complimentary to the medical profession to admit the fact, in spite of our vaunted triumphs in medicine and surgery, and our claims to advancement in all things that pertain to human welfare, and in particular to the well-being of our race, that the death-rate from pneumonia is not only not lessened, but on the contrary increased over what it was even thirty years ago. It is becoming more and more evident that diseases which were wont to be considered as not contagious or communicable certainly seem properly to be assigned in this class of disorders. The germ theory was overdone, not that germs do not play an important role in diseases, as they most assuredly do, but because the ubiquitous germ was made the first and final cause in every morbid process. The germ was made to do duty for play-house, audience and the whole company of actors when his real position is that of a star performer.

Having come to understand in a better way the rational development of diseased conditions as viewed from the standpoint of modern pathology, our attitude becomes such as will enable us to consider the various phases of a given disorder as well as the complex elements which control them. Pneumonia, together with the inflammations of the upper air passages, seems to be a communicable disorder, to just what extent it is not now possible to say, yet the evidence is sufficiently convincing to justify us in giving this view of the disorder the most serious attention if we would successfully treat the disease. The most ancient among the writings of men and the most wonderful of books, called the Book of Job, is replete with wisdom and its counsels regarding the most vital problems that affect human welfare are remarkably pertinent and as apt in application as when written.

The effects of the winds from different points of the compass, of clouds, storm and rain deserve the profoundest study. If one doubts that atmospheric conditions have much to do with one's well-being let him note the life-destroying, marrow chilling and unbearably depressing results upon even the strong and well, to say nothing of their appalling influence upon the weak, the aged or those with vitality impaired from any cause of a wintry wind or storm from the East or the Northeast. Only after such observation will he comprehend the import of another ancient scribe who evidently after a personal experience wrote the words so full of meaning, so realistic as to reproduce in a measure the evident condition of the scribe himself, "O Lord who can stand before thy cold."

The treatment of pneumonia now assumes a very comprehensive, far-reaching undertaking, and the first and most efficient part of the treatment is to prevent the disease. Extremes of temperature, and wide variations in atmospheric conditions must be avoided, not alone by the weak, the aged and the infirm, but by the robust, the young and the middle-aged, for no age is exempt, no condition of life freed from the onslaught of this destructive malady. The late lamented Loomis was wont to say every year to his students that "the best way to protect a person's chest is to wear woolen stockings."

To keep the feet dry and warm to avoid over-dressing any part of the body, particularly the chest, than this there is nothing more important in the prophylaxis of pneumonia. A vest made of paper (one or two thicknesses of any tough light paper stitched between layers of silk on each side) made to fit snugly in front and back is better than the conventional red flannel and chamois skin chest-protector so common in drug-store displays. The chamois skin, or flannel chest-protector, especially when it covers only the front of the chest, is only a make believe protector, it soon becomes damp and foul-smelling and altogether is a most filthy appliance, more likely to assist in bringing about the very disorders its wearer would escape, than to prevent the same. Light, well ventilated, snug-fitting garments changed several times daily, if need be, not only add greatly to one's comfort, but prevent disease.

The methods used to harden the individual, by postponing the date when heavier garments are to be worn is one of the most unreasonable blunders conceivable, and by what process of logic it was brought into being, or why such belief should so tenaciously cling to the minds of such a large number of people is beyond explanation. The belief, however, is widespread that one may be hardened in this way. The penalty is always paid and will continue to be paid. Let the person subject to colds or disorders of the respiratory tract, build up his resisting powers by good nourishing food rich in oils, but not beyond the ability of the alimentary tract to elaborate and assimilate, keep the feet dry and warm, bathe not less than three times a week, if not the entire body, at least the chest and feet in a strong solution of cool salt water, rubbing the parts briskly unitl reaction sets in. Avoid hot stuffy rooms, leave nothing undone that makes for bodily comfort and repose of mind. Work short of fatigue or nervousness. Breathe through the nose, carry a little expansion all the time, and if this does not prevent pneumonia it ought to. Should the disease be contracted no time should be lost in beginning energetic treatment, and here the indications, hygienic and therapeutic, must be met as each presents.

A rather startling article is going the rounds of the medical press with the misleading headline: "Pneumonia a Surgical Disease." Just where the surgery comes in, however, the article does not show, as after a prolonged lament because of early repeated fatal results where the writer had treated pneumonia in the routine way by giving drugs, we are gravely informed of the miraculous virtues of a well-known semi-proprietary remedy (we would not be understood as saying a word against the remedy, it is a good one in its place, and the indications for its exhibition are not a few) which the author of the aforementioned applies to the chest, after which the chest is enveloped in cotton. Ordinarily one would very severely criticise advice given whereby a patient suffering from pneumonia would be caused to assume the upright position several times in the course of twenty-four hours, but in this "surgical treatment," the writer bravely asserts that he renews the application of the remedy by having the patient sit up while the medicine is poured in at the upper part of the dressing from a spoon. The prompt envelopment of the chest in a good grade of cotton-batting and placing upon the patient a paper vest, such as described earlier in this article, is certainly highly beneficial. The advantages of such a vest over oiled silk jackets or bandages will be apparent, not the least among which is the easy means of getting down to the chest for examination, and the careful study of the progress of the disease. Warm oils, warm glycerine, or any of the detergent preparations now upon the market, such as glykaolin and like mixtures, are of the greatest value, provided too much annoyance is not produced in their application. The administration of remedies that will aid in retaining or lessening the congestion of the lungs, keeping the different parts of the body at like temperature. observing anything and everything that makes for the patient's comfort of mind. and of body (for the accomplishment of this greatly to be desired purpose he would be forward indeed who would claim knowledge of a method efficient in each and every case) is all that dare be reasonably expected, or that can in fact be accomplished in the first stage of the malady.

In the stages of hepatization and resolution we are again confronted with the fact, that a specific remedy does not exist. Cold applied to the chest has been much vaunted and perhaps it has been a successful remedy in Germany, but for some reason it may be the highly wrought nervous system of our people for the experience of those with largest opportunities for observation seem to verify those of the late Professor A. L. Loomis, who in the writer's hearing, stated that of some seven or eight persons treated by him after the manner of successful practitioners in Germany,

that is, cold applications to the chest, all proved fatal. The writer recalls his closing reference, he said, "I prefer to follow the more usual method of letting ice be used later." Symptoms must be met, the patient must be sustained of all stimulants, as reported two years ago, in the HERALD, I have found strong coffee the best, given in whatever amount the condition required to produce the results. It must never be forgotten that the dose of a remedy is only a relative guide. When we seek to stimulate a sick man it is the effect we are after, and unless we get the effect we fail entirely in the result sought to be attained. Ozone produced by a static machine or a high-frequency coil, and these instruments are now very common, so that with little trouble they might be used, even at private residences in the cities and smaller towns and villages. It is not out of place to refer to the Kinraide coil which is practically indestructable, weighs less than sixty pounds, is of moderate price, can be run by any person of ordinary intelligence, and may be attached to any alternating current on an ordinary lighting circuit of 104 or 52 volts capacity.

I am confident many lives would be saved and many persons restored quickly to health whose convalescence is aggravatingly prolonged, if ozone were produced in the sick-room. Even the large static machines would well repay the slight, indeed when the returns are considered, the paltry outlay in time and inconvenience their transportation would entail.

This article, as no reader will appreciate so keenly as the writer does, lacks much in completeness. It was not expected that it would be complete; it is hoped, however, that it may stimulate to activity those who compliment it enough to give their time in its perusal. BELL.

RACE DEGENERATION IN INEBRIETY.

All authorities agree that from sixty to eighty per cent of all inebriates have drinking parents or grandparents. In a very large number of cases the ancestors were excessive users of spirits, and poisoned to the extent of intoxication often. While it is difficult to explain exactly what is transmitted to the next generation, and what conditions make the children of inebriates more certain to use spirits there is one general fact overlooked in all these cases, namely, the present family and race degeneration.

Certain families are dying out, the use of alcohol in the ancestors precipitates death and extinction. Other families have reached a level from which they cannot ascend, and from slight causes deteriorate. Moderate drinking, or intemperance of any form sends them down. The

union of two families on the descending scale is certain to be followed by degenerates, both physical and mental. The children of inebriates are always of an exhausted race, rushing down to extinction.

Marriage without a robust race ascending in the scale of evolution and growth, may halt this decline, and in the next generation bring them back to a level from which ascent may begin again. Marriage with a race already declining is often followed by a great fecundation or barrenness. In one case a numerous family follows, as if nature was making a supreme effort to keep alive the family by multiplying the numbers. In the other case the births are few and of low vitality, dying out early.

These sixty to eighty per cent of all inebriates are the dying remnants of families and races. They have long ago passed the levels of growth and development, and are on the down track to dissolution and extinction.

The parents, by alcoholic poisoning have lowered in the race-stock of vitality beyond the power of ascent or possibility to rise above and overcome this downward tendency. Such parents not only destroy themselves, but cut off the race from which they sprung. It is a rule to which there are few exceptions, that extinction follows in the third generation from inebriate parents. In the exceptions fortunate marriages, surroundings, and conditions of living have checked the dissolution and started the race back to a higher level.

The practical question in every case of inebriety is this:

Did the degeneration of the present inebriate begin in the ancestors? Is he from a dying stock or race? Where is he at present? What are the present symptoms of mental and physical degeneration? How far has alcohol fixed and settled the lines of race and individual decay? What chance is there to stop this dissolution and bring back the vitality to a normal level?

These are the lines of treatment which involve more than drugs and specifics, more than the pledge or prayer, and comprises every means and rational measure that will build up and raise the entire man to higher levels of life and living. This great "drink problem," which we are so anxiously trying to understand, is a veritable disease and an organized march of dissolution, which is not checked by will-power, or by means that are not radical and thorough.

The men and women who are bankrupts in health and intellectual power find in alcohol a most grateful "nepenthe" covering up the discomforts of oncoming dissolution. The young man or woman of low-grade vital power and defective, unstable brain control, although brilliant and precocious, find in alcohol the most delusive relief from the strain and exhaus-

tion of life. No drug deteriorates so quickly these faulty, low-grade, irregular brain powers as alcohol. Practically, prevention is the highest possible attainment of science. Next, to halt this doomed class and help him back to levels of right living. Beyond this to stop race degeneration, if possible, and save families and races from inevitable dissolution, by bringing into operation laws of evolution and growth that will antagonize decay. Women can do more than men to bring about this new evolution of the race and clear away the mystery which shrouds the steady, slow death of over a million and a half persons yearly in this country.

T. D. CROTHERS, M. D., Hartford, Conn.

THE OMAHA DOUGLAS COUNTY MEDICAL SOCIETY.

This society met in annual meeting on the evening of January 12th and elected the following officers to represent it for the year 1904: President, H. P. Hamilton; Vice-President, J. C. Moore; Secretary, J. M. Aikin; Treasurer, Millard Langfeld. Board of Censors, B. F. Crummer, A. B. Somers, S. K. Spalding.

The report of the secretary showed that the society had passed through the best year of its life and had now the largest and most active membership ever had. The papers of 1903 had been of a high character and the attendance had been larger than ever before.

The society adjourned from labor to refreshment, and Dr. W. H. Christie, the retiring president, acted as toastmaster. Dr. B. F. Crummer responded to the toast, "Intemperance," expressing the belief that the medical profession was becoming more and more temperate each year in their personal life, and were prescribing less and less alcohol each year. He felt that their conscious and unconscious teaching was very strong for real temperance.

Dr. C. T. Richardson responded felicitously to the toast, "The Southern Doctor." Dr. C. M. Schindell, of South Omaha, responded to the toast, "The Joys and Sorrows of a Physician."

Dr. W. O. Henry responded in an impassioned manner to the toast, "The Physician as a Citizen."

Dr. A. F. Jonas responded to the toast, "What I know about Surgery Personally." The doctor lost only about fifteen pounds in his recent operation at the hands of Dr. Wm. Mayo, and facetiously remarked that it was hardly fair to call upon him in his enfeebled state after an operation to respond at all. He brought out the point that the physical pain he had undergone was trifling when compared with the mental anxiety he felt in his own work as a surgeon. He had not only lost the gall-stone for which he had sought relief, but the desire to smoke as well. He was most heartily welcomed on his safe return to his work and the society.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The spring meeting of this association in Lincoln, Neb., March 24th and 25th, will be held under the presidency of Dr. A D. Wilkinson, and promises to be one of the most interesting and profitable gatherings of the year. The date places it at a convenient time in the spring of the year, after the grippe has released its relentless hold upon the clientele, and the college professor is at rest. A most interesting program is in process of construction, and the Committee on Arrangements announce that Lincoln will receive us with open arms. This is to be a re-organization meeting, as well, and no excuse except "sickness in the family" will be accepted by the president from the members.

The symposium on pneumonia promises to be an entertaining feature of the first day's session, and several clinics will be held by local physicians. Following is the preliminary program:

1. Symposium on Pneumonia:
   (a) Etiology and Pathology, J. M. Mayhew, Lincoln.
   (b) Symptomatology and Diagnosis, W. O. Bridges, Omaha.
   (c) Prognosis and Treatment, V. L. Treynor, Council Bluffs.
   (d) Surgical Complications, Van Buren Knott, Sioux City.
   Followed by (e) "personal experiences."
2. Pernicious Vomiting of Pregnancy, J. H. Talboy, Mapleton, Ia.
3. Tenia Trichophyton, R. C. Moore, Omaha.
4. The Diagnosis of Mild Cases of Scarlet Fever, H. M. McClanahan, Omaha.
5. Gastric Ulcer, J. C. Waterman, Council Bluffs.
6. Arizona, the Ideal Climate for Lung Complications and Why? M. A. McLintock, Carthage, Ill.
7. The Correction of Some Complications in the First Stage of Labor, W. Berry, South Omaha.
8. Modern Views of Locomotor Ataxia, John Punton, Kansas City.
9. Hemianopsia with Report of Case, F. B. Tiffany, Kansas City.
10. A Clinical Sequel of Electric Shock-Fright, S. G. Burnett, Kansas City.
11. The Significance of Abdominal Pain, A. L. Wright, Carroll.
12. Suggestions as to a means for making Laboratory Methods more generally available. C. E. Ruth, Keokuk.
13. Paper, Donald Macrae, Jr., Council Bluffs.
14. Colostomy, Technique of Operation and Results, R. D. Mason, Omaha.
15. Surgical Clinic, A. R. Mitchell, Lincoln.
16. Paper, Daniel Morton, St. Joseph, Mo.

A cordial invitation is extended to the medical profession to meet with us upon this occasion, and new members will be especially welcomed into the best working society in the West. Membership fee, $2.00, including first year's dues.

CHAS. WOOD FASSETT, Sec'y.

SIOUX VALLEY MEDICAL ASSOCIATION.

This society held its eighth semi-annual session in Sioux City, Ia., January 21 and 22, with 100 in attendance. An entertaining program of some twenty-five papers was presented, and the session concluded with an enjoyable smoker, tendered by the Woodbury County Medical Society.

The next issue of the Herald will contain a detailed report of this meeting together with the papers read.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.

MINUTES OF MEETING, JANUARY 6, 1904.

The society was called to order at 8:45, the president, Dr. W. T. Elam, in the chair. Minutes of last meeting read and approved.

A motion to defer the scientific portion of the evening to a later hour was carried.

Banquet Committee filed its report and expense account, amounting to $28; upon motion the report was received and a warrant ordered to be drawn on the treasurer for the amount.

Upon motion, the secretary was instructed to procure a frame for the charter at an expense not to exceed $2.

Applications for membership were read from Drs. A. L. Gray, W. L. Whittington and H. B. Adler, and referred to the Board of Censors.

Upon motion the president appointed a committee to revise the constitution and by-laws, consisting of Drs. Deffenbaugh, Fassett and Schmid.

The other committees announced for the year were as follows: Public Health and Legislation, T. H. Doyle, T. E. Potter and Daniel Morton. Publication, Fassett, Kenney and Paul.

A motion by Dr. Kenney, instructing the Program Committee to call upon members in rotation for papers, announcements to be made two weeks in advance; amended by Dr. Tygart to recommend this section to the committee on Constitution and By-Laws. Carried.

Bill for printing postals, $1.00, read and allowed, and warrant ordered drawn upon the treasurer.

A paper was presented by Dr. W. F. Schmid upon "Vaginal Drainage for Pelvic Abscesses." This paper provoked an animated discussion, those taking part were Drs. T. E. Potter, Tygart, T. H. Doyle, Bansbach, Deffenbaugh, closed by Dr. Schmid.

WILL YOU EXHIBIT AT THE WORLD'S FAIR?

The Medical Herald will be on file at St. Louis during the World's Fair, where our readers will find each issue as soon as it comes from the press. The Herald will be found in the following buildings: Palace of Liberal Arts, Emergency Hospital, and the Missouri State building. We should be glad to publish the names of all pharmacal and instrument houses intending to make an exhibit at the World's Fair. Send in your names at once and state where you can be found.

ST. JOSEPH THE QUEEN.

A. J. Fleming, the original "Ajax," editor of the Braymer Comet, has the happy faculty of always enjoying a "square meal," no matter where his lot is cast. From dining *table d'hote* with President Roosevelt to lunching *a la carte* at the Schlitz, is but a single step to the peripatetic "Ajax." His last meal in this city certainly tasted good to him, judging from this effusion in the last issue of the "Comet:"

"St. Joseph is an uncrowned queen. That city as a convention city stands peerless and rests in a class all alone. Her welcome was as hearty as her people are generous. The banquet was a dream, and the hall a phantasy. St. Joseph knows how to entertain, and she does it. The boys love to go to that city. They know that when the keys are turned over that there is no string attached to them. St. Joseph occupies the seat of honor with the press gang of Missouri."

HEADACHE TABLETS CAUSE DEATH.—A Duluth, Minn., woman took two headache tablets. Six hours unconsciousness preceded death.

SYMPOSIUM ON SYPHILIS.—The Buchanan County Medical Society has arranged to devote an entire evening to a general discussion of this important topic. A number of papers will be presented, taking up this disease, in its various aspects. March 16th is the date selected.

A PIONEER IN MEDICAL ORGANIZATION.—The Vanderburgh County (Ind.) Medical Society held its regular meeting January 19th at the offices of Drs. Walker and Welborn, in Evansville, Ind., being the tenth anniversary of the opening of the Evansville Sanitarium. The meeting took the form of a reception, and was much enjoyed by those in attendance. An elegant lunch was served. This society three years ago took into its membership all the Homeopaths and Eclectics, probably the first in the country to make so sweeping an action. The results have fully justified it, however. Think of a city of 75,000 inhabitants without a doctor's sign "Homeopath" or "Eclectic!" Practically every physician in the county is a member of the regular organization.

The Doctors' Library

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A. M., M.D.; Professor of Pathology in the Woman's Medical College of Pennsylvania; Physician to the Episcopal and to St. Agnes' Hospital, Philadelphia, etc. Sixth edition, thoroughly revised, enlarged and reset. Handsome post-octavo of 556 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Flexible leather, $2.25 net.)

"The popularity of this manual on the Practice of Medicine can be attested for by its numerous editions. The work covers completely the ground gone over by the student, especial stress being laid on diagnosis, differential diagnosis, and treatment. This sixth edition has been entirely reset and greatly enlarged, without changing, however, the original style of the work. Many articles, notably those on Diseases of the Digestive System, Diseases of the Myocardium, Malaria, Diseases of the Blood, Gout, Diseases of the Spinal Cord and Larynx, have been entirely rewritten, thus bringing the work absolutely abreast the times." Like everything that Dr. Stevens does this manual is presented in a most attractive and practical way. Being bound in flexible leather it is convenient to handle, and one never turns from its pages dissatified. All that one could or should expect to find is there, yet it is a real manual, such as one can place in the hands of student, nurse or practicing physician with confidence that it is the best of its kind. B.

HALE'S EPITOME OF ANATOMY. A Manual for Students and Physicians. By Henry E. Hale, A.M., M.D., Assistant Demonstrator of Anatomy College of Physicians and Surgeons (Columbia University), New York. In one 12mo volume of 384 pages, with 71 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers, 1903. (Cloth $1.00 net.)

"Anatomy is the very foundation of all medicine and surgery, and the student is fortunate in having as this text-book a work of such admirable simplicity and wonderful teaching power as "Gray." This marvelous volume frequently and aptly called "the Bible of Medicine," has more than held its own in the face of the many would-be competitors which have been so desperately pushed during the past fifty years, and is today more widely used than ever before. Unfortunately, however, its size prohibits its use for study under all circumstances, and the medical student, or the candidate brushing up for State Board Examinations must often take advantage of every opportunity for reading. Just here is where the Epitome of Anatomy finds its field. Dr. Hale has given the essence of the entire science in a convenient little volume which may be carried in the pocket and may be read a hundred times and places when and where it would be inconvenient to read "Gray." The complete outline of Human Anatomy is given, every step being taken in natural sequence, so

that the student gets a correct perspective of the entire subject into which the details from this "Gray" may be readily fitted. Moreover, for the convenience of quizzing, as well as for self-examination, a series of practical, pertinent questions is placed at the end of each chapter in small type, taking up little room, where they may be used or not. This is an improvement over the old plan of separating paragraphs with questions, which interfere with connected reading or study.

"Illustrations are used throughout the volume wherever the understanding can be better helped by the combination of text and pictures, and the price of the volume ($1.00), based upon the certainty of a wide usuage, is low enough for student's purse."

A Pocket Text-book of Materia Medica, Therapeutics, Prescription Writing, Medical Latin and Medical Pharmacy. By Wm. Schleif, Ph.G., M.D., Instructor in Pharmacy in the University of Pennsylvania. New (2d) edition, revised and enlarged, in one 12mo volume of 382 pages. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallandet, M. D. (Cloth $1.75, net; Limp Leather, $2.25, net.)

This little volume will be found a marvel of compactness, and at the same time, surprisingly complete and thorough in its subject-matter. Its terse, concise style adapt it for a quick reference book for physician and student. Its therapeutical arrangement is fortunate, since it treats therapeutics more fully than it does materia medica is very complete in outline if not in detail. E. F. Schopflin.

Progressive Medicine. Volume IV, December, 1903. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 434 pages, 46 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers.

"The volume of Progressive Medicine for the year 1903 contains some of the most important contributions of the series. Dr. J. Hemmeter's article on Diseases of the Digestive Tract is really a monograph, embodying the new physiology of digestion as it has been established by the discoveries made by Pawlow, Futterer and others, whose investigations have so completely revolutionized our knowledge of the digestive function. The bacteriology of Dysentery and the Diarrhea of Infants; the subject of Intestinal Parasites and the recent advances in the diagnosis and treatment of the Diseases of the Liver and Gall-bladder, are fully considered. Diseases of the Pancreas have of late been exciting much attention, and Dr. Hemmeter has devoted considerable space to their discussion.

In the article on Surgery, by Dr. J. C. Bloodgood of Johns Hopkins, there will be found a particularly interesting discussion of the entire field of Anesthesia, both local and general, considered not only from the standpoint of the surgeon specialist but also from that of the general practitioner. Dr. Bloodgood's chapter includes, in addition to the subjects

above referred to, an exhaustive review of all advances in the treatment of fractures and dislocations, amputations and orthopedics. It is illustrated by a splendid series of engravings in the text, and by six full-page plates in black and colors. The subject of the surgical infections in their various aspects is thoroughly canvassed."

The recent advance in the surgical treatment of tumors and the application of X-rays to such, receives adequate consideration. It is impossible to review with any real justice to the volumes, such productions as these. They are absolutely necessity to any physician who would keep in touch with medical progress. We find here the facts as they are presented in medical progress by the most capable men of this age. We are glad to note, that with the new year the subscription price will be reduced from $10 to $6 for the set, though how such valuable and essential aids can be produced at the present cost we do not know. We conscientiously urge those who are not acquainted with these volumes, to make their acquaintance at once, and procure those covering the last two years at least.

A Text-Book of Clinical Anatomy. For Students and Practitioners. By Daniel N. Eisendrath, A.B., M.D., Chicago. Handsome octavo of 515 pages, beautifully illustrated with 153 illustrations, a number in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth, $5.00 net.; Sheep or Half Morocco, $6.00 net.

Here indeed is something out of the usual line of medical books. The volume is as welcome as it is unique, as desirable and needful as it is unusual. Such a work has not come under the writer's observation, though often desired. During the few months it has been in the library it has been more frequently consulted than any other book. The following review while the best we have yet seen does do the production justice. It must be used a while to appreciate its worth.

"The subject of anatomy, and especially clinical anatomy, is so closely allied to practical medicine and surgery that it is absolutely impossible for a physician or surgeon to practice his profession successfully unless he have an intimate knowledge of the human structure. In his preface the author states that the primary object of his work is to serve as a bridge for both the practitioner and student from descriptive anatomy, as it is usually taught in the first two years of a medical course, to its daily application at the bedside, in the clinic, or in the operating-room. The entire subject is discussed with a thoroughness and precision that spring from experience. The method of illustrating the subject is novel, special attention having been given to surface anatomy. The illustrations themselves are the result of a great deal of painstaking study, outlines having been marked upon a normal artist model, and then photographed. They are reproduced in the highest style of art, and show far better than any we have seen in the relation of anatomic structures from a clinical standpoint, presenting to the practitioner a picture as met at the bedside, with the skin covering the tissue. The work is indeed magnificent, text, illustrations, paper, typography, and binding being of unusual excellence."

ROGER ON INFECTIOUS DISEASES. Their Etiology, Diagnosis and Treatment by G. H. Roger, Professor Extraordinary in the Faculty of Medicine of Paris, etc., translated by M. S. Gabriel, M. D., New York. In one octavo volume of 864 pages, with 43 illustrations. Philadelphia and New York: Lea Brothers & Co., 1903. (Cloth $5.75, net.)

This book from the French, the author being one of the leading writers and investigators of that marvelous city to which the human race owes an unmeasured debt of gratitude because of its contributions in men, money and knowledge to the advancement of medical science. It is delightful to have brought to us in a way we can fully appreciate a work so characteristic of the French teacher and writer. The simplest, most straightforward methods are used in the development of the intricate, far-reaching and yet most interesting lines of investigation which Professor Rogers has chosen. A man of whom it can be said that of a specified class of disorders "he has in a period of five years personally attended more than 10,000 patients," occupies a position that would command a respectful hearing of his message. Professor Rogers has made the most of his privileges, and it is not risking anything to say that his readers will if they feel, as the present writer, thank him for what he has done in a field of research that just now needed a master teacher, and the relief of those who suffer. B.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M.D., Philadelphia, U.S.A., with the Collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M.D., London, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Philadelphia and London: J. B. Lippincott Company. Volume II, 13th series. (Cloth, $2.00.)

Of this volume, as of its predecessors, it may be said it contains a practical post-graduate course. One of the most valuable articles, and indeed one of the best in any publication during the past year, is that upon Abdominal Pelvic Diagnosis, by E. Stanhope Bishop, F.R.C.S., of Manchester, England. It should be read by every student who can possibly avail himself of the opportunity, and it will be found worthy of repeated readings and study. An unusual subject, Cirrhosis of the Liver in Children, by W. F. Hamilton, of McGill University, Montreal, presents information of a character rarely, if ever noted in medical practice. The Significance and some Suggestions Regarding the Treatment of Cervical Lac-

erations, by Chauncey D. Palmer, M.D., of the Medical College of Ohio, is worthy of more than passing attention, because of the directness with which he calls attention to the relation existing between these lesions and some of the gravest disorders which afflict womenkind, at the same time giving careful instruction as to the best method to avoid such and their proper treatment when the damage has occurred.

Volume III is notable because of the excellence of its illustrations and the very practical consideration of such subjects as are wont because of their commonness to receive very little attention. Dr. John H. Musser begins with a consideration of Some Medical Aspects of the Diseases of the Gall-Bladder and Gall-Ducts. Dr. R. D. Rudolph follows with a description of The Causation, Symptoms and Diagnosis of Gall-Stones, which is well written and full of the best information for the guidance of those who desire to perfect themselves on this subject. The Diagnosis and Medical Treatment of Cholelithiasis by Dr. Charles G. Stockton is very timely in that it points to other efficient means which are not surgical. Dr. F. Parkes Weber contributes an excellent pathological paper on Biliary Cirrhosis of the Liver, with and without Cholelithiasis. The Value of and Indications for Surgical Intervention in Cholelithiasis by Dr. F. Lejars is a well considered contribution to this very important subject. It is full of surgical hints of more than ordinary value. Dr. John B. Deaver gives the concluding paper of this symposium, his subject being The Surgical and Post-Operative Treatment of Chronic Gall-Stone Disease. That this contribution is of a superior nature goes without saying in view of who the author is. Dr. David W. Finlay speaks of the Treatment of Pneumonia, and in this paper he demonstrates his great capacity as a teacher of medicine.

Malarial Infections, Their Parasitology, Symptomatology, Diagnosis and Treatment by Charles F. Craig, M.D., reviews carefully the latest information regarding this old enemy, and sums up the remedial measures to be pursued in the one word—quinine. A valuable suggestion is the prompt use of the drug hypodermically where pernicious symptoms present. It seems strange that attention is seldom, if ever, drawn to the fact that the drug may be most advantageously administered in a weak saline solution by the bowel. BELL.

A TEXT-BOOK OF OBSTETRICS. By J. Clarence Webster, M.D. (Edin.), F.R.C.P.E., F.R.S.E., and some octavo volume of 767 pages, with 383 illustrations, 23 in colors. Philadelphia, New York and London: W. B. Saunders & Company, 1903. (Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.)

"This work has been written for the student of obstetrics, as well as for the active practitioner. The anatomic changes accompanying pregnancy, labor, and the puerperium are described more fully and lucidly than in any other text-book we have seen. The exposition of these sections is based mainly upon studies of frozen specimens, in which department the author has had a larger experience than any other worker. Unusual consideration is given to embryologic and physiologic data of importance in

their relation to obstetrics. The practical aspects of the subject are presented in such a manner as to be of direct assistance to the clinician. Diagnosis and treatment are presented with rare exactitude and clearness, particular consideration being given to those methods that have proved most successful by experience. The illustrative feature of the work is far above the average. Evidently great care was taken in the selection of the illustrations, aiming to meet the varied requirements of both the undergraduate and the practicing physician. Many of the illustrations are entirely original, having been made especially for this work, and never having appeared in any other text-book. At the same time we miss many of the old stand-by plates that found their way into every text-book on obstetrics for the past forty years. Peace to their ashes. The work throughout expresses the most advanced thought of the day, and the statements can be relied upon as accurate. We heartily recommend Dr. Webster's book to student and practitioner."

ATLAS OF THE EXTERNAL DISEASES OF THE EYE. By Prof. Dr. O. Haab, Second edition, thoroughly revised. Edited, with additions, by G. E. DeSchweinitz, A.M., M.D. With 98 colored lithographic illustrations on 48 plates and 232 pages of text. Philadelphia, New York, London: W. B. Saunders & Co., 1903. (Price, $3.00 net.)

This Atlas on External Diseases of the Eye forms an excellent companion-book to Professor Haab's "Atlas of Ophthalmoscopy and Opthalmoscopic Diagnosis," and is just what might be expected from an author of such broad clinical experience and trained observation. Starting with examination of the eye the student is easily and gradually led from one examination to another, thus becoming familiar with the best methods of investigating the eye for the detection of disease. In the chapters on diseases of the eye which follow, the most important diseases are clearly described and the best therapeutic measures recorded. The text has been amply illustrated by a series of beautiful chromo-lithographic plates, to each one of which a clinical history is appended. This second edition has been thoroughly revised and brought down to date, and a number of new chromo-lithographic plates added. As in the first edition valuable editorial comments are introduced, and reference made to many of the modern therapeutic agents."

In view of the ever-increasing demands upon the physician in general practice to prescribe for or direct patients with eye troubles this book will be found of the greatest value giving, as it does, clear presentation in illustrations and text of those constantly recurring disorders. B.

THE FIGHTING CHANCE. The Romance of an Ingenue. By Gertrude Lynch. Illustrated by Bayard Jones. New York City: The Smart Set Publishing Co., 452 Fifth Avenue. ($1.25.)

"The Fighting Chance—The Romance of an Ingenue" is a cleverly written story of romance and comedy, and holds the reader's interest from the first page to the very unexpected denouement. That it is issued by The Smart Set Publishing Co. is a guarantee that it is not dull or uninteresting.

CLINICAL PATHOLOGY OF THE BLOOD. New (2d) edition. A Treatise on the General Principles and Applications of Hematology, by James Ewing, M.D., New York. New (2d) edition, revised and enlarged. In one octavo volume of 492 pages, with 43 engravings and 18 full-page colored plates. Philadelphia and New York: Lea Brothers & Co., Publishers. (Cloth, $3.50 net).

When we reviewed the first edition of this book we said that it was such a character that it must certainly become popular with the medical profession. There was great need for such a book. To what extent the claim then made has become a fact is evidenced in that every college of medicine in this country using such a text-book has adopted this one, nothing more need be said by way of commendation. Attention was called in our first review to the fact that the work would appeal to the accurate scholar in medicine. that claim too has been abundantly verified and the present edition merits similar commendation. A reviewer in one of our exchanges after referring to several additions which had been made in the present revision writes as follows: "A feature of this edition, as it has been of the first, is the very full bibliography added to each chapter. It is not only compendious, but it is thorough as well, thus giving the reader an opportunity of referring to the original source, if he has any particular subject which is referred to in the text. The publishers have made a handsome, well-printed volume of this work, and, despite the additions which have been made, they have not raised its price. There is no doubt whatever, in our opinion, that as the book becomes better known future editions will become more frequent, and it certainly is deserving of them."

THE CONGRESSMAN'S WIFE. By John D. Barry. Smart Set Publishing Co., 452 Fifth Avenue, New York. ($1.50.)

This is the story of the temptations and trials which beset public men and their wives, and is very interestingly and charmingly told. It contains some very realistic descriptions of Washington social life, written by one who has evidently seen much of it. The purpose of the story is to show the contrast between the standards a man may follow in politics and those he maintains at home.

MODERATION IN EXERCISE.—According to H. Irving Hancock in February St. Nicholas, the Japanese use practically no gymnasium apparatus, yet they show greater excellence of strength and endurance than do any other people in the world. While some of their exercises may seem violent, they take them with great moderation. At the outset of a course in jiujitsu the student is rarely upon the floor more than half hour, and three quarters of this time is devoted to walking and breathing between exercises. As the student becomes more proficient, he spends three quarters of an hour on the floor, then an hour, and so on, by degrees, until he is able to give two hours a day to the work. Yet three quarters of his time, or nearly that amount, is spent on walking back and forth and in breathing.

Literary Lore

IT IS not often that husband and wife issue successful books in one and the same year, as has happened in the case of Mr. and Mrs. Hutchins Hapgood. Mrs. Hapgood's (Neith Boyce's) novel "The Forerunner," is being much discussed by people who enjoy an intellectual flavor in their fiction, and is pronounced by many critics the strongest study of American life that has appeared in a long time. Mr. Hapgood's "human document" "The Autobiography of a Thief," published last May, still attracts attention for its unconventional treatment of a vital theme.

THE editors of The Bookman, according to their Christmas number, have indulged in a controversy as to the ideal American heroine of fiction. The senior editor chose as the best visual presentment of her a picture by C. Allan Gilbert which appears in the handsome gift book, "In Beauty's Realm," published by Fox, Duffield & Co. The portrait is one accompanying a poem by Sir John Suckling and shows the delicate profile of a girl of charming American type. Mr. Gilbert's many admirers will appreciate the choice of one of his portraits rather than Gibson's or Christy's.

WILLIAM GILLETT'S EXPERIENCE AS A DOCTOR.—Soon after William Gillettee was graduated from the Hartford High School, he began to write plays; but he speedily came to the conclusion that he didn't know enough about people. To gain knowledge he went to Cleveland and apprenticed himself in a machine-shop. At the same time he had the audacity to hang out a doctor's shingle in Marietta, O., where he "practised" two days a week, although the only knowledge of medicine he had was gained by reference to the "Household Doctor." In between times he travelled about the country as a pedlar. "Circumstances over which I had no control compelled a change," Mr. Gillette once announced with great gravity. "The machine-shop boss said he didn't care for an apprentice who worked only two days a week, and the authorities inconsiderately threatened to prosecute me for practising medicine without a diploma, but I learned a good many things in Ohio!"—"The Players" in the February Everybody's.

SOME NEW THACKERAY LETTERS.—"One wishes for a new find of Thackeray letters every year to run for the whole twelve-month, and make a fortune for the lucky magazine," declares the New York Times Saturday Review critic apropos of the Thackeray letters now appearing in The Century. These are the letters, jealously guarded from publication for years, which were written to different members of the family of Mr. George Baxter of New York City, following the great novelist's visit to this country in the early fifties. Mr. and Mrs. Baxter and their children were glad to welcome the gifted Englishman to their home at the corner of Second Avenue and Eighteenth street, and the acquaintance grew into a warm and lasting friendship. Of this friendship these letters are the fruit, now given to the reading world with the permission of Miss Lucy W. Baxter; of Mrs. Ritchie, the great writer's accomplished daughter; and of Messrs. Smith, Elder & Co., the London publishers of Thackeray's works.

Concerning the Doctor

His ups and downs; incomings and outgoings; haps and mishaps.

DR. AND MRS. CHAS. WOOD FASSETT are spending the month in Florida.

DR. MELVIN J. BILLINGER, of Council Bluffs, will spend the month of March in New York City, taking a post-graduate course.

MR. E. G. SWIFT has been promoted to the position of general manager of Parke, Davis & Co., Detroit, to succeed the late Mr. Wm. M. Warren.

DR. BRAUNSTEIN, a well-known practitioner and author, is said to be a fugitive from justice, his wife having died under his care. According to German law, a physician must not attend to his own wife when ill, but must call on another doctor except in cases of emergency.

EDMUND ANDREWS, M. D.— Dr. Edmund Andrews (subject of our cover illustration), one of the first, and no doubt one of the greatest surgeons of the West, died in Mercy Hospital, Chicago, January 22, aged 79. He was born in Putney, Vt., April 22, 1824, and there and in Rochester, N. Y., received his preliminary education. He was from the first devoted to botany and geology. At the age of 17 his family moved to central Michigan, and he entered the University of Michigan, Ann Arbor, where his work in mathematics and natural science was especially notable. He was also honored by being made president of his college literary society, and was graduated with the degree of B. A. in 1849. He entered the office of Dr. Z. Pitcher, Detroit, in 1850, and attended lectures in the Medical Department of the Univeristy of Michigan. At the end of this first year he was made demonstrator of anatomy; receive his degree in medicine in the following year, 1851, and was then made lecturer in comparative anatomy.

He received his degree of master of arts in 1852 from the university, and two years later was made professor of comparative anatomy. He was one of the founders of the Michigan State Medical Society. He aided in founding the Chicago Academy of Science, and was its first president, serving several times in this capacity. He was one of the founders of the Chicago Medical College, and was its first professor of surgery. This latter position he held actively or emeritus up to the time of his death. He was also surgeon to the Mercy Hospital. When the Civil War broke out he was made surgeon of the First Illinois Light Artillery, but after a year was obliged to resign by reason of illness incurred in the service. He was the first to make and keep complete medical records of the sick and wounded in war, and his records were accepted by the surgeon general and formed the basis on which records of that office have since been kept. He was a pioneer in practical antisepsis, and was the first man in the West to employ Lister's method after its exploitation. He leaves two daughters and three sons, two of the latter, Dr. E. Wyllys Andrews and Frank T. Andrews, being of the medical profession. His death occurred as the result of an operation for vesical calculi. We are indebted to the Journal of the A. M. A. for the portrait of Dr. Andrews on our front cover.

APPOINTMENTS BY GOVERNOR DOCKERY.—Dr. R. H. Goodier, of Hannibal, has been appointed a member of the State Board of Health, vice Dr. B. C. Dysart, deceased. Dr. Reuben Barney, Jr., was recently appointed on the State Board of Charities and Correction.

DR. DANIEL MORTON, of St. Joseph, has received the appointment of acting chief surgeon of the Missouri Brigade, N. G. M., with headquarters in this city. Under the Dick bill, passed at the last session of congress, provision was made for the reorganization of the National Guard upon the same lines that obtain in the regular army. The medical department is to be placed upon a footing similar with that of the regular establishment.

MISLEADING USE OF A DOCTOR'S NAME.—Dr. Ferd C. Valentine, of New York City, whose writings on gonorrhea and kindred subjects, have given him prominence, warns the profession that he has no connection whatever with a firm doing business under the name of "A. S. Valentine Chemical Co." He further claims that no one by the name of Valentine is associated with this firm, it being purely a fanciful title. Dr. Valentine brought suit against the firm for use of this name, and hopes that it will be discontinued in the future.

DR. J. N. MCCORMACK,, of Bowling Green, Ky., paid St. Joseph a pleasant visit recently. Dr. McCormack is the National Organizer of the American Medical Association, and to him, more than to any other one man, belongs the glory of unifying and harmonizing the medical profession of the United States. Dr. McCormack addressed the local profession at the Commercial Club, on the evening of January 2d, on the subject of Medical Organization, and his wholesome advice and cheering words will no doubt prove viable seed which will spring up and bear good fruit.

NEW DRESS.—The Medical Fortnightly and the Indiana Medical Journal have both donned new clothes for the new year, and both should be congratultated upon their improved appearance.

SANITARY SCHOOL REGULATIONS.—All new schools in Switzerland have a portion of the ground floor appropriated for baths. Each class baths about once a fortnight, summer and winter. Soap is used and a warm bath is followed by a cooler one. Sick children and those having skin diseases are excluded.

MEDICAL PROGRESS.—We are in receipt of the Interstate Medical Journal, of St. Louis, for January, and wish to congratulate its managing editor, Dr. O. F. Ball and his excellent staff, upon its superb appearance. This issue is a "Medical Progress number," and as such reflects the progress of the year, in medical and surgical lines, including the leading specialties. A vast amount of painstaking work is repreresented in this issue, and the results will serve to add additional glory to this already popular magazine.

News of the Month

(Contributions to this department cordially solicited for our readers. Items of interest to the profession should be addressed to A. J. Cramp, care Medical Herald, St. Joseph, Mo.)

PENNSYLVANIA STATE BOARD EXAMINATION—Out of 103 applicants recently examined by this board only 57 passed.

A GEORGIA BOARD OF HEALTH.—The committee has reported favorably on the bill to establish a board of health for this State.

A TRAIN PHYSICIAN.—The authorities of the Trans-Siberian Railway are planning to have a physician on each of their through trains.

GIRLS MAINTAIN A BED —A bed in the Chicago Union Hospital is maintained by the young women members of the noonday luncheon club.

EXPECTORATORS ARRESTED.—The police of New York City recently arrested in one day, ten people for spitting in violation to sanitary regulations.

A NEW FAD.—Bread made with sea-water in place of fresh water is the latest fad of some dyspeptics. They claim it is the only kind they can eat while fresh.

MINERAL SPRINGS CONTAIN RADIUM.—The noted springs at Bath, England, have, it is claimed, an appreciable quantity of radium in their composition.

BEQUEST TO COLLEGE OF MEDICINE.—The College of Medicine of Syracuse University receives by the will of former Congressman James J. Belden a bequest of $50,000.

A GREAT LIBRARY.—Virchow's widow has presented the most valuable part of his medical library to the Berlin Medical Society. It comprises some 6,000 or 7,000 volumes.

FRENCH FORETHOUGHT.—A Parisian automobilist suggests that all motorists carry in their cars a handy pharmaceutical and surgical outfit to enable them to render "first aid" to the unfortunates they run down.

BURNED BY ROENTGEN-RAYS.—A Chicago physician has been sued for $25,000 damages by a patient who alleges that in X-ray treatment he was so badly burned that his beard and moustache will now grow only on one side of his face.

THE DOCTOR'S FEE.—A judge in Philadelphia has expressed the following opinion: The life of a rich man is worth more than the life of a poor man," so "the practitioner of common sense makes out his bills to suit the pecuniary circumstances of his patients."

MORTALITY AMONG THE GERMAN POOR.—By way of illustrating the effect of poverty on infant mortality a German statistician says that among the aristocratic circles in Berlin only 57 per cent of the children die before they reach the age of 5, whereas among the poorest classes the number of doomed children is 357 per 10,000.

A BOUNTY FOR TYPHOID.—The municipal council of Rouen, France, has adopted a rule that the first person to notify the authorities of a case of typhoid shall receive the equivalent of $2.00 for the service thus rendered.

WISCONSIN COLLEGE OF PHYSICIANS AND SURGEONS.—An addition to this college will shortly be built, which will include a dispensary, a clinical amphitheatre and a dental infirmary, besides several lecture and recitation rooms.

HEALTH OFFICIALS MEET.—The health officials of Michigan met in general conference recently at the new medical building of Ann Arbor. Sanitary science and public health work were the subjects under discussion.

AN ELECTRIC FILTER.—The municipal water supply of Weisbaden, Germany, is filtered, or more correctly, ozonized, by the electrical conversion of oxygen into ozone. Ozone introduced into water, sterilizes, purifies and revivifies it.

THE "ANTI-TOXIN TRUST."—Because the largest manufacturers of antitoxin have standardized their products several daily papers of more or less bilious hue have accused these firms of entering into a trust to force up the price of their serum.

A NEW SWINDLE.—A Denver sharper has been going around to houses where the contagious disease signs hung, offering to remove the same for $5.00, or as much more as he could get. Several people willing to connive at law breaking were thus swindled.

THE PIANO IS RESPONSIBLE.—A German physician has started a crusade against juvenile musical education. He claims that the excessive practice at the piano that is required of young girls studying music, is responsible for 60 per cent of the nervous diseases so prevalent among this class.

THE KOREAN PEOPLE.—The people of Korea are not Japanese, and they are not Chinese. They are Mongolian, and may be described generally as robust, amiable, industrious, pleasure-loving, and given rather to the arts of peace than the ardors of war. They are agricultural rather than commercial. They are kindly and generous. They have no national religion, and never have had. Confucianism, so far as regards the worship of ancestors, the reverence for parents, and the dignity of family, has a stronger hold than any other form of religion. Buddhism has always had a languishing existence among them. There is a widespread belief among the people in witches, in spirits and in devils. An exceptionally well-informed article, entitled "Korea as the Prize of War," is contributed to the Review of Reviews for February by the Hon. J. Sloat Fassett, of Elmira, N. Y., whose large business interests in the "hermit kingdom" have brought him into close touch with various phases of the far Eastern situation. Among the illustrations accompanying the articles are portraits of the Emperor and Crown Prince of Korea, from photographs presented to Mr. Fassett by the Emperor himself.

Therapeutic Department

Conducted by A. L. Benedict, M. D., Buffalo.

Gastric Acidity and Fermentation.—In the November issue, we referred to the use of strychnine, directed toward the motor function of the stomach. As a matter of practical observation, we note that there really is an atonic dyspepsia, with general depression of both motor and secretory functions and, for this condition, strychnine is a general stimulant. Yet, in many conditions, the acidity of the stomach requires direct attention to correct abnormalities. While the resting stomach is neutral in reaction, the administration of food speedily causes a reflex secretion of hydrochloric acid and, in the absence of this secretion, yeasts and bacteria almost invariably produce fermentation acids, notably acetic, lactic and butyric. Thus, the stomach contents are practically always acid, the exceptions being due to the massive administration of alkalies (not neutral salts of the alkali metals), to regurgitation of bile and pancreatic juice, and to hemorrhage of considerable magnitude. In our experience, 90 per cent of all gastric cases are essentially subacid, just as the great majority of all functional abnormalities are depressive. But, secondarily to the diminution of the normal digestant and antiseptic constituent of the gastric juice, the germs of fermentation come into action to produce an acidity of different nature. In this form of superacidity, hydrochloric acid may exacerbate the symptoms of irritation immediately, yet, its persistent administration may and usually does, produce an ultimate abatement of the condition by restoring the normal condition. It is not always wise to add hydrochloric acid to an already acid stomach, even if the acidity is fermentative, yet, in the majority of cases, such treatment is superior to the purely symptomatic administration of alkalies which is essentially palliative and which tends to maintain the underlying abnormality.

However, the percentage method of therapeutics is not an ideal one. Our aim should always be to strike at the root of the individual case, whether we are dealing with a valvular cardiac disease, an appendix that may require medication or removal, a stomach or anything else. An excess of hydrochloric acid also exists in a considerable number of instances, either due to an intrinsic elevation of function above the normal, or to the existence of an obstacle at the pylorus which allows the secretion of the stomach to accumulate and which excites a resistive effort at increased secretion and peristalsis.

The advisability or inadvisability of administering hydrochloric acid, is best determined by extracting the undiluted stomach contents about an hour after a test meal. This ideal method is, however, often impracticable, and it is somewhat dangerous to administer acid by guessing at the condition. A patient who has some knowledge of chemistry may be able to distinguish in regurgitations, the clean sourness of hydrochloric acid, the volatile fermentation acids, and the lack of acidity, as immediately after a meal. Unintelligent patients, on the other hand, especially if not possessed of a good command of language, will even confuse sourness and bitterness. Gas formation in the stomach is quite characteristic of diminution of hydrochloric acid, but we must exclude the belching of air swallowed during

meal-time, the neurosis in which air is alternately drawn into and expelled from the esophagus and the rare condition described by the writer, in which the mixture of acid chyme and alkaline, carbonatic, intestinal contents produces carbon dioxid gas which enters the stomach through a relaxed pylorus. Often patients complain of gas on the stomach when there is no belching, but merely a sensation more or less correct, of distention. The burning of hydrochlorhydria, especially if a little of the acid gastric contents pass the cardia, is often misinterpreted as belching of gas. Notwithstanding all of these qualifications, in the majority of instances, fermentative acidity may be distinguished from hyperchlorhydria by the symptoms alone.

The test now commonly known by the writer's name and which depends upon auscultation for effervescence produced when sodium bicarbonate is taken into an acid stomach, may also be utilized to determine the condition present, without extracting the stomach contents.

Hyperchlorhydria.—Many writers regard this condition as exceedingly common. If one's practice is confined to digestive troubles in the overfed and overworked or overexcited class of society, and the definition of hyperchlorhydria is worded so as to include all cases showing 30 degrees or more of free HCl, when the final color change with dimethyl-amido-azobenzol osis reached, one will certainly find this condition extremely common. But if even in digestive practice, one has to deal with a miscellaneous list of patients, if 50 degrees is taken as the maximum normal limit of free HCl and the reading is taken at the beginning of the color change with dimethyl, hyperchlorhydria will become a relatively rare disease.

The therapeutics must vary correspondingly with the diagnostic line drawn. If we assume the low limit for hyperchlorhydria, much of the symptomatology will be due to fermentation acids and the indication is not to cut down the HCl secretion so much as to use direct antiseptics which shall merely tend to prevent acid fermentation. If the high limit is taken, it is only under exceptional circumstances that much fermentation acidity can develop and the treatment must be directed toward preserving the stomach wall from the local effect of the HCl. The question of the treatment of coincident ulcer, dilatation, and pyloric obstruction, will not be considered here.

A pure hyperchlorhydria, adopting the high limit of acidity, is painful, the pain usually being relieved by taking food or drink, unless an ulcer has developed, it is somewhat dangerous on account of the possibility of the development of an ulcer and, while gastric digestion is usually even more complete than normal, excepting with regard to starches, nutrition is interfered with by the secondary effect on intestinal digestion.

The pain may often be relieved simply by diluting the acid contents with water, or by administering proteid food to "take up" the hydrochloric acid. While a proteid diet combines with the acid, a diet rich in fats or sugars, tends to discourage the formation of HCl in accordance with the general principle that the organism does not produce a secretion that is not needed. However, the indication is positively to use up the hydrochloric acid that the stomach is bound to secrete at the beginning of treatment so that eggs, milk, vegetable albumin, etc., should be given

in abundance. Meantime, meats, condiments, hot food and, especially salt and other acids, such as vinegar and certain fruits and wines, should be avoided. If necessary, local depressants should be used, such as cocaine, atropine, orthoform and anesthesin.

Alimentary Asepsis, aside from the use of hydrochloric acid and avoidance of germ-infested foods or those too readily fermentable.

Except in the case of arctic animals the conditions of alimentary sojourn are such as to render germ activity inevitable. As many of the bacteria introduced with food are facultatively pathogenic—the colon bacillus notably so—we are constantly on the verge of an internal intoxication or sepsis.

Many clinicians hold that internal antisepsis and asepsis are limited to the exclusion of bacteria from the ingesta, lavage of stomach or lower bowel and catharsis. This opinion is confirmed by culture experiments by bacteriologists. Yet many physicians, among whom the writer stands, believe thoroughly in the practical value of antiseptic drugs. As in many other disputes, the trouble is mainly one of definition and conception. There certainly is no known drug which, in tolerable dose, can materially diminish the flora of the alimentary canal. It is also obvious that, to get rid of a pound of feces, removes more bacteria than can be killed with an ounce of antiseptic. But the bacteriologist and the therapeutic nihilist overlook a very important practical and scientific fact. No one cares to render the alimentary canal a desert, so far as saprophytic growth is concerned. The aim is rather to prevent saprophytes from passing the line of functional activity or virulence which divides them from true parasites. A plate culture gives no qualitative idea of the virulence of bacteria and animal experiments are not applicable to settle this fine distinction, but the clinician can determine by the excessive formation of inflammable and sulphurous gases, the occurrence of foul diarrhea or of constipation which is bound to produce diarrhea by irritation if long enough continued when the harmless saprophytic stage has passed into that of essential parasitism.

Dried charcoal, either animal or vegetable, is useful to absorb toxins in the stomach and intestine, but it is worthless in homeopathic doses. A half teaspoonful dose repeated three or four times a day, will cut down much of the distention and intoxication in a few days and typhoid treated almost solely by this means is so shorn of toxic manifestations and so shortened, as to appear as a mild infection.

Sulpho-carbolates are a favorite of many practitioners. Others think they see good results from minute doses of carbolic acid and iodine. Bismuth is mildly antiseptic and decidedly astringent. Naphtholin and A- and B-naphthol are quite efficient. The benzoates have, in our experience, proved inefficient and our favorites are salol, for a few days and salacetol for more continuous administration. These two drugs are, respectively, salicylic compounds of phenol and acetyl. The former is somewhat dangerous on account of the separation of phenol, but is safe enough for a few moderate doses—say up to a gram for the first day and up to two grams in three days. Many times this dose may usually be given without serious result, but a single gram has apparently caused death.

At the Doctors' Expense

A little nonsense now and then makes children of us all again.

THE GERM.

The germ—it is a dreadful thing,
Its nature is not sunny;
It's on all that we eat or drink
And also on our money.
The doctor, though, fears not the germ—
He says that it is funny,
He bids us boil our food and drink,
And then takes all our money.

WISE INVALID.—Physician (to patient's wife)—"Why did you delay sending for me until your husband was unconscious?"

Wife—"Well, doctor, as long as he retained his senses he wouldn't let me send for you."—Exchange.

UP AGAINST IT.—Customer—"You remember that prescription you filled for me yesterday?"

Druggist—"Yes."

Customer—"Well, I'd like for you to give me a copy of it."

Druggist—"Impossible! I can't read it."

THE FORESIGHT OF THE ANCIENTS.—Aesculapius had invented the art of medicine.

"Think what a boon it will be to suffering humanity!" he cried.

"Yes," they exclaimed, "and what a stepping stone to the command of the army!"

Dimly, he realized how great a blessing he had instituted.—New York Sun.

A SUSCEPTIBLE PATIENT.—"Your rich brother is in the hospital, isn't he?"

"Yes."

"And how is he progressing?"

"Oh, I'm dreadfully worried about him."

"So sorry. Are you afraid he will not recover?"

"Oh, no, it isn't that I'm worrying about. It's his pretty nurse."

MISTAKES

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

CLINICAL SOCIETY OF THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL.

Stated Meeting held January 4, 1904.

The Vice-President, Dr. D. S. Dougherty, in the chair.

PRIMARY ENDOTHELIOMA OF THE LUNG AND PLEURA.

Dr. Maurice Packard presented this patient, of whom he gave the following history: Male, aged 24 years; cigarmaker by trade. Father died of endocarditis, sister of apoplexy, brother of diabetes. No history of tuberculosis in the family. The patient gave no history of syphilis or of alcoholism, and claims he was never ill until the present time. About five years ago he began to cough, with very little expectoration, but otherwise as perfectly healthy until fifteen months ago, when the cough became more distressing and was accompanied by profuse expectoration. He became very short of breath, especially on exertion, and suffered from pains localized anteriorly on the right side. These pains were increased on deep inspiration. There were no night sweats, nor, at that time, any memoptysis nor loss of weight. Although the examination of the sputum was negative, he was sent South with a diagnosis of tuberculosis. As there appeared to be no improvement, he remained but a short time. The symptoms continued about the same, but he noticed that the veins of his chest and abdomen were growing larger, and that when he coughed he brought up considerable blood, sometimes as much as a cupful. His sputum examination was still negative.

Dr. Packard saw him for the first time about two months ago, and his examination developed the following: The man was fairly well nourished, but had peculiar varicosities on the chest and abdomen. His right lung did not expand as well as the left, and there seemed to be a change in the dimension of the thoracic arch. Pectoral fremitus was diminished on the right side, from the second to the fifth intercostal space, and from the sternum to the axillary line. Over this area the percussion note was flat, but over the other portions of the same lung and over the left lung it was almost normal. Vocal fremitus was diminished, and distant bronchial almost tubular breathing could be heard over this affected region. Over the other portions of this lung the sounds were normal. The heart, spleen, liver and abdominal organs were normal. Sputum examination and thoracentesis were negative; the urine was normal. One month ago signs similar to the above were found posteriorly in the lower lobe of the right lung.

ERYTHROMELALGIA.

Dr. J. C. Lynch presented this case of Wier Mitchell's disease or erythromelalgia, occurring in a man 51 years of age, who was also the victim of tabes. The patient was single, and an officer in the Navy. He had had the ordinary diseases of childhood. During adolesence he had pneumonia twice and typhoid fever. While on a cruise to the far East he had

Chinese malaria (?). (From his description one would be warranted in presuming that it was lues.) Since he was twenty years old and up to the present time he had been free from sickness, except for three attacks of tripper. After the Spanish-American war he noticed that he had difficulty in holding his water (hurried sphincteric action), which was shortly followed by difficulty in walking (ataxic gait) accompanied by sharp, shooting, stabbing pains in the feet and legs (lightning pains). On consulting the ship's surgeon about his difficulty in walking he was told he was suffering from beginning gangrene of the left foot. He was put to bed and his condition improved. Six months later the other foot became involved. The first two toes were then amputated. After recovery from this operation he retired from the service.

ACUTE THYROIDISM FOLLOWING CURETTAGE.

This case was reported by Dr. Brooks H. Wells. He said that since the Roman matron measured with silken ribbon the throat of the bride before and the day after marriage, to determine by its rounded increase that she had been a pure virign, the sympathetic relation of the thyroid gland to the pelvic organs has been vaguely known; but hardly more than a decade has passed since we began to appreciate the various facts that will in time lead to an accurate knowledge of the functions and physiology of this and the other ductless glands.

Under certain conditions there occurs in those individuals who have been the subjects of a thyroid tachycardia virulent acute toxemia characterized by a well-marked group of symptoms. This toxemia may follow operations upon the thyroid itself, operations upon the pelvic organs, or, more rarely, operations upon the breast or other parts of the body, or any marked nervous strain. The exact mechanism by which the function of the gland is disturbed or excited is not definitely known. The disturbances after operations on the thyroid itself have been attributed to an outpouring of toxic material into the blood, either as the result of the manipulation to which the gland is subjected, or from a leakage and absorption from its cut surfaces. These causative factors can be ruled out when the thryoidism follows operations on other parts of the body. In cases similar to the one recorded below it seems certain that the condition is the result of a reflex disturbance of the central nervous centres and the sympathetic centres that control the activity of the thyroid gland or, as has recently been suggested, of the parathyroids.

The condition is often rapidly fatal, death occurring within the first three or four days from cardiac exhaustion. When recovery ensues the symptoms rapidly or gradually disappear until the individual reaches the status present before the attack.

The following case of acute thyroid poisoning following curettage seemed to possess features of interest which made it worthy of record.

Mrs. X., aged 53 years, had passed the menopause at the usual time, but during the last six months had had repeated small bleeding from the uterus, which was not enlarged, and was freely movable. She was nervous, thin and poorly nourished. For many years she had had a slight enlargement of the right lobe of the thyroid, an excitable, rapid pulse and slight tremor, but no protrusion of the eye-balls. Auscultation of the chest revealed a few bronchial rales. No other pathological condition was dis-

covered. To exclude the possibility of beginning of cancer the fundus uteri as a cause for the post-climacteric bleeding a currettage of the uterus was performed under strict asepsis on November 5th, at 10 a. m. The scrapings from the endometrium were examined by Dr. Jeffries, pathologist at the Polyclinic, who reported that they showed only a moderate grade of endometritis. There were no further symptoms, local or general, that could be referred directly to the curettage.

Six months later the patient was flushed, tremulous, nervous, voluble, but not worried and with mind clear. Her pulse had risen to 130 and became more rapid on any little excitement. Tempertaure 105. dergees F. Twenty-four hours after the operation the flush, tremor, nervousness and volubility were increased; the pulse had risen to 178 and at times was unaccountable; her temperature was 99.5 degrees F., there was profuse sweating, a watery diarrhea, marked irritability of the bladder with polyuria, many soft rales all over the chest, and vomiting. The thryoid was perceptibly enlarged, especially on the right side, and presented a quite apparent thrill. There was marked throbbing of the heart and large arteries. Examination of the urine showed a sour odor, reaction neutral, sp. gr. 1012, no albumin, no casts, innumerable colon bacilli, and a few pus cells. These symptoms of an extreme toxemia continued to the end of the first week, when her temperature reached 101.6 dergees F., and the auscultatory symptoms of bronchitis became more marked, thought here was little cough and a little expectoration. Blood examination at this time showed no leucocytosis and no typhoid reaction.

From the fifteenth to the twenty-fourth day the patient's condition was such that death was expected to occur at any time. The toxic symptoms continued, the tongue became dry and brown, there was extreme wekness and the usual relation between temperature and pulse was reversed so that the most rapid and weak heart action was when the temperature was lowest. The diarrhea ceased to be troublesome on the twenty-first day and on the twenty-fourth the patient was able to take small amounts of solid food by mouth. From this time on improvement was steady, but slow, until she reached a condition approximating that before the operation.

Treatment.—At the beginning it was thought that some of the symptoms might be dependent upon an intestinal toxemia, and the patient was given calomel followed by a saline and repeated high colonic flushings. The bladder for several days was washed out with a boric acid solution at eight-hour intervals, the washing being followed by the injection and retention of two ounces of a 10 per cent argyrol solution. The diarrhea was finally controlled by tannigen by mouth, ten grains every three to six hours, as needed, and starch and deodorized tincture of opium, ten minims, by rectum, every six to eight hours. The insomnia was relieved by the opium and by trional at night, in doses of from twenty grains at first to five grains at a later period. As it became impossible to make the patient retain food given by mouth, rectal alimentation was employed more or less from the eleventh to the twenty-second day. Solid food in small amounts was given on the twenty-fourth day. The heart action and general condition were not benefited by any drug; colonic flushing, strychnin, digitalis, belladonna, suprarenalin, alcohol, all seemed to do more harm than good.

(To be Continued.)

Matters of Medical Interest

"THE PARK," at Hot Springs, Ark.. grows in popularity every year under the management of Mr. J. R. Hayes.

IN the convalescent stage of la grippe and other diseases Gude's pepto-mangan is indicated as a general tonic and reconstructive.

THE LEFFERTS COLLECTION.—A large collection of apparatus, illustrating the anatomy of the larynx and nose will be given to Columbia by Dr. George Lefferts upon his retirement next June. Dr. Lefferts who now has the chair of laryngology will in a few months have completed his thirtieth year of professional work.

CALCIDIN, or "iodized" lime (Abbott) is a modern therapeutic triumph, a new and scientific product of an old and reliable remedy. Doctor, you need only to give it a trial to be convinced of its efficacy in treating that dreaded affliction of childhood, croup. Send for literature and sample to the Abbott Alkaloidal Co., Ravenswood, Chicago.

IMITATIONS ARE POOR SUBSTITUTES.—A physician in speaking of glyco-thymoline imitations, remarked that they reminded him of oleomargarine—"which might be used when it was impossible to get butter. Imitations are at best poor substitutes and I never use them. I want the results that invariably follow the use of glyco-thymoline—genuine."

PHOSPHO-ALBUMEN is an excellent blood-maker and nerve food, and is a very valuable preparation in phthisis, bronchial affections and nervous diseases. Physicians who have not given phospho-albumen a trial should write to the company at Chicago, Ill., as we are sure they will find it of great service to their patients. Literature and liberal sample furnished free, if you mention the Medical Herald.

ACCIDENT INSURANCE.—Every professional man should be protected against accidents incident to the practice of medicine and surgery, and we would call especial attention to a form of insurance issued by a reliable mutual company at a very reasonable premium. We refer to the policy of the Physicians Casualty Association of America, whose officers and directors are well-known professional men. See announcement in our advertising pages.

SUBSTITUTING.—We regret the necessity of notifying the medical profession that our products are being infringed upon, so that practically worthless imitations are furnished by the unscrupulous or incautious pharmacist, much to the detriment of the patient, the physician, and ourselves. We consider it our duty to defend these united interests as far as it is in our power to do so. Whenever it is feasible, the physician may have an absolute certainty of receiving the genuine preparation by ordering an original package with seals intact; since none of our products are sold in bulk. We would respectfully request the co-operation of physicians against substitution, the foe to all scientific progress.—C. Bischoff & Co.

TRIACOL (Alpers), one of the newer remedies, is a combination of guaiacol with sodium, potassium and ethyl-morphine, and possesses in a marked degree all the requirements for respiratory treatment without any deleterious by-effects on the system at large. There is neither sugar nor glucose present, thus avoiding the possibility of gastric fermentation. Dr. H. Speier, of Rochester, Minn., in an article on pulmonary affections (Wisconsin Med. Recorder) reports a number of cases of pneumonia and incipient phthisis in which he employed triacol with excellent results. He concludes as follows: "A number of cases of cough of different character presented, several of prolonged grippe with more or less chronic bronchial irritation, one that of a man, age 59, a hay fever sufferer, whose night rest was much broken by cough. In all of them triacol proved itself effective. Herein, in the coughs of autumn and winter and of badly cured influenza, should judge from my experience, lies a wide field of usefulness for triacol, which has the advantage over creosotal, that it is entirely free from unpleasant odor and taste and is easily borne by the most delicate stomach and readily assimilated."

KUGLOIDS IN THE TREATMENT OF LAGRIPPE.—The first and most important feature after the invasion, is the germ, and this calls for an antiseptic; the pyrexia, night sweats, nervous symptoms and pain are due to the accumulation of the products of inflammation and toxines. These are first prevented from further elaboration by arresting the process of inflammation and killing the germ that produces them; then such material as remains must be filtered out from the blood through the bowels and kidneys, by means of purges and diuretics. The accumulations in the air passages will be removed reflexly by coughing, aided by Huxley's antiseptic pastilles and stimulating expectorants, and the irritated mucous surface must be soothed and gently stimulated to produce their natural secretions, so that an harmonious interchange between the air and blood can take place in the alveoli. After all these things have been accomplished, the nervous system must be toned up, the broken down tissues rebuilt, and the exhausted leucocytes rejuvenated. In kugloids we have a remedy combining all the factors necessary for such results and clinical testimony upholds this theoretical exposition most satisfactorily.

THE TREATMENT OF DIABETES.—(By Charles W. McIntyre, M. D.) —Diabetes is an affection far more commonly seen than is supposed by many physicians. The truth is a study of vital statistics and interrogatories sent out to the most active practitioners has established in the writer's mind the view that diabetes is a disease seen far more frequently than text-books would lead us to believe. The treatment of diabetes is commonly considered under two heads—the dietetic and medicinal. Sugar and all starch-containing foods are to be eliminated from the dietary of diabetic patients. Saccharine and glycerine will in a reasonable measure replace sugar. Potatoes, rice, flour, beans, peas, turnips, grapes, plums, apricots, pears, apples, melons, berries, figs, beets, onions, asparagus are all to be avoided by these patients. Champagne, the sweet wines, and cider and beer are never to be used by a patient who is ill of diabetes. I must not omit saying that the following foods are only partaken of with injury to our patient: These are liver, crabs, lobsters and oysters, thick

gravies and soup. The market is full of diabetic foods, which are purported to be pure gluten products. I am sure that the claims of these foods are not at all times what we are led to believe, but they do serve our purpose better than ordinary bread, and are therefore to be advocated. This conclusion is reached after we have seen that the demand for bread can not be replaced for a long period as the necessities in a case of diabetes make necessary. Among the foods allowed are the meats ordinarily found in the meat shops. Game, poultry, fish, clams, eggs, bacon, butter, cream, cheese, nuts, spinach, tomatoes, cabbage, cauliflower, lettuce, cucumbers and pickles, gluten, brown and almond-meal bread, clear soups, lemons, tea, coffee and cocoa are all foods which will be the main articles in the dietary of the diabetic patient. Lockwood wisely advises that the diabetic patient be brought gradually to a correct diet. In abrupt leaving off of customary diet is often manifestly a means of doing harm. Of remedial measures there are at present only two remedies which are regarded with favor by the profession in general. These agents are opium and arsenauro. There is no doubt in my mind that opium is of value in diabetes, but there are two reasons why he has not employed it for some years. In the first place, opium produces constipation. It is a fact that these patients suffer greatly with constipation, and often when the opium is given we shall see some of the worst cases of constipation. One of my patients said that he would not continue the treatment unless I could give him some remedy that would not produce such obstinate constipation. My other reason for quitting opium is the fact that I have found in arsenauro a remedy which does not possess any disagreeable drawbacks, but which produces the most satisfactory results in these cases. I have treated a great many cases of diabetes with arsenauro, and my results have been excellent and the percentage of recoveries has surpassed that by any other therapeutic means. I give the arsenauro in doses of five to ten drops after each meal. I usually begin with doses of five drops and increasee gradually to fifteen drops. Under arsenauro the appetite improves and the patient begins to have a better color and be better in every way. A man, aged 39, came to my office, saying that he was passing a large amount of urine, and he was growing weaker and that his weight had fallen off greatly. Repeated examinations of the urine showed that the patient had diabetes. I put him at once on a corrected dietary and had him begin with arsenauro. He was a good patient and made a speedy recovery, which occupied in all four months. The patient now enjoys good health and is daily attending to his business, that of a merchant. A Jew, aged 49, came to my office for treatment of diabetes. He had only lately come here from Germany and while there had been treated with opium, and this produced the most pronounced constipation and biliousness. I had this patient take arsenauro and observed a proper diet. On this treatment he began to feel better, pass less urine, and the sugar diminished continually and he made a complete recovery. This patient was under treatment in all about three months. A woman, aged 37, was treated for diabetes, which had been present for the past two years, but only in the last six months had the associated debility caused her to complain. On a correct diet and arsenauro this patient made great headway in regaining her strength. She had gained flesh and was a great deal better when she left here, and I have not heard from her for two months, but at which time she was thought entirely well.

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Notes on Reliable Remedies

"Prejudice is the child of ignorance."—HASLETT.

AFTER-PAINS.—For the treatment of after-pains Hayden's viburnum compound is a safe and reliable anodyne and antispasmodic, and its administration renders all other remedies superfluous. Unlike the opiates, it does not produce constipation or gastric disturbances, but promotes perfect comfort without any deleterious action.

I have used aletris cordial (Rio) for menorrhagia and dysmenorrhea, and find it an invaluable remedy as a uterine tonic. The aletris cordial (Rio) has for a number of years been a great favorite with me in derangement of the female reproductive organs, therefore I recommend it as a tonic in uterine troubles, as it will give satisfaction to those afflicted with such diseases.—C. A. Goshen, M. D., Petaluma, Cal.

PASSIFLORA.—A Georgia physician of eminent ability says: I have used Daniel's conc. tr. passiflora incarnata in my practice for twenty years and have found no calmative to compare with it. I employ it with happy results in all cases of nervousness. I recently gave it to a young wife during childbirth and the menopause with entire satisafction to the patient and myself. I was also pleased with its use in the case of a man suffering from alcoholic excess. Passiflora reduced his fever and relieved him of nervousness that had almost reached delirium tremens. I shall always use it in my practice in cases where indicated.

A SAFE AND EFFICIENT REMEDY.—The Dietetic and Hygienic Gazette, commenting upon the dietetic value of iron, says: "Pathologists have given pointers as to the special condition of the iron in the sysetm and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's pepto-mangan. It is probably the nearest approach to a physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels."

AN hour or a portion of an hour given daily to correct breathing and to silence is an additional help toward self-development and spiritual benefit. Look up and look within. It means more good to humanity than continually looking about.—ELLA WHEELER WILCOX.

THE Oppenheimer Institute has sent out a pamphlet giving a general statement of the history and development of its work, including that pertaining to the Women's National Auxiliary. This document, which displays artistic taste in typography and make-up, may be had upon application to the secretary, 170 Broadway, New York.

PAUTABERGE'S SOLUTION and capsules of creosote hydrochloro-phosphate of lime have been largely and successfully used for the past twenty-five years in almost every country of the world. Prominent physicians have found them the very best remedies for pulmonary and bronchial troubles, and they have the highest endorsements in the way of home testimony from many physicians in Paris and other parts of France. These preparations are now being introduced to the medical profession in this country by the American agent, G. J. Wallau, No. 2 Stone street, New York, who will furnish literature and samples to physicians who will pay expressage.

CHRONIC OTORRHEA AND ULCERS OF THE AUDITORY MEATUS (by G. Frank Prevost, M.D., Montreal, Can.)—"I have obtained complete and permanent cures in many cases of catarrhal affections of the ear in young children and below give the history of a case of chronic otorrhea: Girl, name Irene Audette, age six, she began to have running from the ear at the age of nine or ten months, which had continued until she came under my care. I ordered an injection of glcyo-thymoline one-half ounce to hot water twelve ounces—sufficient being used to perfectly cleanse the ear. I then ordered glyco-thymoline one ounce to water seven ounces, to be appiled hot by means of a tampon of absorbent cotton three or four times daily. A few weeks of this treatment sufficed to produce a complete cure. A year has now elapsed without any recurrence of the symptoms, and the child has improved in health. I can heartily recommend this treatment to my confreres."

TREATMENT OF THE ACID DIATHESIS.—"Among those who lead a sedentary life, there is probably no cause of distress so common as uric acid excess. It is well-known that a liberal diet without exercise contributes to its excessive secretion. The treatment is first, dietetic; and secondary, remedial. As to remedial treatment, the natural mineral waters, which mildly act on the bowels, are advised since they do not produce inflammation of the intestinal coats. For some time I have employed for the acid condition a very soft naturally alkaline spring water. I refer to allouez magnesia water. The patient supplies himself with a liberal quantity, and I impress on him the importance of never failing to take it as directed. When I can do this, and the patient will give a reasonable ear to diet, results are most satisfactory indeed. The patient should take regularly one glass of the water an hour, and another one-half an hour before each meal, another before retiring."—Kenner: (*Milwaukee Medical Journal.*)

FOR LA GRIPPE.

℞ Firwein (Tilden's).....
Febrisol (Tilden's).....aa f 3 jss

M. Sig.: One teaspoonful every three hours in la grippe.

NEW PAMPHLETS.—The Etna Chemical Co., of New York, has just issued two interesting booklets entitled "Blood Vessels and Their Distribution," and "Nerves and Their Disturbance," both of which are beautifully illustrated. If you have not seen them send in your name for free copies.

THE NATIONAL SPECTRE.—Writers on the subject of vital statistics assert that every sixth person in the United States is infected with tuberculosis, and that every seventh death that occurs in any year is caused by the "Great White Plague." They further assert that if careful investigation was made and necropsies performed at least one-third of those reported as dying of other diseases would show cicatrizations and other unmistakable evidences of former tubercular infection, although nothing of the kind had been suspected during life. In these unsuspected cases spontaneous recovery had taken place, some intercurrent affection carrying off the patient. This furnishes the pathologist, and the therapeutist as well, food for serious reflection and occasion for careful study. It may be considered unquestionable proof of at least three things: 1. That consumption is one of the commonest ailments. 2. That spontaneous recovery frequently occurs. 3. That this fatal scourge is amenable to treatment. To the standing army of tubercle-stricken invalids estimated by the foregoing authorities at over 12,000,000 in this country alone—the lesson is sufficiently obvious, and the warning ought to be timely, ample and unmistakable. The incisive and important lesson now being loudly dinned into the ears of medical men everywhere is that a large majority of the fatal cases can be cured by opportune treatment, and that all successful treatment has come to be based on better nutrition, since the disease is essentially if not invariably closely allied with innutrition or malnutrition. Furthermore, it is a consensus of medical opinion that there are no known drug specifics, and that the hope of ever discovering such is too remote to be considered. In view of these admitted facts the time spent in parleying with the venders of alleged specifics, and in the investigation or trial of "Great Discoveries," is unspeakably worse than wasted since it beguiles the sufferer to drift along in fancied but false security, until in many cases the curable stage has forever passed, after which nothing short of a miracle can be of any avail. A list of the items comprising the physiological status of the incipient consumptive would include the following: 1. He possesses a highly susceptible organization. 2. He is usually surrounded by an unfavorable environment. 3. His vital stamina has been impaired. 4. His digestion and assimilation are imperfectly performed. 5. He is losing weight—using up his tissues, his vital reserves. 6. The lowered tone of his tissues renders them incompetent to resist the approach of, or contact with, infectious germs, to which all mortals are constantly exposed. It is only in the presence of one or more or all of these conditions that the bacilli find lodgment and suitable nidus in which to multiply and accomplish their destructive work. In view of the pathologic, etiologic and

therapeutic advances of the past quarter of a century the indications for rational treatment are these: (a) To place the patient in a more favorable environment. (b) To arrest retrograde and establish reconstructive metabolism. (c) To restore the vital stamina to its normal status. To accomplish these conditions or objects without loss of time all natural therapeutic resources must be drawn upon. Diet, hygiene, sanitation and exercise are all essential, but in immediate importance diet overshadows all the rest. One of the most satisfactory agents with which to begin the battle is hydroleine. Hydroleine acts as "First Aid to the Injured" organism; supplies the tissues with the pabulum for which they are so loudly clamoring; restores the debilitated digestive organs; increases the appetite; and promptly checks the degenerative tendency. Literature will be sent for the asking by The Charles N. Crittenton Co., 115-117 Fulton street, New York.

A RELIABLE ANTIPYRETIC.—Is it not true that nine-tenths of the cases of illness coming under the care of a physician are characterized by fever and pain? Is it therefore not obvious that much of the success that comes to medical men is owing to the more or less prompt relief given to these conditions? From this standpoint febrisol liquid (Tilden's) should command the special respect of the medical profession as a certain means of making friends, money and reputation. Febrisol liquid accomplishes these results because of it's antipyretic, antiphlogistic and analgesic action, which is unattended with depressant effects. And most important to observe, it causes no drug habit, and does not like opium wreck the patient's mind while he is made oblivious of pain. Febrisol liquid relieves the pain by reducing the inflammation which is the cause thereof. It sets the circulation at rest by calming the nerve centers in the medulla and through its influence upon the vasomotor nerves it opens the flood gates of the skin producing gentle perspiration, and thus cools the blood. Experience amply shows that there is no more safe, efficient, thoroughly reliable remedy in such conditions than febrisol liquid (Tilden's).

THAT petroleum has unique influence upon certain morbid conditions of the animal economy is not a matter of theory only. It is a fact that has been conclusively proven by elaborate, scientific experiments. Clinical experience has likewise demonstrated that petroleum is universally beneficial in the treatment of bronchial and pulmonary complaints, and that in tuberculosis it is by far the most effective remedy. Given in the form of Angier's petroleum emulsion it has a well-defined, specific, palliative influence upon the symptoms of the disease. It maintains normal nutrition and actually compels the digestion of food by facilitating and expediting the process of digestion and assimilation. In short, it supplants tissue waste by tissue reconstruction. Each fluid ounce of Angier's petroleum emulsion with hypophosphites contains thirty-three and one-third per cent of specially purified crude petroleum, nine grains of combined hypophosphites of lime and soda, with chemically pure glycerine. It is a perfect emulison. Placed under the microscope, physicians can easily verify this point for themselves. They will find the oil globules very minutely and evenly subdivided The emulsion is pleasant to take and is easily retained by the most delicate stomach.

TWENTY-THIRD YEAR

DR. VAN BUREN KNOTT, SIOUX CITY, IA.
President Sioux Valley Medical Society.

THE Medical Herald.

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ST. JOSEPH, MO., MARCH, 1904.

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TYPHOID FEVER AND ITS TREATMENT.

B. A. Bobb, M. D., Mitchell, S. Dak.

IT was with a great deal of hesitancy that I accepted an invitation to prepare a paper to be read before this honorable body of physicians and surgeons, and, having chosen a subject, upon which perhaps, more papers have been prepared, read and discussed, and more articles written for medical journals and magazines than upon any other one disease, unless it be pneumonia, I feel that it will be necessary to bring out a few points of interest and importance in order that it may be at all worthy of your time devoted to its reading.

I might have better entitled this paper "The Treatment of Typhoid Fever in the Home." I deem it wholly unnecessary to enter into any discussion of the etiology or pathology of this disease, as I believe that you will all agree that this question is settled, and the fact that it is essentially and primarily an enteric disease, having its origin in the alimentary canal and having a specific bacteria, the bacillus of Eberth there developed and multiplied, with ordinary intestinal bacteria, which become more or less sporty and virulent, because of their association with the typhoid bacillus, all of which enter the blood current, which ultimately reaches every part of the body and produces the characteristic toxemic condition of our patient.

I am well aware of the fact that there is no other profession that is so prone to get into ruts and follow along certain preconceived lines of teaching as is the physician. The surgeon is ever and anon figuring on new and more difficult technique of operation in order that his patient show up in proper time and style at the post-mortem table. With the physician, not so. He will get into a rut and remain there, some, lo some 30 and some 60 years, still advocating that there is no "bug" to produce typhoid fever, and I suppose, if they dared, pediculosis.

I am not pessimistic, and it only does me good to see a man that has the nerve to adhere to his convictions, but we should be willing and ready at all times to accept and carefully consider any proposition that will be for the betterment of the profession as well as our patients. You will pardon me for this digression.

The bacillus of Eberth having once entered the alimentary canal, it finds a most suitable place for its propagation, and it is but a short space of time until the glands are attacked, and the bacilli find their way into the circulation and in a few days we have developing a case of what we term typhoid fever, with the symptoms of which you are all familiar.

The time was when a physician would defer the diagnosis of typhoid fever for a week, waiting for a few more of the symptoms that were a little slow in developing, but now with our improved clinical aids we are able to make a fairly positive diagnosis in a much shorter time. I know that this statement will be criticised, when I say, that many times nowadays a diagnosis is made, treatment instituted and the disease cut short within the time that in former time a diagnosis was being made. Nevertheless when a physician has a clinical picture of typhoid fever before him, and he immediately gives that case typhoid fever treatment, and he can see within a week or less the whole condition changing rapidly for the better, and soon is convalescent, I say what difference does it make whether you had a case of typhoid fever or one of delirium tremens, so long as the treatment for the typhoid fever did the desired business.

I make this statement as I know that in many cases the correct diagnosis would be doubted by some of the authorities. I know that it is only until within recent years that it was ridiculed to even think of typhoid fever as anything but a self-limiting disease. It was taught that the disease would necessarily run its course, and about all the physician could do was to keep tab on it and treat the complications as they developed.

Of course the Brand treatment had been advocated at this time, but was only practical in the hospitals, and then not fully so if there were any number of typhoid patients in the wards, as it required efficient nurses and assistants, or it was not without danger in its uses.

Undoubtedly all of you have read how Prof. Skoda of Vienna, attempted, over sixty years ago, to prove that medicinal treatment was valueless for this disease by dividing a class of 62 patients (typhoid) into two classes of 31 each, one class receiving the regulation treatment of the times, and the other class of 31 no treatment whatever of a medicinal nature. Prof. Skoda was highly exultant of the results obtained, claiming that more patients died that had received medicinal treatment for the disease than those that had not received any treatment at all, and it is only to be deplored that this let alone practice was in vogue as long as it was, even Osler scarcely touching on the medicinal treatment of the disease in his otherwise excellent works. I firmly believe that if some of these authors could get out in a country practice for a year or two instead of leaving orders at the hospital they would come to recognize more the value of medicinal treatment of this disease.

I believe in an active, eliminative, antiseptic, hydrotherapuetic treatment being instituted in every case, or even suspected case of typhoid fever at the earliest possible moment. Why not? I believe that the old idea of the self-limitation of a number of the diseases, such as pneumonia, pertussis, typhoid fever, etc., is gradually giving way, and that the pro-

fession at large is coming to believe in a more rational and scientific method of treatment and not only can these diseases be cured, but often aborted in the early stages. Why is it that as we are getting at the bottom of these diseases, as diphtheria, for instances, that we are so anxious to institute treatment in its very incipiency, not waiting for all the clinical symptoms to appear? Because we so plainly can see the results of early treatment. I am firmly convinced that we should be just as active in the early treatment of typhoid fever, and I also believe that no more harm will be done to give the remaining well members of a family antiseptic treatment, where typhoid fever is prevalent in the house, than it is to give the well members in a family antitoxin as a preventative when diphtheria is prevalent.

In a study of the literature, as written by the physicians at large all over our country I believe that this idea is taking hold of the more thoughtful men. I believe that the day is not far distant when nearly every disease will be combated by the destruction or removal of the bacteria causing the disease with the counteracting of the toxines that have already gained entrance into the circulation when we first see the patient. We must not lose sight of the fact that every patient is a being unto himself and possessing at times, peculiarities and idiosyncrasies cautioning us of the necessity of a careful and close study of each case.

I know that no less an authority than J. W. Brannan, M. D., of New York. contends in his resume on typhoid fever in the Twentieth Century Practice of Medicine in this wise: "It is well to remember the rule not to make a diagnosis of typhoid fever after a single examination of the patient." He says, "Indeed it is necessary to watch the patient for some time in order to obtain the characteristic temperature curve," and still he admits that there are atypical cases in which we may not be sure of a diagnosis until the post-mortem reveals it to us.

But why postpone the diagnosis, even of a suspicious case of typhoid fever, no matter how atypical? What harm is done by making a provisional diagnosis at least, and institute medicinal treatment at once, as you certainly would do in a suspicious case of diphtheria. While it may be a source of satisfaction to the physician to wait a few days or a week in order that he may be the more able to make a fairly positive diagnosis by means of the Diazo or Widal tests, his patient is losing ground by not giving an active typhoid treatment at once. I wish to reiterate what harm can be done if eliminative, antiseptic treatment is instituted immedately, even though a mistake in diagnosis should have occurred, as the diseases with which we are most apt to be confounded is, typhus fever, seldom if ever found here, miliary tuberculosis, influenza, simple continued fever, malaria and tubercular peritonitis, and possibly malignant endocarditis, but I say, even though it was typhoid fever, no harm would be done, and in a few days a more positive diagnosis would be possible

I am well aware of the fact that the hospital practicians do not, as a rule, come in contact with these cases of typhoid fever in their incipient stages, but usually not until the tenth or twelfth day of illness, this very fact accounting for their general unbelief in the abortive treatment

of the disease, while you take the practician of a town of 4,000 or 5,000 inhabitants, when typhoid fever is epidemic, nearly every household will summon the physician when the first symptoms manifest themselves, and thus he has the opportunity of commencing active treatment at once.

In conclusion, I would say that I believe:

1st. That in typhoid fever we have a self-limiting disease, which can often be modified and shortened in its course, and often aborted if treatment is instituted early in the course of the disease.

2d. That where early eliminative, antiseptic and hydrotherapeutic treatment is instituted we do not have the dry tongue, after the first few days, that the tympanites is absent or nearly so, and that we do not have the exhaustive diarrhea.

3d. That the temperature is usually easily controlled with sponge baths.

4th. That there are cases wherein complications develop that will call for a most careful study of the case in question, and all is not as smooth sailing as one would suppose by listening to the reading of this paper.

5th. That it is the duty of every physician who has cases of typhoid fever in charge to use every prophylactic measure to prevent those who have the care of patients thus afflicted from contracting the disease.

CASE I.—Woman, age 18. General health good until September 15th, 1903, when she complained of backache, headache and general malaise. Tongue red, dry and cracked. Temperature 101.5 degrees. Tenderness, gurgling and that peculiar doughy feeling in the right illiac fossa. Constipated. Slight bronchitis. Some epitaxis. Had been feeling thus for two days, and gradually growing worse each p. m. Diagnosis, typhoid fever. Did I wait four or five days before instituting treatment for this case to asceratin if not more prominent symptoms would develop? No. But immediately gave calomel, ipecac and sodi bicarb. till 3 gr. of the calomel had been used, and this followed with a good large dose of saline aperient. I also commenced immediately to give 3 drops of guaiacol, in capsule every hour till four doses were used then every three hours regularly with a morning dose of saline aperient each day. In three days more we observed a few rose colored spots on the abdomen but no tympanites. Evening temperature 100 degrees and all the symptoms improving and the patient feeling much better in every way. We gave as nourishment milk, egg-nog and panopeptine, and on the twelfth day of treatment the temperature and pulse were normal and patient sitting up and complete recovery in a few days.

CASE II.—Boy, age 12. Called to see him September 18th. Complained of nausea, abdominal tenderness, some backache, headache and vertigo. Had a moist, sticky, brown furred tongue. Temperature 100 degrees. Ordered him put to bed and the same preliminary treatment given as in the previous case here reported with the exception that the intestinal antiseptic used was a solution of acetozone instead of guaiacol and the guaiacol was applied locally to the illiac fossa after preparing same as though for a surigcal operation. This local application of guaia-

col was to be made only when the temperature went above 102 degrees. Diet limited to egg-nog, liq. peptonoids and milk. Salines were given every morning which kept bowels moving once or twice a day. This case continued for sixteen days after treatment was instituted before the temperature remained normal, although the morning temperature was normal on the fourteenth day.

CASE III.—Girl. age 18. General health below par. A neurasthenic. called to see case November 10th, 1903. Complained of severe neuralgia in supraorbital region and severe pain in back of neck and lower spine. Nausea, vomiting and epistaxis. Diarrhea. Gurgling and tenderness in the right illiac fossa. Temperature 102.5 degrees. Gave calomel, ipecac et sodi bicarb. followed with saline aperient and after the second day we had no more diarrhea, however this proved one of those most virulent cases with an afternoon temperature of 105.5 degrees when allowed it own course. Gave sol. of acetozone for two weeks with a careful diet of panopeptine and bovinine, but as there was no perceptible change in her conditionn at the end of two weeks the antiseptic treatment was changed to salol with the continuation of the same diet, cold pack and the local application guaiacol. On the 18th day she had a severe hemorrhage from the bowels, followed on the two succeeding days with two more hemorrhages. These hemorrhages were noted several hours before their external appearance, by a sudden drop of the temperature to a little below normal and a sudden rise of the pulse to 138 with profuse perpiration and symptoms of collapse.

Immediately 20 drops of adrenalin solution was given internally with an hypodermic injection of strychnine and antiseptic ergot and in 20 minutes another dose of 20 minims of adrenalin solution was given when the patient was reviving nicely and the temperature again going up to 103 degrees in a few hours, only to be followed on the two suceeding days with a similar condition and similar treatment and good results. The amount of blood that passed after each hemorrhage, as near as could be estimated, was four to six ounces. After the blood passed away a normal saline enema was given to wash out any remaining blood clots. On the 24th day the temperature became normal and remained so for three days when a relapse occurred which lasted for twenty-eight days with about the same severity, except no more hemorrhages, and the patient is convalescent at the present time.

I might go on and enumerate seventeen or eighteen cases that I have treated during the last three months, seven or eight of which the temperature has become normal on the tenth to twelfth day of the disease, and the diagnosis of which, some of you would be in doubt from a description of the case, I suppose, but not so if you could have followed the case up with me.

I believe that it is very difficult to arrive at the comparative value of the different intestinal antiseptics. I have just recently discharged a case of only seventeen days duration where the medicinal treatment was confined to the of echafolta, the case being a primipara in the sixth month of pregnancy and echafolta seemed to agree best with the stomach. During the first week the typhoid symptoms became most pronounced, as severe

epistaxis, 2 to 6 ozs. dripping away at each occasion of bleeding. Severe headache and backache, nausea and vomiting and diarrhea. Very perceptible enlargement of the spleen. Rose colored spots very marked. Pronounced gurgling and tenderness in the right illiac fossa, and still, as soon as we found an antiseptic that agreed with the stomach the condition commenced to improve, and on the seventeenth was convalescent.

FOREIGN BODIES IN BRONCHI: TREATMENT.

John Boyd Tyrrell, M. D., Hornick, Ia,

A CLOSE examination of the special cases in a complete collection of all that has been reported is necessary to gain an understanding of the difficulties that the physician has to cope with in certain cases of foreign bodies in the bronchi. For a foreign body to reach the bronchi through the natural passages is not so very rare an occurrence. As in the case of foreign bodies in other regions, children furnish the largest number of examples; but the percentage of adults is also large. Anything that a man has in his mouth may at any time, by an accidental reflex inspiration, be drawn into the bronchi. The pernicious habit of putting needles and other similar objects into one's mouth instead of laying them down, cannot, therefore, be condemned too severely. This accident is most likely to occur when sensibility and reflex activity are diminished; for the glottis, the muscles of which contract on the slightest irritation, is the sentinel, which, by its sensibility and motility guards the body against intruders. Chloroform narcosis is therefore a factor that favors the entrance of foreign bodies; a tooth extracted during anesthesia has slipped down into the trachea. Drunkenness and all forms of anesthesia and intoxication, as well as natural sleep, diminish the vigilance of this sentinel. Diseases of the brain may render them completely powerless, and people who swallow badly often die from the aspiration of foreign bodies.

As a rule, the aspirated foreign body, after it has once passed the glottis, proceeds at once to a point in the bronchial system which corresponds to its size, and there becomes firmly fixed. More rarely it remains for a certain time in the trachea, and later passes down. If it strikes the spur at the bifurcation, or at any other point where a branch is given off, it may be thrown back by a fit of coughing, which at once ensues. This movement may be repeated many times before the body finally lodges in the bronchus. It rarely happens also, that the body first lodges in the trachea and later passes down into the bronchus.

Foreign bodies act differently according to their kind and size. It is, therefore, not right to treat them all alike. I have found Hoffmann's classification the most convenient for all purposes. He has grouped those

having the same physical characteristics and presumably having similar symptoms and a similar course.

1. Smooth round pieces of metal and glass (coins and bullets).
2. Hard irregular sharp and pointed bodies (needles and splinters of bone).
3. Soft rough bodies (heads of grain).
4. Bodies which swell on soaking (fruit seeds). Hard fruit seeds especially.
5. All other foreign bodies. To get some idea of the numerous things that may be found in a bronchus or lung it might be well to enumerate a few of the articles found and reported in the literature on this subject. In the first-class are the following: Oval glass body, six penny piece, half-sovereign, glass button, rifle bullet, and smooth Carnelian stone. In the second class we find: vertebra of a pigeon, iron nail, four false teeth on a silver clamp, tracheal tube, ear-ring, metallic lead-pencil case, a checker, fish bone 2 cm. long in right lung, piece of charcoal, shoe nail, molar tooth, small piece of wood, shell of hazelnut, whistle 3 cm. long. At each inspiration and expiration the whistle gave out a sound that could be heard at a distance of 50 feet. Others, such as piece of cartilage, pipe stem so wedged in the bronchus that the patient breathed through it, metal pen-holder one and one-half inches long, vertical vertebra of a chicken, a small stone, a metal needle one and one-half inches long and a bolt of a blowpipe. In class three are found the following: Head of grain, blade of grass, grain of wheat, head of wild oat. In class four, bodies that swell; bean, kernel of corn, sword bean, apple seed, hawberry, turkish bean, kernel of maize and pea. In this class bodies that do not swell in water, as plum stone, cherry pit and a piece of almond. Other bodies or class five, includes the following: A living fish in the right bronchus, masticated meat, thread worm, food, piece of spice, shirt button, cork of bottle, piece of chestnut and mouth-piece of trumpet.

Cases that have recently been reported have shown the following: Brass safety pin, small ivory knob, dime, tack seven-eighths of an inch long, needle, pin, watermelon seed, pumpkin seed, prune stone, shirt stud and cockleburr. This was in a boy 8 years old. His only marked symptoms were cough and shock. The treatment was larngotracheotomy with recovery. Others, such as screw, nutshell, tooth, and corn have been found.

There is also a class of foreign bodies in the air passages which have not reached them from the outside. Parts of our bodies, changed by diseased processes, cast off, and entering the bronchi, may there act as foreign bodies. The most common of these are calcareous concretions, which come from calcified bronchial glands, perforate the bronchial wall by inflammation and suppuration, and get into the lumen of a bronchial branch. Parts of the bronchi themselves, of the lungs, or of the pleura, may calcify, and after being cast off, work their way into the bronchi; tumors and hyatids growing in the lungs may in part undergo the same process. Even mucous, after lying for some time in a cavity, may be changed into a calcareous stone. The tendency to the formation of such bodies in some individuals is quite surprising. They often cough them up. Besides these

calcareous concretions, cartilaginous and bony masses have been found free in the air passages and coughed up. Thus, the cartilages of the bronchi, or of the trachea may slough off and act as free bodies. Endochondromata may form in the lungs, bronchial wall, and also in the pleura and may become free.

Then fragments of soft tissue are at times cast off in phthisis and other ulcerative processes of the lungs, and enter the bronchi. A physician once coughed up such a concretion and Sander has given a detailed description of the case. He had for more than two years suffered with severe chest symptoms, had had several attacks of pneumonia, and pleurisy, with hemoptysis, until he was finally cured by the expulsion of a stone, which consisted of calcium carbonate, mingled with crystals of fatty acids.

The symptom-complex characteristic of this condition is as follows: convulsive cough, attacks of dyspnœa, and the expectoration of one or several small stones (broncholiths). The patient perceives a sense of heaviness, of pressure, finally of unendurable burning in the lower part of the trachea; cough comes on resembling an attack of whooping-cough; not unlike the latter, increases to the point of intense dyspnea, arousing in the patient the fear of impending death, and may go on to stupor. Suddenly, with the feeling of severe rending pain the stone is thrown out, relief is felt, and the attack is over.

Foreign body in the bronchi may cause a great variety of symptoms. I do not intend to take up the symptoms of this subject at all. It is not the object of this paper. I wish to deal more particularly with the treatment, and this depends altogether on circumstances. There is no single method that is applicable in all cases. Three courses are open to the physician: 1. Operation. 2. Position, the administration of emetics to favor expulsion by retching and vomiting. 3. Expectant treatment. To lay down rules that would satisfy all the possibilities which might arise is simply impossible, and would result in an absurd schedule. By studying the case-histories and mastering all possibilities in the individual methods of treatment, the physician may put himself into condition to act promptly and scientifically in any given case. These three possible methods of treatment are not always to be used separately; a combination of them is often more advisable. There are many points in favor of operation.

The glottis, as is well known, is the chief obstacle to the spontaneous removal of foreign body. A body forced up into the trachea by a fit of coughing comes into contact with the mucous membrance on and around the lower surface of the true vocal cords, convulsive attack immediately occurs, the glottis closes, and the body fails to escape. On the contrary violent attacks of coughing are produced and the patient is in danger of choking. Debilitated individuals may succumb to an attack of this kind. Low tracheotomy at once removes the chief obstacles to the escape of the body and removes the danger which directly threatens the patient's life; it therefore satisfies two of the most important indications. It distinctly increases the chances of recovery and lessens the immediate danger from the foreign body especially in children and very old people. The operation is

therefore indicated where the body is movable; although attempts may first be made with emetics and position until preliminaries for operation are completed.

The only argument against the operation, and one of doubtful wisdom, is that there are a great many cases in which the body succeeds in passing the glottis during an attack of coughing, that such a possibility exists, and would make the operation superfluous.

Prolonged instrumentation favors pneumonia, so that Weist held that death took place in three and one-half cases not operated, while one in four operated died from inflammation. Wedged fast in a main bronchus or branch the operation offers less chance of success, since it is not permissible to grope about in the dark with forceps and other instruments. Landgraf has shown that the bronchus may be catheterized with suitable catheter through the mouth and foreign bodies have been dislodged or extracted by means of instruments through the tracheal wound An attempt should always be made however to obtain a view of the body with a mirror introduced through the tracheal wound and instruments should be used only when the body can be distinctly seen. If it cannot be seen violent interference is unjustifiable. At most an oiled feather may be used in the hope of exciting cough or rendering the object movable. Failing in these some operators have entered the mediastinum through the anterior wall of the thorax and opened the bronchi directely; these are desperate procedures and can only be justified by very unusual circumstances The literature does not contain any successful cases so far as I can learn treated in this way.

Position the simplest method and the one which should be tried immediately on the occurrence of the accident is the laying of the patient in a suitable position. Children may be held up by the legs and by frequent blows between the shoulders the object may be shaken and the air may force it out. The fear of obstructing the glottis and causing death by suffocation is only to be considered in unafvorably formed bodies and in weak individuals. An adult should be laid across the table or bed and with the upper part of the body hanging down and the hands resting on the floor should be caused to cough and retch. An exaggerated Trendelenburg position may be better. Instruct and insist that inspiration be cautious and gradual, expiration sudden and violent.

The position of the neck should evidently be similar to that prescribed for tracheoscopy, slight forward movement of the nape of the neck. These requirements are best secured by abdominal position.

These attempts at position are to be made immediately as at first the bodies are rarely firmly lodged and success depends on mobility, obviously. The administration of internal remedies other than emetics cannot by the best authorities be recommended.

Expectant treatment, to wait and leave the course of events to nature, is naturally very unwillingly adopted by both laymen and physicians, yet, under certain conditions it is the only method, especially when the foreign body lies firmly imbedded in a small branch of one of the bronchi. Recovery can be expected, in certain cases, only from the formation of an abscess and evacuation of the pus by expectoration.

Operation is placed first, because it is extremely important and useful, and must be resorted to in the majority of cases. It is not indicated in all cases. A careful, conservative and deliberate judge should the surgeon be, who decides this, for he may at times sacrifice to his impulse to operate and remove the body, the life of his patient.

Geo. B. Wood has analyzed 89 cases in which he shows that abcsess occurs in 29 per cent with a morality of 100 per cent in multiple and 30 per cent in single abscesses. Gangrene occurs in 9 per cent with 75 per cent mortality. Pneumonia 11 per cent, mortality 40 per cent. Bronchitis 18 per cent with a mortality of 62.5 per cent.

SOME THOUGHTS ON FUMIGATION.

G. A. Johnson, M. D., Sioux City, Ia.

IN taking up the consideration of fumigation, I take it for granted that all present recognize the fact that all contagious diseases are due to microparasites; and further, that without the live germs, there will be no contagious disease. Therefore, if all germs that produce a certain disease were to be destroyed, there would be no more outbreaks of that particular disease. This would be in accord with that universal law of nature relative to cause and effect, "That when there is no cause—germs, there is no effect—disease.

There are two general methods of destroying microparasites: First. —The one that is most under man's control is where some artificial agent, as heat, chemicals, etc., is used that will destoy the vitality of the germs that it comes in contact with, and second, the natural method, that is causing the organism to die a natural death, or we might say, to produce death by starvation through preventing the germs from coming in contact with (food) susceptible animals.

There are two methods of keeping germs from coming in contact with susceptible subjects:

First.—By rendering all susceptibles immune by artificial methods, as vaccinating against small-pox, anthrax, tetanus, etc.

Second.—By keeping all susceptibles from coming in contact with the germs, but the means of conveying germs from one place to another are so varied and difficult to control, that it is practically impossible to accomplish this in many cases.

Again, it should be understood that the starvation method is not applicable, or at least not practicable, when dealing with facultative germs, that is those germs that may live outside, as well as inside of the animal organism, as the bacilli tetani, because of the great difficulty in keeping all food elements away from such germs.

This is especially true of germs that are indigenous to a certain locality or country. But it is not within the province of this paper to enter

into a discussion of these phases of the sujeot, further than to repeat the old axiom, "that in the care of all contagious diseases, the first essential principle of all lines of treatment should be, to prevent, as far as possible, the spread of the disease." This must of necessity consist in preventing susceptibles from coming in contact with the germs.

To accomplish this, susceptibles should not be allowed to enter infected premises, or such portions of the premises as have become infected, and persons, animals, goods, etc., should not be allowed to leave the infeoted premises without first being thoroughly disinfected because they might carry the germs to susceptibles.

Again, it is essential that infeoted premises should be disinfected as soon as possible after a disease has run its course, so as to destroy all germs that may be lodged in the room, furniture, etc. These restrictions, known as quarantine, always work more or less hardship upon the afflicted parties, and to lessen this burden as much as consistency and safety will permit, a duty incumbent upon all, various means and methods have been devised. And it is this phase of the subject that I wish to present for your consideration at this time.

It is quite generally agreed that formaldehyde gas is one of the best, if not the best, and most practical chemical germicide, that we have knowledge of, for destroying germs that may be lodged in a room, furniture, clothing, etc., and the formaldehyde lamp is extensively used for this purpose.

But in the work of the Bureau of Animal Industry, in stamping out the outbreak of contagious aphthous fever (foot and mouth disease) that occurred in the New England States during the latter part of 1902 and the early part of 1903, the lamp was found to be impracticable, and another method was devised for generating the gas.

It was found that by pouring formalin, the commercial 40 per cent solution of formaldehyde, on to dry crystals of potassium permanganate a gas was generated that proved very effectual in destroying the germs of aphthous fever.

I do not know the chemical formula of the gas thus generated, but it is safe to say that it is largely composed of formaldehyde, and it seems to possess just as destructive and penetrating properties as pure formladehyde gas. But the most commendable feature of this method is the ease with which it can be used. All that is necessary is a supply of the potassium permanganate, and formalin, and a vessel preferably of iron, tin or earthen ware.

In order to fumigate a room it is only necessary to close the windows, put the permanganate in the vessel and place it upon some object that heat will not injure, for when any considerable quantities of the chemicals are used more or less heat is generated by the chemical reaction, then pour on the formalin, close the door and leave it alone for two or three hours; then open up the door. It is better to open an outside door or window first, then the pungent gas will not fill the other parts of the house.

The exact quantities of the chemicals that it will be necessary to use will depend upon the size of the room; the amount of clothing, furniture

etc.. that it contains and how tight it may be closed. But for an ordinary room (12-12-9) that is closed comparatively tight about two ounces of permanganate and three or four ounces of formalin would be sufficient for a very thorough fumigation. If the room was kept closed for three or four hours perhaps a smaller quantity would suffice.

There should always be a sufficient quantity of formalin used to thoroughly saturate the permanganate, but the exact proportions of the two chemicals may be varied somewhat according to the quantities used; the larger the quantities the more formalin may be used in proportion to the permanganate, because the greater quantity of heat that will be generated will liberate the formaldehyde gas more rapidly, and in a greater quantity.

The advantage of this method, for health officers for instance, is that it does not need watching; all that is necessary is to mix the two chemicals in a suitable receptacle and close the room tightly. The chemical reaction that will follow will be certain and definite, and does not need watching, as there is no danger of an explosion or fire when proper precautions are taken in selecting a vessel, and in placing it a safe distance from inflammable objects.

If the room is very large the chemicals could be placed in two or more dishes. Again it is only necessary to carry the chemicals, as suitable vessels can be secured at every home, as an old bowl, a tin can, etc.

Another point in this connection is the fact that it is often essential for immunes that have been associated with the disease to leave the premises, or for others, as physicians, to enter and leave the sick room, under which conditions it is very necessary that their clothing and person should be disinfected. This may be very easily and thoroughly accomplished by fumigating with the permanganate and formalin. And for this purpose we used a rubber cape that reached from the neck to the ground.

This cape is made somewhat like a woman's skirt, and is fitted tightly around the neck by means of a shirring string. By putting the cape on over all the clothes that are worn about the infected premises, and then standing over the generator (the gas being confined by the cape) the clothes and person can be very thoroughly fumigated without the operator being compelled to inhale any considerable quantity of the pungent gas.

The head gear, hat, cap, etc., can be held in the hand under the cape, and the foot gear, shoes, boots, etc., can be thoroughly disinfected by standing first upon one foot and then the other, meanwhile holding the other over the generator.

The length of time required to properly fumigate by this method will be from three to ten minutes, depending somewhat on the amount of clothes worn and the length of time one has been exposed to the germs. Another advantage of this method is that it can be carried out in the open air at a safe distance from the source of the germs. Again it is cheap, easily carried out, efficient and reliable, and the paraphernalia is simple and convenient to carry.

The cape would be somewhat more effective (theoretically at least) if it was made with a hood that would come up over the head and fit lightly around the face, whereby the head as well as the body could be thoroughly

fumigated. The drying and stringent effects of the formaldehyde gas upon the hands may be overcome by wearing rubber gloves.

By such a method, thoroughly carried out, an immune may leave an infected premises with perfect safety, because the person and clothes can be fumigated for any reasonable length of time without any special deleterious results, much more effectually than can be accomplished by any method where the person is compelled to inhale more or less of the fumes.

The amount of the chemicals to be used in fumigating with the cape will vary from 1½ to 3 drachms of the permanganate and from ½ to to 1½ ounces of formalin, according to the length of time one has been in the infected apartment, also the amount of clothing worn at the time.

Similar results may be obtained by using commercial chloride of lime and formalin, instead of the permanganate. But its effects might be more injurious to some articles on account of the bleaching properties of the chlorine.

And in conclusion, if I may be allowed to digress a little from the subject matter of the paper, I would state that by a thorough fumigation with formaldehyde a home may be freed and kept free from such pests as moths, etc. And the thought has often occurred to me that it would be a good sanitary precaution to thoroughly fumigate any home at least twice a year.

CERVICAL TUBERCULOSIS.

F. E. Walker, M. D., Worthington, Minn.

TUBERCULOSIS is perhaps the most widely studied, and investigated of any disease known to medical science, and no tissue of the body has been successful in combating its invasion.

The pelvic cavity of the female possesses a rich soil for the tubercular germs and in obscure cases of disease of its contents, the possibility of tuberculosis must always be considered in making a diagnosis.

Not many years ago the cervix was supposed to be an impregnable point of the body to the ingress of the tubercular bacilli, and many good men as late as 1880 declared that this disease of the cervix did not exist. However, since the introduction of the microscope as a means of assisting in the diagnosis of disease, there have been many cases of cervical tuberculosis reported, as the secretions and curettings of that organ have materially facilitated our researches, and especially so, because of the ease with which they are obtained.

It will not be necessary to mention the pathology of tuberculosis of the cervix, as it is the same as that of other tissues of the body, except, that perhaps. the monthly exfoliation of the corporal endometrium has a tendency to retard the more rapid development of the invading bacillus.

An interesting part of cervical tuberculosis in contrast to infection, of other tissues, is its etiology. There may be tuberculosis elsewhere in

the body and through some lesion develop here. The germs may gain entrance through sexual intercourse, the introduction of a tubercular examining finger, or by the use of an infected instrument.

Without detailing symptoms, prognosis and treatment I will report the following cases:

Mrs. B., aged 24. Mother died at 37, one brother at 13, a sister at 21, and one sister at 18 of tuberculosis of the lungs. Father well and in perfect health, patient married and had one child two years ago. Delivery normal, except a laceration of cervix. Since her confinement, she has not been well; at time of examination January 20th, 1903, there was marked anemia, extreme emaciation, anorexia, high degree of neurasthenia, considerable pelvic pain, and general discomfort. Bowels loose, temperature 100, pulse 96. Careful examination of lungs, heart and abdomen revealed normal condition. The menstrual function was normal, and had been for over one year. Uterus low down in pelvic cavity. From the cervix there was and had been for fourteen months, an abundant muco-purulent discharge which came from a very extensive laceration of the right side of the cervix. Many small vegetations covered by caseous material with granulating orders was also noted which upon scraping bled very little though the operation was exceedingly painful. The secretions were examined under the microscope and tubercular germs readily discovered.

A high amputation was made and under tonic and reconstructive treatment patient gained in flesh and strength and when last seen in November showed every evidence of good health.

This case may have had the bacilli all ready in the system but in my opinion they were placed there during the time of her confinement through the kindness of a professional nurse, who had been taking care of a sister living with the patient. The sister had been confined to her bed for many weeks with consumption of the lungs, in fact, only lived three weeks after the birth of the child. The nurse had been in the habit of carrying the clothes upon which the tubercular sister had constantly expectorated from the patient to the stove, and had made repeated examinations of the confinement case in order to note the progress made during the delivery of the child. I feel satisfied that she through her ignorance infected the torn and bleeding cervix by these examinations.

Miss M., age 19. Family history good. Six months prior to my examination, she had become pregnant and a criminal abortion was performed by an eminent specialist of the Race Suicide League, through the introduction of a soft rubber catheter into the uterus. Patient nearly died from septic infection, and did not recover her strength and vitality.

On the first of August of last year, she came to me for treatment. The cervix was found to be highly inflamed, very tender with several small papillary growths protruding from the os. There was also considerable discharge, a specimen of which under the microscope showed the tubercular bacilli in large numbers.

Patient would not consent to operation, hence she was given local treatment for a period of three months, without benefit, in fact grew worse.

At time of examination, the uterus was supposed to be free from any infection, but at the end of two months there appeared to be good evidence of tubercular endometritus. Operation was again advised and consent gained. A complete hysterectomy was made, with the result that at the end of nine days patient died.

In this patient the family history was perfect and her trouble, dating from the time of her abortion leads one to believe that the physician had carelessly infected her uterus by the finger or the catheter. It was positively asserted by patient that the tube was rinsed in a hand wash basin, oiled with vaseline and at once introduced, the doctor not even washing his hands. In this case the tubes were no doubt infected primarily, but there was not sufficient evidence to sustain the theory at first examination. The complete operation at that time might have saved her.

In the first case having a tubercular family we may expect trouble at any time. These two cases were doubtless infected by carelessness, and lesson to be drawn is a bitter one.

BUNIONS.

C. H. Churchill, M. D., Fort Dodge, Ia.

PROBABLY no minor affections produce more inconvenience and suffering than bunions and their complications. The pain is always severe and sometimes intense and the patient may be entirely incapacitated.

A bunion consists of a thickening and induration of the integument over the first metatarso-phalangeal articulation, accompanied by infiltration and inflammation of the bursa normally found in this location and usually by that malposition of the great toe, termed hallux-valgus. Not infrequently the joint is involved in the inflammatory process and sometimes extends to all the soft parts and bones. Pus-producing organisms may enter into the history of the pathology, producing very serious results.

The cause of bunions is the wearing of ill-fitting shoes; a narrow shoe with a high heel is an ideal contrivance for the production of a bunion. In walking the elevation of the heel causes the foot to be shoved forward and the narrow toe of the shoe causes the great toe to be pressed out ward and consequently there is direct pressure on the metatarso-phalangeal joint. The constant irritation kept up by the wearing of such a shoe soon results in the production of a callus of the integument, infiltration and inflammation of the bursa, malposition of the toe and hypertrophy of the ends of the bones entering into this joint. After this pathological condition has once been established it is difficult to get any shoe to fit properly and, therefore, the tendency is for the disease to progress. Hereditary malformation of the joint and a gouty or rheumatic diathesis are

predisposing causes of bunions, but a properly fitting shoe would tend greatly toward the prevention of bunions, even in these cases.

In my experience women are more frequently afflicted with bunions than men for the reason that, as a rule, men are less fastidious in the appearance of their foot apparel. A few years ago the tendency was toward the wearing of larger and broader shoes, even with the women, but I notice that Dame Fashion is begininning to assert her rights again, and the shoes of today have higher heels and narrower toes. Sometimes a bunion is found at the seat of the fifth metatarso-phalangeal articulation and is produced by the same cause and requires the same treatment.

Very little space is used in the text-books of today upon this subject. The enthusiasm displayed in the study of major surgery, the development of new operations and the perfecting of technique in old established operations is probably the cause of this, for in the older books on surgery this subject received considerable attention.

The treatment can be divided into palliative and medical. In practice, however, we are rarely consulted in a case that has not progressed beyond the stage suitable for palliative treatment. In cases where the bone is not involved, there is no infection and no deformity of the toe, but simply a large corn, as it were, exists on the inner surface of the first metatarso-phalangeal joint, the use of some appliance to relieve pressure, and the wearing of a broad shoe with a low heel may result in a prefect cure. But grant that the case presented to us for treatment has progressed until there is inflammation of the bursa, marked hallux-valgus and enlargement of the ends of the bones entering into the joint, nothing but radical and operative treatment will give permanent relief. This is a case where radical treatment is true conservatism; for if we allow the case to continue loss of part of the foot is endangered and possibly the life of the patient, to say nothing of the inconvenience and suffering that must be endured. My experience with these cases has been somewhat limited, but the results have been eminently satisfactory. I believe the only treatment is incision of the bursa and diseased bone. The removal of a V-shaped piece from the inner portion of the distal extremity of the metatarsal bone and fracturing the remaining portion of the shaft, thus allowing the toe to be brought into position, is an established operation. However, by this method the diseased head of the bone still remains. The method I have employed, and which seems preferable to me is as follows: Make an incision over the head of the metatarsal bone sufficiently long to completely expose the head of the bone and the joint; remove the bursa and enough of the head of the bone to allow the toe to assume its normal position. If the proximal end of the phalanx is greatly enlarged remove a portion of that also. Of course this will open the joint, and in the preparation of these cases for operation as much care should be taken as though you were going to do resection of the knee, or a laparotomy. If infection already exists the best treatment is free incision and drainage, and that is accomplished by the operation. After a sufficient amount of bone has been removed to allow the deformity to be properly corrected, the wound is closed or drainage established, as the case demands and an am-

ple dressing applied, consisting of iodoform gauze, plain gauze, absorbent cotton and a roller bandage. Do not be afraid of removing too much bone. If it is necessary to remove one-third or one-half of the head of the bone to allow the toe to assume its normal position without force, remove it. The toe must be held in position until complete recovery and I find the placing of sufficient amount of absorbent cotton between the great and second toe to hold the great toe in place to be the best method. The patient should not be allowed to walk about for from ten days to two weeks, and not wear an ordinary shoe until, perhaps, a week later. In some cases the infection and destruction of tissue due to pathological changes is so great that amputation of the toe and head of the metatarsal bone becomes necessary, but this could have been avoided had the above operation been done earlier. Gross recommended this operation over twenty years ago, but says the danger of erysipelas following it was so great that all other means should be tried first. At this day if proper precautions are taken no danger of erysipelas or other infections need be feared.

I know this subject is a minor one, but it is a practical one, and my excuse for writing this paper is, first, because it is practical, any one who is aseptic can do the operation; secondly, the affection is common, every community has its quota of bunion sufferers; thirdly, too little mention is made of it in our surgical works of today; fourthly, there is no operation great or small that results in so much satisfaction to both the operator and the patient as this. A patient who has suffered for years with bunions, and that has been completely relieved, will not only be thankful to us, but will be looking for other sufferers, and telling them where and how to obtain relief.

TREATMENT OF ABORTION.

Frederick Treon, M. D., Chamberlain, S. D.

THE term abortion signifies, according to Vineberg, in Jewett's Obstetrics, the expulsion of the products of conception before the sixteenth week of gestation, and at a time when the placenta is not yet fully formed, and hence when it cannot be expelled or expressed (Crede's method) in its entirety. It is with this condition our subject must deal. Abortions are either spontaneous or artificial; that is, as they are, or as they are not induced intentionally. Thus we have abortions from justifiable causes, which by some is spoken of as therapeutic, and the immoral, which is known as criminal. To these we may add accidental and causes paternal and maternal. The most frequent cause proceeding from the father is syphilis, after that tuberculosis, lead-poisoning, alcoholism, extreme youth, old age and excessive venery. The causes arising from the maternal side have been variously stated, such as obesity, youth,

the plethoric and nervous temperament, all of which are acknowledged to be of rather doubtful potency. There are, however, causes, such as severe emotional disturbance, sudden fright, profound sorrow, etc., that undoubtedly bring about an interruption of pregnancy.

Traumatism as a cause of abortion should always be accepted with a large grain of salt, as pregnant women have been known to sustain severe injuries without aborting. They have even undergone major operations without interrupting pregnancy. I recall a case sent to the Presbyterian Hospital in Chicago, that was suffering from severe uterine hemorrhages which I believed were due to a sarcoma. In a short time I received a letter from Dr. Arthur Dean Bevin, who said he had made an explorative operation, but that when he lifted up the womb felt convinced that it was pregnant, so he stopped all procedure, closed the wound and waited a month when the diagnosis of pregnancy was easily made. He sent the woman back to me with the advice that she, in all probability, had a sarcoma, but to allow her to go full term, which she did, giving birth to a healthy child.

Certain drugs are supposed to possess the property of bringing on abortion. It is doubtful whether they can in a normal condition of the uterus. However, when a strong predisposition exists, certain of them may do so and should be administered with caution.

Certain conditions of the uterus, as chronic metritis, chronic endometritis, laceration of the cervix, adhesions of the uterus to the pelvic walls, antiflexion, retroversion, etc., etc., may give rise to abortion. Then there are improvised devices in the hands of women, such as lead pencils, knitting needles, points of syringes, the injection of oils into the uterus and others too numerous to mention, to say nothing of the unscrupulous physician, who follows the business, but abandons the case, after his murderous work has been accomplished, to the busy practitioner, who must face the condition of treating abortions.

It is related of Paul that he once said in his haste, "all men are liars." If he lived at the present time he might include a few of the opposite sex, and say it at his leisure, for as a rule, women will not tell the truth about the interruption of pregnancy and so prevalent is the practice that the physician is called upon to treat cases of this kind almost every day, and I find no other branch of the profession half so annoying. It matters but little in the treatment what induced the abortion. If we question the patient we usually get a very plausible story, and our task is but little altered. But what does concern us is the best method of dealing with them. I need not take up your time by going into the preventative treatment of abortion, for not infrequently the trouble is averted by rest and the proper administration of drugs, thereby excluding it from our subject, "The Treatment of Abortion."

When called to a case of this kind, the usual history of a slight uterine hemorrhage with pain for three or four days resulting in a severe flow with clots and increased pain is given. The symptoms, however, vary at the different periods of pregnancy. In the first six or eight weeks prodromal symptoms are rare. The abortion has all the symptoms of a retarded men-

struation. These, however, are not the cases we are usually called upon to treat. It is after the second month that we get the premonitory symptoms and from which our troublesome cases arise. On local examination, we find the cervix partially open, the uterus corresponding in size, with the given period of pregnancy, that is if the fetus has not yet been expelled. The placenta may be expressed entire after the delivery of the fetus, or it may come in piece-meal, the latter is most likely to be the case. The most troublesome cases are those in which the fetus is first expelled, the placenta and membranes retained and partially adhered. As long as this condition lasts the patient cannot be considered safe from hemorrhage and septicemia.

I, however, recall a case in which a woman carried a retained placenta thirty days after the fetus was cast off without any symptoms of infection arising. The diagnosis of these cases would seem an easy matter, but we all know that we meet with no condition in our practice which will at times puzzle us so much.

Amenorrhea in a married woman, who has always been regular and who is not nursing, is strong presumptive evidence of pregnancy. In truth, amenorrhea in an unmarried woman whose menstruation has heretofore been regular, is to my mind pretty strong presumptive evidence in favor of pregnancy in her case, and, gentlemen, I want to say to you that even a queen may not be above suspicion.

This brings us to the subject proper, What are we to do? As already indicated, we may pass over the preventative treatment, or rather take it for granted that the fetus is dead.

This, I admit, is not always an easy matter to determine, but just as long as there is a question about the life of the fetus, just so long should our efforts be to check the threatened abortion.

It is rarely that we will be successful after the cervix has dilated sufficiently to admit the index finger, still even with this degree of dilation, I have seen the process checked and the woman go on to full term. The treatment of acutal abortion is still a much disputed field. Some authoritties strongly urge active interference, while others favor an expectant plan. For my part usually follow a course that lies midway between the extremes. When called to a case where there is profuse hemorrhage with sufficient dilatation to admit the index finger and the decidua presenting, my plan is to dilate as rapidly as possible, then if the contents are not expelled or cannot be expressed, the patient is put in the perineal lithotomy position, the uterus well brought down, and after sufficient dilation the womb is curetted under strict aseptic or antiseptic precautions, without delay, either with the dull curette or finger.

As soon as the womb is emptied, I wash it out with hot sterilized water by means of a recurrent douche, then use an antiseptic vaginal douche, give the patient a dose of ergot and hypodermic of morphia.

I have treated over 20 cases in this manner and have not had a recurrence of the hemorrhage, or any symptoms of asepsis.

Recently I was called upon to treat, with Dr. Duncan, an interesting case.

A young unmarried lady was troubled with persistent vomiting. She gave a history of suppression of the menses for over four months, but refused an examination. An hour later we were called to her bedside, and was informed that she had had a fainting spell. While we were standing by the bed, she had a second convulsion and eclampsia was easily diagnosed. An examination was made at once, which revealed the os sufficiently dilated to admit two fingers with a small foot presenting. One-half grain of morphia was administered hypodermically, but one convulsion followed another until she had had three, when we decided to empty the uterus, and accordingly the patient was put under complete anesthesia, the womb brought down and the cervix forcibly dilated. Evidently the fetus had been dead some time, as it came away by piece-meal. After two hours of hard work the uterus was completely emptied, after which it was well douched with hot water, the irrigation was kept up until nothing but clear water returned. Then an antiseptic douche was given in the vagina. A half an hour later the patient had the fourth and last convulsion, at which time four drops of croton oil was administered on the tongue. The patient made a good recovery.

In conclusion, allow me to say that while I admit that the method of packing or tamponing still has its place in the treatment of abortion, yet I have not used it for the past two years, and do not think I will soon. At all periods, and in every stage of abortion where there are indications of sepsis active interference is called for, but at no time nor for any cause should the uterine cavity be packed during the treatment of these cases, except it be when uncontrollable hemorrhage follows the use of the curette, and then plain sterilized gauze used. After aborting the patient should be kept in bed a week or ten days, at least, until involution has satisfactorily progressed.

THE PATHOLOGY AND MORBID ANATOMY OF LOBAR PNEUMONIA.

P. B. McLaughlin, M. D., Sioux City, Ia.

ACUTE lobar pneumonia, croupus pneumonia, pneumonitis, fibrous pneumonia, genuine pneumonia, pneumonic or lung fever is an acute, infectious, self limited disease of the lungs, characterized by an inflammation of the vesicular structures, with an exudation into the alveola, which renders them impermeable to air, a condition called hepatization It is a general infective disease in which the inflammation of the lung, is the characteristic local lesion. This is shown by the typical course of the fever, and by terminating by crisis in from five to nine days. When death occurs, it seems to be due to cardiac failure induced by general toxic absorption.

The diplococcus pneumonia or diplococcus of Frankel is found in 75 per cent of all cases of lobar pneumonia, and is commonly regarded as its

cause. The disease generally involves a single lobe, or the greater portion of one, hence the name lobar pneumonia. The order of frequency with which the different lobes are generally attacked is as follows: Lower lobe of right lung, lower lobe of left lung, middle lobe of right lung, upper lobe of right lung, upper lobe of left lung; or it may extend from one lobe to another on the same side; or it may attack two lobes on different sides, though not necessarily the whole of each lung, which is called double pneumonia.

Cases where an upper lobe is primarily attacked are usually found among the aged, or those addicted to intemperance, especially just after or during a debauch. Exposure incident to the intoxicated state, added to debilitated condition, caused by hard drinking, may in some manner account for it. The disease affects both sexes at all ages, but men more frequently than women, owing chiefly to the difference in habits, occupation, and mode of life. In more than 3000 cases collected by Barry, nearly five times more men than women were affected. The proportion is usually estimated at about 3 to 1.

Lobar pneumonia, according to most authors, is very frequent in infancy, especially during the first two years of life; less common between infancy and 20 years of age; quite frequent from 20 to 40, less so from 40 to 60, and very frequent after 60 years of age. According to Loomis, nine-tenths of all the deaths after the 65th year, are caused by lobar pneumonia.

Its principal causes are: Lowering vitality, such as improper and insufficient food, living in ill-ventilated or damp houses. It occurs more particularly in connection with epidemics, or with pneumonias in people crowded together, as on ships. in camps and garrisons. It nearly always causes death in patients afflicted with locomotor ataxia or other cord diseases. One attack also predisposes to a second or more, although subsequent attacks are generally not so serious as the first. Cardiac disease that obstructs the pulmonary circulation, favors an attack; epidemics of lagrippe, exposure to wet, and draughts of cold, appear to act as exciting causes in some cases.

Secondary lobar pneumonia occurs as an intercurrent affection in the course of some exhausting diseases, such as chronic malaise, Bright's disease. diabetes mellitus, measles, scarlet fever, smallpox, erysipelas, typhoid fever, rheumatism and pyemia.

Hypostatic pneumonia, when it occurs, succeeds hypostatic congestion, which is a passive congestion taking place in the most dependent portions of the lungs, hence it is frequently bilateral or double pneumonia. It is due to crippled cardiac function from valvular lesion or cardiac enfeeblement from some cause. It is usually seen in the aged or in a course of typhoid or other exhausting disease, or following operations where the body has been kept in a horizontal position, or with the feet elevated, for some length of time.

Morbid Anatomy.—The affected area is characterized by an abnormal hyperemia of the lung, and by the extravasation of a large

amount of coagulable material into the surrounding tissue. The process anatomically as well as clinically is usually divided into three stages not counting incubation which varies from few hours to two or three weeks. First.—A stage of congestion or engorgement. Second.—A stage of consolidation or red hepatization. Third.—A stage of grey hepatization.

The first stage or that of congestion or engorgement varies usually from a few hours to 24 hours and being of so short a duration the patient has very often passed to the second stage before the physician reaches him. In it we find small patches of the area involved intensely hyperemic and engorged with blood. The capillaries surrounding the air vesicles are so much congested that they bulge out into the lumen of the air cells causing a rapid extravasation of blood stained serum into all the involved lung tissue forming a dark red area somewhat resembling liver tissue and to which we give the name hepatization. The weight of the congested portion of the lung is increased while its elasticity is diminished; its substance is less crepitant and more pliable; its surface pits on pressure; a cross-section yields a reddish frothy tenacious liquid. The air cells are not entirely air-less for air can be pressed from one part of a lung to another.

The second stage or that of consolidation or red hepatization. We find greater abundance of exudation into the lung tissue. Microscopical or histological examination shows the alveola are filled with a solid exudate composed of fluid and blood corpuscles also the diplococcus and the pneumococcus and at times the streptococcus and the staphlyococcus being held together by a network of fibrilliated fiber. By scraping a portion of a fresh cut edge or surface plugs of the inflammatory exudate can be picked out of the air cells. This exudate is nearly of the same consistency of cold lard or wax. The cells are entirely airless there being an absence of crepitation and even artificial inflation is impossible. A piece of lung tissue in this stage dropped into a vessel of water rapidly sinks to the bottom. It is also very pliable, pits on pressure and can be broken with the fingers. The lung is three or four times its normal weight and is so increased in size as to be often marked by an imprint of the ribs. The affected portion can be recognized before a section is made from the hyperemic or opaque condition of the pleura over the affected part.

Third stage, or that of grav hepatization. In the early part of this stage the lung remains of the same consistency as in the second stage. The mottling gradually becomes more marked so that the affected portion becomes marbled or has a granite look. Associated with this change and following it there is a fatty and granular degeneration of the inflammatory exudate. It loses its granular character while at the same time the weight, pliability and density are increased. The aveoli are filled with a semi-fluid mass. The consistency now becomes less and less until the tissue is nearly a pulp readily broken down on pressure. The pleura over the affected portion is covered with a thin plastic exudate which is the frequent cause of adhesions which strap and constrict the expansion leaving the lung in a crippled condition making a rich soil for the multiplication of the tubercle bacilli or other germs that happen to inhabit this region.

Terminations of pneumonia may be summed up as follows: Resolution, which is the gradual return of the lung to its normal condition. This is affected by the fatty degeneration and liquidation of the inflammatory product which has accumulated within the alveola of the lung. These are removed principally by absorption, and to a less extent by expectoration. Gangrene, which is found in drunkards, is due to a specific cause, and does not belong to the pneumonic process. Abscess is caused by a frequent infection by the streptococci, and is a complication. The pus may burrow and rupture into the pleura, causing pypho pneumothorax. We find abscess more common in the upper than in the lower lobes; it may follow a circumscribed gangrene, or it may rise as in other places from the growth of pyogenic cocci, without the necrosis visible to the naked eye. Abscesses found in this way are usually single, and thus differ from those due to pyemia.

VESICULAR MOLE.

F. J. Huizenga, Rock Valley, Ia.

VESICULAR MOLE, with its synonyms, cystic mole; hydatiform degeneration of the chorionic villi; dropsy of the villi of the chorion; myxoma of the placenta, and molar pregnancy, is according to statistics a very rare affection.

Vesicular moles are produced by a myxomatous degeneration of the villi of the chorion. It is usually composed of a mass of vesicles which compare in size from a mustard seed to that of filbert or grape, and even larger, which contain a syrupy liquid, which may be transparent semi-transparent, smoky, or even a reddish hue, as the specimen I shall present to you will show.

Etiology.—All I can or care to say in regard to the etiology of cystic mole, would simply be reiterating statements made by different authorities, unproven and very varying. Virchow is the first man who suggested endometritis as a possible cause of cystic mole.

Diagnosis.—The symptoms of molar pregnancy in my cases I have not been able to differentiate from early pregnancy, with the exception perhaps of excessive enlargement of the abdomen, and in one case almost uncontrollable vomiting. All the symptoms of early pregnancy exist, and nothing unnatural is suspected until patient complains of a hemorrhage, we then have every indication of a miscarriage, and unless the mole itself or portions of it are passed we are very liable to treat it as a simple miscarriage. In but one of my cases was there any evidence of mole before the placental forceps or curette were used. In this case three or four vesicles and some shreds were discharged with the flow. In two of the cases nothing was felt; the hemorrhage coming on insiduously and treatment instituted was for that of miscarriage; the whole mass passing with re-

moval of tampon. The other two cases ran very much the same course; beginning between the second and third month with a slow dribbling hemorrhage, which increased when in the recumbent position, and decreased when on the feet, keeping up this course until in both instances, a copious hemorrhage was instituted and active interference was demanded. One of these cases I nearly lost through exsanguination, and although over a year has elapsed since above accident, the woman's health is still far from what we would have it if we were to voluntarily see her through another confinement. The fifth case we were called to we were positive in our diagnosis of placenta praevia, in a woman who stated she was six months along. She had the characteristic labor pains one would expect, and in addition a very severe flow. On examination I found a well dilated os and what I thought part of the placenta protruding, but which very soon proved to be a well-developed mole.

Prognosis.—When a woman recovers from the effects of a mole she may recover perfectly, and she may not. We must consider the conditions which bring on a mole and its consequences; at best we can but give a guarded prognosis. The chances of a mole becoming malignant after hemorrhage, the weakened condition of the walls of the uterus, with perhaps a future rupture, the chances of a septicemia, etc., must guard our diagnosis even after the lapse of a considerable time. The farther along in pregnancy we have to do with cystic mole, the more cautious we must be on account of more extensive degeneration and weakening of the uterus; it also greatly depends upon how much of the placental site is involved; this is a question which cannot always be answered until perhaps too late. The woman's condition even after every vestige of mole has been removed is often such as to cause considerable anxiety for an indefinite period. In one case I shall cite, death came some months afterwards from syncyntioma malignum; in two the anemia is still such as to dread any other trouble that might befall them as regards results; their monthly troubles are irregular and scant; they tire easily; complain of backaches; have persistent leucorrheas, etc., etc., and I have a mortal dread, that when these women again become pregnant and need a physician's assistance, I might be caught at home unawares.

Since the year 1869 I have had the honor or misfortune, I know not which, to encounter five cases of vesicular mole. I will rehearse them with you briefly:

Case I.—Mrs. A. R., aged 26 years, weighing 98 pounds, always healthy, excepting she says painful menstruation, which ceased when her first child was born. Family History.—Mother had two large ovarian fibroids removed, and later a complete hysterectomy was performed. After Mrs. R. had been married two years she gave birth to a healthy child, nothing unusual about the labor, excepting that forceps were used; she made an uneventful recovery; two years after this I was called to attend her for what they termed a miscarriage, and which diagnosis I accetped until the following day, when on removing tampons which had been placed there by me the day before after having given her a thorough saline douche, I found a small well-developed vesicular mole; I immediately took proper precautions and explored the uterus thoroughly for remaining secundines;

after which to avoid any possibility of hemorrhage I packed the uterus thoroughly each day for seven consecutive days, when the amount of the flow was near normal, it was further omitted. She made a seemingly good recovery. About ten months after this occrurrence was again summoned for conditions very similar to my former visit; if any difference my patient was having a much more severe hemorrhage. She told me that she thought she was about three months along, and that she hoped her condition was not the same as before, as she had a dread for those tampons. On examination I found some of the vesicles of mole No. 2 protruding from the cervix. On account of the alarming hemorrhage I immediately proceeded to empty the uterus with placental forceps and blunt curette; after which packed the uterus thoroughly; this procedure was repeated three times when accidentally hurt my arm, when I telegraphed my friend Dr. G. H. Cottam to put on the finishing touches. From this time her health is fair, although she says she does not feel as strong as she usually does.

Case II.—Mrs. W., aged 25 years, weight 185 pounds, mother of one healthy boy, her first born, of a pair of premature twins, which died shortly after birth, and one miscarriage. I was called to attend Mrs. W. for what she supposed was a normal confinement; her deception came about as follows: She never was perfectly regular as regards her monthly periods, and therefore did not remember the time of her last menstruation, but on account of her immense size, as she termed it, she was positive that when the pains and severe flowing started, she was certain her time for childbirth had come. On examination I found but a partial dilation of the cervix, and when I attempted to place my hand on the fundus I could not determine whether it was the fundus I was manipulating or an overly fat abdomen. I waited for further dilatation, but had not long to wait, as the hemorrhage was steadily increasing, until I was compelled to actively interfere, which I did by preparing a hot saline douche, which I used immediately. This douche brought some very hard labor pains, and in a short time expelled a greater portion of the mole. After this had passed and I was about to congratulate myself on my lucky escape from serious trouble, the hemorrhage had returned with all its former ardor, there was nothing left to do but explore the uterus, where I found a mass of retained vesicles and placenta, which I carefully and partially removed; I then for fear of doing anything further, packed the uterus thoroughly with strips of gauze 10 per cent iodoform, which I left two days; she was taking during this time 20 drop doses of the fluid ext. of ergot. This treatment was repeated every other day for a week or ten days when she developed a mild puerperal sepsis, followed by phlegmasia alba dolens of the right leg, which in time subsided. Eleven months later it might be of interest to state I again attended her in labor when a boy was born, which besides having a very frail body, had a cleft palate and double hair-lip. The mother's weight at this time, and yet, is about 112 pounds. The cause of the sepsis in my mind came from the placenta itself, as it was partially decomposed; the odor it produced was cadaveric and extremely rancid; it was also dotted with calcareous deposits.

Case III.—Mrs. A., aged 36 years, the mother of two healthy girls, aged 12 and 9 years was attended by me for confluent variola, from which

with the exception of a few scars, she made I think a good recovery. Three months after this time and her release from quarantine, she came to me compaining with what she thought to be a severe monthly period; the flowing she said was unlike anything she had ever before experienced. On questioning I found she had had but one menstrual period since her quarantine, and that had lasted but three days where she usually was sick five days. The present trouble had only been going on for two days, but the quantity was such as to alarm her. I wrote her a prescription for 20 drop doses of fld. ext. ergot in cinnamon water every two or three hours, as needed; three or four days later her husband came to me with a parcel containing what she had passed and wanted to know if it was a miscarriage, or what it was. On examining it I found to my surprise mole No. 4. I then did not hear from her for ten months, when I was called into consultation with a certain physician, to see a case with him which he purported to be a case of carcinoma of the uterus. I was ushered into the room of my friend Mrs. A. In making an examination I found a very extensive carcinoma of cervix, uterus, and adjoining lymphatics. Was this or was it not a case of syncyntioma malignum?

CASE IV.—Having only two specimens of vesicular mole, in such shape so they can be seen I have reversed the order in my paper, so that which I think is the best specimen, I have reserved until the last. Mrs. S. H., aged 24 years; mother of one child, aged 2 years, with family history negative. Menstruation began at the age of 15 years, which from that time came regular every 28 days. Her first labor was normal. On December 15, 1903, I was called to attend her. I was told she was flowing considerably. The patient was in a very weak condition, and unable to move herself in bed. She stated her menses had ceased some six months previous. Two months after she had had some flow, but on account of her having considerable morning sickness, she felt positive she was in the family way, and was fearing a miscarriage. The flow lasted two days and then ceased, and she noticed no more trouble for a time, excepting malaise and inability to do her work. About the first of November she had another severe hemorrhage, which ceased in two days. On the 15th of December I was called, and found the exsanguination such that her radial pulse could not be found; her carotid was weak, showed a heart beat of 130 a minute. An examination per vagina revealed a large mass of clots, which on removal showed several vesicles the size of grapes. On giving a normal saline douche contractions were begun, and almost immediately the uterus emptied itself and I obtained the specimen, which I show you. The patient's temperature for two or three weeks ranged between 101½ and 103½. The patient's present condition of health is not very good; she is still very anemic, and examination of her heart sounds reveal a distinct mitral regurgitation.

If these cases could have been attended by some eminent gynecologist, perhaps a much more scientific paper would have been prepared; as recourse to laboratory work is not for the country practitioner, and recourse to literature on vesicular mole does not avail a man much on account of its scarcity and unreliability, I will not be necessitated to append a bibliography.

My desire and aim have been to utter nothing but truth. I have no love for error in any form or in any field of knowledge.—HIRAM CHRISTOPHER.

The Medical Herald.

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The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

HYPNOTISM.

There recently came to this city a physician bearing letters of highest commendation from those who represent the best of what is upright, trustworthy and honorable in the medical profession. The avowed mission of this visitor was to teach, in the short space of a single lesson and the brief time of three hours, the practical application of hypnotism as a psycho-therapeutic agent to become at once available to his students for the relief and cure of a long list of diseases. The disorders named in particular occupied three columns, as we recall, upon a quite large visiting card together with a postscript telling of the value his instructions would be to those practicing dentistry and minor surgery.

Attention is called to these facts not to offer unkind criticism or to reflect upon the teacher in any manner that would remotely suggest the faintest suspicion of wrong, though the method pursued is certainly vulnerable from a critical standpoint.

The writer has no motive other than an earnest desire to present the facts relating to the very brief sojourn of a doctor, in good and regular standing with medical societies of good character, bearing letters of commendation, whose avowed business was that of a teacher of hypnotism to doctors only.

The circumstances in view of the apathy, neglect or violent opposition that has for so long marked the stand taken by the majority of physicians is certainly of so unusual a character as to be positively startling.

Considering the several factors connected with this event the first to attract attention is, that a doctor who, previous to the meeting of the American Medical Association at New Orleans (when let us hope such terms forever lost their irritating significance) would have been called regular, should come as a teacher of hypnotism to his fellow physicians, and what is equally notable that he should be received by his fellow physicians with the utmost cordiality and an earnestness that silences all questions or cavil when it is added that $10 was paid for a course of instruction that occupied three hours of time, and the fee of $10 accepted only when the number in the class was large enough to justify a reduction to this sum.

One may certainly be forgiven if the humorous side of a most serious matter produces an irrepressible smile when the amount of psycho-therapeutic pabulum presented for absorption in the uncommonly brief space of 180 minutes is considered. Little wonder if St. Joseph finds among her physicians a number suffering from mental gastritis, and less wonder if many of these surfeited seekers after the occult fail in an endeavor to use suggestion in their practice and throw it aside as useless. It speaks volumes for the value of hypnotic suggestion that it can bear up under such a burden, yet the fact that not a few of the foremost physicians of this city sought and paid for the instruction offered, demonstrates how great is the demand for instruction in this field of knowledge so little known to doctors.

Again, the fact is astonishing that college presidents, teachers of science, deans of universities, presidents of medical associations, and one ex-president of the American Medical Association should have endorsed a teacher not overly well qualified as a teacher and physician, and possessed of anything but an exhaustive knowledge of the subject presented in an extremely condensed form, in a time so short as to be ridiculous.

Let no person misinterpret what is here written. It requires courage to stand out as a teacher of suggestion, and the writer no more desires to do injustice to one who demonstrated his courage, than he would desire or be guilty of slandering those noble souls who in time of need taught medical science in seven departments and signed diplomas for men, making them physicians and surgeons after a course of less than twenty weeks, provided the student brought a certificate of study in a doctor's office, or evidence that he had been possessed of sufficient intellectual impudence to practice medicine, when he possessed neither medical or surgical training or knowledge. Comparatively few years have passed since more than two terms of twenty weeks or less, were required to graduate men in medicine and surgery. Why not therefore teach hypnotic suggestion in an hour or so and make doctors of psychology in a few days, as it is proposed to do, and is being done now in not a few institut ions

large names, and making claims which cause their names to appear infinitesimal by comparison.

There is a demand for information in regard to hypnotic suggestion. There is a crying need for such instruction among medical men. The profession is awakening to the fact that because of ignorance and prejudice, that, which is theirs by right, has been criminally neglected and their rightful inheritance taken by another. It is no compliment to any man's intelligence, and is evidence of the grossest neglect and unexcusable ignorance on the part of any physician who in this day questions, denies or ridicules the facts of hypnotic suggestion, particularly in their relation to medicine and surgery.

Lest some critic feel that this statement is too severe. read the words of Krafft-Ebing, than whom none stands higher as an authority, though it is facts not the awe of authority we should seek. The professor says, "It is deeply to be deplored, that there are yet physicians of high rank, who out of ignorance or prejudice, ignore the facts of hypnotic suggestion, and thus to their own and innumerable patients' disadvantage, do not make use of a curing method of such great importance."

The question which the average doctor is anxious to have answered plainly and directly is not whether suggestion is used successfully by distinguished men, but can any doctor use it. If hypnotic suggestion will not fulfill the demands made upon it by the ordinary working doctor, he should dismiss it promptly. Having tested the availability of hypnotic suggestion as a powerful resource in medicine and surgery under conditions as severe as the most exacting would desire in more than a thousand instances, I unhesitatingly express it as my firm belief that hypnotic suggestion may be used successfully by any person of sound mind and of reasonable age, that its greatest value is to the educated physician who when he shall have risen to a plane justifying such a measure, should as he is now in the use of more crude and less useful methods in medicine and surgery, be protected by the law, so that in his rightful domain of medicine and surgery, only those equipped in the most thorough manner shall be permitted to use hypnotic suggestion.

A recent writer puts the case exactly as the most painstaking and reliable evidence has shown it to be, "Modern practice has demonstrated that all people at all times are measurably susceptible to suggestion, that in silence and reverie they are far more so; and that they are most susceptible of all in the state of deep hypnosis."

When the medical profession, not a part of it, not a few fearless, heroic souls who dare to recognize the truth as they find it, shall recognize as having been as positively and completely demonstrated as any fact can be, that the soul directs, controls and sustains its own body, and that the soul

and nothing else, is the power at work, the force in action, the personality that governs in all that we observe in the domain of the subliminal self, more commonly referred to as the hypnotic state; and shall make it clear to the fearful and doubting, that the power is in the subject, not the operator—in the one hypnotized, not the hypnotist—and that this mighty yet poorly understood potentiality is aroused by many different excitants; the best known being a skilful operator or the will of the subjcet, and that the soul is not now, never was and cannot be subject to any will but the will of its possessor. (If the soul controls its own body it follows of necessity and no fact has ever been more completely demonstrated that no person can be hypnotized, save as he wills, nor will an act be performed by a person hypnotized, or in the subjective state, save as such act is in accord with the persons' manner of life, thought and conduct).

When, let it be repeated the medical profession as represented by its members throughout civilization shall acknowledge this truth and act in accordance with it, then but not until then shall there cease to be respected among men the charlatan who boasts of his magnetism, his electric force and mysterious "influence", and the equally despicable personage who loudly asserts, while his cowardly knees shake and his heart beats fast with fear lest he be overtaken by the very "influence" he claims has no existence that, "nobody can hypnotize" him, together with the shallow-brained would-be omniscient, owl-eyed, self-lauded investigator who assures his auditors with patronizing gravity that he "is considering the subject, and there may be something in it." And last of all there shall be lost in forgetfulness the ignorant bigot who while denying the most plainly demonstrated facts, shuts his eyes to the power by whose laws he shall be ground to powder. What a commentary upon the advancement of medical and mental science that physicians and men claiming to be educated in art and science should be ignorant of facts, or worse, deny them with vehement audacity, or worse still, ridicule the benefits to be derived from so highly commended a remedial agent, while maligning the individual who would, and in spite of calumny and scorn does use to the unmeasured relief and temporal and eternal gain of those who seek such aid the settled facts of hypnotism as set forth in mental therapeutics.

If hypnotic suggestion will not bear the most rigid investigation, and meet every reasonable demand made upon it by honest men, cast it aside, or relegate it to its proper field. If it will fulfill these conditions, medical men fail in their duty if it is not used by them and by others as propriety permits. Those desiring to know the practical facts of suggestion will find their need supplied by modern teachers and in the books of such authors as Bernheim, Witterstrand, Quackenbos, Leavitt and Hudson.

B.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

CLINICAL EXAMINATION OF THE URINE AND URINARY DIAGNOSIS. A Clinical Guide for the use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., Boston. Second revised edition. Handsome octavo volume of 418 pages, illustrated, including 11 plates, 9 of them in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth $3.00 net.)

No subject of the present day should be of greater importance than the examination of the kidney secretions. In view of the fact that the number of those afflicted with the various forms of nephritic degeneration is constantly increasing these organs and their functions as well as their secretions should receive the very closest study.

"The aim of this work is to present in as concise a manner as possible the chemistry of the urine in its relation to physiologic processes; the most approved working methods, both qualitative and quantitative; the diagnosis of diseases and disturbances of the kidneys and urinary processes. It is a work eminently in demand, since most of the books on the urine are devoted exclusively to urinary chemistry, a knowledge of urinary diagnosis being obtainable only by an extended search through works on medicine, surgery, pathology, and chemistry.

"In this, the second edition, special effort has evidently been directed toward making the text complete and bringing it absolutely down to the present day advances in the subject. Important changes have been made in Part I, especially in connection with the determination of Urea, Uric Acid, and Total Nitrogen; and the subjects of Cryoscopy and Beta-Oxybutyric Acid have been given a place. The changes in Part II, while not so extensive, are nevertheless numerous and practical, and show that the author has spared neither pains nor time in making the revision thorough. It is a good book, and both student and practitioner will find it a valuable aid in their clinical work. We recommend it."

NERVOUS AND MENTAL DISEASES. By Archibald Church, M. D., and Frederick Peterson, M.D., New York. Fourth edition, thoroughly revised and enlarged. Handsome octavo volume of 922 pages, with 338 illustrations. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.)

This is the fourth edition of this excellent work in as many years. The revision, indeed, has been thorough, all the latest knowledge on the subjects having been incorporated, including the recent work regarding the healing of nerves. The subject of intermittent limping, now definitely known to depend upon a lesion of the posterior root ganglia, and herpes zoster have been given a section each. Another addition is the discussion of that form of epilepsy marked by myoclonus, furnishing the so-called combination disease. Further importance has been given to symptoma-

tology and symptomatic disturbances, and the diagnostic value of astereagnosis and of Kernig's sign has been elaborated.

We also find that there have been added a large number of new and excellent illustrations. A useful addition to the portion of the book devoted to insanity is a new section consisting of a critical review of the German schools which have recently made such importanct advances in psychiatry.

In many ways the work will be found of unusual assistance not only to the specialist, but also to the student and general practitioner.

A TEXT-BOOK OF DISEASES OF WOMEN. By Barton Cooke Hirst, M.D, Philadelphia. Handsome octavo volume of 675 pages, sumptuously illustrated with some 650 mostly original illustrations, many in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1903. (Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.)

"This latest work of Dr. Hirst's is on the same lines as his "Text-Book of Obstetrics." As would be expected from a practical teacher, diagnosis and treatment have been given particular attention. The palliative treatment, as well as the radically operative, is fully described, enabling the general practitioner to treat many of his own patients without referring them to a specialist. A feature which specially impressed us is the thorough manner in which the author has treated modern technic of gynecic surgery. An entire section is devoted to a full description of all modern gynecologic operations, illustrated and elucidated by numerous photographs taken especially for this work. The author's training in the subject of diseases of women has been like that of the specialists in the Teutonic countries of Europe, where gynecology has reached the highest level of perfection; namely, specialization in the diagnosis and treatment of diseases of women has followed a thorough training in the recognition and treatment of the complications and sequels of childbirth. This special training is evident throughout the entire work in the careful and thorough manner in which the subject is treated. The many illustrations are the most magnificent we have ever seen. With but few exceptions all are entirely original, having been reproduced from photographs and water colors of actual clinical cases accumulated during the past fifteen years. We must heartily congratulate Dr. Hirst and his publishers upon the production of such a magnificent work.

CHINESE ANATOMY.—To the Chinaman the skull and the pelvis are each one bone. The small intestine communicates with the cavity of the heart, the colon terminating in the lungs. Truly, we are fearfully and wonderfully made.

DOCTOR'S INCOMES.—It has been approximately estimated that the average annual income of the physicians of the United States is $750. Considering the amount of time and money expended in preparing one's self to become a doctor, the profession cannot be considered an overpaid one.

Therapeutic Department

Conducted by A. L. Benedict, M. D., Buffalo.

Colds.—The successful treatment of colds depends largely upon a correct conception of their etiology. First of all, we note that the localization of the catarrhal process is mainly due to personal predisposition, so that, if a considerable number of persons contract a cold at any given time, some will have a rhinitis, others a pharyngitis, others more particularly an amygdalitis, and in others, the middle ear, larynx and inferior respiratory passages may be variously affected, and even a genuine lobar pneumonia may occasionally result. Even vesical, renal, and possibly digestive catarrhs may be exacerbated by taking cold. It is useless to deny that colds are caused by exposure to chilling, especially by drafts and damp. On the other hand, persons habitually exposed to these causes in pure air, as in camps, do not usually take cold. Many colds are plainly infectious, occurring as epidemics with reinfection. Modern patholoigsts explain the puzzle on the ground that all inflammations are infectious, but that the hyperemia following the ischemia first produced by chilling, allows the colonization of bacteria. This explanation does not satisfactorily explain all inflammations, and especially not all colds. The physician must use his own judgment in determining the cause of each case or group of cases.

We will say nothing of the hygienic measures to prevent taking cold further than to state that they include fresh air, especially in sleeping rooms, lack of pampering, avoidance of too much "toughening," as by sleeping in drafts and use of insufficient clothing, and avoidance of germ-laden air.

The first step in a cold, whether we consider catarrh proper as infectious or not, is a vasomotor shock, limited in area by pre-existing chronic inflammation and unexplained idiosyncrasy. The first step in treatment then—or the last step in prophylaxis—is the equalization of the circulation. Probably nine-tenths of all colds not due to bacteria of especial virulence, which either set up a specific disease, such as influenza, or have been so increased in virulence by passing through another patient as to induce catarrh without any exposure, may be aborted by a hot bath and a drink of whiskey, or by the bath alone. Owing to the exigencies of social life, women are prone to expose themselves at night in insufficient clothing and, in wet weather, dampness and chilling of the ankles and legs are inevitable for such as cannot afford carriages. A hot tub bath should be advised as a matter of routine before going to bed, under such circumstances. For those who have no conveniences of this sort, and whose bed-rooms are unheated, the prevention of colds is more difficult. Friction with a dry towel and the use of a warm room for undressing and dressing should be advised and, indeed, it is well to keep the bed-room at about the same temperature throughout the night. To go to bed, perspiring, in a hot room and to have the temperature fall thirty degrees or more while sleeping, is a prolific cause of colds.

The old-fashioned treatment of colds was based almost wholly on the idea of impressing the vasomotor system. A great variety of drugs were used, prominent among of which were quinine, opium, belladonna and bromids. As we can level up or level down, it makes little difference whether we use a vasomotor depressant or stimulant. Obviously, such drugs are of value only in the early stage and various contraindications exist, especially toward quinine if there is any predisposition to aural catarrh and toward opium on general principles. Eye-workers, too, cannot well take mydriatics. On the whole, the wisest plan is to avoid all active, alkaloidal and synthetic drugs and rely upon the hot bath, skin friction and, if necessary, whiskey.

The stage of turgescence and heat may be relieved almost instantly by cocaine. In an affection of frequent recurrence, such relief is obviously not to be thought of unless the circumstances are very exceptional. Adrenalin affords almost as great comfort, and there seems to be no danger from its use, although all such measures are transient and require repetition. When a catarrhal inflammation is well established, in an accessible location internal medication is almost ridiculous, since by sprays, insufflators and nebulizers, we may reach almost the whole of the respiratory apparatus. There is no question but that potassium acetate and citrate, ammonium chlorid, tr. of benzoin and various other balsamic preparations, camphor, etc., act as described in the text-books, but, unless the inflammation is low in the respiratory passages more direct application is superior.

Internal treatment is of value, however, to keep the bowels and kidneys as well as the general processes of metabolism active. It is rather doubtful, however, whether a person whose bowels are perfectly regular, and who shows no excess of indican in the urine, should be upset by a cathartic. In many cases a cathartic is of decided value, and there is none better than calomel followed by a saline. The ordinary saline diuretics may also be used. It must not be forgotten that one of the very best drugs to "clean out" the system, is water, in abundance and, preferably, as hot as can be taken. It may be flavored as in the form of lemonade and orangeade, to prevent nausea. On account of the danger of taking fresh cold and the scanty eliminating power of the skin's diaphoretics are by no means so important as they were formerly considered. If used at all, water and heat should be substituted for Dover's powder and similar drugs.

Any of the alkaline watery sprays may be employed during the stage of acrid discharge from the upper passages. For the later stages, there is nothing quite equal to 1-2 per cent of menthol dissolved in a pure mineral oil. For internal administration, I have had prepared a special, odorless and tasteless petrolatum, known as purpetrol (which is not marketed generally, but which may be obtained from Plimpton, Cowan & Co., of Buffalo). However, the ordinary commercial preparations which are fairly free from odor and taste seem to have little irritant effect when limited to the nose and throat. In cases with rheumatic indications, salol which dissolves in mineral oils may be added to or substituted for menthol.

If there is much discomfort and considerable discharge, very finely powdered acetanilid may be blown into the nose. As an astringent, bismuth salts may be employed, or stearate of zinc. In prolonged cases, a little belladonna ointment may be employed on the nose to dry up a troublesome secretion, or Crédé ointment, or one of the mercurial preparations, for their alterative effect. To reach the deeper air passages, a volatile antiseptic and alterative solution may be inhaled from hot water or a nebulizer may be employed, or a little oil of peppermint on a pledget of cotton in one nostril may serve to medicate feebly but constantly, the inspired air. It would exceed the limits of this discussion to enter into the treatment of quinzy, croup, pneumonia, etc. Chronic inflammations and predispositions to frequent colds should always lead to consultation with a competent specialist.

The following formulae are suggested as hints:

℞ Menthol..... 1- 2 per cent
Salol..... 1- 3 per cent
Purpetrol, ad..... 100 per cent
S. Use in atomizer.

℞ Sodii bicarb..... 4 per cent
Sodii boratis..... 4 per cent
Ol. gaultheriae..... $\frac{1}{10}$ per cent
Aquae, q. s. ad.....100 per cent
S. Use in atomizer.

℞ Menthol..... 10 per cent
Tr. iodi..... 10 per cent
Ac. carbolici..... 10 per cent
Alcohol, ad..... 100 per cent
S. Inhale from hot water, 5 to 10 drops every hour.

THE VALUE OF FOOD TO LIFE.—Prof. R. H. Chitenden, director of the Sheffield Scientific School, will co-operate with the Sheffield Laboratory in a physiological study of the minimum amount of proteid or albuminous food required for the maintenance of health and strength under ordinary conditions of life. In this study there are no special theories involved and no special systems of dietetics, but the object especially aimed at is to ascertain experimentally whether physiological economy in diet cannot be practised with distinct betterment to the body and without loss of strength and vigor. There is apparently no question that people ordinarily consume much more food than there is any real necessity for, and that this excess of food is in the long run detrimental to health and defeats the very objects aimed at. It is with a view to gather as many facts as possible on this subject that the study in question is undertaken.

Surgery

L. A. Todd, M. D.

The Treatment of Diffuse Peritonitis.—B. F. Lund (Boston Medical and Surgical Journal) believes the mortality of diffuse peritonitis will always be high in spite of the best efforts of the surgeon. An early removal of the infecting material is necessary. The necrotic foci should be removed as thoroughly as possible, and the abdominal cavity should be flushed with normal salt solution Several quarts, at a temperature of 110 deg., should be used, run in through a long glass nozzle of large caliber, and all of the recesses of the abdominal cavity should be reached. Much of the infecting material is thus washed out. A part of the salt solution is left in the abdomen, and gauze packing introduced. Gauze is used in preference to rubber or glass tubes. The head of the patient's is elevated, to allow the fluid remaining to flow from the glands toward the pelvis.

Common Duct Stone without Characteristic Symptoms.—George E. Brewer (Med. Record, N. Y.) reports the following unusual case: Female, aged 22, for four years complained of occasional attacks of indefinite abdominal pain, some of which were accompanied by slight jaundice. Four months previous she suffered an attack more severe than the others, with well marked jaundice, but no fever. The attack lasted three or four days and then gradually subsided, following which there was some discomfort in the upper right quadrant of the abdomen, but no acute pain. The patient continued her work, remained well nourished, and had no sign of jaundice since her attack. The physical examination was negative with the exception that slight tenderness was elicited on deep pressure over the gall-bladder region. The diagnosis of cholelithiasis was made and an exploratory operation advised. At operation the gall-bladder was found to be normal, and free from calculi, as was the cystic duct. Palpation along the free border of the gastrohepatic omentum revealed a hard, movable body in the common duct. The calculus was easily removed through a short longitudinal incision in the duct. The wound was closed by the Mayo method, a small strip of gauze being left leading to the duct wound. The drain was left in place twelve days after which the abdominal wound promptly healed. The patient made an uneventful recovery.

Non-Penetrating Abdominal Wound—Report of Cases.—J. L. Wiggins (Amer. Jour. of Surg. and Gyne.) believes the surgery of this class of cases has not progressed as it should. Frequently the diagnosis is not made. This is partially explained by the fact that wounds of the viscera without external signs of trauma occur seldom in the course of general practice. If full statistics of death resulting from injury to the abdominal oragns could be obtained the results would be appalling. Penetrating abdominal wounds receive prompt surgical attention, yet according to data collected by Eisendrath injury to the abdominal viscera without external evidence is twice as frequent as that due to penetration. Of 362 cases of injury to the liver, 184 were non-penetrating abdominal injuries with no external signs. Of 160 injuries to the spleen, 83 had no external signs;

of 152 injuries to the kidney 90 were without external signs. Two factors must be considered in arriving at conclusions as to the existence of a visceral injury. (1) Origin and distribution of the lower intercostal nerves. (2) Thickness of the abdominal wall. Diagnosis of injury to abdominal organs, where no external signs exist, demands not only a thorough anatomical and pathological knowledge, but in addition the exercise of the rarest judgment in differentiation. There can be no fixed rules by which the severity of the lesion can be gauged. Primary shock indicates the severity of the injury in one case, in another it would mislead. However, shock is important, and in a number of instaes where a case presents with a history of severe abdominal injury accompanied by shock when the abdominal "facial expression" is present it is best to make an exploratory incision with careful, systematic inspection of the contained viscera.

On Removal after Suprapubic Cystotomy of the Prostate, and of the Prostatic Urethra for Senile Enlargement of the Prostate.—(Moynehan, Annals of Surgery).—Twelve patients were operated on by the suprapubic method. One case proved fatal. With the rest, the results were very satisfactory. The operation is as follows: The bladder is thoroughly irrigated with a one per cent carbolic solution, and ten or twelve ounces allowed to remain. A rubber glove is worn on the right hand, so that after the rectal manipulations are over the removal of the glove may leave a clean hand with which to continue the operation. The bladder is opened, and its edges are fixed to the abdominal wall with silk-worm gut sutures. With the left forefinger in the bladder the mucous membrane of the trigone is snipped with sharp pointed scissors immediately behind the internal meatus. The finger deepens and enlarges this opening. The gloved fingers of the other hand are then passed into the recum and the prostate firmly held. The left forefinger strips the prostate from its capsule. This is easily accomplished. The stripping is continued and the opening in the mucous membrane of the bladder is enlarged until it encircles the interval meatus. After the prostate is freed, the prostatic urethra is torn across at its junction with the membranous urethra. The enucleation usually requires from two to three minutes. The right hand is then removed from the rectum, and the loosened prostate is seized and removed with volsellum forceps. A catheter is introduced and the bladder is flushed with 1 per cent carbolic. A large rubber tube is passed into the bladder, and a couple of stitches introduced into the wound. The tube is removed at the end of forty-eight hours and the patient allowed to sit with the bed rest. On the fourth day and each succeeding day a catheter is passed, and the bladder irrigated. On the seventh day the catheter is tied in and a drag placed on the suprapubic wound. In five or six days a new catheter replaces the old one If the patient is feeble he is allowed to get up in a chair before the end of the first week. The author concludes that the removal of the prostate together with the prostatic urethra by the suprapubic method is not difficult. Operations upon patients suffering from the complications of prostatic enlargement are serious. Operation is advised when catheter life is impossible, or when it ceases to give relief. These patients are bad subjects for operation, but notwithstanding this, their recovery after operation is rapid and remarkable.

Spring Meeting

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY

Lincoln, Neb., March 24 and 25, 1904

OFFICERS

A. D. WILKINSON.....Lincoln
President.
R. R. WILLIAMS .....Manning, Ia.
1st Vice-President.
J. H. CLEAVER.....Council Bluffs
2d Vice-President.
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A. L. WRIGHT.....Carroll
H. B. LOWRY.....Lincoln
A. S. von MANSFELDE..... Ashland
V. L. TREYNOR.....Council Bluffs
J. M. KNOTT.....Sioux City

PUBLICATION.

CHAS. WOOD FASSETT.....St. Joseph
J. M. BELL.....St. Joseph
W. T. ELAM.....St. Joseph
W. B. DEFFENBAUGH.....St. Joseph
R. M. STONE.....Omaha

CREDENTIAL.

J. R. HAGGARD.....Lincoln
R. McCONAUGHY.....York
A. A. ASHLEY.....Red Oak
A. R. RAY.....Fairfield
J. P. LORD.....Omaha

ARRANGEMENTS.

J. L. GREENE.....University Place
M. H. GARTEN.....Lincoln
... R. MITCHELL.....Lincoln
C. C. MOYER.....Lincoln
A. I. McKINNON.....Lincoln

MEDICAL SOCIETY OF THE MISSOURI VALLEY AT LINCOLN.

The semi-annual meeting of this association will occur on March 24-25, at Lincoln, Nebraska, and all indications point to an interesting and profitable meeting and a large attendance. The program contains twenty-three papers, fourteen of which deal with medical subjects and treatment. The symposium on pneumonia will be a feature of the first day's session, comprising papers by Drs. J. M. Mayhew, W. O. Bridges, V. L. Treynor and Van Buren Knott.

The evening of the first day will be devoted to social intercourse and entertainment.

The Lindell Hotel will be the headquarters and meeting-place.

The medical profession are cordially invited to attend, and new members are especially welcome. Membership fee is but $2.00, including first year's dues, and subscription to the official journal.

This will be a reorganization meeting, and it is therefore of the utmost importance that we should have a full attendance. You cannot afford to miss it.

CHAS. WOOD FASSETT, Secretary.

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.

FEBRUARY 17, 1904.

Dr. W. T. Elam in the chair.

Dr. O. B. Campbell reported the following case: Man, 65 years old, had a large tumor in the left hypochondriac below the umbilicus and crossing the median line. Two years ago he had an enlarged spleen. One year ago he fell on the tumor and it became inflamed, and four months ago it became soft; patient emaciated—there was fluctuation under the left ribs, pus in the urine. Question, was there trouble with the spleen or kidneys? I think the kidneys were at fault.

Operation.—I made an incision 6 inches in length in the median line; found the great omentum adherent, removed the peritoneal covering and found a sac with a thick fibrous wall and removed about a gallon of pus; then found a second sac, out of which the pus was evacuated, and in a pocket found seven renal calculi; introduced a drainage tube. The temperature became normal, pus left the urine. The kidney was entirely gone. Pyonephrosis

DISCUSSION.

Dr. Jacob Geiger.—I had a similar case with the late Dr. Garner; there was barely a trace left of the kidney. Removed one-half gallon of pus; had used the aspirator for diagnostic purpose. Case never healed up. A few years afterwards there was a fistula.

Dr. Dandurant.—I made a microscopic examination of the wall of the sac, and determined that it was composed of dense fibrous tissue.

Dr. Chas. Geiger.—I would like to ask Dr. Campbell whether it was not found in the pelvis of the kidney?

In reply Dr. Campbell stated he was satisfied that it was in the pelvis.

Dr. Elam.—I am satisfied it was a case of pyonephrosis, and that he would find renal calculi.

Dr. C. H. Wallace reported the following case: Farmer, 27 years old had typhoid fever six months ago, and since that time his health, which had been good, began to fail. There had been persistent constipation, continuous vomiting, but no complete obstruction. There was a tumor of the colon on the left side, nodular masses the size of a walnut could be felt by palpation as well as by the rectum. The bony structure of the pelvis seemed enlarged. Operation.—Tumor could not be removed, transverse colon was agglutinated to the pelvis, intestines were engorged; it was impossible to raise the colon into view, ileum was softened and made a small opening into it. Performed right colostomy. In 48 hours the man greatly improved, vomiting ceased. Question, what is it? Tubercular?

Dr. Campbell, who saw the case, considered it a puzzle; the small intestine had a malignant look; adhesions were firmer than in tubercular disease; there was marked hemorrhage from mere handling, and I think the diagnosis of carcinoma is probably correct.

Dr. Jacob Geiger.—It is possible, but not probable to have malignancy so early in life. Cancer is more localized, and I favor the tubercular view. The fact that they could not find the appendix leads me to believe that the trouble probably started as an appendicitis and the bands formed by inflammation. Last Friday I was called to see a young man who had worked all day Thursday, had eaten much candy, had the stomachache; had vomited; no bowel movement for several days; abdominal muscles were rigid; a wiry pulse, temperature 102 deg. F. Diagnosis.—Appendicitis with perforation. An immediate operation was done and a proximal end perforation of the appendix was found. On opening the abdomen a free fluid, like buttermilk was oozing out, and this suggested a general peritonitis. Used normal salt solution, a large drainage tube. Temperature after the operation was less than 100 deg. F.

The interesting feature of case was that here is a healthy individual who had no previous symptom of disease of the appendix or of any necrotic action, and cases like this encourage us to do an early operation.

Dr. Wallace.—I would like to speak of Dr. Blake's great success in not using any drainage tube in these cases.

Dr. Campbell.—There have been two methods in vogue for years, and now even salt water is supposed to interfere with repair.

Dr. Chas. Geiger.—I have seen Dr. Chrobak in these cases of pus in the belly, wipe it out with gauze, never puts water in the cavity. I have always been an advocate of no drainage. Drainage is all right with a walled off cavity. I have seen in gonorrheal infection where a drainage tube paralyzed the bowels.

Dr. Elam.—My plan is to drain, and if this gives good results, I see no reason for changing.

Last Friday I saw a young man with acute obstruction of the bowel, tumefaction of the appendix; tender colon; temperature 103 deg.; bowels had not moved for four or five days; colon over liver most tender. Enemata moved his bowels. One morning he leaped up from bed convulsively and vomited much blood, one quart; temperature ran down to 95 deg. For treatment applied icebag, swallowed pellets of ice; gave ergot hypodermatically. The following morning the feces showed blood; evacuation apparently normal; temperature remained subnormal for 24 hours. Thinks fecal matter pressed against duodenum, and thus accounts for hemorrhage.

Dr. Wallace.—I think it a case of ulcer of the stomach which may occur in a comparatively healthy individual.

Dr. O. B. Campbell.—I think ulcer of the stomach is due to infection. I would like to ask Dr. Elam whether there was anemia?

Dr. Elam.—No evidence of anemia.

Dr. W. L. Kenney read a paper, "Ocular Symptoms in General Diagnosis," which showed very careful preparation.

Dr. Barton Pitts.—Dr. Kenney presented a fairly extensive collection of eye symptoms as they are met with in general disease. There was no reference to the conjunctival symptoms in the exanthemata. A case of very rapid formation of cataract involving the kidneys and followed by rapid death came under my notice recently. In diabetes we often see cataract. A child who had a rather uneventful recovery from the measles about a year ago became suddenly blind in the left eye and greatly reduced vision in the right eye accompanied by color disturbances. The veins of the left side were engorged and there was no disease of the background of the eye discoverable. The trouble is referable to the brain, I think.

Dr. Jacob Geiger.—I think the general practitioner should possess more knowledge of the eye symptoms.

Dr. P. I. Leonard.—Dr. Kenney presented an interesting paper. Of course he did not attempt to cover the vast field. He did not speak of the retinal hemorrhage, which are precursors to hemorrhage in the brain; they also call our attention often early, to diseases of the heart, kidneys and liver. The diagnosis of miliary tuberculosis is first positively established by finding tubercles in the chorioidea. A case of this kind came under my observation in this city about ten years ago in a little girl. In complete paralysis of nerve we may suppose the seat tumor to be the basis cranii, by incomplete paralysis of several nerves the location is referable to the brain. The case recited by Dr. Pitts can only be referred to disease of the optic nerve, according to my opinion.

Dr. Kenney, in closing, thanks those who took part in the discussion, and in reference to Dr. Pitts' case rather inclined to the view of a hysterical origin.

Dr. Wallace moved to postpone the discussion of hemorrhoids to next meeting. Seconded by Dr. Chas. Geiger. Carried.

In the symposium on syphilis the subjects were assigned as follows: Prognosis and Treatment, Dr. Jacob Geiger. Discussion opened by Dr. T. H. Doyle. Etiology, Dr. Dandurant. Discussion opened by T. E. Potter. Eye, Ear, Nose and Throat, Dr. W. L. Kenney. Discussion opened by Dr. B. Pitts. Symptoms and Diagnosis, Dr. Chas. G. Geiger. Pathology, Dr. W. B. Deffenbaugh. Discussion opened by Dr. P. I. Leonard. Syphilis of the Nervous System, Dr. J. B. Reynolds. Discussion opened by Dr. C. R. Woodson.

Minutes approved as read.

The following were elected by ballot to membership: Drs. J.C. Smith, Ben Smith and Geo. Thompson.

Those present were Drs. J. B. Reynolds, Dandurant, T. H. Doyle, Jacob Geiger, Chas. Geiger, Wallace, Pitts, McGill, O. B. Campbell, Kenney, Robert Forgrave, P. I. Leonard, Elam and Dr. Davis, of Logan, Kan., visiting.

MARCH 2, 1904.

Dr. T. E. Potter reported the following case: Man, 58 years old came to me a month ago; passed flakes of pus in his urine, and on examination one-third of the quantity of urine was pus. He was in good health; put him on a diuretic, and he greatly improved. Found an enlarged prostate.

In a week he returned with the same trouble, pus in the urine, but no casts. Washed out the bladder with boric acid solution every other day, yet a great quantity of pus is passed, and I believe an operation is indicated.

Dr. Jacob Geiger.—I saw a similar case about a year ago with not quite so much pus; diagnosed it as cancer of the prostate. Had patient in the hospital for three weeks, and began to think of malignant disease of the liver. Postmortem examination showed the entire cavity of the bladder to be involved. If simple prostatic abscess, it is preceded by some pathological condition, and it is well to be suspicious of tuberculosis.

Dr. T. H. Doyle.—People who suffer from prostatic abscess can not be around as much as Dr. Potter's patient, on account of pain, and I think it is a cystitis on account of the quantity and quality of the pus.

Dr. W. T. Elam.—Prostatic abscess when it is evacuated heals promptly, according to my experience—pus comes at the last of the urination. It might be a pyonepherosis, an abscess of the cystic wall, a diverticulum may form and hold pus.

I had a case where prostatic abscess entirely destroyed the capsule of the prostate and patient went about his business; had an almost impermeable stricture. Performed perineal section: found a large abscess, neighboring glands were involved; seven violent hemorrhages in a week; tissues had been friable, but as a rule these cases get well.

Dr. Chas. Geiger.—If you make a careful examination per rectum you can tell what portion of the prostatic gland is broken down, and I consider Dr. Potter's case one of subacute prostatic abscess.

Dr. Chas. Geiger opened an interesting discussion on hemorrhoids.

Dr. T. E. Potter.—As to the cause, a stricture of the urethra of small caliber, and on its dilation a cure results, also stone in the bladder, cirrhosis of the liver, in pregnancy, etc. Dr. Chas. Geiger's classification is a good one. Every case need not be operated upon. Hot applications, regulate bowels, astringents, suppositories relieve some cases. I have found of value a mode of treatment introduced by quacks; a few drops of a ¼ carbolic acid with glycerine solution injected into them. I have used it many times with success.

Dr. Jacob Geiger.—There is not much more to be said, as the ground has been well covered. In a large majority we have connective tissue proliferation, fibrous hemorrhoids. If thrombotic split them open and turn out contents. I prefer the ligature method, although I use the cautery occasionally. If you want to lose the practice of a family, apply a ligature to an external hemorrhoid and include some skin. Cautery is quicker, but the ligature gives me better results. The sphincter should be dilated thoroughly under a general anesthetic.

Dr. T. H. Doyle.—Constipation is a most frequent cause, and the question is how to get rid of it. Each case is a law to itself. Patients often fail to carry out our directions. Dilation of the sphinctier alone will cure many cases. In the case of a female with large hemorrhoids simple dilation brought about a cure. I use 10 gtts. of carbolic acid to i ℥ of sweet oil and inject a few drops with excellent results; use it in the patient's home.

Dr. John M. Doyle.—I have had some personal experience. Dr. Gant would not inject external, but internal hemorrhoids, and he prefers the clamp and cautery. If the base is not large he prefers the ligature.

Dr. Chas. Geiger, closing.—There is no question about the good quality of carbolic injection. Transfixion where you have a large base is absolutely necessary. Patients recover quicker from clamp and cautery—all dilate.

Dr. Geiger moved that a reporter of the proceedings of this society be appointed at a salary of $2.00 a meeting, and that he must be a member.

Dr. T. E. Potter moved as a amendment that Dr. P. I. Leonard be selected. Carried.

Present.—T. H. Doyle, W. T. Elam, McGlothlan, Jacob Geiger, John Doyle, Chas. Geiger, P. I. Leonard, J. B. Reynolds, Deppen, W. J. McGill, T. E. Potter, S. F. Carpenter.

Moved and carried that the first meeting in April be devoted to the business aspects of the medical profession in St. Joseph.

OMAHA DOUGLAS COUNTY (NEB.) MEDICAL SOCIETY.

[REPORTED FOR THE MEDICAL HERALD BY DR R. M STONE]

At the regular meeting of this society, on February 23d, Dr. E. R. Porter presented a clinical report of a case of "Muscular Atrophy." He said in part as follows: "Mr. A., aged 19, presented himself in August, 1901; said that he was suffering from "Progressive muscular atrophy." His weight was 113, his height 5-9¾; his chest measured 30-31; his waist measure was 27; his right arm, 6 inches; his left. the same; the forearms were 9 and 8¾; the calves were 13 and 13½; the thighs were 17¾ and 18. He has gained 5 inches in chest measure, 4½ in waist, 1⅛ inches in both arms, ⅝ of an inch in both forearms, about 1 inch in each calf, and about 5 inches in each thigh. He has also gained 39 pounds in weight. He was a puny baby up to 6 months; at that time, he was put upon goat's milk, after which he gained very much. At 7, he had a mild attack of diphtheria. At 10, he fell from a swing, striking on his back; was confined to his bed for four days and recovery was apparently complete. At 14, his mother noticed that he could not raise a cup to his mouth without twisting the wrist. The atrophic change progressed, involving, in the order named, the right arm, the back, the left arm, the thorax, the abdomen, and finally the muscles of the right thigh. This process covered a period of four years. Examination in August 1901, showed that the heart, lungs, and abdominal viscera were negative. Appetite was good and the bowels were regular. His face had a blank and expressionless aspect. He was unable to remove his coat without assistance, and it was difficult for him to raise his right hand to his mouth. There were fibrillary twitchings of the muscles involved. Lordosis was present. though not in marked degree. He had a clumsy, waddling gait. The trapezius muscle had under-

gone some atrophic changes. Sensation was not affected. Therapeutic measures having failed, I decided upon massage and dietary measures. Mr. C. G. P. Blomquist carried out the massage under my directions. I enforced a strict diet schedule, consisting of raw food, milk, eggs, figs, dates, raisins, and a half of a lemon in water before breakfast. Electricity was also used. The results were most gratifying. The abdominal muscles responded first, then the thoracic, then those of the left arm, the back, and the last, those of the right arm.

DISCUSSION.

Dr. Singer, of London, England, said that the case was interesting, the type quite uncommon; the muscles attacked were the principal muscles of the body and the case was one of idiopathic muscular atrophy, and not a spinal disease. The trouble was not confined entirely to the large muscles, however, as he was unable to keep the eyes closed against slight resistance, or to close them hard and fast; was unable to pucker the lips for whistling; there was a notable want of expression, also a marked weakness of the facial muscles. The prognosis was not very good, as the atrophy will probably go on steadily and the young man has not many years to live. These patients have present atrophy of many of the chest muscles, and usually die from some intercurrent disease, frequently connected with the lungs. The improvement is slightly misleading. There is no improvement in the atrophied muscles themselves, but has been due to increased nutrition and an improvement of his general condition with quite a deposit of fat. Not the measure of the muscles, but the power of them, is the real test of improvement.

Dr. Aikin said that he had seen the case in 1899. The boy had come to him with his diagnosis of progressive muscular atrophy and demanded a cure. He had informed him that it was not progressive muscular atrophy and that he was not ready to promise a cure. This was the type of case which Gowers called idio muscular atrophy, not of spinal origin.

Dr. Coulter said that the case was interesting and rare; that there was a clinical distinction between this form and progressive muscular atrophy. The latter is seen in later life; there are different muscles involved. Among the theories accounting for this condition, the best is that it is a lack of development in the muscle cells; the muscles fade away. Some of them increase and give rise to the pseudohypertrophy present in this case. These hypertrophied muscles will be absorbed and the atrophy will progress.

Dr. Porter, in closing, referred to the point made by Dr. Singer as to the power of the muscles being the only test for improvement. He said that this man seems to have increased power; works in a saw mill, can handle himself very well, can feed himself well, things impossible before.

Dr. J. H. Aikin showed to the society a girl of 13, V. S. She was brought in a wheel-chair. The doctor said that her maternal grandparents died of tuberculosis and one of their five children died from the same cause. A maternal great grandfather died a drunkard; her grandmother and her mother had hysteria; her maternal grandfather died from a wound which ulcerated for 9 years, but was not known to be tubercular; labor, in

this child's case was normal. She talked at one year, walked at 18 months; she probably had petit mal up to 6. There was no other evidence of degeneracy. At school, average, or superior intellectual ability; had headaches, relieved by glasses. At 12, scarlet fever; temperature as high as 105; no delirium. Nocturnal and diurnal incontinence had been marked from birth until 12 She now began to show awkward tripping on the carpet, on going up steps. Within a week her right foot began to drag and the toes to drop; this went on to complete inability to stand on the right foot. The left leg soon followed and there was tendency to drop things from the hand. Menstruation began at 12, but has been present but the once. Paralysis began about 1st of September, 1902, and reached its climax on October 28th, gradually receding to the condition now found. There was aphonia, but coughing, hawking and the pain of pinching caused audible expression. Her mutism was accompanied by inability to write her thoughts, an experience never met by Oppenheim but once in hysterical aphonia. She first came under my observation in September, 1902. The right pupil was dilated to three or four times the normal and remained so, unchanged for six weeks. Ophthalmoscopic examination by Dr. Gifford, then and today, February, 1904, gave negative results. In September, 1902, she had earache and a slight suppuration from the right ear. There was neither anesthesia, hyperesthesia, or paraesthesia then or later. The knee-jerks were greatly increased; all other reflexes normal. Dr. Aikin stated that he had seen this symptom of a dilated pupil during the past two years in another hysterical girl of 12, the dilation lasting eleven months. He also met with the same symptoms, in both pupils, lasting one week, in a hysterical boy of 17. The eyes are now normal; no deficiency in sensation; she speaks and writes easily; digestive functions normal. Diagnosis: hysteria.

This child attempted to walk before the society and showed the typical gait of hysterical paraplegia.

DISCUSSION.

Dr. Singer, neurologist of London, England, said that the diagnosis was correct; that the disease was purely functional; that she exhibited all the normal movements of the feet while sitting in her chair in front of the society; that the absence of anesthesia was not rare; that disturbances of sensation in hysteria are very rarely seen in the young; that the dilation of the pupil was a peculiar phenomenon, a curious feature, never met in his experience. He said that he had seen trouble in the extrinsic muscles of the eye, but never in the intrinsic muscles. He said that the prognosis was extremely good and recovery would undoubtedly be complete.

Dr. Harold Gifford read a very interesting paper upon "Obstetric Eye Lesions." He said, in part, as follows: "When one considers the difficulty which sometimes attends the exact placing of the obstetric forceps, and the frequency with which they are applied by men of necessarily very limited experience, it is remarkable that the eye is so seldom injured. In a special practice of over 20 years, I have met with but three

cases in which injuries have occurred. Obstetrical eye lesions may be divided into three classes: 1st, those resulting from the direct violence exercised by misplaced forceps or fingers; 2d, those resulting from the indirect violence to the eye produced by the squeezing by the forceps, or by the passage being abnormally narrow. or by the unusual vigor of the uterine contractions; 3d, the paralyses which follow hemorrhages within the cranium, due to the squeezing mentioned in the 2d class. De Wecker has described a case in which a midwife, mistaking the palpebral fissure for the rectum, in her attempt to aid delivery succeeded in enucleating an eye. Bock has reported a case in which an infant was brought to him with the right eye protruding from the orbit, nearly all the muscles being torn off. Later, panophthalitis ensued, pyemia and death. Bock learned that the labor was protarcted and thought that the eye had been injured by the finger of the obstetrician. In one of my cases, forceps were used and the eye had been sore ever since birth. There was a sound from a forceps' blade below the lower lid: the cornea was almost entirely densely opaque. After two months, a strip of cornea about two mm. wide had cleared up around the margin, the rest of the cornea being densely milky white. My second case was that of a child of three. The right eye had been abnormal from birth and now turned down and in: there was a rupture of the iris and the lens was cataractous: on the right temple there was a broad scar, probably due to forceps. This case reminded me of that one of Peck in which one blade of the forceps has been used and had been misapplied over the right eye; its lens was found partially opaque at birth but became milky white within 20 minutes. My third case was that of a girl of two. At first glance I thought she surely had a recurrent, malignant growth of the orbit; the right eye was gone, the lids much hypertrophied and pushed forward by a mass of firm, fibrous tissue which filled the orbit; the right temple was bulged out for $\frac{3}{4}$ of an inch beyond the normal line by exostosis. The skin over the growth showed many large veins. Forceps had been used in the case of the mother and the right temple was found much bruised, the eye hanging out on the cheek and it had to be removed The swelling of the temple and lid had increased very slowly. The child was very healthy and vigorous. Two years later, the deformity was found increased, but not greatly. It seemed probable that the injury from the forceps had broken some of the larger vessels in such a way as to divert their blood in to abnormal channels and thus cause the hypertrophy and exostosis. Until I began looking up this subject, I supposed that all of the severe cases of injury to the eye during confinement must have been due to the action of the forceps but, besides the injury from fingers already mentioned, I found that there was at least one case on record in which an eye had been squeezed entirely out of the orbit by the force of the uterine contractions driving the head through a narrow pelvis, and in which forceps had not been used. Hoffman reports a case in which he found the right eye hanging out on the cheek, attached only by a shred. Delivery had been slow, and no aid had been used other than ergot. Three years later, he attended the same woman. used the forceps, and an eye dropped into his hand while delivering. It proved to be the right eye. The left

eye was a little prominent. There was a deep depression above the eminence of the right frontal bone. The child died and it was found that the optic nerve and the opthalmic nerve had broken off within the cranial cavity and that the base of the brain was covered with clotted blood. The mother's conjugate was three inches and the promontory was very prominent and sharp. Besides the unequivocal case of Hoffman's, several others are on record in which an eye has been squeezed out and, though the forceps had been used in most all of them, the probability is that, in some cases at least, the dislocation had been due to the natural forces, combined with an abnormally narrow pelvis. Sidler-Huguenin has reported a case in which a healthy, well formed mother, after a prolonged labor without instrumental or manual assistance, brought forth a child with right-sided facial paralysis, evidently of traumatic origin. Dunyan has reported a fracture of the orbital roof in which version was performed, but forceps were not used.

The medico-legal aspects of these cases is worthy of our attention. In view of the destruction known to have been produced by natural causes, there is the necessity for the broadest charity. Regarding the mechanism of these extreme cases, it is evident that, if anything squeezes the walls of the orbit near enough together, the eye must come out just as an apple seed is shot from our fingers by squeezing. Gueniot reports a case in which the nurse discovered that the new born child had lost one of its eyes. A search revealed it under the napkin beneath the mother.

One must not be too easily discouraged by an apparently hopeless condition. Several cases have been reported in which such an eye has been replaced with good results. Arlt reports a case of a lad whose eye was pushed out by a wagon pole so completely that the physician who was called said, "cut it off at once." An onlooker remarked that there need be no hurry about that and the eye was finally replaced and was reported later as having regained sight.

He thought it was quite strange that all of the reports of these obstetric lesions showed that it was the right eye which was involved.

THE GOLDEN BELT MEDICAL SOCIETY.

The mid-winter meeting of the Golden Belt Medical Society was held in the I. O. O. F. Hall, in Wamego, Kansas, January 7th, 1904, and was called to order by President J. D. Riddell, with the following present:

Drs. Felty, King, O'Brien, Lyman, Magee, Chamberlain, Riddell, Lindsay, Block, Alkire, Gaines, Bowen, McDougall, Shelley, Conlan, Simonton, Lagerstrom, Wilhoit, Simmons, Cutright, Gundry, Brunner, Searl, Smith, Binnie and Harvey.

Following the regular program the reading of scientific papers was taken up.

"Report of several cases in which Hematuria was most prominent feature" was the subject of a lecture by Dr. J. Block, of Kansas City, Missouri, and the following is an abstract of the lecture by the author:

"The doctor exhibited a number of specimens illustrating the varieties of renal tuberculosis. One of these, a very large kidney of the tubero-caseous form, in which almost all of the secreting substance was substituted by large caverns, including an enormously thickened ureter, greater in circum-

ference than an average thumb, was shown the the society. Another specimen, a beautiful example of general miliary tuberculosis, in which the cortex shows the classic "string of pearls" arrangement. The doctor also spoke of the capillary form, that variety in which a tubercle or tubercular ulceration is situated upon one of the papillae. Attention was called to the fact that uro-genital tuberculosis, contrary to the teaching of previous years, may appear primarily in the kidneys. Unfortunately, most of the symptoms, are irradiated along the tract, and for this reason the bladder is treated for a disease which does not exist. Frequency of micturition, nocturnal or diurnal, macroscopic or microscopic hemorrhages, some dysuria, increase of leucocytes, occasional increase of temperature and later, perhaps, sweats during the night, with or without bacilli in the urine. Sometimes a decided hemorrhage may precede the trouble. The cystoscope when the bladder is still tolerant, materially clears up the question. If primarily vesical, this condition is generally disseminated over the surface of the internal urinary meatus. If the tuberculosis is circumferentially limited to the ureteral orifice, it is not a contra-indication to operate. The condition of the opposite kidney is not always exactly determined. Ureteral catheterization of the opposite kidney will not always prove the arbiter. Owing to the excessive peri-renal inflammation, the enlarged kidney early becomes firmly fixed in the loin and does not move with respiration, a point of great diagnostic value later in the disease, to which decided attention is called. Nephrectomy plus ureterectomy is the only remedy for this trouble, nephrotomy being worse than useless, and nephrectomy without removal of the ureter an incomplete operation."

This paper was fully discussed by Drs. Alkire, Binnie, King, and closed by Dr. Block.

Dr. L. S. Chamberlain, of Topeka, Kan., read a paper entitled "Nitrous Oxid and Ether Sequence." The doctor dwelt briefly on the history of anesthetics and anesthesia, and their value to practical medicine and surgery. Then taking up the various methods advocated, and after discussing them, exclaims, "but still the cry for a featureless narcosis and a safe anesthetic goes on." And why? Because of the prevalent idea that any one can give an anesthetic. He emphasized the mistake of allowing anyone who happened to be handy, and willing, to administer an anesthetic. In competent hands, he believes almost any anesthetic to be comparatively safe. As a rule he thought that anesthetics were without danger, but that in skilled hands the danger was reduced to a minimum; and he urged that more attention be given to the giving of anesthetics. Next, the doctor narrated his experience of the nitrous oxid and ether sqeuence by means of the Bennett apparatus in 450 cases. He believed this method to give the best results in skilled hands; to require the least quantitiy of the anesthetic, and to offer the best hope for a featureless and safe narcosis.

This paper was discussed by Drs. Wilhoit, O'Brien, Felty, Block, Gaines, Lindsay, Bowen, King, Magee, Binnie, Riddell, Harvey, and closed by Dr. Chamblerlain.

"Incessant Vomiting of Pregnancy" was the subject of a paper read by Dr. H. B. Felty, of Abilene, Kansas. The doctor first spoke of the different grades of this disease, but confined the greater part of his paper to the pernicious form. After reviewing the causes and probable causes, he takes up the treatment, naming a number of the more prominent remedies that have been recommended from time to time, and giving his experience in several cases in which all remedies failed, the cases going on to the

fatal end. Operation was not allowed in these cases, the friends of the patients not giving their consent. The doctor concludes that in the future he shall advise operation in pernicious cases early enough so that the patient has a fair chance of recovery, believing that it is the doctor's moral duty to sacrifice the life of the child rather than to run too great a risk of losing them both.

This paper was discussed by Drs. Harvey, Simonton, Lyman, Block, O'Brien, Lindsay, Bowen. and closed by Dr. Felty.

Dr. C. J. Simmons, of Lawrence, Kansas, next read a paper entitled "Relaxed Vaginal Oulet." This paper will be published in an early issue of the Herald.

"Mastoid Operations with Report of a Case" was the subject of a paper by Dr. R. S. Magee, of Topeka, Kansas, and the following is the author's extract: "Infection is carried from the post-nasal space or from pharynx by way of eustachian tube into the middle ear and from there into the mastoid antrum. There is not necessarily a discharge through the tympanic membrane, but usually follows in cases of long standing chronic suppuration of middle ear. The use of peroxide is apt to force pus from middle ear into the antrum. Tenderness, elicited by deep pressure over mastoid indicates antrum involved. Usually there is edema over the mastoid, frontal and occipital headache, temperature not high, from 99 to 101 degrees Fahrenheit, vertigo, nausea, and considerable pain in the region of the ear and extending up over the side of the head.

Operation:—Do not operate in acute conditions; use ice. If pain and swelling increases, and no drainage from middle ear, open the mastoid. Make incision close to the ear from the tip of mastoid up to the top of ear. Then remove external plate by use of chisel; make large free opening to give free drainage. With scoop remove broken down cells and detritus in the antrum. If possible make communication between antrum and middle ear. Pack with gauze loosely.

Report of Case.—Six weeks since ear bean troubling, and in cleaning the antrum the scoop slipped into the lateral sinus. The wound was immediately closed. Pyemic symptoms followed. Subsequently an abscess developed along jugular vein, which was drained. Patient recovered. Special attention is called to the fact that erosion of the internal plate had occurred. Early operations are indicated when involvement of the mastoid is suspected."

This paper was discussed by Drs. Alkire, Lyman, Harvey, Binnie, Bowen, Block, and closed by Dr. Magee.

After reading of the scientific papers the following were elected to membership in the society: Drs. A. D. Smith, Wamego, Kansas; W. T. McDougall, Wabaunsee, Kan.; Benjamin Brunner, Westmoreland, Kan.; Albert Cutright, Louisville, Kan.; W. J. Wilhoit, St. George, Kan.; R. D. Elmore, Chapman, Kan.; P. T. Conlan, St. Mary's Kan.

On motion of Dr. Shelley, the society tendered the Wamego fraternity a vote of thanks for the elaborate enteratainment accorded them. The Wamego fraternity deserve great credit for the excellent manner in which they entertained the society. A continuous lunch was served in such manner as to not interfere with the progress of the program. Such a feature does much toward creating a feeling of good fellowship among the members of the society, and cannot be too highly commended.

The society selected Abilene, Kansas, as the place to hold its next meeting, which will be held April 7th, 1904.

Matters of Medical Interest

MORRHUOL CREOSOTE.—Some years have elapsed since morrhuol creosote was first brought to the notice of physicians as a remedy of positive value in chronic bronchitis, incipient phthisis, bronchial asthma, as a prophylactic against colds, as well as for dispelling those intractable sequela of la grippe which are so often met with after epidemics of this disease. It is true that some physicians are averse to prescribing the active principles of cod liver oil in the form of wine, elixir or cordial, or, indeed in any liquid form and justly so, for there can be very little if any of the active constitutents of cod liver oil present in such preparations, owing to the fact that it requires strong alcohol to dissolve them when disassociated from the oil. It necessarily follows, therefore, that strong alcoholic fluids are necessary to hold them in solution, and as the liquid preparations containing more than 25 per cent of alcohol are undesirable, the commercial wines and elixirs represent only an infinitesimal quantity of the active principles of cod liver oil. Morrhuol creosote is presented in capsule form, and contains in each capsule three minims of morrhuol (the active principles of cod liver oil discovered by Chapoteaut) and one minim of pure beechwood creosote, and is sold in bottles of eighty capsules; the genuine article bearing the imprint of Rigaud & Chapoteaut, Paris, France, the originators of this preparation.

FIRWEIN (TILDEN'S) IN TUBERCULOSIS.—Much has been written in late years about sanitarium and climatic treatment for consumption and there can be no doubt of the efficacy of such treatment. Unfortunately the prevalence of tuberculosis is so widespread among the masses who are almost entirely dependent upon their own work or upon the meager income of the family for sustenance that unless the state steps in and provides free sanitaria in suitable locations it is useless to suggest this treatment for such sufferers. The toilers in our large cities affected with consumption cannot always leave their homes and shops to take up an outdoor life and unfamiliar outdoor work, much of which would be beyond their strength to perform. While it is important to impress upon these sufferers the importance of fresh air, by day and by night, and to encourage hygienic reforms which will tend to increase the resistance of the system against the ravages of the disease and to prevent its spread to the healthy, it should not be forgotten that Tilden's firwein is one of the most potent remedies for all forms of tuberculosis. The suggestion of Cavazzoni that iodine in tuberculosis acts not merely as a pulmonary antiseptic, but probably exerts an antitoxic action similar to that which, according to Brunozzi and Luccesini, it exerts in typhoid fever, goes a long way to explain the demonstrated efficacy of firwein as a remedy for consumption. Besides iodine, firwein (Tilden's) contains bromine and phosphorus held in solution by an elegant wine of fir, a product of the laboratories of the Tilden Company.

RELIABLE AND TRUSTWORTHY.—(T. R. Dice, M. D., Utica, Mo.)—Says: "Those unfortunates suffering from ailments in the genito urinary tract and nervous system are placed under many obligations to you for your excellent preparation. Especially those suffering from prostatic troubles and cystitis. Your satyria is reliable and trustworthy and will give satisfactory results when prescribed for ailments of the genito-urinary tract."

DIABETES MELLITUS.—Vail says that if not more than 25 grains of sugar are passed daily it is not necessary to resort to the severe regime so often forced upon diabetic patients. The chief point is to see to it that the patient does not lose flesh. Allouez magnesia water taken liberally will effect a reduction of 30 grains of sugar within 48 hours.

SHADOW AND SUBSTANCE.—Now that the cod liver oil season is in full swing and the large and growing demand for this article made more apparent by the great scarcity of pure oil, the profession is better able to realize the position occupied by Scott's emulsion. Every winter there is introduced at least one new cod liver oil preparation and until the following spring every inducement is made to unload it upon the public. This year has been no exception, despite the great scarcity of pure cod liver oil. It is by reason of this latter condition that the profession should be careful what it recommends and uses in the way of cod liver oil preparations that are not absolutely guaranteed. With cod liver oil selling at unheard-of prices the composition of some so-called emulsions, wines, extracts, etc., is likely to be far below the standard and comparatively worthless. It has been a great protection to the profession to know that Scott's emulsion has maintained its position as the standard emulsion of cod liver oil during this unsettled time and that its quality and purity have not been changed in the slightest particular. Its popularity has never been menaced or its usefulness superseded by any of the hundreds of imitations that have come and gone since Scott's emulsion was first offered for sale. Its success is due to the fact that it is the substance and not the shadow of cod liver oil.

ADRENALIN IN THE TREATMENT OF CARDIAC TOXEMIA IN PNEUMONIA,—The writer, Henry L. Elsner, M.D., of Syracuse, New York (*New York Medical Journal*, January 2, 1904), directs attention to the appalling mortality due to the resulting cardiac toxemia. The prime factor in this disease is atovemia with obstruction in the pulmonary circuit, leading to cardiac asthenia. Marked changes occur in the right half of the heart, with far-reaching degenerative changes in the muscle, heart clots, and vasomotor paralysis. Three remedies meet the indications presented by the circulatory changes due to paralysis of the vasomotor centers, the dilated condition of the arteries and weakened heart. These are strychnine, digitalis and suprarenal extract or adrenalin, its active principle. Adrenalin acts on the heart and blood vessels favorably; it does not act on the vasomotor center. Hence, it may be used to assist strychnine. When the vasomotor center is exhausted and blood pressure study proves the inefficiency of strychine, adrenalin may still be administered, and, in some cases which seem unpromising, when combined with the method of stimulation about to be suggested, we may carry the patient beyond the critical period to a safe recovery. Suprarenal extract, or adrenalin, has seemed to the author as a needed food in all infections where there is danger of myocardial degeneration. He reports a case of pneumonia, in a woman, the mother of five children, in whom it had been impossible to raise a continually lowering blood pressure with strychnine. The systolic blood pressure was almost immediately raised by the repeated administration at short intervals of fifteen minims of a one to one-thousand solution of adrenalin hypodermically, the patient was saved.

A REMARKABLE CURE OF A REMARKABLE CASE.—(By G. H. F. House, M,D., ex-president of the Indianapolis Board of Health, Indianapolis, Ind.)—I have just had such a remarkable cure of a case that I feel it my duty to report it. November 20th, 1903, I was called to see Mr. B., age 73 years; kidneys congested, bladder irritable; only one ounce of urine passed in thirty-six hours; both legs three times their normal size; abdomen full of water: heart action bad; difficult breathing. Tested urine, but found no albumen; urine full of pus, blood, urates and phosphates. Put him on sanmetto and digitalis; punctured the legs (and they have dripped gallons of water—thought he would die). After six days, slight improvement. Kept up treatment, and at this date, January 13, 1904, the swelling is gone and the breathing easy, urine normal, appetite good, and almost well. He is now on the eighth bottle of sanmetto. It is the most remarkable recovery I have had in twenty-seven years' experience, and I am compelled to give sanmetto the praise. It is a grand medicine.

SUPPURATING APPENDICITIS OPENING INTO THE BLADDER.—(By Dr. Enrique Fortun, Surgeon of Hospital No. 1, Havana.)—Juan G., a Spanish merchant, 37 years old, with evident syphilitic antecedents, began to suffer about two months ago with acute pains in the right iliac pit, while a tumefaction was observed in that region. He became an inmate of a clinic of this city, where his case was diagnosed as malignant neoplasm. After remaining about 20 days in said clinic, the patient decided to leave for Spain; in the meantime, he stopped at a hotel here. While there he was taken with violent fever and ague, with a temperature of about 41 degrees C., and the first micturition following this attack did show the presence of a great quantity of pus. Dr. Parra, who was attending the patient, did me the honor to ask me to assist him. I called on him the night after the evacuation of pus had occurred. The first symptom to which my attention was called upon examination was the dimension and hardness of the liver, with swellings, the massiveness of which continued uninterruptedly in connection with the massiveness of the iliac pit,in which region (the right iliac pit) an accentuated muscular resistance was observed, though that region instead of being swollen presented a depression, at the bottom of which the rim of the hepatic gland could be felt by the hand. The temperature was 38 degrees, the pulse beat between 80 and 90, and the general condition of the patient was rather satisfactory. The diagnosis offered no doubt in our opinion: suppurating appendicitis with evacuation into the bladder (the urine which was shown to us was extremely fetid and mingled, and it did contain a large quantity of pus) and syphilitic cirrhoses of the liver. We advised the patient to consent to be operated upon, which he did. On the following day an incision of about seven centimeters was made into the middle of the depression observed in the iliac pit. We rapidly reached a perfectly defined cavity,which contained a little pus mixed with mucosities. We washed out the cavity with hydrozone and plugged it with iodoform gauze. On the following day, when we dressed the wound, upon careful examination of the cavity, we did not find any connection with the bladder, but we could extract the appendix which was affected by feces. A complete cure was accomplished in a month, and during that time the liver decreased considerably in volume. Since the third day of the operation antisyphilitic treatment was followed. The communication between the cavity of the abscess and the bladder healed after 12 days of treatment.—*Revista Medica Cubana.*

Hot Springs.—Park Hotel. American and European. Special rates. J. R. Hayes, lessee and manager. J. C. Walker, associate manager.
Hotel Eastman.—L. T. Hay, manager.
Arlington Hotel.—L. T. Hay, manager.
Ozark Sanitarium.—Drs. Holland and Laws.
Health and pleasure resort, situated in Ozarks, under control of U. S. Government. Valuable hot springs, winter resort.

INDIANA.

French Lick Springs. French Lick Springs Hotel. Sulphated-alkaline waters. Baths. Open all year. $3 to $5. Special. Thos. Taggart, president.

KANSAS.

Kansas City.—Grandview Sanitarium. For mental and nervous diseases and drug habits. S. S. Glasscock, M. D., 534 Minnesota Ave., Kansas City, Kas.

LOUISIANA.

New Orleans. Although New Orleans is not usually classed as a health resort, yet no one who contemplates a trip to the Southland should miss spending a few days in this quaint old city, if able to do so. New Orleans has been called the "Nice of America," the soft climate ranging from 30 to 60 degrees F: throughout the winter, and rarely exceeding 90 in the summer. As a winter resort it combines all of the happy characteristics of Florida, Mexico and California. A trip to New Orleans would be incomplete without making reservation of rooms at the elegant hostelry, the New St. Charles, which is one of America's finest hotels. This house is the pride of the Crescent City, and a new twelve-story Annex has just been completed, giving it over 500 rooms and accommodation for 1500 patrons The manager, Mr. Andrew R. Blakely, and his son, Mr. Russell Blakely, the assistant manager, are among the best-known hotel men in America.

MICHIGAN.

Alma Alma Springs Sanitarium.—Fine climate, pure water, mineral springs, baths. Geo. F. Butler, M. D., Medical Superintendent.
Battle Creek. Phelps Sanitarium.—Brick building, equipped with all modern appliances for medical and surgical treatment. Rates on application.
Battle Creek Sanitarium —J. H. Kellogg, M. D., Superintendent.

MISSISSIPPI.

Biloxi Sanitorium.—A regular institution, located on the Mexican Gulf, where the health-giving breezes come softly up from the Southern sea. Especially established for the care of convalescents from grippe, pneumonia and the fevers. The climate is particularly conducive to good results in asthma, bronchitis, insomnia, and neurasthania, as patients may remain in the open air almost the entire time. Fine artesian water. Tubercular patients not received. H. M. Folkes, M. D., president.
Biloxi. Hotel de Montross.—Gulf coast, climate. $2.50 up. Special. H. F. Sawford.
Pass Christian. Mexican Gulf Hotel. Gulf coast, winter resort. Climate, sea air, pine forests. Rates, special. E. F. Carroll.
The water at this resort is worthy of notice, and we submit herewith an analysis by Prof. Vaughan of Ann Arbor.

Chemical Analysis. Parts per Million.

Total residue obtained by evaporation at 110 deg. C.	290
Residue after ignition, or inorganic matter in residue	220
Organic residue, or loss on ignition	70
Amount of earthy bases, calculated as oxides	
Amount of chlorine, calculated as sodium chloride	10
Amount of sulphates, calculated as S. O. 3	Traces

Parts of potassium permagnate reduced by the organic matter in the water	
Amount of free ammonia	0.20
Amount of albuminoid ammonia	0.70
Amount of nitrates, calculated N_2O_5	Traces
Amount of nitrates, calculated at N_2O_3	None

MISSOURI.

Excelsior Springs.—Hotel Royal. $2.00 and $2.50 per day. Weekly special. L. G. Hill.

The Maples. $2.00 per day; we k, from $12.50 up. Coppinger & Prather. C. M. & St. P. and Wabash R. R.'s, 25 miles from Kansas City. Valuable mineral waters, including the "Regent" and "Sulpho-Saline."

Hotel Newton. $2.50 up.

Kansas City.—Dr. Burnett's Private Home for Nervous Patients and Selected Inebriates. 425 Rialto Building.

Dr. Punton's Private Home for Nervous and Mental Diseases. 3001 Lydia Ave.

NEW MEXICO.

Ojo Caliente. Ojo Caliente Hotel.—Thermal waters. Climate. $2.50 up. Special.

NEW YORK.

Saratoga Springs. Dr. Strong's. The Saratoga Springs Sanitarium.—All forms of baths. Saline waters. $17.50 to $35.00 per week.

NORTH CAROLINA.

Asheville. Victoria Inn.—Climate, all year. "Land of the Sky." Rates, special. Mrs. A. D. Martin.

SOUTHERN PINES. "Pineshire"—Sanitarium for Tuberculous Patients Louis F. High, M. D.

Waynesville. Haywood White Sulphur Springs Hotel and Annex.—Sulphuretted waters. Excellent hotel. Opens June 24. Special rates. Branch & Young.

PENNSYLVANIA.

Bedford. Bedford Springs Hotel. Mineral springs. All out-door recreations. Summer. Rates, special. H. E. Bemis, manager.

TENNESSEE.

Lookout Mountain. Lookout Inn. Historical. Climatic, elevation, 2,300 feet. Mineral waters. Excellent hotel accommodations. Average temperature, February, March and April, 59 degrees; June, July, August, and September, 74 deg.

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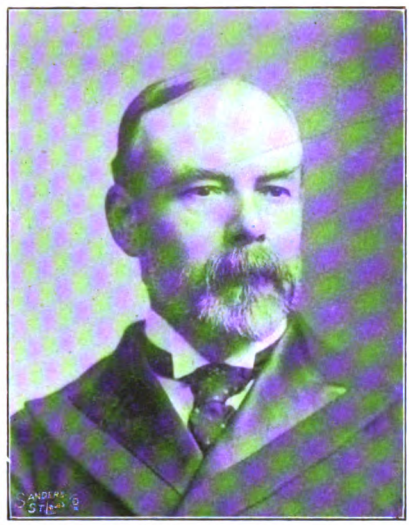
TWENTY-THIRD YEAR

MR. HOWARD MARSH, F. R. C. S.
Professor of Surgery, Cambridge University, England.



THE Medical Herald.

LEADING TOPICS FOR APRIL..

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The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley.
Sioux Valley Medical Society

ST. JOSEPH, MO., APRIL, 1904.

Official Transactions

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PAPERS READ AT THE ANNUAL MEETING, SEPTEMBER FOURTEENTH, OMAHA, NEB.

CLINIC.

F. E. Coulter, M. D., Omaha.

ALMOST every practitioner of medicine at some time in his career believes all that he has to do in order to make a diagnosis is to be able to separate his cases into already well-established classes corresponding to certain types with which he has become familiar during his student days. He believes it is a sorting-out process, and that they all belong in some of the aforesaid groups. This is a great mistake for the classical, clear-cut, well-defined cases are the exception instead of the rule. The case I bring before you this afternoon seems to me a good example of the point in question. The history has been obtained from an uncle and aunt as well as from the patient himself, and the physical con-

dition was first observed by me at an examination made August 9, 1903, and has not materially altered since that date.

History.—This boy is eleven years of age, nationality United States; his complaint is inability to use the legs, and imperfect use of right arm, and weak back. The duration has been since July 15, 1902, and the onset was rapid.

Family.—The father is living and is 38 years of age and in good health at this time. His mother died at the age of 31 years of multiple cancers; no brother or sister. Careful interrogation shows no tubercular, cancer, or nervous taint and no insanity is to be found in the family.

Past.—Full term child, normal labor, mother sick only four or five hours. Developed and grew well, no teething fits or convulsions. Whooping-cough and measles during early childhood. About two years ago was struck in center of forehead by a base-ball; was not unconscious and continued game. No other trauma. Has headache, sometimes once a week, and sometimes several a week, gets pale; may last one hour and may last two or three hours, seems to come when excited. Temperate always, no tobacco, alcohol, tea or coffee. Nothing else of importance in the previous history.

Present History.—July 11th, 1902, took a run to a neighbor's over a mile away and became much over-heated, and immediately upon return started on a fishing trip. July 14th, 1902, returned from fishing trip of three days duration, complained of pain in legs, had been exposed considerably, in water to waist during this time (three days). On the 15th could walk with assistance, but would fall, legs pained severely. On July 16th went to bed and was unable to walk after that time up to the present. On the 17th was conscious, but unable to move any part of body excepting head, then became unconscious and remained in that condition four days, the last of the four talked in a muttering way, then improved so could talk all right, was not delirious. No convulsions or vomiting at any time. Then began to improve and was able to move left arm, then the right arm, movement in legs least of all, at no time has he been able to stand. Limbs have wasted somewhat. No mental alterations have been noted. Legs and feet sweat considerable, also bad odor is noted over lower portions of body. Bed sores developed soon after onset of trouble across the lower back and ankles, were present about two months. About one week after onset described became very tender all over body and was quite painful when touched; just before he had been numb to touch and pain. General health at present good, weight good for age; weight has been increasing rapidly past six or eight months. Sphincters were not involved at any time.

On Examination.—We find a lad of light complexion and fairly well-developed for his age, as you see, his weight is about 100 lbs.

Nutrition is found good in general, but in some portions of body deficient. The expression is cheerful and the speech is normal and he sleeps good.

Mental Condition.—Intelligence is good, also attention and memory, as for the emotion he laughs considerably, and is bright and cheerful.

Special Senses.—The smell, taste, and hearing are all good, as is also sight, acuatively not tested accurately, but the fields are not contracted to rough test.

Cranial Nerves.—The pupils are equal and react normal to light and accommodation, there is no strabismus, ptosis or nystagmus present, but slight nystagmoid movements are noted mostly to the left. The fifth cranial nerve is good, both motor and sensory portions. The seventh, as represented in the upper and lower face is found quite normal. The ninth and tenth are normal in all particulars. The twelfth shows the tongue median and steady.

Sensory.—Subjectively he complains of no pain or parasthesia in any area. Objectively all tests show pain and touch to be normal in all regions.

Motor.—Most of the muscles supplied by the spinal nerves are weakened to a greater or less extent, those of the lower extremities more than the upper. No complete atrophy in any group, but where muscles are weakest there they are more soft and flabby.

Neck muscles seem least affected, power and range about normal. Of the extremities the left upper is least affected, range being normal throughout, but power is lessened for amount of development present.

Right Upper.—Deltoid is almost gone, but arm, forearm and hand muscles very fair, but impaired, range at shoulder and elbow much limited.

Trunk, both anterior and posterior, markedly weakened, unequally on the two sides posteriorly, and this results in a lateral curve to right when in the sitting poistion.

Lower extremities are both much impaired in power and range, the right more than the left. Slight extension and flexion, adduction and abduction at thigh, very slight flexion and extension at knees, but more at ankles, eversion and inversion absent in these joints, fair movements in toes. A contraction is noted of right knee so that full extension is prevented by from 10 to 15 degrees. Upon voluntary effort can move many groups of muscles, but because of lack of use, range is much impaired. No tremor noted.

Reflexes.—All organic reflexes including the bladder and rectum are normal. The superficial shows both right and left, epigastric and cremasteric to be normal. The planter is querry flexior right and extensor left. The deep which includes the supinator and biceps is present right, also left, but diminished. The knee jerk is absent both right and left, as is also the ankle jerk and ankle colonus is not present.

Viscera.—Cranium is found to be normal and the spinal column is found laterally curved to right, mid dorsal region, when sitting up, otherwise normal. Heart is also normal. The kidneys, reproductive organs and all other organs are found to be normal. As to the gait he is unable

to stand, even when assisted, as the limbs fail to support the weight of the body. Hidrosis is marked lower half of body, and also the palms and soles are moist, sodden and cold.

Resume.—We have here then a boy of 11 years of age presenting an unimportant family and personal history. He has suffered an acute illness, quite rapid in onset, following exposure and over-exertion, he became unconscious for a time, but had no convulsions, he developed bed sores; the sphincters were not involved; there was marked sensory and motor disturbance, the former transcient and of short duration, the latter has remained more or less permanent, with marked atrophy in certain regions; the reaction of degeneration is found present in certain spinal nerves and muscles they supply; the cranial nerves and muscles, however, have escaped; the deep reflexes are diminished or absent; the course of this disease has not been progressive, or but to a very slight extent, not more than can be accounted for by disuse.

Now, what form of disease of the cord have we here to deal with that will coincide with this history? May this not be a case of cerebral palsy of childhood. Cerebral palsy of childhood is a disease involving the upper neuron, when the upper neutron is affected we have to do with, spasticity active or increased reflexes but slight atrophy, no R. D. often mobile spasm, none of which is present in this case, hence we would conclude that this was not the character of the difficulty present.

May this not be a case belonging to the group of trouble known as the myopathies, those diseases in which the pathology is found outside of the nervous system, and not in the cord, as was formerly supposed. In this class of trouble the onset is slow, the course is progressive, and we find in the more common representative of the group evidence of pseudo-hypertrophy none of which is found in this instance, hence we must conclude that the myopathies are out of court.

Might this not be a case of multiple neuritis? In this condition the onset and course do not correspond to that of the case under consideration, as it is not so rapid, and commences in distal segments of the extremities, bed sores do not usually develop in this disease; we have tenderness over the nerve trunks and in the muscles, group atrophies, especially of the shoulder girdle or back mucsles is not pronounced, as in the case under consideration.

Gowers has well pointed out that in all cases of acute anterior poly-omyelitis there is present a myelitis of a greater or less extent at the onset of the trouble. This truth we believe is most beautifully illustrated in the case before us, the myelitis was very extensive involving to some extent the entire cord, it, however, was not very intense in degree, and after a few weeks past away, all elements in the cord clearing up, excepting the anterior horn cells. These were left as a relic of the conflict, and the subsequent history of the case shows that they were early pronouncedly involved, more especially the upper right and both lower group of cells found in the cervical and lumbar enlargements, resulting in muscular nutritional alterations. We can reasonably conclude this

to have been the condition because at the onset we had to deal with motor, sensory and trophic alterations of a very acute character and extensive distribution, later the sensory disturbances as well as the trophic, so far as bed sores are concerned, have cleared up and we only have remaining the motor disturbance characteristic of a diseased condition of the anterior horn cell, which condition is evidenced by the muscular atrophy, diminished reflexes, flaccid paralysis, the stationary condition of the trouble, the reaction of degeneration, all of which are found present.

SOME UNUSUAL ACCIDENTS TO THE EYE.

H. Gifford, M. D., Omaha, Neb.

EVERY man in active practice sees, in the course of years, a number of unusual cases, each standing out sharply by itself, entirely different from anything else that he has seen or read of. The natural tendency, if he is conservative, is to wait before making any report, for the occurrence of other similar cases; but as years roll by it becomes desirable from time to time for each man to clear his docket of these cases, so that others may get the benefit of his experience.

CASE I.—Grain of wild rice in upper conjunctival cul-de-sac for three months.—J. W., a professional man of 40 years, came to me on account of a left-sided conjunctivitis of some three months duration. For a month or more he had been treated for trachoma by a specialist, without improvement. The right eye was normal. The left eye showed a reddened conjunctiva with moderate discharge, and a number of large granulations in the outer half of the upper retro-tarsal fold. It was evident that the case was not an ordinary one of trachoma, but no positive diagnosis was made until the man's second visit, when after everting the upper lid and pressing the eye-ball as far back into the orbit as possible, the retro-tarsal fold was made to bulge out to nearly its full extent, and this brought into view a grain of wild rice, which previous efforts had failed to disclose. This was removed, the granulations snipped off, and a prompt recovery followed. On seeing the seed, the patient recalled getting something into his eye while duck hunting some months before, but as a barber to whom he applied said he had removed it, and he had no trouble for a week or two later, he had forgotten about it.

CASE II—Piece of Cloth in Upper Cul-de-sac for Six Weeks.—A man of about 20 years tried to split a log with powder. A premature explosion filled his face with powder and injured both eyes. When seen by

me a week or so later both eyes were both badly inflamed from powder wounds of the cornea, and the left had a traumatic cataract with poor light projection. A careful inspection of the conjunctival sacs failed to reveal any foreign body, but the continuance of an unusual amount of discharge from the left eye made me suspect something of the kind, so that I inspected the folds with extra care every few days, and in addition, every corner where it seemed possible there could be a bit of uneverted membrane was felt over with a probe, but nothing was discovered for six weeks. It was then decided, on account of the rebellious intra-ocular inflammation and the certainty that no sight could be restored, to eviscerate the eye, and while under the influence of chloroform, the everted upper lid was pulled forcibly up with strong forceps, and this revealed a bit of cloth about the size of a No. 4 shot wedged in the inner angle of the cul-de-sac. The patient accounted for this later by explaining that he had plugged the hole in the log with some old cloth. If this fact had been brought out in the first history taken from the patient. I should have placed less reliance on the probe in the exploration of the sac, but as I expected to find either wood or stone I felt sure that nothing of the kind could escape detection by the probe in the shallow pockets which remained after thoroughly everting the upper lid; while the cloth, of course, was easily passed over.

Case III.—Bullet Lodged in the Upper Cul-de-sac.—A boy 5 years of age was brought to me with the story that an hour or so previously he had been shot in the right eye with an air-gun. Inspection showed a subconjunctival hemorrhage above the cornea, but eversion of the upper lid showed no further abnormality. However, on turning the lid back into place palpation revealed the presence of a bullet under the upper lid, which disappeared when the lid was again everted. Unusually firm pressure was then made on the globe, whereupon a buckshot popped out and the patient had no further trouble. This bullet had evidently distended the upper cul-de-sac so as to be out of sight upon an ordinary eversion; and when the lid was everted the shot was concealed from touch also, by the stiff tarsus.

These cases emphasize the fact, first, so far as I know, systematically taught by Hotz, that for a thorough inspection of the retro-tarsal folds it is necessary, after everting the lids, to push back the globe so as to dislocate the soft tissues of the orbit forward, and thus bring the recesses of the sac into view. Case III, however, shows that even this does not suffice in some cases, and indicates that where continued symptoms suggest the presence of a foreign body, not otherwise discoverable, the folds should be spread out fully by the use of forceps, under a general anesthetic if necessary, although with the proper use of cocaine this will seldom be required except with children.

Case IV.—Glancing Shot Wound of the Eye Simulating Penetration.—A boy of 14 came to me stating that while riding along the road some one had fired a gun and a shot had struck him in the right eye. Examination showed a wound of the conjunctiva at the outer limbus, a small hole in a corresponding point in the periphery of the iris, with considerable

blood in the anterior chamber and some opacities in the vitreous. The vision was fully 20-50, but in spite of this the evidence of a perforating wound by a shot seemed so clear that a doubtful prognosis was given. The next day, however, after rest and atropine, the eye seemed so much improved and so good a view of the fundus could be obtained with negative results that I began to question the accuracy of my diagnosis and, after a more careful inspection of the wound of the limbus, decided that it was probably not penetrating and that the hole in the iris corresponding to it was the result not of a perforation, but was a tear due to an external shock, such as one occasionally sees. This view was confirmed by a rapid restoration to normal vision and the absence of any subsequent trouble. In trying to explain the occurrence of such a wound I found that the shot-gun had been fired by a man some distance behind the boy, and one of the shot had rebounded from a tree at the side of the road so as to cause the unusual glancing wound. To further illustrate the unexpected course which glancing shot and bullets will sometimes take I will briefly mention two other cases. The patient in one of these was a boy who was standing on the bank of a frozen creek when another boy a few feet from him on the same side of the creek fired a shotgun at a rabbit sitting on the ice. One of the shot rebounded so as to cause a double perforation of the boy's left eye with total loss of sight. In another case, a boy walking along the highway was struck by a bullet which a boy lying at the side of the road some 200 yards away had fired at a can on a roadside post. The bullet ranging up struck a telegraph wire and was deflected at so acute an angle as to make a double perforation in the upper lid of the other boy's right eye; the bullet apparently passing through the lid and out again, making two holes, one immediately below the eyebrow, the other a quarter of an inch below, the eyeball not being perforated, but sustaining such a shock that the sight was entirely lost from detachment of the retina and vitreous hemorrhage.

Case V.—Bullet in the Orbit with Insignificant External Wound.—The sheriff of a western county came to me, stating that the day before, while standing at the depot, his right eye had been wounded by a pistol shot fired from the end of a departing train. At my first examination I discovered no trace of an external wound. The eye looked normal externally and the fundus was normal, but the sight was reduced to the mere perception of light, and an X-ray photograph showed the presence of a bullet near the posterior end of the orbit. A slight abrasion of the skin near the margin of the inner angle of the lower lid led me to examine the neighboring conjunctiva with extra care, and extreme rotation of the globe upward showed that the conjunctival fornix in this neighborhood had been perforated, although the evidence of it was so slight as to escape my first investigation. Further talk with the patient made it probable that the wound was an accidental one having been fired by one of a party of roysterers on the rear platform of the car, the intention having probably been to shoot into the air, but the bullet had struck the projecting roof of the car and glanced down so as to pass between the patient's lower lid and the

eyeball with an incredibly slight external traumatism. Cases are tolerably common where other foreign bodies, such as the ends of umbrellas, fencing foils and knife blades have been broken off in the orbit and remained unsuspected for many months, the soft character of the orbital contents accommodating such intruders with very little reaction, but I have not come across the report of a bullet wound of this character with such insignificant external signs. From the size of the X-ray shadow, this bullet probably was from a 32 or 38 caliber. No attempt was made to remove it, and no complaint has been heard from the patient, although the accident occurred more than two years ago.

CASE VI.—Serious Injury to the Cornea from Lodgment of a Corn Hull.—Nearly every oculist sees several cases a year in which seed caps of one kind or another have lodged near the margin of the cornea and have been mistaken and treated for ulcers. These are easily dislodged and the losses of substance which they cause almost always heal promptly without injury to the sight. The following case is exceptional, both in the nature of the foreign body and the extent of the injury which it caused. The patient was a girl of about 4 years of age who, when brought to me, had had an inflamed eye for two or three weeks. The lower third of the left cornea was occupied by an opacity an eighth of an inch in diameter, with a smooth shining surface surrounded by deep-seated infiltration and ulceration reaching well up into the center of the cornea. Under chloroform this central piece proved to be a portion of the outside hull of an Indian corn grain which had adhered to the surface of the cornea and caused it to melt away as snow does under fleck of soot, so that after its removal a deep and extensive ulcer was left which, although it healed promptly, will cause a permanent opacity and some impairment of sight. This case is unique in my experience. The smaller seed caps which are so commonly seen, apparently are, on account of their sharper curvature, always rubbed away from the central portions of the cornea by the action of the lids, so that they lodge at the limbus or near the margin where they do comparatively little harm. The corn hull, however, has a curvature so much nearer that of the cornea, that if allowed to rest upon the latter for an instant it must adhere much more readily, and when we consider the number of corn hulls which are flying about the country towns of Iowa and Nebraska, the only wonder is that such accidents are so uncommon.

GOD KEEP YOU.

God keep you, dearest, all this lonely night;
The winds are still,
The moon drops down behind the Western hill;
God keep you safely, dearest, till the light.
God keep you then, when slumber melts away,
And care and strife
Take up new arms to fret our waking life,
God keep you through the battle of the day.
God keep you. Nay, beloved soul, how vain,
How poor is prayer!
I can but say again, and yet again,
God keep you every time and everywhere.

—Madeline Bridges.

Contributed Articles

ANATOMICAL AND CLINICAL STUDY OF TWO HUNDRED POST-MORTEM SPECIMENS OF PROSTATIC HYPERTROPHY—PRELIMINARY REPORT.

Wiley Broome, M. D., St. Louis, Mo.

"If any man is able to convince me that I do not think and act right, I will gladly change, for I seek the truth by which no man was ever injured, but he is injured who abides in his error and ignorance."—ANTONINUS.

THE surgical evolution through which we are passing in regard to the prostate is, it would appear, about completed, if judgment is to be based wholly upon opinions expressed by recently published views on the subject, for we are led to think that prostatectomy for the cure of urinary obstruction only needs a little modification in its minor details and technique to establish the procedure as the operation of the future for these cases. Indeed, Dr. Moore, of Minneapolis, only recently stated that it was destined to be one of the greatest boons modern surgery had to offer suffering mankind.

The consensus of opinion among recent writers covering the present status of urinary obstruction is fairly expressed by Ferguson in the following conclusion:

"The present status of the indication for an operation is that unless the urinary flow is interfered with and is not overcome by massage of the prostate and treatment of the deep urethra, then some one of the radical operations ought to be done. The present status of the incision, I think, resolves itself into the median incision as the proper one. The Y-shaped incision is being discarded. The median incision does not tear the folds of the perineum or injure the perineal artery, and there is not as much hemorrhage. It is the incision of the expert. The present status of the removal of the whole prostate is that we can remove the whole prostate through the perineum with less risk than we can suprapubically. In the vast majority of cases you can enucleate the prostate with the finger. When the bladder had been attacked by repeated inflammations it must be removed piecemeal. The present status of dealing with the prostatic urethra is that we can remove the posterior prostatic urethra, and some have reported removing the entire prostatic urethra, without stricture. The present status of the perineal operation is that there are today about 200 cases reported with less than 5 per cent mortality."

The trend of the surgery of the day is towards this conclusion, and we may safely assure ourselves that we are now well within the era of routine prostatectomy for the treatment of quite all of the forms of urinary obstruction just as we were a few years ago in the era of suprapubic prostatectomy, prostatomy, etc.; later castration and vassectomy and now perineal prostatectomy. The authors of those days were just as enthusiastic over the good results from suprapubic prostatectomy, and one would have but little trouble in finding in the pages of the medical journals of those days expressions similar to those of Dr. Moore upon the prompt and happy effects of castration, and that the procedure then was proving one

of the "greatest boons surgery had to offer suffering mankind." Many of the most distinguished surgeons of America have recently published contributions covering results of their clinical observation and practical experience in perineal prostatectomy; and it is only necessary to mention the names of Senn, Guiteras, Syms, Ochsner, Parke, Young, Bryson, Ferguson, Murphy, Deaver, and other equally well-known American authors, to show with what authority the era of routine prostatectomy has been established in this country as the adopted plan of treating this disease. There is no difference of opinion in this regard shown by these contributors, and no marked difference in the enthusiasm manifested, whether it be considered premature or otherwise, all agreeing as to the status of the indications for a total perineal prostatectomy. In corroboration of this statement I may add the conclusions reached by Murphy to those cited above as coming from Ferguson.

"It appears evident that in the hands of safe, far-seeing, informed practitioners few cases will now be allowed to progress to an extreme condition before radical means are resorted to for permanent relief. The practice of today should be timely practice. The continued use of the catheter is a menace to life, not to mention the discomfort. No matter how favorable the conditions for its performance, the patients always suffer sooner or later from cystitis and its sequelae.

"Prostatectomy gives a better result and is fraught with very little more danger than prostatectomy. Suprapubic prostatectomy should be limited to exceptional cases of enormous intervesicular enlargement of the prostate. It appears to us to endanger the sphincteric control more than the perineal operation. It is more sanguinary and the work is more difficult and distant from the operator. The perineal operation is a more direct and less bloody route. It gives greater security against injury to the bladder wall and less liability to disturbance of the internal sphincter.

"The prostate is drawn out easily with sharp hook retractors and best separated from the bladder from behind forward, i. e., through a small incision. It should always be an inter-capsular enucleation en masse, allowing the anterior isthmus to remain."

The indications for perineal prostatectomy as given by this author are:

"First. Prostatic enlargement to a pathologic degree, i.e., sufficient to prevent urination, or cause much pressure.

Second. Painful and frequent urination.

Third. Cure for catheteral life.

Fourth. Cure for secondary cystitis.

Fifth. For the relief of pressure on the rectum.

Sixth. It ought to be the operation of election, if the patient is in condition to stand the operation and local conditions are favorable. The operation should not be considered as a last resort."

In his enthusiasm over the possibilities of perineal prostatectomy, this author is led to brush aside the pioneer work of Sir Henry Thomson with the following brief reference:

"Even so modern a man as Sir Henry Thomson said that he did not believe it was possible to operate on a case of enlarged prostate, and have a result that would permit the patient to discontinue his use of the catheter and still be able to empty his bladder and retain his urine. Now we know that these results are of daily occurrence."

I think it may be found that quite sixty years have elapsed since Sir Henry Thomson pronounced the dictum that a "confirmed atony of the bladder consequent upon prostatic enlargement is incurable even by the removal of the prostate gland," and I shall later on show you proofs amply sufficient to verify the correctness of Sir Henry's views in this regard. Thomson advocated drainage in these cases and was contented with this safer and more simple means of relief, and I believe that when the profession of the present time can see the real conditions in urinary obstruction in the same light as did Sir Henry, it will realize that his views were not far from being the correct ones, and that there is still a boon left to suffering mankind without the aid of a desperate surgical possibility.

It is a fact that I must emphasize at this point that all these who are advocating prostatectomy agree that the hypertrophied prostate is about the sole cause for all the patient's trouble, that there is a general concord among writers that in all the cases of hypertrophy of the prostate with symptoms of difficult micturition, the hypertrophy is the cause of either the painful, frequent or difficult micturition. All agree that if the patient's general condition will admit of it, a perineal prostatectomy offers the best and safest means of relief. All agree that perineal prostatectomy is the proper method of procedure for the cure of these cases, and it is always indicated in cases with marked symptoms of urinary obstruction. All agree that in skilled hands familiar with the improved technique, the prostate may be enucleated easily and in a few minutes time.

A notable exception to this unanimity of opinion may, however, be inferred from the writings of Dr. Senn. This author, while admitting the perineal route has been given an extended trial and a very large experience appears to have decided in its favor, at the same time, with characteristic discriminating judgment and deliberation, sounds a warning to the more enthusiastic advocates of the routine operation of perineal prostatectomy in no uncertain tones, for he says:

"In regard to the indications for prostatectomy history will repeat itself. Every new surgical procedure had had its enthusiastic advocates who championed extreme views, and who would recognize no exceptions, and who followed the routine practice. I will refer only to a few operations of recent date that have had such a history. It is not long since thousands of ovaries were sacrificed under the belief that the anticipated climacteric period would correct all kinds of obscure nervous affections until sad experience proved the contrary. It is impossible to estimate the number of healthy appendices that have been removed by surgeons who rely on pain in the right iliac region as conclusive evidence of a digressed veriform appendix and resort to the knife as the only remedy. Castration for enlarged prostate has unsexed hundreds of men without yielding them

an equivalent of the loss sustained. In gall-bladder there are now but few extremists who believe that it should be dealt within the same radical manner as the appendix when it is said to be diseased. Instances could be multiplied, but the early history of the operations mentioned will suffice to show that new operations are very likely to be abused when first placed on trial and prostatectomy cannot escape the same fate."

"It is impossible at the present time, so early in the history of this operation, to formulate the exact indications. The size of the prostate is no criterion to go by in deciding on the propriety or necessity for an operation, as a large prostate may cause less disturbance of the functions of the bladder than one moderately enlarged.

Systematic aseptic catheterization will not be displaced entirely by prostatectomy in the future as it has been in the past."

In referring to the trend of the surgery of the prostate, as it is seen by the readers of the medical journals of the present day, a fair idea of the scope of the work embraced in what may be termed the furor operativus in regard to the prostate, I shall quote the only question relative to any phase of the subject outside of the operative field, as it is asked and answered in a little book recently published, the title of which is "Prostatic Hypertrophy from every Surgical Standpoint." This quotation is made for the further purpose of showing the diversity of opinion and confusion worse confounded on one single point which exists in the minds of those who are advocating prostatectomy. Of the fourteen questions asked, in the book just referred to, the one to which I refer is formulated as follows:

"Question No. 3. In brief, "What is the etiology of prostatic hypertrophy?"

Wyeth, of New York, states that "it is due to prolonged irritation of the bladder from any cause, together with irritation of the vesicular system which is produced by a chronic uric acid and oxalic acid diathesis and excessive use of the prostate muscle."

Senn says, 'Antecedent urethral disease, venereal excess and anything causing pelvic congestion."

Lewis, of St. Louis, "Sub-acute chronic congestion or inflammation."

Murphy, of Chicago, "I am unable to determine from my experience any etiologic factor in the production of prostatic hypertrophy. I believe those given in the text-books are erroneous and the result rather of the imagination than a close observance of facts."

Horwitz, of Philadelphia, "Not ascertained."

McGowan, of California, "All prostates that I have removed upon examination presented microscopical evidence of inflammation, but whether the inflammation has been the cause of the hypertrophy, or an accident arising out of the strains and injuries to the distended and dilated blood vessels by fecal accumulations, catheter, or sexual excitement it is impossible to say.

Cassignac, of New Orleans, "I am an agnostic on this point."

Morton, of Brooklyn, no answer.

Howard Lilienthal, of New York, "fibroma and fibro-myoma within the capsule."

Ferguson, of Chicago, "Infection engrafted on hyperemia or traumatism. In all my cases the tissues were inflammatory in character."

Fuller, of New York, "I don't know further than that certain races seem to be exempt, for instance, the Chinese and Japanese. I have seen but one case in a full-blooded negro."

Eastman, of Indianapolis, "In the course of microscopical studies of the prostate prosecuted for the purpose of determining the origin of 'corpora amylacae,' I have repeatedly noticed in glands only very slightly hypertrophied, tissue changes of inflammation, as described by Green and Cienchanowski. I am of the opinion that inflammation bears an important relation to prostatic hypertrophy."

Christian, of Philadelphia, "I am inclined at present to believe that the overgrowth of normal glandular muscular elements of the prostate gland constituting the hypertrophy is first of all congestive, and secondarily inflammatory in character."

Morris, of New York, "Presumably a simple degenerative change similar to that which occurs in the uterus."

Ricketts, of Indianapolis, "Don't know."

Valentine, of New York, "I have not formed an opinion on this question."

Andrews, of Chicago, "It is only conjectural. It seems to me that vigorous men are the most frequent victims, but I have no scientific proof that sexual excess is the cause."

Spencer, of London, "Nil."

Greene, of New York, "It is the result of chronic inflammation causing the formation of connective tissue which blocks up the mouths of the acini causing them to dilate, pseudo adenoma; or the increase in the connective tissue takes place between the acini causing atrophy of the prostate by compressing them or, if considerable in quantity, causing fibrous prostate. It generally commences as a posterior chronic urethritis from whatever cause."

Wishard, of Indianapolis, "I don't know."

Halstead, of Chicago, "I can formulate no rule regarding the etiology. In a few comparatively young men in whom I have seen hypertrophy I have reason to believe that chronic prostatitis was of etiologic moment. I do not believe that venereal excess nor venereal diseases as a rule have much influence in producing this condition. The etiology I consider is that of new growths, the cause of which is yet unknown."

McGuire, of Richmond, "I have no theory or explanation of the etiology of the disease."

Dandridge, of Cincinnati, "Quien sabe?"

Ochsner, of Chicago, "Age, recurrent infections, constipation, habitual neglect of the function of the bladder, habitual sexual excess seem the most usual points in the history."

McDonald, of California, "Alcohol, gonorrheal cystitis and inflammation of the prostate in middle life, the prostate never having properly recovered; or any condition which causes congestion of the vesical prostatic plexus of the fundus, as excessive masturbation, toying with females

without proper emission, and liver conditions which cause the hemorrhoidal veins to become varicose.'

Glenn, of Nashville, "It is unknown to me, but I believe masurbation in youth and excessive sexual indulgence in later life to be the chief causes."

Dowd, of Buffalo, "The first seed of prostatic hypertrophy is sown in youth, developing insidiously until a true pathologic condition is reached."

Mayo, of Rochester, no answer.

Otis, of New York, "I don't know."

Martin, of Philadelphia, "Probably chronic tubercular prostatitis, but I don't know."

Hays, of Milwaukee, "I don't know."

Guiterras, of New York, "I don't know."

Vecchi, of San Francisco, "All my cases were connected with previous inflammation of the urethra and bladder due to some infectious disease and to abuse of coition."

Park, of Buffalo, no answer.

Beck, of, New York, "This is too hard a question for a busy practitioner. It is probably a general tendency to sclerosis due to sedentary habits."

Geiger, of St. Joseph, "Gonorrhea and sexual excesses."

Smith, of Portland, no answer.

Mark, of Kansas City, "My studies in this field have led me to the belief that prostatic hypertrophy is the result of a chronic inflammatory process producing new connective tissue formation. The etiologic agent is usually the gonococcus."

Jones, Portland, Ore., "Any conditions favoring chronic congestion."

Phillips, of St. Louis, "Undecided."

As stated above, I have referred to the question for the purpose of showing that the profession is absolutely devoid of any consensus of opinion on the etiology of prostatic hypertrophy. I must also mention the fact that in this book, "Prostatic Hypertrophy from every Surgical Standpoint," there is no question for the profession relating to the pathology of urinary obstruction, and no inference can be drawn from its contents that urinary obstruction is ever due to any other cause than enlargement of the prostate. In other words, a book presuming to cover every standpoint of urinary obstruction, makes reference only or in detail to the technique of prostatectomy save in the single one question, the answers to which I have given above. The book, however, displays a marked harmony with the scope of the work recently done in regard to urinary obstruction. I must add, however, in closing my reference to this book, that my intention is wholly foreign to any unjust criticism of this author, for while it is true he failed to formulate any questions relating to the various causes of urinary obstruction, or questions relating to the proper surgery in the different forms, those propounded cover the entire field from every standpoint from which the subject is now discussed; and it is for the reason that the author took up all the points for review that are included in

the recent contributions to the subject that I have referred to the book at all. The following paragraph is taken from the author's preface to this book on prostatic hypertrophy from every surgical standpoint and which outlines, it is presumed, the main object he had in view in writing the book, as well as to bring to notice more clearly the work that had been done for the cure of urinary obstruction. The author states:

"It would appear from the number and character of authorities interested in this matter that a publication of greatly increased proportions would be necessary The aim of the author in this instance is merely to bring to the notice of the practicing physician the advance made in recent years in this line of work, and to enable him with minimum effort to talk intelligently with his prostatic sufferers . . . The object of this, then, aside from that which has just been given, is to enable the physician in charge of such cases to select a surgeon and to prepare such patients in advance to receive the services of a specialist."

I shall go no further into the anatomy of the genito-urinary organs just at this time than is necessary to serve the practical purposes of this report. We must, however, have a pretty clear conception of the relative anatomical positions of the prostatic urethra, vesical orifice of the urethra, anterior wall of the bladder and that portion of the floor of the bladder anterior to the plica ureterica in the as well as the pathologic conditions which result from urinary obstruction. In order to see more clearly the various conditions which we must encounter when undertaking the rational treatment of urinary obstruction, we must consider at length these parts and the tissues which go to form them. For our present purpose it is unnecessary to describe even briefly the source of the blood supply or the distribution of nerves, lymphatics or peritoneum, but a review of the anatomy of the arrangement of the muscle tissue and mucous membrane will, I am sure, help us greatly in a practical way.

GROSS ANATOMY.

In viewing as a whole the parts which are chiefly concerned, an important point to bear in mind with reference to their normal appearance in their anatomic relations, is that in the normal bladder the outlet into the urethra is always on a level with the most dependent part of the floor of the bladder, and when the walls of the bladder are in perfect health every drop of urine can be expelled from the bladder provided, of course, that the urine can find its exit through the urethra. Then again it must be remembered that the prostate gland is made up of two lobes only, that there never is a third lobe present in the normal state. The two lobes are endowed with separate capsules, except in the lateral walls of the urethra, which passes directly between the lobes and furnishes the commissure, and helps to establish the individual identity of the lobes. These lobes in this condition may be enucleated, one or both, from the capsule, but not, however, from the commissure without disturbing the integrity of the urethra. The so-called third lobe is never present in the normal prostate, a fact which I have already mentioned, but in the passage of the two ejaculatory ducts from the vasa and seminal glands through the base of the prostate

to the vera montanum in the urethra, a division of the lobes is fairly well established. This segment of the prostate provides the floor of the vesicle orifice of the urethra, being closely associated with that portion of the bladder wall, and I have named this wedge-shaped part of the gland the interfissural segment of the prostate.

Another fact that we must observe and emphasize in passing is that neither lobe of the prostate can be removed in toto by any method we have without entirely obliterating all communication between the urethra and the testicle of the same side.

Now, again in looking into the normal bladder we see aside from the easy access of the flow of the urine into the urethra that the two ureters open a little distance from one another on to a ridge of mucous membrane extending across and forming the base of the trigone of the bladder. This ridge of mucous membrane is recognized under the name of plica ureterica. Reaching directly forward from the center of this ridge there is the trace or resemblance of a tongue formed by a smaller slight elevation of the mucosa and extending quite to the vesicle opening of the urethra, a tongue of the mucosa which is termed the uvula of Lieutaud. It is largely these parts we must bear in mind, as it is these with which we have to contend in many of the forms of urinary obstruction and which play such an important part in the mechanism of urinary obstruction.

By referring to illustration No. 1, we may see the relative anatomic positions of the vesicle orifice of the urethra, floor of the bladder and opening of the ureters. This picture shows more clearly than may be described the accessibility of the vesicle orifice of the urethra to the floor of the bladder.

The base of the bladder is a very important part of the organ. In the male it is triangle-shaped, bounded at the sides by lateral surfaces, in the front by the base of the prostate, and behind by the cul-de-sac formed by the retro-vesical folds of the perioneum. Behind the prostate are the vesiculae seminales and vasa deferentia. The base is directed backwards and downwards, and rests upon the second portion of the rectum. The inner surface of the bladder presents in its floor the floor of the vesical urethra, the trigone, the triognum vesicae, or triangle Lieutaudi and the uvula of Lieutaud. The entire thickness of the bladder wall underneath, including the submucosa and muscle tissue of this area, differs from every other part of the bladder in that these tissues are firmly bound together and not susceptible of any gliding motion between them; and the significant feature about this is that when either the hyperplasia process or obstructive hypertrophy are being inaugurated, these become even more firmly solidified, and the mucosa in this area loses its epithelium. It is to be noted as a matter of importance that there is never a diverticulum formed at this point for the reason that the arrangement of these tissues will not yield as in other parts of the wall of the bladder.

PROSTATIC URETHRA.

In regard to the prostatic urethra there are certain anatomical points that I wish to especially emphasize in this preliminary report. One

point of great importance is a fact which I find at variance with the teachings of text-books on anatomy. The sinus pocularis in the prostatic urethra, for example, is represented by anatomists generally to be the homologue of the uterus, and that it terminates by a blind dilated extremity. The truth is, whether it was intended as the homologue of the uterus or not, it is not a blind sack, but instead is in direct communication with both ejaculatory ducts and receives the semen from the seminal glands in the act of emission. Furthermore, I quite conclude that it is a very useful organ. The cavity of the vera, it would appear, is fairly capable of receiving the full charge of an emission from the ejaculatory duct, and at the same time is able to and does contribute great force to its expulsion through the urethra. The walls of the vera montanum, in other words, are rich in muscle tissue and the arrangement of these muscle fibres enables this little organ to contribute much power in the quick and forcible expulsion of the semen immediately after being expressed into it by the muscles of the prostate.

In regard to the sinus pocularis as a blind sack, I may explain that those views have been entertained possibly in consequence of the fact that it is difficult, owing to a wise provision in the floor of this cavity, to pass a probe from above downward into the ejaculatory ducts, but if the attempt is reversed the probe readily passes from the vasa deferentia directly up through the ejaculatory ducts and into the cavity of the sinus pocularis. The slit-like openings upon either side of the vera which are looked upon as the real terminations of the ejaculatory duct, have actually no direct communication with these ducts, although separated in places only by very thin layers of prostatic tissue; and in consequence of the ease with which the probe may be guided through these weakly-protected spaces; and, on the other hand, the difficulty encountered in the attempt to pass a probe through the floor of the sinus into the ducts, owing to a valve-like arrangement there no doubt led anatomists to believe the sinus pocularis to be a blind sack and the openings on the sides of the vera to be the terminations of the two ejaculatory ducts, but indeed the actual anatomic relations are found to be just the reverse. The mucous membrane of the sinus pocularis is, it must be borne in mind, continuous with both ducts, both seminal vesicles and with the vasa deferentia as well as with the entire urethra, cavity of the bladder and ureters. It is certainly, in the light of careful anatomic study of the vera montanum, only a mere ghost of the imagination to look upon the sinus pocularis as the homologue of the uterus.

Broadly speaking, the gross anatomy of the parts ordinarily involved in urinary obstruction includes the parts to which we have briefly referred. If the teaching is to be accepted as correct that enlargement of the prostate is the cause of urinary obstruction in all cases, then the conclusion must be assumed that obstructive symptoms would inevitably attend the presence of the largest prostates found; as surprising as it may seem, this rule was found to be working in the opposite way in the great majority of the cases investigated. Of my 200 specimens the largest prostate found gave the least trouble to the patient. This case may be cited as that of Henry Brueggeman, and will serve as a strong illustration of

the incorrectness of the teachings at the present time. I shall give a brief sketch of the clinical history and post-mortem findings in this case:

Henry Brueggeman, aged 36, a stockily built German, weighing on admission the hospital about 200 pounds, yet but about 5 feet 6 inches tall. This man was admitted to the hospital one year ago last October with the symptoms of a small clot in his brain. He remained about six weeks, at the end of which time he left the hospital with, however, a characteristic paretic condition of the right arm and leg, but feeling well and able to walk to the street car. In March last he returned to the hospital complaining that he was troubled with dizzy sensations, and requested to be taken into the hospital for rest and treatment. In a day or two after admission, while shuffling along through the hall, he fell to the floor and died next day without returning consciousness At the autopsy a large clot was found at the base of the brain, and by mere accident the prostate was found to be of enormous proportions with a very large projection of the inter-fissural segment into the cavity of the bladder. This man never at any time complained of urinary trouble.

Another case illustrating the same conditions is that of Thornton Stewart, negro, aged 75, who died November 21st, 1903, resident of St. Louis, forty years. He was admitted to the hospital November 20th with a large clot in his bladder. This immense clot was turned out as promptly as preparations could be made, through a suprapubic opening, by Dr. John Young Brown, surgeon in charge at the City Hospital. At the autopsy the prostate in this case was found to be nearly the size of that in the case of Henry Brueggeman, with a much larger projection of the inter-fissural segment. The hemorrhage, it was seen, had occurred at the top of this intra-vesical projection, and it was presumed that it was the result of attempts to introduce a sound, and while death resulted from the shock of this hemorrhage and its consequent effects upon the urinary secretion, the old negro had never suffered in any way from urinary obstruction. The colored woman with whom he boarded at 20th and St. Charles streets, was interviewed soon after the death of the patient, and she was positive that "Uncle Thornton" never had any complaints whatever, except at long intervals he suffered from attacks of rheumatism. This woman, by name Jennie Pate, left the old negro in charge of the house on November 7th, and he was then cheerful and feeling well. Thornton had been a fireman on the river between St. Louis and New Orleans. His last trip was made several weeks before, he having given up the occupation in consequence of rheumatism in his legs. He was born in New Orleans.

In illustrating the effects of age upon urinary obstruction, I wish at this time to refer to the case of William Rhoades, a negro, who was born to slavery in South Carolina in 1798; a slave for more than sixty years, and a free resident of St. Louis for more than forty years, who died at the City Hospital December 5th, 1903. Rhoades entered the hospital for treatment for rheumatism July 19th last. Death was the result of senile debility. As it may be seen this patient had attained the age of 105 years and lived through all these years without symptoms of urinary obstruction. In speaking of his family history Rhoades said he had used

whiskey until twenty years ago, when he reformed. His father, he said, was shot by a patrol in slave times, a sister was whipped to death by an overseer and a brother escaping from the slave quarters wandered in the South Carolina swamps until he contracted cholera and died.

The student in prostatic pathology, I am sure, would be able to find much valuable and instructive information in the study of the clinical histories and pathological findings in these three cases:

The prostate, discovered by mere accident, in the case of Brueggeman, who was only thirty years of age, had attained the size of a man's fist, with an equally large-sized intravesical projection. These tumor masses quite filled up the cavity of the bladder, and yet, so far as is known, the patient never complained of obstructive symptoms. In my next contribution to this subject, when describing the mechanism of obstruction, I shall explain the reasons for the absence of urinary interference in such cases.

An enormously enlarged prostate was also found in the case of Thornton; and this old negro enjoyed good health, except now and again an attack of rheumatism, until two days before death. What might have been simply a spontaneous hemorrhage which completely filled the cavity of the bladder, resulted in his death. Certainly there were "prostatic enlargements to a pathological degree," and yet producing no symptoms.

There were no marked pathologic changes observed in the bladder in the case of Rhoades, the patient who had attained the ripe old age of 105 years, except the plica ureterica had encroached somewhat upon the lumen of the vesical opening to the urethra, but aside from obstinate "dribbling" attending the act of micturition he was not otherwise a sufferer from the urinary function.

These cases teach important lessons in many respects, and especially in the case of Brueggeman as to age, and in Thornton's case as it relates to the absence of symptoms, and, too, the enlargement of the prostatic in the negro race, and in the case of Rhoades as to the showing of the prostate in the very old. I conclude that there may be stranger things disclosed under the limelight of the dead house than are ever dreamt of in the philosophy of the routine prostatectomist.

612 North Taylor Avenue.

ANTITOXIN IN CHICAGO.—Already thirty-six (36) antitoxin stations have been established in Chicago. From any of these physicians may obtain the serum free for indigent patients and at low rates for others.

A GENEROUS GIFT.—For the maintenence of a hospital to be established at Rosedale, Kansas, in connection with the State University, Doctor Simeon Bell has given that institution 440 acres of land. He has agreed that if $25,000 is not realized from the sale of land, which is in Jackson and Cass Counties, Missouri, he will make up the difference in cash. Dr. Bell intends it to be a memorial to his deceased wife.

RELAXED VAGINAL OUTLET.

Chas. J. Simmons, M. D., Lawrence, Kan.

DEAVER states that "When the pelvic floor has been injured, usually as a result of child-birth, a relaxation of the vaginal outlet takes place, and the perineal body becomes shallower owing to the tears of the sphincter ani and levator ani muscles and fasciae." The outlet that is normally less than one inch in diameter, dilates in labor to let a head pass that is four times as large, and if the labor is precipitous, presentation abnormal or instruments used or fetal head abnormally large—laceration and relaxation is a common sequence.

Most obstetricians examine the perineal body after labor and repair all rents. Some doctors never examine, and so never have such an unfortunate result as a tear, and so, I fear, do not know an injurious tear when they see it, or how to examine for one.

Many have for their standard of a good perineum, the integumental covering between the fourchette and rectum, and as the skin here often stretches and remains intact after the head and shoulder have plowed through the levator ani muscle, they fail to note that unfortunate injury.

What then are the best means of demonstrating a relaxed vaginal outlet, upon asking the patient to bear down, there is a prolapsus of the anterior and posterior vaginal walls, and with a finger upon the cervix uteri, its descent is noted.

With the patient standing the effect of exercise can be prognosticated. With the patient in Sims' position, a gaping introitus presents.

Taking the flabby perineal tissue between the thumb and forefinger its character, size and supporting qualities are estimated, or rather in a severe injury, its non-supporting qualities, for the "strong lower levator fibers extending from one pubic ramus to the other, and supporting the outlet have disappeared," and but feeble flabby tissue takes its place.

If the levator ani is torn on one side only a deep sulcus will be felt between it and the rectum.

When the sphincter ani is torn, the ends retract. Dimples mark the ends of the retracted muscle. If they are obscure, pinching the muscle to make it contract will make them more prominent. There are said to be concealed relaxations that are only revealed under an anesthetic.

A relaxed vaginal outlet may usually be known by some of the foregoing symptoms, yet I saw a patient recently that when lying on the back the flabby hypertrophied labia concealed perfectly a tear that extended through the anal sphincter and that allowed the uterus and acompanying cystocele and rectocele to prolapse outside the vulva if she stood upon her feet for a few minutes.

My reason for taking a special interest in this subject at this time is because I believe that there are in every community a number of cases of relaxed vaginal outlet that practically make invalids of their possessors and because I believe that I have been remiss in noting this defect and

* Read before the Golden Belt Medical Society, at Wamego, Kan., January 7, 1904.

advising an operation in anything like the number of cases that I should. If we were as radical in advising operations for this trouble as we are for chronic appendicitis many cases that are now tied to the physician's office with no honor to the physician would be restored to health. I have seen in my practice this summer three cases of complete procidentia with histories covering from three to fifteen years, two of them from excessive modesty, had never consulted a physician, and would hardly believe that any operation could give them relief. For years they had been carrying the uterus and part of the bladder outside of the body. The uterus in both cases had several ulcers upon it and was foul smelling. Incontinence of feces kept them both physically and mentally upon the rack.

Other cases with backache, bearing down sensations, cystocele and rectocele and a multitude of reflex symptoms, such as headache, palpitation and dyspepsia, were leading lives that varied from semi-comfort, when they did little or nothing, to nervous prostration when they were much on their feet. For this class of patients I hope to see a revival of plastic surgery, for they do well when the perineum is repaired, and I find them very grateful for their restored health.

Different methods of repair are proposed, flap splitting, triangular denudation, and posterior bilateral exsection followed by suture.

All aim to restore as nearly as possible the normal condition of the pelvic floor. The Emmet operation seems to me to most nearly accomplish this result. As when properly executed it exposes the fascia, takes up the vaginal slack, lifts up the perineum, and restores to the levator ani its proper function.

The patient having been previously purged and douched, is anesthetized and the field of operation thoroughly cleansed. The labia are separated by the fingers of an assistant standing on each side of the patient. The crest of the rectocele is seized by a double tenaculum and a caruncle on each side by others. These are entrusted to the assistants. a fourth tenaculum is hooked into the commissure of the vulva. When these instruments make the tissues tense, they mark the outlines of the denudation. All within then is thoroughly denuded, this ought to reproduce the original injury.

The sulcus that appeared in the vagina when the tenacula grasping the rectocele and a caruncle on one side were separated, is first united. The chromocized catgut sutures are introduced under the denuded tissue so that the suture at the bottom of the sulcus is nearer the operator than its entrance and exit. The sulcus on the opposite side of the rectocele is next treated in the same way, the last suture on each side being silk worm gut. A silk worm gut suture then joins the summit of denudation on each side, passing under the apex of the arectocele. Perineal sutures are then passed, they all lift up the pelvic floor, and bring the posterior segment forward.

If the laceration has been complete, the first suturing is to restore the sphincter ani, the catgut sutures enter and emerge on the margin of the rectal mucosa, are tied and dropped into the rectum, a silk worm gut is passed carefully behind the torn sphincter so as to bring the ends together. A gauze and cotton pad and a T-bandage complete the work.

ADDRESS

Delivered at the Annual Commencement of the Central Medical College, Tootle Theatre, March 31, 1904, by

O. B. Campbell, A. M., M. D., St. Joseph, Mo.

LADIES AND GENTLEMEN: The faculty of the school has selected me to address you upon this occasion. I assure you I appreciate the privilege, and sincerely hope that I may interest you. The profession of medicine has very much to do with the public at large and with the individual in particular. The people of every civilized country in the world look to the profession of medicine for assistance in preventing and overcoming disease, being guided by their counsel and advice. I have fully realized for you your utter dependence upon the knowledge and skill of the physician. You can only procure, when sick, knowledge and skill commensurate with the age in which you live; no more. The knowledge and skill of the physician will never be a commodity upon the market to be purchased or rejected; it will ever be sought after for the reason that there can be no substitute.

You are the beneficiaries of our advances, our achievements, our discoveries. You as well are the victims of our mistakes and our failures. It is your province to live in the most intelligent of all ages, human knowledge having advanced to a degree never before attained in the world's history. Primitive man in almost total ignorance of his environment, savage and vicious, has been transformed through the evolution of ages into an intelligent being Such an evolution has necessarily brought about a change of environment in accord with changed conditions. Civilization has been progressive, every age contributing something to its growth and development.

It is indeed pathetic to trace man from his primitive state through the various stages of evolution to the present time. His ignorance of nature and his wrong interpretation of her laws, his tyranny and savagery, mark the greater part of his history with bloodshed and superstitition. It is only in the history of the past century from which it may be said has been largely eliminated savage practices, tyranny and the vagaries of superstition.

Modern science which has raised man from the level of the savage to the high plane he now occupies had its birthplace at Alexandria. The almost universal opposition of the masses to its every claim through the different ages only demonstrates forcibly the innate savagery of primitive man. To knowledge must be given the credit of our splendid civilization of today, with all of its humane laws and the enforcement of justice and protection.

Knowledge has freed the yoke of bondage which enslaved man. In ignorance of right he was often brutish and inhuman. While we as a people should be justly proud of the great intelligence of this age, we must acknowledge that we have not as yet expunged from our natures the innate savagery of our primitive fathers. When we have accomplished this, then the necessity of war between civilized peoples will not arise. It has oc-

curred to me that might not the history that we are now making at the beginning of this century, be looked upon by those who will make the history of its close, as the last relics of barbarism. We now behold two civilized nations engaged in war, with all of the brutishness and inhumanity which characterizes even modern warfare.

Does it not seem passing strange, with all of the wonderful reforms in all civilized countries in favor of human rights and human justice, that the necessity of war should arise? However, war is not the only existing relic of barbarism, indeed almost every phase of superstitious practices and beliefs of primitive man have their counterparts in some of the creeds and pseudo-sciences of today. Knowledge, however, is better disseminated among all classes than ever before, and its influence through the development of the minds of men will continue until we hope superstition will be finally dethroned.

The history of the growth of knowledge demonstrates an opposing force, ever constant and active This condition exists today, possibly not so apparent, but in reality the same as in past generations. The history of the science of medicine, as with all the kindred sciences, demonstrates its existence through every age and its existence today is recognizable. However true science is axiomatic, uncontrovertable, every age having demonstrated new principles and truths which have added to the storehouse of human knowledge. The greatest opposition to progress in the early history of the science of medicine was the universal belief of the people in evil spirits and the prevailing doctrine that all diseases were caused by their machinations. The prevailing practices for their eradication I will not enumerate as it is indeed humiliating to the intelligence of the present age to even refer to them. However, I shall remind you that the belief to some extent reached into the seventeenth century, and American history records the execution of witches at Salem, Massachusetts, at the close of that century. The opposing force to progress then in the early history of medicine was largely the ignorance of the people. At the present time the science of medicine is opposed by pseudo-sciences better known as pathies in medicine. However, the impediment furnished by such monstrosities may be likened to the ripples in a mighty river as it flows relentlessly on, heedless of the frail obstacles it may encounter. The present age is particularly characterized by discovery and achievement in the science of medicine. The true discoveries in medicine and surgery are not made by the rank and file of the profession, but by the few individual workers. These men, without hope of pecuniary reward, but with a paramount desire to benefit humanity and honor their profession, diligently keep to their task, being rewarded only by the satisfaction of having accomplished something for humanity.

Every discovery is at once given to the profession, so that the entire civilized world may enjoy the benefits which may accrue therefrom. Were this not the case, and discoveries were kept secret for monetary gain and self-aggrandizement, the science of medicine could not advance and the profession of medicine would retrograde into a mere trade. It has been declared by laymen that physicians have handicapped themselves by the

erection of a wall or safeguard around them known as a medical code, prohibiting their members from advertising their ability to cure diseases. From a financial standpoint and from a layman's view, probably this is true, for it is not expected that a layman, though he may be an editor of a daily newspaper, would fully comprehend the situation. Were it legitimate for the physicians to advertise in the papers his ability to cure diseases and to perform surgical operations, the magnitude of his claims would not depend upon the amount of knowledge he possesses, but, as with the advertising quack, with his ability to pay for the advertising. Further, if an important discovery were kept secret which would benefit human life, remaining in the hands of the discoverer alone, but a limited number of the people would ever be benefited from its use. However, no alarm need be felt lest the medical profession should adopt the methods of trade and attempt to corner the market on special lines; the medical profession as a profession has aims that are indeed far above mere monetary considerations. The great aim of the medical profession is to so perfect our science that human pain and premature death may be lessened and that the existence of the human family may be made more tolerable. In a peculiar looking room in a quaint old city in Germany, the windows of which overlooked an old wall, the defence wall of many hundred years before, beyond which the old moat could be plainly seen, sat a man gazing intently into a microscope. About the walls of the room could be seen many curious looking little ovens or incubators. Within these incubators were numerous glass tubes containing culture media in which poisonous germs were being grown. Day after day, week after week, and year after year, this man spent the greater part of his time in this room, known as a bacteriological laboratory. Across the border in picturesque Switzerland, in a like room, could be seen an aged gentleman, seemingly engaged in the same work. The world at large knew nothing of the intentions of these two individual workers, nor did the medical profession. However, it was destined that the medical profession would learn some day of the work of these men. It came, as it should, through the avenue of the medical press, it being announced that Professor Loefler, of Germany, and Professor Klebs, of Switzerland, had simultaneously discovered the germ of diphtheria, and it would be named the Klebs-Loefler bacillus.

Then it was that Professor Behring set to work to prepare an attenuating serum, and in an amazingly short period of time diphtheritic antitoxin was given to the medical profession, and you, the people, have received and are receiving the benefits of the labors of these silent workers, who are true benefactors. They are benefactors because diphtheria and so-called membranous croup have been disarmed, and your child and mine are now safe from its deadly noxa.

We must now observe that every discovery at once meets with opposition, and it is only accepted by the multitude after it has withstood the test of severe battle and will not down. This great discovery which has proven a preventive as well as a curative measure in diphtheria was at once placed at the disposal of the medical profession. The mediocre and the intelligent physician were alike given an opportunity to use it. Is it

to be wondered that the public became afraid of it. that it required years of work to demonstrate its true value? It would seem possible, that as a people, we might rightfully be charged with a seeming ingratitude to these grand men who have done so much for humanity, for I venture that many of you for the first time, have heard the names of the discoverers here upon this occasion. But this charge should not be made, nor shall I make it. It is indeed only the province of the medical profession to recognize the worth and the significance of their discovery. How different indeed the position of the great men in other professions as regards the public. When Admiral Dewey with his fleet steamed into Manilla bay and opening fire upon the Spanish fleet within a few moments forever silenced them, the name of Admiral Dewey was in the mouths of every school boy and girl, and all America, and the whole world, recognized him and declared him rightfully, a hero. This, indeed, will ever be recognized as greatness of entirely a different character.

A man is only great in the profession of medicine when, through profound knowledge and practice, he becomes greatly skilled, or adds something to that which is known, thereby becoming a true benefactor to his profession and to humanity. The advances and wonderful achievements that have been made and accepted in medicine during the last half of the past century has been felt for good throughout the civilized world, and the human family has been directly benefited through preventive medicine and as well the discovery of better remedies to relieve pain and facilitate the cure of disease.

Probably the pronounced advances in sanitation are more apparent to the masses than the individual work of the profession. The improved sanitary conditions existing in all of the great cities of the civilized world, on ship board, in hospitals and schools, with the enforced quarantine regulations, bespeak the advancement that the science of medicine has made in preventive medicine. The existence of municipal and state laws in every city and in every state in the Union concerning sanitation and quarantine for contagious diseases, is a recognition on the part of the public of the importance of our advances in preventive medicine.

The substantial advances that have been made in medicine have been largely along the line of prevention. This has been made possible through our increasing knowledge of the etiology of disease. It has been definitely shown that every human organism, though subjected to disease, possesses a natural resistance, or a certain degree of immunity against its noxa, and that environment and conditions of living will tend to increase this immunity or weaken it. So that proper sanitation in our cities make the environment of those living in the city more conducive to health. The proper outdoor exercise and proper food and sleep maintain a healthful condition of the system which furnishes a strong immunity or resistance to the development of disease. Indeed the tuberculous bacilli of Koch, the pneumonia bacillus of Friedlander, the bacillus of infleunza, in all probability could be taken into the lungs of such an individual by inhalation, but the immunity of such an organism would be so complete that no harm would result. On the other hand, reverse this state of affairs even

in part, and resistance or immunity may be so weakened or lessened that, under the same conditions, the individual would develop consumption, pneumonia or the influenza. There is still something more in preventive medicine, and that is the affecting of an acquired or artificial immunity. This principle began with Jenner, and all of you are familiar with it, namely, vaccination for the prevention of smallpox. As an outgrowth of this same principle an artificial or an acquired immunity can be affected by serum therapy in the prevention of a number of contagious diseases. In the children's hospital in New York City a few weeks ago, where many hundred children were being cared for, two cases of diphtheria were discovered. These children were promptly treated with antitoxin and every child in the hospital was given an immunizing dose. This effectually checked what would have been, no doubt, a serious epidemic, in which under the old regime, probably 30 or 40 per cent of the children in the hospital would have lost their lives.

This particular phase of preventive medicine is being applied successfully to both man and the lower animals, and we are looking for substantial advances in this line of investigation. Important advancement has been made in the diagnosis of disease. Methods have been systematized in discovering diseased conditions, which are an outgrowth of our knowledge of etiology and pathology, that make it possible to diagnose disease often in its incipiency with sufficient accuracy, that timely remedial agents may be applied. The early diagnosis of disease, before the organism is debilitated by its ravages, makes the therapeutic agents that are applied for its eradication and cure, be they medical or surgical, the more effectual. Surgery has made such substantial advancement that it can be almost classed as a perfect science. This has not only been brought about by the discovery of anesthetics and antiseptics, but as well by improved methods of operating and the development of operative skill. It has been well and truthfully said, that there is no organ of the human body now inacessible to the surgeon's knife. The mortality rate the world over in surgery, including the surgeryof the abdomen, the chest, the brain and the extremities, is less than the mortality in the treatment of medical cases.

The mortality in pneumonia, a disease which is strictly a medical disease, is about 16 per cent. The mortality in abdominal surgery, which includes cases in extremis, is placed under 10 per cent. The mortality in surgery is becoming less and less, and will still decrease, because doctors are recognizing the necessity of early operative interference in surgical cases and are ceasing to treat surgical cases medicinally. Indeed, the internist is fast learning that he must discriminate between medical and surgical diseases, and that surgical diseases must be sent to the surgeon, or the surgeon must be sent for. This tendency on the part of the profession to classify diseases and place them in their proper category is a step in advance. So that it is quite feasible to predict that in the near future diseases which are surgical ones from their beginning will not be treated by the family physician until in extremis before the surgeon is called in. Indeed, the more intelligent members of the laity are fast learning to ask for a surgeon, when the disease of which they suffer is known to them to be a surgical disease.

The true science of medicine has not only kept pace in point of advancement and discovery with the kindred sciences, but has contributed its full pro rata in dispelling superstition and elevating the human family. It must be acknowledged that human existence has been made more tolerable by the discoveries of medical science. Were it possible for all the people to receive when sick medical and surgical attention strictly in accord with the knowledge of this age, the mortality rate would be greatly lessened. Old age and death is the heritage of man, as was declared many centuries ago. However, there has never been a time in the history of the world when man would not have been relieved of much apprehension, if he would have known that even this would be his lot. For well we know that disease and premature death is the unfortunate lot of the vast majority that are born, and that it is the small minority that reach a ripe old age and quietly and peacefully meet death as a natural termination of a full spent life.

The problem of growing old, developing senility, has interested medical scientists. To say that it is natural to grow old of course is accepted as true, because it is verified in all nature. But to discover and analyze the modus operandi by which youth and bouyancy are transformed into decrepitude, has probably not as yet been fully accomplished.

The distinguished biologist, Minot. says: "Old age is a phenomenon, beginning to make its appearance from childhood." The antediluvians began a search for the elixir of life and the fountain of youth. Alchemists believed only a few centuries ago, that in gold there is contained a principle that if it could be extracted would perpetuate youth. But a few years ago the late distinguished Frenchman, Brown Sequard, believed that he had discovered an elixir that would perpetuate youth, and many of his confreres believed that he was losing his mind. It is nevertheless true that medical scientists are now at work studying the changes which take place in the human body from birth to old age, and it is quite feasible to predict that human life may be lengthened by a correct understanding of the cell changes brought about by the mental and physical strain incident to civilized existence.

The universal dissemination of knowledge bespeaks a higher civilization, and with a higher civilization new problems are to be met and disposed of. The history of human progression shows conclusively that the acquisition of knowledge has developed the finer nature of man, awakening the latent principles of human justice and love. The problem of criminality has unquestionably been solved by the medical profession in the discovery of its association with degeneracy. Our lawmakers have provided penitentiaries for the criminal's safe detention after the commission of certain crimes and have perpetuated the executioner, the living relic of savagery. The problem which confronts this age, then, is not how to dispose of criminals, but how to prevent the commission of crime. This can only be accomplished by ceasing to breed criminals. While such would be no easy task, it is more feasible and eminently more humane than the guillotine, the hangman's noose, the electrocutioner's chair and the penitentiary. These have all been tried, but have been acknowledged failures as far as

lessening crime is concerned. I believe with Lambroso and other investigators that the criminal strictly speaking is a degenerate, so criminally inclined that it is rarely possible for him to resist the desire for its commission. I would then advocate a radical reform in the propagation of the human species, a reform that in my opinion will soon be realized as an absolute necessity.

Comparative statistics show that crime and criminal practices are on the increase, which is indeed wondered at, because of our growing civilization and the rapid dissemination of knowledge. Those pessimistically inclined declare that the world is constantly growing worse. But is this really true? Emphatically no. Humanity was never half so humane as now. Proper conception of the principles of justice and right were never half so universal. More virtue, love and happiness exist today than ever before. How then can we account for the increase of crime? The problem is undoubtedly solved in this way: The changes in our environment incident to our growing civilization, the massing of the people in great cities, the changed habits and customs which are the natural results of changed conditions, soon lead to the practice of excesses which will necessarily tend to increase the number of degenerates. The frightful increase of the habitues of narcotic drugs and spiritous liquors is constantly increasing our number of acquired degenerates, so that with the natural born degenerate, there is certainly no wonder that crime is on the increase. The large number of criminals who have ascribed their downfall to whiskey has been the leading text for the temperance orator. But you can readily see that such a criminal belongs to a very small class of degenerates, the acquired form. While the larger class, which is the congenital class, owes its degeneracy to the excesses of its immediate ancestry. Degenerates, whether of the congenital or acquired types, are not all criminals, but it is from these classes alone, which our criminals come. Excesses do not always produce acquired degeneracy, but the offspring of those who are thus addicted will have an increasing proportion of congenital degenerates. Our growing civilization is bettering the condition of man, but many reforms are yet to be realized before we can boast of our civilization and our humanity.

The science of medicine has brought about substantial reforms in the protection and care of the pronouncedly insane, and the laws of every state in the Union make them exempt from punishment if they are proven insane when a criminal act was perpetrated. The clergy are constantly admonishing man for his evil practices, as they unfit him for futurity. Let the scientist join hands with the clergy, but bring out the scientific phase of wrong-doing, that it unfits man for good citizenship, and that it is likely and too often does, effect his posterity. Reform must come from a proper knowledge of existing evils and their causes. The fear of punishment for wrong-doing, as has been proven in the world's history, does not lessen its practice. Punishment for wrong-doing had its origin with primitive man and has proven non futile in every age, as far as lessening or eliminating its practices.

Knowledge must establish the standard of right and justice which has ever changed and is ever changing, as knowledge has been and is progres-

sive. Ignorance is the boon companion of vice and barbarism. Indelibly has it inscribed its mighty influence through the various epochs of the world's history. We, the actors in the magnificent drama of the present, should endeavor to fully appreciate our growing civilization and the advanced state of human knowledge, and the freedom and humanity that characterizes man.

Gentlemen of the Graduating Class: Allow us to welcome you to the medical profession. New associations and responsibilities await you. Your future success will depend largely upon a determination on your part to master your profession. This age is particularly characterized by keen competition in all of the learned professions. Energy, application and courage are the three great requisites of success. The weakling, the sluggard, the plodder, will lose their identity in this age of rapid progress. By sincere, patient effort, you will succeed in winning the respect and confidence of all people.

ADDRESS

Delivered at the Commencement Exercises of the Ensworth Hospital Medical College at the Tootle Theatre, March 29, 1904, by

Hon. W. B. Norris, St. Joseph, Mo.

of the St. Joseph Bar.

WHEN a lion is born it is just as much a lion as when it dies; man comes into the world the most helpless of creatures, but may go out of it the wonder and marvel of time. The Napoleon of force, the Washington of moral grandeur, the Bacon of intellect were once nature's weaklings, yet they died, having exhibited the greatest force in her laboratory. Our capacity to develop the latent forces within us determines the difference between man and the animal. Our ability to govern them determines the difference between the educated man and the ignorant man. Our use of them determines the difference between the foolish man and the wise man. We have divided, for convenience merely, the domain of knowledge into different classifications, but after all there are no dividing lines, for all truth is but the different representations of that eternal law of cause and effect. That law acts the same upon the stars as it does upon the flowers of earth. It is as much the life of the physical world, as it is of the metaphysical. The forces of love and hate are controlled by its power. The majesty of intellect, the beauty of the emotions, the supremacy of the will obey its inexorable sway. Jupiter is held to his orbit around the sun by the same power that holds us to the memory of one we love. It is only a different exhibition of this all-permeating and all-prevailing law.

So, young gentlemen, tonight you start in life on one pathway of learning, equipped with all the knowledge you have acquired from your own and the experience of others. You are now labeled specialists in the

world of truth, but you will soon find that your pathway will bring you in touch with all other departments of human knowledge. At first blush one would think that it is impossible, in the space of a few years, to accomplish anything in this short journey of ours from an unconscious beginning to a silent ending. But many have blazoned the way for us and have demonstrated that it is not time that is needed. See Darwin with an infirm body, finding the key to unlock the door of nature's secrets and then opening it far enough for us to look in and to see the very Ark of the Covenant in her most Holy of Holies. See Spencer with a frail body, teaching us with much more significance and with greater truth, than Pope ever meant when he said,

"All are but parts of one stupendous whole,
Whose body nature is and God the Soul."

Study the lives of the giants in your chosen profession. What they have done may be repeated. But why multiply the illustrations? It is too self-evident—it can be done—it only seems impossible.

We are accustomed to speak of those men who have produced results, which are lasting, as geniuses, and the word seems to be a stumbling block to many to deter them from acting. Yet the truth is, it is only another way of saying, that such men have seen the most facts, and have discovered their relations with each other. They have been willing to use indefinite painstaking in their journey through life, and at all times have kept their eyes open to see things as they really are. For instance, take your Agnew of recent time, who reached such high renown in your profession. The privilege was once accorded me to listen to him and see him in one of his clinics. Of course the technique of his operation I did not understand, but the masterful skill, he displayed with his knife and his reasoning, by exclusion and inclusion, could be comprehended by one not versed in his learning. The wonderful knowledge of detail, the accuracy of his conclusions, and the almost superhuman reach and breadth of his ability to see what others had not found, startled me with wonder and admiration. "Here is genius," I said, "here is a man to whom ordinary methods do not apply." And yet, young gentlemen, of that very man, when he started as you start tonight, there were required two more years than was ordinarily required in the curriculum of his university, because he could not pass his examination. After he graduated he was compelled to give up medicine for a time because he could not succeed. But with the same brain and determination, only developed in later life, he spent years of the hardest application with his books and in the dissecting room, until finally he knew the anatomy of the human body as though he originally had constructed it. Men called him great, and he was indeed great. But if he had been seen pouring his very life away over a dead body, night after night, and studying every detail with the same labor that you and I are compelled to use if we learn anything, the thoughtless would have said he was a very ordinary man.

Take Napoleon, the typical representation of the popular idea of genius. But let it be always remembered that he spent night after night in studying the minutest detail of his army, and every battle was planned on

paper with the most accurate information. As General and Emperor of the French, he actually tired out his subordinates in getting him his facts, and by arranging them simply with common sense he produced results that startled the world. Charles Fox was asked the question, "How is it, Mr. Fox, you make such brilliant and eloquent speeches in Parliament without preparation!" and he replied, "Without preparation, why, my dear sir, those speeches are costing me my very life, they set my head and heart on fire long before Parliament hears them." Young gentlemen, work is the eternal law of this universe. Obey it, success is the result as certainly as failure follows its violation. This law needs no court to either interpret or enforce it. It is self-enforcing and ever-acting under all conditions. It is true, this is a big world, but the continuity of law reigns supreme. Nothing happens by chance. There are no accidents in nature. Each truth blends with other truths. Each fact is in harmony with other facts. The only thing that does not fit into something else is falsehood. It stands alone, out of relation with all conditions. This relation of facts with each other soon teaches the investigator, that this harmony and likeness of nature give him the opportunity to do his work quickly, accurately and intelligently, by systematizing his knowledge. The result is, he soon becomes a learned man, while he, who has been the sluggard and dreamed of his self-importance, is required against his will to call such an one a genius, that is, one who was born great and without nature requiring of him the usual methods of ordinary men. This is a great mistake, young gentlemen. Genius is simply an intelligent common sense, with an unlimited capacity and a burning desire to work, for truth's sake, and in such work the love for self and greed passes in music out of sight.

He who consecrates his life to the pursuit of knowledge becomes a learned man. In the democracy of truth the desire to know is the touchstone of citizenship, for in her sovereignty it is understood that desire is the parent of knowledge, and knowledge is the parent of wisdom, and wisdom is the child of truth herself. She sits alone upon her throne in the center of this universe and demands of those who approach her, that they offer up themselves upon her altar of self-sacrifice, and in the very act, they become her companions and catch the inspirations, which some men call divine and supernatural, but which are in fact the music that comes from being in harmony with her laws. Her votaries belong to no age, to no condition. They are indeed the citizens of this universe—'the eternal years of God are theirs.'

What I have said applies to all learning, in all its branches and departments, and to all men. This occasion is the festival of your entrance into this busy, selfish and practical world. This of course you have known for many years, yet you have not, heretofore, been labeled, but have been drifting about without a name or title. Now you are to be called Doctors, those who are learned in medicine. If you are not in fact doctors before you receive your diplomas, do not be foolish enough to think that the delivery of a diploma will make you one. It simply gives you certain rights, but ah! do not forget that with these rights come great and grave responsibilities. You know generally what they are, and it would be vain

and useless for me at this time to suggest them to you. But if you will pardon me, I do want to talk a little about certain things which as one professional man talking to others I may have the right to mention. Young gentlemen, this is peculiarly an age of materialism; men have gone wild over material success. It is in fact true that the dollar is the god before which most men worship. Success is measured by the ability to make money. The man who takes issue with money is looked upon as a harmless dreamer, and is considered not worthy of the attention of serious men. This thought has even crept into the learned professions to such an extent, and they have become so commercialized, that in law, the beauties of human justice, and in medicine, its skill and science, have become lost to many by their worship of the golden calf of commerce. The consequence of all this is, this age is not producing many very great men. The ability of the day is running into great financial enterprises, great monopolies, the giant monuments of greed and avarice. The babble of Gog and Magog has hushed the voice of duty, and chilled the desire to develop one's self according to his ability. Noble ideals, manly purposes, are the dreams of half balanced minds, the sane mind is the one that labors for gold even at the expense of its own destruction. Such is the conception of the many, not formulated in words, perhaps, but still the motive force in action. This temptation to forsake learning and knowledge, for material success, will meet you at the very threshold of your professional life. You will soon be compelled to determine the question whether you will cast your lot with the charlatan or with the truth-seeker. It makes no difference what guise he may assume, the professional man, who practices his profession for the mere sake of money, is a charlatan and the tragedy of it is, so many do not see it or understand it. If money is the dream of your ambition, do not continue in the pathway in which you have started tonight, for you will not find it there in any large amount, and by remaining you will neither find power nor fame, neither the compensations of learning, nor the inspiring and kingly feeling of self-respect. We, who believe in knowledge and its pursuits, have other compensations, which we would not give up for that golden idol of avarice and greed.

It seems nature generally demands that her kings and her men of loyal blood should at some time in their lives feel the chill of poverty, the ignominy of worldly disgrace, the haughtiness of arrogance and the vanity of ignorance. Yet when men are in trouble, or the world has gone awry, these real kings are the ones, that men run to for aid and comfort. These are the ones that are enshrined in the memory of history. Really, as foolishly as it may sound to the ears of the materialist, who calls himself the practical man, such a life, young gentlemen, is worth much more than all his gold, even though he build a shining monument of it by his misspent energy. The man who has real learning is the most practical of all men because he is wise, because he knows. His fortune is a part of himself, indeed it is himself. It is always present with him and cannot be taken from him by thieves or corrupted by rust. It is all his and if there be an immortality, he has builded for eternity. Yes, far above these he is in harmony with the All. His life, when seen in its reality, is like

the flower that Hugo describes, that grew out of and from under the filth and debris in a back yard of a Paris house. It does not follow, by any means however, that the man who has made learning his mistress is going to walk this earth in poverty or obscurity, for, after he has gone through the fiery furnace of experience and labor, he will come out of it the darling of mankind and the gold that had 'gilded the straightened forehead of the fool' will run to him and will become his slave, but never his master. It can never chill his desire to grow in knowledge, for as his slave it will sit at his feet, while his head is among the stars. He would rather let truth go, even if he held it in his hands, so that he might pursue it again, as he has learned that the journey after it is the only way to get thought, and life without thought to him is death. This is not idealism, it is simply the law of nature. It matters little whether we like it or not. The bud that does not blossom into a flower is a failure. The boy who does not bloom into young manhood, with the desire to learn, soon becomes among his kind a dwarf. The man with coming years, when time has thrown over his head her white mantle, who does not desire to know his relations to this wonderful universe, has simply thrown away his life. It matters little whether he goes to his long sleep and dark abode with marshal tread or glory's pomp. He did not know life and its throbs of joy. He himself was made to sing and he never even heard the music of nature and the harmony of the spheres.

So, young gentlemen, if I am correct in what I have said, you can very easily see that the true pathway of life is to follow the one you have selected. You have now your foundation, and with love for knowledge as the architect, you can build a superstructure, which time cannot destroy, and which may become a land-mark in the silent march of mankind towards truth. But do not misunderstand me, intellectual dreamers accomplish very little. Above all be practical, let that wholesome common sense be ever present with you. True learning never takes one away from the every-day things of life. You have often heard the remark, that so-and-so is true in theory, but it is not true in practice. That cannot be. The theory is wrong, that is all. True knowledge is always practical, because it is the seeing things as they are. You must be workers not dreamers. Never mistake the gossamer dreams of contemplation for the deductions of reason. The truth-seeker is simply one who attempts to know the laws of this wonderfully constructed body of ours, so that he may know how to be well, and learn something of his relation to the outside world. He desires to know the laws of the mind, so that he may escape error and know truth. He desires to understand the laws of society, and to know the experiences of the past, so that he may better man in his social and civil relations, in order that people may live together peaceably. He desires to know the economical and industrial laws, so that the largest opportunity may be given to those who are willing to obey them. He desires to know nature, so he may use her forces for his own advancement. All these are practical questions. They are real living every-day necessities in our lives, and therefore the truth-seeker is simply one intelligently inquiring his way through this world, while the so-called practical man is the blind beggar worshipping at the shrine of Mammon.

Let me make another suggestion. Mankind, generally speaking, is mostly ignorant of the laws of the human body. Where ignorance is present there credulity reigns, and in her domain he is the leader, who assumes positive knowledge. He, who is the master in any department of learning, knows that knowledge is only relative. He knows the border line between fact and theory, he knows his limitations and naturally, without any embarrassment, admits his ignorance. The learned man is always the modest man. But the man of inferior mentality, consciously and unconsciously, assumes the airs of wisdom, thereby simply becoming a buffoon, and at times he even talks and looks more wisely, than it is possible for mortal man to be and he thinks, forsooth, because people do not tell him of his weakness, that he is really fooling some one. Now the fact is we but seldom fool each other. In this journey through life, we get pretty well acquainted with man and his methods. You will be often tempted to assume knowledge, for it is so much easier to assume than to acquire it, and you will see so often the counterfeit passing before you for the genuine, and apparently received as such. But it is not really so. Sham cannot live with fact. It belongs to darkness rather than to light, to ignorance rather than to knowledge. In the sunlight of truth its hypocritical head is covered by shame's mantle of ignominy. Never assume that which you do not know, for the habit of doing so chills thought and investigation. Habit is the unconscious master of us all; the wise man watches his habits with a miser's care. We dream, we think, we act through this unknown child of ours, and like our own children, in that they come from us and are a part of us, at first we control them, but they soon control us. He who requires for his emotions, that reason shall always sit supremely upon her throne, and that in his life fidelity to her demands shall be the rule of action, cannot be a hypocrite, or assume the silly airs of ignorance. Such an one does not need to assume anything; he is nature's child. He governs by his inherent right, for back of him are all the forces, all the power of nature herself.

Then again there is another suggestion I desire to make. There will be times in your life, when you will have the opportunity to become the ministering angel of comfort to many a home of sorrow. Your appearance will be looked for with the delight of joy, and the agony of doubt, of many a hard pressed soul. What relief, what comfort and what supreme reliance come over the saddened household, when the glad news is whispered, "the doctor has come." You then become the king, in the realms of life and death, to poor weak and ignorant humanity. At the approach of death you stand as the embodiment of man's knowledge of nature's secrets. At such a crisis, none but the good man can come up to the responsibilities of that sad and sacred hour. Then the charlatan and the hypocrite sink into the contempt of all, and the real doctor becomes the pride of all, and receives from all that love and blessing, that almost amount to worship. As he stands in the midst of those who think that the beloved one is passing through the black river, that lies between the present and future, there in that hallowed circle, using his skill and goodness, he is indeed the master. At that moment it requires something

more than learning. It requires that peculiar, that sweet and potent force that can come only from having lead a life devoted to goodness, as well as consecrated to learning. Never forget that the man behind the prescription, like the man behind the gun, frequently controls the fate of the battle. When goodness, the resultant of all the moral forces. and intellect, the resultant of all the forces of reason, combine, then we indeed have moral grandeur, the highest form of man. Such, young gentlemen, should be your ideal. I have in a certain sense been talking ideals to you, but high thinking never made low living. It is true, it is not given to all of us to become leaders among men, but there is given to us the high privilege of attempting the ideal, and in the attempt we soon find out, that when the white dove of man's ideals comes from heaven above, and falls into the mud of earth, as we pick it up, clean it of its mire, and send it, on its wings of beauty, back into the heavens, from whence it came, the sensations of joy we feel are so inspiring, so health-giving to our poor lives, as compared with the thought of some, who are cursed with the desire to destroy its beauty, by adding more mire to its whiteness, we are willing to let these ideals govern our lives.

Now, in conclusion, let me say the avenues for real permanent success lie before you; you are at the cross-roads of life; to the intelligent eye the sign-boards are there to tell you what direction to take. Start right and the journey to the goal you will find to be one of pleasure, even though it be one of work, and will finally bring you contentment, happiness and maybe greatness, for in your profession the opportunity for real greatness is simply unlimited.

And, young gentlemen, let me say, that the man who knows the geography of the heavens, the construction of the mountains, the mysteries of the sea, the silent beauties of nature, is a great man. But he who understands the human body and dreams to know the working of the human brain, is the greatest of all. We, in our profession, study human justice, grand, sacred and holy as it is, yet to some extent, it is man's creation, it is his attempt to reach the divine right. You, in your profession, attempt to reach that same divine right, through the most marvellous exhibition of nature, the human body. Greater, grander, than any form of nature exhibited to us, for there is templed within it the human brain, God incarnate. Your profession is great in its possibilities, for they are unlimited; health and disease, life and death are your companions. You work with laws that are immutable, eternal, omnipotent, and you must catch their whisperings and mysteries as exhibited in their most marvellous working.

You must, therefore, be good men and good thinkers. It is true you are in the infancy of the possibilities of human knowledge, but we, on the outside. have hardly begun even to think, and it is your privilege, not ours, to blazon the way, even to a knowledge of immortality itself, for when you understand life, you can tell us what death is. I envy you your high privilege. That trust never abuse. It is yours for the sake of humanity, and we must trust you in life, and finally rely upon you in death, for only you can smooth the icy pillow upon which we all must finally rest.

ADDRESS

Delivered at the Commencement Exercises of the Ensworth Hospital Medical College at the Tootle Theatre, March 29, 1904, by

J. Malseed Bell, M. D., St. Joseph, Mo.

WE have the pleasure tonight to present to you the gentlemen of class 1904; full fledged in the eyes of the law and from a standpoint of ethical medicine. That word "full fledged" means so much more today than it did ten years ago, that, as I reflect on the past, I cannot resist making some comparison.

It is quite the thing on these commencement occasions to review the progress of medicine from the time of Hippocrates or Galen, some 2000 years. It has been gone over so often that I imagine you all know it by heart. I want to review merely the last ten years, during which time I have been associated with a teaching faculty, and in doing so consume just ten minutes. When we consider affairs of national moment, matters that tend to make history, a period of ten years is so short as to be almost unappreciable, yet within that time the standard of medical training has advanced so decidedly, has been elevated to such a degree as to realize the most sanguine expectations of the educators of the day. Up to within ten years ago, medical men were permitted to enter the field of practice after two years study, and it met, at that time, the full requirement of the law, the standard of the times and the demands of the medical world.

The severe exactness of scientific medicine was just breathing into existence, and for a young man to keep pace with it was to possess an ultra accomplishment. The sentiment of the times was to give men a good foundation in the hard and fast laws of general medicine and leave the mastery of higher principles to the individual, as his tendencies demanded. Thus the tax imposed on the practitioner in actual life was to keep up at the expense of individual labor and money, or be content without it; and I might add that those who were content without it went to the wall.

Today the standard of medical training has become so exalted, this course is no longer optional; before a man may enter the field of practice he must acquire not only a ground-work of general practice, but must work out the detail with test-tube and microscope—in other words, he must master the science of medicine before he may begin the study of the art of practice clinically; to do so requires four years of study instead of two, as before. The two years which formerly constituted the whole course, is now devoted almost exclusively to laboratory work—the kitchen of medicine—the laboratory of physiological chemistry, histologic laboratory, pathologic laboratory, osteologic laboratory, bacterical laboratory and anatomic laboratory. The length of the term has also been increased, so that now the course is three times as long as it was ten years ago. At that time young men who could afford it felt it advisable to go to Europe to complete themselves, today the tide is in the other direction.

As recently as ten years ago scientific investigation in medicine was confined to a few celebrated laboratories, some in this country, most of them in Vienna, Berlin, Paris and Leipsic.

There, problems in microscopy, physiological chemistry and clinical medicine were worked out by trained men, with expensive apparatus, at an outlay of money considered far beyond that possible with regular medical college. Their results were given to the larger hospitals and gradually they reached the general practitioner, who must take their correctness for granted or work it out as best he might.

Today, the man who graduates in medicine takes nothing for granted, he has mastered the details himself, and more than that, for after your four years of laboratory training, and bedside study he is prepared to solve himself new problems, no longer dependent on the large centers. These central points of profound learning have ceased to excite the wonder and admiration of the young medical man, since his own college, his alma mater, is itself such a center.

Hence, the young doctor of today is a different individual than he of the last decade. He no longer scans the map for a cross-road country town where no doctor is. He knows his market value, and confidently takes a position where brains and training will be appreciated, he jumps into the face of competition. He no longer seeks the reliance of an old doctor to introduce him into practice; for while he is not averse to taking advice from his elders, he is not dependent on it; he frankly exposes his sign to the world and is willing to take chances with his elder brother.

It is not unusual to hear of our new men operating for appendicitis or making the diagnosis of some obscure disease, he is qualified for it. Ten years ago such a proposition was unheard of. Surely nothing could have brought about this metamorphosis but training, full, complete, well-rounded medical education.

Before I tire you with my enthusiasm for the young doctor, I want to answer a question that I know you are all mentally asking, what is to become of all these young doctors, have we not enough already?

Nature is prolific in her reproduction, lavish in her distribution. It is declared by naturalists that if any specie of animal, bird, fish, or even insect were permitted to go on with the natural increase of its kind, unmolested, untrammeled for a definite period, the earth would be so completely filled with it, there would be no room for anything else. This rule might be applied to doctors. But, fortunately for humanity, the struggle for existence and the law of the survival of the fittest, applies not only to beasts and birds and insects, but as well to doctors.

Medicine is a hard field, he who enters it must put his soul, his whole soul, into the work. To succeed in any business one must like sufficiently well to make a hobby of it; not select it in a sentimental way as an easy gateway to wealth. Those who go into medicine with this view soon drop out. There are some who select medicine as they would a trade, a business to be governed by general commercial laws, so much capital, so much profit; these also suffer disappointment and drop out, for medicine is not commercial, it never can be. It is a high, noble calling, ranking with the priesthood, whose work cannot be estimated in dollars and cents. Others again find themselves unfitted by nature, lacking that patience, gentleness and fortitude, combined with the physical qualities that enable a man to

work day and night administering to the sick, and yet find the hours of daily study necessary to keep up with the progress of the day. For one or all of these reasons statistics show that fully 50 per cent of medical men give up the work within two years after entering it. I say this to reassure you. I say this too, that our new confreres who enter the ranks tonight may buckle on the armor of courage and so fortify and apply themselves to the work that they may not be found wanting when the test comes.

The gentlemen of 1904, who go forth tonight carry with them the blessings and good wishes of their alma mater. We commend them to the public as men qualified to receive its confidence.

To my fellow practiioners I want to say a word In farewell let me remind you that medical training is not the only requisite to success in medicine. You must cultivate those qualities that mark the gentlemen in the highest sense of the term. You must be honest in all your dealings, gentle and kind, yet firm and steadfast. You must remember you deal with people who are irritable, fretful, abnormal, of necessity so from their illness; it will call out all the better judgment and goodness of the heart you possess, all the skill and fine sense of discrimination within you, that you may give them and do for them the very best the profession has to offer. You go out as graduates of the Ensworth with no apology to the public; you carry with you the Ensworth diploma as your endorsement, and we expect you to maintain the dignity and high standing of the institution wherever you may go.

TYPHOID EPIDEMIC.—It is conservatively estimated that Escanaba, Mich., has at least two hundred cases of typhoid fever.

DOWIEITES AND SMALLPOX.—Of the eleven recent cases of smallpox in Chicago six of them were in one Dowieite family which refused vaccination.

THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION will meet in St. Louis, May 30 to June 3rd, under the presidency of Dr. A. E. McDonald of New York.

ANOTHER GERM ISOLATED.—Dr. Darling of the City Hospital, Baltimore, believes he has discovered the germ of mumps. It was grown in pure culture on blood serum, as is a diplococcus.

PHYSICIAN WINS SUIT.—Judgment for $7,750 against the L. and N. Railroad has been given Dr. Dudley Reynolds of Louisville, for damage sustained causing him pain and loss of practice for a time.

FOR PHYSICIANS ONLY.—A new office building is about completed in New York City which will be unique in that no one except physicians of recognized standing will be able to obtain a lease. It will be named "The Syndenham."

Dr. PRICE'S
CREAM
Baking Powder.

ABSOLUTELY PURE AND WHOLESOME.

Dr. Price's Cream Baking Powder is made from cream of tartar, a product of the grape, and the most healthful of all fruit acids.

Dr. Price's Baking Powder raises the bread without fermentation, and without affecting or changing the constituents of the flour.

Fresh bread, cake, biscuit, griddle-cakes, etc., raised with Dr. Price's Baking Powder, may be eaten by persons of dyspeptic tendencies or the most sensitive stomachs without distressing results.

Food for the sick requiring to be leavened is made more nutritious and healthful by the use of this leavening agent than by yeast or other baking powder.

NOTE—Cheap and imitation baking powders are recommended and their sale pushed by certain grocers because of the greater profit in them. These imitation powders almost invariably are made of alum. Alum costs but two cents a pound, while cream of tartar costs over thirty cents. Alum is employed simply because it is cheap, but every physician knows that the use of this corrosive poison in food is at the cost of health. Think of nursing mothers, delicate girls and sickly children being fed on food made with alum!

My desire and aim have been to utter nothing but truth. I have no love for error in any form or in any field of knowledge.—HIRAM CHRISTOPHER.

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

MEDICINE
T. H. DOYLE
JNO. DOYLE
C. C. CARTER

NERVOUS DISEASES
F. E. COULTER

EYE AND EAR
F. E. SAMPSON

SURGERY
JACOB GEIGER
J. W. HEDDENS
L. A. TODD

PATHOLOGY
E. B. LA FEVRE

MEDICAL JURISPRUDENCE
T. B. ALLEN

VOL. XXIII ST. JOSEPH, MO. APRIL, 1904. No. 4

The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

PATHOLOGICAL EXHIBIT AT THE ST. LOUIS WORLD'S FAIR.

There will be a pathological exhibit at the World's Fair in St. Louis under the auspices of the American Medical Association. The exhibit, which will be held in the Palace of Education in a gallery over the east main entrance, will be of wide scope covering the field of general pathology and bacteriology.

The President of the association has appointed the following Exhibit committee to take charge of the work:

Executive Members.—Ludwig Hektoen, Chicago; A. J. Ochsner, Chicago; W. A. Evans, Chicago; W. T. Eckley, Chicago; L. F. Barker, Chicago.

District Members.—J. N. Hurty, World's Fair; Frank P. Wynn, Indianapolis; Max Herzog, Philippine Islands; V. C. Vaughan, Ann Arbor; W. W. Keen, Philadelphia; J. S. Billings, Jr., New York; Philip King Brown, San Francisco; Ellsworth Smith, Jr., St. Louis; Allan J. Smith, Philadelphia; F. W. Farham, New Orleans; R. M. O'Reilly, U. S. Surgeon-General.

Dr. Ellsworth Smith Jr., who has charge of the St. Louis district has appointed the following Advisory Committee to assist him in the organization of an exhibit for his district:

Y. H. Bond, H. W. Bond, John Young Brown, B. Meade Bolton, Willard Bartlett, N. B. Carson, O. H Elbrecht, W. E. Fischel, B. M. Hypes, Bransford Lewis, H. W. Loeb, Robert Leudeking, H. G. Mudd, Henry Schwarz, Chas. Shattinger, J. H. Simon, C. A. Snodgrass, Justin Steere, Hugo Summa, Robert Terry, E. W. Tiedemann and H. Tuholske.

Members of the profession of the State of Missouri are requested to forward specimens of interest suitable for exhibition to the chairman, Dr. Ellsworth Smith, 116 N. Grand Ave. Provision will be made for the payment of transportation charges, and also for the safe keeping and return of the specimens.

THE PHYSICIAN OF THE FUTURE.

Under the above caption Public Opinion in a recent issue quotes from an article by Dr. J. Hericourt, in La Revue, who says:

"There is no need to argue at length in order to show that the physician of today has but little to do with the evolution and result of the greater number of diseases. The reason for this is that the physician, in the great majority of cases, only sees the end of the disease, although the stages of a disease, particularly its first phases, are practically all that the physician can control. It is especially during these first phases that the organism has need of being hepled in its battle, and that hygienic or therapeutic elementary prescriptions would have the power of giving the organism support that would be efficacious, since experience proves that it is frequently the lack of the most ordinary resources that decides the end of a disease. The physician, however, is not called upon at this time, as these first morbid phases are those which do not detract from the person's appearance of health and comfort.

"When the third phase of the disease appears," the writer mentioned, says, "the physician is called in, the patient at this time feeling that he is ill. By this time, however, the organism is already defeated and the disease victorious. What can a physician do when he finds himself face to face with an organic disease such as Bright's disease, heart disease, or diabetes, except to lessen a little the effects of the disease and to retard a trifle its natural evolution? On the other hand, how much good could he have done if he had been called in time to modify the disorders of which these diseases are the later results? If it is a question of infectious diseases, of tuberculosis for example, has it not been proved that the third stage of this disease is incurable, whereas the earlier stages of all more morbid states, which medicine or natural agents modify most effectively? In the case of acute infectious diseases, the physician, by his timely appearance, could have destroyed the sources of contagion, and thus done away with the possibility even of such diseases.

"If the physician, in place of diseased patients had healthy people to preserve, disease to foresee and to destroy in its germ, how beneficent would be his work and how much his social and moral role would be elevated! A few heads of large enterprises have comprehended the advantages which they can derive from regular hygienic care of their employees, with the result that they have charged certain physicians with assuring the

hygiene of their factories, of their employees, and of their families. This is the real and sane method of treatment from the material as well as the moral point of view, and if families, in place of calling a physician, when a serious disease appears, frequently incurable or at most but slightly affected by present therapeutic methods, would have a regular physician, whose continual watching of the state of health of the family would produce not the problematic cure of disease, but the avoiding of disease altogether, then we should have the ideal relation of physician and patient."

Here indeed is an ideal worthy the most persistent endeavor, and one day it shall be real. B.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The spring meeting of this association was held in Lincoln, Nebraska, March 24, under the presidency of Dr. A. D. Wilkinson, and was largely attended. A spirit of harmony prevailed throughout the session, and the following resolution was adopted unanimously:

WHEREAS, At the present time there is a most praiseworthy effort being made to federate, unify, and bring into one grand compact organization the entire medical profession of America; and

WHEREAS, The promoters of this great work in the various state and county societies, and in the American Medical Association, have met with unqualified success, as evidenced by the fact that already there are enrolled over 2,000 component county societies; therefore be it

Resolved, That the members of the Medical Society of the Missouri Valley are in sympathy with this progressive movement, and heartily endorse the plan of reorganization; be it further

Resolved, That this society desires to become a district or auxiliary society in affiliation wth the American Medical Association, and will so amend its constitution and by-laws as to harmonize with and conform to all the requirements of the American Medical Association.

The next issue of the Herald will contan a full report of the meeting, together with the first installment of papers.

THE MEDICAL PRESS EXHIBIT AT THE ST. LOUIS WORLD'S FAIR.

Arrangements have been perfected through the kindness of Dr. L. H. Laidley, medical director, for the installation of an American Medical Press Exhibit in the Emergency Hospital at the World's Fair. Medical publishers will kindly take notice of this exhibit, and mail a copy of each issue of their magazine, beginning with May, to the librarian Emergency Hospital, World's Fair, St. Louis, Mo. Every publisher of a medical or pharmaceutical journal is cordially invited to contribute to the exhibit. In order that sufficient racks may be prepared to accommodate this exhibit, it is suggested that all publishers who wish to have their journals placed on file notify the undersigned at once. CHAS. WOOD FASSETT.

COLLEGE COMMENCEMENTS.

The annual commencement of the Ensworth Medical College was held in the Tootle Theater on the Evening of March 29. A new and attractive feature of this year's commencement, was the graduation of a class of six nurses by the Hospital Training School, and the six young women in gowns and caps of snowy white were the recipients of much admiration and applause.

Dr. J. M Bell delivered the faculty address, while Hon. W. B. Norris addressed the audience on the part of the citizens. Both of these addresses will be found in this issue. Diplomas were presented to eighteen graduates by Dr. C. R. Woodson. The class is composed of the following members;

Roy E. Allen, Roscoe C. Baker, J. S. Caldwell, O. M. C. Chamberlain, Edgar C. Davis, Wm. W. Gray, F. L. Hughson, W. J. Hough, J. S. Laughead, A. O. Means, C. L. Patton, H. H. Patterson, L. A. Richey, M. E. Riemer, A. E. Reeves, L. T. Vannoy, E. J. Watson, and Frank A. Wier. Following is the class of the training school:

Clara Belle Noble, Hattie E. Burtch, Bertha B. Lawson, Mary Emerick, Margaret Martin, and Lue Arnold.

After the ceremonies, Dr. Chas. Geiger tendered a reception to the members of the class and the faculty. where music, refreshments and witty speeches served to pass away the remaining hours of the evening.

CENTRAL MEDICAL COLLEGE.

The annual commencement exercises of this institution were held in the Tootle Theater on the Evening of the First of April, where, before a large audience eight graduates received their diplomas, and bade good-bye to their alma mater. Mr. Samuel Motter made an eloquent address on behalf of the laity, and his advice to the class of 1904 was characterised by sound judgment and good cheer. Dr. O. B. Campbell presented the faculty address, which is printed in full in another part of this issue of the Herald. The class, dressed in the conventional black caps and gowns, were presented with their diplomas by Dr. T. E. Potter, president of the board. Following is a list of the graduates:

L. C. Bauman, Wm. C. Bartlett, F. M. Bell, A. B. Blue, Geo. R. DuVall, F. L. McCormack, H. L. Mills and H. G. Parker.

After the exercises the class and faculty were tendered a banquet at the home of Dr. Floyd H. Spencer.

MISSOURI STATE MEDICAL ASSOCIATION.

It goes without saying that every loyal Missourian has his face turned toward St. Louis and its magnificent World's Fair. Reports from headquarters indicate that everything will be in readiness for the opening on April 30th, and the ceremonies attending this event will be in keeping with the international importance of the great exposition.

It is therefore in perfect harmony with the trend of great events, that St. Louis should have been selected as the meeting place for our State association, which will convene in the Y. M. C. A. Hall, Grand and Franklin Aves., on May 17, and remaining in session for four days. Scientific sessions will be held in the mornings only, from 9 to 1 o'clock, the afternoons being devoted to the World's Fair.

An excellent program has been prepared, and the committee on arrangements is anticipating an attendance of at least one thousand. Rates on account of the World's Fair are very low, and will be found in another part of this issue. One day during the week will be designated "Missouri Medical Association Day" at the World's Fair, with an entertainment in the Missouri Building, full particulars of which will appear in our next issue.

We would particularly urge a large attendance on the part of the Buchanan County Society, and arrangements are being made to attend in a body, leaving St. Joseph on Monday Evening, May 16th, via the Mo. Pacific.

Full particulars, sleeping car and hotel reservations can be secured by addressing Dr. Chas. Wood Fassett, Secretary Buchanan County Medical Society.

AMERICAN MEDICAL ASSOCIATION.

The welcome announcement has reached us that a rate of one fare for the round trip has been granted to the Atlantic City meeting of the American Medical Association, June 7-10. This will undoubtedly insure the largest attendance in its history. The Pennsylvania Railway will run a special train from Chicago, and arrangements are being perfected for a Missouri Valley Excursion party from the Southwest, going over the Rock Island Route and connecting in Chicago with the special Pennsylvania train. For full particulars address Dr. Chas. Wood Fassett, St. Joseph, Mo., or J. W. Cokenower of Des Moines, Ia.

SANITARIUM BURNED.—Fire destroyed the Biloxi (Miss.) Sanitarium recently. The patients were removed in safety. It will be rebuilt immediately.

LECTURES ON TUBERCULOSIS.—A series of popular lectures on tuberculosis will be given under the auspices of the Wisconsin State Tuberculosis Commission. The commission is working hard to have established a state sanatorium for consumptives.

FREE PASTEUR TREATMENT.—The New Orleans Charity Hospital has recently enlarged its field of usefulness by adding to its equipment a Pasteur Institute giving free treatment of hydrophobia. This applies to the people of Louisiana, Alabama and Mississippi.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1904. A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D., In two volumes. Volume I, including General Medicine. Octavo, 680 pages, fully illustrated; Volume II, General Surgery. Octavo, 673 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. (Per volume: Cloth, $3.00 net; Half Morocco, $3.75 net.)

The issue of 1904 is unquestionably the best commentary and exposition of medicine and surgery, in its varied phases of research, deliberation, and practice for the past twelve to eighteen months of which we have any knowledge. One cannot, we believe, anywhere get so comprehensive a view of the immense field of medical and surgical enterprise in any other way as by the perusing of these volumes, for the issue consists of books, there being two, and would more properly be referred to as the American text-books, one of Medicine, the other of Surgery. It is absolutely essential that the physician and surgeon desiring information that will keep him abreast of the times possess himself of Saunders' Year-Book, for in this as in everything he undertakes, Mr. Saunders gives us the highest and most perfect grade of work. B.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA. For Students of Medicine and Physicians. By Joseph McFarland, M.D., Philadelphia. Handsome octavo volume of 629 pages, fully illustrated, a number in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth, $3.50 net.)

"This work gives a concise description of the technical procedures requisite in the study of bacteriology a brief account of the life histories of the important pathogenic bacteria and sufficient description of the pathologic lesions accompanying micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. Although but a short time has elapsed since the appearance of the previous edition such rapid strides have been made in the subject of bacteriology, especially in its relation to pathology that the author deemed it necessary to rewrite the work entirely. All the old matter has been eliminated, much new matter is in evidence, and in fact the subjects treated have been brought precisely down to date. What impressed us most were the chapters upon Infection and Immunity. All the new facts recently added to our knowledge of these subjects can here be found. The value of the work as a book of reference has been materially increased by the introduction of a large number of references to bacteriologic literature. These have been thoughtfully chosen, and, in nearly all cases, give the sources of the original descriptions of the

micro-organisms treated, and the important methods described. Another valuable addition is a bibliographic index containing the names of over 600 authors"

Dr. McFarland has made himself known to the medical profession of this country as a conservative writer and a power in the way of directing inquirers to those facts which are of real value, at the same time helping them to understand the relative value of the facts or truths in medicine as they appear in an entirely new phase, or in a changed one. He is always to be relied upon and his productions are ever welcome. B.

HERBERT'S HYGIENE. New (3d) edition. A Manual of Hygiene and Sanitation by Seneca Egbert, M. D., Philadelphia. New (3d) edition, enlarged and thoroughly revised, in one 12mo. volume of 467 pages, with 86 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers. (Cloth, $2.25 net.)

This is a small volume, though the present is much larger than the earlier editions. Dr. Egbert's book is a resume of a subject, the importance of which cannot be estimated in any way by the size of the volume, when in its far-reaching principles are discussed. Preventive medicine, as has been proven beyond any question, is of the supremest import. True the student and active worker in this field sees no great reward, as reward is considered in this commercial age. At no time does he find himself overburdened with praise, or compelled to blush, because of extraordinary prominence given him or his work, as is often the case with less worthy workers in other fields of medicine, but he knows, and others should know and appreciate that it is the ideal of the noblest investigators to prevent disease, and by so doing bless their race. Where a practical manual of Hygiene and Sanitation is wanted such need will be met by this book. B.

MANUAL OF MEDICINE. By Thomas Kirkpatrick Monro, M. A., M.D., Fellow of, and Examiner to, the Faculty of Physicians and Surgeons, Glasgow. Philadelphia and New York: W. B. Saunders & Co. Cloth Pp. 901. (Price $5.00.)

This text-book is pre-eminently a text-book for the student, and it has been so referred to in a number of reviews. It is plain to the writer that the reviewers have used the word student in the too narrow sense of an under-graduate. Any physician trained in an American school of medicine will be decidedly benefited and instructed by a perusal of this text. It differs from the standard text-books used in our schools in that it deals in a helpful way with subjects that come very often before a novice in practice, though for some unaccountable reason the standard texts named make no reference to them. Such diseases as ring-worm, new formations, lupus, drug eruptions, acne, and a score of other frequently recurring disorders are described. For information concerning these diseases one would, if he possessed an American Text-Book on Medical Practice, be required to refer to special volumes. Dr. Monro writes in the strong, clear, practical style of his countrymen, and the book deserves a recognition in our schools and by those who practice medicine. B.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, M.D., Chicago. 12mo of 460 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $2.50 net.)

"Although this work was written, as the author states, primarily for nurses, yet from our interesting examination of it we firmly believe that medical students will find in it much of value, since the duties of a nurse often devolve upon him in the early years of his obstetric practice. There are really two subjects considered—obstetrics for nurses and the actual obstetric nursing—and Dr. DeLee has combined them so that the relations of one to the other are natural and mutually helpful, presenting this important branch of medicine in a clear and interesting form. The illustrations have not been borrowed from other works, as is too frequently the case, but have been made expressly for this book. The photographs were taken by the author from actual scenes, and are true to life in every respect. The text is the outgrowth of eight years' experience in lecturing to the nurses of five different training schools."

The foregoing is conservative in no small degree. Had such a book been in the writer's position when a novice officiating as an usher at the entrance upon life of young statesmen and future leaders in the struggle for woman's rights and free speech, many anxious hours and not a few embarrassing experiences would surely have been avoided. The book resembles nothing so much as itself, and it certainly deserves, and shall have a large sale and become a means out of the ordinary in helping those who read to a thorough understanding of obstetrics. B.

THE WORTH OF WORDS.—Bell—Hinds & Noble, Publishers, 31-35 West 15th street, New York City. (75 cents.)

Dr. Ralcy Husted Bell has given us a particularly useful little book in "The Worth of Words." Dr. Bell's ready wit and keen sarcasm enliven the pages, and few are so perfect in their English as to be unable to pluck knowledge worth many times the price from this little book. It is a charming gift book and its possessor will at once appreciate its value as a book of reference. As the author quotes from Herbert Spencer "It should be a matter of conscience not to misuse words."

THE MAN WHO PLEASES AND THE WOMAN WHO CHARMS.—Cone—Hinds & Noble, Publishers, New York. (75 cents).

Mr. John S. Cone, the author of the above book very modestly says, "It is not so much a creation as it is a compilation." However, it has all the freshness and charm of a creation and is genuine and honest in its estimate of the true value of courtesy among men and women. It gives, in form for service much concerning the subjects of dress, tact, voice and the general attitude of "The man who pleases and the woman who charms."

CONVENTIONAL NUMBER.—The next issue of the HERALD will be a special illustrated number for distribution at the meetings of the Missouri State and American Medical meetings.

Literary Lore

THE APRIL CENTURY.—This number is replete with interesting stories in fiction and of history. Of special interest to the professional man, we notice Dr. S. Weir Mitchell's autobiography, "The Youth of Washington," which is peculiarly striking on account of its daring conception and unique treatment. Dr. Gary N. Calkins of Columbia University contributes an excellent paper on "Protozoa and Disease" illustrated by the author's own drawings. This article is a most worthy one and shorn of all unnecessary technicalities will prove of great value to the laity.

IN the May number of *Wayside Tales*, just out, appears a cracking good story "The Rise of Dr. Russell," by Dr. Alex V. Grafstrom, of Jamestown, New York, which possesses an unusual interest for the medical fraternity. Dr. Grafstrom was formerly House Physician of the City Hospital, Blackwell's Island, New York. Two years ago, he published an interesting book "A Text-book of Mechano-Therapy" (Massage and Medical Gymnastics) which is recognized as a standard volume on the subject. That his literary work, however, is not confined to medical literature, readers of the current magazines are well aware.

AS pretty a piece of fiction as we have read in a long day is this little novel, "Incognito," by Helen Sherman Griffith (niece of General Sherman) in *Lippincott's* for April. It shows Mrs. Griffith's acquaintance with fashionable life, and, besides, has a flowing fund of humor. It is about his Majesty of Ehrlund, who wanted an American wife and came here incog. He got the nicest girl of all, but she was neither the first in wealth nor in family—just plain Jane?

THE brilliant manner in which the publishers of *Everybody's Magazine* have handled the subject of the St. Louis Exposition affords a clew to the success of the publication. The April number opens with an article on "The Greatest World's Fair," and the two men most able to do the subject justice have treated it. David R. Francis, president of the Exposition Company, furnishes the text, and Vernon Howe Bailey, the distinguished young artist, has done the illustrations. One is told and shown in the most interesting way just what to expect at St. Louis in May, and the prospect is amazing.

ANALGESIC SALVE FOR RHEUMATISM to relieve local pain.

℞ Lanoline (anhydrous)..... ʒ i
Menthol..... ʒ i
Betul-ol (methy-oleo-salicylate comp.)..... ʒ i
Beeswax..... ʒ i

Misce fiat unguent. secundum artem.

Apply with friction where it is not too tender, or on lint covered with oil silk if very sensitive to rubbing. It gives almost immediate relief.

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

MARCH 16, 1904.

Society was called to order at eight-thirty p. m., Dr. W. T. Elam presiding. Minutes of the previous meeting read and approved.

The Symposium on Syphilis was presented in the following order; Prognosis and Treatment, Dr. Jacob Geiger; opened by Dr. T. H. Doyle. Etiology, Dr. L. J. Dandurant; opened by T. E. Potter. Eye, Ear, Nose and Throat, Dr. W. L. Kenny; opened by Dr. Barton Pitts. Symptoms and Diagnosis, Dr. Chas. Geiger. Syphilis of the Nervous System, Dr. J. B. Reynolds; opened by C. R. Woodson.

[The above papers and discussions will appear in full in the next issue of the Medical Herald.]

Dr. S. F. Carpenter was elected to membership in the society.

Bills for printing and advertising meeting, amounting to $2.96 were allowed, and warrants drawn on the treasurer.

The application of Dr. W. Scott Morrison of Rushville was read and referred to the Board of Censors.

Adjourned.

OMAHA DOUGLAS COUNTY (NEB.) MEDICAL SOCIETY

[REPORTED FOR THE MEDICAL HERALD BY DR. R. M. STONE.]

Regular meeting of the Omaha-Douglass County Medical Society, March 7th, 1904.

Drs. J. P. Lord and Mary Strong presented a lad of 13 with a pronounced hare lip, together with a congenital torticollis, the left clavicle much elevated, as also the left scapula. entire absence of the left radius, and marked club hand. There was a lateral curvature of the cervical spine. The mother had been thrown out of a wagon at some unknown period of pregnancy; the child was born a footling and was very small, weighing but 3 pounds. At birth, the right leg was paralyzed, but this disappeared. The child did not walk till 4.

Dr. M. J. Ford read a paper upon Gastrorrhagia based upon two cases in his own experience. His first was that of a young man of 23, a confirmed and hard drinker, who had the symptom, pointed out by Osler, of nausea for days prior to hemorrhage, followed by liquid stools, probably containing blood, but not noticed. Prostration was marked. He then passed blood in the stool, followed by hematemesis. His condition was serious.

One-fourth of a gr. of morphia was given hypodermatically, bismuth, ergot and adrenalin sol. by the stomach. The next day death seemed to have taken place; heart sounds were not to be heard. Three-fourths of a gr. of morphia was given as before, and normal saline used by the rectum. Ice had been used to the stomach and the use of any food by the mouth had been forbidden. Later, nutrient enemata were used. He was discharged well on the 12th day and has been well ever since.

The second case was that of a woman of 43 who received a terrible fright in 1893, which was followed by exophthalmic goitre. In the winter of 1903 she was exposed to severe cold for 30 minutes. This was followed by two chills and coma. She voided her feces and urine unconsciously. Her body was frozen in spots. She had stomach pain and took some salicylic acid solution—a dram to the pint—on advice of a friend. Burning pain followed. The next day she vomited blood and became unconscious. The same line of treatment was followed as in case 1. The results in both were favorable. Dr. Ford was of the opinion that alcohol was the cause of the hemorrhage in the first case, and the intense cold, with use of the salicylic acid, the cause of the attack in the second case.

The modest paper of Dr. Ford brought out a good discussion which was highly complimentary. The consensus of opinion was that the use of ice over the stomach, adrenalin by the mouth, for its local effect upon the bleeding area, absolute rest of the stomach, the use of salines by the rectum, and the slow resumption of stomach feeding, the measures used by the doctor, were of the highest value. The use of very large doses of morphia hypodermatically was strongly approved. Dr. J. E. Summers, Jr., referred to a patient upon whom he had operated for an umbilical hernia in which it seemed necessary to handle the omentum quite roughly. This was followed by a gastric hemorrhage which was fatal. This condition has been reported, but it is rare.

Dr. J. P. Lord reported the present condition of a number of patients whose cases and operations he had formerly reported. The one of the greatest interest was that of a man who had an osteo-myelitis for which he had removed a large part of the tibia. He had filled the large cavity (an original procedure, he thought) with skin grafts, and he had the pleasure of reporting now, after more than two years, that they had done very well indeed. The grafts "took" and held, though there was no attempt to fill the vast cavity which existed. Had there been such an attempt, it would probably have failed. The leg is strong, free from ulceration, and performs its function normally.

MARIES COUNTY MEDICAL SOCIETY.—This society has been organized on the standard plan with the following officers: Dr. Otto C. Fritts' Belle, president; Dr. William. E. Johnson, Lois, and Dr. Otto N. Schudde, Vienna, secretary and treasurer.

ANNUAL MEETING OF THE SOCIETY OF SURGEONS OF THE ST. JOSEPH & GRAND ISLAND RAILROAD

Commercial Club Rooms, St. Joseph, Mo., on April 21, 1904, commencing at 10 A. M.

MORNING SESSION

Miscellaneous Business.

Reports of Unusual Cases in Pregnancy and Abortion.....A. Leigh
Discussion opened by Samuel Murdock, Jr.

Heart Stimulants in Pneumonia.....A. McGaughey
Discussion opened by Noah Hayes.

Rheumatism.....R. L. Tayes
Discussion opened by B. P. Hatch.

Luncheon at Benton Club.. hospitality St. Joseph & Grand Island R. R.

AFTERNOON SESSION

Management of Irreparable Crushed Extremities.....C. H. Wallace
Discussion by A. R. Ray.

Subject to be announced .....J. W. Perkins
Discussion opened by Samuel Murdock, Sr.

Management of Shock and Hemorrhage .....L. A. Todd
Discussion opened by J. W. Perkins.

Election of Officers.

W. A. HAYNES, Secretary. WM. STRAYER, President.

BUCHANAN COUNTY PHYSICIANS.—I want the names of all physicians who have located in, or removed from this County within the past year, to complete my records for the State Society. Information will be appreciated. Chas. Wood Fassett, Secretary Buchanan County Medical Society.

GONORRHEA.

℞ Satyria..... 8 ounces
M. Sig. Teaspoonful three or four times a day after meals.
With the above use an astringent injection as indicated.

PRURITIS.

℞ Hux-sal (antiseptic salt)..... ʒ i
Glycerinae..... ʒ ii
Aquae Camphor.....ad ʒ iv
M. f. sol.

Concerning the Doctor

His ups and downs; incomings and outgoings; haps and mishaps

Dr. L. A. TODD is now officing with Dr. Wallace in the King Hill Building.

Dr. J. D. GRIFFITH and wife of Kansas City have returned from a trip to Florida.

Dr. E. A. DONELAN has been appointed medical inspector of the St. Joseph Board of Public Schools.

Dr. O. P. CANFIELD of Edgar, Nebraska, died February 22nd, of locomotor ataxia, age forty-eight years.

Drs. W. B. DEFFENBAUGH and J. M. BELL are now located in their new offices at 710 Felix St., Long Building.

Drs. A. L. GRAY and F. H. SPENCER have removed from the Hughes Building to the new Moss Block, 8th and Edmond.

Dr. W. T. ELAM has leased a suite of rooms in the new Logan Block, 8th and Edmond Streets, where he will soon remove his offices.

Dr. SINGER of London, who made a visit to Omaha in February, will return to America and form a partnership with Dr. F. E. Coulter, and the profession of Omaha and the West will be enriched by his presence. He was married in England on the 6th and will sail on the 20th.

UNCLE SAM AND ABSENT TREATMENT.—A "Doctor" of Mascoutah, Illinois, who advertized to cure many ills by absent treatment was sentenced by the United States Court to six months imprisonment and payment of a fine of $500 for fraudulent use of the mails.

DEFORMED CHILDREN TREATED FREE.—Any child born deformed in Michigan may obtain free treatment at Ann Arbor on presentation of a certificate to that effect from the physician present at the birth and an order from the mayor of the city in which the child was born.

DOCTOR, if you contemplate attending the Missouri State Medical meeting in St. Louis, May 17 to 20, or the American Medical Meeting in Atlantic City, June 7 to 10, drop a card to Dr. Chas Wood Fassett, who will make all arrangements for a pleasant trip in congenial company. "When you travel, live by the way."

TWO TOO MANY.—"Triplets," said wee Willie Winkletop with a very knowing air, "always come to poor families. It's when God sends them a whole line of samples to pick from, and they hasn't enough money to pay the expressman to take two of 'em back.—Lippincott's.

Progress

WANTED, MORE CLINICAL DATA ON THE THERAPY OF YEAST.—(By Frederic S. Mason, M.P.S. Great Britain) —Brewers' yeast as a therapeutic aid in treatment of diseases, has come to stay, even if it is not very generally used. The yeast plant, sacchromyces cerevesiae, has been vaguely recommended by old authors for boils, and in recent medical literature we find it indicated in a number of diseases, e. g., furunculosis, carbuncles, diabetes, tuberculosis, bronchitis, broncho-pneumonia, enteroptosis, habitual constipation, cancer, etc., and so varied a list in fact, that it has been treated with the usual apathy exhibited towards new drugs, by the busy practitioners. This, I believe to be due in a measure, to the want of precise information respecting its doses, mode of administration, and detailed clinical reports on cases treated. Quoting from Dr. Ullman's paper (American Medicine) the author asks: From what deduction can we argue that brewers' yeast is of value? The study of immunity has taught us that the natural resistance of the body is due to one of several causes: (1) The fixed and movable cells have an inherent property of secreting a substances proteid in character, which acts as a protective to the organism. (2) Metchnikoff's phagocytic action of the polymorphous leucocytes acting by (a) chemiotaxis and (b) by secreting a substance germicidal in character; (3) the body is capable of producing under stimulation of certain proteid enzymes, the antitoxines, as seen in the production of an antitoxic substance in diphtheria and tetanus; (4) when the body has lost its resistance, the presence of a secondary agent may retard or inhibit the primary infection, as Coley's toxine injection in sarcoma. Brewers' yeast is not an ideal pharmaceutical preparation *per se*, and this is perhaps one of the chief reasons why it has not been recognized as it should be in America. Its frothy appearance and odor (unless quite fresh) makes it repulsive, and on the continent, where it is prescribed most extensively, it is never used in this form, but as the pure cultivated yeast cells of the sacchromyces cerevisae in a desiccated form known as "cerevisine". This reprerents in a concentrated form, (which can be kept indefinitely) the ferments, nuclein, nucleinic acid and phagocytic action which are essential to its therapeutic affects. With such a pure product, careful medical reports should be reported through medical journals and at the county societies, in order to demonstrate the very remarkable properties which have so many applications and are distinctly on the lines of modern therapeutic progress. In a more recent communication from Dr. Ullman, he says: "As to the theoretical reason for the good effects I noted in advanced cases of phthisis, I should say that in those cases the hectic fever, night sweats and chills, are but the expression of the reaction resultant from the bacteria feeding upon the body tissue. By using yeast, a cell body analogous to the living cell is substituted for the organism attacking the living cell, thus saving the body and as a result, there is no reaction, no chills nor so great night sweats." De Backer, Brault and Tounier have used yeast hypodermically intermuscularly most successfully in diabetes, tuberculosis, malignant neoplasms and cancer, and every day new applications for the display of its

phagocytic properties are being discovered in Europe, and there is every reason why this line of treatment should find imitators. Cerevisine (desiccated yeast cultures) act on gonococci, staphylococci and all pathogenic organisms (Prof. Doyen of Paris), and claims for its remarkable action in such almost incurable diseases as psoriasis, are being continually reported. What the practitioner wants, however, is detailed clinical reports of cases, referring to its use in otorrhea, abdominal ulcer, ulcerative tonsilitis, gonorrheal vaginitis, etc.

A NEW METHOD OF APPLYING VIBRATORY MASSAGE.—A striking illustration of the steady advance in therapeutic methods can be seen by comparing present methods of treating affections of the ear, nose, throat and lungs with those employed ten or twelve years ago. No more than ten years ago constitutional medication was largely depended upon in treating this class of cases. Such local medication as was employed had to be applied in the form of coarse sprays and pigments, or by inhalation of vapors from volatile medicaments. In middle ear cases the Politzer bag was used for inflating the drum and applying volatile vapors. It is no longer necessary to depend on these antiquated methods, thanks to improved appliances—the result of American inventive genius. The progressive doctor now treats affections of the ear, nose, throat and lungs by applying suitable medicaments directly to the affected parts. By the process of nebulization, both volatile and non-volatile medicaments are transformed from a liquid state into a visible, smoke-like vapor consisting of minute particles of the liquid, so infinitesimally small that the vapor can be applied to any part of the body to which the air itself is accessible. By using an up-to-date Globe nebulizer outfit the nebulized vapor can be applied under any desired pressure, the pressure being controlled automatically. Either a continuous or an interrupted current of compressed vapor can be employed as may be desired in any individual case. In this way positive medication is combined with mechanical manipulation of parts to which neither medication nor manipulation can be successfully applied by any other means. Thus the lungs may be inflated or expanded with compressed, nebulized vapor to which a vibratory effect may be given by rapidly interrupting the current. The middle ear, naso-pharynx and connecting sinuses may be similarly treated. The term "vapor massage" has been applied to this method of administering nebulized vapor, which was first suggested and described about nine years ago by Dr. Dunlap, who designed the special valve mechanism used with the Globe multinebulizer to produce the effects above described. Dr. Dunlap has recently designed a

compressed air vibrator, which can be used in connection with the massage valve of the Globe multinebulizer to produce extremely rapid interruptions of the current of compressed, nebulized vapor. By this means the ear drums and nasal sinsuses can be inflated at the rate of 2,000 to 3,000 impulses per minute, producing distinct vibrations, and thus combining positive inflation, medication and vibration in a single treatment. The same vibrator effect can be secured in treating pulmonary cases. The term "vapor massage,' has been suggested to designate this method of treatment. The accompanying cut illustrates the use of the multinebulizer and vibrator in applying "vapor vibration" to the middle ear. The application can be made through the Eustachian catheter if desired. In addition to the purpose above described, the vibrator is admirably adapted for vibration as applied to any portion of the body. Every physician who is interested in up-to-date methods should write the Globe Manufacturing Co., Battle Creek, Mich., for illustrated literature relating to the above mentioned appliances and other apparatus manufactured by them.

RELATIVE VALUE OF IRON AND ARSENIC IN THE TREATMENT OF ANEMIA.—F. Aperti (*Centralbl. f. inn. Medizin, Jan. 6, 1900*) has confirmed and explained by elaborate experimentation the opinions held by generations of physicians as to the value of iron and arsenic in the treatment of anemia. He shows that no system of diet and no other medicinal preparations possess in anything like the same degree the power of iron and arsenic to increase the number of red blood corpuscles and the amount of contained hemoglobin. Further his experiments establish beyond doubt that these two substances act differently. Arsenic increases the number of red blood corpuscles, but has no effect upon hemoglobin production. Iron, on the contrary, is alone capable of supplying that element, hemoglobia, the true essence of life, for which the red blood corpuscle is merley a means of transport. The only rational treatment of anemia, therefore, consists in the *combined* use of iron and arsenic—iron to augment the amount of hemoglobin; arsenic to increase the number of red cells. The addition of manganese, the most potent of all oxygen carriers, and of strychnine, makes a prescription of acknowledged value and wide applicability. Sangogen meets all these requirements perfectly. This preparation is put up in dry filled capsules only, and is dispensed in bottles holding seventy capsules. Each capsule contains one and forty-nine fiftieths grains of a predigested organic compound of iron; one fiftieth grain of a predigested organic compound of manganese; one one-hundredth grain of arsenic, and one one-hundredth grain of strychnine. The usual dose, therefore, is one or two capsules thrice daily after eating. Sangogen is the most easily assimilable and rapidly diffusible of all blood makers and tissue builders. Physicians wishing samples, kindly address Solway-Annan Company, Washington, D. C.

I HAVE used seng and cactina pillets in my practice and find that they are all that has been claimed for them. Seng is excellent in those forms of indigestion following chronic catarrh of the stomach and bowels. I like the effect of cactina pillets in weak heart. I have used it for the last seven years.—A. M. ARMSTRONG, M.D., Crawford, Tex.

The Medical Herald.

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Notes on Reliable Remedies

"Prejudice is the child of ignorance."—HASLETT.

THE ancestral foundation of all the liquid antiseptics before the medical profession is listerine; happy in name, happy in formula, and happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be congratulated on its success.

THIS winter's abnormally severe weather has left in its train hundreds of thousands cases of that "post-grippe cough" which is so intractable to ordinary treatment, but for which "malto-yerbine" (maltine combined with the active principles of yerba santa) is a specific. This is a strong statement, but it is based on the experience of twenty-five years.

A RECONSTRUCTIVE.—The value of phospho-albumen as a reconstructive tonic is nowhere more definitely evidenced than in the fact that a large number of prominent teachers of medicine have seen fit to recommend it in medical text-books and in the class-room, even men who are normally opposed to the employment of proprietaries have made an exception in the case of this valuable reconstructive agent, and have shown their confidence in it so frequently as prove a very flattering commentary on its worth. At the present time when bronchitis, lagrippe and pneumonia are so prevalent the use of phospho-albumen during the period of convalescence from these diseases will give most happy results, bringing about a speedy and sure return to normal health and an avoidance of the many serious sequelae which so frequently accompany them.

A GOOD SUGGESTION.—I will do all I can to assist you to put down the use of alum baking powders. A list of these alum powders should be furnished to every merchant and one to every M. D., and a fine imposed on all who sell and manufacture, as well as all who handle such powders.

L. R. LORING, M. D., Pond P. O., Mo.

There is no question about the baneful influence of alum baking powders upon the health. The trouble is, the people do not know which these bad powders are. If a list of them could be prepared by the State health authorities and circulated among the people, it would be a great aid in the suppression of these powders, the sale of which is now illegal.

CONSTIPATION, always a lurking danger, is all the more prominent at this season of the year when the more or less confinement of the winter months has added to the sluggishness of the bowels. To constipation with the backing up of the ptomaines and toxines in the system may be traced various symptoms, on account of which the laity at this time popularly suppose that they need a spring tonic. What they really need in most cases is the proper cleansing of the intestinal tract. Many drugs or combinations of drugs have been used to give the laxative or cathartic effect, but all are more or less harmful in cases of habitual constipation. In pancrobilin, which contains ¾ grain of ox bile and ¾ grain of enzymes of the pancreas, we have an ideal remedy in the shape of a pill for all cases of habitual constipation. Pancrobilin is so prepared that it is not effected by the digestion of the stomach and acts only in the intestines where it not only aids in the digestion of the food, but stimulates the villi to absorption and also stimulates peristalsis. Habitual constipation in children can be overcome by taking five or ten drops of the liquid pancrobilin once or twice a day.

A REMARKABLE CASE OF GOUT WITH RAPID RELIEF.—(By Dr. E. Petit, Paris.)—The patient, Monsieur Leon V. E. aet. 42, a prominent musician, had been subject to gout for some years, and at the time I saw him was suffering from an acute attack which paralyzed his right arm so that he was incapable of lifting it even with great effort. The pain, swelling and inflammation, was most severe. The patient had an important engagement to play at a concert that same evening and it was too late to get anyone to replace him, so that he was very anxious to obtain even temporary relief. I recommended local application of betulol (methyl-oleo-salicylate comp.) and prescribed one capsule of colchi-sal every quarter of an hour for the first hour, and again, after an interval of one hour, one capsule every half hour until relief was obtained. On calling again the same evening, I was surprised to find the patient dressed and about to leave the house for the concert room, where as a matter of fact he was able to play as well as usual. I found on inquiry, that he had either misunderstood my instructions or intentionally taken fifteen capsules within an hour! No ill effects followed and the attack of gout did not reoccur for some time, although no great precautions were taken as to diet. Patient describes having experienced "a peculiar sensation" after taking the fifteen capsules, but says he was able to use his arm without the least difficulty or pain. Such heroic doses of colchi-sal are not desirable or to be recommended under any circumstances, but this case clearly proves that this combination of colchicine and methyll salicylate can be given without untoward results, whereas, I am inclined to believe that colchinine alone might have produced serious consequences (the amount taken in one hour in the form of colchinine on the heart and the violent irritation produced by this alkaloid on the mucous membrane and epithelial tissue (which have been known to cause death in some few cases of granulated kidneys), seems to be avoided in colchi-sal, owing to the prompt elimination of the drug which prevents accumulation in the system. This rapid elimination is due to its combination as a compound colchinine-methyl-salicylate. —Translated from the Revue Pharmacologie Medicale.

COUGH.—Drs. Haas and Saxe, in a recent issue of the Buffalo Medical Journal, have contributed a most excellent paper upon this seasonable subject. Following are their conclusions:

1. In glyco-heroin (Smith) we have found a perfectly satisfactory mode of administering heroin, and the results of our experience with this preparation have been such as to dictate a marked preference for it above other combinations containing the diacetic acid ester of morphine.

2. It is especially valuable in whooping cough. Small doses of it are easily borne in children, and even by infants, and the results obtained are prompt and permanent.

3. We also have found glyco-heroin useful in the treatment of pulmonary tuberculosis, in reducing the cough, night-sweats, fever, pain, and dyspnea; in adding to the general well-being of the patient without disturbing his appetite and digestion.

4. In asthma it gives relief which compares very favorably with the effect of the depressant narcotics usually given in such cases.

5. It was always found satisfactory in acute bronchitis, while all but the most obstinate cases of chronic bronchitis yielded readily to its influence.

INDIGESTION.—When the hepatic cells themselves become atrophic and lose their nerve tonicity, and refuse to respond to nature's mandate. of secreting bile, then we have a group of symptoms not unlike those of a diabetic, but the results of which would be quite different. In this condition we have found nothing that proves itself an ideal more than "chionanthus," and we have an ethical preparation, which you all know, that has proven itself a perfect God-send in this condition, and that product is "chionia." Before the hepatic cells become atrophic and hardened, there is a stage in which the liver becomes engorged, congested, hypertrophic, and in this condition we have hepatitis, an inflammation of the cells and connective tissue, and if this continue, then the liver breaks down, atrophies and hardens. Now, chionia does not act like any other laxative or hepatic stimulant, but instead of producing a severe catharsis, it works on the inflamed cellular tissue, bringing back the liver to its former physiological condition, allaying all inflammation, and gently stimulating the hepatic cells to perform their duty. And when we add nux vomica to this ideal hepatic stimulant, we have a tonic for the sluggish liver that cannot be equalled by any other remedy.—Extract from a paper entitled "Indigestion, an Etiological Factor in Diabetes," read before the Medical Association of South Carolina, by Dr. J. Will McCanless.

I RECEIVED the sample of salo-sedatus, for which please accept my thanks. I used it for sick headache and it gave perfect ease in two hours. The patient was one that has been accustomed to attacks of sick headache every 10 or 15 days and was never able to get anything to relieve the pain, which lasted from 10 to 20 hours. I just gave one tablet, then gave two in one hour and a half, and in less than one hour patient was perfectly relieved.—D. C. TREMAIN, M.D., LaGrange, Wyo.

NOT FAILED IN A SINGLE CASE.—Dr. J. H. Powell, Fitzgerald, Ga., Says: "I have used satyria in my practice with good results; in fact it has not failed in a single case where indicated."

CALCALITH (Abbott) a true uric acid solvent. An efficient remedy for all the manifestations of the uric acid diathesis. This treatment is a new departure based on rigid scientific investigation and careful clinical research extending over a sufficient period to enable us to speak in highest terms of its efficiency. Results guaranteed. Money back if not satisfied. Send stamps for sample, or 50c (once only) for a full sized package, post-paid. The Abbott Alkaloidal Co., Ravenswood Station, Chicago.

NECESSITY CREATES THE DEMAND.—The rapid pace at which the American people are living draws heavily upon the physical bank account. To withstand the demands of nature large quantities of food are consumed, and in many instances proper time for digestion is not given. To retain health, elimination of waste products is as important as nutrition and the presence of rheumatism, gout, asthma, sore throat, lithemia, neurasthenia, etc., many times indicates that the organs of elimination are not properly functionating, and that waste products, especially uric acid, are being stored up in the system. In these conditions an eliminant and uric acid solvent is indicated, and as a remedy which has stood the test of time and rendered most excellent services in these cases, Hayden's uric solvent, is highly recommended. This preparation is a product of the laboratories of the New York Pharmaceutical Co., Bedford Springs, Mass., who need no introduction to our readers, but we mention it as it means "standard of merit. Write them for booklet "Human Laboratory."

APOLLINARIS, A NATURAL WATER.—*The London Lancet*, of the 30th of January, 1904, publishes a long and interesting article headed: "Some Points Concerning Natural Mineral Waters in General and Apollinaris Water in Particular." In view of a recent action, in which the question whether Apollinaris was entitled to be called a natural mineral water was decided in the affirmative, the "Lancet" has sent a special commissioner to visit the Apollinaris spring in Germany, and he now reports the result of his investigations there and sets forth numerous analyses made on the spot of Apollinaris purchased in the open market. The article concludes as follows:—"As a matter of fact apollinaris water is bottled in such a way that the natural equilibrium of the water and its complement of gas at a depth 50 feet in the spring are preserved in the bottle for public use. Both water and gas are absolutely the natural products of the spring and the composition of the bottled water is, according to our analysis, always the same and without any appreciable variation in the mineral constitutents. The taste of the water in bottle is identical with that of the water taken directly from the spring. Apollinaris water has a peculiar soft flavour which is due not to common salt at all but in part to the alkaline carbonates which neutralize the acids in the mouth, and in part to the natural state of combination of the mineral ingredients. As professor Oscar Liebreich has said, 'even the best manufactured artificial mineral waters differ from the natural ones in taste and value.' There is nothing disclosed in our analysis of the bottled water which is not found in the water at the spring. In view of these facts which we have taken some trouble to ascertain for ourselves, it seems to us that the recent decision of the Lord Chief Justice that apollinaris water is entitled to the description of a natural mineral water is in accordance with both law and common sense."

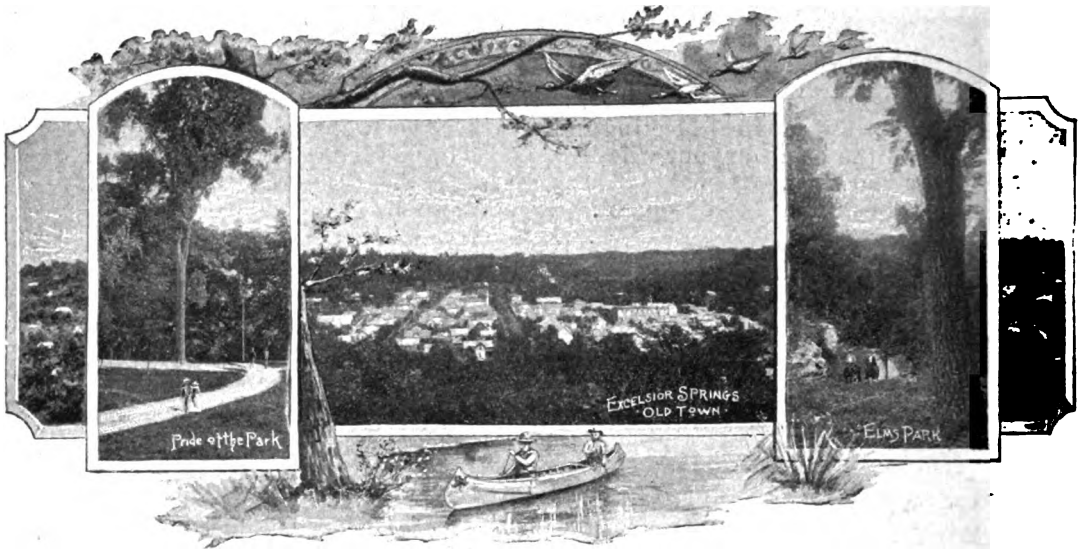
STALLMAN DRESSER TRUNK.—Doctor, if you contemplate attending the American Medical Meeting in Atlantic City, we would advise you to gladden the heart of your wife by purchasing a Stallman Dresser Trunk before you start. It makes traveling a pleasure. See announcement in another column of this number.

THE GRAND ATLANTIC HOTEL at Atlantic City is one of the finest and most beautifully located of any of the great houses in the city by the Sea, and delegates to the American Medical Association should make reservations without delay to insure satisfaction and comfort. See full page announcement in this number, giving rates and advantages.

"THE JEFFERSON."—This magnificent and stately edifice, the latest edition to the palatial hostelries of America, has just been thrown open to the public in St. Louis. Situated in the heart of the city, on Twelfth, Locust and St. Charles, and furnished in lavish style, it attracts the highest class of patrons, those who know and appreciate supreme comfort and elegance in hotel service. To add that "The Jefferson" is under the management of Mr. Lyman T. Hay, of Hot Springs fame, is to assure it an immediate and lasting place as a popular place for the elite of the traveling public. We confidently recommend this house to the members of the Missouri State Medical Society, which meets in St. Louis, May 17 to 20.

A SAFE AND SOUND INVESTMENT.—In this day of "wild-cat" companies and "get-rich-quick" schemes of various colors, the physician has great difficulty in selecting safe investments for his surplus earnings. At the present time we know of but one absolutely safe investment which we can recommend to our readers. We refer to the gold bonds issued by the North American Investment Company of St. Louis, and we take pleasure in calling attention to the interesting statement made by this company in another part of this issue. The growth of this company in the past two years has been simply phenomenal and is proof in itself of the substantial character of the men who are at the head of the company, and reflects great credit upon their wisdom in making safe investments for its members. The company is managed on the most conservative lines, and their investments must necessarily consist of the highest class of securities, since each one must be approved by the Missouri State Treasurer. Among the officers and directors of this company will be noticed many of the staunch business and professional men of St. Louis, who will be pleased to answer all inquiries in regard to the company and its methods of conducting business.

WHERE SPARKLING ALLOUEZ IS INDICATED.—The carbonic gas in sparkling allouez posesses the virtue of lessening the sense of hunger. Allouez water in its carbonated form should be employed in diabetes, where albuminuria is a symptom. The seat of hunger is the solar plexus. Its branches distributed through the mucous membrane of the stomach, are so influenced by the gaseous water that the hunger present in diabetes and in certain forms of indigestion is wholly appeased. Carbonated allouez may likewise be profitably used in cases of hyperpepsia where the patient sufers from a sensation of emptyness. In acute acid dyspepsia, heart burn, catarrh of the stomach and intestines, and in flatulency, it gives prompt relief.



HEALTH RESORTS AND SANITARIA

BUREAU OF INFORMATION.

THE MEDICAL HERALD has instituted this new department for the purpose of supplying unbiased and reliable information to its readers concerning the numerous resorts of America. It is conceded that the American waters are equal, if not superior, to any found in the Old World, and our wealth and ingenuity are fast developing the resources of our springs. We have, in America, all the climatic advantages and mineral springs necessary for the treatment of all the ailments to which mankind is subject, but we have, as well, many which are practically worthless and positively injurious, and against these it is our purpose to protect our readers. It is to aid them in the discrimination between the meritorious and the undeserving that this bureau has been established. We believe the therapeutic value of mineral waters has been long recognized, even since the days of Hippocrates, and oftentimes they are indicated as adjuvant and auxiliary treatment.

The information offered by this bureau includes every detail which the physician and his patient may wish to know. The location, railway facilities, elevation, climate, hotels, mineral springs, and sanitaria will be included in our lists of resorts. We also furnish upon request announcements, rates, and booklets from any institution in the country. The information from this bureau is furnished absolutely free to medical men and their patients, upon request from the doctor.

The information is obtained largely by trips of inspection and personal visits. Where this is not possible, the data is obtained from medical men residing in the vicinity of such resorts.

This bureau will also obtain sleeping-car accommodation, procure railroad tickets, and make reservation in hotels or sanitariums in advance for our patrons, if requested.

Address all communications to Chas. Wood Fassett, M. D., St. Joseph, Mo.

ARKANSAS.

Eureka Springs.—Crescent Hotel. $3.00 up. Weekly special. W. M. Walker. Mountain resort, mineral springs. Frisco system.

TWENTY-THIRD YEAR

JNO. H. MUSSER, M. D., PHILADELPHIA,
President-elect A. M. A.

THE Medical Herald.

LEADING TOPICS FOR MAY . . .

WALLACE

Official Journal Buchanan County Medical Society, Sioux Valley Medical Association, Medical Society of the

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., MAY, 1904.

Contributed Articles

FRACTURES AT OR NEAR THE JOINTS.

Frederick Treon, M. D., Chamberlain, S. D.

THAT eminent surgeon of his day, Prof. W. W. Dawson, of the Ohio Medical College, taught the members of our class that in the treatment of fractures two things were necessary to success, perfect coaptation and immobilization of the parts. Nature does the rest. Experience and observation teach that fractures at or near the joints require the same treatment as any other fracture, i.e., proper reduction and fixation until such time as union can take place.

In no other class of fractures is proper reduction and fixation so important. A fairly useful limb may be had from a fractured long bone where the reduction has not been properly made, as is now often demonstrated by the X-ray; that is, in the language of Dr. Arthur J. Gillett: "We may get a poor anatomical result and a good functional result; but the functional result of a fracture at or near the joint depends almost entirely upon the anatomical results."

The question then, after proper reduction, is, what position to place the limb in and the kind of dressing that will best immobilize the parts. The most important part of the treatment is the proper reduction of the fracture.

Prof. Dawson frequently said that he kept on hand a supply of blank deeds, and that when called upon to treat a fracture at or near the joint, he would, before assuming charge of the case, transfer all of his property to his wife. I believe more suits for malpractice have arisen from bone surgery, particularly the treatment of fractures at or near the joints, than from any other surgical procedure; hence the necessity of caution in treating cases of this kind.

There are two kinds of dressing that have been much in favor: they are both made with the plaster of Paris. After coaptation is secured extension should be made while the splint is applied and held until the plaster is thoroughly hardened. Care should be used not to apply the bandage too tightly. The two methods referred to are the dusted roller and the Bavarian splint. The former is applied in the following manner: envelope the limb in a layer of cotton, then having soaked the dusted roller in tepid water, apply it evenly, but not too tightly around the limb; about

*Read before the Mitchell District Medical Society, at Mitchell, S. D., March 3. 1904.

three or four thicknesses will suffice, after which a little of the dry plaster may be taken on moist hands and smoothed into the bandage.

To apply the Bavarian splint two pieces of loosely woven flannel are necessary, large enough to envelope the limb, lay one over the other and stitch the two together, two lines of stitches being taken through the center leaving a space of about one-half inch between them this is then placed under the injured limb the seam underneath or in the median line, the top flap or piece is drawn around the limb and sewed leaving a roach of about a half-inch, the bandage fitting like a stocking. Next spread the second flap out smoothly the limb resting on a board or table. Now mix the plaster of Paris with warm water to the consistency of thick cream with the hands this is quickly worked into the bandage about the limb, then spreading some on the underflap it is brought up and moulded about the limb trimming the roach down to the same height as the first. After it hardens which it will in a short time if the plaster is fresh, four or five notches can be cut in the roach, the stitches in the first roach may now be cut and the one-half inch space underneath not having received any plaster the splint opens, the space between the stitches acting as a hinge. With a few pieces of tape about the cast you have a perfectly fitting splint that may be opened at any time and the injury inspected.

For fractures of the elbow joint, the extension method should, I believe, always be used. The arm should be fully extended and supinated, and the plaster of Paris cast applied, letting it extend from the base of the fingers to the axilla; and here let me say that it is always wise to wash the injured limb well with soap, and after drying dust it with a dusting powder of talcum and oxide zinc.

The extension and supinated method is not a new one; for many years Oscar H. Allis, of Philadelphia, advocated it, and recently Arthur J. Gillett of St. Paul. reports some thirty cases treated in this manner. During the past season I saw and treated four cases of fracture at or near the elbow joint which I give below.

CASE I.—June 17th, 1903, Homer S., a lad six years old fell from a tree fracturing the condyles of his right arm. This case was seen with Dr. Duncan, we dressed it with a plaster of Paris cast, the arm extended and supinated. After five weeks the cast as taken off and motion and massage of the joint was commenced. The result is a useful joint with still slight limitation of motion.

CASE II.—June 18, 1903, Hans W., aged 8, was kicked on the right elbow fracturing both condyles. The arm was put up in the same manner, and after five and a half weeks motion with massage was commenced, the results were even more gratifying than in case I. as there is hardly any noticeable limitation of motion of the injured joint.

CASE III.—Oscar S., aged 22, while throwing a base ball on July 4th, 1903, fractured the humerus just above the elbow. No fracture of the condyles could be made out. The arm was dressed, as in cases I and II. After six weeks motion and massage was commenced with the result

of a perfect joint and arm. This case was seen and treated with Dr. Duncan.

CASE IV.—January 19, 1904, Mr. D., aged 30, while working on the pontoon bridge sustained an injury by the slipping of a log chain, the hook striking him with great force, the point entering the flesh just above the left elbow on the inside, making a punctured wound, fracturing the epicondyle, thus giving us a compound comminuted fracture. This case was also seen with Dr. Duncan. The wound was closed with a catgut suture and dressed with an antiseptic dressing, over which the plaster of Paris splint was applied The arm extended and supinated. Four weeks later the dressing was removed, complete restoration was the result, the external wound having healed by first intention.

I now make report of cases of fractures at other joints:

CASE V.—Mrs. G., aged 79, on October 7th, 1903, during a severe windstorm was struck with great force by a closing door, fracturing the humerus at the anatomical neck. You all know how difficult these cases are to get in place and hold until bony union takes place. This case was seen by Dr. Goodrich with me, and was dressed after Scudder's method, using a large V shaped pad in the axilla. The forearm bandaged and fixed to the chest wall, the hand resting in a cravat sling. The shoulder was well padded and at first a paste board cap applied so as to cover the whole shoulder, and later a plaster cap put on. These caps are made of six layers of crinoline into which has been rubbed plaster of Paris cream. The entire arm was then fastened to the side by a roller bandage going around the entirebody, a towel protecting the opposite side. After ten weeks the dressing was removed. The result in this case was most gratifying as the old lady has a perfect arm.

Scudder calls attention to one particular thing regarding the V-shaped pad, and it is a significant one—its length. It should be long enough to extend from the apex of the axilla to just above the internal condyle of the humerus. It should be used in all fractures above the elbow joint. Let me call attention to another point. When the middle or lower third of the humerus is involved in a fracture, bring the hand to the clavical of the injured side and fasten there instead of letting it rest in the cravat sling, as when the anatomical and surgical neck is involved.

CASE VI.—Tony B., aged 39, on July 23, 1903, was pitched from a horse and his left shoulder crushed by striking a post. He laid out over night, and was brought a distance of forty miles to Oacoma the following day where Dr. Duncan and I attended him. The shoulder and arm were badly swollen and under complete anesthesia the only injury to the bone that could be made out was a fracture of the upper third of the humerus. This we dressed with a V-shaped pad and the arm extended was put up in a plaster cast. Some two weeks later patient went to Minnesota where he remained abuout six weeks. On his return the dressing was removed with perfect union, but an imperfect shoulder joint could now be made out. We then took him to Mitchell and had Dr. R. C. Warne examine him with

the X-ray and a subglinoid dislocation was discovered We explained to the patient that it would be necessary to again anesthetize him, but he plead for time, and another week or two was lost. After this he fell from a high corral fence alighting on the injured shoulder. He then went to a Sioux City hospital and the case passed out of our hands. We were informed, however, that there the muscles were forcibly torn loose and repeated efforts made to reduce the dislocation, but without success. We further learn that he now has, as before entering the hospital, limited use of the shoulder-joint.

CASE VII.—Charlie R., aged 8, on July 3, 1903, while wrestling was thrown on his right hand and sustained a Colles fracture, which after reduction was dressed with the Bavarian splint, made with plaster of Paris, extending from the elbow to the base of the fingers. After six weeks the splint was removed and motion and massage commenced with a perfect wrist joint in the end.

All of the above cases were treated during the past year, and being fractures of the arm and of interest to me, I concluded to make a report of them to this society.

In conclusion, a few things about the plaster of Paris dressings are worthy of note: It is occasionally necessary to apply the interrupted plaster dressing in order to facilitate the reaching and dressing a wound while the parts are perfectly immobilized. This method is fully described on page 403 in the first volume of the International Text-Book of Surgery. Or a window may be cut in the cast at the required point for the same purpose. The edges of the window or opening may be sealed to the limb with liquid rubber, thus protecting it from excretions or moist dressings. Where the cast is made from the roller bandage it is a good plan to place an inch strip of tin or zinc upon the protected limb to be covered with the cast, to protect the skin while it is being opened. The cast can be split while it is still is being opened. The cast can be split while it is still moist with a sharp pen-knife, and I doubt if there is anything better. If dry it can be cut with a Hunter's saw, or any of the various forms of plaster cutters to be had; if they are not at hand a little muriatic acid brushed over the part to be cut will soften it so it can be readily split.

Gigli has devised a useful method of applying the plaster bandage. He inserts a layer of moist parchment paper over the flannel on the front of the limb, upon which he places a thick cord greased with vaseline, the ends of which are allowed to project beyond the bandage. When ready to remove the plaster one end of the cord is tied to a fine steel wire which has been nicked transversely at intervals by means of a file. The wire is drawn through the cavity which was previously occupied by the cord. Each end of this wire is wound around a piece of wood which is to serve as a handle, and the plaster is sawed through from within outward.

To cleanse the hands after applying the bandage, Scudder advises the use of granulated sugar or molasses, but I have found bicarbonate of soda and water so efficient that I seldom use anything else.

Bandages of plaster of Paris are now conveniently put up in tin boxes, sealed with adhesive strips and sold at a small price. They are efficient and when applied are safe from interference on the part of the patient. Either the roller bandage or the Bavarian splint are so easy to apply, and when on fit so well, that it is surprising they are not used more often than they are.

"TO THOSE THAT ARE TO BE."

L. Clyde Davis, M. D., Harrison, Nebraska.

Class of '08, Ensworth Medical College, St. Joseph, Mo.

TO be, or not to be is the one great question that confronts every young graduate of medicine. How to be a successful practitioner of medicine is a process that can be learned only at the hands of that most impressive of teachers—experience. As I, in my opinion, have been since my graduation eminently successful, this paper is written at the request of several of my old schoolmates, and is intended to save those who graduate at my Alma Mater, and those who are willing to profit by the experience of others, a great many of the seemingly, almost unsurmountable obstacles that meet the embryonic Esculapius in his long struggle for recognition by the public, as a man skilled in the science and art of healing the sick.

The first thing to be considered is a location. State boards of health that require examination for admission to practice within the borders of the several states are, but ought not to be, great bug-bears to young doctors. Another desire of recent graduates is to cast about for a location that offers no opposition in the way of competing physicians. Both these ideas are entirely erroneous, and ought to be avoided by those who have a conscientious desire to succeed in their chosen vocation. State boards are for your protection, rather than for barring you from their state. They protect you from a great many traveling quacks and tyros, who were it not for State boards, would reap a goodly portion of the reward that should rightfully belong to you as honorable men. The fact that your knowledge is such that you can be the possessor of a certificate from one of these states is a great factor in your favor, and one that inspires confidence in you by those from who you expect to gain your livelihood—the common people.

Where there is no opposition there is no business, and you want business and want it badly. The best way to get it is to sit right down among your elders, in the profession, and stay there day in and day out, and year in and year out, and you will get business if you deserve it.

Select a town or city that is substantial in its business and growth, one that has a country surrounding it that is prosperous. When you

settle in a locality similar to the above, stick to it as long as you can get enough to eat and a place to sleep. When you can get neither of those two necessities for sustaining life, quit the practice of medicine and engage in some kind of manual labor.

True, you will be the subject of ridicule and sport at the hands of your older professional brethren, because of your tender years. They will say, "yes, Dr. Blank is a nice boy, and he will make a good doctor after he has had ten or fifteen years experience." But just because you are out of college and think you know it all don't get mad and make an ass of yourself, as they have done. Let him do all the curbstone lecturing. He has grown old and indiscreet, and don't know any better. You are young and should know better, and should attempt to maintain the requisite amount of dignity which will prevent you from engaging in any such display of ignorance. The only time that you need your mouth, and that your vocal powers will be of any advantage to you, is when you are transacting your business, if you have any, or are engaging in social conversation. But whatever you do, don't try to belittle an old man. You cannot do it, no matter how old he is, or how ignorant he is of the science of medicine, for his old age and what he has done in former years is a fact which brings to his aid innumerable and staunch friends. If you do resort to these contemptible tactics you will find that this old man is reaping dollars in his ignorance, where you are reaping cents in your science, and you will have discovered the fact that you are a victim of your own indiscreet mouth. This old man cannot live always, and even if he should, he wont get all the business. This world was not made in a day, and you wont build up your practice in like space of time. There are a good many things that you know, and that he don't know, and vice versa.

There are two great factors absolutely necessary in order to attain success in the practice of medicine, viz., sound judgment and an abundant supply of self-confidence. In handling your cases no matter of what character they may be, if, in your judgment a certain procedure is necessary and you are confident that you possess the required ability to carry out that procedure, inform the family to that effect. If they give their consent, proceed to put into effect the dictations of your best judgment, as if you had done the same thing a thousand times before. If the family refuse to allow you to follow the course which you deem most advantageous to your patient, quietly pack your grip, tell them how much your bill amounts to, and that you would rather they would seek other medical advice and retire with grace. If they do procure another physician and the case terminates as you predicted, it will reflect upon you with credit, otherwise with discredit. But if you exercise reasonable care and diligence in your practice, you will usually be right, and the other fellow will not get much credit that rightfully belongs to you. But if one or two incidents similar to the above do terminate in your favor, you wont find it often necessary to resort to the above methods to impress upon the minds of your patients that you know your own business better than they can tell you, but rather the confidence gained by you from them will be such that they will offer no resistance in case you deem it necessary to resort to radical measures for the cure of your patient.

You should conduct your practice along conservative business lines as much as conservative business methods will allow. Render your bills every thirty days and insist upon their payment, if those from whom they are due are able to pay. If some are not able to pay, you will make enemies by pushing such people for that which is impossible for them to give. Every physician is called upon to do a certain amount of charitable work, and very often that amount is large. But if you are the men that all physicians should be, you will respond to every call that is made upon you. Human life is not measured in dollars and cents, and you as men owe a certain duty to humanity, and are duty bound to lend your aid to unfortunate sufferers as long as they are deserving of your generosity. I make an invariable rule, never to send a bill to those who I know cannot meet them. This class of people as a rule appreciate your kindness, and in my experience have been the means of a good many dollars coming to me from those who could pay. When people can pay and wont, I keep after them until they do. You wont lose anything by so doing; furthermore, you may as well allow people to get another doctor, because you made them pay, as to have them do it because they owe you. By conducting your business in such a manner, people soon learn to regard you as a business man as well as a doctor, and respect you as such. It may be a little difficult to establish your business in this manner to begin with, but if you persist in these methods, they will save you hundreds of dollars in the end. If you are reasonable in your charges, you will have no difficulty in collecting them, providing you adopt the above method in so doing.

There are a great many mistakes that young physicians are liable to, that is, in making "snap-shot" diagnoses and thoughtless statements, that if the case be a protracted one, will contradict themselves several times over before its termination. I find it an excellent rule, and one which I invariably follow if possible, to never make a diagnosis unless I am com-compelled to. or unless I am absolutely sure where "I am at." Then I am always very careful to leave a loop-hole open for escape, if I should happen to be wrong. I am not ashamed to say, that upon several different occasions I have found that self-same little loop-hole a very convenient way of graceful exit. But I always take great care to squeeze through without any one knowing it but myself. Of course if you are absolutely sure of the case under observation, make your diagnosis soon as possible, because quick and correct diagnoses are a token of a physician's ability. But if you are tactful enough to convince your patients, that you know your business, you will not be uncomfortably pinned down to doubtful facts. The longer you practice medicine the longer you will be discovering the fact that your absolute knowledge is becoming more limited every day you live. So do not be in a hurry to say things you are liable to have to take back. It is very uncomfortable to have to do such things, and it only serves to expose your ignorance. Suffering humanity don't pay you for, or want lengthy, high-spun theoretical orations upon scientific matters, that you, or they know nothing about. They don't want you to come in, sit down and look wise. They want results, and if you know what is good for your own welfare, you had better get those results within the

least possible space of time. Be truthful as possible in your statements. If the case is to be a protracted one tell them so. If you don't pave the way against possible dissatisfaction, you will find yourself upon numerous occasions dropped like a hot tuber, and some other and less worthy of your professional brethren, will be occupying your shoes.

That the practice of medicine is not a bed of roses, will be demonstrated to you to your entire satisfaction before you engage in it many months. You will enjoy your moments of supreme happiness, when you have by the aid of your scientific skill, snatched some unfortunate sufferer from the very jaws of death. These triumphs by you will be regarded by the laity as masterpieces, the result of your profound knowledge of your profession. But it is sad, but true, that all cases do no respond to your skilful ministrations. When you sit by the bedside of some little child, the cause of that great love that binds true men and women together, the whole hope, ambition and joy of that home, and who suffering with some mysterious malady, is slowly but surely slipping from your desperate grasp into the great beyond, regardless of the heroic efforts that you are putting forth to prevent the inevitable. While the little sufferer lies there before your very eyes in the throes of death, the heart-broken mother and father clinging to either side of you, imploring you to save their little darling. These are the times you will wish with all your heart that you had never been cursed with a medical education. These are the times that try men's souls, it requires men with souls to withstand such scenes, and I want to say if you are men without souls, you have no business in the profession. I have upon two occasions passed through such scenes, and both times as I left the house of death, and the scene of my fruitless efforts, I swore that I would not practice medicine another day. But men in their enthusiasm think that they can prevent the catastrophe the next time, but when the next time stares them in the face they discover the fact that they are as powerless as they were before.

In your practice you will come in contact with all kinds of people, both rich and poor, the ignorant and educated. You must cultivate you ability to treat all, alike, as long as your patience holds out. When your patience does run out, get a fresh supply. Your conduct towards women and children must at all times be gentle and kind. Sympathize with them in their hour of suffering. By the means at your command cheer them up and alleviate their suffering to the best of your ability. They will soon learn that you are interested in their welfare. You will grow to be their chief support and reliance in the times of their distress. If you are tactful enough to get the women to champion your cause, you need not worry about the men, they will fall in line.

When you are advanced in years, and have pursued the course of honorable men during all these years, you need not worry about the younger men stepping in and ousting you from favor. After you have engaged in the practice of medicine for a long term of years, and you have been the men you should have been, you will find that you occupy a position in the community as a leader, you will be respected and reverenced, by old and young alike, for the great good you have been to them and to

others. When the inevitable times comes, and your work on this earth is done, and you are about to depart for the Great Beyond you will know that yours has not been a wasted life, but rather that you have at least been of some benefit to suffering humanity and the world, and that your efforts have been here and will be there amply rewarded. Those upon whom you have ministered your kind and cheerful words, and whose ills, both physical and mental you have by your skill effaced, will wish you God speed, and when that supreme moment comes, you will go as a man should go—

"Departed and leave behind you,
Footprints in the sands of time."

POEMS THAT EVERY DOCTOR SHOULD KNOW.

THE TEMPEST.

We were crowded in the cabin,
Not a soul would dare to sleep—
It was midnight on the waters
And a storm was on the deep.
'Tis a fearful thing in winter
To be shattered by the blast,
And to hear the rattling trumpet
Thunder, "Cut away the mast!"
So we shuddered there in silence—
For the stoutest held his breath,
While the hungry sea was roaring,
And the breakers talked with Death.
As thus we sat in darkness,
Each one busy with his prayers,
"We are lost!" the captain shouted
As he staggered down the stairs.
But his little daughter whispered,
As she took his icy hand,
Isn't God upon the ocean,
Just the same as on the land?"
Then we kissed the little maiden,
And we spoke in better cheer,
And we anchored safe in harbor
When the morn was shining clear.

—James T. Fields.

Content.

My arrows are all sent,
My wealth is spent.
Time, knocking at my gate,
Warns me 'tis late;
Yet gladsomely I fare,
And take no care.

Where any bird sings free,
He sings for me;
Where any feast is spread,
There is my bread;
Where any hearthfires shine,
Their cheer is mine;
Where there are earth and sky,
No beggar I.

—Emily Read Jones in Lippincott's.

CONTRIBUTED TO SYMPOSIUM ON SYPHILIS, BUCHANAN COUNTY MEDICAL SOCIETY.

SYMPTOMS AND DIAGNOSIS OF SYPHILIS.

Charles G. Geiger, M. D., St. Joseph, Mo.

THE initial lesion or first stage of syphilis appears after a period of incubation upon the spot at which the poison was first absorbed. It occurs clinically under a variety of forms, which resemble each other very little. There is indeed nearly as great a variety in the local expression of primary syphilis as is known to be the case in secondary syphilis. Lesions, as encountered clinically upon the male and female genitals, are: (1) the raw erosion; (2) the superficial ulceration; (3) the deep, funnel-shaped ulcer; always indurated; (4) the herpetiform lesion; (5) the mixed lesion. The syphilitic lesions of the lip, of the nipple, of the general integument have their type-forms, and also lesions of the urethra, anus or rectum.

The Raw Erosion.—This is the most common form of syphilitic sore. Most estimates place its occurrence as high as 60 to 75 per cent of all forms. It is found in both sexes on the integument, as well as upon a mucous or semi-mucous surface. It is of variable size, from that of a small split pea to a large beefy patch as big as a copper penny when advanced in growth. The surface may be any shade of red, occasionally a light subdued pink. Generally the color approaches a livid purple, and later on becomes coppery. There may be a central adherent false membrane, but usually the surface is literally raw; not discharging pus, not ulcerated, but yielding a trifling discharge of bloody serum.

In shape this erosion is oval or irregularly rounded; perhaps it may run along a natural fissure. Several may occasionally co-exist upon one patient, appearing simultaneously. Induration of these erosions is common, sometimes partial, sometimes beneath the whole surface, often parchment-like and imperceptible unless the whole integument at the seat of the erosion be lifted up, and the lesion gently pinched laterally between the thumb and finger. Sometimes on the other hand, the induration is very prominent and bulges up above the surface like a solid tubercle, with a flat raw top, it is then termed ulcus elevatum.

The Superficial Ulceration.—This form of primary lesion is very common, and is much like the last in most of its features. In fact many lesions are first erosions, then ulcerate superficially, and perhaps later return to the eroded state. The only difference between this lesion and the erosion is that this form is ulcerated. The ulcer is slight, its borders are adherent and sloping. Its underlying induration may be parchment-like, is more apt to be of split-pea varieties, or there may be an elevated tubercle with a dome-like, ulcerated cap. Finally, the induration may be slightly excavated downward, and then the ulcerated surface is correspondingly depressed. The floor of these ulcers is grayish, the discharge scanty, thin, sero-purulent—perhaps bloody. The Hunterian lesion formerly

looked upon as a type, is almost rare enough to be an exception. It is simply a very pronounced lesion of this last variety, in which the induration is considerable and the excavation proportionately great. The lesion is a large mass of woody induration, of rounded form, in the center of which is an oval or rounded ulcer extending deeply into the induration, funnel-shaped, with a pultaceous floor, adherent sloping edges, and yielding a thin, moderate puriform discharge.

Herpetiform lesions, so-called, consist of a collection of chancrous erosions. They resemble clusters of herpatic vesicles and may be mistaken for them. On this account in doubtful cases an opinion should be guarded. The diagnosis is made by the persistency of the lesions, moderate induration, and, later, involvement of the inguinal glands.

The mixed lesion is a combination of the two sores, the chancroidal and the syphilitic lesion. Each sore runs its course, and the compound lesion possesses the characters of both.

The initial lesion of the general integument occurs as a flattened papule or elevated tubercle, or excoriated patch, or a moist flat tubercle, or an indurated ulcer. All of these forms have been seen and studied in connection with experimental auto- and hetero-inoculation, and they may be encountered clinically. The lesions resemble the same varieties upon the penis.

The excoriations are often in part or totally scabbed over; there may be nothing more than an insignificant, dry, scaling papule upon the skin to mark the point of entrance of syphilis. The flat, moist tubercle resembles exactly the condyloma—the flat, mucous tubercle of the skin. Finally, a superficial or a deep excavated ulcer may mark the starting-point of syphilis upon the skin, and in such cases the induration of the ulcer is apt to be quite extensive.

Initial lesion of the tongue has no distinctive characteristics, but resembles the raw erosion found upon the genitals. It is generally located on the dorsal surfaces, and sometimes on the side of the lingual mucous membrane. Its surface may be shiny and red, or covered by a membranous film. The submaxillary glands are always enlarged.

Urethral lesion may be observed through the endoscopic tube in the form of a rounded erosion or flat ulcer. Generally, urethral lesion is situated just within the meatus, one or both lips of which it may involve. Occasionally, however, it occurs at a considerable distance within the canal.

Sometimes the existence of urethral lesion is disclosed by the presence of a lump along the course of the urethra, usually pain upon erection. At this spot some pain is apt to be complained of on urinating. A slight discharge flows from the urethra, more mucoid than purulent, sometimes bloody.

Initial lesion of the fingers occurs at the site of an abrasion or hangnail on the hands of surgeons or nurses. The notable feature of such a sore is the great amount of thickening surrounding it with an absence of definite ulceration. The surface is raw, shiny, red. The epitrochlear and axillary glands are indurated and enlarged.

Initial lesion of the anus is found around the margin of the sphincter in end of the folds. On this account and because the induration is not generally great, this lesion may go unnoticed. As an irregular ulceration or erosion it approaches in type a similar lesion on the general integument.

In the female, around the ostium vaginae and on the labia erosions, often not appreciably indurated, excoriations, flat, raised mucous tubercles, and the regular deep indurated ulcer may each be encountered as the herald of future syphilis.

Upon the cervix uteri the initial lesion usually appear on the anterior lip as an elevated or flattened erosion, with a red areola and covered with a membranous pellicle.

Induration is a feature of initial lesion the importance of which has been much overrated. It is not an absolute essential of syphilitic lesion, although unquestionably it is a very constant symptom. Induration occurs in several forms: The most common are the parchment-like and the split-pea indurations.

Before the symptoms upon the skin and mucous membranes appear there is a period of rest (incubation) between the occurrence of the initial lesion and the advent of the subsequent manifestations, during which time the initial lesion may have entirely healed, leaving only the induration of its former site and an induration of the nearest chain of glands as traces of its presence.

We must remember that the terms primary, secondary and tertiary are ones of mere convenience, and must not be accepted in a purely chronological sense. Many of the symptoms which are classed as tertiary may and do appear in the secondary period—as for example the affections of the nervous system—and should you be too bound down to name and rank all affections of the nervous system as necessarily tertiary, you will involve yourselves in much confusion and trouble. The true distinction I believe to be this, viz., that during the secondary stage the symptoms are more superficial and more amenable to treatment than they are during the tertiary period, and that the exudations which occur during the earlier stage are absorbed and removed more speedily than those of the latter. I much prefer to speak of these lesions as the superficial and the deep lesions of syphilis, irrespective of their seat. whether on skin or mucous membrane, in the eye, ear, nervous system, or bone: erythematous syphilides, papular syphilides, pustular and tubercular syphilides. These again may be subdivided as follows: Erythema maculatum, erythema papulatum. These are also called the macular and maculopapular syphilides. The papular syphilides are also divisible into the papulae miliares, papulae lenticulares seu, papulae squamosae.

The pastular syphilide may also be divided into two groups, namely: pustulae et pustulocrustaceae. The tubercular into tuberculae et tuberculocrustaceae.

In addition to these forms there is another variety, which is known as the gummatous syphilides, and this is further divided into the ulcerating gummata, non-ulcerating gummata, according as they break down or not.

This includes all the varieties of the syphilitic manifestations of the skin, and the advantage of these names is that they describe accurately the physiological conditions of the lesion and its cause at the same time. Thus, papulosquamous syphilide, although a little longer name than syphilitic psoriasis, tells you more, and the same is true of pustular syphilides as against syphilitic ecthyma.

We must remember that secondary syphilis mimics all forms of skin diseases; however, we differentiate this loathsome disease by the following symptoms; scally eruptions on palms of hands and soles of feet, milk spots or punctae lactae, on back of neck, induration of cervical glands super-trochialar and inguinal glands, mucous patches in mouth, falling of alopeciae and copper colored spots on skin.

Between the secondaries and tertiaries periods there are certain symptoms, called reminders, which some time appear. Among them are skin eruptions, enlargement of the testicles, choroiditis, ulceration of the tongue, disease of the arteries and squamous eruption of the palms, soles.

Tertiary lesion of syphilis is the gumma. This has no tendency to spontaneous cure, and is characterized by the formation of masses of granulation cells, which commonly infiltrate the surrounding tissues, and break down in the center.

Congenital syphilis manifestations are rare before four to six weeks after birth; then there may be secondaries, as snuffles or coryza, macular or papular eruptions, mucous patches, ulcerations about the mouth and lips (rhagades), stomatitis, which by its effect upon the dental sacs of the permanent teeth, causes the subsequent develoment of Hutchinson's teeth. After some years tertiaries develop. These commonly take the form of interstitial keratitis and gummatous developments.

SYPHILIS OF THE NERVOUS SYSTEM.

J. B. Reynolds, M. D., St. Joseph, Mo.

SYPHILIS attacks the nervous system as it does all other organs through its connective tissue and its blood vessels. There is a constructive form which does not soften, but contracts after its formation and by pinching the delicate nervous cells and tubes gives rise to the most varied symptoms. There is also the gummatous destructible form of disease which destroys all tissues implicated by softening or cheesy metamorphosis, and by its own pressure occasions numerous symptoms.

The brain, the cord and the nerves are also exposed to injury. The meninges of the brain and cord are liable to inflammatory thickening and to gummatous deposits. The bones of the cranium and of the spinal column may be the seat of necrosis or caries. Nodes may grow upon the bones and press upon the delicate nervous structure within. Finally a

large number of symptoms of brain disease which formally were seemingly beyond the possibility of explanation, are now found to be due to changes in the walls of the arteries supplying the brain, such as apoplexy and blood cysts. Occlusion of arteries and consequent softening of portions of the brain, or an interruption of the functions of such parts, may all be explained easily by the arterial lesions.

No greater step toward the comprehension of the effects of syphilis has been made for many years than this one of the recognition of the possible results of syphilis upon the arteries and the consequent interference of function in the tissue whose blood supply has been thus cut off or lessened.

Changes in the bones surrounding the brain may occasion nervous symptoms. Such changes commonly are nodes from the inner table and necroses (involving the meninges in the inflammatory disturbance). Thickening of the periosteum or disease of the bone, about any of the foraminal through which the cranial nerves find exit, leads to loss and impairment of the functions of the nerve. The meningeal lesions are pachymeningitis and gummatous deposits.

Pachymeningitis is a connective tissue cellular proliferation going on to organization into fibrous thickening of the tissue involved. It generally occurs over the anterior lobes of the cerebrum, on the convex surface or at the base. The dura mater is most often involved, pia mater next, and the arachnoid least often. Gummatous deposits in the meninges are found as scattered, yellow, softened or cheesy nodules amidst the sclerosed patches of pachymeningitis, or spread out in yellow layers between the thickened meninges. Such tumors are at first cellular, gray and soft, gelatinous, with fibrous envelopes, and finally cheesy. White softening occurs over a limited area. Gumma of the brain form in the outer coat of the small arteries and spreads from thence. Gumma are not common in the brain substance, when found it is most in the cerebrum near the surface.

Endoarteritis commences as a round celled deposit in the intima between the endothelium and the membrane fenestra. The carotid arteries and their branches are more often involved in this process than the basilar.

Syphilitic arteries are always a late lesion.

Symptoms of the most varied character are produced by syphilis of the brain.

Headache is a paramount of symptoms in all stages of syphilis. Later lesions are the bones of the cranium. Gummatous processes or pachymeningitis, intense at all stages. worse at night. Vertigo early in syphilis is believed to be due to congestion or anemic conditions of the brain.

Convulsive seizures, spasms, epilepsy, vomiting, photophobia, strabismus, varied lesions cause aphasia, hemiplegia and troubles of the intelligence.

Death from syphilitic brain trouble may be the result of the bursting of a vessel, gradually progressing to enfeeblement and cachexia.

Frightful attacks of nervous symptoms terminating life sometimes reveal nothing to the pathologist, while on the other hand tumors and extensive meningeal troubles connected with lesions of the bone have been found after death, when these have been little more than local pain during life to direct the physician's attention to the brain. Syphilis is picturesque and irregular in its nervous expressions. Certain groupings of symptoms are believed to be pathognomonic of syphilis. One is unilateral spasm commencing in the fingers or thumb, running up one limb and down the other. Instant unconsciousness sometimes terminating in a general convulsion with loss of consciousness. Speech may or may not be involved, partial paralysis may follow. Optic neuritis is often due to syphilis.

The mental disturbances of syphilis are very varied. There is a certain quality of brain weariness which is constantly complained of. The patient cannot fix his mind upon anything intently. His brain gets tired at once. Sometimes he cannot even read a newspaper. He cannot cipher, often he cannot write a letter. While he can talk and laugh as well as ever, and to a careless observer does not appear at all deficient in brain power.

There is also generally a tendency to emotional excesses in patients whose brain are weakened by the physical lesions of syphilis. Such individuals will laugh or cry at the very slightest provocation; get gloomy and depressed sometimes without cause. Others seem to be made careless and happy by their malady.

Nervous symptoms of syphilis generally terminate favorably. No matter what or how severe, or how extensive, or how long standing. When secondary symptoms are light, or when tertiary symptoms come on very early, then symptoms due to lesions of nerve tissue are to be feared.

Hemiplegia due to syphilis is usually observed in patients who are comparatively young.

1st. It may come on suddenly without any previous warning, except persistent pain in the head, worse at night.

2d. May come on very slowly taking perhaps several weeks to become complete. Face becomes paralyzed, and then gradually the upper extremities. Finally the loss of power extending to the lower limbs.

3d. Hemiplegia may be due to syphilitic degeneration of an artery which thinned by gummatous deposits or dilated behind on obstruction, may give way and occasion true apoplexy.

Headache localized in one spot very often proceeds the seizure by several weeks.

Epilepsy generally comes on several years after the chancre. Paraplegia due to syphilis is rarely complete.

Facial paralysis is quite common in syphilis, early in the disease this symptom has been noted. It is mild in character and yields to mercury.

The other pairs of nerves are very seldom involved by syphilis, but they are not exempt.

A mixed treatment or a liberal use of the iodides internally, mercury by inunction. Another essayist has given us the scientific treatment.

ETIOLOGY OF SYPHILIS.

L. J. Dandurant, M. D., St. Joseph, Mo.

THERE are two clearly marked forms of syphilitic infection called the acquired form and the hereditary. In the acquired form the infection is derived from a person previously infected, in whom the disease is active. In the majority of instances it is contracted in the sexual act. However, there are many cases in which it is not contracted in this manner; for example, kissing a syphilitic, inoculation in operations, contamination from any article, drinking cups, towels, etc., which may contain the virus.

Hereditary syphilis is that form in which infection is derived from one or both parents at the time of conception. It is a matter of great doubt whether true syphilis can be transmitted to the child during gestation. Acquired syphilis is never developed spontaneously; its virus enters the system at the point of infection, and always begins with the development of the local lesion. The lesion is the accident of contagion, which is the prelude of all the others and is always separated from them by an interval more or less long, which is the indispensable exordium of the disease.

The disease is communicated to the healthy person by means of the secretions of a person suffering from that disease, and the first evidence of the disease is the initial lesion. The vehicles of infection are:

1st. The secretion of the initial lesion.
2d. The secretion of the mucous patches and condylomata lata.
3d. Secretions of secondary pustules, tubercles and papules.
4th. The blood of syphilitics.
5th. The secretions and blood in active hereditary syphilis.

Most authorities are of the opinion that while the secretions of the secondary leisons are infective, those of the tertiary period are inert. There is no doubt that when the disease is active, as shown by the extent and severity of the lesions, the secretions of its subject are markedly infectious. It is very likely, however, that the secretions and tissue elements of the tertiary lesions, especially when they are active and numerous, are endowed with a virulent power.

The normal secretions of a syphilitic subject are not of themselves virulent or infective. They may, however, be contaminated by secondary secretions and by blood; for example, the saliva is perfectly harmless, but if there are mucous patches, fissures, etc., in the mouth, the saliva is contaminated by their secretions, and is rendered patently infectious. The sweat does not contain any virulent principle. The tears are not infectious; the semen of a man even in the secondary stage is innocuous, not infectious.

Justin De Lisle, of New York, has recently written a very interesting and valuable paper on the bacterial element in the causation of this disease, in which he presents some very convincing conclusions to sustain his deductions. He agrees with the clinical evidence that the etiologic factor

of syphilis exists in the general circulatory fluid, and has proven by his investigations that it and no other liquid of the body contained the infective principle. The blood carries this disease to every organ in the body, and all the other fluids of the body prove themselves harmless when not mixed with blood, and inoculated into animals or human subjects. Another interesting point brought out by his investigations was the surprising fact, that notwithstanding the thousands of autopsies that have been performed in special hospitals, amphitheatres, and morgues, medical records furnish no instance of a specific contamination resulting from a wound received during the autopsy of a syphilitic cadaver. A fact which he presents to prove his point, that the specific bacillus of syphilis is destroyed and obliterated the moment the blood coagulates.

THE PROGNOSIS AND TREATMENT OF SYPHILIS.

Jacob Geiger, M. D., St. Joseph, Mo.

ACCORDING to Baumler, the prognosis of acquired syphilis is that the infection lasts from eighteen months to three years, after which, it is exhausted.

Following this period the blood and secretion from open lesions cease to be contagious, and if the case has been properly treated, no further manifestations are experienced.

The prognosis, however, must vary with the habits, resisting power and treatment of the individual. The consensus of opinion is that syphilis is curable in the greater proportion of cases. It is generally believed that the virus introduced into the system sometimes dies out spontaneously at any stage, and that a cure is brought about without the use of drugs. This fact, however, does not justify us in pursuing a course of inaction, for the reason that there is no positive time that we can prognosticate the further behavior of the disease. This statement is likewise true in cases medically treated, for in some cases there is no further manifestation after the initial sore for twenty or thirty or forty years.

The only proof we have is in the quiescence of the disease, and that his progeny escapes as well, and the further fact of an occasional reinfection.

Fatal results of syphilis are generally incidental to sequelar lesions of the blood vessels or viscera.

Inherited syphilis is one of the most fatal of all the diseases affecting mankind. Ninety per cent of the syphilitic children born living, die of the disease subsequently.

Treatment.—I am a believer in the early constitutional treatment. A reasonably safe diagnosis can be made in a majority of cases of primary venereal sore very early as to whether it is a chancre or a chancroid.

It is impossible to mention all the remedies which have been employed and to discuss their relative merits in this disease. Mercury has up to the present time remained the sovereign remedy This has been. used in various ways, according to the peculiarities of the case and the experience of the physician. Mercurial inunction is regarded as the most affectual and satisfactory way to administer the drug. It is absorbed and becomes vaporized. From one to two drachms should be used every night by rubbing it well into the skin, first into the flexor parts of the arm, next into the arm pits, then the abdomen, then the groins, and lastly the back of the knees, etc.

If the use in this way is contraindicated, by the appearance of erythema, eczema or folliculitis, then the mercurial vapor bath or subcutaneous injection should be resorted to. When mercury is well borne by the mouth proto-iodide is the best preparation given in increasing doses, from an eighth grain, to three times daily, until the gums are touched, then discontinue the remedy a few days and begin again.

Iodide potassium stands next in rank. It should be given in the secondary and tertiary stages, in doses from five grains to thirty or forty grains three times daily, well diluted in the stomach with water or preferably milk. Iodide of sodii is much better tolerated by the digestive organs and quite as beneficial given in a little larger doses.

Beneficial results have been attributed to the use of arsenic and sarsaparilla and many other drugs. We must not forget the one important fact, like in the treatment of other diseases, we must treat the system, as is indicated. When mercury and potassium destroy the appetite and digestion and our patient is losing flesh and strength, then builders and tonics should be given in their stead. Regular life and good habits in all respects are necessary. no alcoholic stimulants, tobacco or coffee should be used, moderation in all other ways is necessary, plenty of rest, sleep and mental quietude. Keep skin, kidneys and bowels active. Continue medical treatment for two years regularly, the next five years periodically and good habits throughout remainder of life. By such a course syphilis is readily controlled and cured.

Looking Upward.

Oh, my Beloved, I am sad to-night,
Feeling my love less pure than it should be
For little thoughts of self steal silently
Sometimes between thine image and the light.
Oh, were there aught more sacred in thy sight
Than my warm woman-love, I'd give it thee;
Silence, or sacrifice, or ecstasy
Of mystic contemplation's holy flight.

Is there some purer name than Love, that so
My soul may call thee in her secret prayer?
Brother, or Friend, or aught—I do not care,
So it be dear as that I would forego
But I should call thee Love, again, I know
Feeling thy kisses on my face and hair!
—Elsa Barber in Lippincott's

My desire and aim have been to utter nothing but truth. I have no love for error in any form or in any field of knowledge.—HIRAM CHRISTOPHER.

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The Editors' Forum

[Discussion of Current Topics invited in this department The Editors assume no responsibility for the views expressed by correspondents.]

A REORGANIZED MEDICAL PROFESSION.

When a few years ago, Dr. Chas. A. L. Reed, of Cincinnati, who was then President of the American Medical Association, proposed a re-organization which would unite in one grand body the medical profession of this country, it was considered by many wise men as next to an impossibility, and Dr. Reed himself, perhaps, hardly dared hope to see within his lifetime a consummation of his ambition. Surrounding himself, however, with a coterie of energetic, loyal men the results have been a surprise to nearly every one. In a letter recently received from Dr. Reed, he states that the organization now comprises something over two thousand counties, and working together almost perfectly. A major share of credit for this result is due to the "Apostle of Unity," as Dr. McCormack, of Kentucky, has most appropriately been christened, to Dr. Simmons, secretary of the A. M. A. and Dr. Foshay, of Cleveland.

It is needless to say, however, that in spite of the wonderful advancement accomplished in so short a time, the work has only just begun, and it needs our individual efforts as physicians, constantly working, pressing onward and upward until every reputable doctor in the United States is a member of the National body. The force of this is brought home to us in Buchanan County, where not more than one-half of the physicians of St. Joseph and Buchanan county are members of the affiliated medical society. In union there is strength, and not until the majority of our fellows realize this and put their shoulders to the wheel, will the medical profession assume the position in America to which it is justly entitled.

We see on every hand evidences of our weakness. For years we have striven and pleaded for a representative in the President's Cabinet, without success; two recent cases may also be pointed out: First, failure of the legislative committee to secure a medical man on the Panama Canal Com-

mission. There was every good reason why a medical man and an expert sanitarian should have been appointed on this staff, and strenuous efforts were made by the physicians of the country to induce the President to name Dr. Gorgas of the United Army. The pressure brought to bear upon the President, however, while it failed of its purpose, had its good effect. In his instructions to the committee, President Roosevelt has impressed upon it the importance of securing competent medical experts to assist them in the great work. (Since writing the above, we learn that Dr. Gorgas has been selected by the commission as medical adviser.)

Experience has proven, however, that a medical man cannot be wholly successful in a project of this kind, unless he is high in authority. He is sure to be badly handicapped, as evidenced in the fearful mortality among the officers and laborers, in former canal campaigns where the medical man occupied a subordinate position.

The next failure of the medical profession to accomplish its purpose is seen in the abandonment of the World's Congress of Medicine, which was projected for St. Louis next September. After making extensive preparations and enlisting the co-operation of eminent men from all quarters of the globe, the project was abandoned for the very reason that medicine and surgery were relegated to a subordinate position by the managers of the Exposition Company.

Such failures as these are certainly most humiliating to us, and our only hope in obtaining recognition in National affairs is continued activity along the lines of organization, unity and harmony, and the greatest of these is harmony. F.

ALCOHOL IN PATENT MEDICINE.

One of the most gratifying "signs of the times" that has come to our notice of late, is the decided stand taken by some of the magazines belonging to the popular class, against the indiscriminate sale of patent medicines. Mr. Edward Bok, the talented editor of the Ladies Home Journal, has an interesting article in the May number of his magazine, in which he deprecates counter-prescribing of the various compounds, blood purifiers and tonics, with which the country is flooded Mr. Bok intimates that in the springtime the young man's fancy turns not lightly to thoughts of love, but rather to thoughts of a "blood-purifier" or a "tonic" for that "tired feeling!" He says that instead of paying one or two dollars for an honest, intelligent opinion and prescription, people will invest from twenty-five cents to one dollar in a concoction, the composition of which they know naught of. A mother who would hold up her hands in holy horror at the thought of her child drinking a glass of beer which contains from two to five per cent of alcohol, gives to her child with her own hands a patent medicine that contains from seventeen to forty-four per cent of alcohol, to say nothing of opium and cocaine!

May it be said to Mr. Bok's credit, that his magazine has ever kept its pages clean with regard to these patent medicines, but he claims that women have written caustic letters to him raging because his magazine advertised a certain root beer, which contains no alcohol at all, while at the same time the same women were swallowing bottles of the venerable "Lydia Pinkham's" vegetable compound, containing by actual analysis more than 20 per cent of alcohol.

After publishing a list of the most notorious of these "bitters" and patent medicines, and giving the per cent of alcohol contained in each, Mr. Bok takes a shot at the W. C. T. U. He says: "Let the officers of the Woman's Christian Temperance Union look into the advertising columns of the religious papers of the country and see how their columns fairly reek with the advertisements of these dangerous concoctions. Yet in these very same so-called religious papers there are official W. C. T. U. columns setting forth the official news of the organization and its branches. A pretty consistent picture do these two portions of the average religious paper present, advocating with one hand, alcoholic prohibition, or temperance, and receiving with the other hand money for advertising, and thereby recommending to their readers preparations filled ten times over with more alcohol than the beer which fills them with so much horror in the editorial columns! There are no papers published that are so flagrantly guilty of admitting to their columns the advertisements not only of alcohol-filled medicines, but preparations and cure-alls of the most flagrantly obscene nature, as the so-called religious papers of this country. Unable, owing to their small circulations, to obtain the advertising of discriminating advertisers, they are all too ready to accept the most obscene class of advertising business which the average second-rate secular paper would hesitate or refuse to admit into its columns. I am speaking whereof I know in this matter. Besi le me, as I write, lie issues of some twenty different 'religious' weeklies, the advertising columns of which are a positive stench in the nostrils of decent, self-respecting people. Let the W.C. T. U. officers counsel its members who subscribe for these papers to compel their publishers to omit these advertisements, and if they refuse, let these people discontinue their patronage of the paper. Such measures would very quickly shut out from publicity the majority of these baneful patent medicines. There is vital important work here for the W. C. T. U. in a cause which is aiming with far greater danger at the very heart of American homes than the cracking of a bottle of champagne over the hull of a newly-launched craft!"

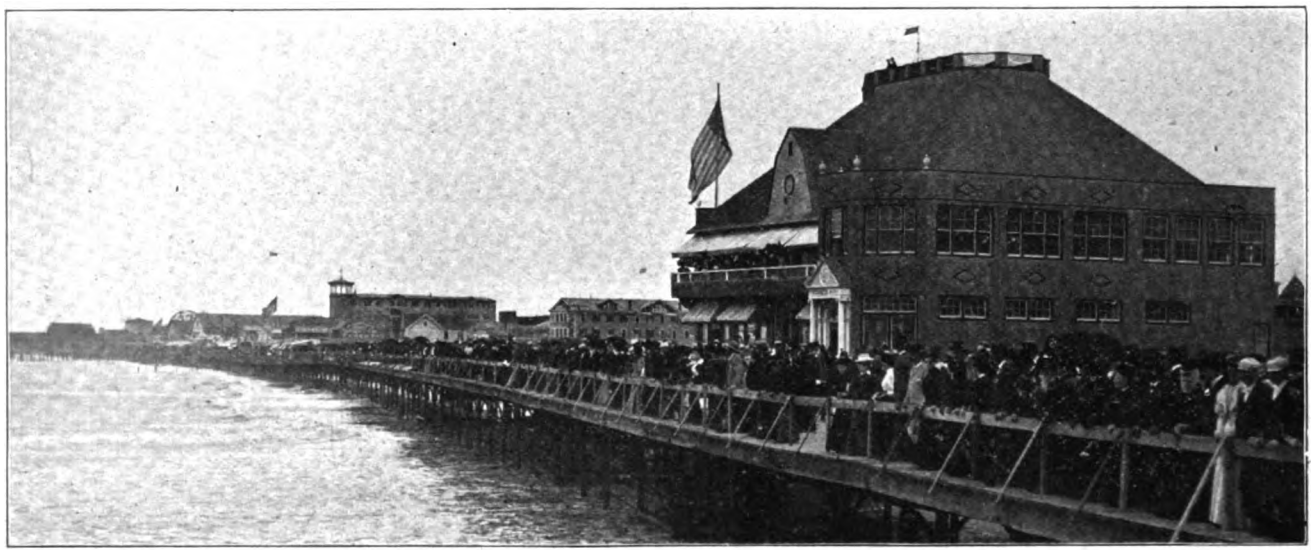
And speaking of the frailty of the religious press, calls to mind a little joke on Bishop Potter, which has been going the rounds of the magazines:

It is related that at the close of a lecture engagement in rural New York the Bishop was approached by a farmer, who, addressing him familiarly, said,—

"Pard, h'ain't I seen yore pictur' some'ers in th' paypers?"

With becoming modesty the Bishop replied, "It is possible."

"Well, pard," continued the farmer, " wont' you please tell me what you was cured of?" F.



THE FAMOUS BOARDWALK, ATLANTIC CITY

AMERICAN MEDICAL ASSOCIATION.

The approaching meeting, in Atlantic City, June 7 to 10, under the presidency of Dr. John H. Musser of Philadelphia, will be a notable one in the history of this organization, for many reasons. Atlantic City is the greatest health and pleasure resort in America, and in its many sided variety and attraction, it surpasses the charms, the novelty and the shifting life scenes of the most celebrated European watering places. The announcement that a rate has been granted of one fare, plus one dollar, will have a marked influence upon the attendance, and we predict that this will be the largest gathering of the medical profession in the history of America.

The generous hotel accommodations will be remembered by all who attended the meeting there in 1900. The Pennsylvania and Rock Island Railroads are making arrangements to take care of the delegates, and a special train consisting of Pullman sleepers, observation and dining cars will leave Chicago on Sunday, June 5, arriving in Atlantic City at 5 o'clock the following evening.

One section of the Missouri Valley party, consisting of Missouri and Kansas delegates, will leave Kansas City and St. Joseph on Saturday evening, June 4th, via the Rock Island, arriving in Chicago Sunday morning, and leaving at 2 o'clock same afternoon for Atlantic City, via the special train of the Pennsylvania lines. The delegates from Nebraska and Iowa will join in Chicago, and all proceed to destination in one party via the Pennsylvania.

The scientific program is an excellent one, and the various sections have arranged for carrying forward their work with a thoroughness which is to be highly commended. The orations this year will be as follows:

On Medicine, Dr. Geo. Dock, Ann Arbor, Mich.

On Surgery, Dr. W. J. Mayo, Rochester, Minn.

On State Medicine Dr. H. Biggs, New York City.

An important epoch to be celebrated this year is the affiliation of the New York societies, after an estrangement of many years. This has been brought about by a fusion of the New York Medical Society and the New York State Medical Association.

The Arrangement Committee, composed of Drs. B. C. Pennington, E. A. Rieley, J. A. Joy and Philip Marvel, has completed the work assigned to it, and the series of entertainments will be a delightful surprise to those who are fortunate enough to attend.

As usual there will be numerous other attractions of a scientific nature, among them the American Academy of Medicine, which will hold its twenty-ninth session on Saturday, June 4, and Monday, the 6th. The Association of American Medical Colleges, which meets on the 7th, and the Association of American Medical Editors on the afternoon of June 6th in the parlors of Hotel Dennis. The committees, headquarters of the various sections and meeting places will be found in another part of this issue.

The House of Delegates with convene at the High School building at 10 a. m. on Tuesday.

GEO. H. SIMMONS, M. D.
Chicago.
Secretary American Medical Association and
Editor of "The Journal."

A meeting of the National Auxiliary Congressional and Legislation Committee will be held at 2:30 p. m., Wednesday, June 8th, at the High School building. Dr. C. A. L. Reed, chairman.

A conference of Councillors and State Association officers will be held some time during the week.

The profession of Philadelphia has arranged ten elaborate programs of special clinics, lectures and demonstrations, etc., beginning on May 31, and continuing June 3d, 4th and 6th, with omission during A. M. A. week. On Friday these clinics will be resumed and continue until the 14th. Full information may be obtained in advance by writing to Dr. DeForrest Willard, 814 Chestnut street, Philadelphia, and the program will be found in the Journal of the American Medical Association, April 30th.

Another event of National interest to the medical man, will be the unveiling of the Rush monument, which will occur in Washington on Friday afternoon, June 10th. The monument is being erected on the site originally designed by the Secretary of the Navy, in the park opposite the United States Naval Museum of Hygiene and Medical School. The ground was broken on March 23d. The oration at the dedication will be delivered by Dr. J. C. Wilson, of Philadelphia. There will be a special train from Atlantic City to Washington for this occasion, and it is expected a large delegation will attend.

The Rush Monument Committee consists of Dr. J. A. Wilson, Philadelphia; H. D Holton, Brattleboro, Vt.; Frank Billings, Chicago; L. Duncan Bulkley, New York City, and W. L. Rodman, Philadelphia.

Those of our readers who contemplate the trip and desire further information, hotel or sleeping car reservations, should address Dr. Chas. Wood Fassett, St. Joseph, Mo., who is organizing the party from the Missouri Valley.

NEW SOCIETY.—On March 8, after an informal meeting at the College of Physicians in Philadelphia, there was formally launched the "United States Society for the Study of Tuberculosis," an organization which, judging by the prominence of the physicians assembled, bids fair to take the lead among the numerous societies formed for the discussion and study of this most important medical and economic problem. Dr. William Osler acted as chairman, and among a host of eminent men may be mentioned Solis Cohen, Anders, Coplin, Hare, Musser, Norris, Ravenel Wilson and Tyson, of Philadelphia; Janeway, Doty, Biggs, Jacobi, Trudea and Lambert, of New York; Rosenau and Sternberg, of Washington; Bowditch and Clapp, of Boston; Welch and Osler, of Baltimore; Forchheimer, of Cincinnati; and Probst, of Columbus. The next meeting of the society will be held at Atlantic City in June, at the time of the American Medical Association.

IN THE SWIM. ATLANTIC CITY

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

MISSOURI STATE MEDICAL ASSOCIATION.

The State Society will hold its annual session in St. Louis, on May 17, 18, 19 and 20, in the Y. M. C. A. Hall, Grand and Franklin Avenues. Scientific sessions will be held in the mornings only, from 9 to 1 o'clock, leaving the afternoon and evening for the members to attend the World's Fair. Friday will be Missouri Medical Day at the World's Fair, and an entertainment will be given for its members in the Missouri building. Following is the

PRELIMINARY PROGRAM.—FIRST DAY.

Symposium on Tuberculosis: (a) Causes and Methods of Transmission, Hugo Summa, St. Louis. Discussion opened by Carl Fisch, St. Louis.

(b) Prevention, George H. Homan. Discussion opened by J. R. Lemon, St. Louis.

(c) Climate in, E. W. Schauffler, Kansas City. Discussion opened by Geo. C. Crandall, Kansas City.

(d) Home and Sanitorium Treatment, William Porter. Discussion opened by Woodson Moss, Columbia.

(e) Therapeutics, N. P. Wood, Independence. Discussion opened by R. M. Funkhouser, St. Louis.

Remarks on Bacteria in the Dead Body, R. B. H. Gradwohl, St. Louis.

Report of a Case of Hemianopsis, Flavell B. Tiffany, Kansas City.

Closure of Wound of Abdomen, H. C. Dalton, St Louis.

Respiratory Infections in Children during the Past Winter, John Zahorsky, St. Louis.

An Analysis of the Dispensary Service of St. Louis, H. J. Scherck, St. Louis.

Acid Dyspepsia, J. M. Bell, St. Joseph.

Fifteen Cases of Extragenital Chancre Observed in 1900, 1901 and 1902, A. H. Ohmann-Dumesnil, St. Louis.

SECOND DAY.

President's Address.

Symposium on Appendicitis: (a) Catarrhal, P. Y. Tupper, St. Louis. Discussion opened by J. D. Griffith, Kansas City.

(b) Suppurative, Jacob Geiger, St. Joseph. Discussion opened by N. B. Carson, St. Louis.

(c) Perforative, Harvey G. Mudd, St. Louis. Discussion opened by F. J. Lutz, St. Louis.

(d) Gangrenous, Wm. McCandless, St. Louis. Discussion opened by O. B. Campbell, St. Joseph.

(e) Chronic, Lester Hall, Kansas City. Discussion opened by H. Tuholske, St. Louis.

(f) Technique of Operation, Jabez N. Jackson, Kansas City. Discussion opened by C. M. Nicholson, St. Louis.

State Medicine, W. F. Morrow, Kansas City. Discussion opened by A. W. McAlester, Columbia.

Some New Ideas and Conclusions concerning the Extract of the Adrenal Body and Its Therapeutic Value, John K. Broderick, St. Louis.

A General Practitioner and Valvular Lesion of the Heart, B. H. Swart, Kansas City.

Sex Formation and Determination, Thomas H. Lockwood, Butler.

Hemorrhoids, C. J. Morrow, Kansas City.

A Contribution to the Study of Gall Stone Disease, Herman E. Pearse, Kansas City.

Office Treatment of Rectal Diseases, W. H. Coffey, Kansas City.

The Importance of Diagnosis of Diseases of the Rectum, Wm. H. Stauffer, St. Louis.

THIRD DAY.

The Management of Irreparable Crushed Extremities, C. H. Wallace, St. Joseph.

Medicine as a Science, E. E. Gilmore, Adrian.

Removal of Entire Rib (except head) versus Resection for Empyemia, Spencer Graves, St. Louis.

Cancer; its Prevention and Cure, W. G. Thompson, Holden.

History of Medicine, J. M. Ball, St. Louis.

Enormous Hypertrophy of the Prostate with Urinary Obstructions; the Obstruction caused by Chronic Stricture of the Urethra and not the Hypertrophy; with specimen, G. Wiley Broome, St. Louis.

Preservation of Anatomical Material, Peter Potter, St. Louis.

Inflammation and Suppuration of the Frontal Sinus, T. E. Potter, St. Joseph.

Gunshot Wound of the Intestines: a Case of Double Resection and Anastomoses with Murphy Button and Connell Suture; specimens, Walter C. G. Kirchner, St. Louis.

LaGrippe and its Treatment, R. B. Fewel, Montrose.

Retroperitoneal Infection as a Complication in Abdominal and Pelvic Abscess, L. J. Dandurant, St. Joseph.

Personal Experiences in Treatment of Typhoid Fever, H. G. Shobe, Paris.

Pneumonia, J. D. Seba, Bland.

Symptomatology of Prostatic Disease, Leland Boogher, St. Louis.

Appendicitis, Pinckney French, St. Louis.

The Medical Treatment of Appendicitis, Eugene F. Hauck, St. Louis.

Report of Four Cases of Strangulated Hernia; two Inguinal; two Femoral; Resection of Bowel in each case through Supplementary Abdominal Incision; Anastomoses made with Murphy Button, followed by Radical Operation at Hernial Site; Recovery of all, J. Y. Brown, St. Louis.

FOURTH DAY.

Some Remarks on Renal Tuberculosis, J. Block, Kansas City.

How to Cure by a Novel Method, Hopeless Cases of Deafness and Discharge from the Ear, Robert Barclay, St. Louis.

A Plea for Early Exposure of the Mastoid Antrum and Cell in Persistent Acute Otitis Media Purulenta with Pain, J. C. Buckwalter, St. Louis.

Some Cellular changes in the Embryonic Optic Vesicle of Necturus; Preliminary report, Clarence Loeb, St. Louis.

Ulceration of the Cornea, J. A. B. Adcock, Warrensburg.

The Treatment of Ocular Diseases by the X-Ray, John Green, Jr., St. Louis.

Splenectomy for Enlarged Spleen with Twisted Pedicle; Recovery; Report of a case, A. H. Meisenbach, St. Louis.

Pneumonia, Ceo. W. Goins, Breckinridge.

Treatment of Epilepsy, Given Campbell, St. Louis.

A Silver Splint for the Direct Support of a Fractured Long Bone, Willard Bartlett, St. Louis.

Scarlet Fever, Robert D. Haire, Clinton.

The Early Diagnosis of Pulmonary Tuberculosis, H. C. Shuttee, Westplains.

Local Anesthesia in Surgical Operations, T. C. Witherspoon, St. Louis.

Pulmonary Tuberculosis with Exceptional Reference to its Early Diagnosis and Home Treatment: with Report of a Case, J. T. Anderson, Warrensburg.

Genital Herpes in the Male, Philip Newcomb, St. Louis

Little Things in Medicine, A. G. Gissy, Montrose.

Suggestive Therapeutics, Ernest H. Spooner, St. Louis.

Consumption and its Correct Treatment, C. Walker Watts, Fayette.

Intestinal Tuberculosis with Presentation of a Specimen, Francis Reder, St. Louis.

Pulmonary Tuberculosis, A. D. Bridges, Portland.

Giant Cell Sarcoma of Bone, C. M. Nicholson, St. Louis.

Sect. 4, By-laws: No paper before the Association shall occupy more than 20 minutes in its delivery, and no member shall speak longer than 5 minutes nor more than once on any subject.

THE TRI-STATE MEDICAL SOCIETY OF IOWA, ILLINOIS AND MISSOURI will meet in St. Louis, June 15th, 16th and 17th. An interesting program is being prepared, and some of the most distinguished physicians and surgeons of the country will attend the meeting. The president is Dr. W. B. La Force, Ottumwa, Iowa; and Dr. Louis E. Schmidt, 1003 Schiller building, Chicago, is the secretary.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The seventeenth semi-annual meeting was held at the Lindell Hotel, Lincoln, Neb., on March 24th. The society was called to order by the president, Dr. A. D, Wilkinson of Lincoln.

Minutes of the last meeting were read and approved. In the absence of the Committee on Credentials the president appointed Drs. Pickett Crummer and Condon.

Dr. Moyer on behalf of the Committee of Arrangements reported that a smoker would be held in the Lindell Hotel at 9 o'clock Friday evening and that an invitation had been extended to the society to visit the sulpho-saline bath house.

The report on revision of constitution and by-laws was postponed until the afternoon session.

AFTERNOON SESSION.

The following papers were then presented:

1. Gastric Ulcer, J. C. Waterman Council Bluffs Ia.
2. Pernicious Vomiting of Pregnancy, J. H. Talboy Mapleton Ia.
3. Symposium on Pneumonia: (a) Etiology and Pathology, J. M. Mayhew, Lincoln, Neb.

(b) Symptomatology and Diagnosis, B. F. Crummer and W. U. Bridges, Omaha, Neb.

(c) Prognosis and Treatment, J. M. Barstow, Council Bluffs, Ia.

(d) Surgical Complications, Van Buren Knott, Sioux City, Ia.

Adjourned to 7:30 p. m.

EVENING SESSION.

The following papers were read:

4 The Correction of Some Complications in the First State of Labor, W. Berry, South Omaha, Neb.

5. Modern Views of Locomotor Ataxia, John Punton, Kansas City, Mo.

6. Hemianopsia with Report of Case, F. B. Tiffany, Kansas City, Mo.

The secretary offered a resolution expressing a desire on the part of the society to affiliate with the American Medical Association, which was unanimously adopted. (See page 209, last issue). The secretary was then instructed to forward a copy of the resolutions, together with the proposed constitution and by-laws to the secretary of the American Medical Association for approval.

Upon motion, a new committee on By-Laws and Constitution was appointed by the president, consisting of Drs. Fassett, Lord and Treynor.

Dr. E. H. Everett, of Lincoln, was appointed chairman of the Credential Committee.

The president appointed the following committee of Arrangements to serve at the next annual meeting of the society at Council Bluffs: Drs. Donald Macrae, J. M. Barstow, J. C. Waterman, V. L. Treynor and F. W. Dean.

Dr. J. P. Lord presented an interesting specimen—extrauterine pregnancy.

The following bills were presented, and upon motion, allowed, and warrants ordered drawn upon the treasurer:

Secretary's expenses	$15 20
Stationery and programs	23 50
Treasurer's expenses	9 80
Subscriptions to official journal	12 00

The following applications for membership were presented, and by vote were duly elected to membership: Carl F. Rah, Germantown; W. H. Betz, Bellevue; J. A. Andrews, Holdrege; W. B. Kern, Hastings; R. C. McDonald, Fremont; J. W. Willis, Colon; I. H. Dillon, Auburn.

The society then adjourned to the dining-room of the Lindell, where an inviting repast awaited them. A vote of thanks was tendered the profession of Lincoln for its hospitality.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

Regular meeting, March 16, 1904, Dr. W. T. Elam in the chair.

The following papers were read: Symposium on Syphilis: The Etiology, by L. J. Dandurant (see page 254); Symptoms and Diagnosis, by Chas. G. Geiger (see page 248); Prognosis and Treatment, by Jacob Geiger (see page 255); Syphilis of the Nervous System by J. B. Reynolds (see page 251).

DISCUSSION.

Dr. T. E. Potter.—The study of the cause of the syphilitic virus is very interesting, the discharge from a chancre will not corrode the tissues, while from a chancroid it will. The nature of the germ has not been proven, but I think it is of bacterial origin, judging from its behavior. Primary sore is very inoculable, the tertiary sore will not reproduce the disease in a healthy person. You can not produce sores in animals. The secretions of the body, such as milk, etc., have no power of inoculation. In a family of six children, five may escape, while the sixth will suffer from it. Syphilis can be transmitted to the fetus by the sperm as well as by the ovum. Paternal transmission is more common. After conception it may go from the mother to the fetus, transmission occurs most frequently in the second stage.

Dr. T. H. Doyle.—Dr. Geiger covered the ground well. Dr. Mott said in 1863 that mercury was king in syphilis, and this holds true yet. For some years my experience has been more limited in this disease than formerly. After a correct diagnosis I am a great believer in the energetic mer-

curial treatment, of course, always careful about the general condition of the body. In connection with what has been said I give the proto-iodide grs. ⅛ three times a day until I get the specific effect, tender gums and establish tolerance. Van Buren used to advise the agent that offended the stomach least. If a man gains flesh mercury helps, but if he become emaciated drop it. In anemia give iron always give systematic baths and I believe syphilis can be treated as well here in St. Joseph as in Hot Springs Ark. K. I. is next in importance to mercury. I agree with Dr. Jacob Geiger that large doses of mercury may be harmful.

Dr. C. R. Woodson.—Syphilis of the nervous system is a large field and difficult to consider in a discussion of this kind. These symptoms of nervous implication are due to inadequate or improper treatment of syphilis. I believe in its microbic origin, we have syphilitic meningitisg, umma. arteritis and endarteritis due to an exudative inflammation—affect membranes of the brain and cord its tissues and blood vessels—occurs at various periods from a few weeks to two years or ten, twenty, forty years. Cranial nerves may be affected. Some physicians do not pay sufficient attention to the important question of the day the prevention of nervous complications by proper treatment, as syphilis may assert itself at any period—seven times oftener in men than in women. There is a difference of opinion among neurologists regarding the role played by syphilis in nervous diseases Dana states that general paralysis does not result from syphilis—I believe it is due to syphilis in 90 per cent of the cases, tabes dorsalis also, here we have a degeneration without an exudation; most frequent seat is about the blood vessels, roots of cranial nerves—it is important that the physician recognize the disease in its early stage, when it is amenable to treatment. If syphilis does not yield it is due to injudicious treatment. Headache, palsy, choked disk, amaurosis, not relieved by ordinary methods, be suspicious of syphilis. When it is syphilis I believe in large doses of mercury or iodide of mercury, blue mass is a quick preparation. Iodide of sodium is best tolerated if less than 45 years of age, with rigid pupil or ptosis, neuritis, aphasia before the degenerative period begins. There are 100 cases of syphilis of the nervous system under my care. I have seen scars upon the brain as a result of softening, due to arteritis obliterans. When the cases come to us it is too late I believe physicians should know the mode of onset of nervous complication, and I believe in five years of treatment.

Dr. Barton Pitts.—Dr. Kenney not being here, I wish to say that I have seen but comparatively little syphilis of the eye in twenty years. Have seen syphilitic ulceration of the ear drum several times. The most frequent involvements are iritis, choroiditis and optic neuritis; catarrhal deafness may often be due to inherited syphilis. There is sometimes a question between syphilis and rheumatism. In Russia they have the practice of removing foreign bodies from the eye with their tongue, and they report cases of conjunctival chancres. The ocular muscles, the pupil and the accommodation are frequently affected; we have dizziness, double sight, inability to read; manifestations are frequently noticed in the eye as due

to inherited syphilis, hazy cornea, interstitial keratitis, retinitis pigmentosa. etc.

Dr. C. H. Wallace.—The diagnosis of syphilis cannot be made from the initial sore; we must wait for secondary eruption. Symptoms vary as the colors of the rainbow. It is dangerous teaching that paralyses, however late, are curable, and it is not true. Mercury and K. I. in the treatment are absolutely useless, after they reach the asylum treatment is of no avail. I have ceased to give K. I. and prescribe iodine in other forms, as potash does harm. Hydriodic acid, that of Gardner, has proven very valuable in my hands.

Dr. P. I. Leonard.—The manifestations of syphilis are examples of granulation tissue. in some cases the evidence is more striking than in others. Syphilis has a special tendency to affect the endothelial lining of the small blood vessels, particularly the arterioles and induce a great proliferation of the cells constituting the intima—endarititis obliterans. The diseased and narrowed blood vessel interferes with the proper supply of blood to that part and degeneration results—caseation. Regarding the treatment of syphilis I am one of those who believe that mercury is only of use when the syphilitic virus is in action, and that the inunction method is the best. Remember that mercury is a powerful poison and inimical to organic life, and that only if properly assimilated can it become curable, if not it may deposit in the mesenteric glands, or liver, or other organs and tissues and become harmful. Some years ago I reported a case of syphilitic retinitis in which I discovered a nephritis, and with a milk diet and K. I. the case terminated fairly successful. Last week I treated a man for a supposed syphilitic infection, and after six days treatment his general condition was so bad that I abandoned the use of mercury altogether. All cases of acute malaria are not benefited by quinine and the same is true of syphilis. The introduction of powerful poisons into the body so that they assist the body and antagonize diseased tendencies is a fine art and I am afraid that sometimes we may do harm instead of good.

SOME EPIGRAMS USED DURING THE DISCUSSION.

Treat the patient, not the disease.
The blue pill or gray powder are favorites.
Hg. by intravenous injection is dangerous.
The knowledge of the cause remains in the dark.
Do not treat syphilis until the secondaries appear.
Syphilitic immunity continues usually during life.
In extremely rare cases it cures itself without drugs.
Syphilis cannot be inoculated into the lower animals.
After a few weeks of Hg. cod liver oil is of advantage.
The unskillful use of K. I. and Hg. can do much harm.
Proper early treatment will prevent nervous complications.
Hg. is only active during the activity of the syphilitic virus.
Congenital syphilis: "A little old man with a cold in the head."

There is no sharp dividing line between the different stages of syphilis.

Hg. has a beneficial action in epithelioma, lupus, psoriasis, lepra and many others.

Most frequent vascular lesion of syphilis of the nervous system is thrombosis.

The presence of Hg. in the system does not protect an individual from being infected.

During the first year Hg. to the point of toleration after the first year use the mixed treatment.

Chancres immediately surgically removed do not hinder the further development of the disease.

Keyes: No means in the physician's hands place him so near the Deity as the iodide of potassium.

No man is considered absolutely safe from syphilis unless he has never been exposed. Throw a rock.

Hg. is absorbed as an albuminate of mercury. Minute particles of metallic mercury circulate in the body juices.

Inunction is the best method, and in syphilis it is to be accepted as synonymous with festina lente, slow but sure.

Take pains to see that Hg. is not blindly introduced into a nephritic body—albuminuria, cylindruria are frequent.

The safest guide in the administration of Hg. is its action upon the syphilitic virus and its effect upon the human organism.

Hg. administered to a healthy person produces similar eruptions of the skin as does syphilis—"simila similibus curantur."

How long to treat syphilis—the so-called opportunists, and those who advocate the chronic intermittent method—still fail to agree.

As to marriage: Syphilis is non-transmissible after four to seven years without treatment; with treatment three and one-half to four years.

Hg. per os is absorbed by portal vein and deposited in the liver, to be discharged again into the intestinal canal, thus only a small amount gets into the general circulation.

Is syphilis curable? And how do you know it? Late visceral syphilis throws a doubt upon the cure of syphilis by the prudent use of Hg. and K. I. a fact brought out only during the last few years.

Hg. by the mouth gives rise to serious, undesirable effects, impairs the digestive system, lowers the defensive ability of the body, tends to produce gastric toxines which may give rise to cerebral symptoms, often erroneously ascribed to the syphilitic poison.

A syphilitic father during the activity of the disease can procreate healthy offspring. But in all probability he would bring into the world:

"A curious frame of Nature's work,
A floweret crushed in the buds,
A nameless piece of babyhood."

ST. JOSEPH SURGICAL SOCIETY.—This society met April 12th at the Benton Club. Dr. L. A. Todd presented a paper on "The Knee Joint, especially Fracture of the Patella and Suppurative Arthritis." The writer endeavored to bring out more clearly the advantages of the open, or operative method of fracture of the patella, giving it as his opinion that too much conservatism has been shown in the past in dealing with this class of cases, as well as with suppurative conditions. The results of several cases were reported. The discussion was opened by Drs. Heddens, followed by Drs. Campbell, Wallace, Potter and J. Geiger. Each reported a number of knee-joint cases, and agreed that in fracture of the patella his results had been far better in the cases that had been subjected to the operative method of treatment.

SOCIETY OF SURGEONS OF THE ST. JOSEPH AND GRAND ISLAND RAILROAD.—The annual meeting of this society was held in St. Joseph, on April 21st, at the Commercial Club rooms. The program was an interesting one, the papers were carefully prepared and elicited considerable discussion. "The Management of Irreparable Crushed Extremities," by Dr. Wallace, with a report of several cases treated along modern conservative lines was instructive and well received. The railroad company as host served luncheon at the Benton Club. In the evening the visiting surgeons attended clinics by Drs. Wallace and Pitts at St. Joseph's Hospital. A. R. Ray, Fairfield, was elected president, and L. A. Todd, St. Joseph, secretary for the ensuing year. The next meeting will be held at Hanover, Kan. The following members were present: C. H. Wallace, chief surgeon, L. A. Todd, Barton Pitts, St. Joseph; Thos. E. Hoover, Severance; A. Leigh, Geo. C. McKnight, Hiawatha; W. A. Haynes, Sabetha; E. Murdoch, Oneida; N. Hayes, Seneca; Wm. Strayer, Axtell; B. P. Hatch, Beattie; J. Hauseman, Maryville; R. I. Toys, Herkimer; J. O. Chambers, Hanover; W. E. Kelly, Belvidere; A. R. Ray, Fairfield; Jno. W. Perkins, Kansas City; H. E. Potter, Endicot, Neb. Geo. Wall, Baileyville; C. H. Suddorth, Smithville, Neb.; J. H. Grable, Wathena.

ATLANTIC CITY HOTELS.—One of the first questions of importance which arises in connection with a visit to the seashore, is that of hotel accommodations. Atlantic City has a national reputation for its commodious and pleasant hotels, and there are upwards of one hundred or more. One of the latest additions to the list, and one of the most attractive is the Royal Palace, situated on the very brink of the Atlantic Ocean. It is one of the prettiest and most advantageous sites in Atlantic City, and you will make no mistake if you stop at this hotel during the meeting of the American Medical Association. Special rates will be in effect for the month of June. and advance reservations may now be made by addressing the manager, Mr. Lyman J. Watrous.

Concerning the Doctor

His ups and downs; incomings and outgoings; haps and mishaps.

DR. DANIEL MORTON is again at his office, after a serious illness.

DR. J. H. FLYNN is home from a visit to Excelsior Springs, much improved in health.

DR. W. J. MCGILL is attending a post-graduate course in New York City, and will be absent until the middle of August.

DR. O. G. GLEAVES is attending a course at the New York Post-Graduate School, and will return the latter part of the month.

MR. HENRY TONJES, inventor of the aero-vibrant, spent a few days in the city recently, demonstrating the efficiency of his excellent vibrator.

DR. DONALD MACRAE, JR., who was elected Mayor of Council Bluffs, Ia., last month, distinguished himself recently by a raid upon the gambling dens of that city.

AN ABORTIONIST IMPRISONED.—On conviction of an attempted criminal operation, Dr. E. Conrad, of New York, was given an indeterminate sentence to Sing Sing.

DR. T. H. DAVIS died at his home in East Atchison recently, after a lingering illness Dr. Davis was 60 years of age, and had practiced in this State for over twenty-five years.

DR. EDWIN C. RENAUD (Tulane '91) late of St. Louis, has located in this city, and will office in the Hughes building. His practice will be limited to diseases of the eye, ear, nose and throat.

DR. ADDISON D. ELSTON died at his home in Jefferson City, Mo., April 22d at the age of 73. He was major surgeon in the Union Army, and was with Gen. Sherman in his "March to the Sea."

A PHYSICIAN "WANTED."—A Decatur (Ill.) physician under indictment charging death of a woman by criminal operation has disappeared. A reward of $200 is offered by the Governor for his apprehension.

DR. A. MAITLAND RAMSEY, of Glasgow, Scotland, will deliver an address to the Section of Ophthalmology at Atlantic City, on "The Importance of General Therapeutics in the Treatment of Ocular Diseases."

DR. J. MCDONALD, JR.—In the graduating class of the Baltimore University, we note the name of our journalistic friend J. MacDonald, Jr., of New York City, for many years secretary and manager of the International Journal of Surgery. We extend our hearty congratulations to Dr. McDonald upon his *entree* to the medical profession and predict that he will be an honor to the medical guild. Dr. McDonald was selected by the class to give the valedictory address at the commencement exercises, the oration being delivered by the Hon. Chauncey M. Depew.

News of the Month

(Contributions to this department cordially solicited for our readers. Items of interest to profession should be addressed to A. J. Cramp, care Medical Herald, St. Joseph, Mo.)

WHERE IS THE LIMIT?—Columbia University has increased its tuition from $200 to $250 annually.

RAILWAY EMPLOYEES INSTRUCTED.—The Pennsylvania system is going to have all the employees of their operating department given "first aid" instruction.

FLOODS CONTAMINATE WATER SUPPLY.—The recent floods in lower Michigan have caused the State Board of Health to issue a bulletin warning the public to boil their drinking water.

ANOTHER STEP IN ADVANCE.—The Buenos Ayres authorities are likely to pass an ordinance shortly providing for the disinfection of all rented apartments whenever a tenant leaves.

ONE MORE ELEMENT.— Dr. Baskerville, Professor of chemistry in University of North Carolina, has recently discovered that thorium, one of the elements, as heretofore taught, is a compound substance composed of two new elements.

PREVENTION BETTER THAN CURE.—For the prevention of tetanus the Academy of Medicine of Cincinnati successfully urged the council of that city to pass an ordinance prohibiting the sale of toy-pistols, caps, etc., to minors. Will St. Joseph follow suit.

WILL HAVE QUACKS ARRESTED.—Dr. F. A. Forsbeck, of the Wisconsin Board of Medical Examiners, is trying to secure the arrest of several physicians in Milwaukee are practicing without a license. One has already been convicted.

FATAL FIRE AT HOSPITAL.—Fire broke out at St. Vincent's Hospital, Indianapolis, recently and caused an aged nurse to jump to her death from a fifth story window. Two hundred patients were removed without further accident. The loss is estimated at 2,000.

A HEALTHY SIGN.—The advertisement editor of the Breslauer Generalanzeiger, a Breslau daily paper, was heavily fined by the courts for publishing the ads. of a quack. The charlatan advertised to treat all abdominal and sexual affections without diagnosis, promising a sure cure. On the assumption that the editor knew the falseness of such promises he was fined $750 and an appeal refused.

KANSAS STATE MEDICAL SOCIETY.—At the thirty-eighth annual meeting in Topeka, May 6, the following officers were elected: President, L. Reynolds, Horton; first vice-president, D. E. Esterly, Topeka; second vice-president, A. A. Shelley, Atchinon; corresponding secretary, G. A. Boyd, Baldwin; treasurer, L. H. Munn, Topeka; librarian, S. G. Stewart, Topeka; editor, G. H. Hoxie, Lawrence; delegate to meeting of American Medical Association, W. E. McVey, Topeka.

WINDSOR-CLIFTON HOTEL.—We are pleased to announce to our readers that Mr. O. O. McClintock, who for many years was connected with Hotel Metropole has recently assumed charge of the Windsor-Clifton, Chicago, and has made many improvements in this popular house. Give Mac a call when you visit the "Windy City."

AMERICAN MEDICAL EDITORS' ASSOCIATION.—The annual meeting of this association will be held in the parlors of the Hotel Dennis, Atlantic City, N. J., at 2 p. m., June 6th. A most interesting program has been prepared and many instructive papers upon Medical Journalism and allied subjects will be presented. All editors are most cordially invited to attend.

C. E. DE M. SAJOUS, President. J. MACDONALD, Jr., Secretary

TO REGULATE MARRIAGE.—The Progressive Health Club, of Chicago, composed of women, has prepared a bill for the State Legislature to regulate marriage, and will demand that no license be issued without a reputable physician's certificate of health for both the bride and groom. In addition to a clean bill of health, it will be necessary in order to obtain a marriage license to show that neither one has ever been guilty of crime of any nature.

JASPER COUNTY ASSOCIATION OF PHYSICIANS AND SURGEONS.—Physicians of the county met at Joplin, February 25, and organized a medical society on the standard plan, with the following officers: President, John S. Long, Joplin; vice-president, William Lothian, Joplin; secretary, Joel E. Johnson, Joplin; treasurer, William H. Woodson, Webb City, and censors, James T. Stamey, Chitwood, Cobly C. Gentry, Webb City and Martin T. Balsley, Joplin.

TUBERCULOUS CHILDREN.—In a recent paper, Dr. Georges Petit, of Paris, reports a number of interesting cases in which he used Pautauberge's solution, with most happy effects, in delicate children, who were predisposed to tuberculosis. In concluding, he says: Pautauberge's solution is perfectly tolerated by tuberculous children or children predisposed to tuberculosis, even when their digestion is very feeble; it is free from the inconvenient results which have hitherto accompanied the administration of creosote to children. This solution stimulates and regulates the digestive functions by increasing the appetite, by restoring the acidity of the stomach (through its percentage of hydrochloro-phosphate of lime) and by exerting an antiseptic action throughout the alimentary canal; thereby suppressing the chronic fetid diarrhea. Pautauberge's solution constitutes a powerful modifying factor in the nutrition of the patient and consequently in the battle against the tuberculous process itself; its use is indicated in children menaced by tuberculosis, anemia and tendency to bronchitis, and in cases of established tuberculosis. This solution is put up in soft gelatine capsules.

Each Capsule contains { Creosote..... 1 minim; Phosphate of lime..... $2\frac{2}{3}$ grains; Iodoform ..... $\frac{1}{3}$ "

Therapeutic Truisms.

"The question is not whether a doctrine is beautiful, but whether it is true."—HARE.

HYSTERIA is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

FOR the diarrhea of typhoid fever there is nothing that will give more satisfaction than the salicylate of bismuth in doses of ten grains every four hours.—Med Summary.

BARTHOLOW warns against the use of iron in the late stages of syphilis, when we have to deal with deposits, for it tends to render them permanent and prevent their destruction

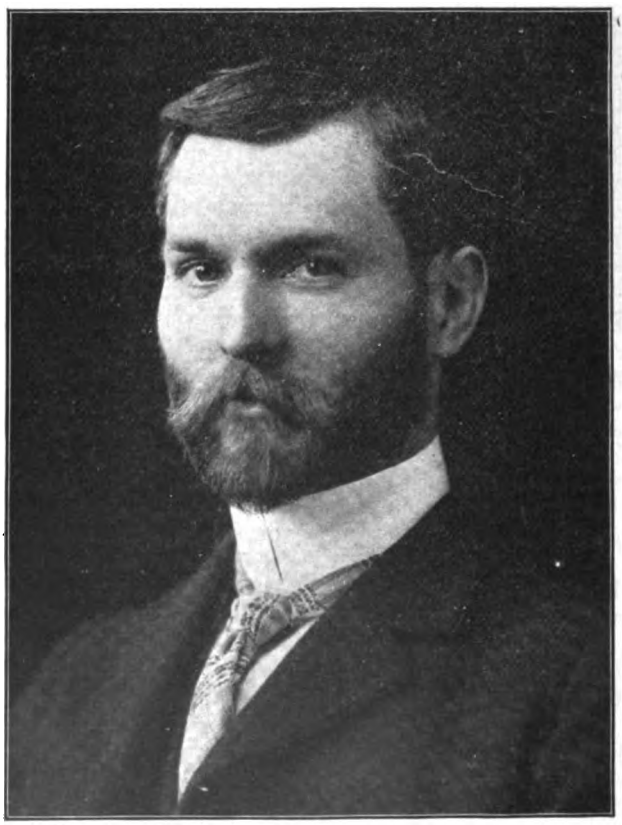
IT is stated that uranium nitrate is an anti-sty remedy; if persons, who are subject to styes, will take a few weeks' course of uranium, they will find themselves exempt from the annoyance thereafter.

FOR CHOREA.—Oil of gaultheria given internally and employed locally, mixed with vaseline, has proved to be a good remedy in chorea, even in those cases when distinct rheumatic symptoms were not present.—Journal of Medicine and Science.

RADIUM IN BLINDNESS.—A recent cable dispatch to the Sun states that Professor Greef, chief of the eye clinic at the Berlin University, has studied at the wish of Emperor William, a St. Petersburg report that blind persons in some cases are able to see objects illuminated by radium rays. Professor Greef found that those whose optic nerve had not been destroyed could distinguish objects in front of a screen made fluoresent by radium, but he also found that they could distinguish objects on a semitransparent screen illuminated by an ordinary lamp. He concluded that the blind cannot hope for the slightest help from radium.—Med Record.

DR. T. H. BOGART,
Vice-Pres. M. S. M. A.

DR. J. FRANKLIN WELCH,
Treasurer.



DR. C. M. NICHOLSON, Secretary

MEDICAL ASSOCIATION OF MISSOURI

FORTY-SEVENTH ANNUAL SESSION AT

SAINT LOUIS, MAY 17, 18 AND 19, 1904.

Officers and Committees, 1903—1904.

PRESIDENT—Wm. G. Moore, St. Louis.

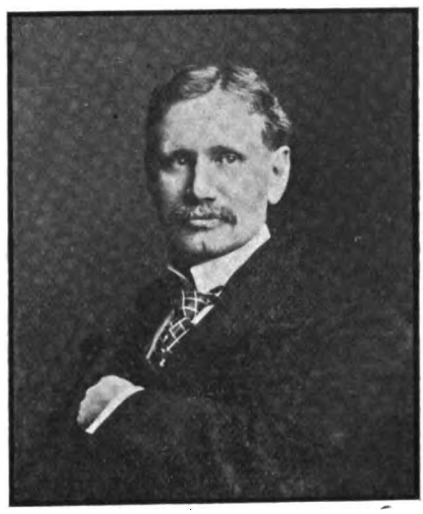
Vice-Presidents—O. B. Campbell, St. Joseph; T. N. Bogart, Excelsior Springs; H. B. Cole, Sedalia; J. M. Robinson, Latham; F. B. Hiller, Kahoka..

SECRETARY—C. M. Nicholson, St. Louis.

ASSISTANT SECRETARY—E. J. Goodwin, St. Louis.

TREASURER—J. Franklin Welch, Salisbury

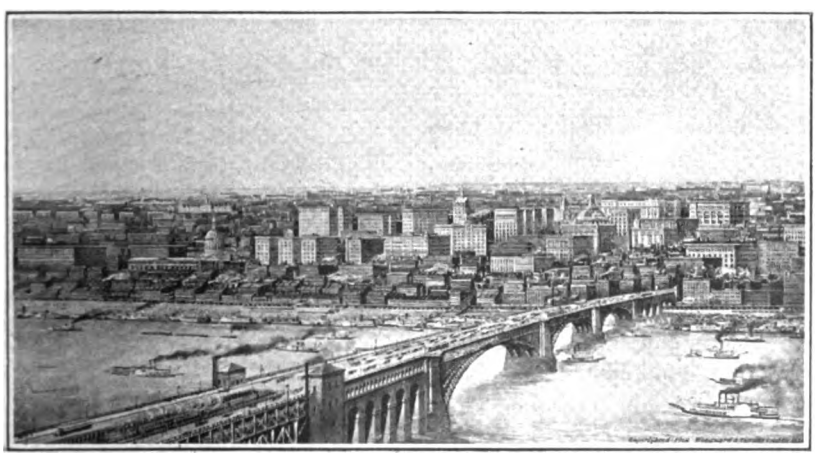
DR. WM. G. MOORE,
President.



DR. L. H. LAIDLEY, St. Louis,
Medical Director World's Fair.

COUNCIL—W. B. Sisson, Kahoka; Robert Halley, Brookfield; E. H. Miller, Fayetteville; C. H. Wallace, St. Joseph; L. W. Dallas, Hunnewell; E. S. Cave, Mexico; W. B. Dorsett, St. Louis; F. J. Lutz, St. Louis; B. M. Hypes, St. Louis; J. L. Norwine, Poplar Bluff; W. S. Allee, Olean; W. J. Ferguson, Sedalia; J. N. Jackson, Kansas City; A. R. Snyder, Joplin; R. L. Johnson, Rolla.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION—F. J. Lutz, St. Louis, for two years; J. N. Jackson, Kansas City, one year; W. B. Dorsett, St. Louis, one year.



St. Louis, the World's Fair City, from Eads Bridge.

Committees.

PUBLISHING COMMITTEE—C. M. Nicholson, F. J. Lutz, A. R. Kieffer, R. M. Funkhouser, Paul Y. Tupper.

COMMITTEE ON SCIENTIFIC WORK—C. M. Nicholson, St. Louis; C. Lester Hall, Kansas City; F. W. Burke, Laclede.

COMMITTEE ON ARRANGEMENTS—B. M. Hypes, F. L. Henderson, A. H. Meisenbach, Joseph Grindon, John Y. Brown.

COMMITTEE ON MEDICAL EDUCATION—Woodson Moss, C. J. Wallace, Jas. E. Logan, J. J. Norwine, J. F. Robinson.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION—R. M. Funkhouser, St. Louis; J. D. Brumall, Salisbury; S. M. Brown, Monroe City; A. W. McAlester, Columbia; W. T. Morrow, Kansas City; F. J. Lutz, St. Louis; J. L. Thorpe, Jefferson City.

RETROSPECT

A list of its officers from date of organization with place of meeting at which they were elected. THE HERALD would thank any member for correction of any inaccuracies which may be discovered.

Officers marked with an asterisk (*) are deceased.

1850—ST. LOUIS.

President: *W. G. Thomas, Boonville.

Vice-Presidents:

*John Barnes, St. Louis; B. F. Coulter, Pike; H. F. Hughes, Lewis; Jos. Wood, St. Joseph; J. F. Atkinson, Lafayette.

Secretaries:

*J. S. B. Alleyne, St. Louis; H. C. Wright, Warren.

Treasurer: *Geo. Johnson, St. Louis.

1851—BOONVILLE.

President: W. H. McPheeters, St. Louis.

Vice-Presidents:

*J. S. Moore, St. Louis; *Geo. G. Heart, Sr., Boonville; S. T. Gregory, Warrenton; R. G. Kellebrew, Pettis.

Secretaries:

*J. S. B. Alleyne, St. Louis; *C. Q. Chandler, Cooper Co.

Treasurer: *Geo. Johnson, St. Louis.

1852—ST. LOUIS.

President: J. B. Johnson, St. Louis.

Vice-Presidents:

*C. A. Pope, St. Louis; *C. Q. Chandler, Boonville; J. C. Welborn, Frankfort; *J. C. Chinn, Lexington.

Secretaries:

*J. S. B. Alleyne, St. Louis; *J. P. Vaughn, Glasgow.

Treasurer: *E. S. Lemoine, St. Louis.

1853—ST. LOUIS.

President: *J. P. Vaughn, Glasgow.

*Geo. Englemann, St. Louis; S. W. Buckner, Pike Co.; *C. Q. Chandler, Boonville; Silas Reed, St. Louis; G. M. B. Maughs, Cooper Co.

Secretaries:

J. J. Dupuy, St. Louis, W. A. Curry, Jefferson City.

Treasurer: *E. S. Lemoine, St. Louis.

1854—ST. LOUIS.

President: *J. B. Alexander, Lexington.

Vice-Presidents:

*J. S. B. Alleyne, St. Louis, *J. S. Long, Lexington; J. Wilcox, Rocheport; Jas. Sykes, St. Joseph; —— Bull, Hannibal.

Secretaries:

E. F. Smith, St. Louis; W. P. Boulware, Lexington.

Treasurer: *G. W. Shewalter, Lexington.

1855—LEXINGTON.

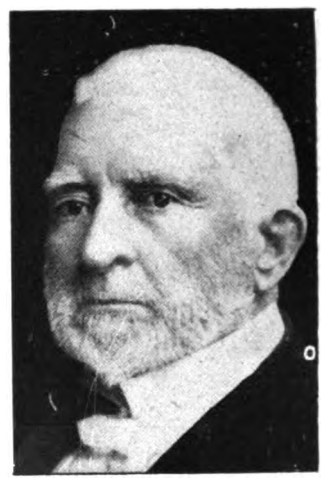
President: *C. A. Pope, St. Louis.

1856—ST. JOSEPH.

1857—ST. JOSEPH.

1858—ST. LOUIS.

(The gap between the last and the following dates occurred during the war.)



DR. E. H. GREGORY, St. Louis,
Pres. A. M. A., 1887.

1867—ST. LOUIS.

President: *G. A. Williams, Boonville.

Vice-Presidents:

P. A. Heitz, Palmyra; J. B. Johnson, St. Louis; *J. H. Watters, St. Louis; *A. Hammer, St. Louis; J. F. Barbour, New Madrid.

Recording Secretaries:

T. F. Prewitt, St. Louis; *J. W. Clemens, St. Louis.

Corresponding Secretary: W. B. Outten, St. Louis

Treasurer: *Thomas Kennard, St. Louis.

1868—ST. LOUIS.

President: *W. B. Morris, Bridgeton.

Vice-Presidents:

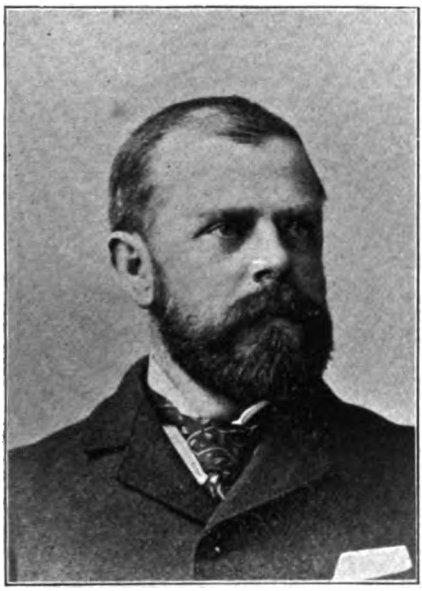
*M. A. Pallen, St. Louis; Wm. H. Cooper, St. Louis; B. J. Birch, Franklin Co.; *G Hurt, St. Louis; *J. R. Washington, St. Louis.

Recording Secretaries:

*R. S. Anderson, St. Louis; J. F. Barbour, New Madrid.

Corresponding Secretary: *C. E. Briggs, St. Louis

Treasurer: *E. S. Lemoine, Ralls Co.



DR. WOODSON MOSS,
Ex-Pres., 1903-4.

1869—ST. LOUIS.

President: Chas. F. Clayton, Ralls Co.

Vice-Presidents:

N. Gauss, Chariton Co.; J. B. Johnson, St. Louis; J. M. Scott, St. Louis; *J. S. Moore, St. Louis; LeGrande Atwood. Bridgeton.

Recording Secretaries:

*Thos. Kennard, St. Louis; T. F. Prewitt, St. Louis.

Corresponding Sec.: *R. S. Anderson, St. Louis.

Treasurer: G. M. B. Maughs, St. Louis.

1870—ST. LOUIS.

President: *T. B. Lester, Kansas City.

Vice-Presidents:

G. M. B. Maughs, St. Louis; *E. Montgomery, St. Louis; J. T. Bell, Louisiana; G. B. Dysart, Paris; *J. F. Atkinson, Lexington.

Recording Secretaries:

*R. S. Anderson, St. Louis; T. F. Prewitt, St. Louis.

Corresponding Secretary: Y. H. Bond, St. Louis.

Treasurer: E. F. Smith, St. Louis.

1871—ST. LOUIS.

President: J. E. Teft, Springfield.

Vice-Presidents:

*Jos. Chew, Kansas City; D. H. Shields, Hannibal; *G. C. Catlett, St. Joseph; *Thos. Kennard, St. Louis; *H. H. Middlekamp, Warrenton.

Recording Secretaries:

*R. S. Anderson, St. Louis; G. W. Broome, Moberly.

Corresponding Sec.: W. H. Grissom, St. Louis.

Treasurer: T. F. Prewitt, St. Louis.

1872—ST. JOSEPH.

President: *E. Montgomery, St. Louis.

Vice-Presidents:

Hugh Trevor, St. Joseph; D. H. Shields, Hannibal; S. S. Todd, Kansas City; J. P. Dimmitt, Clinton; *T. J. Montgomery, Sedalia.

Recording Secretaries:

*R. S. Anderson, St. Louis; E. W. Schauffler, Kansas City.

Corresponding Secretary; *H. Z. Gill, St. Louis.

Treasurer: E. A. Donelan, St. Joseph.

1873—MOBERLY.

President: S. S. Todd, Kansas City.

Vice-Presidents:

E. A. Gore, Paris; G. W. Broome, Moberly; W. O. Torrey, Brookfield; J. Jones, Sedalia; W. H. Bryant, Savannah.

Recording Secretaries:

E. W. Schauffler, Kansas City; J. W. Trader, Sedalia.

Corresponding Secretary: J. P. Dimmitt, Clinton.

Treasurer: R. H. Brown, Kirksville.

1874—SEDALIA.

President: W. O. Torrey, Hannibal.

Vice-Presidents:

*J. S. B. Alleyne, St. Louis; *W. C. Webb, Dover: *F. M. Johnson, Platte City; W. S. Shankland, Clinton; *T. J. Montgomery, Sedalia.

Recording Sec.: E. W. Schauffler, Kansas City.

Corresponding Sec.: A. S. Cloud, Chillicothe.

Treasurer: *J. T. Hodgen, St. Louis.

1875—JEFFERSON CITY.

President: *John T. Hodgen, St. Louis.

Vice-Presidents:

*F. M. Johnson, Platte City; *J. S. B. Alleyne, St. Louis; J. M. Allen, Liberty; J. T. Wilson, Weston; *G. B. Winston, Jefferson City.

Recording Secretaries:

E. W. Schauffler, Kansas City; H. N. Spencer, St. Louis.

Corresponding Secretary: John H. Britts, Clinton.

Treasurer: A. W. Kincannon, Clinton.

1876—ST. LOUIS.

President: J. W. Trader, Sedalia.

Vice-Presidents:

*W. D. Glenn, Rolla; *H. H. Middlekamp, Warrenton; *S. T. Newman, St. Louis; *W. I. Heddens, St. Joseph; E. W. Schauffler, Kansas City.

Recording Secretaries:

Wm. Porter, St. Louis, D. R. Porter, Kansas City.

Corresponding Secretary: A. J. Steele, St. Louis.

Treasurer: *A. H. Conkwright, Sedalia.

1877—KANSAS CITY.

President: *F. M. Johnson, Platte City.

Vice-Presidents:

D. R. Porter, Kansas City; W. C. Glasgow. St. Louis; N. F. Essig, Plattsburg; W. H. Evans, Sedalia; P. S. Fulkerson, Lexington.

Recording Secretaries:

A. J. Steele, St. Louis; E. W. Schauffler, Kansas City.

Corresponding Secretary: C. L. Hall, Marshall.

Treasurer: Jacob Geiger, St. Joseph.

1878—SWEET SPRINGS.

President E. W. Schauffler, Kansas City.

Vice-Presidents:

G. M. B. Maughs, St. Louis; *W. Humphrey, Mexico; W. P. King, Sedalia; *J. M. Pelot, Brownsville; Jacob Geiger, St. Joseph.

Recording Secretaries:

A. J. Steele, St. Louis; G. A. Moses, St. Louis.

Corresponding Secretary: J. R. Hall, Marshall.

Treasurer: A. B. Sloan, Kansas City.

1879—COLUMBIA.

President: G. M. B. Maughs, St. Louis.

Vice-Presidents:

C. Lester Hall, Marshall; A. W. McAlester, Columbia; C. N. Gerard, Shelbina; W. H. Bryant, Savannah; *C. A. Thompson, Jefferson City.

Recording Secretaries:

A. J. Steele, St. Louis; W. E. Fischel, St. Louis.

Corresponding Secretary: W. H. Evans, Sedalia.

Treasurer: A B. Sloan, Kansas City.

1880—CARTHAGE.

President: J. M. Allen, Liberty.

Vice-Presidents:

*T. U. Flanner, Springfield; L. I. Matthews, Carthage; T. B. Lloyd, Paris; A. B. Sloan, Kansas City; J. M. Smith, Richmond.

Recording Secretaries:

A. J. Steele, St. Louis; F. J. Lutz, St. Louis.

Corresponding Secretary: H. H. Mudd.

Treasurer: *C. A. Thompson, Jefferson City.

1881—MEXICO.

President: Willis P. King, Sedalia.

Vice-Presidents:

B. J. Milam, Macon City; *Garland Hurt, St. Louis; A. E. Gore, Paris; E. A. Waggoner, Carrollton; B. F. Wilson, Salisbury.

Recording Secretaries:

C. A. Todd, St. Louis; J. H. Duncan, Columbia.

Corresponding Sec.: *Wm. Dickerson, St. Louis.

Treasurer: *C. A. Thompson, Jefferson City.

1882—HANNIBAL.

President: A. E. Gore, Paris.

Vice-Presidents:

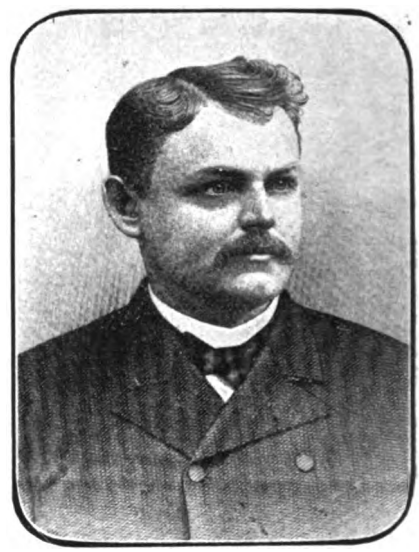
Pinckney French, Mexico; P. S. Fulkerson, Lexington; R. F. Brooks, Carthage; O. D. Fitzgerald, Lathrop; F. J. Lutz, St. Louis.

Recording Secretaries:

C. A. Todd, St. Louis; J. H. Duncan, Columbia.

Corresponding Sec.: *Wm. Dickinson, St. Louis.

Treasurer: *C. A. Thompson, Jefferson City.



DR. J. D. GRIFFITH,
Ex-Pres.., 1901-2.

1883—JEFFERSON CITY.

President: E. H. Gregory, St. Louis.

Vice-Presidents:

O. A. Williams, Datzen; J. D. Griffith, Kansas City; Jno. H. Duncan, Columbia; T. J. Norris, Macon; C. H. Hughes, St. Louis.

Recording Secretaries:

A. H. Ohmann-Dumesnil, St. Louis; D. V. Wale, Jasper.

Corresponding Sec.: N. F. Essig, Plattsburg.

Treasurer: *C. A. Thompson, Jefferson City.

1884—SEDALIA.

President: *H. H. Middlekamp, Warrenton.

Vice-Presidents:

T. F. Prewitt, St. Louis; B. G. Dysart, Paris; H. M. Lane, Jasper Co.; W. E. Evans, Boonville; S. C. Griswold, New Haven.

Recording Secretaries:

J. H. Thompson, Kansas City; N. M. Basket, Moberly.

Corresponding Sec.: Frank J. Lutz, St. Louis.

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President: *J. W. Jackson, Kansas City.

Vice-Presidents:

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Corresponding Secretary: R. F. Brooks, Carthage.

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Corresponding Secretary: W. E. Evans, Boonville.

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Recording Secretaries:

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Corresponding Sec.: L. I. Matthews, Carthage.

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Recording Secretaries:

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Corresponding Secretary: J. R. Fritts, Mexico.

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1890—EXCELSIOR SPRINGS.

President: A. B. Sloan, Kansas City.

Vice-Presidents:

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President: T. F. Prewitt, St. Louis.

Vice-Presidents:

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Corresponding Sec.: J. H. Duncan, Kansas City.

Treasurer: *C. A. Thompson, Jefferson City.

1892—PERTLE SPRINGS.

President: A. B. Miller, Macon City.

Vice-Presidents:

L. Bremer, St. Louis; B. E. Fryer, Kansas City; G. A. Goben, Kirksville; B. A. Wilkes, Bowling Green; J. A. Mann, Wellington.

Recording Secretaries:

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Corresponding Secretary: C. F. Wainwright, Kansas City.

Treasurer: *C. A. Thompson, Jefferson City.

1893—SEDALIA.

President: W. H. Evans, Sedalia.

Vice-Presidents:

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Recording Secretaries:

Frank R. Fry, St. Louis; J. L. Day, Lebanon.
Corresponding Secretary: C. F. Wainwright, Kansas City.
Treasurer: *C. A. Thompson, Jefferson City.

1894—LEBANON.

President: *J. M. Richmond, St. Joseph.

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Recording Secretaries:

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Corresponding Secretary: C. F. Wainwright, Kansas City.
Treasurer: *C. A. Thompson, Jefferson City.

1895—HANNIBAL.

President: C. Lester Hall, Kansas City.

Vice-Presidents:

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Corresponding Secretary: C. F. Wainwright, Kansas City.
Treasurer: *C. A. Thompson, Jefferson City.

1895-96—SEDALIA.

President: J. H. Duncan, St. Louis.

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Recording Secretaries:

J. N. Jackson, Kansas City; Thos. Hall, Marshall.
Corresponding Secretary: A. F. Dresel, Sedalia.
Treasurer: W. E. Evans, Boonville.

1896-97—ST. LOUIS.

President: Jacob Geiger, St. Joseph.

Vice-Presidents:

A. R. Kieffer, St. Louis; U. S. Wright, Fayette; John Punton, Kansas City; J. J. Norwine, Bismark; J. H. P. Baker, Salisbury.

Recording Secretaries:

J. N. Jackson, Kansas City; B. C. Hyde, Kansas City.
Corresponding Secretary: A. F. Dresel, Sedalia.
Treasurer: W. E. Evans, Boonville.

1897-98—KANSAS CITY.

President: Geo. R. Highsmith, Carrollton.

Vice-Presidents:

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Recording Secretaries:

A. F. Dresel, Sedalia; B. C. Hyde, Kansas City.
Corresponding Secretary: E. Van Note, Hamilton.
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Recording Secretary: Bennett C. Hyde, Kansas Ci

Recording Secretary.

Bennett C. Hyde, Kansas City.

Assistant Recording Secretary.

Jesse S. Myer, St. Louis.

Corresponding Secretary: E. S. Cave, Mexico.
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Assistant Recording Secretary.

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Vice-Presidents:

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Assistant Recording Secretary.

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President: Woodson Moss, Columbia.

Vice-Presidents:

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Assistant Secretary: E. J. Goodwin, St. Louis.
Treasurer: J. Franklin Welch, Salisbury.

American Medical Association

ORGANIZED 1846. NAME ADOPTED 1847 REORGANIZED 1903.

Fifty-fifth Annual Meeting, Atlantic City, June 7 to 10, 1904

LIST OF PRESIDENTS AND MEETINGS AT WHICH THEY PRESIDED:

Jno. H. Musser, Atlantic City, 1904.
Frank Billings, New Orleans, 1903.
Jno. A. Wyeth, Saratoga Springs, 1902.
C. A. L. Reed, St. Paul, 1901.
W. W. Keen, Atlantic City, N. J., 1900.
Joseph M. Mathews, Columbus, O., 1899.
George M. Sternberg, Denver, 1898.
Nicholas Senn, Philadelphia, 1897.
Beverly Cole, Atlanta, 1896.
Donald MacLean, Baltimore, 1895.
James F. Hibbard, San Francisco, 1894.
Hunter McGuire, Milwaukee, 1893.
Henry O. Marcy, Detroit, 1892.
William T. Briggs, Washington, 1891.
E. M. Moore, Nashville, 1890.
Wm. W. Dawson, Newport, 1889.
Alexander Y. P. Garnett, Cincinnati, 1888.
E. H. Gregory, Chicago, 1887.
William Brodie, St. Louis, 1886.
Henry Fraser Campbell, New Orleans, 1885.
Austin Flint, Washington, 1884.
J. A. Atlee, Cleveland, 1883.
J. J. Woodward, St. Paul, 1882.
John T. Hodgen, Richmond, 1881.
Lewis A. Sayre, New York, 1880.
Theophilus Parvin, Atlanta, 1879.
T. G. Richardson, Buffalo, 1878.
Henry I. Bowditch, Chicago, 1877.
J. Marion Sims, Philadelphia, 1876.
W. K. Bowling, Louisville, 1875.
J. Meredith Toner, Detroit, 1874.
Thomas M. Logan, St. Louis, 1873.
David W. Yandell, Philadelphia, 1872.
Alfred Stille, San Francisco, 1871.
George Mendenhall, Washington, 1870.
Wm. O. Baldwin, New Orleans, 1869.
Samuel D. Gross, Washington, 1868.
Henry F. Askew, Cincinnati, 1867.
D. Humphrey Storer, Baltimore, 1866.
N. S. Davis, Boston, 1865.
Alden March, New York, 1864.
Eli Ives, Chicago, 1863.
(No meetings during the war.)
Henry Miller, New Haven, 1860.
Harvery Lindsley, Louisville, 1859.
Paul F. Eve, Washington, 1858.
Zina Pitcher, Nashville, 1857.
Geo. B. Wood, Detroit, 1856.
Chas. A. Pope, Philadelphia, 1855.
Jonathan Knight, St. Louis, 1854.
B. R. Wellford, New York, 1853.
James Moultrie, Richmond, 1852.
Reuben D. Mussey, Charleston, 1851.
John H. Warren, Cincinnati. 1850.
Alexander H. Stevens, Boston, 1849.
Nathaniel Chapman, Baltimore, 1848.

DR. FRANK BILLINGS, Chicago,
Pres. A. M. A., 1903-4.

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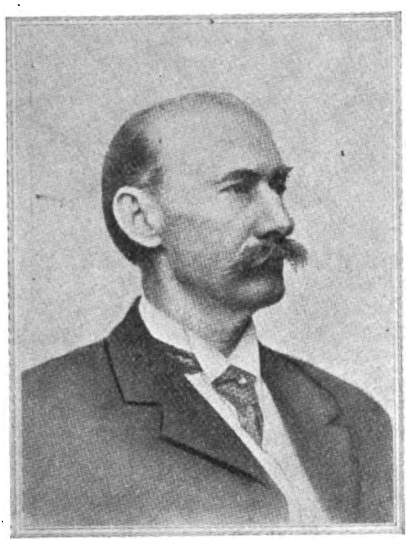

DR. JNO. A. WYETH, Pres. 1902.

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Examiners	WILLIAM POLLARD

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Practice of Medicine	Traymore and Gooden
Obstetrics and Diseases of Women	St. Charles
Surgery and Anatomy	Haddon Hall and Islesworth
Hygiene and Sanitary Science	Gooden
Ophthalmology	Seaside
Diseases of Children	Dennis
Stomatology	Islesworth
Nervous and Mental Diseases	Brighton
Cutaneous Medicine and Surgery	Shelburne
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Pathology and Physiology	Windsor

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Ophthalmology	Steel Pier
Obstetrics and Diseases of Women	Steel Pier
Laryngology and Otology	Steel Pier
Hygiene and Sanitary Science	Garden Hotel
Stomatology	Islesworth Hotel
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Pathology and Physiology	Green's Hotel
House of Delegates	High School
Medical Editors	Hotel Dennis

DR. HENRY O. MARCY, Boston,
Pres. A. M. A., 1872.

Matters of Medical Interest

A NEW CLINIC.—The Salvation Army in New York City has established at its barracks a clinic for the cure of the alcohol habit. The treatment is intended for the poorest classes and is free.

STEARNS' WOODEN ANNIVERSARY.— The biologic laboratories of Stearns, of Detroit, celebrated their fifth anniversary recently. Several hundred physicians visited that department after which a luncheon was served and wooden souvenirs distributed.

ABILENA AT THE WORLD'S FAIR.—This is the only cathartic water granted a concession by the World's Fair and it may be obtained at all soda fountains on the grounds. This is a great honor for "AbilenA" and a just tribute to it as the only natural American cathartic water.

GARDNER'S SYRUP OF HYDRIODIC ACID is universally conceded today, by physicians of all schools, the ideal form of iodine for internal administration. Introduced in 1878 by Mr. Gardner, whose skill as a chemist is acknowleged the world over, it has never successfully been imitated. Failure to get the desired results from your prescription is a certain indication that your druggist failed to dispense Gardner's.

NEW YORK SCHOOL OF CLINICAL MEDICINE.—At the meeting of the Medical Board of this institution, held April 9, Dr. J. L. Adams was elected secretary of the school, and professorial and other distinctions were conferred upon the following in the departments specified: Mental Diseases: Prof. E. C. Dent, superintendent Manhattan State Hospital West, Ward's Island. Internal Medicine: Prof. Wm. Brewster Clark. Gastro-Intestinal Diseases: Prof. Robert Coleman Kemp; Associate Professor, Graham Rogers. Hydro-Therapeutics: Prof. Alfred Gardner. Ophthalmology and Otology: Prof. George Ash Taylor. Clinical Instructor and Assistant, W. E. West. Genito-Urinary Diseases: Chief of Clinic and Associate Prof. C. Stern. Dermatology: Chief of Clinic and Instructor, L. D. Weiss.

FIRST AID TO THE FATIGUED.—Many of our readers will attend the meeting of the Missouri State Medical Association in St. Louis, and other gatherings, and attempt to "do" the World's Fair at the same time. Take our advice, don't do it. Adopt the more sensible plan of attending your medical society, or any other business you may have in the city proper, and then take in the Fair, and make a business of it. Stop at the "Inside Inn." So much is there to be seen at the World's Fair that one might start at the beginning, eat and sleep on the way and still not see everything, were a month's time consumed in the tour of Exposition streets and aisles. Frail humanity would not be equal to such a task, but there has been a way provided by which the visitor may see the exposition in its fullness and to the best advantage with as little loss of time and energy as possible. The "Inside Inn," situated on the Exposition grounds, where the visitor who wishes to spend his time profitably may secure accommodations that will enable him to arise with the awakening of the Exposition,

just outside his window, and begin a tour of inspection that can continue until long after the mantle of night spreads over the spectacle. Then a refuge will be afforded him right at hand. No struggling with the crowds, waiting for street car or pushing a way to the ticket booths of the Inside Inn. Rates on the Eupropean plan are from $1.50 per day, and on the American plan, from $ 3.00 up, according to room. The rates given include admission to the grounds. The guest pays his admission to the grounds the first time and after that his admissions are taken care of by the hotel management. For single meals the price for breakfast and luncheon has been fixed at 50 cents. Evening dinner will be served for 75 cents. A la carte service at moderate prices.

A Post-Mortem Remedy.—Some years ago during an encampment of the Y.P.C.E. out West, several of the younger members amused themselves doing daring deeds of various kinds, scaling the rocks and cliffs on the sides of the mountains. In the party was an evangelist, who believed in leaving evidences of his faith wherever he went, and this well-meaning gentleman carried with him a bucket of paint and proceeded to decorate the bleak rocks along the canyon with texts from the Bible, and startling quotations. Finally discovering a large, smooth rock in a high position, and in full view of the camp, he painted in letters several feet high the inquiry:

"Are you a sinner; what relief do you expect in the next world?

The next month a hunting party occupied the same camp, and among them was a medical student, who, as a part of his medical education had read the advertising pages in the journals subscribed for by his preceptor. Procuring a can of red paint from a wagon shop in a near-by village, he climbed to the cliff and in flaming letters, directly under the evangelistic sign, painted the following inscription:

"Use unguentine; first thought in burns."

Glycogen in a Case of Blood Poisoning.—(By Louis de Plasse, M.D.)—The case is my own, and will, I believe, be read with interest. In November last I was unfortunate enough to be thrown from my carriage in a runaway accident, which injured me quite seriously, breaking both bones of the left forearm, as well as causing a slight fracture of the styloid processes of the right arm, rendering me quite helpless, besides causing me a severe scalp wound. The lower part of the ulna was crushed and the space between the two bones has filled in and caused them to grow together, thus making impossible pronation or supination, so that the hand is only able to rotate half way or point the thumb upwards and not outwards. In spite of massage, which has helped my arm considerably, it will be necessary to break the bones again to remedy these conditions, and this I think is unadvisable, owing to the complicated fracture and the much bruised condition of the ulna. Two weeks after the injury blood poisoning with symptoms of rigors, fever, with red streaks running from the hand and along the course of the lymphatics appeared on the arm. I was removed to my country home at Milford, Pa., and placed under the care of Dr. Robt. Barckley, formerly of Jefferson Medical College, Philadelphia. By this time my condition was quite critical, and it was with some difficulty that he was able to arrest the progress of the infecting

causes, by applications of mud poultices and internal treatment with mist ferri et ammon. acetat Acetat, and strychnia sulph. However my general condition was slightly improved, and in January I was put on the glycogen treatment, with a view to eliminating the infecting organisms, for as we now learn, glycogen appears to have remarkable properties in their elimination, through stimulating the phagocytes of the blood. Glycogen was used, and when the temperature was reduced, I continued with capsules three times a day. In a short time the skin resumed its normal condition, the appetite improved, and I was able to digest my food well, the functions of the intestinal tract acting perfectly, and I attribute this improvement of the pyemic condition to the exhibition of glycogen. There is no doubt that it acted as a heart tonic, increasing metabolism and normal conditions during convalescence. The only stimulant used was wine of phospho-glycerate of lime (Chapoteaut) containing 10 grains of the salt to the fluid ounce of malaga wine, which helped my nervous symptoms remarkably. We must remember that bacteria once introduced into the system by the lymphatics, pass onward to the neighboring lymph glands, where they are either destroyed by the bacteriolytic action of the cells or they break through the lymphatic barriers, and invade the blood. In the blood itself, they have to contend with the germicidal activity of the plasma, the action of the leukocytes and the bacteriolytic properties of both the white and red corpuscles. In my case they seemed to have passed unscathed through these obstacles, and owing to my impaired condition of vitality resulting from the shock, established themselves well at the seat of the lesions, caused by broken bones. The happy effects of the glycogen treatment explains the importance of the liver functions, for it is the great glycogen secreting organ, which counteracts toxines and stimulates phagocytosis. It has proved effective against the bacillus of anthrax, streptococcus auriens and oidium albicans. We all know that the bacteriolytic power of the lungs and kidneys is less than that of the liver, but they also play an important part in eliminating processes which are primarily accentuated and kept in active condition by the glycogen present in the leukocytes. We can only explain on these grounds the remarkable recoveries without operation in appendicitis, which have been treated with glycogen.

For Rebellious Stomachs.—In all cases of gastric irritability it is a matter of importance to leave off such foods as the patient is then using and begin with a bland, easily assimilated food—starchy or nitrogenous (usually the latter) according to the conditions that exist. One of the best of the latter is Burnham's clam bouillon; it is rich in all the principles which go to nourish. It is in fact, retained in some instances where no other food would remain on the stomach. I give this food first in tablespoonful doses every hour or so until the stomach becomes tolerant. After this the patient can take it in wineglassful doses every two or three or four hours.—L. B. in the Alkaloidal Clinic.

Cystitis.—A. C. Marquis, M. D., Collins, Mo., says, "I am firmly convinced that satyria is a valuable remedy, both in cystitis and the organs of generation."

JACK.—"Yes, poor John may have had his faults, but his heart was on the right side."

Wagge.—"Is it possible? No wonder he died."—Tit-Bits.

WHEN YOUR CASE IS WEAK ABUSE THE OTHER SIDE.—This maxim has been a favorite standby with the legal profession from time immemorial and unfortunately certain pharmaceutical manufacturers have recently seen fit to make use of that maxim. This is particularly true of the manufacturers of a certain iron preparation. The impudence and effrontery with which these people try to hoodwink the medical profession is rather remarkable. No other preparation ever came before the medical practitioner with so little detail as to methods of preparation, composition, therapeutic effect, etc., and nevertheless the profession is asked to accept the wildest and most extravagant statements as to its wonder-working capabilities. This is not all. The makers of this preparation, in seeking the support of the profession covertly attack and sling mud at all other iron preparations that have been before the profession for years. They single out pepto-mangan, a combination which has stood the tests of the leaders in the scientific medical world both here and abroad, an organic iron combination in which, in its results, the general practitioner and the hospital clinician have learned from experience to place implicit confidence. This unbusinesslike method of attempting to cast discredit upon other reliable and thoroughly tested combinations we cannot term otherwise than despicable, and furthermore we know our readers cannot be influenced by unsupported statements of financially interested parties, but will always bear in mind that Gude's pepto-mangan was submitted to the profession as an organic iron product, and the results obtained by its use, as also the scrutiny of analysis by chemists of repute, substantiate all that has ever been claimed for it. Attempting to foist upon the attention of the physician a product simply by insinuation that known articles are inferior, is a manner of doing business which should receive the stamp of disapproval by every one of our profession.—Toledo Med. and Surg. Reporter.

GLYCO-THYMOLINE IN PHTHISIS AND TUBERCULAR INVASION OF THE SUB-MAXILLARY AND CERVICAL GLANDS.—"It seems to have been thoroughly established that in most cases tubercular infection has been through the mouth and naso-pharynx. This being the case, a protection of these parts from invasion is of the first consequence. In a recent note on this subject, Professor Arnulphy, of Paris, says that, in addition to other methods to protect those persons—as physicians, relatives, nurses, etc.—who are compelled to come in contact with consumptive patients, the frequent daily use of glyco-thymoline as a mouth, throat and nasal wash will ensure a degree of immunity from infection that reduces the danger to a minimum. To those already suffering from the disease, glyco-thymoline has proved of great value as a means of keeping the mouth, nose and cervical glands in an aseptic condition with a marked alleviation of cough and irritation. The action of the solution of glyco-thymoline on the mucous membranes is soothing and distinctly exosmotic, increasing the capillary circulation."—New York Medical Journal.

DOCTOR, try the kaoligraph for copying your essays or prescriptions. See adv.

PHOSPHO-ALBUMEN is indicated in that case of neurasthenia, doctor, and a trial will convince you. Why not write today for a sample, and demonstrate the truth of our assertion. See announcement on page 11 and take advantage of the liberal offer made therein.

OLD PRACTITIONER.—"Well, did you succeed with your first diagnosis? Did you profit my advice?"

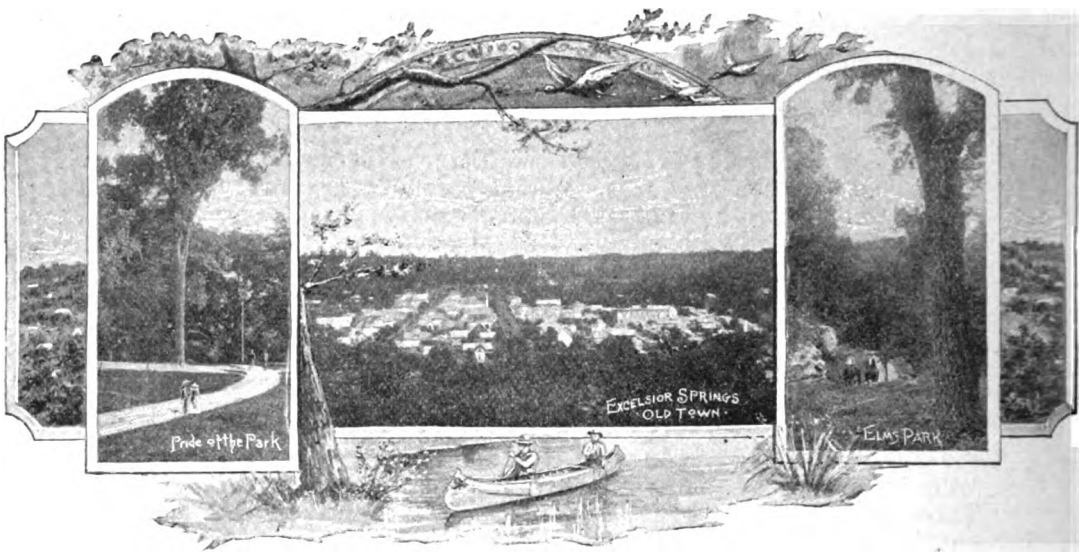
The Young Doctor.—"I think I did, sir. I told the patient that he was suffering from a combination of liver, stomach, heart, lung, and brain trouble."

Old Practitioner.—"Good! No chance of a mistake there."—Tit-Bits.

IN THE TREATMENT OF THE DISORDERS OF SPRING AND SUMMER.—"The hygienic condition of the house and vicinity must be made perfect." This can best be done by the administration of saline laxative to "clean out," and the W-A intestinal antiseptic to "clean up and keep clean." If elimination is below par, give calcalith, one tablet crushed, followed by a full glass of water four times daily. This will remove the dirt from the corners," and leave the premises in the best possible sanitary condition. For sample and literature, address the Abbott Alkaloidal Co., Ravenswood Station, Chicago, Ill.

NEURASTHENIA.—Daniel's conct. tinct. passiflora incarnata has proven most satisfactory in cases of neurasthenia aggravated by malnutrition. It is then that the nerve centers lack reserve power, and are unduly sensitive, because ill-nourished. Weakness and inactivity follow. Passiflora exerts its influence directly on the nerve centers, relieving the unnatural tesion and stimulating the ego. Passiflora induces sound sleep, gives poise and stability to the mind and body, and, leaves no abnormal effects to act resultantly. It is nature's remedy, and its province is to aid and support Nature in performing the normal functions of life. Its hypnotic influence is indispensable in all nervous diseases.

ADVANCEMENT IN THE TREATMENT OF URETHRITIS AND CYSTITIS.—It has long been known that benzoic acid and the oil of jurjun each had positive curative powers over gonorrhea and most other inflammations of the urethra or bladder, but not until the active principles of each were properly eliminated and combined, and thus encapsuled for administration, was the real potency of these agents suspected. "Benolgur capsules" manufactured by the Benz-ol Capsule Company of Kaasas City, represents the proper combination of these agents, and mark a distinct advance in genito-urinary therapeutics. This furnishes a safe and rapid method of controlling inflammations, specific or otherwise, without the disagreeable kidney irritation usually produced by internal medication. It also eliminates the complications of gonorrhea, so apt to occur from the use of local medication or instrumentation during the acute stage. The manufacturers are consistently confining the sale of these capsules to strictly ethical channels.



HEALTH RESORTS AND SANITARIA

BUREAU OF INFORMATION.

THE MEDICAL HERALD has instituted this new department for the purpose of supplying unbiased and reliable information to its readers concerning the numerous resorts of America. It is conceded that the American waters are equal, if not superior, to any found in the Old World, and our wealth and ingenuity are fast developing the resources of our springs. We have, in America, all the climatic advantages and mineral springs necessary for the treatment of all the ailments to which mankind is subject, but we have, as well, many which are practically worthless and positively injurious, and against these it is our purpose to protect our readers. It is to aid them in the discrimination between the meritorious and the undeserving that this bureau has been established. We believe the therapeutic value of mineral waters has been long recognized, even since the days of Hippocrates, and oftentimes they are indicated as adjuvant and auxiliary treatment.

The information offered by this bureau includes every detail which the physician and his patient may wish to know. The location, railway facilities, elevation, climate, hotels, mineral springs, and sanitaria will be included in our lists of resorts. We also furnish upon request announcements, rates, and booklets from any institution in the country. The information from this bureau is furnished absolutely free to medical men and their patients, upon request from the doctor.

The information is obtained largely by trips of inspection and personal visits. Where this is not possible, the data is obtained from medical men residing in the vicinity of such resorts.

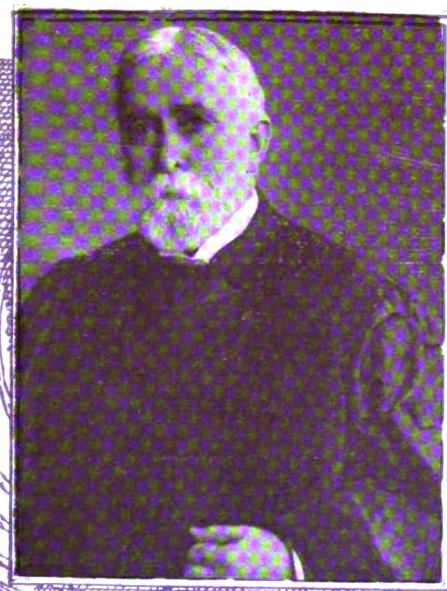
This bureau will also obtain sleeping-car accommodation, procure railroad tickets, and make reservation in hotels or sanitariums in advance for our patrons, if requested.

Address all communications to Chas. Wood Fassett, M. D., St. Joseph, Mo.

ARKANSAS.

Eureka Springs.—Crescent Hotel. $3.00 up. Weekly special. W. M. Walker. Mountain resort, mineral springs. Frisco system.

TWENTY-THIRD YEAR



The Medical Herald.

LEADING TOPICS FOR JUNE.

WALLACE

Official Journal Buchanan County Medical Society, Sioux Valley Medical Association, Medical Society of the Missouri Valley.

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., JUNE, 1904.

Contributed Articles

THE TREATMENT OF SOME FORMS OF INTESTINAL OBSTRUCTION BY THE AID OF AN ARTIFICIAL VALVULAR FISTULA AND INTESTINAL EXCLUSION.*

J. E. Summers, Jr., M. D., Omaha, Neb.

I DESIRE to call attention to a method of giving temporary relief in cases of obstruction of the bowels where the cause of obstruction has not led to gangrene, or is of such a nature that gangrene is not liable to occur. This method may also, by relieving the distention above the occluded part of the bowel, prevent gangrene taking place at the site of obstruction.

From time to time we are required to treat cases of obstruction of the bowels when it is self-evident that any serious surgical procedure will almost certainly end in a fatal result. Patients who have been suffering several days or longer, from obstruction of the bowels are always in a very weakened condition—they are worn out, and the heart will not withstand a long anesthesia, and the added shock of any but the simplest kind of surgery. Hence in our zeal to bring about relief we should be cautious not to attempt too much, especially in old people and children. If we adopt a procedure which perhaps under local anesthesia and with a minimum amount of shock, will relieve the immediate seriousness of the patient's condition, we have done the best that can be done at this time. Later if the conditions justify, we can proceed to carry out in the individual case what seems the most proper surgical operation of a radical or life-prolonging kind.

At the last meeting of the American Medical Association in New Orleans I reported two cases in which I had made an artificial valvular fistula in the cecum for the purpose of treating a chronic colitis by daily flushings of the bowels by large quantities of normal salt solution and other medicated solutions. The irrigations being done through the fistula, the water passing out through the anus.

It so happened that during the past summer a woman was placed under my care, who had had complete obstruction of the bowels for one week. Upon abdominal section I determined that the obstruction was due to a new growth in the descending colon; the woman was almost in extremis. To have attempted the removal of the growth, or even any form

* Read before the St. Joseph Surgical Society, St. Joseph, Mo., May 7, 1904.

of anastomosis would surely have resulted in death upon the operating table, or at best within a few hours. It occurred to me that the establishment of an artificial valvular fistula of the cecum would give relief to the obstruction and prevent impending death. The operation was done and the patient relieved, living for many weeks in comfort, and finally dying from the exhaustion of the cancer cachexia.

This little surgical operation, very easy of technic, offers many possibilities as a temporizing measure, as well as one which may materially aid repair and lessen the dangers of immediate resections or anastomoses. Distention above the site of obstruction can always be overcome if a fistula is established, thus relieving tension and permitting of repair at the sites of resection and anastomoses.

The establishment of an artificial valvular fistula, first suggested by Gibson of New York, but for a different purpose, has many advantages over the operation of Maisonneuve. The technique is much simpler, the dangers of infecting the peritoneum are not so great, the discharges from the intestine are carried away from the dressings covering the wound; they are under the control of the surgeon at the time of operation and subsequently.

A valvular fistula may be indicated:

First, in cases of intestinal obstruction, it being simply a temporizing measure; second, in inoperable stricture of the large bowel beyond the cecum, and above the lower end of the sigmoid flexure. In any of the above conditions, either immediately or remotely, an anastomosis or implantation operation may be done with or without exclusion of the diseased part of the intestine. And this brings me to that part of my paper in which I wish very briefly to discuss the subject of exclusion of the bowel.

As M. H. Hartman (Paris) says, the term exclusion of the intestine ought to be reserved to operations in which the continuity of the intestine is interrupted by one or two sections. The exclusion or sequestration of the intestine can be either *unilateral* or *bilateral* and is known as the operation of Saltzer.

In exclusion unilateral the intestine is divided above the portion which we desire to exclude, the superior end is anastomosed or implanted into a portion of the bowel below the portion which we wish to exclude. The divided end of the section excluded is either closed or perhaps fistulized to the skin.

In exclusion bilateral, two divisions of the intestine are made, one above, the other below, the part excluded; the divided ends peripheral and central are anastomosed. The divided ends of the excluded portion can be closed or fistulized to the skin; or better they can be closed and a valvular fistula made at some suitable point in the section.

Hartman (Revue de Chirurgie No. 10, Nov. 1903) thus summarizes the indications of exclusion of the intestine; "Exclusion is preferable in cases of stenosis by tumors of the intestine; by inflammatory or tuberculous strictures when the lesions are accompanied by pyo-stercoral fistula; in cases of intestino-vesical or vaginal fistula, in chronic invaginations, in congenital obliterations of the intestine, in grave forms of rebellious colitis, rebellious constipation and dilatation of the large bowel.

In cancer, entero-anastomosis suffices to bring about a cessation of accidents. In cases where it is indicted, exclusion is inferior to operations which definitely and immediately suppress the lesion (resection of the intestine, liberation and suture of the fistula, etc.).

Exclusion constitutes nevertheless a real progress, since it permits the application of a remedy to a series of cases until now inaccessible to surgical means. Sometimes it is followed by such an improved general and local state, that radical operations, impossible at first, become possible at the end of some time." Roux of Lausanne reports (Revue de Chirurgie, No. 11) 19 cases of inoperable cancer in which he practiced exclusion. In eighteen the exclusion was unilateral; in one bilateral. There were three deaths, one from operation, one from cancer itself, and the other operation was done when the patient was in extremis. Von Eiselsberg reports out of 48 cases of lateral anastomosis from among them eight cases of unilateral exclusion, three deaths. These operations, i.e., the 48 were done for all kinds of ileus and stricture, mostly malignant; many were acute and inflammatory. And so I might bring forward others work in the direction confirmatory of the advantages of both forms of exclusion. My own experience has been limited, but satisfactory. I would suggest in all acute cases that the advantages of an artificial valvular fistula be considered. The Saltzer operations for exclusion of the intestine where "fistulization" is spoken of means that either one end of the "excluded " bowel is fastened to the skin, as in an artificial anus (Von Eiselsberg); or that both ends are sutured, and that at a suitable part of the section an opening at the surface of the skin is joined to one in the excluded part of the bowel (Maisonneuve). The McGraw ligature may be safely used when a button or suture operation is inadmissible except when the pathology and the good general condition of the patient offers a very favorable prognosis for radical measures.

Now having in a general way discussed the advantages of exclusion of the bowel let us more particularly consider the merits of exclusion itself. Doyen and Monprofit say that if both ends of a section of a bowel be occluded the procedure can chiefly be considered in the light of a physiological study of the secretions of the excluded bowel, but clinical experience proves that in a certain number of cases, although no fistula of the excluded section be made; nature by a process of obliteration, because of lack of function, so takes care of the excluded portion that atrophy and obliteration follow without detriment. When fistulization is employed the fistula sometimes persists for an indefinite period. The mortality after complete exclusion without drainage, i.e., the suturing together of both ends of the excluded section, or the separate suturing of each end, is greater than when the excluded part is fistulized.

According to Mikulicz, Herman. Saltzer and others (Handbuch der Praktischen Chirurgie, III Band) who have made experiments on animals, and Boracz, Von Eiselsberg, Narath and others who have studied the subject in the human being, a section of the healthy intestine can be excluded with both ends closed without drainage and the procedure be followed by little danger. When, however, the exoluded section is diseased, the secretion is increased especially in ulcerated conditions while the absorptive

powers are diminished, this can lead to over-distention and rupture. In the sound intestine secretion and absorption are about equal and the mucous membrane finally becomes atrophied. Therefore, unless a fistula is already in existence Mikulicz and Kausch insist that when exclusion is made, the excluded section must be fistulized with the skin—in such conditions I would suggest the artificial valvular fistula after the method of Gibson.

However, in order to overcome consequences, imminent or remote, regarding the accumulation of secretions or the persistence of fistulization, in the excluded section—a surgical procedure is available to be used either immediately at the time of operation or subsequently, after the general condition of the patient admits of further traumatism.

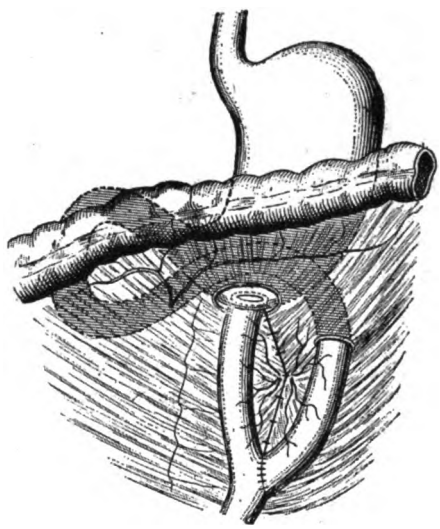


FIG. I.

Gastro-enterostomy posterior en Y (Roux, Monod et Vanverts).

Monprofit has very recently brought forward an ideal technique which he designates "exclusion with drainage into the intestine" in contradistinction to exclusion with skin fistulization. It is applicable to all possible cases and may be used in affections of the large intestine, the jejunum, the ileum or even of the duodenum. It is the application of the gastro-enterostomy by double implantation, "en Y," as it is called. It may be recalled that Doyen in 1893 at the Congress of French Surgeons, described an operation for "Exclusion of the Pylorus," which he was the first to conceive and execute. Chauvel, Czerny, Von Eiselsberg, Roux and Monprofit have somewhat varied and changed the technique, but the principle remains the same, i.e., exclusion of the pylorus with drainage of the stomach by means of a gastro-enterostomy, the form is known as "en Y." The

double implantation is either an anterior gastro-enterostomy (Monprofit), or a posterior gastro-enterostomy (Roux), both after the usual technique. At from fifteen to thirty centimeters below the ligament of Treitz, the jejunum is divided; the lower end is implanted into the stomach, the upper end is implanted into the jejunum fixed to the stomach in such a way as to form the so-called "Y" (see Fig. I).

In order to make the method clear let us take a case of obstruction of the bowels due to a tumor of the ascending colon. If the ileum be divided near the cecum, but sufficiently far away so that the cut ends can be implated (about twenty centimeters suffices) the lower into the sigmoid flex-

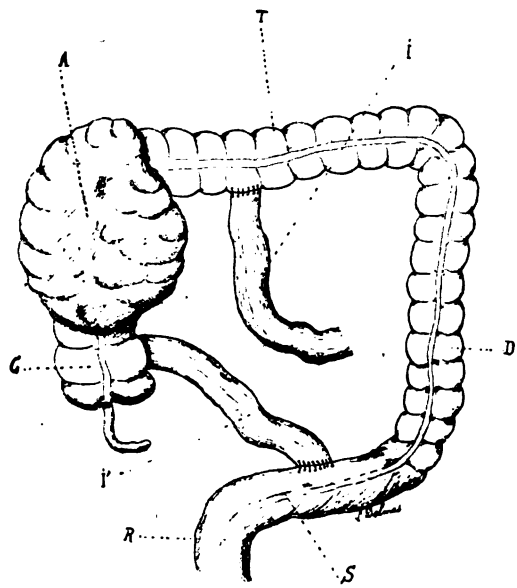


FIG. II (after Monprofit).

A, tumor of ascending colon; C, cecum; T, transverse colon; D, descending colon; S, sigmoid flexure; R, rectum; J, small intestine, superior end; I, small intestine, lower end.

ure of the colon, the upper into either the transverse or descending colon, the intestinal current is re-established and the diseased excluded ascending colon is drained into the sigmoid flexure (see Fig. II).

Should there be a fistula it is better, in addition to what has already been done, to occlude the colon a short distance beyond the tumor either by a sero-muscular "tobacco pouch" suture, or by division and suture of the ends. The reason for this being that the intestinal contents may "back water" and run out of the fistula—this was the fact in one of my cases. This is true exclusion and is very desirable in all cases when no fistula is present, as it minimizes the complications of future excisions when

the general condition of the patient may admit. (See Fig. III.) The theoretical objection that fluids from the excluded part of the colon would not drain through the ileocaecal valve into the stump of the ileum on into the sigmoid flexure, does not hold in practice.

The pathology in the colon causing obstruction brings about changes in the valve which result in incompetency. Monprofit discusses the advisability of shutting off the valve by dividing the ileum close to the cecum suturing the valve end and then implanting the other end into the cecum or colon near the original ileo-colonic juncture. In practice this seems unnecessary, especially at the primary operation and calls for too much

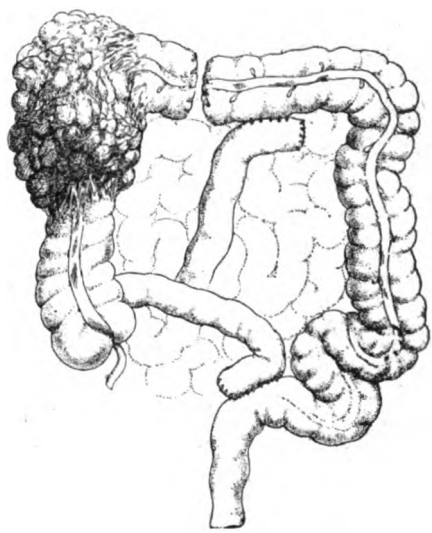


FIG. III (after Monprofit).

True exclusion of the ascending and the first part of the transverse colon. The colon is divided beyond the tumor and both ends of the divided intestine are sutured.

time in addition to that required for the absolutely essential procedures. This operation has many advantages over the simple anastomosis of Maisonneuve. In a case of my own the anastomosis opening between the loop of the lower part of the ileum and the sigmoid flexure of the colon closed completely, just as the opening between the stomach and jejunum may after a gastro-enterostomy.

Obstructions in the colon other than those very low down in the sigmoid flexure can all be treated by intestinal exclusion with drainage, likewise obstructions of the small intestine. In suitable cases that part of the bowel obstructed can be excised, either primarily or as a secondary operation.

THE QUESTION OF THE DIVISION OF FEES.*

O. B. Campbell, M. D., St. Joseph, Mo.

SHALL the high standard of the medical profession as one of the learned professions be maintained, or shall the commercialism which seemingly has a tendency to pervade every calling and every profession, be adopted as a part of our practice? There certainly are some who would favor by teaching and by precept that it should be maintained. There are those who are sincere in bending their every effort to keep it unsullied by commercialism and are zealous in upholding its dignity. We must certainly acknowledge that the learned professions should occupy a position that should be free from the methods of trade. While this must be acknowledged as true, and I feel quite sure that the minority of our profession will agree with me, yet, unfortunately, the vast majority of men in the ranks of medicine look upon their profession solely as a method of gaining a livelihood, and are but little interested in the true character and dignity that should be a part of it. The organized profession of America, which represents largely the brains and talent of the country, are advocating at least by teaching if not by precept, the maintaining of our high standard and are opposed to commercialism becoming a part of it.

No fair-minded intelligent physician who loves his profession, but who must acknowledge the correctness of the position taken. However, I wish to state here that in my opinion we have a great many Doctors Jekyll and Messrs Hyde in our profession, and that they are to be found in the organized profession, and are members of the American Medical Association. These men are engaged in teaching one thing and are practicing another, and are always found as the champions in the cause of professionalism, while on the sly they are practicing rank commercialism whenever an opportunity presents. The truth is that commercialism is practiced by the organized profession today and men are growing rich from the adoption of its methods.

I shall enumerate a few of the commercial evils that are being used today by the very men who frown upon the mere mention of commercialism as a legitimate part of the profession of medicine:

(1) Post-Graduate Schools.—What, I ask, is the chief aim of the professors in a post-graduate school? Is it to benefit humanity by providing an opportunity for the doctor to better his knowledge, and to be able to do better surgery, etc.? Surely a very magnanimous enterprise, if true, for these men give their services without direct remuneration, aye, they usually pay for the privilege! What does this mean? My answer is commercialism! How much benefit does the average doctor receive from a month's stay at a post-graduate school? In my opinion practically but little, and it often stimulates him to attempt surgical work which he is incompetent to do. Why, then, are the professors in post-graduate schools so zealous

*Read before the Buchanan County Medical Society, April 6, 1904.

in this desire to teach or give instructions to doctors?. I answer, commercialism: in other words what is popularly known as "graft."

(2) Hospitals.—It may not be known that there is a graft connected with the chief surgeonship of a hospital, especially a denominational one. These hospitals usually have solicitors out, ostensibly for the purpose of calling to the attention of those of their faith the advantages of the hospital, and only incidentally discovering surgical cases and landing them in the hospital, and as well into the coffers of the chief surgeon, or some of his staff. Am I overdrawing the picture? Here is an illustrative case: Reverend — wrote to the author ten days ago from a town in western Nebraska, stating that his family physician had advised an abdominal operation upon his wife. He further stated that he had been recommended, also, by two of my former surgical patients, who were members of his flock, to place his wife under my care. He inquired as to the rates at the Ensworth Hospital and desired to know what my fee would be. To my letter in reply he answered that they would arrive on a certain day. He wrote me again, two days later, stating that the superintendent of the Methodist Hospital of the city of —— had happened to visit his town (however, these "happenings" seem always to be propitious), and had told him that it would not cost him a cent at their hospital for the care of his wife, and that Dr. ——, the chief surgeon, would operate free of charge. Now, many of you are acquainted with this surgeon, whose name I will not mention. He is a member of the American Medical Association, is positively ethical in his utterances, but he is evidently a commercialist. Can you see where the graft comes in? The desire is to make every minister an agent for the hospital, and for the chief surgeon. Limited time will not permit of my naming every phase of commercialism which has invaded the medical profession, but I have felt it incumbent upon me to mention these common methods of trade before considering the subject of the division of fees.

With regard to medical schools I shall now make a startling statement which will no doubt grate upon the finer sensibilities of the simon pure physician, viz., that there are but few graduates from any medical school who have not met the solicitor of some of their professors, and the proportional fee division named in the prospective surgical cases that they may bring to their erstwhile teachers.

These same men write articles for medical journals condemning this practice, while their solicitor is working on a graduating class. The truth is that this is an age of commercialism. It is unfortunately a part of medical practice, let the blame rest wherever it belongs. It is certainly a deplorable state of affairs, but, being a party to it, the evil is not lessened by falsifying about its existence. Only a small part indeed of commercialism is the division of fees by the surgeon and specialist with the physician bringing the case to him. Worse than the mere division of the fee are the methods often used by the surgeon and specialist to induce the physician to become their patrons.

The physician who leaves his practice to accompany a patient to the surgeon or the specialist for operation or treatment, deserves remu-

neration, but it legitimately should not come out of the surgeon's fee, but from the patient. While this cannot be gainsaid, yet if we sanction or practice any part of commercialism, I certainly would not disfavor fee division. Still, because of the methods employed by some of the physicians who bring cases to the surgeon and specialist, fee division has its degrading side. Some physicians become peddlers after a time, giving their cases to the men who will offer the greatest inducement in regard to the division of the fee, ability and operative skill not being considered. Some of these doctors grow quite dictatorial. They say to their patient, "I can get your operation done for you for so much by my bargaining with the surgeon who will perform the operation. Otherwise, he would charge you more." This physician writes to, or visits the surgeon, offers him so much to perform the operation, and if he refuses, promptly takes it to another surgeon who will accept his offer. This happened in our city a few weeks ago. Some of you may recall the instance. Personally I would be strongly in favor of eliminating every form of commercialism from the medical profession, but as it is so very general and far-reaching in its practice, I am inclined to the opinion that it would not be practical.

THE DOCTOR.*

John D. Seba, M. D., Bland, Mo.

THE doctor like other people is born of woman; his life lasts from 50 to 60, sometimes 70 years; rarely 80. His life, if it has been useful, has been full of work, trials and tribulations.

If he is sensible and progressive, he will remain a medical student all his life; that is to say, he will never cease his medical studies and investigation from the day he matriculates in a medical college, to the day he passes in his checks to his final resting place. If he maintains the proper enthusiasm for his profession the study and welfare of his profession will be an ever interesting theme for him; it will be food for his brain; this brain food his system will crave, to absorb and assimilate all the knowledge he can get, will be pleasure and satisfaction to him who wishes to keep abreast with time and progress.

A person that is constantly absorbing knowledge will also continually radiate wisdom. He is like a galvanic battery filled with electricity; you cannot touch him without being electrified, his wisdom is in his eyes, voice and actions. He does not need advertising; the people can see it, they can feel it, they can hear it. He is an entity, a personification which you cannot forget. He carries with him, in his bosom, the secrets of the community.

* Read before the McDowell District Medical Society, April 4, 1904, at Red Bird, Mo.

Secrets intrusted to him never go any further; they go with him to his grave, and are the only thing of the doctor that is not resurrected, and the day of judgment you may take a secret and look it up in an iron box; thieves and robbers may break it open and take it out, but no thieves and robbers can break open the doctor's heart and take out secrets.

The doctor who makes public property of knowledge gained in a professional way, is not a doctor at all; he is a quack and a charlatan. He is the man that publishes to the world the infirmities of the public, and with the same breath the heralds his ability to cure these ailments. His ability, his picture and his advertisement can be seen in the lay press. He blows his own horn for the benefit of his own pocket book. He believes and he tries to make people believe that the sun of knowledge rises and sets in him. He has no regard or respect for the ability or achievements of other doctors. He considers them opponents, not colleagues; for them he carries the tomahawk, not the olive branch of peace and good will towards all people. He is one of Satan's angels who fell out of the hind end of the Devil's cart when he was taking a wagon load of young devils to hell; the next time he comes around he will take him along, but will probably leave some one in his place.

The query often confronts us; what does the doctor do? what is he good for? What benefit is he to this world?

I can only partially answer this query: to answer it completely, it would make a volume as large as the United States History; we can therefore only hit a few high places in the life of a busy doctor. The doctor reaches the helping hand out to us before we are born, and often at this critical moment hangs the lives of two persons by a slender thread; the life of the mother and the life of the child. At such times he may feel the awful responsibility that rests upon him. But his face, his countenance, and his demeanor, does not betray his anxiety. Many times even his advice, his council, and his skill devises ways, means, and solves the difficult problems by which childless couples become the happy parents of healthful offsprings. Thus he is not only a prolonger of life, a preventer of dissolution, but a creator of human beings; but this is only a side line in the doctor's everyday's business. The soothing of the inflamed alimentary canal of the infant, the youngster, the man, the woman, and the old, infirm. The elimination of effete material from this same alimentary tract, and the stopping of fermentation which is the cause of so many reflex ills. Although there have been books written on the subject, the half of it has never been told. The allaying of pulmonary and bronchial irritations, either by expectorants or by eliminators, absorbers, or by a remedy to dry up excessive pulmonary secretions. I do not want to mention the too much abused subject of worms, and dentition. No matter what is wrong, whether it is a case of green apples, infantile diarrhea, colic, high fever with spasms, or pneumonia, the anxious mothers' diagnoses are always worms or teething. From a humanitarian standpoint of view the doctor seldom differs from the mother's diagnosis. His fault is a generous fault.

Really the doctor should cut down ignorance wherever he finds it. He makes his onslaught on ignorance, between attacks of worms and teeth-

ing. Ignorance will finally fade away from the doctor's ever shining light, if he will only take it from under the bushel and let it shine; not by advertising in the columns of the lay press, but by scientific explanations of the various pathological changes underlying these conditions.

It matters but little whether the appendix vermiform is a relic derived from the recurrent colon of the horse, or whether it is put there for the special benefit of the surgeon. It is an evident fact that it is an ever ready receptacle for grape and tomato seeds and other small matters too numerous to mention.

The radiating pain that it causes are always recognized by the doctor, and if purgatives, opiates and plasters do not relieve the patient within a reasonable time, the doctor does not waste valuable time, but acquaints the patient with the situation: sterilizes his body, his instruments, and the field of operation, and lays the knife to the root of the evil and removes the useless and superfluous appendix. At such times his heart may throb with emotion, like the hunter who is about to draw a fine bead on the deer, or the young man who leads the bride to the altar. These incidents are pleasant milestones that the doctor rejoices in remembering.

The doctor is often censured by the laity for attention to hopeless cases of various nature, such as pulmonary phthisis, cancer, paralytic conditions of the aged; in such cases no improvement can be hoped for; yet the doctor, true to his profession will not abandon his cases just because they are suffering with an incurable malady. His advice in regard to the personal comfort, diet and the alleviation of pain. the soothing words of encouragement to be brave until the final end; the gentle stroking of the forehead, and the suggestion that we are all mortal beings and must go sooner or later.

Under such circumstances it is often wise and prudent that the doctor and the preacher hold a consultation together, and find out what is good for the patient, and if the doctor can turn the patient over to the minister is a great relief to the doctor. In these instances it all depends upon the religious beliefs and tenets of the patient and his family. No doctor will persist in visiting the affected when he sees or feels by word or action that his visits are no longer desired or appreciated; and if he under such conditions turns the hopeless cases over to the nurse or minister, he may congratulate himself upon his good fortune.

Finally when the doctor has finished his course; when his face is bathed in the cold perspiration of death; when the heart which has beat for months before his birth, and beat without ceasing all these years of his eventful life, has come to a standstill; when his body goes to the undertaker, and his soul goes cohorting into the paradise like a spring lamb in a blue grass pasture; when the friends gather around the open grave to bid farewell to the doctor, and the minister throws a hand full of dirt on the coffin and says, "dirt to dirt, dust to dust and ashes to ashes." and as the people turn away, behold there stands the young graduate with a diploma in one hand, a license in the other hand, and says to the people, "I will pick up the work where the old doctor left off;" and thus progress and a new era in medicine begins.

SARCOMA OF THE BRAIN.

F. E. Walker, M. D., Worthington, Minn.

C. B., male, age 39, January 15th, was found in an unconscious condition. After being taken to the house he regained consciousness. Pulse very weak and rapid. Respiration shallow, temperature 97. Had occasional convulsions, which lasted two days. Severe and persistent headache followed, which became greatly increased upon the slightest movement. After two weeks rest all the symptoms gradually abated and patient felt comparatively well, except for some slight headache. The eyes were carefully examined and found no chocked disk. The psoyhic symptoms were early manifested and were very decided, the convulsions returned and were worse than ever. The spasms again gradually disappeared in a few days and finally ceased for three days, when they again returned and

resembled automatism. There was a complete loss of equilibrium. Nausea was present throughout, but there was little emesis, except during the last two days when it became constant.

The temperature remained normal until the last twelve or fourteen hours, when it gradually increased up to the time of death when the thermometer per rectum registered 106 deg. There were no localizing symptoms. Muscular twitchings of first one extremity and then the other being interrupted by brief periods of rest. Sometimes there would be spasms of the right leg and left arm, then the reverse, and this would be followed by spasm of all the extremities. On the thirty-fourth day patient died. Post-mortem showed tumefaction of the frontal lobe of the right side. The tumor did not appear to invade the substance of the cerebrum, but was limited to a definite area, as shown in cut.

THE "ACTION" OF DRUGS.

Joseph Clements, M. D., Kansas City, Mo.

Member of the American Association for the Advancement of Science.

THE pharmacologic action of drugs is a most important part of medical science, and includes whatever role they play as medicaments in medical "interference" in disease.

Equally important is the distinction to be recognized between pharmacologic and physiologic action in the phenomena involved.

Disease is aberration from normal physiologic action within the organism.

Therapeutics include "interference" or manipulation of these aberrant physiologic processes, in interest of their return to normal. Because of the relation of drugs and their role in these therapeutic manipulations they are said to have physiologic action, and the chimera of active principles in drugs is needed and utilized in the erroneous or misconception.

There is a wide distinction to be marked between the pharmacologic action of drugs, and any action or processes that may be termed physiologic.

There are active principles in plants, from which drugs are compounded, but to carry the use of the terms into their pharmacologic condition and role leads to misconception of the phenomena in which their part is played. The physiologic action of plants forever ceases on their pharmaceutical handling. In drugs of the inorganic class there never was, nor can there be physiologic action attributed to them. In their drug on pharmacologic role—and in this the organic and inorganic are alike—the only action possible to them is chemical, in integration and disintegration processes. Nothing other than what chemistry includes is attributable to drugs.

The pharmacologic action of drugs is specifically chemical, in molecular dis- and integration.

The pharmacologic role of drugs includes more than their specific chemical action. Their presence in staple status (inert) within an organism is cause of action, or rather a modified action, within the organism, which of course is physiologic action. The role, or part played by drugs is causal in its relation to the physiologic processes involved, the latter being the response to the former. The chemic action of the drug, involving its molecular transformation, is distinct from the physiologic action of the organism which, in the last analysis is protoplasmic activity. It will appear, then, that the distinction between the pharmacologic action of drugs and any processes that may be termed physiologic is of marked character, and its recognition vital to a correct conception of organic and pharmacologic phenomena; and the "physiologic action of drugs" is a misnomer and misleading to shallow thinking. It should go without saying, that the action of drugs is chemical, the action accruing upon drug action being physiological; its specific character to be designated pathologic or therapeutic, according to its quality or class. In drug induced disease the drug action is chemical, the physiologic action in response is pathologic.

A basic principle in biology, and vital to a correct apprehension of the phenomena in pathology and therapeutics, is in the fact that, vital motion is influenced or modified by every substance coming into contact with the living matter. In normal environments protoplasmic activities will be normal. As stated at the outset disease phenomena are an aberration from normal physiology. There is no "point where pathology becomes or begins to be a part of biology," it is so from its inception. Biologic medicine bears the same relation to medical science as histologic anatomy does to general or gross anatomy; we have the molecular and the molar to constitute the whole, distinct, in a sense, though one.

The part drugs play, therefore, is that of cause in the phenomena involved, which may be irritant, stimulant or even repressive. Protoplasmic activity is the response to the causal influence or action of the drug.

The role of inert substances even is of high import, pharmacologically considered, and may be definitely determined. It is a fact that the distention and pressure of water in the interstices of the tissues into which it is injected, by suspending cell, or intracellular respiration, inhibits the phenomena which originates pain, thus repressing protoplasmic action; so the mere mechanical presence of inert substances—in solution of course —may inhibit protoplasmic activity, locally, with modification of the larger or molar motion.

When drugs are active--how long may drugs remain stable, molecularly, absolutely inert, within the vital domain?—when they begin to initiate disintegration processes, their causal role passes from a passive to an active one, and the physiologic or protoplasmic activities, suppressed or modified as the case may before have been, are now intensified, it may be fourfold, by the added chemical action. The most delicate arrangement, structurally, obtains in some classes of cells and tissues, and in nerve structures especially this complexity of mechanism prevails, so that very slight causes suffice to occasion modification or nullification of protoplasmic activities.

The bearing of these facts upon the study of the action of drugs and its relation to physiologic processes is apparent. Some drugs are more soluble than others, favoring a more rapid distribution to their ultimate destiny and molecular disintegration. Difference also in volatility in other drug elements plays its part in the causal relation of pharmacologic to physiologic action--mere suggestion of the factors in the phenomena to which they are but the clew and finger point. Thus it appears that physiologic action, which is protoplasmic response in modified activities, is influenced and determined by a variety of causes and conditions.

Particularly, the nature and extent and the energy of the molecular action are determined by the chemical or molecular construction of the drug constituents.

For instance: "methane, CH_4 becomes active in the combination CH_4 OH" (Cushing). The molecules CH_4 remain stable, are inert. On the addition of OH, which at once renders it active, molecular action ensues—disintegration and reintegration processes follow. Now if after introduction of methane such environments exist that the molecules OH

may combine with the CH_4 then the inert drug methane becomes the active methyl alcohol, whose molecules tumble apart and form other combination, possibly with the protoplasm itself. or, it may be, with other of the cell contents.

Now here we enter largely an unexplored field. Protoplasm, as to its molecular nature and constitution, is, in much. an unknown qaulity, if not quantity—its molecule is still impossible of demonstration; it seems to hold a secret it will not give up, it will "die" first. But much may be ascertained by proper and much needed "research" work, and laurels await the worker.

Methane is found to be stable as a molceule (comparatively) and being inert as a pharmacologic agent, we look for response in protoplasmic action of the kind usual to inert causal agencies in organic phenomena. As already suggested, if the environments should be such (a suppositious case) as to allow of the ordinarily inert drug becoming active, response in protoplasmic action, unexpected, and unprovided for, would very likely ensue (leading us into the region of incompatibles) and furnishing a clew to much hitherto uninterpreted medical phenomena! Response, protoplasmic is correspondingly different as the cause is unlike.

A simple chemically constructed drug will initiate less in action, quantitively, and with less of energy in display, than a more complex one, and thus an infinite variety of modification in protoplasmic activity may be interpreted. Thus the import and the dangers of polypharmacy loom up, and the almost collossal curse of the patent medicine evil inflicting itself upon our age, is emphasized, and against which the medical voice should not be and is not silent.

The foregoing are just a few pebbles picked up from the almost limitless beach opening before us in the brief survey.

915 W. Seventeenth street.

THE DYNAMICS OF DEFERVESCENT COMPOUND AND DOSIMETRIC TRINITY.

P. J. Smith, M. D., Chicago, Ill.

THE dosimetric trinity consists of aconitine amorphous gr. 1-134, digitalin gr. 1-67, and strychnine arsenate gr. 1-134 in each granule. Aconitine amorphous represents very accurately the activity of aconite, and is a safer article to use than the crystaline alkaloid aconitine. The indications for use are mainly those of the plant itself, but with more uniformity in results and more accuracy in dose.

Aconitine acts specifically on the vasomotor nerves, affecting the sensory terminals first, producing the tingling and numbness so quickly felt when an active preparation of aconitine is used. In small doses it acts as a sedative promoting tone in the arterial capillaries and equalizing the cir-

culation. The heart beats more slowly and quietly, arterial tension is lessened. It does not act as a paralyzant here, although in lethal doses it paralyzes the heart through its decided action on the innervation of the heart; it sedates. Heat production is lessened by a direct action on the heat centers. The secretions are increased. They are restored by it if checked by exposure.

From this we judge that aconitine finds its greatest field of usefulness in fever, and more especially in sthenic fevers. In the fevers of childhood it is very strongly indicated, acting quickly and safely. Its most marked indications are the sharp, quick, small pulse, with hot, dry skin, bright eyes, nervous movements, chilliness, flushed face and lessened secretions. Thirst is pronounced. Given in these cases, its action is all that can be desired. In all acute congestions, as in tonsillitis, bronchitis, coryza, pneumonia preceding the development of the stage of inflammation, it resolves the trouble speedily, restoring tone to the dilated congested arterioles, lessening heat production, increasing all the secretions, sedating nervous manifestations.

Digitalin, a glucoside from digitalis, the true heart-stimulant active principle, acting directly on the heart muscle and the inhibitory nerves of the heart; it increases arterial tension, slow the beat, make it stronger, sustains the action of heart, but does not increase its tone. It is a direct heart-stimulant. It in this form is not cumulative, is non-irritant to the stomach, and is only quietly diuretic through the increased flow of blood through the renal arteries. By its stimulant action it controls the action of aconitine, being its physiological antidote. But it is not antagonistic in all the phases of the action of aconitine. In small doses, dosimetric, it seems to enhance the action of aconitine, relieving any tendency to depression.

Strychnine arsenate is the great restorative tonic, "taking up the slack," stimulating the sympathetic and spinal nerves, increasing tone, increasing the motor activity of the stomach. It acts in asthenic conditions through its true tonic properties, and is given in combination with the other two of the trinity for its nerve tonic influence. This combination is of use in the asthenic stage of acute fevers, following the defervescent compound granule, which is given in acute sthenic conditions.

The defervescent compound contains aconitine amorphous gr. 1-134, veratrine gr. 1-134, digitalin gr. 1-67, veratrine taking the place of the strcyhnine arsenate in the above.

Veratrine is the active principle of veratrum viride, and influences the spinal and cerebral nervous systems. It is depressant, and should be given only in sthenic conditions. It lowers blood-pressure, slows the heart, lessens nervousness. In sthenic fevers, with dark flushed face, pulse full and bounding, restless, high fever it should be given in small doses until its effect on the pulse is obtained. Aconitine enhances its action. Aconitine and veratrine are antipyretic agents of great benefit in aborting acute inflammatory diseases. That they do this is certain. Digitalin acts as a "correctot" of the other two preventing too great depression. In giving the general indications of these compounds, their use in special condition will be obvious to anyone.

Alkalometric therapy enjoins the giving of the active principles in acute diseases, in small minimum doses, repeated often to effect, not strong physiologic effect, but remedial effect, as seen in lowering of fever, restoration of function, freeing of secretion and lessening of pain. When alleviation is apparent, the dose should be reduced in frequency, keeping up the effect. The active principles thus given are more uniform in action, their influence more easily controlled, and they do not irritate the stomach.

POEMS THAT EVERY DOCTOR SHOULD KNOW.

The Boyless Town.

A cross old woman of long ago
Declared that she hated noise.
"The town would be so pleasant, you know,
If only there were no boys."

She scolded and fretted about it till
Her eyes grew heavy as lead,
And then of a sudden the town grew still,
For all the boys had fled.

And all through the long and dusty street
There wasn't a boy in view.
The baseball lot, where they used to meet.
Was a sight to make one blue.

The grass was growing on every base
And the paths that the runners made,
For there wasn't a soul in all the place
Who knew how the game was played.

The dogs were sleeping the livelong day.
Why should they bark or leap?
There wasn't a whistle or call to play,
And so they could only sleep.

The pony neighed from his lonely stall
And longed for saddle and rein,
And even the birds on the garden wall
Chirped only a dull refrain.

The cherries rotted and went to waste;
There was no one to climb the trees.
And nobody had a single taste,
Save only the birds and bees.

There wasn't a messenger boy—not one—
To speed as such messengers can.
If people wanted their errands done,
They sent for a messenger man.

There was little, I ween, of frolic and noise,
There was less of cheer and mirth.
The sad old town, since it lacked its boys,
Was the dreariest place on earth.

The poor old woman began to weep,
Then awoke with a sudden scream.
"Dear me," she cried, "I have been asleep
"And, oh, what a dreadful dream!"

New Haven Register.

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PAPERS READ AT THE SEVENTEENTH SEMI-ANNUAL MEETING, MARCH TWENTY-FOURTH, LINCOLN, NEB.

PERNICIOUS VOMITING OF PREGNANCY.

J. H. Talboy, M. D., Mapleton, Ia.

Professor of Obstetricks and Diseases of Women, Sioux City College of Medicine.

PERNICIOUS vomiting of pregnancy or hyperemesis gravidanum is a pathological exaggeration of a physiological condition which occurs in many cases during the early stages of gestation. There is a mild degree of nausea or vomiting, which may be considered as normal or physiological, occurring in the majority of pregnant women. The severity of the emesis may be considerably increased without serious results, giving rise to the so-called exaggerated form of the trouble, and again a third degree in which all the symptoms of the milder grades are intensified, all nourishment is rejected for days or even weeks, the patient rapidly becoming weakened and emaciated. The vomited material which at first consisted of the food taken, now is composed largely of mucus stained with blood which increases as the straining and retching increase; much bile is also ejected, causing the characteristic bitter taste of which the patient com-

plains, or as it becomes mixed with other contents of the stomach, an intensely sour, acrid taste develops. The temperature which at first is normal or subnormal becomes slightly elevated, or may reach 103 deg. F. in severe cases. The pulse is weak and rapid. The patient is unable to raise her head from the pillow without suffering from a distressing syncope. Tongue becomes dry and fissured, sordes accumulate upon the teeth, patient is unable to speak above a whisper, and unless relieved by proper treatment rapidly succumbs.

The above symptoms are these found in cases of pernicious vomiting of pregnancy, of which this paper treats. The rate of mortality is high, being placed by the majority of observers at thirty-five to sixty per cent. Fortunately the pernicious vomiting of pregnancy is rare, but probably occurs with greater frequency than suspected, sometimes being mistaken for other affections.

The cause of this trouble, as generally accepted, is disturbance of the sympathetic nervous system through reflex irritation, which irritation occurs in the generative organs as a result of some pathological condition there existing.

Such irritation may be due to displacements of the uterus and especially prolapsus or retro-displacements with adhesions, resulting from some previously existing pelvic inflammation. Or direct pressure of the gravid uterus upon neighboring organs; or some diseased condition of the endometrium, as cervical or corporeal endometritis, or death of the fetus in utero, as was found in two of the writer's cases. Diseases of the digestive tract may aggravate the trouble by rendering it more susceptible to these nervous influences, such as gastritis, or ulcer of the stomach, for which this condition has sometimes been mistaken. Grave diseases of the liver or kidneys which frequently give rise to vomiting, may complicate the trouble, or even be mistaken one for the other.

The symptoms of true pernicious vomiting of pregnancy are not many, always referable to the stomach, and are remote from the actual seat of disturbance. Strange it is that, as a rule, none of the subjective symptoms of this disease are referable to the uterus, a fact which is liable to throw us off our guard and cause errors in diagnosis. The question of differential diagnosis is of the utmost importance, that we may not be treating a case of pernicious vomiting of pregnancy for simple disturbance of the digestive tract until too late to be of assistance to our patient. Nausea and vomiting following suppression of the menses is almost pathognomonic, but where it occurs in cases of so-called pseudo-menstruation, the question is more puzzling and diagnosis difficult.

If not asking too much of your patience, I will review briefly three cases which will help to show the conditions causative of this disease—the difficulty in some cases of making a correct diagnosis and at the same time refer to a cause which is not mentioned in our text-books, viz., death of fetus in utero. Much differenec of opinion exists at the present day as to the mechanism of the reflex vomiting of pregnancy. Haltenbach and Klein hold that is is essentially hysterical, while Divmoser of Vienna and others consider it as due to autointoxication, while still others include the

opinions of both these parties in making up their classification and maintain that there are two distinct types of the disease, viz., neuropathic and autotoxic. The writer's limited experience tallies with the latter opinion as shown by the following cases:

CASE I.—Mrs. B., farmer's wife, age 20 years, primigravida, presented the usual symptoms, suppression of menses with morning sickness; slight vomiting at first, which gradually became more persistent, until after three weeks duration, two weeks of which time no nourishment was retained, the patient becoming much weakened, consultation was called. External palpation revealed no tenderness over uterine or ovarian region, but considerable soreness over epigastrium. As it was believed the patient could not long survive, steps were taken to rid the uterus of its contents. Under antiseptic precautions a bougie was coiled up in the uterine cavity, which in a few hours stimulated firm uterine contractions, resulting in expulsion of the uterine contents which consisted of a putrid mass of decomposing products of conception which products with the history indicated about ten weeks of gestation. Antiseptic uterine douches were employed for a few days, all symptoms were rapidly ameliorated and patient made a good recovery. Has subsequently raised a family of three children without any recurrence of former trouble. In this case we may add, there were no symptoms to indicate the death of the fetus except of a slight elevation of temperature, which symptom we have in the majority of cases anyway, in the latter stages, let the case be what it may. There was no fetid discharge from the vagina and no tenderness of the uterus.

CASE II.—Mrs. M., age 36, wife of a physician, had had two miscarriages at about the fourth month, was very anxious to give birth to a living child. She was now pregnant for the third time and about three months along. Vomiting which had not previously occurred now set in and became so completely uncontrollable that no nourishment was retained. Her husband did all he could in the way of medicinal treatment to control the symptoms and continue the gestation, but to no avail, as it will prove in nearly all, if not all cases of the true type of this affection. At the time I was called in consultation, the woman was completely prostrated, unable to raise her head from the pillow or speak above a whisper. The vomited material consisted more of blood than anything else; tongue dry and sordes upon the teeth. The doctor, her husband, gave it as his opinion that it was more a case of stomach trouble than anything else. Upon vaginal examination, the uterus was found prolapsed, enlarged, boggy and so bound down by adhesions that it was impossible to press it upward into the abdominal cavity. It could not expand nor be replaced. This was given as the cause of the vomiting. The uterine contents were removed, as described in previous case; patient made a complete recovery.

CASE III.—Mrs. K., age 40 years, farmer's wife, mother of three children, youngest five years, without any suppression of menses, gastro-intestinal disturbance began and continued for two or three weeks, during which time she was under the care of a physician who made a diagnosis of

liver trouble. Gradually growing worse in spite of all treatment directed toward the liver and stomach, a change in help was made. Being called I carefully inquired into the menstrual function, and the lady assured me that she was all right in that respect, had been regular, and could not possibly be pregnant. As the symptoms continued without any let up, patient weak and vomiting mucus and blood. it was suggested that a vaginal examination be made to determine positively if possible whether or not any uterine complication was aggravating the trouble, or if pregnancy did exist, explaining that sometimes it did with menstruation continuing. This was at first refused, as she was satisfied in her own mind that there was no womb trouble, and that she was not pregnant, saying at the same time she believed "her time had come," and that she was going to die. Finally her friends prevailed upon her to submit to the treatment suggested. A vaginal examination revealed only a patulous condition of the external os, no sensitiveness of uterus and no vaginal or cervical discharge. Uterus was somewhat enlarged and boggy. The insertion of a bougie was suggested, explaining that it would do no harm if she were not pregnant and that if she were, it would bring about a change in the trouble and effect a cure. The treatment was employed under antiseptic precautions, and uterine contractions expelled from the cavity, a macerated putrid embryo and membranes of about two months' development. The distressing symptoms soon subsided and the patient got well. This case could have easily been mistaken for gastritis or ulcer of the stomach and treated as such, and would have probably perished. There was no suppression of menses, no subjective symptoms whatever, referable to the uterus.

By the clinical experience in these cases I was impressed, especially by the fact that death of the fetus may be a causative factor in pernicious vomiting and that the severest form of the trouble may occur where no other symptoms of pregnancy are present, and therefore, may be mistaken for some other trouble.

GASTRIC ULCER.

J. C. Waterman, M. D., Council Bluffs, Ia.

GASTRIC ULCER is very seldom met with in youth or old age, and while cases have been reported in very young infants, it is not common before the tenth year. The majority of cases appear between the age of twenty and forty. The disease is more common in women than in men. The ratio being about 2 to 1. This is due in all probability to the anemic and chlorotic conditions, so common in young girls, and many observers give tight lacing as a prominent etiological factor. Irritant drugs and trauma are responsible for a per cent of ulcers. But a diseased condition of the blood vessels is the principal predisposing cause. Arteriosclerosis. Embolism, or hemorrhagic infarct, by destroying the blood

supply, cause the death of the mucosa in the affected part, this is followed by the devitalized membrane being digested and the resulting ulcer Whether the vital resisting power of the mucosa is destroyed by anemia, chlorosis, the continual pressure of tight lacing, trauma, irritating drugs, or by destruction of the blood supply from arteriosclerosis, embolism or hemorrhagic infarct, the result is the same.

No reliable statistics have been printed as to the geographic distribution of ulcer. But it is known that in Russia among the peasant classes, who subsist almost entirely upon a vegetable diet, the disease is almost unknown. The same is true of the colored population of our Southern States. Several authors attribute an important place to micro-organism in the etiology of ulcer.

Gastric ulcer may be located in any part of the stomach. The more common locations are the posterior surface, the lesser curvature and the pyloric portion. Usually but one ulcer is found, but any number may be present. The typical ulcer is round, but may be irregular from coalescence of two or more. It may effect only the mucous membrane or may extend through all the coats of the stomach and perforate either into the abdominal cavity, or where adhesions have been formed, into some neighboring organ.

Gastric ulcer is essentially a chronic disease. At first there is only a feeling of discomfort after eating. If the stomach contents are examined there will be found an excess of free hydrochloric acid. Ordinarily there is constipation and loss of appetite. Gradually the trouble increases until there is severe pain coming on, in from one to three hours after meals, pain is continuous and only relieved when the food passes into the intestines or is rejected by vomiting.

Vomiting of blood is usual, the amount may be slight or so severe as to be fatal. But the fact that no blood is ejected from the stomach must not be taken as proof that hemorrhage does not exist. In all cases of suspected ulcer a frequent examination of the feces should be made and, in nearly every instance where there is ulcer, blood will be found. Even fatal hemorrhage may occur into the stomach and intestines without vomiting.

Hyperacidity of the gastric juice is an almost constant accompaniment of ulcer. A careful analysis of the stomach contents after test-breakfast, or test meal, should be made. Personally, I like the test breakfast, and unless there is hemorrhage present or has been very recently, I never hesitate to use the stomach tube. I think the danger of causing perforation or hemorrhage, by the careful use of the tube has been over-estimated. I do not think the danger of hemorrhage from the careful use of the tube and washing out of the stomach, is as great as that from the severe strain of vomiting. There should be no difficulty in diagnosing a typical case of gastric ulcer. The insidious character of attack, the gradually increasing pain and discomfort, the digestive characteristic of the pain, and the relief by emptying the stomach, the points of local tenderness both over the stomach and in the dorsal region, the excess of hydrochloric acid as shown by analysis of the stomach contents, and finally the vomiting of blood or on finding blood in the excreta should leave no doubt as to the condition.

However, we know that ulcer may go even to perforation or the recovery, without exhibiting any of the typical signs of ulcer. In a great majority of cases there will be enough disturbance of the digestive functions to arouse suspicion, and a careful, though sometimes prolonged observation of the patient will reveal the true condition.

The treatment of ucler may be summed up in a few words: rest and protection. This cannot be done, if we allow our patients to follow their ordinary mode of life. In my opinion, the drug treatment of gastric ulcer is absolutely useless. It is very difficult to treat ulcer at all satisfactorily outside of a hospital. Here we can have absolute control of our patient and know that our instructions are followed. I am in the habit of placing my ulcer cases on rectal feeding for a period of from seven to fourteen days, this does not mean that rectal feeding is supplemental to what is taken by the stomach, but that absolutely nothing is given, not even water. The patient is kept in bed, not being allowed to get up for any purpose.

After a period of from seven to fourteen days, I begin with small quantities of milk and cream, ordinarily, three ounces of milk and one ounce of cream, every three hours. If this causes no pain and the stomach is empty in the morning, it is gradually increased until seven ounces of milk and four of cream are given every three hours, during the day.

After five to seven days of this diet I feel safe in increasing, and give a flour gruel, milk slightly thickened with flour and well cooked, then oatmeal, which has been cooked in a double boiler for at least three hours, then toasted bread, which has been soaked in milk, scraped beef and occasionally a soft boiled egg. This course of diet should extend over a period of at least six weeks. The patient being allowed to sit up a few hours each day after the first two weeks.

It has been my custom after feeding by the stomach, has been resumed to give a morning dose of 1 dr. of sub. carb. bis. This and salines in the form of some of our mineral waters, where necessary to relieve constipation are the only drugs I use in the treatment of gastric ulcer. I give the bismuth with the idea of forming a protective coating, but am sceptical as to any benefit being derived. If the trouble fails to respond to this treatment, we may feel certain that it has reached that stage where medical treatment is of little value, and the sooner patient is referred to the surgeon, the better it will be for all concerned.

I will not take up the surgical treatment of gastric ulcer farther than to say that in my limited experience gastroenterostomy has proven satisfactory in several cases where other treatments entirely failed to give relief.

A MODERN HOSPITAL.—A magnificent modern building, the St. Luke's Hospital at Boise, Montana, is being erected at a cost of $25,000. It has about 40 rooms and will be well equipped with all modern appliances.

PRELIMINARY PROGRAM—TRI-STATE MEDICAL SOCIETY.

St. Louis, June 15, 16 and 17.

SURGERY.

President's Address, W. B. LaForce, Ottumwa, Ia.
Oration on Surgery, Arthur Dean Bevan, Chicago.
Caesarian Section, T. J. Maxwell, Keokuk, Iowa.
Notes on Urethrotomy, G. Frank Lydston, Chicago, Ill.
Surgery of the Prostate, J. B. Murphy, Chicago.
Surgery of the Kidney, Dr. Reder, St. Louis, Mo.
Operative Treatment of Nephritis. Franklin Martin, Chicago, Ill.
Report of a case of Posterior Pudendal Hernia, J. F. Tainter, St. Charles, Mo.
Treatment of Mastoiditis by the General Practitioner, Henry Jurgens, Edina, Mo.
Clinical Experience in the Surgery of Carcinoma of the Cecum, G. Wiley Broome, St. Louis, Mo.
Appendicitis—When is an Operation Indicated? F. B. Dorsey, Keokuk, Iowa.
The Management of Graver Forms of Appendicitis, W. Basham, Wichita, Kansas.
Breast Tumors of Young and Old Women, Dr. Spitzley, Detroit, Mich.
Synchronous Intra and Extra-uterine Pregnancy, D. C. Brockman, Ottumwa, Ia.
Experimental Research on Retrodeviation of the Uterus, Emil Ries, Chicago, Ill.
Trans Pleural Laparotomy, W. E. Schroeder, Chicago, Ill.
Surgical Report of Some Stomach Cases, John H. Oliver, Cincinnati, O.
Plastic Surgery, Dr. Ruth, Keokuk, Ia.
Massage, a distinct Surgical Adjunct, J. T. White, Freeport, Ill.

MEDICINE.

Oration on Medicine, R. B. Preble, Chicago, Ill.
The Female Breast, its Anatomy and its Functions Independent of Lactation, Thomas Manley, New York City.
The Differential Diagnosis between Syphilitic Pseudo-Membranous Angina and Diphtheritic Angina, R. R. Campbell, Chicago, Ill.
Syphilitic Gummata as seen by the General Practitioner, B. S. Pennington, Mediapolis, Iowa.
The Chronological Sequence of Symptoms and their Ensemble as a Factor of Diagnosis in Cutaneous Syphilis, E. A. Fischkin, Chicago, Ill.
Malformations through Inheritance, Judson Laughlin, Ledyard, Ia.
Some Cases of Feigned Eruption—Demonstrated with Lantern Slides, Dr. Heidingsfeld, Cincinnati, O.
Pathologic Considerations Relative to the Bile Passages, Horace W. Whitacre, Cincinnati, O.
Atonic Dilatation of the Stomach, Fenton B. Turck, Chicago, Ill.
Ocular Lesions in Scarlatina, E. O. Sisson, Keokuk, Ia.
Tuberculosis and its Treatment—Some New Ideas—with report of a case Treated and Cured, J. E. Hainline, Chicago, Ill.
Radio Activity, P. Sullivan, Cairo, Ill.
The Uses of the Lesser Nervines, Dr. Waugh, Bay St. Louis, Miss.
Sanitation and Hygiene of Life, Geo. P. Neal, Fort Madison, Ia.

My desire and aim have been to utter nothing but truth. I have no love for error in any form or in any field of knowledge.—HIRAM CHRISTOPHER.

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

MEDICINE
T. H. DOYLE
JNO. DOYLE
C. C. CARTER

NERVOUS DISEASES
F. E. COULTER

EYE AND EAR
F. E. SAMPSON

SURGERY
JACOB GEIGER
J. W. HEDDENS
L. A. TODD

PATHOLOGY
E. B. LA FEVRE

MEDICAL JURISPRUDENCE
T. B. ALLEN

VOL. XXIII ST. JOSEPH, MO. JUNE, 1904. No. 6

The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

SOME HINDRANCES TO MEDICAL ADVANCEMENT.

One of the most formidable obstacles, to be set aside when the real value of any remedial agent or surgical procedure is sought to be ascertained is the misrepresentation of the claims of the investigator. The most exaggerated declarations are assigned to him who would seek facts, and facts alone. A patient may and often does ignorantly misrepresent the promise of his physician, or the claims made by him. Professional rivals are alas not infrequently too ready to lend a willing ear to the tales of these over-enthusiastic or disgruntled patients and devote themselves to the disdainful and deplorable vocation of the gossip and character assasin, putting forth as the report of the investigator things of which he never dreamed. These things ought not to be. Too little, far too little encouragement is given to those physicians and surgeons who are honestly searching after truth. There is slight incentive to undertake the arduous, exhausting, expensive task of doing expert work. The quack and the charlatan, the pseudo-scientist who, devoid of education or the spirit of investigation repeats experiments thoroughly performed the questions requiring such experiments definitely settled long since, yet that he may appear to be doing something that he may be written up with glaring head-lines in the daily press and have something profound, no matter if it was in the first edition of the Brittanica, to report at one of the perennial society meetings so unproductive of permanent benefit to any save a few schemers. These persons, especially the latter, are heard and rewarded, even if the faithful dog must trot around with a gastric fistula, or minus an inch or two of his intestines. The expense of real investigation of truly valuable work is not small. Few indeed are there who have the physical endurance, or who possess the necessary finances for so formidable an undertaking.

There is much of nobility in the medical profession. If the attention of that element can be drawn in a suitable way to the situation. as it actually exists, though the garrulous patient may not be prevented from carrying on his misrepresentation the medical man who distorts and misrepresents the work or results of an honest investigator will soon find his just reward in seeing himself assigned in the class where he belongs, and for very shame and self-preservation the tongue of the slanderer shall cease.

St. Joseph needs scientific men, needs investigators and compilers in the medical and other professions. It is not complimentary to the standing of the profession when the support given those who are honestly seeking to do those things which shall benefit their rivals equally with themselves is considered. The situation is somewhat improved. There is room for much greater improvement. The man who seeks to advance or investigate the newer methods of procedure is in no sense a rival of his fellow-physicians, rather their benefactor and deserves their loyal support. not ridicule or slander.

St. Joseph needs better equipped public institutions, better equipped offices. Her physicians and surgeons have lived too much within themselves. There has not been that support of earnest honest work that there should be.

Attention is drawn to the foregoing facts and conclusions not to excite unfriendly or unfavorable comment, but with the earnest, heart-felt desire to stimulate and encourage those medical men who because of their nobility of thought and character need only to be reminded of what is urgently required, and of what is best, to undertake it. The writer knows well what it is to have suffered from misrepresentation, and also knows, and is grateful beyond expression, because of it, what it is to be encouraged by his co-workers to whom especially in recent months he has been placed under great and enduring obligations by their loyalty honesty and devotion.

B.

THE AWAKENING.

Attention was drawn by the writer, when the entire country was moved by the somewhat extravagant claims of the operator, the greater exaggeration of his admirers and the altogether uncalled for unusually extravagant claims of the daily press, which raised hopes in weary, downcast, disappointed hearts that must be cruelly blighted to the fact that the future must surely be disappointing to many concerned in the "bloodless surgery" of Dr. Lorenz.

At the same time it was stated that altogether too much ado was being made over the distinguished visitor and his work, which was neither better nor worse than that being done by not a few equally competent, conscientious operators in our own cities.

The manner in which the visitor and his undertaking was exploited received due criticism at the time. There was ground for just complaint as

well as justly merited praise. Dr. Lorenz claimed too much that is certain. Those persons who sought to impress a waiting multitude as much by their reflected greatness as the original source claimed much more. The results are neither entirely bad nor wholly good. A small number of those operated upon. 9 per cent of one set of cases, have a seeming perfect result, the head of the bone remaining where it was placed. But will it stay there? Time alone can answer. Many, the majority perhaps, have been benefited, the extent of the benefit is not yet fully known, the time is too short. The results are about what thoughtful men predicted.

The operation is a good one in selected cases. It is not ideal, but the best for some conditions. It is capable of great damage and sorely disappointing, because of wrong impressions, unfortunate claims and some misrepresentations. Once again we have been taught that a harvest of distress and condemnation will surely come if the methods of the circus manager are adopted by the surgeon, his friends or his enemies. B.

A PROPHYLACTIC AGAINST TETANUS.

It has been shown that guinea-pigs, and other animals inoculated with the poison of tetanus, survive when treated at once with antitetanic serum. In France, Nocard observed 375 animals of various kinds, all of which had been wounded, accidentally or surgically, and subjected to tetanic serum at once, before the disease had time to develop. As a result, not a single case of tetanus occurred among them. On the other hand, he noted 55 traumatized animals that had been exposed to tetanic infection, every one of which developed the disease.

In the August, 1899, number of Medicine, Prof. Geo. F. Butler, M. D., says: "Dr. Joseph Hughes, one of the most eminent and conservative veterinary surgeons in Chicago, has used the serum as a prophylactic in over 500 cases following wounds, both surgical and accidental." Not a single case of tetanus has developed, though Dr. Hughes has used the serum where by former experience he was justified in expecting the disease, to manifest itself.

From his and similar reports it has been proposed to immediately inject antitetanic serum in every case of traumatism of a suspicious character, hoping in this manner to prevent the subsequent development of tetanus. The serum is harmless to man and may be given hypodermatically as the other serums. Nocard recommends that a first injection of ten cubic centimeters should be made as soon as possible after traumatism. A second injection should follow in from twelve to fifteen days.

It has been suggested to inject prophylactically all new-born infants in certain sections of Europe in which trismus neonatorum prevails.

In the Therapeutic Gazette for February 15, 1903, the editor directs attention to the fact that "although tetanus is, comparatively speaking, a rare disease, it is sufficiently frequent and fatal to make an antitetanic

serum a much sought for remedy." He also pointed out the fact that the failure of antitetanic serum depended "not upon the fact that it was possessed of no virtue, but rather because it was used too late to combat the disease." The same writer expresses the view that, "one fact stands out above all others, and that is, that thoroughly good results cannot be expected from antitetanic serum unless it be given in the very earliest stages of the infection. So true is this that experienced observers have insisted that its best results can be obtained only when it is administered immediately after exposure to infection, without waiting until micro-organisms have had a chance to develop in the body and produce early symptoms of poisoning.

The editor of the New York Medical Journal, in the issue of March 26, 1904, remarks that "the present drift of opinion seems to be to the effect that tetanus antitoxin while probably of considerable prophylactic efficacy is of little use as a curative agent."

At a meeting of the Paris Society of Surgery, according to the same editorial, M. Labbe expressed the view, that since the injection of antitetanic serum has been employed as a routine prophylactic measure, the disappearance of tetanus after surgical operations in horses was a prime fact in support of its preventive efficiency.

Furthermore, recent experience in the immediate topical employment of antitoxin in cases of toy-pistol injuries appears to support our trust in its prophylactic value.

Bazy (Bulletins et Memoires de la Societe de Chirurgie de Paris, 1896, N. S., XXII, 186, 191) had four cases of tetanus develop in his wards From that period he applied preventive treatment to all cases of wounds admitted to his service. He made 21 preventive inoculations of 10 cubic centimeters each. None of these patients developed tetanus, although he says their wounds belonged to that category which includes most cases of the disease.

Dr. Joseph McFarland, in the Journal of the American Medical Association for July 4, 1903, reports the results of a series of observations upon 800 horses which illustrate the value of antitetanic serum as a prophylactic agent. During a period of four years there had been a death-rate of 10 per cent from tetanus, in spite of all precautions. A systematic immunization with antitetanic serum was then begun. Injections of 10 to 25 cc. of serum were given every three months. As a result the death-rate from tetanus rapidly decreased. and in the second year had been reduced to less than 1 per cent. The author believes that the practical conclusions to be drawn from these observations may be applied to the human subject. He thinks that antitetanic serum should be given as a prophylactic measure in all cases of suspicious wounds that are likely to be followed by tetanus.

Experiments made on guinea-pigs by the author demonstrated that the dried serum fully protects inoculated animals.

At the 29th annual meeting of the Mississippi Valley Medcial Association, held at Memphis, Tenn., October 7, 8 and 9 1903, Dr. S. C. Stanton, of Chicago, contributed a valuable statistical paper on "The Prophylaxis of Tetanus." (the Medical News, October 31, 1903, page 860).

Among the various prophylactic measures recommended by the author were the open treatment of all wounds, however insignificant in which from the nature or surroundings there was any risk of tetanus; the immediate use of antitetanic serum in all cases of Fourth of July wounds, wounds received in barnyards, gardens, or other places where the tetanus bacillus was likely to be present, or tetanus infection to occur.

MISSOURI STATE MEDICAL ASSOCIATION.

This association held its 47th annual session at the Y.M.C.A., St. Louis, May 17 to 20, and in spite of the World's Fair and its great attractions, the daily attendance was most gratifying. On Tuesday morning the address of welcome was delivered by Hon. J. H. Hornsby, president of the city council, on behalf of Mayor Wells, who was unable to attend. An eloquent response was made by President W. G. Moore.

The report of Secretary Nicholson showed a healthy condition, the society having increased its membership under the re-organization from 350 to 1500. Dr. Franklin Welch, of Salisbury, submitted the treasurer's report, showing a balance of $3,000 on hand.

An excellent list of papers was presented, but our space will not admit of extended notice. The papers will appear in the Missouri Medical Journal, the organ of the society.

Resolutions were adopted asking the Missouri Commissioners to the World's Fair, to appropriate $1,000 for the purpose of illustrating the causes and effects of disease in man, and the changes of development. This would make an excellent and interesting exhibit, and we hope the commissioners will see the importance of making this small appropriation for the purpose.

Dr. Moore's address was full of wholesome advice as well of congratulation for the work of re-organization accomplished during the past year.

On Thursday afternoon the members of the association were driven about the city in automobiles, visiting Shaw's Garden, Tower Grove and Forest Parks, and through the beautiful residence portions of West St. Louis.

On Friday evening the members were the guests of the St. Louis Medical Society at a reception held in the Missouri building at the World's Fair which was a most pleasing finale to one of the best meetings the society has ever held.

The election of officers resulted in the unanimous choice of Dr. Jabez N. Jackson, of Kansas City, for president. This was a high compliment to Dr. Jackson, as it is the first time in the history of the society that the president has been chosen without the presentation of more than one name. The following officers were re-elected: Dr. C. H. Nicholson, Secretary; Dr. E. J. Goodwin, Assistant Secretary, and Dr. J. Franklin Welch, Treasurer. The publication committee is composed of Drs. C.

M. Nicholson, St. Louis; Woodson Moss, Columbia; M. P. Overholser, Harrisonville; R. T. Sloan, Kansas City; L. A. Todd, St. Joseph.

Delegates to the American Medical Association are Drs. J. N. Jackson, Kansas City; W. B. Dorsett and A. R. Kieffer St. Louis.

The next meeting will be held at Excelsior Springs.

ST. JOSEPH SURGICAL SOCIETY.

A dinner was given at the Benton Club, May 7th, by this society complimentary to several out of town guests. The principal feature of the evening was a paper by Dr. J. E. Summers, Jr., on "The Treatment of Some Forms of Intestinal Obstruction by the Aid of the Artificial Valvular Fistula and Intestinal Exclusion." The subject was original, well presented and received generous discussion. (See page 295.)

The invited guests were: Drs. J. E. Summers, Omaha; J. C. McClintock, Topeka; Van Buren Knott, Sioux City; J. F. Binnie, E. G. Blair and C. Lester Hall, Kansas City; D. W. Humfreville, Waterville; Mr. R. A. Brown, St. Joseph.

The next regular meeting of the Surgical Society will be held in October.

HOT SPRINGS AS A MEETING-PLACE FOR THE A. M. A.—We take pleasure in reproducing the following resolution, and in endorsing this famous resort as one of the best meeting-places in America:

"We, the undersigned committee representing the Garland Co. Hot Springs Medical Society, earnestly invite your attention to Hot Springs, Ark., as a most appropriate place for a meeting of the American Medical Association.

"The great natural cure of this country and its ownership and endorsement by the United States Government make the Hot Springs of Arkansas of peculiar interest to the medical profession.

"We have more than ample facilities for taking care of your meeting, particularly during the month of May, which is really between seasons at this health resort. The hotel rates will be the same as at all times, and our hotel accommodations are so ample that there will be no crowding. We have a new and beautiful convention hall seating 3,000; we have twelve section rooms with seating capacity of from 100 to 500 people; also under one roof, a floor space of 12,000 square feet that may be used for exhibitors, and this is within one-half block of the meeting-place; all of which matters have been placed in the hands of this committee to lay before the House of Delegates.

Respectfully submitted,

THOS. E. HOLLAND,
C. TRAVIS DRENNEN,
S. P. COLLINGS,
} Committee.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

SOCIAL DISEASES AND MARRIAGE. Social Prophylaxis. By Prince A. Morrow, A.M., M.D. 8vo. pp. 390. New York and Philadephlia: Lea Brothers & Co. 1904. (Price, $3.00 net.

Possessing rare qualities of heart and mind, tact, training, clearness and strength of expression, and above all, sound common sense combined with a broad experience in every element relating to the very intricate and delicate problem, Professor Morrow was the one man to write upon the subject of social disorders, qualified as no person at home or probably abroad is qualified to speak, as one having authority and who must be heard. Having settled in his own mind the utter inadequacy of present methods to cope with the question of contagious venereal diseases and prevent their awful destruction of life and happiness Dr. Morrow writes fearlessly and plainly, yet always in so dignified a manner as to leave no lingering sense of disgust or uncleanness in the mind of the reader, as so many text-books dealing with the subject in one or another of its parts have done. Instead, one feels impressed and stirred to action as he learns the terrible destructiveness of syphilis and gonorrhea, and he feels in a measure the unspeakable anguish of that host of innocents who suffer heroically, silently, not infrequently pouring out their love and unmeasured devotion upon the individual who brought to the pure, untainted body of the one who saw in him only manliness and uprightness, and cheerfully committed a life to his keeping, the germs of gonorrhea or the infection of syphilis gotten in houses of shame, or from those similarly infected by persons tainted as he himself is tainted.

Much counsel is given the physician as to his action in infected cases, showing how professional honor may be sustained and professional secrets remain inviolable, yet a showing way of saving the innocent from a torture a thousand fold worse than death. Physicians and intelligent men in all walks of life need the instruction given in this book, a classic work destined to do measureless good. B.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M.D., New York. Fourth edition, thoroughly revised and enlarged. Handsome octavo volume of 922 pages, with 338 illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1903. (Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.)

Not a few new publications have appeared upon nervous and mental diseases in the past few months, and among many excellent productions this volume now in its fourth edition easily ranks as one of the best, if not the best work in a single volume available to the American student and physician. "The revision has been thorough. The latest knowledge on the subjects have been incorporated, including recent works regarding the healing of nerves. The subject of intermittent limping, now definitely known to depend upon a lesion of the posterior root ganglia, and herpes

zoster have been given a section each. Another addition is the discussion of that form of epilepsy marked by myoclonus, furnishing the so-called combination disease. Importance has been given to symptomatology and symptomatic disturbances, and the diagnostic value of Kernig's sign has been elaborated. There have been added a large number of new and excellent illustrations. A useful addition to the portion of the book devoted to insanity is a section consisting of a critical review of the German school which have recently made such important advances in psychiatry."

B.

THE PRACTICAL CARE OF THE BABY. By Theron Wendell Kilmer, M.D., New York. 12mo. Pp. 155, with 68 illustrations. Philadelphia: F. A. Davis Company., 1914-16 Cherry street, Publishers. (Extra Cloth, $1.00 net, delivered.)

This little book is written for those who while it is assumed, in order that no error may be made by the author, know nothing regarding the care of the new-born child, yet practically have the life of the little one in their keeping, the nurse and the mother. As a matter of fact both mother and nurse have some knowledge of how a child should be cared for, but unfortunately the mother too often errs in well meant efforts to do the very best for her offspring and a badly trained nurse, or one lacking in training of any kind errs because of ignorance or forwardness or both. This booklet carefully read cannot fail to benefit any person needing or seeking direction in the care of the new-born child. B.

NEW BOOKS.—The following works are in press, and will shortly be issued by the publishers, W. B. Saunders & Co., Philadelphia, London and New York:

A Text-Book of Materia Medica: including laboratory exercises in the Histologic and Chemic Examination of Drugs. By Robert A. Hatcher, Ph. G., M.D., of Cornell University Medical School, New York City; and Torald Sollman, of the Western Reserve University, Cleveland, O. 12mo. volume of about 300 pages. Bound in flexible leather.

Examination of the Urine. By G. A. de Santos Saxe, Pathologist to Columbus Hospital, New York City. 12mo. volume of about 300 pages, fully illustrated. Bound in flexible leather.

The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A.M., M.D., of the University of Illinois; and Eugene W. Caldwell B. S., of the Edward N. Gibbs Memorial X-Ray Laboratory of the Univeristy and Bellevue Hospital Medical College, New York City. Second edition, revised and enlarged. Octavo volume of about 625 pages, with nearly 200 illustrations, some in colors.

A Text-Book of Mechano-Therapy (Massage and Medical Gymnastics). By Axel V. Grafstrom, B. Sc. D., late of City Hospital Blackwell's Island, N. Y. Second edition greatly enlarged and entirely reset. 12mo of 200 pages fully illustrated.

Materia Medica for Nurses. By Emily A. N. Stoney, superintendent of the Training School for Nurses at Carney Hospital South Boston. Second edition thoroughly revised and enlarged. 12mo. volume of 325 pages.

Obstetrics and Gynecologic Nursing. By Edward P. Davis, A.M., M.D., of the Jefferson Medical College Philadelphia. Second edition revised and enlarged. 12mo. of 400 pages fully illustrated. Bound in buckram.

Nothnagel's Practice of Medicine: Tuberculosis and Acute General Miliary Tuberculosis. By Dr. G. Cornet of Berlin. Edited with additions by Walter B. James, M. D., of the College of Physicians and Surgeons, New York. Handsome octavo of 805 pages. (Cloth, $5.00 net; Half Morocco. $6.00 net.

Diseases of the Intestines and Peritoneum. By Dr. Hermann Nothnagel, of Vienna. Edited, with additions, by Humphrey D. Rolleston, M.D.. F.R.C.P., of St. George's Hospital, London. Octavo volume of 1032 pages, containing 20 insert plates. (Cloth, $5.00 net; Half Morocco, $6.00 net.

Epilepsy and its Treatment. By Wm. P. Spratling, M. D., Medical Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Octavo volume of 528 pages, illustrated.

A Text-Book of Pathology. By Joseph McFarland, M.D., of the Medico-Chirurgical College, Philadelphia. Octavo volume of about 800 pages, beautifully illustrated, including a number in colors.

The Vermiform Appendix and its Diseases. By Howard A. Kelly, M.D., of the Johns Hopkins University, Baltimore, Md. Handsome octavo of about 800 pages, superbly illustrated with over 400 entirely original illustrations, including several lithographic plates.

Clinical Diagnosis. By L. Napoleon Boston, M.D., Medico-Chirurgical College, Philadelphia. Octavo volume of 525 pages, containing 200 illustrations, including 25 colored plates.

A Hand-Book of Surgery. By Frederic R. Griffith, M.D., of New York. 12 mo. of about 450 pages, with 300 illustrations. Bound in flexible leather.

Diseases of the Liver. By Humphrey D. Rolleston, M. D., F.R.C.P., of St. George's Hospital, London. Octavo volume of about 1000 pages, beautifully illustrated, including a number of colored plates.

A Text-Book of Legal Medicine. By Frank Winthrop Draper, A.M., M. D., of Harvard University Medical School, Boston, Mass. Handsome octavo of nearly 600 pages, fully illustrated

Surgery

L. A. Todd, M. D.

Traumatism as a Factor in the Causation of Hernia.—(W. B. Coley and Preston Satterwhite, International Jour. of Surgery.)—Traumatic hernia is rare. In all reported cases of this nature careful examination will reveal a pre-existing hernial sac. One of the writers has observed more than 50,000 cases of hernia, and of these there were only four in which there were reasons to believe the hernia was the direct result of injury. This fact is of medico-legal interest, for many damage suits arise from herniae alleged to have been produced by blows in the groin, strains, etc. However, in a majority of these cases, a hernial sac existed before the injury, and was unrecognized by the patient. Experience with large numbers of hernial cases bears this out. One case is mentioned in which a kick in the groin over the site of a cicatrix from a wound for the radical cure of hernia was followed in a few days by the development of a hernial protrusion. In this case the traumatism was undoubtedly the cause of the hernia; but it was applied not to a normal inguinal canal, but to one that had been reconstructed by an operation.

The authors quote Bilfinger who believes that true traumatic hernia should fulfill the following conditions: 1. The hernia must be completely developed immediately after, or at least within a very few days after the receipt of the injury; 2, There must have been no predisposition to hernia, no matter of what nature; thus, no latent hernia, no empty herina sac. Bilfinger's own case fulfils these conditions. His conclusions are that traumatic hernia, while rare, is more common than is generally supposed. Manley denies the existence of traumatic hernia after a careful search of all the literature on the subject. On the other hand, J. A. Blake, of New York, has recently reported a case in wihch a blow over the groin was followed immediately by a hernial protrusion as large as a goose egg. A well developed sac was found at operation. In this case there was no hernia prior to the injury, but the reporter was inclined to believe that an open funicular process was present in the inguinal canal. Dr. W. T. Bull has seen but one case of traumatic hernia, other than the four reported. The writers conclude by saying that direct violence may aggravate an already existing hernia, and may cause strangulation; but this is far different from admitting that traumatism is a frequent cause of hernia. Without an open funicular process in the canal, or a pre-existing sac, it is doubtful whether traumatism alone can produce a hernial protrusion.

The Value of the Leucocyte Count as an Aid to Diagnosis and Prognosis in Appendicitis.—J. B. Guthrie (New Orleans Medical and Surgical Journal) states that the normal number of white blood corpuscles is a little less than 7500 per cubic millimeter. Variations occur physiologically and pathologically. Digestion increases the leucocytes 33 per cent. Pathological conditions show a higher leucocyte count than physiological; the increase is usually double the normal number, and in some cases reaching

50,000. Two factors determine the leucocytosis in pathological processes, the degree of the infection and the resisting power of the individual. In general, the leucocyte count is high where intense injection occurs in individuals with strong powers of resistance. In appendicitis the estimation of the leucocytes is an important aid in the diagnosis. This has recently been demonstrated by two observers in nearly 200 cases. As an aid to the prognosis of appendicitis it is even more valuable, but to give a true indication of the course of the disease, the court must be made, repeatedly. In catarrhal appendicitis the leucocytes are but seldom increased. With the leucocytes low—8,000 to 12,000— the case is either mild, or very severe, or an abscess has become well walled off. If the abscess has ruptured into the general peritoneal cavity, the number of leucocytes may be either increased or diminished—depending upon resistance of the patient. An increasing leucocytosis means a progressive pathological process. A decreasing count is an indication of subsidence of the disease. This is especially the case when the first count has not been high. Thus operative interference in an attack of appendicitis may be safely postponed if after repeated counts (sometimes as often as every 4 to 8 hours) the leucocytes are diminishing towards normal. Operation is inindicated when the leucocytes are increasing, as shown by frequent counts, when they are stationary, and when with a low count, the symptoms are marked. The clinical symptoms should not be overlooked, and too much dependence must not be placed upon the leucocyte count alone. The latter should be a valuable supplement to the former. The estimation of the leucocytes will often serve to clear the diagnosis, especially when taken in conjunction with the symptoms. Appendicitis is often mistaken for female pelvic disease. Of the latter only a few conditions produce a leucocytosis. Thus a leucocyte count will often narrow down the diagnosis. In typhoid fever the symptoms sometiemes resemble appendicitis, but the leucocytes in that disease are not increased. Another condition which can be differentiated from appendicitis by a leucocyte count is impacted feces in the cecum There is no increase of the white blood corpuscles in the latter affection Floating kidney, sometimes mistaken for appendicitis, gives no leucocytosis. To quote the authors words, "the microscope cannot supplant clinical observations as an indication to operation, or as a diagnostic measure; but proof is abundant that by this means much of the uncertainty in regard to the course of the disease can be cleared up, and that when the deductions are properly made, operation can be insisted upon or postponed without trusting to luck."

Surgical Hint (International Journal of Surgery).—"In gunshot wounds of the skull, when the missle has entered the brain substance, the only absolutely necessary procedure is to disinfect the parts as carefully as possible. The bullet itself is generally less dangerous than efforts blindly made to recover it, and it is certain that in a large number of cases a far larger percentage would recover after a plain antispetic dressing than after the latter preceded by exploration. Depressed bone is to be removed or uplifted, fragments taken away, but it is seldom that doing more than this is advisable, unless the bullet is in plain sight."

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

APRIL 6, 1904.

Dr. P. I. Leonard in opening the discussion on fees said: There is no question but that the determination of a physician's fee, under many circumstances is a difficult one. We agree that we are an ill-used body of men, although the general public does not seem to think so. What is the individual practitioner, be he a physician, a surgeon or a specialist to do when he makes an estimate of the value for his services? Shall each man set his own price and shall each man differ from every one else? Or should the official and representative Buchanan County Medical Society determine the question by giving us a maximum or minimum fee bill or leaving the question open for some services? A fee bill is no iron-clad arrangement that should we violate its rules that death is the penalty. It should guide us in the matter of fees as the compass does the ship. It would not only be a general guide useful at all times but especially useful sometimes with some people. We are often accused that our medical societies benefit the profession but little or nothing in a business way. The trouble with us can easily be discovered in studying the eccentricities of a great many of us and the many who are self-sufficient. Without intelligent co-operation among ourselves we cannot improve our financial conditions. It is very well to speak of our noble profession and to study and work to improve professionally, but we must live, our family must live, and therefore we must have a business side to our profession. What a chaotic condition, what a degenerating condition with men fighting for a living, asking different fees, and justifying some in thinking that some of us are robbers and others confidence men. A fee bill should also counteract the belief of the public that they can come and take up our time with "consultation free." Physicians should make the public understand that time and knowledge if honestly given should be worthy of remuneration. I have said enough to bring the question of a fee bill before the society for discussion.

Dr. Jacob Geiger.—I am heartily in favor of a fee bill. Our charges are too low. It would be of great use in probating our bills, and also in the case of expert testimony. Some time ago I testified in a case for several hours and after spending a number of days at the court house waiting to be called, I was offered the princely sum of $3. This society should take up this question and the profession would improve their condition.

Dr. O. B. Campbell.—The trouble about a fee bill is that the profession will not live up to it, although I do not disapprove of it.

Dr. W.L. Kenney.—Of course there is no chance of forcing it, and I believe every man should put a price upon his services, if he thinks the

services small and invaluable let him charge accordingly; little fee, little man.

Dr. T. H. Doyle.—We are now charging the same fees that we did 30 years ago. After 6 p. m. we should charge $3 or $4 per visit. All union men and many business men quit at 6 p. m. In obstetrical cases many still charge $10 or $15, while we should get $25. Therefore I am in favor of this society having a fee bill.

Dr. C. H. Wallace.—I think a fee bill is all right and I am heartily in favor of one, it would correct some of the abuses from which we suffer.

Dr. O. B. Campbell read a paper, "Shall we divide our fees?" (See page 301.)

Dr. C. H. Wallace.—If Dr. Campbell would give the names of those blanks in his paper I would be in a better position to open this discussion. I believe the practice is pernicious. Some pay their railroad fares and dinners, etc. I know of a physician in this city who sends out letters and offers to pay—I have one of the letters in my possesison, offering the division of the fees.

Dr. T. H. Doyle.—This offers a wide field—a field of quacks and commercialists. Some time ago I was called to see a case 60 miles from here. The physician informed me that he used to do some surgery formerly, but now he can do better. Instead of getting only $30, $40 or $50 for an operation at home, he now takes them all to Kansas City, where he gets half of from $100 to $300. I know of a hospital in St. Louis soliciting the division of fees. I am sorry that the American Medical Association is dominated by a number of selfish men, who have thrown down all bars of restriction. The A. M. A. as a central body should take action, and by a dignified and energetic stand, discountenance this commercial spirit which is liable to degenerate the professional man into a confidence man.

Dr. P. I. Leonard.—I think the position taken by Dr. Campbell too pessimistic. A professor in a post-graduate or under-graduate school need not necessarily be a "grafter;" I rather think that it is fair and proper for a medical man to push himself forward by all legitimate means.

Dr. O. B. Campbell.—This is the first time I have been accused of pessimism, but I have only tried to tell the truth. The average physician is more disturbed than profited by an attendance at the post-graduate school.

Dr. E. A. Donelan discussed the "School Inspection" problem. The prevention of disease among children is a subject well known to you, and I have been advocating school inspectors for many years. As President of the St. Joseph School Board I have come in contact with this subject from a practical standpoint. The prevention of tuberculosis, of myopia and ear disease, and owing to the lateness of the hour I will give the floor to those who would like to say something on this subject.

Dr. Pitts.—I agree with Dr. Donelan of the necessity of school inspectors. Those afflicted with contagious disease should be looked after, and the propagation of disease by slates, sponges, pencils, etc., must be considered.

Dr. J. M. Bell spoke on "Collection of Fees," and he warned aaginst the indiscriminate making of calls regardless of the ultimate result. Found

no comfort with collection agencies and lawyers and abandoned this method. The black list had worked well in some places, but not here. Thought where a doctor employs a bookkeeper who also looks after the collections the best method.

Dr. T. H. Doyle.—I have tried all methods, mostly with poor success, tried the Oswego method with advantage for a while, but finally gave it up. Some years I had a young lady collect more bills for me than any one else ever did. She went to see them promptly and kept after them until she got the money.

Dr. T. E. Potter.—The fault is with the doctor. He must use business methods, collect promptly every month, not be too lenient, and since I adopted this method I collect 90 per cent of my accounts.

Dr. Jacob Geiger.—I agree with the last speaker, and for a long time I have used business methods and I think that my accounts show a collection of 95 per cent.

THE NEBRASKA STATE MEDICAL ASSOCIATION.

This society met in its 36th annual sesson on May 3rd, 4th and 5th. Over 400 were present on one occason, to listen to the address of Dr. McCormack, of Louisville, Ky. This large number of physicians present is the result of the work of Dr. McCormack and others like him who have been profoundly interested in the upbuilding of the unit Society, the County Society of the various sections of the country. It was a notable gathering of men and women, profoundly interested in medicine, brought together for the purpose of study and conference. Many of the old wheel horses of the State were present, notably Dr. Harvey Link, the venerable snow-haired first practitioner of Nebraska, and Dr. M. W. Stone, long identified with the society. Vast numbers of new and young men were very much in evidence and made the older men very proud of the profession of the State.

The oration on Medicine, "The Duty of the Patient to the Physician," by Dr. J. M. Mayhew, of Lincoln; the oration on Surgery, "Intra-abdominal Lesions," by B. B. Davis, of Omaha, and the oration on Obstetrics and Gynecology, "Obstetrics," by Dr. A. B. Somers, of Omaha, were all of high class, and truly worthy of the highest praise. The first evening was given to the formal address of welcome, which was made by Judge Fawcett, one of the most distinguished of the bar in Omaha, and to its response by Dr. J. W. Bullard, of Pawnee City. The President's address, by Dr. B. F. Crummer, also followed.

The notable papers presented during the session were those of Dr S. Singer on "Tabes," on "Variola Hybrida," by Dr. von Mansfelde, those on "Epilpesy," a symposium by Drs. Coulter, Aikin and Spaulding, on "Typhoid Epidemics," by Dr. Towne, on Scarlatina," by Prof. Ward of the State University, on "Meteorism" by Dr. Condon, and "Hyperchlorhydria," by Dr. Peterson. The discussions were quite full and interesting.

One of the most notable events of the session was the address of Dr. McCormack, the Councilor from the American Medical Association. He spoke for over an hour in his simple, direct manner and secured the attention of everyone of the 400 present. It was the strongest possible plea for the county society and its upbuilding, for the burial of the thousand petty jealousies which infest the minds of the physicians of the whole land, for harmony and good will among all. One of the most eminent men in the profession said that he never heard an address which had no reference to Christianity, and yet was so full of it.

On the second evening, a smoker was given the profession which proved to be a delightful affair. The major part of the evening was given to songs and talks by good entertainers, to violin solos by Robert Cuscaden, who charmed his hearers, and then the committee served a Dutch lunch. The smoker gave the best possible opportunity for a better social acquaintance among the profession, and it was fully improved.

The meetings of the House of Delegates took away from the scientific meetings many of the members best able to take part in the discussions. This is felt to be a drawback, but it is more than offset by the value to the Society of absolutely restricting the general meetings to scientific purposes. It is far better that all the business should be done by the delegates. It did seem strange to have the delegates present the new President to the society, one in whose selection the mass of the society seemed to have no voice.

Dr. R. C. McDonald, of Fremont, was the happy choice of the delegates for the presidency. He accepted his new honors with most becoming modesty.

The other officers elected were as follows:

First Vice-President—J. M. Mayhew, Lincoln.
Second Vice-President—C. M. Mullens, Broken Bow.
Secretary—A. D. Wilkinson, Lincoln.
Treasurer—J. L. Greene, Lincoln.
Corresponding Secretary and Librarian—H. W. Orr, Lincoln.

The most notable addition to the membership was that of Dr. H. D. Singer, the neurologist, who just came from one of the largest hospitals in England, one under his charge for many years, to associate himself with Dr. Coulter. R. M. S.

Some Wisconsin Changes.—Dr. C. A. Harper has succeeded Dr. V. O. B. Wingate, of Milwaukee, as secretary of the State Board of Health. Dr. Harper is a Madison man, to which city the offices of the board have been moved.

A New Hospital.—The citizens of Washington county, Md., met recently and decided to build a hospital for the county. The structure is to cost $50,000, and taxes will be levied to meet this expenditure, and also that of $100,000 annually for current expenses.

Concerning the Doctor

His ups and downs; incomings and outgoings; haps and mishaps.

DR. F. SAVARY PEARCE, of Philadelphia, the eminent neurologist and author, died at Steubenville, O., on May 28th.

DR WM. E. QUINE of Chicago. was elected president of the Illinois State Medical Society at the meeting recently held at Bloomington.

ADDISON D. ELSTON, a pioneer citizen of Jefferson City, died April 22, at the age of 73. He was born and reared in Cole county. He was graduated from the St. Louis Medical College in 1864, and served in the Union Army during the Civil War. He was a major surgeon and went with General Sherman in his march to the sea.

DR. ROBERTS BARTHOLOW, died at his home in Philadelphia from a nervous disease of long standing, May 10, aged 72. He was born at New Windsor, November 28, 1831, took his degree in arts at Calvert College, and his medical degree at the University of Maryland, Baltimore, in 1852. He then entered the medical department of the Army, at the head of the class of candidates, and served as surgeon from 1856 to 1864. During this time, he took part in expeditions to Utah, New Mexico, and the great plains of the West. When the outbreak of the Civil War occurred he was attached to the military post of Fort Bridger, Santa Fe, N. M., and was ordered from there to Washington to take charge of the Government Hospital. In these unquiet times, thanks to the abundant experience of war, he acquired that profound knowledge of pathologic anatomy to which his skill and success in the treatment of disease, was undoubtedly in great measure to be ascribed. At the McDougall General Hospital, Fort Schuyler, N. Y., he wrote for the use of the government A "Manal of Instructions for Enlisting and Discharging Soldiers." He resigned from the Army in 1864, and began the practice of medicine in Cincinnati. Here he became a professor in the Medical College of Ohio. He had previously taught military medical jurisprudence in the Army Medical School. From Cincinnati, he was summoned, in, 1879, to the chair of materia medica and therapeutics at Jefferson Medical College, Philadelphia. Here he completed his treatise on "Therapeutics," and wrote his "Practice of Medicine.' He devoted himself actively to the work of the college until 1893, when he became professor emeritus. From this time until a few days before his death, he devoted himself to the almost unremitting practice of his profession, and in addition wrote the following books: "Medical Electricity," which went through three editions, "A Manual of Hypodermatic Medication," which went through five editions, and "Cholera," and revised successive editions of his two chief text-books, the "Practice of Medicine" and the "Therapeutics," which reached eight and eleven editions respectively. He was a fellow of the College of Physicians of Philadelphia, a member of the American Philosophical Society, and an honorary member of the Royal Medical Society of Edinburgh and the Society of Practical Medicine of Paris. We are indebted to the Journal of the American Medical Association for this information, as well as for the excellent portrait of Dr. Bartholow which appears on our front cover.

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Matters of Medical Interest

When an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kennedy's dark pinus canadensis should be given in an alkaline medium.

A Fortune to Herald Readers.—Do you wish to participate in the $75,000 distributed to those who estimate on the World's Fair attendance? If so, read page 88 in this issue and act promptly. The time for the additional $5,500 mentioned in the offer has expired, but you still have a chance for the $25,000.

Every lover of art should see the reproductions in the June "Cosmopolitan" of the wonderful paintings in the Paris Pantheon. For many years the first painters of France have been at work on an historical series to adorn this building, and the best of their endeavors form the illustrative material for an article on the French Westminster Abbey.

How to Avoid Prescribing Opium and Morphine.— Dr. N. B. Shade, of Washington, D. C., in an article published in the Medical Summary refers to many unfortunate effects of prescribing opium and morphine, intimating that the depressing after-effects of the administration of these drugs more than offsets the temporary good accomplished by their use. He mentions a very prominent congressman whose life, in his opinion, was cut short by the administration of morphine hypodermically in the case of pneumonitis. Dr. Shade states that he still prescribes morphine, but very seldom, as he finds it much safer to use papine. Papine, in his opinion, possesses all desirable qualities of opium with the bad qualities eliminated. Some of the brightest minds of the age are now being devoted to the development of a therapy in which the primitive bad effects of many important drugs are eliminated. Where the therapeutic action of morphine or opium is desired, it would seem to be safe to give papine a trial.

Free, the Perpetual Visiting List.—The Dios Chemical Company of St. Louis, who manufacture products exclusively for physicians to prescribe, desire to thank the medical profession for their co-operation. It affords us pleasure to be able to state that physicians can depend upon this company keeping their products, dioviburnia, neurosine, germiletum, palpebrine and sennine up to the standard of efficiency. Where doctors do not obtain positive results which they have a right to expect in the use of dioviburnia and neurosine, it would be well for them to investigate and see if their prescriptions are being filled with the genuine article or a counterfeit substitute. In these days of dishonest competition, the doctor cannot be too careful requesting their patients to have their prescriptions filled by honest druggists, who would not stoop to such nefarious business as substitution. The Dios Co. informs us that they still have a limited number of the Perpetual Visiting Lists, which we reviewed in this journal, which they are willing to supply to doctors free, on receipt of 10 cents for wrapping and postage. This is undoubtedly one of the most substantial and useful call books published, and it is perpetual. The doctors having already received this book, speak in the highest terms of it. It is really equal in value to the generality of visiting lists selling from 75 cents to $1.25.

A MODEL STRUCTURE.—The Medico-Chirurgical Hospital of Philadelphia which has been practically rebuilt since the explosion a year ago, is remodelled on strictly modern lines. The doors are without panels or square corners. There are no corners to any of the rooms and every device leading to surgical cleanliness, has been adopted.

CEREAL EXTRACTIVES TO MODIFY COW'S MILK.—In order to prevent the firm clotting to which cow's milk is prone, some alkaline solution may be added, or some prefer to use a small quanity of a mucilaginous or thickening substance, such as barley water, a solution of gelatin, or one of the prepared foods, which act mechanically in obviating the formation of firm clots. Mellin's food may be used; in this the starch has been converted into dextrin and maltose.—Food in Health and Disease, I. Burney Yeo, M.D., F.R.C.P.

COLORADO.— Colorado in summer is the most delightful place on earth. Its climate is simply incomparable, while its magnificent mountain scenery is said to excel the Swiss Alps. There are many attractive resorts in Colorado, some right in the heart of the Rockies, and others along the foot-hills. Every taste and every purse can be suited. Shall we send you a copy of our beautiful book "Picturesque Colorado?" Send two-cent stamp to prepay postage to T. E. Fisher, General Passenger Agent Colorado & Southern Railway, Denver Colorado.

WHAT TWO PHYSICIANS USE IN CHOLERA INFANTUM.—"I have many such cases in which peptenzyme has worked in the same way in stopping vomiting and purging. I have so much confidence in the preparation that when I see a child in this stage, I tell the parents that after one or two doses of this preparation the vomiting will cease. So far I have yet to hear of my first failure with peptenzyme." ———M.D., New York.

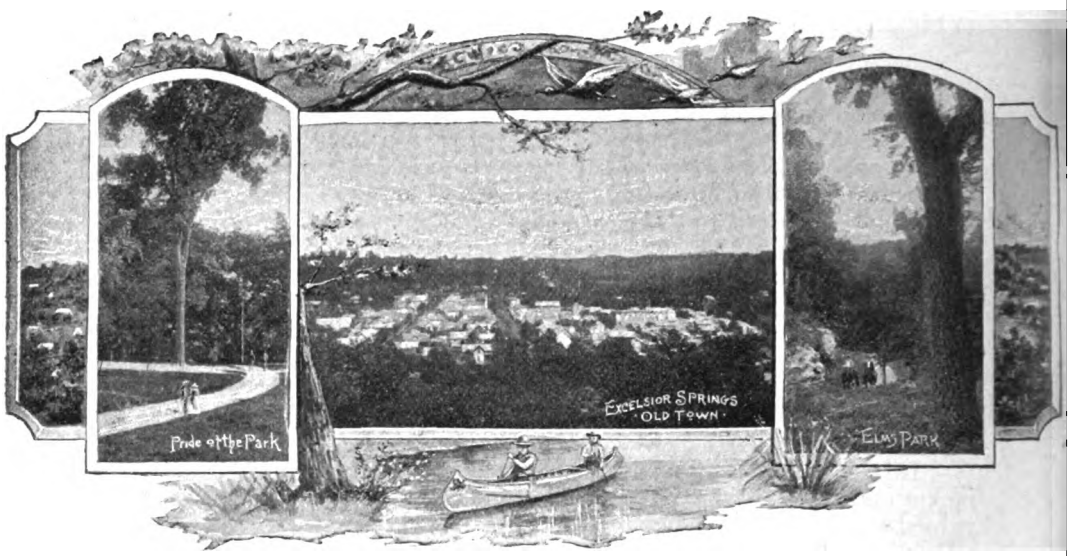
"I have been especially pleased with peptenzyme in cases of cholera infantum. I have had no trouble in controlling vomiting and diarrhea and bringing my little patients out of danger in about one-half the time usually taken to cure such cases." ———M.D., Illinois.

TYREE'S ANTISEPTIC COMPOUND.—This is a powder which combines strong antiseptic powers with an exceptionally agreeable odor. It is composed of borate of sodium, albumen, carbolic acid and glycerine together with the crystallized principles of thyme, eucalyptus, gaultheria and mentha. It is used (in proportion of a heaped teaspoonful to a pint of warm water) for local application to wounds and sores, for cleansing discharging mucous membranes and for disinfecting the upper air passages in catarrhal states. Although it has this very wide sphere of usefulness it has been found to have an almost specific influence upon morbid conditions of the genito-urinary tracts. Gonorrhea, leucorrhea and pruritus due to irritating discharges in women speedily yield to it, and being practically non-poisonous, it has great advantages over those substances similarly used which, though of acknowledged efficacy, are nevertheless in the hands of the ignorant by no means free from danger. Its very agreeable odor will recommend it to many for use as any ordinary domestic antiseptic powder in substitution for the crude preparations which are now generally employed for this purpose.—Reprinted from Christies Monthly, London, England.

PROTECT YOURSELF.—With a view to insuring intending visitors to Saint Louis during the World's Fair period satisfactory accommodations the Merchants' Service Company has been organized, being at present the authorized agent of the owners or lessees of a large number of hotels, apartment houses and private residences in the city, and is fully equipped to rent furnished rooms for lodging purposes. Under the arrangements which have been perfected it is proposed to book intending visitors, whether individuals, families or clubs, for apartments such as they desire, both as to location and price, thus assuring those who are coming to the Fair relief from anxiety as to where they will stay. An understanding has been reached with the Merchants' Service Company whereby our patrons can secure satisfactory accommodations at a nominal expense. For particulars, apply to nearest Frisco System agent.

IN SPITE OF TEACHERS AND TEXT-BOOKS.—The days of the cotton jacket and the linseed poultice seem to be past. Perhaps the applications valued most highly by medical teaches at this time are the cold ones either in the form of ice-bags or cold compresses frequently changed. These when placed over the seat of disease, seem to give decided relief, to modify the temperature, and to hasten early resolution. But in spite of their advocacy in the text-books, the rank and file of the profession do not take to them kindly. Antiphlogistine now enjoys perhaps greater popularity in the treatment of pneumonia and other acute respiratory diseases than any other application. This popularity seems to be well deserved. It may not modify the course of the disease to any great extent, but it certainly proves of greatest comfort to the patient, and helps to ameliorate some of the troublesome symptoms which are characteristic of the disease. Antiphlogistine must therefore be considered a distinct addition to our therapeutic armamentarium.—The Medical Standard, March, 1904.

VACATION DAYS ARE HERE.—Going somewhere this coming Summer? Of course you want to go somewhere and when you come to look into it carefully you will find that somewhere isn't necessarily very far away. Every city and town in America is surrounded by numerous interesting somewheres. It may be only ten miles away, and a visit thereto may give you enough food for thought to last for a year, if you go with your eyes open and your heart is in a responsive mood to see, and absorb, and enjoy. If not you might as well stay at home. There is no use traveling, even ten miles, unless you are keyed to the receptive pitch and are prepared to make the most of the environment into which you project yourself. But go somewhere! The world is full of delightful places to go and they all offer inducements of one kind or another; inducements that are as varied as the whims and tastes of man. After you have been to somewhere and back and had a change and a rest you will realize more than ever before that this old earth is a pretty good place to tarry in for a few years on our journey through this vale of lights and shades.—From "Vest Pocket Confidences," in Four-Track News for June.



HEALTH RESORTS AND SANITARIA

BUREAU OF INFORMATION.

THE MEDICAL HERALD has instituted this new department for the purpose of supplying unbiased and reliable information to its readers concerning the numerous resorts of America. It is conceded that the American waters are equal, if not superior, to any found in the Old World, and our wealth and ingenuity are fast developing the resources of our springs. We have, in America, all the climatic advantages and mineral springs necessary for the treatment of all the ailments to which mankind is subject, but we have, as well, many which are practically worthless and positively injurious, and against these it is our purpose to protect our readers. It is to aid them in the discrimination between the meritorious and the undeserving that this bureau has been established. We believe the therapeutic value of mineral waters has been long recognized, even since the days of Hippocrates, and oftentimes they are indicated as adjuvant and auxiliary treatment.

The information offered by this bureau includes every detail which the physician and his patient may wish to know. The location, railway facilities, elevation, climate, hotels, mineral springs, and sanitaria will be included in our lists of resorts. We also furnish upon request announcements, rates, and booklets from any institution in the country. The information from this bureau is furnished absolutely free to medical men and their patients, upon request from the doctor.

The information is obtained largely by trips of inspection and personal visits. Where this is not possible, the data is obtained from medical men residing in the vicinity of such resorts.

This bureau will also obtain sleeping-car accommodation, procure railroad tickets, and make reservation in hotels or sanitariums in advance for our patrons, if requested.

Address all communications to Chas. Wood Fassett, M. D., St. Joseph, Mo.

ARKANSAS.

Eureka Springs.—Crescent Hotel. $3.00 up. Weekly special. W. M. Walker. Mountain resort, mineral springs. Frisco system.

TWENTY-THIRD YEAR

THE Medical Herald.

LEADING TOPICS FOR JULY..

Official Journal Buchanan County Medical Society, Sioux Valley Medical Association, Medical Society of the Missouri Valley.

WORLD'S FAIR, ST. LOUIS

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., JULY, 1904.

Contributed Articles

MINIMUM REQUIREMENTS FOR ASEPTIC SURGICAL OPERATING IN A HOSPITAL IN WHICH THE PERSONNEL OF THE OPERATING-ROOM IS PERMANENT.*

A. J. Oschner, M. D., Chicago, Ill.

IN order to secure the best possible results the system employed must be: 1. simple and yet comprehensive; 2, it must be uniform; and 3. above all things, it must be reasonable.

Simplicity.—Any system which is complicated is certain to contain elements which will not be fully comprehended by some persons who may be necessary to carry out some portion of the plan. and if any one point is omitted in a system the result of the entire system cannot be satisfactory. Moreover, it is correspondingly more difficult to locate the cause of trouble in any given case.

Uniformity.—One of the most important elements in the development of a satisfactory system lies in the uniformity with which it is practised by the chief. If the chief does not uniformly do the same thing in the same manner under the same conditions it is impossible for his assistants to thoroughly acquire a system. Of course, it is wise to make changes in order to perfect every system. but this should be done only after careful consideration and not in a haphazard manner. In this manner the youngest assistant without responsibility can acquire the principles involved in the system, and as he continues in his service he will be able to carry out his part without doing mischief, because he has seen each step carried out many times before he is called upon for responsible action in the same direction.

Reasonableness.—Surgery is more and more coming to be a very reasonable, logical profession, and in developing a system of aseptic practice one can count with much greater certainty upon the probabilty that every one concerned will carry out the details if he is expected to do things which would appeal to a sensible person than if he is expected to go through an unreasonable routine performance.

I will briefly outline the system in use at the Augustana Hospital, because we have practically all the conditions implied by the title of this paper, and because the system has been developed by constant effort dur-

*Abstract of a paper read before the American Surgical Association, St. Louis, June 14, 1904

ing a period of fifteen years under the same conditions. The methods have been accumulated by visiting many hospitals in this country and abroad and by weighing the current literature during the entire period since the introduction of antiseptic surgery. The chief effort has been to simplify the methods at the same time striving to secure the best results.

Disinfection of the Patient.—Unless there is some special reason in the physical condition of the patient, the following steps are taken in his disinfection previous to performing any operation: He receives a full warm soap and watser tub bath on the day before the operation. For the disinfection of hir alimentary canal he receives two ounces of castor oil in the foam of been directly before taking his bath, and a large warm-water enema on the morning of the operation, except in case of operations upon the rectum. In these cases the enema is given on the evening before the operation.

On the evening before the operation the skin over the seat of operation is thoroughy scrubbed with green soap and warm water, then shaved, then scrubbed with strong alcohol, then a moist dressing of gauze saturated with a 3 per cent carbolic acid solution is placed over the field of operation; over this a large bandage completes the dressing. Just before the operation this dressing is removed and the surface again scrubbed with strong alcohol. For several years we always prepared the skin over the region of the operation immediately before beginning to operate, and found it perfectly satisfactory, but it consumed too much of our time, consequently we now have this done by the surgical nurse on the previous day.

Disinfection of the Operator and Assistants.—The most important precaution taken is to keep the hands out of pus. In dressing suppurating wounds forceps and rubber gloves are used, so as to prevent the hands from touching pus. The operations are performed early in the morning before anyone connected with the wounds has made dressings. The fact that it is bad practice to soil one's hands with pus is impressed most forcibly upon everyone with our work.

Aseptic cases are always operated first, and later those containing pus. In operations upon suppurating cases, rubber gloves are used at the present time, but in former years, by taking the precautions indicated above, practically no infections took place, although no gloves were used.

I operate upon alternate days, so that on the intervening days the same precautions can be take in dressing the wounds—no suppurating wounds being dressed until all clean wounds have been finished.

Every evening before retiring the surgeon and all the assistants scrub their hands with the same care that is employed in disinfection before an operation. The assistant who has charge of the patients who are primarily aseptic has nothing to do with the patients who are not aseptic primarily from the character of their disease, and vice versa.

The aseptic assistant prepares a table of all the cases which come under his care during this portion of his service, upon which he notes the names of the patients, the age, diagnosis, duration of disease, operation, number and dates of dressings, the result as regards the wound, the date

of admission, and the date of discharge. This record is filled out every evening and acts as a remarkable stimulant to careful and conscientious work, and the practical results are exceedingly satisfactory.

At present time we wash our hands in an ordinary deep porcelain basin full of warm water, using green soap with a moderately stiff brush; then we carefully cleanse the finger-nails with the point of a dull scalpel; then we scrub them once more with a brush, and then with a piece of sterilized gauze in the deep basin, because the gauze seems to rub off all the loose epithelium more perfectly than a brush; then we wash off the soap under the faucet in a stream of warm, boiled water; then we wash in 1:2000 corrosive sublimate solution for a few moments, and then with strong commercial alcohol. There is one point that I insist upon, viz., that everyone connected with the operation have a smooth, unbroken skin upon his hands or wear rubber gloves. Both of the assistants and the surgical nurse wear rubber gloves during all operations, while I wear gloves only in operations in the presence of pus.

We are careful not to breathe or speak into the wound. Everyone connected with the operation is constantly on guard to prevent accidental infection of anything which may touch the wound. One nurse alone touches anything coming in contact with the wound, her assistant does anything else that may be necessary.

Disinfection of Instruments.—All instruments, except knives, are boiled for half an hour in a solution of a tablespoonful of baking soda to the quart of water before they are used. The knives are washed carefully with water and then rubbed with pads of sterilized cotton, saturated with alcohol, before and after using.

Disinfection of Silk, Silkworm-gut, Horsehair, Drainage Tubes, and Brushes.—This is accomplished by boiling in water for one hour and preservation in 3 per cent carbolic acid in water or in strong commercial alcohol until used.

Catgut is prepared by immersing in sulphuric ether for one month; then for one month in strong commercial alcohol, in which one grain of corrosive sublimate to the ounce has been dissolved, the solution being renewed once during this time. It is then preserved indefinitely in a solution of one part of sterilized iodoform, five parts of ether and fourteen parts strong commercial alcohol. It is never handled by anyone except my chief assistant and myself. It is never placed in water.

Disinfection of Dressings.—All dressings are disinfected in a steam sterilizer, two ounces being given for steaming and one hour for drying. The same treatment is given to aprons, sheets and towels.

Disinfection of Everything Coming Directly in Contact with Wounds.—The basins, instrument pans, jars for dressings, etc., are boiled in soda and water for one hour, then wrapped up in sterilized sheets until used. The tables are scrubbed with soap and water for one hour and then with 1:1000 corrosive sublimate in water. They are always covered

with a double sterilized sheet when in use. The ordinary pads of cotton and of gauze, sterilized in a steam sterilizer, are used in place of sponges in all operations.

Drainage.—Drainage is always used in very large wounds, such as breast amputations with removal of pectoralis major and minor muscles and axillary glands, also in thigh amputations, usually only for two to four days, never in herniotomies, except for strangulated hernia complicated with gangrene, nor in small clean wounds. The ordinary perforated rubber tube is employed.

It is always used in wounds which are primarily septic. In abdominal surgery we drain acute appendicitis cases if perforation or abscess formation has taken place. We always drain in gall-bladder operations and in suprapubic cystotomy; in pyosalpinx only if there is leakage of pus during the operation. Tubercular joints are tamponed with iodoform gauze. In empyema of the chest we always carry two drains through the cavity, reseting one or more ribs behind and making an opening between the ribs in front.

Whenever there is any doubt as to the aseptic condition of a wound we drain. We have found the use of an ordinary leather punch very convenient for making the necessary perforations in rubber tubing. In the abdominal cavity we use glass tubes closed at the end, having a number of small perforations toward the lower end. A strand of gauze is carried to the bottom of the tube to act as a capillary drain. A piece of iodoform gauze, folded about four double, is carried down the point to be drained. In operations upon the pelvic organs it is carried to the bottom of the cul-de-sac of Douglas.

In removing gallstones from the common duct a rubber drainage-tube is fastened down upon the opening by means of an unchromicized catgut stitch, and a strand of iodoform gauze is sutured down upon the duct, above and below the opening, in the same manner. The same method is employed to drain the gall-bladder after removing gall-stones in casse in which the organ is shrunken and cannot be attached to the perioneum. This method, which was originated by Dr. Mayo, of Rochester, Minnesota, has been employed in many cases, and makes the otherwise serious operation of cholodectomy practically safe. This method is of such extraordinary value that I wish to emphasize it especially.

Irrigation.—We practically never use irrigation during operations, either in the abdominal cavity or elsewhere.

In tuberculosis of the joints we have applied strong carbolic acid to the exposed surfaces of the bones for two minutes, and have then washed these parts thoroughly with strong alcohol until all of the carbolic acid seemed removed. I am convinced that irrigation is rarely of any benefit and that it is frequently harmful in carrying septic material to portions which might have otherwise escaped infection.

In the treatment of wounds which come into the hospital in a septic condition we sometimes employ constant irrigation with normal salt solution.

My observations have convinced me that it is an exceedingly simple matter to obtain primary union almost invariably if one has a reasonable system—i. e., a system which keeps the attention of operator, assistants and nurses constantly on guard to prevent accidental contamination.

Whenever some new method is on trial in any hospital or clinic, everyone is interested, and, consequently, accidental contamination is not likely to occur. It is for this reason that the various new methods are so successful in the hands of their originators.

In having each successive assistant make observation every day throughout his service we accomplish a very similar condition, because any case of even the lightest infection will be investigated, and all the conditions will be observed which might spoil the young man's comparative record.

Contact Infection.—My observations have convinced me that the only form of infection which must be considered in surgery is contact infection. This is due to the introduction into the wound of septic material from unclean hands, instruments, sponges, or dressings or from speaking or breathing into the wound.

It is such an easy matter to make instruments, sponges, sutures, and ligatures aseptic that there only remain the hands to account for. These can be made clean without difficulty and kept clean with proper attention, but is this part of the system which is more frequently lame than any other. Everything that is to come in contact with the wound, the hand included, is usually clean when the operation is begun, but it is quite another matter to keep these clean throughout the operation, unless every one connected with the operation learns to concentrate his attention upon the work at hand.

In this again simplicity is of great importance. The fewer persons who can infect the wound—i.e., the fewer persons who come in contact with anything which in turn comes in contact with the wound—the less are the chances of one of these coming in contact with something which may not be aseptic and then again with the wound.

It is consequently best to have as few assistants directly connected with the operation as possible. In my own work I alone touch the wound with my hands, and that as little as possible; my first assistant makes the field of operation as accessible as possible by the careful use of retractors. I handle the instruments myself, and there is but one nurse connected with the operation, and she handles the sponges, drainage-tubes, dressing, as well as the sterile sheet, towel, and basin. The same nurse has assisted me in more than 5000 operations, and the same is true of my chief assistant.

HOME MANAGEMENT OF CHRONIC CASES.

J. H. Cleaver, M. D., Council Bluffs, Ia.

HOW many days slip by that the general practitioner is not brought into contact with some so-called "chronic sufferer," who in the search of relief takes counsel of every one who may have the forbearance to listen to, and the self-assurance to give advice. Is it not too often the case that the physician listens to their tale of woe with impatience, and hastily writes a prescription, and mentally thanks himself that he is rid of that patient, and reinforces it with the wish that they never trouble him again. Quite frequently this is the last view that doctor has of the patient, unless by chance, unusual benefit has been derived from the prescription, and in this instance the prescription is refilled again and again, until its usefulness has been outlived, and even injury produced by its over-use.

The qestion for us as physicians to answer is this: Are we doing justice to ourselves, or to our would-be patients, in this abrupt and off-hand disposition of their cases? Are we not largely responsible for the existence of many of the health resorts and sanitariums in that we either directly or indirectly influence many of our patients to seek them for relief from their troubles? And not these alone, but by our indifference encourage the horde of "hangers-on"—the advertising quack, the osteopath, healers, scientists, viavi, etc.

Is it not a fact that the average general practitioner restricts his field of labor to the management of acute diseases, minor surgery and obstetrics? And outside of this, is he not to a degree at least, a distributing agency, free directory, and cross-roads sign post, with hands pointing to the salubrious climate of Florida, Arizona, California; the wonderful springs of Arkansas, Dakota, Missouri; the eqiupment and superior facilities of an Alma, or a Battle Creek? Does he not delight in dumping these "chronics" on to the specialist, or on the adept of the larger cities, who usually confirms the diagnosis, but charges a magnified fee for an ordinary every-day prescription. Now I do not wish to be satirical, or cynical. but the points I wish to make are along the lines of home protection. It was said of some one, by some one, that he was a philanthropist, a benefactor, inasmuch as he had caused two blades of grass to grow where but one grew before. Should we not hold our chronic cases with the same tenacity that we do our acute ones? Is it not more to our credit to even relieve and benefit them, if they are incurable, than to over-chase with the double daily visit, the acute case that will usually recover under any treatment, in spite of any treatment, and without any treatment?

To be candid among ourselves, has not the profession rather over-reached itself in the custom of looking a little askant, and hinting at an "off color," when his fellow-practitioner develops the tenacity and assumes that these chronic cases should be treated when they make applica-

*Read before the Council Bluffs Medical Society.

tion for same assumes that they should be kept at home, and the money they are determined to spend, be spent in the proper channels.

Have we as physicians accomplished all our mission, when perhaps by close observation, and the use of the various means at our command, have reached a diagnosis of many recognized incurable diseases? Must we then by our gloomy prognosis drive them from our care and attention, to fall into the hands of the more hopeful, ingenious, though usually ignorant "mountain mover?"

One thing we can jot down as certain, these people are not going off to die at our bidding without making a heroic effort to postpone the culminating event as long as possible. We are not required to be dishonest with the management of these cases, but I am firmly convinced that it is our duty to be ever hopeful; and to brace up these poor sufferers, give them all the aid and comfort possible, and stay by them, if they will permit, until the last.

We should presume through the knowledge we had gained of their case that we were competent to give them advice during the progress of their sickness, and in order to meet conditions and symptoms as they would arise, it would be necessary to see them occasionally either at their homes, or at the office, and that a charge would be made as in other work for advice given. Every physician knows from experience, how difficult it is to hold this class of cases, even when he makes his very best efforts to benefit, and satisfy them. As soon as it is known by the laity that so and so is sick, it seems that most every one delegates himself, or more often herself, to advise them. Some other doctor is recommended, some patent medicine, some favorite prescription, some mineral springs, and sooner or later, some one of these numerous would-be benefactors will get the wedge in that will lose you your job, and you are usually glad of it, especially so if you have done your very best to benefit them.

We cannot deny the advantage of being methodical in our work. It is an advantage to have an explicit understanding with the patient as to the things you require of him. If we think the case serious enough to require several months treament and attention, we should inform him so at the start, and he should also be informed as to the probable expense of treatment and attention. This arrangement effected, a better co-operation upon the part of the patient is usually secured. It is a decided advantage to enter a complete history of the case in a book prepared for this purpose, and one should go over the case with the same care and attention, comparatively speaking, as one would in an examination for life insurance. This history will give much insight often into the case, and be at hand to refresh the memory as the treatment progresses. The remedies prescribed, and directions given, should also be written down, as it is impossible to remember details in cases, and it is embarrassing to have to quiz patients at each visit regarding the remedies they are taking. It is best to have them understand they are to report at certain intervals, as the case requires, once, twice or oftener per week, and not at their leisure, and during these visits conversation with them should be relative to their treatment, and any time we allow them to waste with us loafing will usually detract from the success of the treatment.

It is conceded that every physician will manage his cases differently, according to the individual indications. How many simple suggestions and directions, that are essential to health can be given this class of cases, if we have them under our supervision. Our knowledge should be worth something, when many people will gladly pay a good fee for a few lessons in physical culture, at the hands of some tyro who knows about as much about the laws of health as a pig knows about geometry. Or they will make a like investment in an oxydonor, electric belt, sweat cabinet or other apparatus.

Speaking from a personal experience and observation, I have for years recognized the fact (as have other physicians), that sufferers of all classes have been relieved, and for that matter often cured, by different methods, and without method. We all concede that nature herself, through some natural law, deeply, hidden and undiscovered by the human mind, furnishes the force, the great "curative factor," and we are but the servants to anticipate her needs, and clear the way. If the practice of medicine was a science, like mathematics, physicians would fare better with their patients, and meet with little interference from the outside. But as things exist, so many influencing factors are at work, that the successful physician, generally speaking, must be so constituted that he would succeed at most any business he would apply himself to. In fact every faculty has to be brought into use. Tact, patience, perseverance, ingenuity, and a plausible sincerity and honesty with it all.

With the purpose in view of studying different methods of treatment, I took advantage of the opportunity offered some five or six years ago, to attend a course of lectures and clinics at the Chicago School of Psychology. This institution is conducted by H. A. Parkyn, a physician, and graduate of one of the Canadian schools. The classes are almost exclusively limited to physicians and dentists. These lectures were interesting and instructive, as were the clinics. There was no effort made to deny the action of drugs, or their efficacy in their proper field, as he recognized it, and numerous cases applying for treatment at the clinics were referred to surgeons and specialists. The claim that Dr. Parkyn endeavored to establish in his work, was that many diseases, and most functional troubles, were due to some violation of nature's laws of health, and by a return to right living on the part of the patient, health would be restored without resorting to drugs. In his clinical work Dr. Parkyn would place the patient in a reclining position, upon a revolving surgical chair (the majority of whom, one could see at a glance, were the so-called "chronics," and had already gone the rounds of the various treatments). He would usually lower the head below the general level of the body, would then obtain from them a brief history of their case, the leading symptoms, etc. He would then request them to refrain from talking about their sufferings, and as far as possible cease to think of them, as the mind had a controlling influence over all the functions of the body, and to allow their minds to dwell upon their derangements, would have the tendency to augment them; that two things could not well occupy the mind at the same time, and thoughts of health, hope, happiness, thank-

fulness, would aid them to regain health. He would request them to be at ease, listen, and mentally repeat what he said. In these talks his great "hobby"was regarding what he termed the life essentials—fresh air, sunshine, water, food, exercise. While talking he would gently massage the parts of the body supposed to be deranged and insist that they mentally repeat over and over again, that they were regaining health.

As a plausible, convincing talker along these lines, he is a revelation, his illustrations are so apt, so to the point, that he converts many of his patients to his belief, soon has their co-operation, and the results he accomplishes in many instances, in a few weeks, are remarkable, if we accept the statements of patients treated as being of value.

This method is what he terms "normal suggestion." As for hypnosis, he has little confidence in its efficacy for permanent good, claiming the average hypnotic subject, or so-called "somnamuble" has little will power, is too vacillating to obtain permanent results.

One of the most fascinating subjects for study and contemplation is the human mind, its powers, privileges, possibilities When we contemplate its latitude and vast field for research; the known, and yet unknown world within the mere atom; the revelations of the microscope: the normal field of vision for the unaided eye, on up through the countless manifestations of nature, reaching out through the infinity of space by the aid of giant telescopes, reaching out, out, out a distance incomprehensible beyond myriad suns, in opposite, and in every direction, distance so wondrously great that a ray of light traveling at the miraculous speed of 186,000 miles per second, would consume 32,000 years in traversing the space that separates many of them. And yet mind can instantly encompass this inconceivable distance. Behold the power and field of thought.

Should not this infinite force be studied and used to the very best purpose by the physician? Has not the normal mind and brain been neglected, and an undue proportion of study devoted to the diseased brain, and deranged mind? How many physicians realize that the phenomena of telepathy, clairvoyance, clairaudience, hypnotism, mediumship, etc., are the manifestations (usually misinterpreted by the persons participating in them)of natural laws in the psychic field, an inkling of which every physician should be cognizant of. Are we justified in dealing lightly with this unlimited force, when some of our brightest minds in and out of the profession have established many demonstrable facts relative to the control of the mind over the body? Within the past few months two of the brightest intellects deeply occupied with the study of psychology, have passed to the beyond. I refer to Thomas J. Hudson and Dr. Maurice F. Pilgrim. The world can illy afford to lose men with minds of their calibre. The faculty of bringing order out of chaos, of separating the grains from the chaff, is not within the grasp of the ordinary intellect. Much credit is due Mesmer, Braid, Charcot, Lebault, Bernheim, and many others for investigations, and demonstrations in the psychic field, but to Hudson belongs the credit of being the most logical in his elucidating his theory of the duality of mind, which, as he himself states it, even if not true, operates just as though it was. Briefly

outlined, he designates them the subjective and the objective minds. He assumes that the objective mind has to do with the voluntary muscles, and the five senses and their field of observation, and operation. That the subjective mind has to do with the involuntary muscles, is that portion of the mind that never sleeps, has control over the various functions of the body, is the store-house of memory, etc. The most important point that Hudson claims to have made plain is, that the subjective mind is amenable to suggestion, and is incapable of inductive reasoning. Bitter controversy, however, is still being waged over the importance of suggestion in the various forms of psychic phenomena.

Hinging upon this proposition, the susceptibility of the human mind to suggestion, gives us the most plausible explanation of the marvelous cures, and cures by all methods and means where no tangible action by any material force is produced upon the body.

Volumes, yes libraries, have been written upon theories, and observations in the field of psychology. The Society of Psychological Research has now been in existence about twenty-five years, and investigations have been pursued in this field in a more methodical and scientific manner.

The writings of Bernheim, Tuke, James, Schofield, Hudson, Flamarion, Olston, Huntley, Flournay, Fletcher and many others, contain much that is valuable to the observing physician.

Beyond these, we have recorded evidence of occult and psychic facts, known to master minds and students living in all ages, and handed down through all ages. A careful study of two published works, "Harmonics of Evolution," and "The Great Psychological Crime," will cause the most skeptical to pause and think.

We witness the mind's influence over the body in countless ways. The effect of thoughts upon the skin, as in blushing, flushing, palor—upon the lachrymal glands, tears of joy and sorrow—the salivary glands by thoughts of luscious fruits, and palatable foods—the changed voice from anger, fear, mirth—the nausea from loathsome sights—the loss of appetite from shocking news—the copious perspiration, irritable bladder, tumultuous heart. In fact, not a secretory or excretory organ in the body that is not subservient to the whims of the mind. The force that moves every muscle, controls sight, hearing, taste, touch and smell, and above all, has the power within itself to control itself, and we have every reason to believe that all the life processes are likewise influenced and controlled by this same force.

Coupled with a knowledge and recognition of these truths, for the physician to have at hand the material forces, in shape of remedies, products from the mineral, vegetable, and animal kingdoms, forces that likewise influence all the functions of the body; the ability to relieve pain, produce sleep, augment, or decrease the activity of the various organs of the body, to produce emesis, catharsis, diaphoresis, diuresis, to control respiration and circulation; the knowledge of the effects of heat, cold, light, sunshine, water, electricty, compressed air, mechanical vibration, massage, systematic exercise To have at hand, or command the various mechanical appliances, splints, braces, bandages, supports, an endless variety of instruments to examine and treat all the organs of the body; to

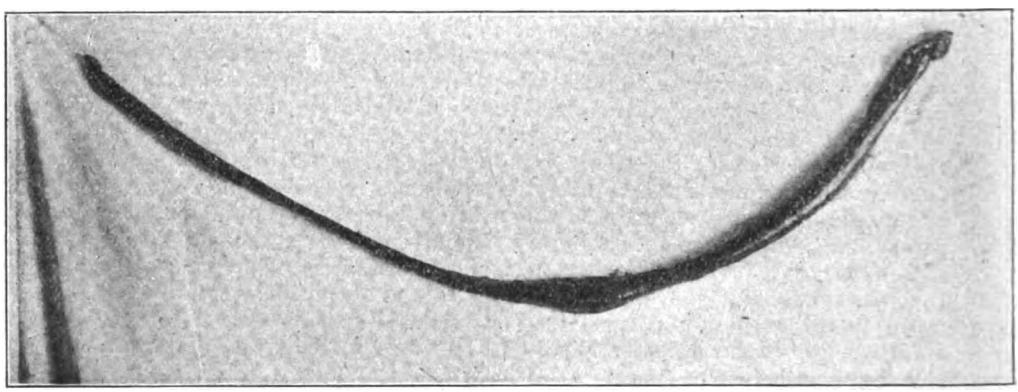
analyze its fluids, secretions and excretions, micro-organisms, physiological and pathological. Has not the physician within easy reach, all the necessary equipment to obtain for many of these chronic cases the very best results obtainable? And should he not utilize nature's combined forces, mental and physical, in their management and treatment. Personally, I wish to be understood as being opposed to hypnotism and hypnotic suggestion. I recognize it as being a subjective, destructive psychic process. We do not want to make slaves of our patients, we do not want to rob them of their self-control, of their personal responsibility. On the other hand, I recognize suggestion in its real and true meaning, as being the force that rules the world, and we as phyiscians should and do use it constantly in our efforts to point out to our patients the way to health. It occurs to me that the true physician should be free from the shackles of sect, dogma, creed, free to choose the best from all sources for the betterment of humanity. To return more pointedly to my subject, I am not decrying the good results often obtained by a change of climate, a trip to the springs, a course at some well equipped sanitarium. For the people in affluent circumstances, over-burdened by the cares of business, or some local annoyance, it is often the very best method of restoring them to health. And yet, frequently these people return to their homes impressed with the idea that their business, or home climate disagrees with them, and are forever afterwards dissatisfied. To the people in moderate circumstances depending upon the income from their small business, or salary, to be informed that the only hope of relief from the existing condition, is to leave home, separate from friends, cease business, give up income, increase living expenses; I say this is often like a death-knell, to not only the patient, but the family as well. I could recite numerous instances, and speak of many cases that I have treated, whom had almost lost hope, and were on the point of leaving home, sacrificing business propects, in search of health. And all of us know of instances, tragic and pathetic, of poor wanderers, banished from home in their vainless search, dying, we must admit it, from sheer homesickness. And I leave it with you, gentlemen of the society, should we not do all in our power to relieve, and benefit these sufferers, and at the same time confer upon them the supreme blessing, the supreme privilege of participating in the comforts of home?

FECAL IMPACTION.

F. E. Walker, M. D., Worthington, Minn.

J. B., male aged 39, well nourished and able to walk from buggy to his room in the hospital. Upon examination a large tumor was located in the left upper quadrant covering an area of six inches. His history up until two weeks before had been negative. Twelve days before entering he had severe pain in the stomach attended with vomiting. The pain rapidly subsided for several hours, when it again came back with as great

severity as at first and a physician was called, who promptly administered morphine. The bowels had not moved, and a cathartic was left and patient instructed to report next day as to condition. The following day patient informed his physician he was all right, and that he would not require his services any longer. However, seven days later the doctor was again called in, and this time found the man vomiting, considerable abdominal pain present and an enlarged abdomen. He was also told that there had been no passage since two days prior to his first visit, and a diagnosis was made of fecal impaction. The stomach was thoroughly washed and several enemas given without benefit. This treatment was employed for two days, and still bowels refused to act, and after a consultation patient consented to operation. Upon opening the abdomen it was at once revealed that a colotomy would be impossible, as the distended intestine was undergoing gangrene, and upon further examination of the gut the blood



poured forth in such volume as to cause alarm. After drying out the blood the intestine was brought forth and presented the appearance of a large long piece of bologna. The mesentery was so friable that the finger would easily pass through it at any point, and the blood oozed from it like water seeping through a rag. Forty-eight inches of the gut was removed, and as much mesentery tied off as possible.

The hemorrhage appeared to be arrested, but the patient showed signs of immediate dissolution. Saline infusion and hypodermic injections of adrenalin employed with decided improvement, and patient was removed from the table to his bed. After an hour the pulse began to flutter and patient rapidly sank in spite of every method and attempts to revive him, passing out of existence three and one-half hours after leaving the table. A post-mortem was held, and the abdomen found filled with blood which had passed through the mesentery. This man had pain at the onset, and once following. There was at no time any fever, or rapid pulse. The appetite was good and patient partook of food regularly, though vomited most of it up. He was not confined to his bed, but felt strong and kept at work for several days without great fatigue. There was no history to show him to be costive, and he had never had an attack. Post mortem revealed all organs normal.

VAGUE MUSCULAR PAINS AND ACHES.

G. B. Acker, M. D., Laurenceville, Pa.

NEVER, perhaps, more than they do at the present time, did patients insist on treatment for the relief of "pains and aches," which they consider to be due to chronic rheumatic conditions of one kind or another. The physician seldom gets a negative answer to the query: "Have you suffered from rheumatism?"—especially if the question be put to the average person over 40 years of age. By the term "rheumatism," however, the patient does not mean to imply that he has suffered from the acutely swollen joint, accompanied by fever, causing confinement to bed, which characterizes true acute articular rheumatism; but rather to the commoner form of "vague pains" affecting muscles and nerve sheaths which may more properly be termed "irregular" or abarticular "gout."

As the majority of these patients will say that they suffer most on damp, cold days, or after unusual exposure or extra muscular effort, the question arises: "What is the underlying constitutional factor which remains latent and which is rendered thus active by the foregoing mentioned causes?" It is impossible to avoid the conclusion that some substance which was already circulating in the blood has suddenly been rendered insoluble, or partially so, and been precipitated into the affected muscular and nerve tissues, which are irritated by the presence of this foreign body—thus resulting in a vague pain or ache. In seeking and making reply to the following two questions, not only is the above view greatly strengthened, but we become practically certain as to the nature of the foreign substance itself; viz.: 1. What principal change does the blood of the capillaries undergo when the surface of the body in their vicinity is exposed to cold and moisture? 2. What change occurs in that portion of the blood which supplies actively engaged muscles? In both cases, we know that the alkalinity of the blood there is diminished, and that application of heat and rest from activity will give temporary relief. We further know that the blood (normally) is just sufficiently alkaline to hold its waste urate salts in solution or suspension; consequently, if this alkalinity be diminished from any cause, the urates will be precipitated out of solution and deposited in the contiguous connective tissues, there to serve as a temporary irritant.

From what has been said it will readily be understood that any person whose blood contains an abnormal amount of urates, or salts of the uric acid type, will be subject to "aches and pains,"—specially after exposure to cold and dampness, or after much muscular exertion. The shifting nature of these pains, too, would indicate the alternate absorption and reabsorption of these salts, and their conveyance by the circulation from place to place to be deposited first in one locality and then another.

If this view be correct, the rationale of the anti-uric-acid treatment would seem to need no further justification; and clinical experience has already proven its value. By prescribing an alkaline solvent which succeeds in eliminating already existent urates from the body, and which at the same

time stimulates action of the metabolic organs (kidneys, liver and bowels), thus preventing further formation and retention, we will best succeed in curing the "aches and pains" of which our patients complain. In this way, the employment of drugs, classed under the head of analgesics, sedatives and anodynes (which can be only temporary in effect) will be found quite useless and unnecessary. We cite below the clinical outlines of two or three cases, taken at random from our case-book, as an illustration of this point, to wit:

CASE I.—James B., carpenter, aged 45, came to the office March 3, 1903, complaining of darting pains in arms, back and shoulders, which incapacitated him from his daily work. He attributed his present trouble to exposure, two or three days before, to a cold, damp wind while shingling the roof of a house. He supposed he was "rheumaticky" or "grippy," as he had previously had several similar attacks affecting various muscles of the body. Had tried whisky and quinine to "break it up," but had only made matters worse. He now sought medical advice, not only to get relief from his present attack, but to be permanently cured of his supposed rheumatism. His suffering from "aches and pains" had become so frequent that he was unable to perform his work satisfactorily and he was in danger of losing his position.

During the next four or five weeks he returned many times saying that although he appeared to obtain relief on each occasion from the medicine given him, he was certain that he perspired more than common and "caught cold" more readily, having suffered several attacks from his old complaint. He had been given salicylates and antifebrin, and he was probably right in his surmise.

On April 10th, he appeared voluntarily with a sample of his urine, which had caused him some alarm owing to its scalding nature, dark, red color, and heavy brick-dust deposit. Examination revealed an enormous quantity of uric acid crystals. The water was also scant and highly acid. Satisfied now that the patient was a victim of uricacidemia, as indicated by this "uric acid explosion," he was at once put upon thialion. On the first day he was given a teaspoonful, dissolved in a glassful of hot water, an hour before breakfast, this dose being repeated every two hours until four doses were taken, when a remarkably copious and foul-smelling evacuation of the bowels took place. For the next fortnight, the early morning dose only was given.

The improvement was marked from the outset. On April 15th, five days after this eliminative mode of treatment was adopted, the patient reported that he began to feel much less "achy" than heretofore, though, at first, the medicine seemed to make him worse.

On May 1st, he returned for another bottle of the "salts," saying that he had felt perfectly well for the past two weeks, but wished to keep the medicine on hand in case of an emergency. Since taking it, his bowels had become much more regular.

CASE II.—Mary D., housewife, German-American, age 42, mother of three children, sent for me October 11, 1903. Found her in bed, suffering

muscular pains in back and limbs. She reported that she had had "aches and pains" in various parts of the body for the past ten years, for which she had been given "rheumatism medicine" (oil of wintergreen, phenacetine, etc.) with only slight temporary relief. The present attack was more severe, brought on by a long cold drive into the country a few days before. She concluded it was la grippe. She had always been more or less constipated, and suffered frequently from headaches.

Believing this case to be one of similar nature to that already described above, she was put upon the same treatment and with like satisfactory results. She was apparently worse during the first two or three days, but soon began to improve, and at the end of a week was about the house as usual. She was seen again, December 3d, when she called for another bottle of medicine, stating that her bowels were now "very regular for her" and that her headaches and "rheumatism" had practically disappeared.

CASE III.—Harry F., school-boy, aged 14, complained every night upon going to bed of "aching" all over. Was somewhat "feverish" and would toss about and moan in his sleep. Frequently had "nightmare." Had been troubled this way for three or four months. Felt fairly well during the day, and entered with zeal into all kinds of outdoor sports with his schoolmates. Was usually worse on Saturday, after a day's hard play. Bromides, Dover's powder, etc., had been prescribed with no permanent benefit. Parents had become alarmed.

Urinary examination in this case pointed to the advisability of a similar plan of treatment to that adopted in the preceding two cases. After two weeks of such treatment the parents of the lad reported that he was entirely recovered.

The Three Bachelors.

Three bachelors slept in their shuttered room—
  In their shuttered room, when the sun shone high.
Not one of them felt he must rise till noon
  Or take his breakfast till by and by.
For single men may happily sleep—
A pillow is good and breakfast will keep
  Till ten o'clock in the morning.

Three maids smiled on these bachelors three—
  On these bachelors three when they came to town.
They waltzed, they sang, they made high tea
  And had their accomplishments quickly known,
For it matters not if bachelors sleep,
The maids are awake quite soon in the week,
  And sometimes rise in the morning.

Three married men jumped when the sun arose,
  And left their pillows in swift dismay.
They felt for their boots, they seized their clothes,
  And thoroughly realized it was day.
For women will never let men sleep
When there's breakfast to get and a wash for the week,
  Though it's only five in the morning.
—London Tid-bits.

Official Transactions

THE MEDICAL SOCIETY OF THE MISSOURI VALLEY

PAPERS READ AT THE SEVENTEENTH SEMI-ANNUAL MEETING, MARCH TWENTY-FOURTH, LINCOLN, NEB.

THE CORRECTION OF SOME COMPLICATIONS IN THE FIRST STAGE OF LABOR.

W. Berry, M. D., South Omaha, Neb.

WITH some hesitancy I present a subject so elementary or trite. The correction of complications in this stage is a branch of obstetric art frequently ignored both in time of action and words. The complications I wish to present corrections for are: First, some malpositions or presentations. Secondly, cervical dilatation.

It behooves all obstetricians to place their patients in the best possible condition physically by correcting any pathology as soon as it is expedient after being engaged to attend them in travail. Also learn if there is any abnormality or disproportion between the passage and the passenger, as well as being familiar with the presenting pole, and correct malpositions if expedient, also ascertain as near as possible the structure of the os.

I infer in my discussion of this subject that these matters have been attended to after the most modern teachers of obstetrics. My remarks will be limited as near as possible to what may be done when labor has

been instituted vias naturales, in order to make the labor conform to the normal act, or render accouchement force easy or deformity nil, if possible.

If forewarned, some of the complications we may be prepared to correct, but a certain per cent the vigilant accoucher may be unaware of until he is forcibly confronted with them. Examples of the latter are met within counsel, eclampsia, rare cases of placenta previa, or some emergency cases, etc.

It is elementary to state, yet the truth prevails. Early arrival is of paramount importance when corrections are demanded in this stage. In dealing with abnormal presentations I will attempt to confine myself within the time of cervical dilatation, or as it may be classed from the time labor begins and up to the time when the cervical canal is effaced, or dilated sufficiently to admit the head of the fetus the uterus contains. Undue interference must never be indulged in, and confidence is a gem that should always be treasured.

Never attend a case of labor if you cannot be rendered sterile, and always your hands, the parts of the patient you are to handle surgically clean, and bear in mind in your every act to keep them so. Trust not to the germs of Doederlin to at any time to destroy the army of bacteria you may transport or import.

The face presentation we may change to a vertex if the waters have not all escaped, and the head is not engaged and should be in cases of flat pelves, by compelling the lady to lie on the side in which the chin points. I prefer to elevate the hips and flex the thighs upon the abdomen, in that position the uterus has to act against gravity, and the resistant walls of the birth canal. While in this position well directed effort by means of pressure internally pressing upon the chin and pressure externally upon the occipital region we may succeed.

The external method after Shatz has long been commended, and is well worthy a trial where the membranes are yet unruptured, or at least the uterus is not entirely empty of fluid, there is not strong tetanic contractions, the uterus, too irritable, or engagement has not taken place.

I find many of the text-books improperly describe it in words; word-pictures at best are hard to draw in obstetric teaching to say the least. However, after the outlines to the fetus are carefully and thoroughly mapped out with great dexterity we restore the normal attitude of the baby in utero by flexing the trunk of the uterine inhabitant, bending the chin upon the chest at the same time liberating the impingement of the presentation to the bony outlet.

It is done by grasping the shoulder and chest of the baby with one hand through the uterine wall and abdomen, at the same time the other hand steadies the uterus at the fundus, while the shoulder is pressed up and towards the sacrum of the fetus, the breech of the child is bent over towards its abdomen, and finally the buttocks are pushed towards the superior strait. While the hand that grasp the shoulder is in action the walls of the birth canal by the resistance they offer bend the chin to the chest, this may be assisted by well directed pressure of an assistant.

In cases of flat pelves when the change is made we should rupture the bag of waters and secure engagement by the Pawlic grip, and if possible

as is recommended in flat pelves by J. M. Monroe Kerr, of Glasgow, an anterior parietal presentation. Our success to a great extent will depend upon the wisdom we exercise in our tactile sensibilities in working in the absence of spasmodic twitchings of uterine and abdominal muscle, as well as uterine contraction. I have been aided greatly in many instances by taking the muscles off guard by asking the woman to exhale.

The Thorn method is an internal and an external manipulation which can best be applied in the beginning of the second stage. Sometimes the head is arrested midway between a vertex and a face presentation, we then have a brow to present. I might say here care should be exercised in changing a face to a vertex that we do not get a brow presentation. In changing a brow presentation our adroitness and activity should be taxed to their fullest extent, if necessary, in view of the unfavorable prognosis.

In the beginning of labor intelligent pressure upon the chin and dragging upon the occipit, either externally or internally, will in some instances reward us with success. Suitable decubitus of the lady, viz, if a vertex is desired the woman should lie upon the side in which the back of the fetus ist urned. If we are unsuccessful in changing it to a vertex we may with propriety change it to a face presentation. This may be done by compelling the woman to lie on the side in which the child's abdomen points, while our efforts are directed in pushing up the forehead by making traction on the superior maxilla.

If recognized early before engagement has taken place and before the escape of all the water, we may employ the Shatz method to change a brow to a vertex presentation. Employing the same maneuvers as in changing a face to a vertex. Usually, however, we are not so fortunate, and we are compelled to resort to other heroic measures.

It is possible to change a shoulder presentation to a vertex after the method of Braxton Hicks, by insinuating the hand gently in the vagina, the fingers of the same hand passed into the cervix and pressure exerted in the direction of the feet on the shoulder, at the same time the hand externally is used to press the head towards the cervix, or the hand in the vagina and cause the head to present.

In suitable cases the bipolar method may be used in this stage where the head is changed to a breech or foot presentation, or vicavena. In all the foregoing operations great care should be exercised so as not to cause a uterine rupture, or allow a sudden gush of water, or in elevating the presentation allow the funis to prolapse. A funis presentation may be the only complication in otherwise normal labor.

In dealing with and replacing it the woman must be placed in the Trendelenburg or Beckenhochlage of the Germans position. This position is readily attained by drawing the hips and buttocks of the lady upon the well padded back of a chair placed in the bed with its face downwards, and the cord carried to the fundus of the uterus with a repositor, or in lieu of a repositor of delicate pattern, a soft rubber catheter armed with a loop and wire stylet the apparatus having first been rendered sterile by boiling the whole may be left in place if guarded until the head is engaged,

then the stylet may be removed, the woman must still assume the elevated position until the head is engaged, or breech if the case may be. In foot presentations I pay no attention to prolapse of the funis.

CERVICAL DILATATION.

This subject might well occupy a whole essay, but I will with your permission deal with the most salient points. It demands thorough and careful consideration, wisdom in action, also patience. Labor if otherwise normal may become an exhausting procedure from any of the three great causes:

1. Conglutinatio orificii externi a condition found in old primaparae, and supposed to be caused by catarrh in a continuation of the pin hole os.
2. Atresia of pregnancy, most frequently a condition of actual growth or adhesions of the cervical lips after impregnation has occurred. Catarrh is the most exciting cause
3. Rigidity without closure of the os. The causes for this are legion, a few are irritating drugs, escharotics, chronic ulceration of the canal, deep ulcerations of former labors, some operations for repair of laceration by loss of tissue and subsequent poor union, cervical amputation, carcinoma, etc.

These are the extreme cases where annoyance may be found and may require the most heroic measures. From these down we have all the minor grades. Among the drugs that exert beneficial influence on cervical dilation, and are used where time is not of serious import are: Atropia, locally or hypodermatically, chloral, antipyrine, quinine, morphia, or morphia and atropia, a douche of carbon dioxide is used by Ross of New York. The high or intracolonic irrigation of warm sterile water will aid.

In cases where time is of paramount importance, is eclampsia, placenta previa, or other rare cases in accouchement, force mechanical or manual dilatation is urgently demanded as rapidly commensurate with safety as regards the life of the mother and child and deformity of the uterus. Where the time is allowable the soft rubber dilators may with propriety be used, such as Brauns, Barnes, Champetier de Ribs and Petersons. They are slow in their action and their texture is a bar to their longevity. Hard or metal dilators may be used if due care is used and proper dexterity. I mention Hanks. Arthur Muller, Bossi's or Fromer's, or any of the modifications of the Bossi's.

The Bossi's instrument has had the lime light of the medical world turned upon it lately, and its searching rays have, I think, eliminated its value. At a recent meeting of the New York Obstetrical Society in the discussion of the instrument it was elicited that it was an instrument unsafe in the majority of cases in its liability to produce severe tears, especially by Jewett, Edgar, Grandin, Murray and Dickinson it had not found favor. In all the cases I have been able to find, it produces tears in the majority of instances. It is an unsafe instrument to place in the hands of the profession at large. Of the instrument Kerr, of Glasgow, sums up in the British Medical Journal:

1. When the cervix is obliterated and the os will admit the dilator the operation can be done without tear in twenty-five minutes.

2. When the case is advanced to or near term when the cervix is not obliterated you can dilate with comparative safety, provided time and patience are expended. N. B.—No time stated.

3. In cases of early pregnancy with the cervices unobliterated there is decided risk of producing tears even with due care.

I have never had occasion to use one. I have always been able to dilate manually without any trouble.

The instrument is not to be used in the least unskillful manner, as the finger cannot be passed along the blades to detect the advent of a tear.

Digital or manual dilatation stands pre-eminent above all other measures where dilatation is at all indicated. The tactile sensibility the rule and governor of restraint. Place a sterile glove on the hand, and it is clean and undreaded. R. L. Dickinson, of New York, says "there is nothing so intelligent, nothing so handy, and nothing less dreaded." We may employ the Harris method, or that of Bonnaire of France.

The Harris method is executed with one hand thus: the index finger is insinuated in the os followed with the thumb pressure made on the ring, next the middle is pressed in with the thumb. and in like manner the entire number of fingers are inserted with the thumb, all the while the fingers and thumb kneads and spreads the os apart in different directions, and watching any liability for a tear.

Bonnaire uses both hands, he introduces the indices, next one middle digit with the indices, next the other middle finger is insinuated, next a ring digit with those that have preceded it, etc., etc., all the while the digits knead and press the rim in the various directions, or pulling the fingers apart. I prefer the latter method, as the operation is less exhasting than the Harris, and can be as rapidly done as the operation with any instrument; it may be necessary to start dilatation with an instrument to get one, or possibly two fingers in, then any good dilator, such as the Goodel can be used, and then be discarded as soon as the two fingers can enter the os. In the majority of instances the fingers are all that are required, examples are where the cervix is unobliterated and a great amount of cicatricial tissue is present, then we should resort to a number of small incisions in the cervix, and carefully note that any one of these incisions do not continue in the act of dilatation as long tears.

Please note, a number of skillful men make tears with dilators, such as Bossi's, in spite of due precaution. Such men as Murray and Dickinson claim that all but the toughest cervix will yield to the action of manual dilatation in from twenty to thirty minutes.

I will admit every case is a law unto itself, and we must be governed by each. Some by reason of the pathology present are not cases for dilatation, then we are in duty bound to do a vaginal, Cesarian or an abdominal section for their safe delivery.

My excuse for presenting this subject was not intended to add to the literature on these topics, but to enter a plea for more timely aid and intelligent action.

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My desire and aim have been to utter nothing but truth. I have no love for error in any fo or in any field of knowledge.—HIRAM CHRISTOPHER.

The Medical Herald.

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The Editors' Forum

[Discussion of Current Topics invited in this department The Editors assume no responsibility for the views expressed by correspondents.]

A LIVING SUBJECT.

Of one subject, the assertion that it is of vital interest and inseparably joined with human comfort and progress, will not be challenged, that ever interesting subject is eating.

Concerning the taking of food there has been much written of highest value. Much wise counsel has been given and it is in strict accord with the truth to add that there has been a great deal of counsel, voluminous it is acknowledged, the quantity and positiveness of such bearing an inverse ratio to the fitness of the author of such information to give counsel.

Mr. Edison is quoted in the daily press as having recently made the statement that he consumes one pound of food daily, making no special restrictions as to the kind of food taken, but affirming that he has always lived temperately, and that his father did the same. He states, and because of his wonderful capacity for work and what has been to many his unexplainable powers of endurance, the statement will and should receive more than ordinary consideration, that "many people are food drunk a great deal of the time." It is only too true that there are a great many people who because of the amount and character of food they consume are unfitted for normal mental or physical activity. It would be unwise, whatever Mr. Edison's purpose may have been in making the statement that he did, to draw too radical deductions therefrom. In the matter of eating and drinking each individual must ascertain by personal observation, the amount, the kind, and the time at which food should be taken. Not every one could maintain good health and follow Mr. Edison's methods minutely, while for him it is very evident a pound a day of mixed food products fills the bill exactly. It is strange the absurd length to which people will go in laying down hard and fast rules as

to diet. Radical vegetarians, radical meat-eaters, and the omniverous individual each and all have had their representatives who, by a given method of eating and drinking, were to make great impressions upon mankind and bring about revolutionary world-movements. Alas they died, and the leading modern exponents of the more common variations from ordinary methods of eating failed to reach three score and ten. A splendid rule, to which too little attention has been given, most of us learned in childhood in the little couplet—

"Eat when you're hungry,
Drink when you're dry,
And if nobody kills you
You'll live 'til you die."

What is one man's meat is another man's poison.

A great deal of stress is placed upon regularity as to time of eating, and just here the writer parts company with a great many wise and good people, believing that the very nature of the employment of the average man makes the taking of food at set intervals inconsistent with maintaining good health because of the following facts: Food should not be taken unless the person is hungry, nor should it be taken during periods of great excitement, save in smallest quantity, and that preferably when the person has opportunity to be quiet for at least a brief period. Food taken into a stomach that does not call for it, or when the possessor is angry, fearful, or depressed, becomes of such a character that it loses the one essential attribute of food; namely, power to give nourishment to the body.

What thoughtful man who observes can fail to see the damage possible to occur the entire improbability of any nourishment being aborbed when taken as it so often is when a person is angry, rushed by business, his brain consuming all the strength he can possibly spare. Yet the office man must run home to lunch, or to supper and make a practical poison of what under suitable conditions would be life-giving food. To eat when tired is to damage the body instead of feeding it.

A few generalizations may be made if wise interpretation only be given them:

Too much food is consumed by most well-to-do persons.

Too little time is taken when eating.

The brain is too often active beyond the point of wisdom during the time food is taken.

Meat should by the majority of persons over 35 years of age be taken sparingly.

The needs of the individual and the time, together with his condition of body and mind cannot be too carefully studied. B.

RIVALS OF THE FOURTH OF JULY.—Treatment was sought by over 300 persons at the Boston hospitals as a result of celebrating Bunker Hill Day.

A NOVEL METHOD OF SKIN-GRAFTING.

The writer has recently had occasion to use a method of skin-grafting certainly not in general use, and in some of the details, so far as he knows, never used by any one else. Noting that some operators had used grafts from the human subject that had been preserved in various antiseptic fluids even for days, it occurred to him that shavings from fresh pork might take the place of those from the human subject, thereby saving a great deal of suffering and inconvenience.

Procuring some pieces of side meat that had remained in cold storage not less than a week or ten days, with a sharp razor very thin shavings from one-fourth to three-fourths inches in length and varying in breadth were cut. These were laid upon an ulcerating surface that had persistently refused to heal. The results were most satisfactory. The grafts adhered, the characteristic pale purple or bluish spots seen in epithelial grafting were soon manifest and the entire surface healed very rapidly. The experiment has been repeated upon ulcers of syphilitic character, upon tubercular erosions, chancroidal sores, and in cases where for any cause, especially where there was likely to be much scar tissue formation, this process has been repeated and in each case the most gratifying results have been obtained. It is more than surprising, indeed almost passes belief to see the rapid change that takes place after the planting of the grafts, and I would urge that unless a better way is known that in cases of lupus especially, this method be followed. I should certainly try it were an opportunity to present as a means of preventing pitting in smallpox where the pustules were large, particularly about the face.

I have not had sufficient experience in the use of preservatives to speak positively, but have used grafts that for over two weeks had been kept in a solution of glyco-thymoline in the proportion of one of this solution to four of water, with seemingly as good results as if the epithelial shavings had been fresh. At the present time I am using the solution mentioned with a little common salt added, about one or two per cent and a similar percentage of alcohol. This seems to keep the grafts in a good condition. Briefly, the method of grafting pursued is as follows: Secure pieces of fresh pork, preferably from a young pig, using the parts as nearly as possible free from hair. The pieces should be scrubbed thoroughly, though this seems, as a rule, to be well done at the packing house. Place the pieces in a normal salt solution and with a very sharp razor, stretching the prepared skin somewhat, with a sawing motion shave off layers as thin as possible. When a suitable shaving has been cut it may be transferred from the razor, preferably by floating it on the blade in the salt solution, and then sliding it, or rather drawing it along with a tooth-pick, Graefe knife or other suitable appliance, deposit it upon the surface where it is desired to leave it, and gently adjust it somewhat as one does a pathological or histological specimen upon a microscopic slide. Formerly I went to a great deal of trouble in dressing after grafting, as I had been taught that it was necessary to keep the grafts moist. The process of soaking the dressing with normal salt or other solution was not an easy one for the operator, and was unpleasant for the patient, and oftener

than otherwise the grafts were disturbed. It occurred to me after some failures that perhaps the grafts were drowned by such procedure and as there was no such lesson taught us by nature, I thought I would try as nearly as possible to imitate her method, and having placed the grafts upon the surfaces desired I found that they adhered quickly and tenaciously and seemed to do best when let entirely alone.

The most common error in grafting is to cut too large pieces, and I have rarely been able to judge the size needed, except by measuring so that I did not have larger shavings than required.

If there is a surplus of material more shavings may be made than the given operation has required, these may be set aside in suitable solution for future use. Twenty-four hours will, if the results we have obtained are duplicated, tell a story that any observer will be able to read and thoroughly appreciate. The dangers from the standpoint of infection certainly do not equal those where tissue is taken from another person than the one to be grafted. The material can be readily gotten, and as time is not usually an important element, physicians can get the necessary material from the large packing houses.

The vitality of epithelial shavings is a new thing in surgery and it is my firm belief that a wide field of application and great benefit to those who suffer will be the experience of the future as the method outlined cannot fail to appeal to surgeons everywhere. B.

SEROTHERAPY.

Dr. H. T. Ricketts in the Journal of the American Medical Association, calls attention to the subject of serum therapy in an elaborate and exhaustive article. After giving a history of the advance of our knowledge concerning the value of blood sera, in the treatment of disease, commencing with smallpox vaccination, and ending with the chemical nature of the reactions occurring in immunity, as set forth by the "side chain" theory of Ehrlich, he proceeds to classify serum injections as follows:

I. Protective injections: 1. Antibacterial vaccination. 2. Prophylactic injection of antitoxic sera. 3. Prophylactic injection of antibacterial sera.

II. Curative injections: 4. Antitoxic sera. 5. Antibacterial sera.

In explanation of which he says: "It is important to bear in mind that in the struggle of the body against infections there are two principles of action—the antitoxic, directed against bacterial toxins, and the antibacterial, directed against the bacteria themselves. The two are absolutely distinct. A serum which is strongly bactericidal may have no power of neutralizing the toxin of the microbe, and vice versa, an antitoxic serum may not be able to kill the bacterium. Each of the five procedures enumerated above, then, is efficient, either because a greater bactericidal power or greater antitoxic power is introduced into or induced in the body. In 1, the body reacts in such a way that its power to kill

the micro-organism is increased (active immunization), while in 2, 3, 4 and 5 "ready made" immunizing substances are introduced from without (passive immunization)."

Among the practical results, under the caption of "Prophylactic Injection of Antitoxic Sera," he further states: "The value of diphtheria antitoxin as a prophylactic is so well recognized that it need not be discussed now. Tetanus antitoxin, on the other hand, is much neglected in this its most promising aspect. However, disappointing it has been as a curative agent, there is evidence to show that is value as a prophylactic is almost equal to that of diphtheria antitoxin. This value is apparently better appreciated by veterinarians than by medical men. A celebrated example of its protective value concerns an epidemic of tetanus in an obstetric clinic in Prague, which was completely suppressed by injecting all patients with the antitoxin after all other precautions had failed. Evidence of equal value is also accumulating in this country, by giving the antitoxin in cases of Fourth of July wounds before tetanus has had time to develop." . . . "In view of these facts, the efficacy of early as compared with late administration of antitoxin finds a logical explanation. Now, early and late are relative terms; what is early for diphtheria is late for tetanus. Hence the success of the serum therapy depends on the administration of the serum as soon as possible after infection.

In diphtheria there is no means of suspecting infection until the disease has declared itself; in tetanus, on the other hand, although the diagnosis can not be establised until clinical symptoms have appeared, the nature of the wound is often sufficient to arouse suspicion as to tetanus infection. In all such cases the failure to give the antitoxin prophylactically amounts to a gross neglect of duty." HERBERT LEE.

AMERICAN MEDICAL ASSOCIATION.

The meeting of the American Medical Association at Atlanic City was record-breaker in point of attendance, there being a registration of nearly three thousand members. This argues in favor of a seaside resort as the ideal meeting-place. The general arrangements, in the hands of Dr. B. C. Pennington, and able corps of assistants, was everything to be desired, and showed careful attention to details, and a generalship to be highly commended.

The work of the sections was of a high order of merit and attracted a goodly attendance. The profession of Philadelphia deserves great credit for the assistance accorded in the way of entertainment and instruction. Numerous clinics were held at the various institutions, both before and after the Atlantic City session, and they were generously attended and much enjoyed.

Delegates from Chicago and the West are under obligations to Col. C. L. Kimball of the Pennsylvania line, for the elegant service accorded en-

route to Atlantic City. The A. M. A. special train, consisting of eight Pullmans, two diners and a buffet library car, gave superb service, and made the trip a most enjoyable one, under the personal supervision of Col. Kimball, who lost no opportunity of caring for the welfare of his guests.

THE PRESIDENT'S ADDRESS.

"Some Aspects of Medical Education," by Dr. John H. Musser, of Philadelphia was a masterly review of the medical and surgical conditions of today, in which he made an earnest appeal for higher preliminary requirements and the importance of hospital experience to the young practitioner.

THE ORATION ON MEDICINE.

Dr. Geo. Dock, of Ann Arbor, dwelt upon the importance of prognosis, the necessity of individualization, and the often-discussed and important question of euthanasia. We take pleasure in quoting briefly Dr. Dock's views upon this subject:

"This brings up a question on which a few words may be proper—the question of euthanasia. Every few months some one—usually not a physician—proposes that people with incurable diseases should be killed by some painless method. The plan offers so many opportunities for crime that it would be difficult to carry out, but aside from that it involves important principles. The difficulty of telling when the proper time had come would often be insuperable. Aside from examples of fortitude and other virtues exhibited by the dying, how much the world would have lost if a chronic invalid like Stevenson had the cord of his life snapped at one of the times when the aes triplex of his soul seemed battered through! To take a less sefish view, we can think of the 'pictures of human patience, the visions of ripened character, which have been revelations and inspirations to generations of mankind' (Phillips Brooks), and see these repeated daily in sick-rooms of all degrees, while the self-sacrifice and kindness developed in others at such times can not but be of untold benefit to the race. To most physicians the suggestion of any planned shortening of life must be abhorrent. For countless generations they have been doing their utmost to lengthen life and lessen disease. They have shown how to prevent the plagues that formerly made life almost as bad as a perpetual illness for the suvivors, and they have also shown how many deaths can still be prevented. On the other hand they can, in most cases, so treat the dying man that the bitter anguish often associated with death is absent, that life is not only less painful, but actually longer, so that they will continue to follow the rule of the Father of Medicine, and 'give no deadly medicine to any one, even if asked, or suggest any such counsel.'"

THE ORATION ON SURGERY

by Dr. Wm. J. Mayo, of Rochester, Minn., was a scholarly presentation of his subject, "The Association of Surgical Lesions in the Upper Abdomen." Dr. Herman N. Biggs, of New York City, who delivered

THE ORATION ON STATE MEDICINE,

drew a beautiful picture of the medicine of the future. The title of his paper being "Preventive Medicine; Its Achievements, Scope and Possibilities." Dr. Biggs is an earnest advocate of the suppression of disease by public notification, and believes that with proper education, public opinion will support us. He believes that due precaution in all diseases should be preserved by the health officers, and he would include typhoid fever, pneumonia and tuberculosis among the diseases which should be posted, and recorded with the health boards.

THE ENTERTAINMENTS

provided for the doctors and their wives were most elaborate and enjoyable, including a number of smokers, vaudeville entertainments, receptions to the visiting ladies by Mrs. John H. Musser, yachting trip and delightful musicale on Young's and the Steel piers every evening.

THE HOUSE OF DELEGATES

disposed of an immense amount of detail business, and the work of reorganization of state and county societies was reported in a most gratifying condition. The Committee on Branch Associations reported favorably, and suggested the organization of seven district or branch societies, covering different portions of the country. The Mississippi Valley Association had assigned to it the States of Ohio, Indiana, Illinois, Kentucky, Missouri, Michigan and West Virignia. The Missouri Valley (or Northwestern Branch, as it was designated by the committee) will comprise the States of Iowa, Wisconsin, Minnesota, North Dakota, South Dakota, Nebraska, Montana and Wyoming. It is hoped that when the final report is made a request of the Missouri Valley Society to have its name retained, and the State of Missouri added to its territory, will be granted. Action was deferred until next year. One entire day was occupied by the house of delegates in the election of officers, and a selection of place of meeting. More than usual interest was manifested in the election of president, and a very spirited race between Dr. Lewis S. McMurtry and Dr. Wm. J. Mayo, of Rochester, Minn., resulted in the election of Dr. McMurtry, by a vote of 54 to 49.

PLACE OF MEETING.

Three cities entered the race for place of meeting, and the rivalry was marked and exciting. Hot Springs, Ark., was a strong factor in the race, its interest being championed by Dr. C. A. L. Reed, of Cincinnati, and Dr. T. E. Holland, of Hot Springs. Los Angeles, California, advanced most enticing reasons why the association should meet in Southern California, while Portland, Ore., appealed to the house from the standpoint of justice, the association never having met in the great Northwest. Dr. Harold Moyer, with one of his characteristic speeches, won the day for Portland, in spite of the fact that Los Angeles had been recommended by the committee. It is understood that the railroads have promised a fifty dollar round trip rate from Chicago, with corresponding rates from all points. The hotel accommodations are said to be ample.

The Committee on Time of Meeting of State Societies reported in favor of holding the annual State meetings in the fall, beginning with September in the extreme North, and ending with December in the South, with a view to interfering less with the work of the American Medical Association, and also advised that the meetings should be so arranged as not to conflict with other states in the immediate locality. This arrangement would allow distinguished physicians from their states to attend the meetings in neighboring states, and would be much more satisfactory. The final decision in this matter, however, was deferred until next year, in order that the various state officer might be consulted in the matter.

The "Daily Bulletin," issued during this meeting by the "Journal" was a great success, and will undoubtedly be continued at future meetings.

The complete list of officers chosen by the house of delegates is as follows:

President—John H. Musser, Philadelphia, Pa.
President-Elect—Lewis S. McMurtry, Louisville, Ky.
First Vice-President—Edward Jackson, Denver, Colo.
Second Vice-President—James Hall Bell, San Antonio, Texas.
Third Vice-President—F. C. Shattuck, Boston, Mass.
Fourth Vice-President—B. C. Pennington. Atlantic City, N. J.
General Secretary and Editor—George H. Simmons, 103 Dearborn Ave., Chicago.
Treasurer—Frank Billings, Chicago.
Board of Trustees—E. E. Montgomery, Philadelphia, 1905; H. L. E. Johnson, Washington, D. C., 1905; A. L. Wright, Carroll, Iowa, 1905; William H. Welch, Baltimore, 1906; Miles F. Porter, Ft. Wayne, Ind., 1906; M. L. Harris, Chicago, 1906; T. J. Happel, Trenton, Tenn., 1907; W. W. Grant, Denver, Colo., 1907; Philip Marvel, Atlantic City, N. J., 1907.
Judicial Council—P. Maxwell Foshay, Ill.; D. C. Peyton, Ind.; F. H. Wiggins, New York; George Ben. Johnston, Va.; W. B. Russ, Texas.
Council on Medical Education—W. T. Councilman, Mass.; J. A. Witherspoon, Tenn.; Charles H. Frazier, Pa.; Victor C. Vaughan. Mich.; Arthur Dean, Bevan. Ill.
Oration on Medicine—Charles G. Stockton, Buffalo, N. Y.
Oration on Surgery—John Collins Warren, Boston, Mass.
Oration on State Medicine—George Blumer. San Francisco, Cal.
Next Annual Session—Portland, Oregon, June, 1905.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

At the meeting June 7 the following officers were elected: Dr. Harold N. Moyer, Chicago, president; Drs. James Evelyn Pilcher, Carlisle, Pa., and Otho F. Ball, St. Louis, vice-presidents, and Dr. Joseph McDonald, Jr., New York City, secretary.

TRIBUTES TO DR. RUSH.

On June 11, at Washington, National honor was rendered to the memory of Benjamin Rush, Revolutionary patriot, writer, physician, and

HAROLD N. MOYER, M. D.

Editor "Medicine," Chicago

President-elect Association of American Medical Editors

signer of the Declaration of Independence, and President Roosevelt, in accepting on behalf of the American people the heroic bronze statue presented by the American Medical Association, paid tribute to the genius and achievements of the great Pennsylvanian. It was an ideal afternoon for the ceremonies of the unveiling of the monument, and every seat upon the stand, which had been erected in front of it was occupied.

The exercises were held on the lawn of the United States Naval Museum of Hygiene and Medical School, the historic site of the old Naval Observatory. Beside the President and Mrs. Roosevelt were other notable persons: Dr. Frank Billings, of Chicago; Dr. H. D. Holton, Dr. L. S. McMurtry, president-elect of the association; Dr. George H. Simmons, Sir Frederick Treves, who about two years ago operated upon King Edward, and who is an honorary member of the association; Surgeon General Rixey, of the Navy; Surgeon-General Wyman, of the Marine Hospital Service, and Drs. William Osler and William H. Welch.

CAREER OF DR. RUSH.

Dr. J. H. Musser of Philadelphia, President of the American Medical Association, introduced Dr. James Wilson, of Philadelphia, who made an extended address, giving a sketch of the life and work of Dr. Rush. In his address Dr. Musser spoke in glowing terms of the things accomplished by Dr. Rush, and referred to him as a "giant of his profession in revolutionary days." At the conclusion of his speech, the statue was unveiled.

Dr. Wilson reviewed the struggles made by Rush for the betterment of his fellow-men and eulogized him as a patriot. He said that "he did not sign the Declaration of Independence because he was a member of the Continental Congress, but he became a member of that body in order that he might sign it." He told of the great fever scourge in Philadelphia and of how Rush had thrown all his splendid genius into the battle against its ravages, winning the praise of crowned heads of Europe and the esteem of the leaders of thought in the medical profession throughout the world. He said that one pre-eminent characteristic that distinguished Rush was that he was intensely human, and like all other men of strong character, made enemies. He said that men of this generation are more fitted to judge him and his motives and to give him the place in history to which he is entitled than were his contemporaries. Dr. Wilson referred to the inscription on one side of the pedestal of the monument, "First American Alienist," and declared that it was a fitting title for the man who had been honored by it. He asserted that the comparisons of Rush to other great medical men of other times was ill placed, as he stood alone upon his own worth. "He was great in his own right. He was the first great American physician." Dr. Wilson closed his address by formally presenting the statue to the President on behalf of the nation. The President congratulated Dr. Wilson upon his speech.

The audience, which numbered about 500 persons, listened attentively to the address of President Roosevelt, who followed Dr. Wilson. His speech was characteristic and uttered in an earnest and forceful manner. His voice was in good form, and his delivery was marked by few ges-

tures. The patriotic periods made by him were generously applauded. The ceremonies concluded with the President's speech, immediately after which he walked across the lawn to his carriage. President Roosevelt closed in the following words: "I thank you for having presented to the National Capital, to the people of the United States, the statue of a man who was foremost as a leader and a pioneer in his profession, who was a great physician, and a great American."

The monument is an artistic piece of work by R. Hinton Perry, the sculptor and designer of the Neptune group at the west entrance to the Congressional Library. It is life size, in bronze, mounted on a limestone base, and faces the city from a high elevation.

Dr. Rush was one of the most distinguished physicians ever produced by this country. He was born in Philadelphia in 1745, and died there after a distinguished career in 1813. He was a student and writer, and his contributions to medical sciences have been valuable. He was the first American alienist, and devoted considerable study to the question of insanity.

Just prior to the outbreak of the Revolution, a yellow fever epidemic broke out in Philadelphia, and it was then that Dr. Rush won his greatest fame. His theories concerning the dreaded plague were ridiculed by his associates, but Dr. Rush continued to follow his own opinions in the treatment of the disease, and with the greatest success. His theories were fully vindicated.

He was elected a member of the first Continental Congress from Philadelphia, and signed the Declaration of Independence. At the outbreak of the war he was made surgeon-general of the Middle Department of the Continental Army under George Washington. The American Medical Association has labored for several years to honor his memory, and the present monument is the result.

A NEW MEDICAL OFFICE BUILDING.—Quite a number of our local doctors have secured offices in the new Logan block, corner of Eighth and Edmond streets, opposite the Custom House. Those who have removed are as follows: Drs. W. F. Elam, H. W. Westover, C. H. Wallace, L. A. Todd, C. A. Taggart and Robert Forgrave.

NEW BUILDINGS.—We are gratified to announce that our genial Southern friend at Biloxi, Dr. H. M. Folkes, has commenced work on his new sanatorium, which was destroyed by fire a short time since. The new institution will be up-to-date in every particular, and its natural advantages are not approached by any other similar institution in America—situated as it is on the Gulf of Mexico, and surrounded by an extensive forest of pines. The climate there in winter is simply perfect, and patients are enabled to live out of doors all the year round. We hope to present to our readers an illustration of the new structure, together with a description of its appointments, in an early issue of the Herald.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

THE CARE OF THE BABY. A Manual for Mothers and Nurses, containing Practical Directions for the Management of Infancy and Childhood in Health and Disease. By J. P. Crozer Griffith, M. D., Philadelphia. Third edition, thoroughly revised. Handsome 12mo. volume of 436 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1903. (Cloth $1.50 net).

Dr. Griffith's manual on the Care of the Baby is without question the best work on the subject we have seen. The fact of a third edition being called for within such a short time, is sufficient evidence of its popularity. In preparing this edition every part of the book has been carefully revised and brought fully in accord with the latest advances in the subject. Several new recipes have been included in the appendix, making the excellent part of the work even more complete than before. A large number of new illustrations have been added above, this is, undoubtedly, the best, distinguished by soundness of advice, conciseness of expression, and clearness of style. Physicians could not perform a better service for their patients than the recommending of this excellent work to every mother.

INFANT-FEEDING IN ITS RELATION TO HEALTH AND DISEASE. A Modern Book on all Methods of Feeding. For students, practitioners and nurses. By Louis Fischer, of New York City. Third edition, thoroughly revised and largely re-written. Containing 54 illustrations, with 24 charts and tables, mostly original. 357 pages. Neatly bound in extra cloth. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street. (Price $1.50 net.)

The feeding of our little men and women—the babies in health and disease presents greater difficulties to the physician, the nurse and the mother than any other subject. In this last edition, every detail of so vital a question is covered in a concise manner. The work has undergone a complete revision. The addition of new chapters, as milk idiosyncrasies in children, buttermilk feeding practically unknown one year ago, feeding children afflicted with cleft palate, scurvy and infant feeding in summer complaint has made this book more valuable and more practical than the former edition. Physicians dealing with wee humanity will find it useful.

PROGRESSIVE MEDICINE, Vol. 1., March, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, 337 pages, 7 illustrations. Philadelphia and New York: Lea Brothers & Co. (Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address.)

Too much attention cannot be given to the fact that in these volumes of Progressive Medicine we have the results achieved by experts in their

chosen branches, seeking to present in the form of monograms the advances made in given departments of medical science; the grain is garnered the chaff we do not see. There is given in its proper relation and arrangement the valuable facts of medical progress. The present volume includes extensive essays on such essentially progressive subjects as cerebral pressure, head surgery, the treatment of tic douloureaux, exophthalmic goitre, the transmission of diseases by insects, the theories as to the etiology of rheumatism, tetanus, paratyphoid, modern views on the nature of hay fever, etc., in which the latest work of foreign and domestic observers is fully discussed. B.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures, and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the Medical Profession throughout the world. Edited by A. O. J. Kelley, A.M., M.D., with the collaboration of Wm. Osler, M. D., John H. Musser, M. D., J. B. Murphy, M. D., Jas. Stewart, M. D., A. McPhedran, M. D., Thos. M. Rotch, M. D., John G. Clark, M. D., James. Walsh, M. D., J. W. Ballantyne, M. D., John Harold, M. D., Edmund Landolt, M.D., Richard Kretz, A. M. With regular correspondents in Montreal. London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. I., Fourteenth Series, 1904. 8vo. pp. 304. Illustrated. Philadelphia: J. B. Lippincott Co., 1903. (Price, $2.00 net.)

The present volume is a superior one in the character of its contents and of its illustrations, which are numerous, including two very well executed plates. In the portion devoted to Treatment an excellent article is that by F. Widal and N. Juval on the Chlorid Reduction Treatment of Parenchymatous Nephritis. Adonidin: A Clinical Study by Reynold Webb Wilcox, is a valuable contribution to Therapeutics. What is the cure for Neurasthenia by Robert T. Edes and the Treatment of Gastric Neurasthenia and Allied Conditions by George W. McCaskey will be read with much interest. Four comprehensive articles are devoted to the subject of Medicine. Henry W. Cattell, formerly editor of the International Clinics, is represented by an article on the Practical Application of Cryoscopy to Medicine. The Early Diagnosis of Pulmonary Tuberculosis, by James J. Walsh will prove of the highest interest and utility to medical practitioners.

Surgery is well represented. Angioma and its Treatment is considered by Carl Beck. This article is illustrated with half tones and two colored plates. John G. Clark and John W. Luther present a well illustrated Critical Review of Methods of Intestinal Anastomosis, with especial reference to the Connell Suture. A report of five cases. This will prove of especial interest to surgeons as well as the Observations upon Gastric, Intestinal and Liver Surgery in the German Clinics by Charles P. Noble. In the department of Gynecology there are two arti-

cles to be commended, pointing out, as they do, the conservative course, the way of the wise as against that of the erratic operator. Francis H. Davenport on the Non-Operative Treatment of Inflammations of the Genital Tract and Daniel H. Craig on the Non-Operative Treatment of Chronic Ovarian Lesions have by these papers done much to improve the practice of gynecology. Neurology is represented by one paper on Peripheral Neuritis by William Broaddus Pritchard.

This volume concludes with a well written review of the Progress of Medicine during 1903. This is a carefully edited portion and evidences much discrimination and judgment on the part of its writers. Medicine is taken up by David C. Edsall, Surgery by Joseph C. Bloodgood, and Treatment by A. A. Stevens. A number of illustrations are introduced and the entire review is in a classified form, thus making it capable of ready reference. This review takes up 115 pages and gives much information not otherwise obtainable by the majority of physicians.

The publishers have excelled their previous good record in the mechanical execution of this bock and have surpassed all former efforts.

LIPPINCOTT'S MAGAZINE.—The July number of this magazine is fertile in fiction for lazy days. Its opening pages are covered by "The Love Affair of a Princess," by Lafayette McLaws. This is diverting both by reason of the lively plot and brilliant treatment; a rushing romance filled with gallantry, love, and life at a quick pace. The characters seem to possess in themselves a magnetism that cannot be resisted, so when at last they attain happiness the reader feels like patting himself on the back and taking credit for their state of blissfulness. Altogether it is a most interesting number.

THE CENTURY.—The July fiction number includes further installments of Dr. Weir Mitchell's piquant and daring "The Youth of Washington," told in the form of an autobiography, and Jack London's vivid and adventurous "The Sea Wolf." The nine complete tales are "The White Feather," by Margaret Deland, with a literary setting and a novel motive; "The Heart Breakers," a flirtation story by Bertha Runkle, author of "The Helmet of Navarre;" "Miss Clegg's Adopted," by Anne Warner, a humorous rural sketch by the author of "The Marrying of Susan Clegg;" "The Ancestry of Irene," another story of the Nevada Madigans, by Miriam Michelson—in which a romantic young girl is seen in search of a father; "The Conspiracy of Krass," by Robert Haven Schauffler—a tale of hypnotism; "Miss Nigger," by Rose Young, a story of a white child and a nurse, and their superstitions; "Floyd and the Archduchess," a romantic tale by Olivia Howard Dunbar; "In the Nature of a Hero," a fire department story by Harvey J. O'Higgins, and "The Rich Widow of Spanish Town," a sketch of California, by Gouverneur Morris.

Concerning the Doctor

His ups and downs; incomings and outgoings; haps and mishaps.

DR. J. H. CLEAVER, of Council Bluffs, has returned from a pleasant trip to the South.

DR. O. G. GLEAVES has returned from New York City, where he attended a post-graduate course.

DR. JAS. W. HEDDENS and wife have return from a trip to Atlantic City, New York and St Louis.

DR. S. C. JAMES, of Kansas City, was honored at Atlantic City by the presidency of the National Association of Medical Colleges.

DR. WM. L. GRINDER, of Iatan, Mo., was instantly killed on June 11, by being struck by a fast passenger train, near his home. He was 30 years of age.

DR. S. G. GANT, of New York City, after spending a few weeks in Kansas City, his old home, will spend the remainder of the summer abroad. Mrs Gant will accompany him.

DR. JNO. B. WOOD, of Kansas City, was elected president of the Missouri Pharmaceutical Travellers Association, at the annual meeting in Pertle Springs. Dr. Wood represents the firm of Parke, Davis & Co.

DR. JAMES H. DUNN, a prominent surgeon of Minneapolis, Minn., died suddenly at the Southern Hotel, St. Louis, on June 16, while attending the meeting of the American Surgical Association, in which he participated actively. Dr. Dunn read a paper on "Gastronomy in Esophageal Stricture," the day before, and shortly afterward excused himself from the trip to the Missouri Building on the World's Fair grounds, where the other surgeons had been invited to partake of luncheon. He returned to his hotel and went at once to his room. About 3 o'clock in the afternoon he was found dead on the floor by one of the chambermaids. Dr. Dunn was one of the surgeons to St. Mary's Hospital, Minneapolis, and president of the medical staff of that institution. He was professor of Genito-Urinary Diseases at the University of Minnesota. He was 48 years of age.

DR. JABEZ NORTH JACKSON, President-elect of the Missouri State Medical Association, was born October 6, 1868, in Labaddie, Franklin county, Missouri, and is the youngest man in the State ever honored by this high position. His father, the late Dr. John W. Jackson, was well known throughout the entire West. His early literary education was received in the public schools of his native county, and subsequently at the high school at Sedalia, Missouri, from which he graduated in 1884. In 1885 he entered Central College at Fayette, Missouri, and received the degree of B. A. from this institution in 1889. In 1890 the further degree of M. A. was conferred upon him by his alma mater. In 1889 he entered upon the study of medicine in the University Medical College of Kansas

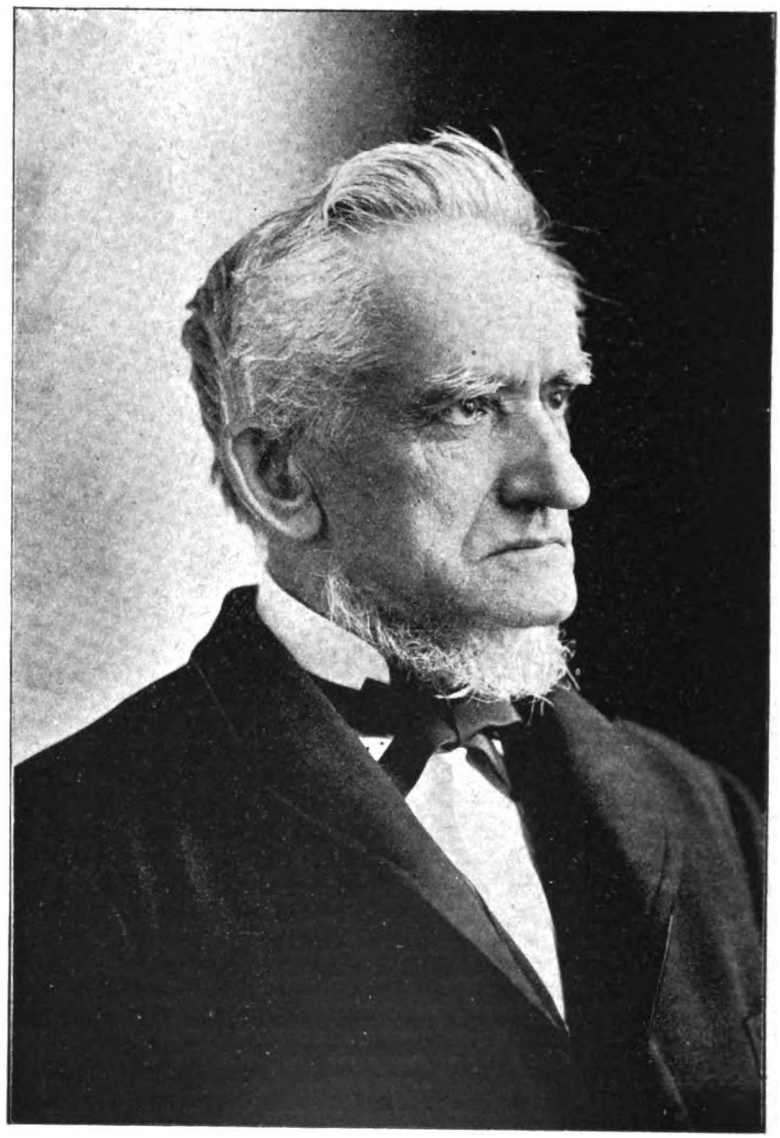
City, Missouri, and graduated therefrom in 1891. He then took a post-graduate course in the Polyclinic Post-Graduate School of New York. Upon his return from New York he was appointed demonstrator of anatomy in the University Medical College, from which position he advanced to the chair of anatomy, and finally the chair of surgery. He is now professor of principles and practices of surgery and clinical surgery and one of the trustees of the University Medical College. He has been the surgeon of the Wabash Railway at Kansas City since beginning practice in Kansas City, and in 1900 was president of the Association of Wabash Railway Surgeons. He is an active member of the American Medical Association, National Association of Military Surgeons, Missouri State Medical Society, Kansas City Academy of Medicine, and of the Jackson

JABEZ NORTH JACKSON, A. M., M. D.

Kansas City

Co. Medical Society. He was president of the Kansas City Academy of Medicine in 1900. He was secretary of the Missouri State Medical Society in the years from 1896 to 1898. He was surgeon, with the rank of major, of the Third Regiment, N. M. G. At the outbreak of the Spanish-American war he entered active service with this regiment and was shortly afterward appointed as a major and brigade surgeon U.S V. and put in charge of the Second Division Hospital of the Second Army Corps, located at Camp Alger, Virginia, and later at Camp Meade, Pennsylvania. He remained in charge of this hospial until he resigned in October, 1898, to return to his practice in Kansas City. Dr. Jackson is a member of the Masonic fraternity, a Knight Templar and a Mystic Shriner. In 1899 he was married to Miss Virlea Wayland, of Salisbury, Mo. Dr. and Mrs. Jackson are popular in social circles, and have a charming home in Kansas City.

DR. NATHAN SMITH DAVIS, one of the founders of the American Medical Association, first editor of The Journal, pioneer of scientific medicine, a pillar of strength to the American medical fraternity, died at his home in Chicago, on the morning of June 16, aged 87. He was born January 9, 1817, on a farm in Greene, N.Y. He lived and worked on the farm until he was 16 years of age, attending district school in the winter, and for six months, Cazenovia Seminary. At the age of 17 he began the study of medicine under Dr. Daniel Clark of Smithville Flats, N.Y., attended three courses of lectures at the College of Physicians and Surgeons of the Western District of New York, Fairfield, and was graduated from that institution, January 31, 1837. He chose as the subject of his thesis "Animal Temperature," and maintaind that body heat is evolved through metabolic processes. He first practiced in Vienna, Oneida county, N. Y., but after a few months moved to Binghamton, and soon after settled in New York City. His first work as a teacher was lecturer and demonstrator of anatomy in the College of Physicians and Surgeons in the city of New York in 1848. A year later he moved to Chicago and accepted the chair of physiology and pathology in Rush Medical College, and a year later in addition, assumed the duties of the chair of practice of medicine, and remained connected with the institution for ten years. When Dr Davis arrived in Chicago, there was no organization of physicians, and he was one of the prime movers in the organization of the Chicago Medical Society and of the Illinois State Medical Society. For twelve years he was secretary of the Chicago Medical Society, and in 1885 served as its president. His editorial work began while he was residing in New York City, where he was editor of the Annalist. In 1855 he took editorial charge of the Chicago Medical Journal and five years later the Chicago Medical Examiner, remaining in editorial conduct of these two journals separate and combined for twenty years. It was chiefly through his efforts that The Journal of the American Medical Association was established in 1883, and he was its first editor, continuing in that position for six years, when he resigned. He was a member of the International Medical Congress in 1867, and at that time read a notable paper on "American Medical Institutions." In 1887 he was secretary-general and later president of the Ninth International Medical Congress which met in Washington. During his arduous work of collaboration of the plan for this congress, he was stricken with cerebral hemorrhage, but had sufficiently recovered in three weeks to resume his official and private professional duties. He was one of the founders of the Northwestern University of the Chicago Academy of Sciences, the Chicago Historical Society, Illinois State Microscopical Society, Union College of Law, of which he was professor of medical jurisprudence, and the Washingtonian Home for the Reformation of Inebriates; an honorary member of the British Medical Association, and many other scientific societies in this country and abroad, a charter member of the American Medical Association, American Medical Temperance Association, Illinois State Medical Society, and the Chicago Medical Society. He was president of the American Medical Association in 1864 and 1865. In 1876 he was first attacked by prostatic disease, from



THE LATE NATHAN S. DAVIS, M. D.

CHICAGO

Nestor of the American Medical Association

Born January 9, 1817. Died June 16, 1904.

which he suffered until his death. About ten years ago the presence of interstitial nephritis was first noted. Notwithstanding the discomfort and distress occasioned by his physical condition, Dr. Davis regularly attended to his professional duties, walking to his office every morning and from his office every afternoon until a short time before his death. On June 5 he was taken ill, complaining of distress in the chest, which gave rise to a suspicion of angina pectoris, and Cheyne-Stokes respiration quickly developed with nausea, vomiting, suppression of urine and other signs of uremic poisoning. Cheyne-Stokes respiration continued with remissions until his death. Difficulty in breathing and pain around the heart were also more or less continuous. Up to within one hour of his death he talked clearly and well. He died June 16 at 8 a. m., quietly and without pain.—J.A.M.A.

DR. J. J. CARTER has removed to Weston, Mo.

DR. J. K. P. BOWEN has been elected lecturer on the Principles of Medicine and Therapeutics at the Central Medical College of this city.

DR. W. J. MCGILL, who is spending the summer in New York City, in post-graduate work, will lecture on Diseases of the Rectum at the Ensworth the coming term.

DR. J. H. MCCOY, who has been attending post-graduate school in Chicago for the past year, has opened an office for the practice of medicine, with Dr. J. K. P. Bowen in the Moss building.

DR. LEWIS S. MCMURTRY, subject of our front cover illustration, and president-elect of the American Medical Association is a native Kentuckian, his family being among the earliest settlers in the State. He attended college at Danville, receiving the degrees of A. B. and A. M., and was graduated from the medical department of Tulane at New Orleans. Dr. McMurtry has for ten years filled the chair of Gynecology and Abdominal Surgery in the Louisville Hospital College of Medicine, and has been prominently identified with the progress in these important lines for many years. Dr. McMurtry is a frequent contributor to medical literature, and a member of all the important medical and surgical societies, in which he takes an active interest, and is especially enthusiastic in the work of the American Medical Association, of which he has been a member ever since his graduation. He is 52 years of age, a charming companion and an interesting speaker.

SCORE ONE MORE FOR MISSOURI.—A recent writer in summing up the more important scientific discoveries of the nineteenth century mentions three in veterinary science, one of which is the discovery by the University of Missouri of the method now in use for immuning cattle against Texas fever.

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

SIOUX VALLEY MEDICAL ASSOCIATION.

The annual meeting of this progressive society was held at Sioux Falls, S. D., June 22 and 23. An interesting program was carried out, and a most enjoyable session it was from every point of view. The following officers were elected for the ensuing year:

President—M. Sullivan, Adrain, Minn.
First Vice-President—A. E. Cook, Randolph, Neb.
Second Vice-President—R. E. Woodworth, Sioux Falls.
Treasurer—S. A. Brown, Sioux Falls.
Secretary—M. E. Silver, Sioux City, Ia.

The next issue of the Medical Herald will be a souvenir number devoted to the Sioux Valley Medical Association, containing full report of meeting, together with the papers and portraits of the newly elected officers.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The annual meeting of this association will be held at Council Bluffs, Iowa, August 25 and 26, 1904. Those desirous of presenting papers should send their titles to the secretary not later than the 15th of July. Papers will appear upon the program in the order in which they are received. It is earnestly hoped that all members of the society will make a special effort to be present at this meeting, as a new constitution and by-laws will be submitted for approval, placing this society in line with the American Medical Association. This meeting being held in the city which is the birth-place of the Association, and celebrating its sixteenth anniversary, will insure a large attendance.

The Committee of Arrangements announce an excursion to Manawa Park and a smoker for the entertainment of the visitors. The profession is cordially invited. If not a member send application to the secretary at once. Initiation fee one dollar; annual dues one dollar.

CHAS. WOOD FASSETT, Secretary.

TRI-STATE MEDICAL SOCIETY.—At its final meeting in St. Louis, on June 17th, the Tri-State Medical Association of Missouri, Illinois and Iowa elected the following officers for the ensuing year: President, Francis Reder, St. Louis; first vice-president, Daniel O'Doherty, Cherokee, Iowa; second vice-president, J. T. White, Freeport, Illinois; Secretary, E. O. Sisson, Keokuk; treasurer, Emory Lanphear, St. Louis. The next meeting will be held in April, 1905, at Keokuk.

OMAHA-DOUGLAS COUNTY MEDICAL SOCIETY.

[REPORTED FOR THE MEDICAL HERALD BY DR. R. M. STONE.]

The sessions of the Omaha-Douglas County Medical Society closed on June 28th for the first half year. Steps were taken by the appointment of a committee, of which Dr. J. P. Lord was chairman, to secure a permanent room in the City Hall for our future meetings, and in which to install the beginnings of a medical library for the use of the profession.

THE DEADLY FOURTH.

Dr. Harold Gifford brought up another important matter, the sale and use of fire-works and crackers and the other highly dangerous things so dear to the heart of the American small boy, and which cost the appalling loss of over 400 of them last year, beside the wounding and permanent injury of 4,000 others. He urged the passage of a resolution to be presented at once to a meeting, then in session, of the city council, looking to the prohibition of them for 1904. The society unanimously passed the resoluton, and sent Drs. Gifford and Henry to the council, to urge its adoption. The morning papers today say that "Friends of the fireworks dealers came to their rescue," and threw out the part referring to the us of blank cartridges and guns and revolvers, on account of the fact that dealers had stocked up already on these and would suffer loss. The council did go so far as to ask the society to draft a proper ordinance and introduce it next fall. If loss of life occurs here this Fourth, it is to be hoped that suits will be brought against the dealers and that they will be made to pay for the acts of their concil friends.

APPENDICITIS AND OTHER SINS.

Reports were then had from those present at the recent meeting of the American Medical Association. Drs. R. C. Moore, Coulter, McClanahan, Jonas and Lord briefly reviewed such parts of the meeting as came under their notice. The question of the disgraceful conduct of the men who took part in the discussion of the question of appendicitis, and who so far forgot themselves and the dignity of the profession as to indulge in personalities and the calling each other "liar" and other pet names was freely commented upon. The secret of the whole matter was found to be that men like Deaver write that they operate upon all cases at once upon making a diagnosis. They insist upon the correctness of this position, quarrel with those who do not agree, but men who saw them operate in Philadelphia during this very meeting heard them admit that cases then on the table for operation had been in the hospital for days waiting for better conditions before operation was done.

Dr. A. F. Jonas gave a most interesting report of the meeting of the American Surgical Association in St. Louis. He reviewed the salient points of the striking papers presented. The society had a very pleasant half hour listening to his talk as to the society, its mebmership limited to 125, composed of the surgeons of the United States, of the deliberation shown in their meetings, spending till 2 p. m. in the society, and the rest

of the day at the Exposition, of the very brief discussions given, of the fact that very few men consumed the allotted five minutes, of the very high scientific character of the papers, which were, above all, absolutely practical.

Dr. Jonas referred specially to the paper of Dr. Harrington, of Boston, as to the essentials in the preparation of patients for operation. He had made the most elaborate investigation of this subject, using the most elaborate preparation, and, again, the least amount, to test the question as to how little was absolutely essential. These tests showed clearly that the preparation of the abdomen the night prior was of no use whatever, that the washing the hands in the bichloride solution for a moment or two during the operation was worse than useless, that soft soap, water and a good brush did all that could be done in the way of rendering the hands aseptic.

He referred strongly to the paper of Dr. Truman Brophy who has operated for cleft palate over 900 times. He spoke of how Dr. Brophy received his inspiration from Dr. Sayre who remarked one day that if he could only keep the superior maxillae together as he was able to push them together (in infants) by the pressure of his hands, they could all be restored. Dr. Brophy kept the thought in mind and learned to keep them together by wiring them through and through and fastenning the wires over lead plates. No surgeon, Dr. Jonas said, had secured such brilliant results as had Brophy.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

The regular meeting Wednesday evening, June 1st, was held at the Commercial Club rooms, and was designated a fraternal smoker. The minutes of the previous meeting were read and approved.

Upon motion the order of business was reversed on the program.

Committee on By-Laws and Constitution reported that the secretary of the State Association had approved same, and a motion was made to adopt the report. Amendments were then made, changing the meeting night to the first and third Friday in each month, and designating the first meeting in December as the annual session. Carried.

The Committee on Place of Meeting reported that the hall in King Hill building had been secured, beginning with June, at the rate of $20 per quarter, including light, heat, janitor service and telephone. Upon motion the report was adopted, and committe discharged.

The Committee on Fraternal Smoker reported that arrangements had been made for place of meeting and for refreshments, and a vote of thanks was extended to those contributing to the event, as follows: The Commercial Club, Mr. Nete Ellis, United Agency Co., White Rock Mineral

Spring Co., St. Joseph Brewing Co., Anheuser Brewing Co., Mr. E. F. Schlopflin and Mr. W. S. Kinnison. Upon motion $10 was appropriated to pay the expenses of lunch, and a warrant ordered drawn upon the treasurer.

Bills were allowed as follows: $15 75 for rent to the School District of St. Joseph; $2.50 to Lon Hardman for cards and stamps, and warrants ordered drawn upon the treasurer.

A communication was read from Dr. Nicholson, Secretary of the State Society, asking that the society appoint an editor, whose duty it should be to report the proceedings of the Buchanan County Medical Society for the State Medical Journal. Upon motion L. A. Todd was elected as editor.

Dr. Frederick Eliscu was duly elected to membership in the society. The application of Dr. Isaac Lechtman was read and referred to the Board of Censors.

Drs. Campbell, Sampson, Wallace and Kenney reported interesting cases.

Upon motion of Dr. Sampson, a vote of thanks was extended to the St. Louis Medical Society, and to Dr. Nicholson, secretary of the State Association, for courtesies extended to the members of the Buchanan County Medical Society during the recent meeting in St. Louis.

The regular program was then taken up as follows: A United Profession, Chas. Wood Fassett; Our State Society: 1, The Medical Side, J. H. Sampson; 2, The Surgical Side, L. A. Todd; 3, Delegate's Report, O. B. Campbell; 4, Councillor's Report, C. H. Wallace.

At the conclusion of the regular program, Dr. T. H. Doyle was called to the chair, who called for "flotsam and jetsam," and under the benign and soporific influence of the fragrant havana, the spirit of fraternal fellowship in the lighter vein prevailed during the remainder of the evening.

Lunch was served at eleven o'clock.

Upon motion the society adjourned to the first Friday in September.

AMERICAN SURGICAL ASSOCIATION.—After deciding on San Francisco as the place for the next annual meeting, the American Surgical Association adjourned its convention on June 8th. These officers were elected: President, George Ben Johnson, of Richmond, Va.; vice-presidents, Emmett Rixford, of San Francisco, and James Bell, of Montreal; secretary, Dudley T. Allen. of Cleveland; recorder, Richard H. Hart, of Philadelphia; treasurer, R. S. Fowler, of Brooklyn. The association adopted resolutions of respect to the memory of Dr. James H. Dunn, of Minneapolis, a member of the association, whose sudden death at his hotel on Thursday was a sad event in an otherwise delightful session. The following surgeons were elected to fill vacancies in the society's membership: Drs. Mudd, of St. Louis; Frazier, of Philadelphia; McLaren, of St. Paul, and Porter, of Boston

TWELFTH ANNUAL MEETING OF THE NORTH MISSOURI MEDICAL ASSOCIATION.

Held at Kirksville, Missouri, June 16-17, 1904.

Through the courtesy of Prof. J. R. Kirk, President of the State Normal, the convention held its first regular session, on June 16, 1904, in the college society hall.

The meeting was called to order by Dr. James Hanks, chairman of Committee on Arrangements.

After invocation Dr. G. A. Gaben, mayor of Kirksville, delivered a cordial address of welcome, to which Dr. W. P. Rowland responded in an eloquent manner.

On account of serious illness, the genial and much beloved president of the society, Dr. M. V. Yates, was unable to be present, and in the absence of vice-presidents, Dr. Hanks was elected temporary chairman.

The minutes of the previous meeting were then read and approved.

On the strength of Dr. Wilcox announcement it was decided by vote, that the society accept the invitation to meet with the Elks in their hall after the evening's session.

On motion, the secretary was instructed to convey to President Yates the sympathy and regrets of the convention in his illness, necessitating his absence.

Dr. W.F. Morrow, Kansas City, Mo., delivered an interesting and eloquent oration on "Smallpox in Adair County." In connection with the discussion of the doctor's paper, President J. R. Kirk made some valuable suggestions which met with hearty applause from the members of the association.

Upon arrival of First Vice-President Dr. E. S. Cave, he assumed the duties of the chair.

Dr. Rowland read the following resolution, which was adopted:

Resolved, That the secretary be instructed to issue a circular to the secretary of every county society in North Missouri to appoint the most influential of their members to see the various nominees for State Representative in their respective counties to get a promise, if possible, to support a bill to be introduced in the next State Legislature by the State Board of Health, entitled an Act, etc.

Colles's Fracture was the subject of a paper read by Dr. J.H. Baker. Dr. Gaben opened the discussion. Following him were Dr. Hawkinson, Haley, Thompson, Brummall, and closed by Dr. Baker.

Several names were then presented to the society, and the gentlemen duly elected to membership.

Meeting adjourned to meet in court room at 7:30 p. m.

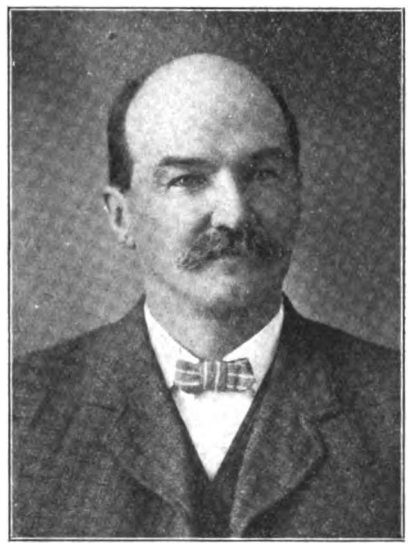
Evening Session, June 16, 1904.

Meeting called to order. Dr. Robt. Haley read a paper entitled "Value of the Small Magnet in the removal of Steel from the Eye." He also reported a case.

Dr. W. P. Rowland read a paper on "Fumingation." The discussion opened by Dr. E. S. Smith, Macon City, proved to be one of the liveliest and most interesting of the entire session.

On vote, the society took up regular order of business. The reports of the treasurer, corresponding secretary and recording secretary were read and accepted.

Moved and carried that Dr. Thrailkill, of Kansas City, Mo., read his paper, the subject of which was "Constipation." A motion made to defer the discussion of the doctor's paper until the morning session. Carried.



E. S. CAVE. M. D.

The convention adjourned to the Elks Hall, where the members of that lodge had prepared a programme to the liking of every busy physician. The cigars were good, punch delicious and speeches entertaining, if not always eloquent. This was certainly an enjoyable affair and thoroughly appreciated by all.

MORNING SESSION, JUNE 17, 1904.

On motion, Dr. Rowland and Brown were appointed as a committee to draw up resolutions on death of Dr. J. C. Ridings, Cairo, and of Dr. B. G. Dysart, Paris, and that said resolutions be spread upon the records, and a copy be sent to their families.

The members proceeded to discuss Dr. Thrailkill's most excellent paper, after which the Auditing Committee reported the treasurer's books to be correct.

The following members were chosen as officers for the coming year:
President—E. S. Cave, Mexico.
First Vice-President—A. M. Wood, Lentner.
Second Vice-President—J. H. P. Baker, Salisbury.
Treasurer—Robt. Haley, Brookfield.
Corresponding Secretary—James Hanks, Brashear.
Recording Secretary—Wilfred L. Baker, Salisbury.
Executive Council—W. P. Rowland, Bevier; E. A. Grim, Kirksville R. G. Davenport, Trenton; W. E. Bradley, Ethel; Max W. Meyer, Columbia.

Trenton, Mo., received the unanimous vote of the association as its next meeting place.

Motion carried to allow janitor of court house $2, and janitor of Normal School $1 for use of halls.

Motion made to draw warrant for corresponding secretary-elect, $15. Carried.

Motion made to extend a vote of thanks to the Elks, the citizens, and medical profession for their courteous and kind entertainment. Carried unanimously.

By vote the secretary was requested to buy new book and stationery, as needed.

A paper was read by Dr. Chas. Wood Fassett, of St. Joseph, on "Medical Organization. Discussed by Drs Thrailkill, Brummall, Brown Thompson, Haley, and a number of others. Closed by Dr. Fassett.

The papers of Dr. J. H. Jurgens, Edina, and Dr. W. E. McKinley, Grant City, were read by title.

Dr. Grim reported a case of "Suppurative Appendicitis."

The Committee on Resolutions handed in the following:

WHEREAS, death has during the past year stricken down our brother in the profession, J. C. Ridings, of Cairo, Mo., a member of our executive council, it is hereby

Resolved, That in his death we lose one of the earnest workers of our association who constantly labored to place our profession on a higher plane, believing that in doing so he was working for the advancement of society, for the culture and refinement, for the kindness and goodness which accompany an advanced civilization. A constantly faithful worker he always took part in the discussions of practical questions and used those ever ready hand-maids, wit and humor, to illuminate his reasoning, infecting all with his genial spirit, and the members of the association always listened to him with pleasure, for he was always entertaining and always instructive.

Resolved, That the association has heard with great sorrow of his death.

Resolved, That we extend our sympathy to his sorrowing loved ones, and that a copy of these resolutions be conveyed to them and be spread upon the records of the North Missouri Medical Association.

Convention adjourned to meet in Trenton, Mo., June, 1905.

WILFRED L. BAKER, Recording Secretary.

ARKANSAS MEDICAL SOCIETY.—The Arkansas Medical Society met in Little Rock July 12, and reorganized by electing Dr. Adam Guthrie, of Prescott, President.

THE KANSAS MEDICAL SOCIETY, at its thirty-eighth annual meeting held in Topeka, May 4, 5, and 6, adopted a new constitution and by-laws, abolished auxiliary congressional districts and elected the following officers: President, Lawrence Reynolds, Horton; vice-presidents, Daniel E. Esterly, Topeka, and Edwin T. Shelly, Atchison; corresponding secretary, George A. Boyd, Baldwin; treasurer, Lewis H. Mumm, Topeka; librarian, Samuel G. Stewart, Topeka; editor, George H. Hoxie, Lawrence. Wichita was selected as the next place of meeting.

THE PAN-AMERICAN CONGRESS will hold its next meeting in Panama the latter part of December. The Pan-American Congress meets every three years. It was founded by Dr. William Pepper, of Philadelphia; Dr. C. A. L. Reed, of Cincinnati; Dr. Albert Van der Veer, of Albany, and Dr. H. L. E. Johnson, of Washington in September, 1893; the second in Mexico in 1896. The third was to have been held Venezuela in 1890, but was given up on account of the war in that country. The place of meeting was changed to Cuba, but had to be postponed until 1901, on account of the fever there. These meetings have always been well attended, and it is thought that Panama will be an interesting place for the convention. Further particulars will be sent out from time to time to the medical journals, together with notifications of the different officers applying to represent this and other countries. Ramon Guiteras, M. D., secretary of the International Executive Committee.

XVTH INTERNATIONAL CONGRESS OF MEDICINE, LISBON, APRIL, 1906.—We have received the first official announcement of the XVth International Congress of Medicine, that will take place in Lisbon on April 19-26, 1906, containing the statute of the congress, the organization of the sections and of the national committees of the different nations. We are pleased to note the rules governing membership, admit only medical men and scientific men presented by the national or Portugese committees. The contribution is 25 francs or 20 marks or one pound sterling. The work of the congress is distributed in 17 sections: 1. Anatomy (descriptive and compared anatomy, anthropology, embryology, histology). 2. Physiology. 3. General pathology, bacteriology and pathological anatomy. 4. Therapeutics and pharmacology. 5. Medicine. 6. Pediatry. 7. Neurology, psychiatry and criminal anthropology. 8. Dermatology and syphiligraphy. 9. Surgery. 10. Medicine and surgery of the urinary organs. 11. Ophthalmology. 12. Laryngology, rhinology and stomatology. 13. Obstetrics and gynecology. 14. Hygiene and epidemiology. 15. Military medicine 16. Legal medicine. 17. Colonial and naval medicine. The executive committee of the congress has the intention to print, before the reunion, all the official reports; it is necessary that they shall be submitted before the 30th of September, 1905, to the general secretary. For the free communications it is necessary that they should be submitted before December 31st, 1905, if the authors desire that the

conclusions should be printed before the opening of the congress. The official language is French. In the general assemblies, as in the sections, the English, German, and French may be used. We see that the Committee of the Congress has excluded the Portugese from the languages permitted; this has only been done with the intention of diminishing the number of languages spoken. The president of the committee of organization is Dr. M. da Costa Alemao; the general secretary is Mr. Miguel Bombarda; all the communications must be addressed to the secretary, care Hospital de Rilhafolles, Lisbon.

GRADUATED BY RUSH.—Degrees were conferred at the commencement exercises of Rush Medical College, on a class of 107. The doctorate address was delivered by Dr. Charles G. Stockton of Buffalo, N. Y.

MEDICAL EXHIBITS AT THE WORLD'S FAIR.—The next issue of the Medical Herald will contain a comprehensive description of the various exhibits at the St. Louis Fair which are of special interest to the professional men.

DR. BRANSFORD LEWIS, who was injured recently in St. Louis, by a collision of his automobile with a carriage is convalescing. We are happy to state that the first press reports of the doctor's injuries were exaggerated, and he will soon be at his office.

BAN ON "DOC."—Health Commissioner Simon, of St. Louis, has issued an edict, forbidding the use of "Doc" in all the city institutions. The Health Commissioner says that there is no such word as "doc" in the English language, and for that reason, for one thing, it is not a proper form of address.

OUR NEW CANAL PROJECT.—Three articles in the Review of Reviews for July exhibit in a striking way the activities of our government in the combat with disease. Col. Wm. C. Gorgas, the head of our new sanitary service on the Isthmus of Panama, outlines the plans for the sanitation of the canal strip; Mr. A. C. Haeselbarth describes remarkable work of the Porto Rican commission in the fight with anemia on that island; and Mr. Oliver P. Newman tells what is done for consumptives by the Marine Hospital Service at Fort Stanton, New Mexico, and by the army and navy authorities at Fort Bayard, New Mexico.

THE HISTORY OF SPECTACLES.—In a paper read by Dr. C. Barck before the St. Louis Academy of Science recently, he said glasses were first used by the Chinese, but that they came into use among the Europeans later without the knowledge that the Chinese had invented them. A convex lens had been discovered in the ruins of ancient Nineveh by Sir Layard, an explorer. The ancient Egyptians, Greeks and Romans were said to have known nothing about glasses, but some held to the theory that Nero was near-sighted, and wore spectacles. Bifocals, the speaker said, were invented by Benjamin Franklin in 1785.

News of the Month

CHICAGO AGAIN ALERT.— The anti-spitting ordinance which has fallen into innocuous desuetude was recently enforced and two spitters were arrested.

INDIAN TERRITORY IN LINE.—A bill regulating the practice of medicine in the Indian Territory was recently passed by Congress. There will be a medical examining board for each district.

CAMPAIGN AGAINST CHEAP SODA FOUNTAINS.—The dairy and food commissioner of Philadelphia is making a determined fight against the dispensing of impure syrups in soda fountains.

ONTARIO STANDARD SUFFICIENTLY HIGH.—It was recently decided by the faculty of Queen's University that to raise the standard of medical matriculation in Ontario would be unwise.

MOLINE IN LINE.—An anti-spitting ordinance has been adopted by Moline Ill. Would-be violators are reminded of its existence by signs posted in prominent places about the city.

A FIFTH-YEAR ELECTIVE COURSE.— The University and Bellevue Hospital College faculty has approved of the plan lately presented providing for an elective fifth-year course for students.

PHYSICIAN ASSAULTED.—While attending a meeting of a medical association in St. Louis, Dr. William F. Mitchell of Lancaster, Mo., was sandbagged and robbed. He was taken to his home after a few days in the City Hospital.

DUSTY STREETS AND TUBERCULOSIS.—The Philadelphia City Council being persuaded that dusty streets are an excellent medium for the dissemination of tuberculosis, has made an appropriation of $4,000 for the systematic sprinkling of the streets.

DIPLOMA DEALER FINED.—Imprisonment for 30 days and a fine of $50.00 was the punishment meted out to Phineas Reisenger of Elba, Ill., by the United States District Court. The offense consisted in using the mails to defraud, by dealing in fraudulent medical diplomas.

HANISH NOT CONVICTED.—The Chicago sun worshipper—Ottoman Zar Adusht Hanish—a self-styled doctor, who was under indictment for the illegal practice of medicine, was tried and released, the court holding that a case had not been made by the prosecution.

PRESERVED MEAT NOT IN FAVOR.—It is stated by those in authority in New York City that since the Food and Dairy Commissioner of Pennsylvania has instituted his vigorous campaign for pure food, the western packing houses have practically ceased shipping preserved meat into the city. In New York City condemned meat becomes garbage and is carted away by the street cleaning department so that it becomes impossible to ship it elsewhere.

MEDICAL SCHOOL'S NEW BUILDING.—Land adjoining the new Bellevue Hospital Medical College is about to be purchased by the New York University upon which they will erect a large building for laboratories and clinics. The free dispensaries of the college, which with one exception are the largest in the city, will occupy the whole of the first floor.

A NEW HOSPITAL.—The dedication of the new quarters of the Episcopal Eye, Ear and Throat Hospital of Washington, D. C., took place June 4th. The building, which will cost when complete, about $100,000, is fireproof and modern in every respect. It has separate wards for white and colored patients and will be able to accommodate about 16 private and 35 ward patients.

NEW MEDICAL LABORATORIES DEDICATED.—The new medical laboratories of the University of Pennsylvania were opened and dedicated June 11th. Physicians from all parts of this country and many prominent ones from Europe attended the exercises. Four years were occupied in the erection of these laboratories and they cost, exclusive of equipment and ground, over $700,000

STIRS UP A HORNET'S NEST.—Editor Bok of the Ladies' Home Journal, who in a recent number of his magazine published what was alleged to be the percentage of alcohol in the most widely advertised patent medicines, has had a number of suits for damages started against him by the proprietors of these nostrums. He should have the support of the medical profession and the decent element of the laity as well in his laudable fight against quackery.

MISSOURI STATE UNIVERSITY BOY WINS RHODES SCHOLARSHIP.—R. E. Blodgett, of Shelbina, a student of the University of Missouri, was unanimously chosen Rhodes Scholar from Missouri for the year 1904 by the committee of selection composed of President R. H. Jesse of the University of Missouri; Chancellor W. S. Chaplin of Washington University; President William Henry Black of Missouri Valley College; Right Reverend Daniel S. Tuttle and Bishop Glennon of St. Louis, at a meeting held in St. Louis last Tuesday night. The contest for the Rhodes scholarship began last April when nineteen young men made application for the honor, only eight of who appeared for the examination, April 9th. Of these four passed John G. Welch, of Columbia; Geo. A. Underwood, of Kansas City, and E. Blodgett, of Shelbina, students of the University of Missouri, and Samuel E. Eliot, a student of Washington University. The contest finally narrowed down to Eliot and Blodgett with the result above announced. One of these scholarships was founded in every State of the Federal Union and throughout Canada and Germany by the late Cecil Rhodes, the empire builder of South Africa, as the most effective means of unifying the Teutonic race. Its best men he believed would in this way be brought together and sent out from Oxford with common ideals to impart them in turn to these peoples, thus bringing about their unity. The scholarship carries with it an annual stipend of $1500 for three years which is adequate to pay the expenses of the school year at Oxford, and allow of a few months travel during vacation upon the Continent.

Anti-Dysenteric Serum

"Mulfords"

Every Dose Furnished in this Aseptic Glass Syringe ready for Instant Use

The most promising Therapeutic Agent since Antitoxin.

PROF. SIMON FLEXNER, President of the Rockefeller Institute for Medical Research, and his co-workers, have proved by experiments extending over three years, that cholera infantum is usually caused by infection with the bacillus dysenteriæ (Medical Bulletin, University of Pennsylvania, November, 1902). During this period we have co-operated with Professor Flexner in preparing a serum for the curative treatment of cholera infantum and dysentery, and now offer, by his authority,

Mulford's Anti-Dysenteric Serum

from animals that have been thoroughly immunized, by a continuous treatment of nearly three years, against the bacillus dysenteriæ, and recommend its use in the treatment of cholera infantum and dysentery.

The serum is a mixture of that obtained from the blood of horses immunized with each of the different types of bacillus dysenteriæ, corresponding to those that do and do not ferment mannit.

Three-Fourths of the Mortality

occurring in children under four years of age is caused by cholera infantum, consequently, a curative serum that promises to reduce this mortality is a boon to humanity.

We are confident that Anti-Dysenteric Serum will reduce the mortality of cholera infantum and dysentery to the same extent that Mulford's Antitoxin has reduced the mortality of diphtheria.

Clinical Report

Shiga reports 1119 cases of dysentery treated at Tokio:

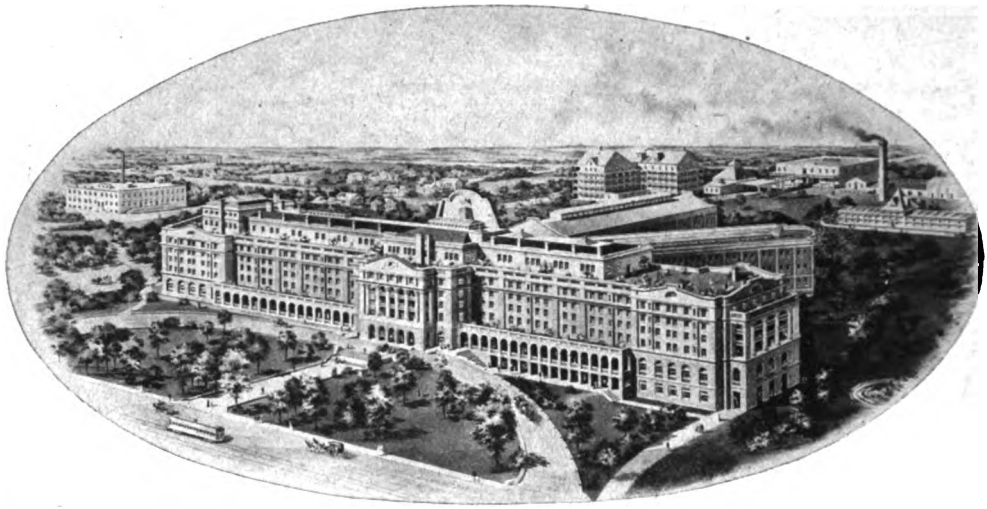
266 cases WITH serum, mortality, 9.6 per cent.
853 " without " " 32.6 per cent.

It is believed that cases treated early and with full doses will show a further reduction in mortality; the same rule applying with Anti-Dysenteric Serum as with Antitoxin.

The serum does not in any way conflict with the usual treatment, and is indicated in cholera infantum and dysentery, particularly when the discharges contain mucus and are tinged with blood.

DOSE.—For infants, 1 to 2 packages (10 to 20 c.c.); children and adults, 2 to 4 packages (20 to 40 c.c.) every four to eight hours. Mulford's Anti-Dysenteric Serum is furnished in aseptic glass syringes, each containing 10 c.c., price, $2.00, and may be secured from the distributors of our Diphtheria Antitoxin.

H. K. MULFORD COMPANY



THE LARGEST AND MOST THOROUGHLY EQUIPPED OF SANITARIUMS.

The Battle Creek Sanitarium management were the first to organize a thoroughly complete system of physiological therapeutics. Water-cures had existed before—eclectic institutions, mineral springs, and similar establishments—but the Battle Creek institution was the first to organize a system and method embodying all physiological agencies.

Nearly forty years' experience in this institution has demonstrated that the great majority of chronic invalids, of all classes, including many considered incurable, can be trained up to a state of healthful vigor by a systematic regimen, based upon scientific principles, combined with a thorough-going application of the resources of hydrotherapy, phototherapy, thermotherapy, massage, Swedish movements, Swedish gymnastics, electrotherapy, and the open-air treatment, guided by the exact finding bacteriological, chemical, microscopical, and other accurate methods of examination.

Special ward for surgical cases, with perfect appointments.

For information concerning the facilities afforded, terms, etc., address,

THE SANITARIUM, Battle Creek, Mich.

A Private Home for Nervous Invalids

A NEW and elegant home Sanitarium built expressly for the accommodation and treatment of persons suffering from the various forms of

NERVOUS and MENTAL DISEASES

such as **Neurasthenia, Hysteria, Melancholia, Chorea, Migraine, Locomotor Ataxia, Aphasia, the different varieties of Paralysis, together with Incipient Brain Diseases.**

The building is located in the most aristocratic residential portion of Kansas City, Missouri, immediately facing Troost Park and within easy access to electric and cable cars to all parts of the city, besides being furnished with all modern conveniences and the most approved medical appliances for the successful treatment of Nervous and Mental Diseases.

Reference: Any member of the regular profession in the Central States.

A Strictly Ethical Institution . For further particulars apply to

JOHN PUNTON, M. D., Kansas City Mo.
Resident Physician.
3001 Lydia Avenue.

Office Rooms: 531, 532 and 533 Altman Building.

(No noisy or violent Patients received.)

The Medical Herald.

MEDICAL HERALD COMPANY, - - - - - - - PUBLISHERS

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Subscription, $1.00 a year in advance. Single Copies, 10 cents.

Notes on Reliable Remedies

"Prejudice is the child of ignorance."—HASLETT.

WHERE hysteria is the result of uterine troubles, aletris cordial (Rio), combined with celerina, is an excellent remedy.

DOCTOR, investigate the merits of the improved rotary McDannold chair. It is undoubtedly the most practical and durable low-priced chair on the market.

WINDSOR CLIFTON HOTEL,, Monroe and Wabash avenue. The most centrally located hotel in Chicago. European plan, moderate rates. First class cafe, popular prices. O. C. McClintock, manager.

A TRIBUTE TO AN HONEST PRODUCT.—It is indeed a pleasure for me to say I consider pulv. aseptinol comp. by far the best preparation I have ever used in all abnormal discharges of the vaginal mucous membrane.—W. E. B. DAVIS, M.D., Birmingham, Ala.

THE WORLD'S FAIR CATALOGUE.—The official catalogue of the exhibits of the St. Louis Exposition reveals the tremendous scope and wonderful industrial development of the world as illustrated therein. In the first edition of the catalogue, which is sent by mail postpaid to any address on receipt of $5.33 by the publishers, more than 60,000 exhibitors are listed. In the full catalogue, which will contain in addition the exhibits of the Philippines and live stock, the exhibitors will reach 150,000. The first edition can be had by addressing The Official Catalogue, World's Fair, St. Louis, Mo.

"THE BIRTH OF THE NATION."—The beautiful reproduction of "The Declaration of Independence," issued by the Palisade Mfg. Co., Arlington, N. Y., is being mailed to physicians. The portraits of the four medical signers cannot but be of special interest to every patriotic physician, and we firmly believe that a large majority of the recipients will value this unusually fine example of modern lithographic color work sufficiently to induce him to honor it with a tasteful frame and a prominent position on the wall of his office or waiting-room. The reproduction is so arranged, however, that those who may prefer to do so may preserve it as a portfolio by folding over and over in accordance with the dotted lines on the back, commencing with the right-hand panel. If any of our readers have been overlooked in the mailing, a request will bring a copy, provided any may remain on hand at the time.

MODERN MEDICAL PRODUCTS.—C. Bischoff & Co., New York, have issued a neat booklet, containing in concise form, a description of the various products which they supply to the profession. A copy will be sent upon request. A list of these preparations may be found on page 17 of this issue.

ANTI-DYSENTERIC SERUM.—Attention is directed to the latest addition to the serum group, which appears in this number, as an announcement from H. K. Mulford Co. Reports from eminent investigators proving the efficacy of this treatment will be mailed free upon applicaton to the manufacturers.

WORLD'S FAIR HOTEL.—The Grand View Fraternity Hotel, an announcement of which will be found in this issue, is one which wo can confidently recommend to our readers as being first-class in every respect and very reasonable in charges. Mr. Boyle, the manager, is sparing no pains to please his guests, and is succeeding admirably.

IRRITABLE BLADDER AND ENLARGED PROSTATE GLAND. — T. J. Bowles, M. D., Muncie, Ind., says, "I used satyria on an old man who had been for a long time a great sufferer from the effects of irritable bladder and enlarged prostate gland, and his relief from the distress and frequency of urination, to use his own language, 'has been marvelous.' I shall use it in all cases of genito-urinary disease."

SOMETHING TO CONSIDER.—After many trials of a remedy that has previously given you satisfaction, have you ever experienced a time when results seemed to fail. You evidently presumed that your old friend had lost its efficacy, when in reality, if upon investigation, you will many times find that your patient was taking a worthless substitute and the genuine product. Dysmenorrhea, that most painful affliction of women readily responds to treatment with Hayden's viburnum compound, and as this well-known remedy is always uniform in composition, uniform good results follow its administration. All reputable products are imitated which is the best evidence of the value of the original preparation, therefore, where pain is manifest, it is important that the genuine Hayden's viburnum compound be administered.

PAINLESS AND PROMPT.—There are cases not a few in which a saline laxative is required, we say saline, because a quick effect and a watery one, is wished. Of course, epsom salts will answer. but among refined and sensitive people they will also excite disgust, very much to the physician's detriment who may appear "behind the times." In all such cases, and in a very large variety of other cases, we greatly prefer carabana water. There are quite a number of mineral waters that are good, as well as a host that are utterly worthless, but we believe, as a result of extended use, that the carabana is by far the best of them all, and we notice that a large number of the most eminent physicians in this country as well as Europe give it first place. As a morning laxative its effects are most satisfactory, indeed we beileve it to be, as we have here said, the most valuable of all purgative waters.—Mass. Med. Jour.

MALTO-GRAPO is a new product of the fresh concord grape, combined with the pure malt honey of the barley—a palatable and healthful drink for your patients. Try it, doctor.

DISSIPATION.—Dr. Alley, of Atlanta, tells of a case of nervousness which he treated most satisfactorily with Daniel's conct. tinct. passiflora incarnata. "I was called in to see a young man whose nerves had been wrought to a severe tension. and whose general condition was deplorable, brought on by dissipation, the use of intoxicants and late hours. After making a thorough examination of the patient, I determined to put him on Daniel's passiflora, four teaspoonfuls daily. The medicine produced the desired effect. He came quickly under its influence, and within a few days, the nervousness and irritability passed off, leaving him quiet, restful and able to sleep comfortably at night. No better results could have been desired.

HAY FEVER.—For years the malady known as hay fever has been the theme of many an able discussion. Its etiology, pathology, prophylaxis and treatment often have been the subject of study and experiment by physicians, and also by intelligent laymen. The disease has been described as a catarrhal affection of the conjunctivae and the mucous membrane of the respiratory tract, characterized by an annual recurrence at about the same date in a given case. Another view is that the disease is a neurosis, and that the local symptoms (rhinorrhea, sensory disturbances, etc.) are due to vasomotor paralysis. The most conspicuous symptoms of hay fever are a burning and itching sensation in the nasal region and between the eyes; violent paroxysms of sneezing; a copious discharge of serum and liquid mucus from the nasal passages; profuse lacrimation; now and then, febrile manifestations; frontal headache; and in not a few cases, some asthma. The diagnosis having been established the subject of prevention and treatment is of the utmost importance. It would be utterly useless and wearisome to attempt to review the list of remedies and the methods of treatment that have been proposed for this disorder. The interests of physicians and patients will best be served by a recital of facts respecting the most successful mode of treatment known at this time. A glance at the list of symptoms and a brief consideration of the pathology of hay fever lead to the immediate conclusion that the chief indications are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa and relieve the stenosis The only single remedy that meets these indications is adrenalin as represented in solution adrenalin chloride and adrenalin inhalant. By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. By its powerful astringent action upon the mucous membrane, which blanches completely in a few moments, controls symptoms referable to catarrhal inflammation of structure. Indeed the results that have been accomplished with adrenalin in this field alone are really remarkable and of the utmost importance. Parke, Davis & Co., who have prepared very complete treatise on the topic, which contains more information than is to be found in the average text-book. They will cheerfully mail a copy of the booklet to any physician applying for it.

N. C. VAUGHAN, M. D., of Cincinnati, O., graduate of Howard University, Washington, D. C., 1896, member National Association Colored Physicians and Surgeons; member Ohio State Medical Society, member Cincinnati Academy of Medicine, writing says: "I most cheerfully recommend sanmetto for prostatic and bladder troubles. It makes peace with the stomach assimilated, has special affinity for the urinary tract, healing and giving tone to the diseased parts."

REGULAR MENSTRUATION AND TREATMENT.—In a recent paper (Southern Practitioner) Dr. E. C. Willey says: The treatment must comprehend remedies and measures which are indicated by the etiological factors present in every case which comes up for treatment. When the amenorrhea is caused by having contracted cold, the patient should have a warm stiz bath and hot applications should be applied to the abdomen and thighs. Often a hot vaginal injection will serve a most useful purpose, and a laxative, preferably a saline, will greatly aid in bringing on the flow. In amenorrhea, delayed menstruation and dysmenorrhea, ergoapiol (Smith) has acted in my hands in a most satisfactory manner. In scanty menstruation, I found it particularly valuable, and I shall enter in detail about one of a series of cases of this character, later on in this article, where this agent brought on a full menstruation and the general health of the patient began to improve at once. When mental perturbation is a factor in these cases it is manifestly the duty of the physician to have environments of the patient made as quiet as possible, and antispasmodic or nerve sedatives should be added to the treatment. When amenorrhea is associated with syphilis, the uric acid diathesis or morbid condition must receive correct treatment. My experience with ergoapiol (Smith) is such that I regard it as an indispensable remedy in all expressions of amenorrhea along with proper remedies for any diseased condition associated in the causation of the affection. Of course those cases where the amenorrhea is due to atresia of the cervical canal, and to any other condition which is remedial only by surgical means, drugs will prove of no avail The same can be said of instances in the amenorrhea due to a rudimentary state of the female organs of reproduction.

A lady some time ago brought her daughter to my office for treatment of amenorrhea. The girl was 18 years old and was visibly anemic. She had an indifferent appetite and was more or less dispirited. She had enough menstrual flow each month to stain the napkin, but this was all that could be said. I had this patient to take ergoapiol (Smith), one capsule after each meal, and on going to bed regularly for a month. At the next menstrual period the discharge was without pain and free, and the quantity and color was as natural as she had ever known her menstruation to be. She took ergoapiol (Smith) in the same way another month, and then ceased to have any further trouble. Her color is good and her appetite is likewise excellent; she is full of spirit, and, in a word, well.

A girl 20 years old was sent to me by the matron of a boarding school. She enjoyed good health prior to entering the school, but for the past three months she had not menstruated, and was suffering constantly with vertigo and had attacks of hysteria. I attributed the amenorrhea to change of conditions of life—that of an open life on a farm to that of a shut-in inactive life. Ergoapiol (Smith) was given after each meal for two weeks prior to the day of her usual menstruation. This brought her menses on fully. She has since had no further trouble in this way.

HAIR GROWER.—To restore the hair and prevent baldness, Dr. Ellingwood recommends the use of an ointment composed of 2 grains of pilocarpine to 1 ounce of lanolin.

WHENEVER gastric troubles and digestive disturbances furnish a contra-indication to iron, this contra-indication disappears when the iron is combined with arsenic. As a hematinic, the protochloride of iron justifies the confidence of the medical profession. That inorganic salts of iron are freely absorbed is unquestionable, and the chlorine salts escape much more freely in the urine. They are, therefore diuretic, besides having a tonic eupeptic influence upon the mucous membrane of the stomach. Ewald (Diseases of the Stomach) says: "I use almost exclusively the chlorine compounds of iron." The simultaneous exhibition of small dose of arsenic and bichloride of mercury, beside augmenting the effect of iron upon the red blood-cells, completely obviates the tendency of vascular congestion and hemorrhage: an effect that cannot be obtained from what is ordinarily considered the minimum dose. Henry's three chlorides, a combination of iron and its corrigents—arsenic or mercury—is a ferruginous laxative tonic; is pleasant and assimilable, of non-astringent taste; highly suitable to prolonged administration without its becoming a disturbing element in the stomach or injuring the teeth.—Medical Essays, Henry.

DR. A. H. OHMANN-DUMESNIL, under date of June 1, 1904, writes as follows: There are numerous occasions when resort to a hypnotic becomes a matter of imperative necessity, and in the choice of such remedy several points present themselves for consideration by the conscientious prescriber. Such a preparation must be safe, certain and prompt. In many cases it is demanded that it must also relieve pain. Believing that a haphazard selection of a hypnotic with which to meet a multitude of conditions causing insomnia is no more admissible than random prescribing for any other serious pathologic state. I have made a somewhat careful study of the various preparations of this kind in the market. A consideration of the formula presented by The Tilden Company under the name narkogen convinced me that it should perfectly meet the various demands upon a perfect hypnotic described above, and a trial of this remedy further convinced me that narkogen is a step in the direction of definite therapeutics for conditions which need definite diagnosis and treatment as much as any others. Narkogen, consisting as it does of chloral hydrate, grs. x; potass. bromide, grs. x; hyoscine hydrobromate, grs. 1-200; narkine (Tilden's). grs. ss, to each fluid dram, will, of course, have a wider range of usefulness than as a mere hypnotic. It is decidedly anodyne, relieving pain promptly. It exerts a prompt antispasmodic action and is unsurpassed as a nerve sedative. It is antiphlogistic, exercising a powerful influence upon both the vasomotor and general circulation. Its various component parts are synergistic and each enhance the action of the other, all tending in the direction of quiet nerves, quiet circulation, oblivion to pain and mental distress and the allaying of nervous erethism. For the benefit of readers who do not know what narkine is, it is a very superior opium preparation from which all deleterious qualities have been eliminated. It gives a dominant tone to this rational and effective preparation which will amply satisfy any physician who will give it a trial.

THE DIET IN CHRONIC DIARRHEA OF INFANTS.—If the child be under one year of age the diet must not go beyond the range allowed at that period of life. Barley water and whey, perhaps milk, according to circumstances and Mellin's food, raw meat juice, white of egg and yellow of egg with water, mutton broth, weak beef tea, is a sufficient list of foods.—Treatment of Disease in Children, Angel Money, M. D.

A UNIQUE ACCIDENT.—(By Alex. Rixa, M. D., New York City.)—H. C., about 40 years of age, weighing about 200 pounds, came home late in the night in a "festive condition." Inserting his key in the door lock, his foot slipped and he fell with his face, respectively his mouth, on the edge of the key, severing the tissues below the lower gum and the sublingual gland. When I arrived at the house he was vomiting profusely. However, when the vomiting ceased for a while, I noticed blood oozing from behind the lower lip, intermixed with a yellowish, somewhat frothy liquid pouring out in gushes. I endeavored to stop the flow, but did not succeed owing to the repeated vomiting spells. At last I succeeded in injecting hypodermically a half a grain of morphine, in consequence of which a cessation of vomiting followed shortly. After careful examination of the injured parts, I concluded it could be but the sublingual gland which emits the secretions, and was not a little surprised at the enormous quantity, as to my knowledge, this gland is very small and weighs only one dram. I intended to put some stitches in the tear, but patient protested against it in his semi-intoxicated condition. I had to resort therefore to the application of stips of adhesive plaster to the surface of the lower lip, thus compressing the severed parts. As a matter of fact, this procedure stopped the evacuation and I left patient in quite a comfortable condition. The beneficial action of the morphine, however, was of short duration, as I was summoned again about two hours after, with the frightened remark that patient is suffocating. When I arrived, I found patient hanging down his head from the bed, gasping for breath, as some food-masses could not pass through the mouth owing to the compressed chin. I tore off the bandage, and with the contents of the stomach the little gland commenced to flow with renewed vigor. By this time, the man having sobered somewhat, after some argument he permitted me to put in the necessary sutures. Notwithstanding the internal administration of some stomachia the irritation continued, vomiting would not cease. I was compelled to inject hypodermically another dose of morphine, which after some minutes stopped that wretched retching. The next day, however, as the effect of a simple alcoholicsed away, vomiting recurred. Considering the fact that the morphine pas irritation of the stomach would yield to the prescribed treatment, I concluded that it could be but the swallowed secretions of the sublingual gland which caused this persistent irritation. First, I considered a washing of the stomach, but, as previously, I met with the opposition of patient. As a matter of course, there was only an internal medication left for consideration. I decided therefore, on a simple innocuous antiseptic—glycozone—with which I had quite a satisfactory experience in several cases of ptomaine poisoning. I prescribed it in repeated tablespoonful doses with rapid and gratifying results. Notwithstanding the liberal use of antiseptic washes and sprays, the wound in the mouth was healing but very slowly.—The Medical Summary.

"The Chutes"

CHICAGO'S FAVORITE PARK.

City's Millions Turn for Relief from Toil and Torridity to the Famous "Chutes."

Visitors to Chicago who annually enjoy the unique means of entertainment at The Chutes will find that this most popular of city playgrounds has undergone complete transformation. A revelation of new mysteries await their next visit.

Turreted pavilions have vanished. In their stead are battlements and towers, roofed by a canopy of vari-colored flags by day and beneath a haze of opalescent light by night; steel piles on whose summits appear cars and boats laden with merry makers; a Midway court teeming with Indians, Turks, Nubians and Arabs and countless other new attractions.

Oriental lanterns and occidental incandescents; cooling mists of mid-air cascades gleaming in rainbow irridescence and myriads of many-hued lights that scintillate against a blue sky are the unchangeable visual delights of this matchless resort.

The unchanged elements are crystal waters which murmur musically overhead; gay gondolas that dash from dizzy heights down the Chutes into the foaming lake; the splashing of waves, whir of busy wheels, brave shrieks of the "baby" railroads, din of "ballyhoos"; shouts of celebrants and majestic strains of Weldon's fine military band. From tiresome toil and torrid weather the city's millions turn gratefully to The Chutes for relief and recreation.

Cooled by zephyrs agitated by the cascades and animated by a thousand activities this park is an ideal resort. Aerial automobiles, big swings, a house that turns upside down, toboggans, a Ferris wheel, carousels, and gay little boats that speed along the swift waters of the Mystic Rill afford delightful pastime.

Excursionists on the Rill find some new charm at every turn. Invisible power propels the boats through grottos, caves and dells; past prismatic geysers, over placid lakes, down swift descents; out of the calm of sunlit skies into tempests of rain, lightning and thunder. The end of the voyage is at the brink of a realistic waterfall that roars like Niagara.

The Chutes are steep cascades down which gondolas dash till they skim the surface of a crystal lake, bounding, rocking and splashing spray high in the air.

Passengers on the Figure 8 Toboggan ride in aerial rail-bound coaches far above the heads of the gay throngs. These diminutive cars dip and curve and swing in and out, and their occupants laugh and shout at every surprise of motion. The Helter Skelter, Katzenjammer Castle and Laughing Gallery dispel sobriety.

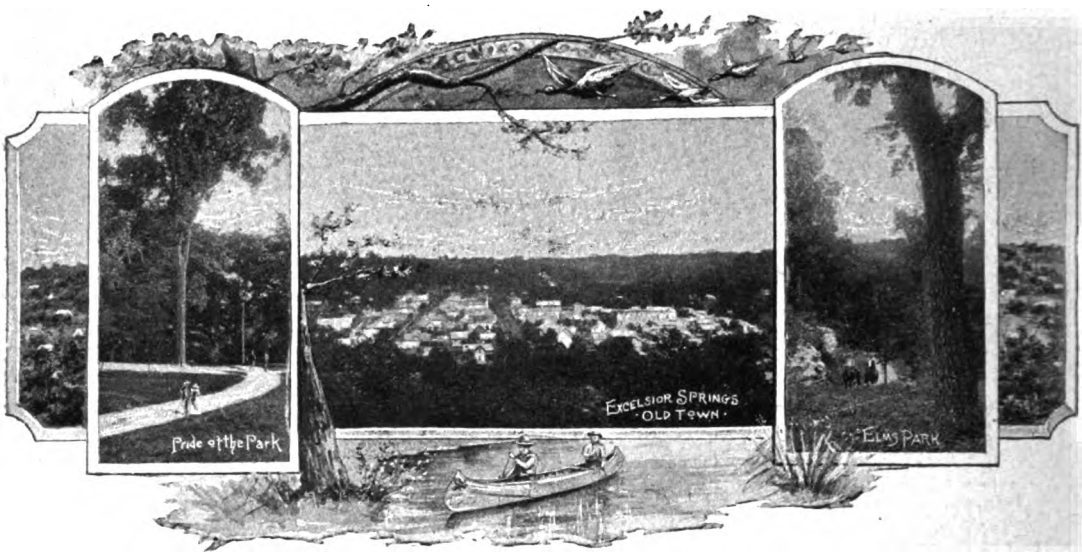
Men, women and children of all ages are deposited in the Helter Skelter at the top of a tower that is encircled by a shellacked groove. They shoot down and around the tower till they are caught at the bottom, bewildered and breathless. The Katzenjammer Castle is the abode of a hundred practical jokes on those who enter its enchanted portals. The Laughing Gallery convulses spectators with its thousand comical anamorphoses.

A giant carousel with a menagerie of all the animals in captivity; miniature trains with coaches and locomotives no higher than a man's knee; a cosy brick theatre wherein are continuous high-class exhibitions; biograph pictures of the Russo-Japanese battles, ballets, European courts and natural phenomena; daylight fireworks and nocturnal pyrotechnics on holidays; hypnotists, palmists, fortune tellers; an Indian village of bucks, squaws and papooses from the Six Nations and a thousand other things to delight the eyes, ears and sense of motion make this resort a veritable "world of amusement."

Open-air concerts by the park band and sun and fire dances by the Indians are continuous from 1 p. m. to 11 p. m.

Admission to the park which contains this multitude of delights is had for 10 cents: ladies and children, afternoons, 5 cents. No liquors or misconduct are permitted on the grounds.

INTESTINAL PARASITES.—Battle & Co., St. Louis, has just issued the second number of this most interesting series of booklets, and will be pleased to mail it to any physician upon request.



HEALTH RESORTS AND SANITARIA

BUREAU OF INFORMATION.

THE MEDICAL HERALD has instituted this new department for the purpose of supplying unbiased and reliable information to its readers concerning the numerous resorts of America. It is conceded that the American waters are equal, if not superior, to any found in the Old World, and our wealth and ingenuity are fast developing the resources of our springs. We have, in America, all the climatic advantages and mineral springs necessary for the treatment of all the ailments to which mankind is subject, but we have, as well, many which are practically worthless and positively injurious, and against these it is our purpose to protect our readers. It is to aid them in the discrimination between the meritorious and the undeserving that this bureau has been established. We believe the therapeutic value of mineral waters has been long recognized, even since the days of Hippocrates, and oftentimes they are indicated as adjuvant and auxiliary treatment.

The information offered by this bureau includes every detail which the physician and his patient may wish to know. The location, railway facilities, elevation, climate, hotels, mineral springs, and sanitaria will be included in our lists of resorts. We also furnish upon request announcements, rates, and booklets from any institution in the country. The information from this bureau is furnished absolutely free to medical men and their patients, upon request from the doctor.

The information is obtained largely by trips of inspection and personal visits. Where this is not possible. the data is obtained from medical men residing in the vicinity of such resorts.

This bureau will also obtain sleeping-car accommodation. procure railroad tickets, and make reservation in hotels or sanitariums in advance for our patrons, if requested.

Address all communications to Chas. Wood Fassett, M. D., St. Joseph, Mo.

ARKANSAS.

Eureka Springs.—Crescent Hotel. $3.00 up. Weekly special. W. M. Walker. Mountain resort, mineral springs. Frisco system.

TWENTY-THIRD YEAR

THE Medical Herald.

LEADING TOPICS FOR AUGUST

Contents continued on adv. page 10

Official Journal Buchanan County Medical Society, Sioux Valley Medical

WORLD'S FAIR, ST. LOUIS

The Medical Herald.

OFFICIAL JOURNAL:

Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., AUGUST, 1904.

Contributed Articles

ERRORS IN DIAGNOSIS OF URETERAL CALCULUS.

Byron Robinson, B. S., M. D., Chicago.

IN this brief note I wish to present a case which with the X-ray lead to an erroneous diagnosis. A man 46 years of age came from an adjoining state to consult me in regard to an illnesss which had afflicted him for some fifteen months. However, for the past eight months he had been unable to work. He had lost considerable flesh. Physical examination revealed no palpable abdominal lesion. Appetite defective. Urinalysis demonstrated pus, granular casts, epithelium. Vesical inspection revealed gonorrheal cystitis of a severe type. The bilateral ureteral catheterization could be accomplished for 2½ inches only. In drawing the catheter from the ureter the ureter grasped the catheter so firmly that the ureteral orifice followed it in the shape of a cone. A severe endo-

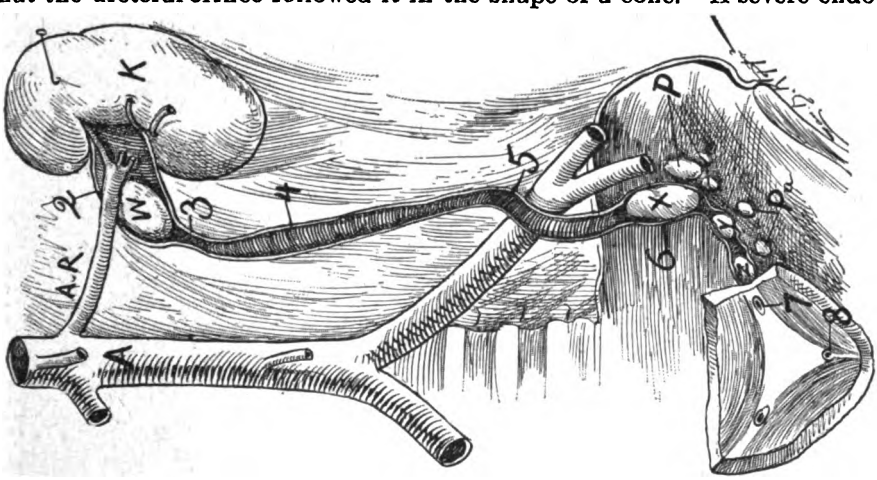


FIG. 1.—Cut to illustrate the common location of ureteral calculus (W, Y, Y. Z). Also P and Pa, indicate the location of the phleboliths found in my case. At P, two small and one large phlebolith are noted. Pa, shows two small phleboliths.

ureteritis existed. After complete evacuation of the tactus intestinalis two consecutive Roentgen rays were taken. Each X-ray demonstrated three distinct shadows with definite location, dimension and contour along the left pelvic ureter. The patient was carefully prepared for operation for five days by draining the tractus intestinalis and tracts urinarius. Dr. Gustav Bergner who was in consultation during the catheterization was associated with me in the operation. I incised the abdominal wall from the pubic spine to the anterior superior spine of the ilium parallel with Popart's ligament. The external and internal oblique and transersalis muscles were divided as well as the facsia abdominalis whence the peritoneum appeared. The ureter is easily followed by securing it dorsal to peritoneum at the point it crosses the vasa iliaca. The ureter is closely applied to the external surface of the peritoneum by a few tissue fibers. It must be remembered that the ureter is nourished by a solidly compact vascular anastomosis which is formed by the renal, ovarian or spermatic arteries, the arteria ureterica media from the iliaca and the arteria ureterica distal from the uterine as well as branches from the vesical, vaginal and hemorrhoidal. This compact vascular anastomosis extending from the

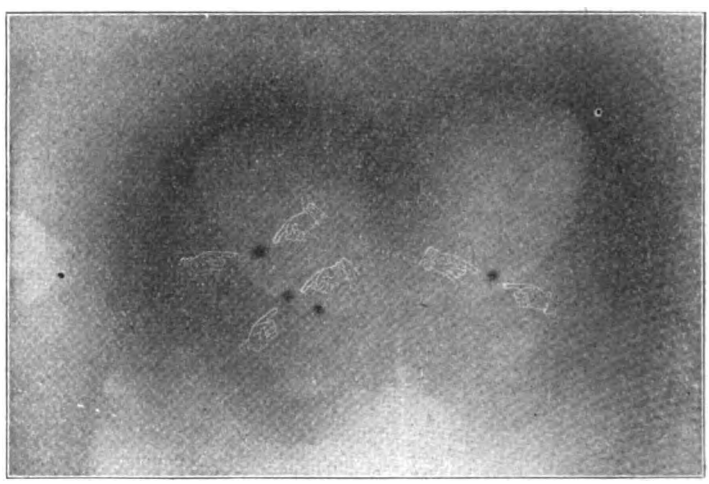


FIG. 2.—Represents an X-ray photograph of the subject presenting pelvic phleboliths situated adjacent to the ureter distinct in contour, dimensions and location, as indicated bilaterally by the hands. These phleboliths should be reversed, the three phleboliths belong on the left side.

proximal to the distal end of the ureter enables the ureter to be safely isolated from the peritonem for several inches so long as the ureteral vascular anastomosis is not disturbed, ruptured or severed. The isolated pelvic ureter is thus safely palpated. To our surprise the pelvic ureter did not contain palpable ureteral calculi.

However, the problem was distinctly solved by finding in the exact location and course of the ureter indicated by the Roentgen ray three phleboliths distinct in contour, dimension and location. The phleboliths were easily located and removed. After removal they were exposed

on an X-ray plate presenting shadows as definite in contour and dimensions as the original shadows. The patient made an uneventful recovery and was feeling in good condition four weeks after the operation. The lesson to be learned in this case, is that phleboliths which are not of unfrequent occurrence in the pelvic veins will cast a shadow of distinct contour, location and dimension. The phlebolith casts a shadow of more definite contour and location than the ureteral calculus. Besides the phlebolith's shadows are liable to be bilateral though in unequal numbers on each side. Since the error produced in my case by the phleboliths Dr

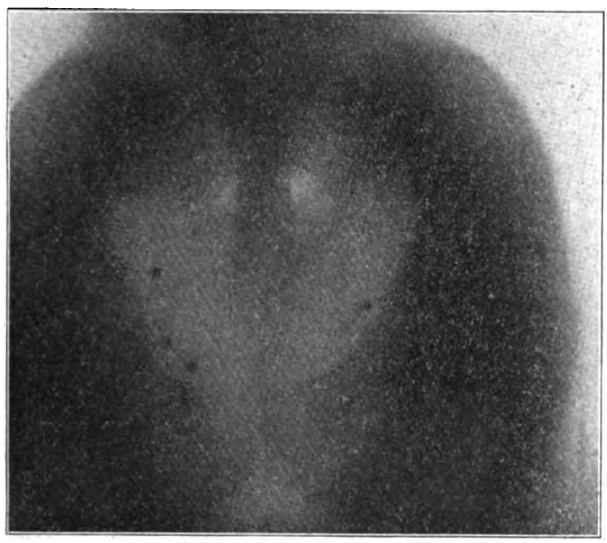


FIG. 3.—Represents three distinct phleboliths on the right side in a patient.

Figures 2 and 3 are both X-rayed and diagnosed by Dr. Robert S. Gregg in Dr. Harry Pratt's laboratory.

Robert S. Gregg who has performed my X-ray work in Dr. Pratt's laboratory for years, secured an X-ray from a patient with some ten shadows of phleobliths, which is also here presented. Some experience with X-ray work will enable one to differentiate between skiagraphs of a phlebolith and ureteral calculus. The X-ray is an epoch-making advance in the diagnosis of ureteral calculus, however, we have learned more from our error due to the phlebolith than from ten correct diagnoses of ureteral calculus.

We are sorry for the inconvenience that our erroneous diagnosis caused to the patient, however, it was the price of progress.

CONSERVATIVE SURGERY.*

J. W. Cokenower, M. D., Des Moines, Iowa.

THE subject of ovarian neurosis is one of the most difficult the gynecologist has to deal with today, because of his inability to fix a standard from which to determine the beginning of surgical treatment; hence the question is diagnosis rather than surgery, and the thing to decide is whether the woman's symptoms arise directly or indirectly from pelvic disease. This decided, the treatment is simplified, but should the pelvic disease not enter into the case further than one of many other factors, then it is not a surgical case and should be treated accordingly, and it is this very factor which complicates the subject and has given discredit to legitimate surgery and brought to view the shining light of the operator, while the conscientious surgeon prevents damage to the patient and injury to this profession.

It is the purpose of the writer to emphasize the importance of a better knowledge on the subject of diagnosing such cases and point out the mistakes likely to occur in doing so, because no class of patients suffer more or longer with less prospect of relief than do these. They are fully convinced that, directly or indirectly, all their grief emanates from the pelvis and often times this idea is fostered and materially augmented by their friends. The headache, backache and tired feeling combined with pain in iliac regions are considered indications of pelvic disease, but when these symptoms are accompanied with disordered menstruation, dysmenorrhea and leucorrhea, then there is no doubt about the diagnosis, especially if some kind friend or thoughtless doctor confirms their opinion.

The real cause frequently originates from abortions, gonorrhea, endometritis and pelvic inflammation which keep up an irritable condition of the ovaries and the woman suffers for years. and it is no wonder she is willing to resort to any means that will promise relief. However, the all important question arises in all such cases as to whether surgery is an advantage or disadvantage or whether it will do the patient harm or good. Opinions of leading gynecologists differ on this point, although the bulk of authority is against the assumption that pelvic disease is the cause, but result of neurosis.

The intimate relationship existing between diseased conditions of the reproductive organs of the female and functional disturbance and organic change in other parts of the body should be better understood, also that fermentation and putrefaction within the intestinal canal will produce auto-infection and intoxication will produce ptomaines and leucomaines which are the most prolific and common cause of nervous disease. We should know that ecxretions retained within the body, as well as waste tissue, are absorbed and bring about pathological changes in the blood, and thereby materially interfere with and abridge healthy functions in all, the vital organs.

Other causes than pelvic disease, may operate to produce this abnormal nervous condition we must admit, and the functional disturbance

*Read before Gynecological Section of Iowa State Medical Society, May 17, 1904.

within the pelvis may be the effect and not the cause of the pathologic nerve state, is equally true.

Many surgical procedures, heretofore undertaken with confidence, have been sadly disappointing, and have utterly failed to relieve the condition for which they were advised. The neurasthenia and functional disturbances have remained, and both patient and surgeon have lived to regret the treatment adopted. Many operations which a few years ago were very popular with the profession for relief of supposed ovarian nervous troubles, have grown in disfavor and are now seldom done, which aught to teach us all an important lesson to not be chasing after fads, and neuro-psychosis, but to a broader and more comprehensive view of the subject, and be less radical and more conservative in our treatment of such cases.

A few gynecologists condemn oophorectomy in neuroses and deny the existence of genital neurasthenia. This is, in my opinion, an extreme view of the subject. and is as injudicious, in the face of clinical facts, as are the teachings of those who report such large numbers of these patients as cured by the removal of the ovaries. The experiences of Liebmeister and Baldy coincide so nearly with mine, that I quote, in abstract, from remraks made by them on the subject.

"On the one side we often see extremely nervous women, in whom the anatomical and functional conditions of their sexual organs are normal, and on the other hand, all sorts of diseases of the sexual organs may occur, without the presence of nervous disturbances. Neurotic cases cured by local gynecological treatment are rare. Many cases are cured in whom the sexual organs remain unchanged. The conclusion then must be that neurotic cases are rare that are wholly dependent upon disease or abnormalities of their sexual organs, and yet it is equally true that abnormal irritation of the same functions are conditions especially fitted to cause nervous manifestations."

The writer began five years ago to examine the right ovary in all cases of appendectomy in women, and was surprised to seldom find a normal ovary, from an anatomical standpoint, but many cystic ones and in some, diffused edema. A few conservative operations were done on such ovaries with negative results, and now the ovary is removed or dropped back unmolested, unless prolapsed or congested, then suspension should be done.

Statistical reports of the surgical and non-surgical aspect of ovarian neurosis does not convince the writer that either extreme should be adhered to, and that an intermediate position is preferred between the two extremes, not laying down any specific rules to be governed by, but judge each case on its own merits.

During the past year several cases have come under my professional care or saw in consultation that conservative operations on the ovaries had been performed with negative results, and now they seek a secondary operation for relief. I will report two of such cases which have occurred in my own practice and two were from other physicians.

CASE I.—January 6, 1901, Mrs. B., age 35; good family history; examination showed she was suffering from metritis and prolapsed and diseased ovary; had severe pain in loin and back of head which had existed

for months without an intermission, producing a general hyperesthesia of the nervous system, insomnia, loss of appetite and emaciation. I put her to bed, using local and constitutional remedies for four weeks without satisfactory results. February 6th I removed the diseased ovary, and she had an uninterrupted convalescence. Her nervous troubles seemed relieved for a few weeks, but gradually returned in an aggravated form, in fact, hysterical, and two years after the operation. I saw her again and symptoms were unchanged. I advised her to try medicinal treatment a few weeks again, and if the results were not satisfactory, that she should have another operation and womb and right ovary removed; my advice was not carried out and I have not seen her since.

CASE II.—March 20, 1901. Miss S., age 22, consulted me. Her family history was negative and so was most of the subjective symptoms; so far as contributing to the reflex nervous condition, eliminating a diseased condition of the left which an objective examination fully verified. An operation was advised as the best way out of her trouble; this was refused, although she had suffered almost continually, and often severely, for about three years. I put her on a medicinal treatment, constitutionally and locally and put her to bed for four weeks, and quiet for twice as many more, during which time the treatment was continued, but with negative results. June 25, 1901 I removed the left ovary and tube, both being badly diseased, the right ovary and tube and womb seemed normal Patient had an uneventful recovery, and for a time seemed relieved, then her nervous condition returned and remained. She has repeatedly requested the right ovary and womb removed with hopes of relief, this was refused, because no conditions existed warranting such procedure, hence problematic, how case will terminate?

CASES II and III.—Gave a similar history of three and four years standing, and operations by other gynecologists of single and double oophorectomies failed to give relief, and the patients consulted me with view of another operation, and if I thought best a complete hysterectomy. After receiving the full histories of the cases and making a thorough examination and not finding any pathological changes warranting such a procedure I declined to operate, and these, like the preceding two cases, must look for relief from other sources.

These go to show that relief in many cases is not secured from one and even two operations, yet many are benefited and conservativeness should not be pushed too far, because cystic degeneration in many cases is progressive.

CONCLUSIONS.

1. Operations upon the ovaries that preserve the menstrual and reproductive functions should be employed, when possible, in lieu of complete extirpation.

2. Healthy displaced ovaries may be anchored to posterior surface of the broad ligament, or by shortening the infundibulo pelvic ligament.

3. Sterile women and married women who are using means to avoid pregnancy are unfavorable subjects upon whom to do conservative operations upon the ovaries.

4. Conservative operations should be avoided upon all pus cases as a general rule.

A NEW METHOD IN THE MANAGEMENT OF IRREPARABLY CRUSHED EXTREMITIES.

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Professor of Emergency and Clinical Surgery, Ensworth Medical College; Chief Surgeon St. Joseph & Grand Island R. R; Division Surgeon Burlington R. R.; Chief Surgeon, St. Joseph Railway, Light, Heat and Power Company.

IN this short paper I wish to call attention to a line of treatment I have resorted to in the management of this severe class of injuries, which in my experience has yielded results far superior to the usually accepted methods.

The impress of antiseptic and aseptic treatment of wounds has been sufficiently strong to largely stamp out one of the most baneful sequelae of traumatic infectious diseases, namely, moist gangrene, yet in the face of the most painstaking antiseptic measures we do have the engraft of gangrene in a certain number of these injuries.

The puzzling question has been the adoption of methods and means of management that will eliminate the possibility of this complication.

The amount and character of the infectious material that is necessarily present to a greater or less degree in accidental wounds; the extent of devtilization of tissue and the individual resistance of the patient, are all factors that enter into the possibility of the onset of gangrene in this class of cases, and our inability to measure any of these conditions has tried the judgment of the most experienced, to even suspect which case more than another is likely to the development of this destructive and often fatal process.

The onset of gangrene after amputation through apparently normal tissue with the practice of the most thorough antisepsis has been the bane of surgeons. Concomitant with the demonstration of bacteria as the prime cause of the bad behavior of wounds, came to the axiom of free drainage, the cardinal principle in accidental surgery.

Acting upon this principle, the open treatment of amputation in gangrenous extremities followed by frequently changed hot moist aseptic or antiseptic dressing has been the custom among experienced surgeons for a number of years.

This procedure while a marked advance and resulting in a lessened mortality is still far from ideal, in that, in a certain number of cases the gangrenous process would attack the stump.

The purpose of this paper is, the suggestion of the preventive method, a method that will reduce the possibilities of gangrene to a minimum.

Having lost several cases in my own practice by the spreading of the gangrenous process to the stump after amputation, it ocurred to me to carry the open treatment of the stump a step further and practice it at the immediate or primary operation. I have now practiced this method in number of cases recently without apparent tendency to gangrene and without a death. The amputation is done, the flaps formed, not a suture is applied, but the stump left wide open.

A moist hot dressing of normal salt solution was applied to favor the most perfect drainage, the extremity elevated and put to rest upon a

splint, and the dressing changed once or twice in the twenty-four hours. To favor the retention of heat, the dressing was enveloped in oil of silk. At the end of eight or ten days after all danger from sepsis has passed a secondary operation is done, flaps freshened and united until a primary union is obtained.

In a recent paper by Dr. Van Buren Knott, of Sioux City, Iowa, he had resorted to procedure in cases after gangrene has commenced which has suggested to me, what in my mind is a further improvement in the management of these cases. I use Dr. Knott's own words:

"The procedure is as follows: Being confronted with a case of traumatic gangrene of an extremity, estimate as exactly as possible the line between the diseased and healthy soft parts, and having first, under anesthesia, made a most careful and complete disinfection and cleansing of the skin, puncturing all bullae and removing all discharges, envelop the gangrenous area in a sterile towel up the line selected, and at this point make a circular amputation, cutting through soft tissues and bone at the same level.

Ligate carefully all bleeding points, including none of the perivascular tissue in the bite of either forceps or ligature. Leave the wound absolutely open, not introducing a single suture, and apply moist dressing of gauze saturated with salt solution, the dressing to be changed from two to four times in twenty-four hours, as the circumstance of the particular case demands."

I am satisfied that the application of this method at the primary amputation would reduce the liability to gangrene to a minimum, and hence the mortality to almost nil.

That the dissecting up of flaps tends to lower the already devitalized tissue; that the use of sutures in the primary operation does by tension interfere with the blood supply and tend to tissue death and the sealing up of infectious material by the coaptation of flaps favor the development of a gangrenous process, seems to me cannot be rationally denied, and the verification of these facts have been borne out clinically by a few cases will here briefly narrate:

CASE. I—W. H. L. A switchman for the Burlington R. R. was admitted to the Ensworth Hospital May 15th at 5 a. m., immediately after being run over by a switch engine, with both legs crushed at middle third. He was moderately shocked. Was given strychnine and morphine and atropine hypodermically and heat applied by means of hot water bags. Was sufficiently reacted to be taken to operating-room at 8.30 a.m., three and one-half hours after accident, where limbs were cleansed under anesthesia and amputated and flaps united. Was given one quart hot salt solution by rectum and removed to a hot bed. During the day he had 1-30 of strychnine every four hours and morphine as needed to relieve pain.

May 17th, the second day after amputation, evidence of infection were manifested by mild delirium, extreme restlessness, intense pain when not commanded by morphine, frequent emesis and a temperature 101⅘ and pulse 120.

May 18th, general condition bad, hiccough, stump moist, discolored indolent, with a sero-sanguinous discharge, beginning gangrene. Taken

to operating-room and double reamputation done through apparently healthy tissue right leg above knee and left through joint and flaps united. Stumps were wrapped in large rolls of gauze wrung from hot 1 per cent carbolic acid and supported upon splints. Transfusion was done during operation. Following second amputation, patient's temperature 99, general condition became somewhat better, but pain continued unbearable without morphine until the 22d, when he suffered a slight hemorrhage from left stump. Examination showed a destructive process posteriorly extending along course of vessels. yet popliteal was apparently intact.

The 23d the stump was oozing, the cavity was irrigated and hot carbolic dressings continued. The 23d evidences of sepsis were more pronounced, temperature 103, sweating increased, restlessness extreme and frequent emesis. There was no change in his condition further than a gradual failing of vitality until the morning of the 25th, when a free hemorrhage started, which was immediately controlled by compression and turnicale by the interne. He was taken to the operating-room and the popliteal found to have been invaded by a localized gangrenous slough. Vessel was ligated, he was transfused, but was too much exhausted for the slight blood loss, and shock incident to the anesthesia and died without reaction.

This is a brief clinical picture of death, resulting from a slow sepsis, a sepsis that if not nipped at the primary operation develops a progressive tendency that refuses abatement in the face of active and constant attention, with heat, antiseptics and stimulation on the part of the surgeon and a good constitution on the part of the patient.

I felt at the time, that this man should not have died, and I know now from a later experience with the management outlined in my paper he would not, had he have had this treatment.

CASE II.—Chas. B., age 36; fright hauler for Burlington R. R. June 14, 1903, attempted to board a moving street car while in an intoxicated condition was thrown under and wheels passed over left ankle. Upon his admission to the Ensworth Hospital shortly afterward, the limb was found to be irreparably crushed, and limb was cleansed under anesthesia amputation was done at upper part of lower third of leg with cuff flaps and dressed openly with hot salt solution and placed at rest upon a splint with instruction to change dressing night and morning.

June 15th, hospital reports show patient, pulse 84, temperature 100, free from pain and in general good condition. His chart showed a convalescent history from day to day. June 20th, six days after injury and primary operation, the stump was sweet and of healthy appearance, the flaps were freshened and coapted by suture. Union took place primarily and he left the hospital June 30th, sixteen days after admission.

CASE III.—J. A., age 36; driver of grocery wagon admitted to the Ensworth Hospital December 11, 1903, at 8 p. m., after having been run into while driving across the tracks of the street railway company. Examination revealed an ankle crushed by wheel passing over it. He had but little shock, so was removed immediately to the table and limb cleansed for operation. The wound seemed so free from foreign material, and I could not refrain from doing a complete operation. Flaps

were sutured and rubber drainage inserted in lower angle and a hot moist dressing applied and stump put to rest upon splint. December 12th, temperature 100, pulse 100, complaining of pain in the stump. Ordered morphine and atropine and dressing changed. December 13th, sero-sanginous discharge from drainage tube. Patient restless, temperature 101. Gave castor oil and bromidia at bed time and dressings to be changed every four hours.

December 14th had a bad night. Complains of stump; flaps look a little dark, discharging dirty amber colored liquid, some odor, looks suspicious; removed all sutures and irrigated with very hot water for one hour, and re-applied hot dressings. December 15th, patient slept all night, skin over flaps had regained natural color, no odor to stump, has healthy appearance. Temperature 99 and pulse 90. Moist dressing was continued until December 22d, when he was taken to the operating room and flaps freshened and coapted and dressed dry, primary union took place, with the exception of small stitch abscess which detained patient until Jan. 13th. The pain in this case for the first three days with the bad behavior of stump demonstrated to my mind the danger of closing up. Had we failed to reopen on the third day this case would certainly have developed a gangrenous stump with then necessity of a greater loss of limb from re-amputation, and possibly loss of life.

CASE IV.—Mr. H., aged 24; track employe of the Burlington R. R. Fell or was pushed from the car platform while passing from one coach to the other as the train was pulling out from station. He went down between coach and station platform, and the wheels passed over both legs below the knee. First aid was rendered by a local physician, and he was brought immediately to the Ensworth Hospital, a distance of 40 miles. Upon admission some two hours after accident, he had fairly reacted from shock, so was taken directly to table. Disinfection and cleansing was carried out under anesthesia and both limbs were amputated by circular method, cutting through soft tissues and bone at same level, the left at lower third and right at upper third, at site of respective injuries.

Vessels were ligated, stumps wrapped in large moist hot gauze dressing covered with oil of silk and placed to rest upon posterior board splint and dressing ordered changed night and morning. He was given one quart of hot salt solution by rectum and removed to a heated bed.

Post-operative reaction was prompt and good. His general condition continued good, was free from pain; temperature never exceeded 99; stumps remained sweet for the following six days, when he was taken to operating room, and the classical circular amputation was made, by dissecting up the flaps already outlined and sawing the bone at the proper level. Primary union occurred with the exception of some stitch irritation in one stump.

CASE V.—Occupation unknown; aged 32. In company with his pal was beating his way from St. Joseph to Savannah, his home. Was upon the tender of a Burlington train. When nearing Savannah, he was discovered by the fireman, and attempted to jump off, but lost his footing and went down; tender and coach and the wheel went over left ankle and badly contused right foot. He crawled into Savannah, a distance of one mile, and

was immediately brought into St. Joseph by train crew. He arrived at the Ensworth Hospital at 9.50 p. m., March 2d, without shock, and was immediately removed to the operating-table, was given whiskey, which he requested, also morphine, strychnine and atropine hypodermically and anesthetic begun. Limb was thorougly cleansed, disinfected and amputated all structure upon the same plane at the upper margin of traumatism. Was given salt solution by rectum one quart and dressed and put in hot bed, as in previous case. He sustained fracture of the first and second metatorsal bones, contused foot; it was freely incised upon either side, drains inserted and placed upon perforated Levis splint with hot dressing every twelve hours. His condition continued good for the following six days. His temperature never going above 100, which was the morning following operation.

March 8th, sixth day after accident, the stump was clean, sweet and healthy. He was taken to the table and cuff flaps dissected up and bone sawed at required point and put to rest upon board splint, with heavy dry dressing. Drains were removed from right foot, it was placed in plaster cast with windows. Primary union took place and the stitches were removed upon the eighth day.

Case VI.—March 26th, J. W., aged 40; section foreman for the Burlington was struck by freight engine, knocked from the track, the wheels passing over left foot at metatarsal joint, was conveyed immediately to the Ensworth Hospital. Foot was cleansed under anesthesia, a chopart's amputation was done, preserving all of the skin, except that of the toes, but removing the crushed muscles and tendons. Skin flaps were separated by iodoform gauze and hot salt solution dressing applied. At the end of the fourth day, the wound looked so well I decided to freshen and coapt the flaps with sutures, which could be done without tension by reason of their good length. Moist hot dressing was continued. Upon the fifth day evidence of flap neurosis were present. Stump began to pain him for the first time since injury. Sutures were removed and flaps separated and stump irrigated for hour with hot salt solution and hot moist dressing reapplied. The entire flap sloughed off, but without extension into stump. The fact that the flaps showed no evidence of necrosis, until their vitality was lowered by suture, argued to me that they were coapted too soon and before revitalization had completely taken place. I believe if they had been undisturbed until the seventh to the tenth day we would have saved them. The stump in this case was skin grafted April 20th, with a perfect growth of grafts.

I make no claim to originality of idea, but merely apply at the primary operation a method, which Dr. Knott originated and applied after the onset of gangene. My claim is that its application primarily everts gangrene, in that gangrene will seldom if ever occur.

The advantages in this method may be summed up as follows:

1. Its application within the bounds of safety, to patients too much shocked for any other surgical interference.
2. The exposure of a minimum area of raw surface for absorption from an infected site.
3. Drainage ideal in character.

mal Industry. Here also is afforded an excellent opportunity to study the habits of the festive mosquito. In the division of entomology, live specimens of anopheles and culex may be seen and examined. Dr. Marcus W. Lyon, Jr., is in charge and will be pleased to explain the various exhibits in this building.

The Palace of Education.—In the German Section of this building is an elaborate exhibit, occupying six rooms, and containing the latest results of medical research and experiment, for which the Germans are noted. Here we are shown the various ways in which epidemic and infectious diseases are combated by inoculation. The different varieties of bacteria are shown in culture. This section is in charge of Adolph Seifert and Emil Savor.

In this section also the Illinois University, Harvard University, St. Louis University, Washington University, Columbian University, University of Missouri and John Hopkins University show many interesting specimens illustrating the methods of teaching and research in these institutions.

The H. K. Mulford Company has an excellent display of pharmaceutical products, and in their biologic department, show their vaccine virus and antitoxin serums to good advantage.

In the Social Economy section of this building will be found the model household nursery in charge of Ruth Ashley Hirschfield, of New York City, who also installed the Model Play-Ground and Nursery in the model street, near the Emergency Hospital. Both are interesting places to visit.

Palace of Mines and Metallurgy.—In this building will be found an interesting display by the United States Geological Survey, under the direction of Dr. A. C. Peale, of Washington. This is a collective mineral water exhibit of the United States, showing specimens of waters taken from all the principal springs, with a comparative analysis of same. This exhibit will be found in block 13.

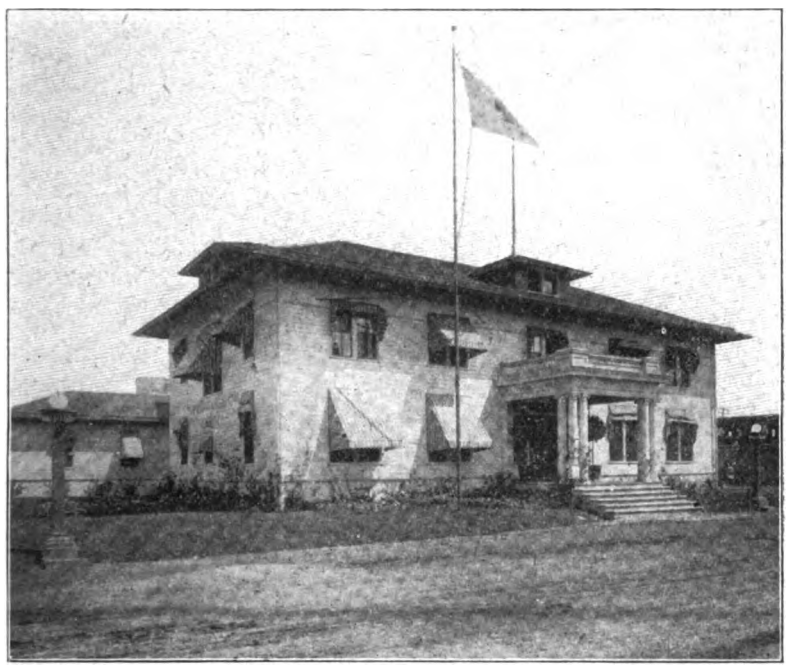
Other displays in this building are made by Hiram Ricker & Sons, Poland water, White Rock Mineral Springs Co., and the Hunyadi Janos springs.

Abilena water is served at all the fountains, and is very popular.

Palace of Liberal Arts.—In the German section is the hygienic exhibits of the Imperial Board of Health of Berlin, including the various sanitary methods employed in that great city, and a description of its water supply. The lung-sanatoria, mineral springs and health resorts of the Empire are also explained by maps and diagrams. A special catalogue embracing the German exhibits in the various buildings has been issued, and is of great service to one who is interested in following the excellent work which this country is doing along the lines of sanitary science. These catalogues may be obtained of Jose Reusz, German section, Palace of Liberal Arts.

In this building are a number of interesting pharmaceutical exhibits by American and French pharmacists, among which we notice: Wm. R. Warner & Co., Philadelphia; Roessler & Hasslacher Chemical Co., New York City, Rochester Surgical Appliance Co., Rochester, N. Y., Blees-

Moore Instrument Co., St. Louis; Geo. J. Wallau, New York City; Mallinckrodt Chemical Co., St. Louis; Eureka Nebulizer Co., Chicago; A. McDannold Surgical Chair, St. Louis; A. A. Marks, artificial limbs, New York; Lambert Pharmacal Co., St. Louis; West Disinfectant Co., New York.



EMERGENCY HOSPITAL, WORLD'S FAIR.

The Emergency Hospital.—This hospital, an illustration of which appears above, is located near the parade entrance, where it can be easily and promptly reached from both the outside and inside of the grounds The building is 103 by 109 feet, erected at a cost of $16,000, and has been operated since January 5, 1904. This institution, which is under the charge of the medical director of the Fair, Dr. L. H. Laidley, is thoroughly equipped in every detail, for handling all classes of injuries and illness A special sunstroke ward fitted with bath tubs, shower baths, ice boxes and wicker couches occupies a well ventilated room on the first floor. The leading medical magazines will be found on file in the library.

Dr. Laidley has at present a staff of six physicians, besides nurses, ambulance driver, clerks and orderlies. About 6,000 cases have been treated in the hospital thus far. The entire equipment of the hospital was furnished by the Blees-Moore Instrument Co., of St. Louis.

Palace of Agriculture.—This building, the largest of the group, is intensely interesting for its magnificent displays of the products of the farm, orchard and vineyard. Missouri, California and other states vie with each other in their splendid displays of fruits and corn. One can profitably spend an entire day in this building.

The White Rock Mineral Spring Co., under the direction of Mr. Westveer, has a beautiful pavillion in the center of which is a solid silver statue of Psyche, viewing her beauty in the reflection of the water.

The United Agency Company has an attractive pavillion, designed by its genial Chicago manager, Mr. Chas. Jay Miller. Apollinaris is served in the booth by dainty maids. The exhibit is in section 130, and in charge of Miss F. Klein.

The Smith, Kline & French Co. has an exhibit of Eskay's food here, as well as in the Baby incubator building, on the Pike.

Among the large number of other exhibitors may be mentioned, the Horlick Malted Milk Co., the Malto-Grapo Co., the Welch Grape Juice Co., and the Fremont Grape Juice Co., whose popular beverages may be obtained in all the buildings.

Mellin's Food Company of Boston, occupies an attractive section in block 71 in charge of Dr. Robbins.

Next to this will be found the exhibit of the St. Joseph Stockyards, in charge of Mr. B. M. Garrahan.

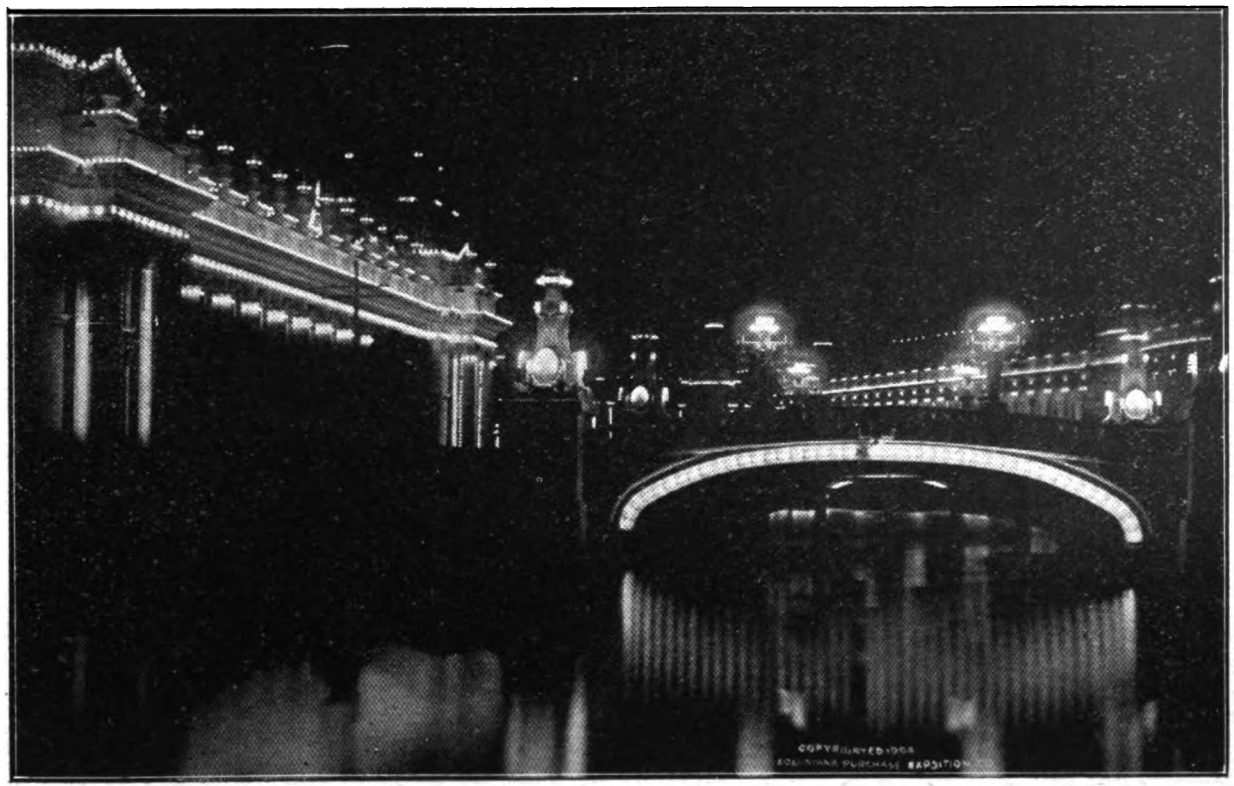
Palace of Electricity.—Here will be found an extensive collection of the latest electrical equipment, including the X-ray, Finsen light and static apparatus. Most of the machines are in operation, and an entire day may be spent in this building to advantage.

Palace of Fine Arts.—The connoisseur will devote many days to the enjoyment afforded by the magnificent works from the hands of the great masters. In the U. S. section will be noticed two large oil paintings, representing the clinics of Prof. D. Hayes Agnew, and the elder Gross.

Free Library in the Missouri Building.—The Missouri Commission desires to notify all visitors to the Exposition, and especially all State and Foreign Commissioners, department chiefs, commanders of military, naval and constabulary forces, concessionaires and employes at the Fair, that in the Missouri building is a free library of some 8,000 volumes, which offers special advantages to the thousands of persons who live, or spend most of their time, within the Fair enclosure. All visitors are cordially invited to visit this "model library" and make use of its privileges.

The Telephone Registration Bureau.— The Bell Telephone Co. has inaugurated a novel and useful feature in its "Registration Bureau." At the expense of a nickel one may call up "central" from any phone in the grounds, leave his name and address, stating where he may be found at a certain hour. This information will then be available to any friend on the grounds or in the city, at any time they call central office and inquire.

Medical Conventions at the World's Fair.—Many gatherings of a scientific nature have served to add interest to the great Fair during the present year, and there are yet many to follow, a partial list of which we append herewith:



PALACE OF ELECTRICITY AT NIGHT

The World's Fair Congress of Arts and Science, divided into twenty-four departments, one of the strongest of which is Medicine, under the chairmanship of Dr. Wm. Osler. This Congress will open its session on September 20 and continue four days, during which many distinguished men will be heard. Among them Prof. Ross of Liverpool. Celli of Rome Escherich of Vienna, Kitasato of Tokio, Japan, and Sir Felix Semon, of London, Physician extraordinary to King Edward

The American Neurological Association will meet at the Planters Hotel, mornings only, September 15 to 17, under the presidency of Dr. Frank R. Fry, of St. Louis.

American Electro-Therapeutic Association will meet at the Inside Inn, September 13 to 16, mornings only. Dr. C. H. Hughes is chairman of the committee of arrangements.

American Association of Obstetricians and Gynecologists will meet at the Monticello hotel, September 13 to 16. Dr. Walter B. Dorsett, of St. Louis, is president, and Dr. Wm. Warren Potter, Buffalo, secretary.

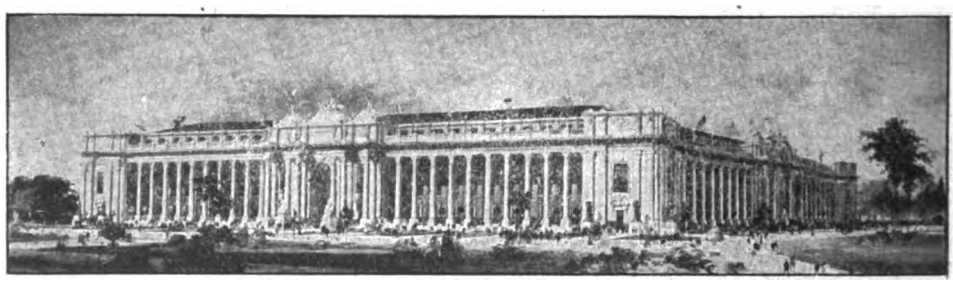
Medical Books.—Lewis S. Matthews & Co. have a creditable display of books, in the Fraternity Temple, near Ferris wheel.

By Way of Criticism.—It is not to be expected that a gigantic enterprise such as this could be conducted without some mistakes and short comings, but we believe there is less to criticise in this great Fair than in any of its predecessors, and we have seen all of them. Some complaint is heard regarding the excessive charges in some of the cafes on the grounds, but in reality there is no just cause for criticism—ample preparation has been made to feed the multitudes, and the rates vary with the class of service. One cannot expect to dine in a Waldorf cafe at a cafe-tierre price. Good lunches and meals may be obtained on the grounds from 20 cents to $3.00 and upward. As a rule the service is excellent. The "Inside Inn" serves good meals for fifty cents and seventy-five cents

Our observations would lead us to make the following suggestions:

1. Post the Jefferson Guards thoroughly regarding the exhibits in the particular building in which they are stationed.
2. Double the number of free drinking fountains.
3. Increase the number of seats in Plaza of St. Louis and in the facades of the large buildings; the great distances to be travelled by the visitors demand more rest places.

C. W. F.



PALACE OF EDUCATION.

Next Annual Meeting, Council Bluffs, Aug. 25-26

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PAPERS READ AT THE SIXTEENTH SEMI-ANNUAL MEETING, MARCH TWENTY-FOURTH, LINCOLN, NEB.

CROUPOUS PNEUMONIA: SYMPTOMS AND DIAGNOSIS.

W. O. Bridges, M. D., Omaha, Neb.

IN from fifteen to thirty per cent of croupous pneumonias there are prodromic symptoms lasting several days. These consist of chilliness, general malaise, slight fever, headache, sense of oppression about the chest. In a still smaller proportion of cases these symptoms with higher fever and cough may continue five or six days before pulmonary involvement can be detected. Most commonly the disease is ushered in by rapidly developing symptoms. Chilly sensations or a distinct rigor, attended, or soon followed by temperature 102 to 104, localized thoracic pain, harrassing cough, increased frequency of respiration, furred tongue, with sometimes nausea and vomiting. Headache which may be severe is sometimes complained of and active or muttering delirium is oftenpresent when the temperature is high. It is interesting to note that

in an analysis of 486 cases of acute lobar pneumonia recently reported by John McCrae, (1), M.B., from Montreal General Hospital, the frequency of onset of the usual symptoms was: Cough 100 per cent, pain 92 per cent, chilly sensations 70 per cent, vomiting 35 per cent, rigor 6 per cent.

The infrequency of rigor as an ushering in symptom in this analysis does not conform to the text-book teaching, and is worthy of remembering. Exceptional cases will present only slight fever through the entire course of the disease. I recall one in a young man whose temperature did not reach 100 degrees with the lower right lobe consolidated and otherwise presenting a typical history. The range of temperature is not usually proportional to the amount of lung involved, and is higher with apex involvement. Persistent high temperature indicates a severe type, even if there be only slight consolidation. My attention has been for many years attracted to the tongue early in pneumonia. It presents a flabby appearance and is covered with a moist white fur throughout, quite suggestive of the patients having drunk milk which adhered to the tongue. In many cases the tongue soon becomes dry and thick, the coating is brown, and sordes tend to collect on its sides and the teeth. Pain is generally referred to the right nipple region corresponding to the side involved, and is described as deep-seated, extending frequently to the scapula. In exceptional instances and particularly in children, the pain may be referred to the abdomen entirely. It may be absent, as shown by McCrae in 8 percent of cases. The cough early is attended by tenacious translucent mucoid expectoration which very soon becomes changed to a brick dust or bloody character, later to a dark yellowish muco-purulent sputum. In bad cases the expectoration is occasionally thin and bloody and large in amount. Exceptionally blood is expectorated in small quantities from the commencement.

The pulse in a case of average severity reaches from 90 to 110, is full bounding and compressible. In severe cases it rises to 120, or even 140, may become small, feeble and irregular or intermittent. An irregular pulse developing during the course of the disease is an alarming sign, for its represents commencing or threatening cardiac failure. I have frequently noted an intermediate pulse arising, without significance, in the female or the nervous patient. Increased frequency of respiration is noted throughout the history. In single pneumonia it attains to from 30 to 40, in double up to 60 to 80 per minute. It is a valuable symptom and should be recorded with the pulse rate and temperature. Its significance is greater when ratioed with the pulse. Normally the respiration, pulse ratio is 1 to 4. In pneumonia this is soon changed to 1 to 3½, then 1 to 3, and in extensive or double pneumonia 1 to 2. In severe and unfavorable cases it may assume a Cheyne-Stokes type. Delirium may be an early symptom; following headache infrequency of occurrence according to McCrea 42-35 per cent, it is sometimes so active before consolidation is developed that meningitis is suspected, I recall a case seen several years ago in which the diagnosis of meningitis was based upon early severe headache and delirium, fever, vomiting and oncoming coma, but physical exmination indicated consolidated right lung which had escaped observa-

tion. Only last week another case developing active delirium during so-called la grippe was pronounced insane, and examination revealed a small pneumonic area in the lower right lung which rapidly extended. Sweating, independent of crisis, occurs in about one-third the cases, and is sometimes profuse, and herpes about the mouth in about one-fourth. Cyanosis is present in all cases of extensive or double pneumonias, and may also occur in those presenting only slight pulmonary involvement where there is cardiac dilatation.

Leucocytosis is almost constant. Considering 7500 as normal McCrae found it to occur in 95 per cent of the cases examined, and in forty-three, including those who died, the average count was 22,000.

Albumen is present in the urine in about one-fourth the cases, and casts very exceptionally, unless there is complicating nephritis. The chlorides are usually decreased. The termination of the disease is those who recover is by crisis in probably a majority, by lysis in a minority of the cases. McCrae's statistics showed out of 332 cases, 60 per cent ended by crisis and 28 per cent by lysis. Anders (2) states that since influenza had been epidemic in this country terimnations by lysis have been more generally observed. My own experience has led me to believe that the termination is influenced by treatment, as in about sixteen cases under the creosote treatment, I have not seen a single case terminate by crisis. Pneumonia occurring in the aged may and often does present an atypical history. Cough and expectoration, pain and frequent respiration are sometimes absent. Fever, increased pulse rate, great prostration, mental apathy, early delirium, possibly coma, sinking down in bed with the physical signs of consolidation, which may be slight, and indefinite, constitute the clinical history. Cases occurring in alcoholics present early and active delirium even to delirium tremens, the pulse becomes rapid and often irregular, and the termination in early coma is common.

The diagnosis of pneumonia is based partly on the clinical history and mostly on the physical signs. Sudden onset, pain in the chest, fever, cough attended by tenacious sputum, increase in the respiration-pulse ratio should be suggestive symptoms, and promptly followed by a searching physical examination through a single—not woolen—covering of the chest. Even at the first visit a few crepitant rales. localized and not disturbed by coughing, may be detected as indicating the initiatory seat. The subsequent occurrence of rusty or bloody sputum, with persistence of pain, still increasing respiration and the development of percussion dullness with diminished expansion on one side, with increase of vocal fremitus and a bronchial element in the respiration with also quite prolonged expiration over the dull area, will practically confirm the diagnosis. Many mistakes are made because of a hurried or incomplete physical examination. Many others because of a failure to take the clinical history sufficiently into account. We are occasionally misled by a preponderance of symptoms away from thoughts of the lungs, and no examination whatever is made of these organs. He who goes over the chest carefully in every case of acute illness, or acute development in chronic ailments will miss less pneumonias. Small areas of consolidation will sometimes

escape the examiner and delayed development will mislead, but with the foregoing diagnostic symptoms well held in mind, persistent search for pulmonary involvement will reward our efforts. Occasional small central pneumonias may not elicit signs, and an inference of their existence will be reasonable with the presence of pain, quick breath, high temperature, cough and characteristic sputum. In children cases of these exceptional types are not uncommon and with the absence of visible sputum the difficulty becomes all the greater I have come to examine most carefully in the upper axillary region where, in a number of instances, the detection of dullness, with bronchial breathing over an area the size of which a hasty examination would overlook, promptly cleared up the diagnosis. To beginners in physical diagnosis peurile breathing simulates bronchial respiration, and as this becomes more manifest in the sound lung, as the diseased lung becomes more impaired, an extension to the former is sometimes erroneously inferred. It should be remembered, however, always that peurile breathing is attended by hyper-resonat percussion and bronchial respiration by dullness. The mistake is the more likely in the croupous pneumonia of children.

Severe cases of la grippe with sudden onset and some bronchial element are suggestive of pneumonia, but as a rule the absence of localized pain and the characteristic tenacious sputum and increased respiration-pulse ratio, with scattered rather than localized physical signs will help us out. The physical signs of the first and second stages of pleurisy do exceptionally resemble those of pneumonia, but the first are not attended by sputum, high fever, sweating, and delirium, and in the second stage pleural effusion often displaces the heart apex and presents other characteristic signs. The former usually runs a course of several weeks, the latter one week to ten days. Acute meningitis and spotted fever present symptoms not unlike the beginning of some pneumonias, but they are not accompanied by brick dust sputum, quickened respiration, signs of pulmonary involvement, and are attended by early repeated vomiting, early irregular pulse and variability of the pupils. Pulmonary infarction presents quite a similar history to this disease, and the physical signs are quite alike. There is more apt, however, to be clear bloody sputum sometimes considerably in amount—fever is not so great, and there is evidence of cardiac disease or other source of the trouble. The septic cases are an exception in producing very high fever, recurrent chills, and are soon accompanied by a foul purulent expectoration.

Within the past year have appeared several communications in the journals regarding the similarity of the symptoms of some pneumonias and appendicitis. One would hardly think this error could occur and yet Herrick reports his knowledge of a case in which the abdomen was opened for supposed appendicitis which did not exist, and in which a pneumonia was found to occasion the symptoms. Morse, in an article says, "Within a few years the abdomen has twice been opened in children by well-known Boston surgeons for appendicitis when the trouble was lobar pneumonia." Griffith reports the history of a boy of eleven years who had been pronounced to have appendicitis by two well known physicians of Philadel-

phia, one a surgeon, and sent to the hospital. He was there found to have croupous pneumonia of the base of the right lung. An analysis of the cases reported, indicate that the error is more likely to occur in children and young adults. The misleading symptoms are pain referred to the abdomen and often right iliac fossa, vomiting and constipation, abdominal distension, rigidity of the abdominal muscles and in some cases tenderness at McBurney's point. It is found in looking over the history of most of these cases that the error had been due to the failure to recognize the respiration-ratio, the importance of cough and a careful examination of the lungs. In some it was noted that the palpating hand over McBurney's point determined a relaxation of muscular tension at the beginning of each inspiration.

Richardson accounts for this diagnostic blunder on an assumption that the thought of the examination is fixed in the region of the body to which the attention is most directed, or on the one disease. I would add that this aptly applies to all diagnostic blunders. He says in arguing: "For true perception of the normal relation of things to be temporarily suspended, it is only necessary that the mind for the moment be dominated by a fixed idea. Influenced by a single suggestion, or by a chain of suggestive circumstances the mind may become so possessed of a certain idea that the result will necessarily be distorted and incorrect."

Abdominal pain in the gall bladder area may also be present in pneumonia and occurring with jaundice had led to an erroneous diagnosis of cholecysitis. Herrick refers to two cases, one a medical student and one a physician who believed they had gall bladder disease on account of the pain being at the end of the tenth rib. The physician also had jaundice, fever and local tenderness. The one developed a right pleurisy and the other croupous pneumonia in the right lower lobe. It is possible in the physician's case there was a complicating cholecystitis the symptoms of which soon subsided, for Anders reports a case presenting pain in the gall bladder area which came to autopsy, and the complication of cholecystitis was demonstrated.

The similar occurrence of left abdominal pain in pneumonia and pleurisy of the left side is referred to and should invariably suggest a chest examination where there is fever and quickened respiration.

It is to be remembered that secondary pneumonia is not uncommon after operations, in puerperal infection, complicating typhoid and other fevers, and is apt to be insidious in its development, or its symptoms may be masked by those of the original disease. In the care of all such cases the chest should be systemically examined daily, and especially after operations following which fevers and other evidence of infection is likely to misdirect the mind of the attendant.

Pneumonia may be confounded with any one of the infectious fevers attended by rapid onset and evidences of bronchial catarrh. This is more particularly true of typhoid. but in these diseases there is no characteristic sputum, relative greater frequency of respiration and there is generally absence of leucocytosis. Any physical sins will be bilateral and not localized. Typhoid pneumonia is a name given to severe pneumonia pre-

senting a set of symptoms of typhoid type, such as low delirium, high fever, fast pulse, sinking in the bed, picking the bed clothes, tremor of the tendons, and is not to be mistaken for pneumonia developing as a complication of typhoid fever. The former is pneumonia from the start, and as a rule has no true typhoid element. The mistake is apt to occur in cases presenting severe general symptoms with late pulmonary involvement. Pneumonia as a complications of typhoid fever is not likely to develop before the end of the second week, and if the chest will have been examined at frexuent intervals, its onset will be recognized. In case of doubt the Widal blood test should be resorted to.

(3) Mr. T., aged 30, married, farmer, of fine physique and unimporant family and personal history, had ailed for two weeks with symptoms suggestive of la grippe; chilliness, general aching, slight catarrh, varying temperature of 100. He chored about every day, and after a drive of twelve miles in a raw air he was seized with severe pain in the left hypochondrium; his temperature rose to 102, pulse to 110. Morphia had to be given repeatedly for relief of pain, which persisted to the time of my visit two days later. The diagnosis of ruptured spleen with some liver trouble was made by the attendant, and a consultant from a neighboring town suggested mild typhoid fever with intestinal perforation. An abdominal exploration was under consideration. The patient was said not to have had a chill or cough, but had several loose bowel evacuations daily. At my examination the temperature was 103, pulse 100 to 115 and irregular, respiration 34; patient had an anxious expression and referred to severe pain in the region of the upper left abdomen. The abdominal wall was retracted and rigid, the left rectus muscle being so tense that the examination was unsatisfactory. It was observed that pressure could be borne over this area without increase of pain; nor was there pain or tenderness on pressure elsewhere. The abdominal rigidity was not relaxed by diverting the patient during the examination. He remained on his back, as the slightest movement of the body intensified his pain. Carefully examining the chest the left lung was noticed to be expanding less than the right, and in the axillary region were detected a few moist rales. Turning the patient on his right side, the left lung presented signs of complete consolidation from the mid scapular region to the base. Interrogating the nurse more directly now, she reported the patient having coughed up a small amount of reddish sputum on two occasions in the preceding two days, which was so slight as not to be considered.

The diagnosis of croupous pneumonia, involving the left lung, with pain reflected to the left abdomen was made, and treatment directed accordingly.

Three days later a note from the attending physician advised me that the evidences of consolidation had extended to the anterior part of the lung as high as to the nipple, and the abdominal pain and rigidity had completely disappeared.

(1) American Medicine, January 23, 1904, page 135.
(2) Anders' Practice of Medicine, Sixth Edition.
(3) (Note.—Reflected pneumonia pain. Since writing this paper, this case was seen in consultation.)

PNEUMONIA.

John Mills Mayhew, M. D., Lincoln, Neb.

ETIOLOGY.—For many years we have been inclined to look upon pneumonia in the same manner that our forefathers of many generations did, and ascribe the etiology of the disease to many causes hardly consistent with later pathologic light. Just where to classify this disease from an etiologic standpoint has been and still is a question admitting of considerable discussion. Such has been the dissenting opinion, that even our courts have been called upon for decision.

Some three years ago it was my privilege to attend a rather remarkable trial, in which this very problem of the etiology of pneumonia was given to an intelligent jury for consideration. A steamboat company running from Chicago to adjacent point on Lake Michigan, had entered into agreement with a certain railroad company to transport passengers at connecting points. One stormy day an elderly man was delayed for some few hours on the dock of the S. S. Co., he became chilled, came down in twenty-four hours with pneumonia and promptly died. His relatives sued the company, claiming that through their negligence the good man suffered exposure, and in consequence a fatal illness. A dazzling array of expert testimony was called on both sides, and when the jury had finally penetrated the mysteries of the scientific questions and answers, and had recovered mind enough to sign their names, brought in their verdict that pneumonia is not caused by exposure at all, but by a microbe, evil in aspect and sinister in design.

If the individual microbe could have been apprehended, placed under observation and found to wear the uniform of the S. S. Co., the parties sueing the company would have won without any trouble. However, this one case cannot definitely limit us in our comprehension of certain etiologic factors.

An overworked man is exposed to cold for a long period and becomes chilled. A few hours later he has a rigor, and in twenty-four hours he exhibits a pneumonia. The undoubted predisposing etiologic factor was exposure, a lowering of vitality preparing the system for infection by the organism. Pneumonia is in consequence, prevalent in colder months, and healthy persons are rarely infected. Again, injuries of the chest are well known as etiologic predisposing factors. Fatigue of mind or body, debilitating conditions of any kind, illness, especially of a chronic kind, as Bright's disease and alcoholism all act in a similar manner. Heredity is also said to be a factor.

Nevertheless, with all these acting as a predisposing etiologic factors, the fact is now a settled one sientifically that pneumonia is an acute infectious disease and must be so regarded by clinicians who are now recognizing not only the true pneumonia, due to the pneumococcus, but also the existence of a pneumonitis due to the streptococcus, the staphylococcus, the colon bacillus, the typhoid bacillus and other bacteria, pure or in mixed forms. Of all these streptococcus pneumonia is most common of

the atypical forms, which as a rule is irregular in its course, and ordinarily follows a surgical operation.

The differentiation of these various forms is often difficult clinically, but pathologically they vary, usually in amount and location of tissue involved. The exact form of bacterium may be determined, however, by aspiration of the diseased lung, and this may become necessary if serum treatment is to be successfully established.

Direct contagion may extend over many weeks, months or even longer, according to Netter. The mother may infect the fetus. Jossu states that pneumonia acquired by direct contagion has a most unfavorable prognosis.

The sputum is the most frequent source of contagion, although clothing and other articles used and worn by the patient may become the means of spreading the disease. The dry sputum is the dangerous medium and in epidemics the contagion is multiplied greatly. Of late Norris and Larkin report cases of necrotic broncho pneumonia characterized by the presence of numerous streptorrhix. Colonies in the bronchi pneumonia is frequently secondary to typhoid fever, measles, influenza and other infectious diseases. It is, in turn the starting point for secondary infections of great importance, meningitis, pericarditis, endocarditis and croupous colitis.

PATHOLOGY.— In one hundred autopsies Osler found entire lung affected twenty-seven times, lower lobe thirty-four, upper lobe thirteen cases. Right lung diseased in five cases, left in thirty-two cases, both lungs in seventeen cases. The statistics of the Rudolfstefting in Vienna, in 747 cases, 53 per cent were of right side, 37 of left side, usually lower lobe affected.

The first changes consist of a marked turgescence of interalveolar capillaries, followed by escape of a viscid, reddish serum that occupies considerable of the breathing space. This is called the period of congestion.

Exactly in what order the changes of pneumonia take place is a question. We have always described them as congestion, red hepatization, grey hepatization and resolution.

Baumgarten has shown this to be erroneous, and Eichhorst reported a case of an old woman dying in the Zurich clinic in which grey hepatization was discovered when red hepatization was expected. In reality the course is not only somewhat variable, but the successive invasion of different contiguous portions of the lung makes it common for the same lung to show various stages of the disease instead of the single one so classified. The disease begins, no doubt as described, with congestion. This is followed by consolidation, and this from resemblance to liver tissue is called hepatization. When the exudate is rich in erythroctyes, and in consequence is red in color this is spoken of a red hepatization. This hyperemia subsides, the exudate becomes liquefied with the red corpuscles, leucocytes crowd into the air cells, as scavengers, and the color changes giving rise to the name grey hepatization. This, in short, is the very condensed description of these stages which may exist contiguous to each other in the same lung.

Microscopically it is often impossible to tell whether a piece of tissue came from an area of grey, or one of red hepatization. Shrinking and softening of the exudate soon allow some air to enter, and the ultimate restitution of the lung takes place partly by expectoration and partly by absorption. Portions of the softened exudate are taken up by the lymphatics, others carried away by the leucocytes.

Variations of these conditions are best studied in the causes of death, and in this connection I will quote Dr. H. Passler:

1st. In not too rare cases death is brought about by suffocation, because either the widespread pneumonia infiltration, or an edema, probably mostly inflammatory, reduces the respiratory are below the amount necessary for the maintenance of life.

2d. In a few cases exhaustion of right heart occurs in consequence of the increased resistance in the lesser circulation.

3d. Complications are frequently the cause, (a) Chronic alcoholism with especial danger through acute conditions, such as delirium tremens, etc. (b) Insufficiency of heart muscle already threatening or present at the beginning of the pneumonia, and consequent upon myocarditis, imperfectly compensated valvular disease, arterio sclerosis, obesity with weak skeletal and heart muscles, chronic nephritis or kyphosis. (c) The advanced age of patient.

4th. All these causes of death are of less importance than the danger of severe infection, in which occurs development of a pneumococcus sepsis and a consequent paralysis of the vasomotor center. In the discussion of the statement of Passer Hornung, states that the heart in pneumonia is always in a state of dilation, and that this condition is a result of a general vasomotor paresis, which is found in pneumonia in common with other infectious diseases. An infection of alcohol brings about a similar dilation, and the action of alcohol is the same as the toxins of other infectious diseases.

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DIAGNOSIS OF PNEUMONIA.

Dr. B. F. Crummer, who had kindly responded in the absence of Dr. Bridges (who came in later in the afternoon), said that, when the single term pneumonia is used, we understand it to refer to a lobar, or croupous pneumonia, and he should confine his remarks to that variety of the disease.

The symptoms of an acute lobar pneumonia are so striking that very often the diagnosis is made for you by the family. This has happened over and over again in his early country practice. The severe chill, the flushed cheek, and the difficult and rapid breathing with sharp pleuritic pain, constitute a picture that can hardly be mistaken for anything else. It is in the irregular, or so-called senile forms of pneumonia, that more skill is required in the diagnosis and more delay may be demanded before an operation is reached. These cases and also those called central pneumonia, are usually seen in alcoholic subjects, or in old or debilitated individuals. A very poor clinical division of pneumonia is

that made according to the age of the patient. The idea that all pneumonias of children are broncho pneumonia is false. Probably one-half the cases of primary pneumonias in children are of the lobar variety. The class of senile pneumonia do not furnish the striking symptoms and physical signs that go with what may be termed a "frank" pneumonia. Here we must make the best use possible of the history and of the physical signs in arriving at a diagnosis. We often find one of these cases that has been treated for typhoid fever or nephritis. There is another variety in which the nervous symptoms are so profound that the case imitates some brain lesion. These are the cases that are apt to lead the examiner astray. It should be remembered that in the central pneumonia there is no pleurisy, at least in the early stages, so that pain is entirely lacking; even the temperature and pulse rates may not be much disturbed. Generally, however, deep percussion will elicit an era of dullness, and careful auscultation will show high pitched or otherwise altered breathing sounds. Frequently these patients cough but little and do not raise a bloody sputum. In any case, either in children or adults, a pneumonia located at the apex may be easily overlooked. He recently saw such a case in a boy of 5 or 6 who had had a temperature ranging from 103 to 105 degrees for several days. The doctor in attendance had listened to the front and back of the chest and found the respiratory sounds quite normal. He was puzzled to account for the high temperature and the severe prostration in the case. However, the respirations were about 32 per minute, and, upon careful percussion, a very narrow area of dullness was found at the right apex. This case teaches that every part of the chest should be very carefully examined by all the means at our disposal. My impression is that these atypical, or irregular cases, are much more numerous since the advent of our epidemics of influenza.

Prognosis of Pneumonia.

Dr. J. M. Barstow also very kindly responded to the call of the president in the absence of Dr. Trevnor and spoke as follows:

He said that the prognosis depended upon the gravity of the attack and the condition of the patient. In the very young, among the aged, and in the cases of chronic alcoholics, the prognosis is very grave. Of all of these, it is best in the very young. As was said by Dr. Crummer, a pneumonia is often overlooked. For himself, he depends less upon the percussion note than upon the respiration sounds. The crepitant rale is his guide.. Emphysema modifies and obscures the dullness, but the crepitant and subcrepitant rale can be elicited if care be taken. The treatment of pneumonia is an unknown problem. Why? No two text books, no two authors, agree upon the treatment. All methods of treatment are useful in the various types of the disease. We overlook one detail, the overcrowding of the right heart and the pulmonary circulation, and our inability to unload it. The ordinary channels of elimination cannot be well used. He had arrived at the conclusion that each case of pneumonia was a distinct problem.

Discussion on Pneumonia.

Dr. Ross said that pneumonia had ben declared to be the most fatal of all acute diseases. Preceding a pneumonia, there was an irritation, or an inflamed area of lung tissue, an exposure to some germ with subsequent infection. Then there was congestion, cutting off the circulation of some lung area. This causes pain. Much should be done during the first twenty-four or forty-eight hours. Rest should be absolute and the treatment should be directed to the engorged condition. Catharsis should be secured. Then external applications should be applied and he accomplished more with these than with any other method. Should there be hot or cold fomentations. Cold produces contractraction, but it requires a deeply penetrating degree of cold. Hot fomentations are easier applied and accomplish the same results. Next in importance is the

use of fresh air, and the temperature of the room taken from the level of the patient's head, should be kept about 60. The area of lung involved is limited by the extent of the disease. Cough syrups are a thing of the past. Supportive measures and heart tonics are the things needed. Blood letting is all right if properly used.

Dr. Condon spoke with regard to pneumonia which followed surgical operations and those secondary to infectious diseases. Infectious conditions of the mouth and of the nasopharynx often give rise to a pneumonia because, in these conditions, there is less resistance in the lung tissues. Very often the high percent of mortality is due to pneumonia. In these cases the mouth should be thoroughly sterilized. Before operating in these localities, I am in the habit of having my patients go to the dentist and have the mouth thoroughly attended to prior to operation. After operation, I insist upon the use of a wash of oil of cassia, 1-5%, and carbolic acid ½%. Most postoperative pneumonias are lobar, not lobular.

Dr. Williams said that ice applied to the chest wall will no doubt produce a chill over the body, but would have no effect upon the temperature of the lung proper. He raised the question as to why one should use ice externally, and allow warm air to be breathed internally.

Dr. Ross replied to the question, saying that we do not attempt to transmit cold into the lung, but attempt to secure a reflex effect upon the lung tissue itself. This tissue is paralyzed by the engorgement. Ice applied directly to the surface of the chest wall is very bad practice. There should be no attempt to reduce temperature in this way.

Dr. Talboy said that there was no more important subject than this, and it always will be so as long as the rate of mortality is as high as it is. This rate is still about 30% and it was high time for us to change our treatment since there had been no improvement in the mortality. Stimulants do much more harm than good. The heart's action is too strong, rendered so by the effort of nature to overcome the obstruction. Stimulation of the heart was of very little benefit. There was much more reason to employ an expectorant. There is a sense of the want of air in all our tissues. Smith of New York tells us that the character of the pulse is a very unreliable guide. Mixed infections are very often present, as on the surface of the body. On the body, we attempt to secure free drainage. The same principal should be followed in lung trouble. One should secure free drainage and remove the occlusion. Cough is nature's method of relief. No opium whatever should be used. For one, he cannot see how we can use cold applications with benefit. Congestion has weakened the lung tissues and cold increases that weakness. The heart dilates and withdraws blood from the deeper tissues.

Dr. Riley said that he had long experience in the treatment of pneumonia, that he had always used opium and believed in its use. He certainly wished it to be used in his case if he ever had pneumonia. It does much more than arresting pain. He has had no reason to regret its use in any case. The symptoms of the disease change with its use. It does not stop the cough as has been alleged by some of the speakers. In his judgment, opium is worth more in pneumonia than all the other drugs combined..

Dr. Talboy replied to a question from one of the speakers and said that he had treated seventy-five cases of pneumonia in twenty years, losing but two. He used no opium and no stimulants.

Dr. Punton said that there were as many views on the treatment of pneumonia as there were men who spoke. He recognized that there had been no advance in the treatment of pneumonia during the past fifty years and he had no fear of this statement being contradicted. In fact, outside of two diseases, diphtheria and scarlet fever, there had been no advance in treatment. "Where the ground is most barren of facts, there theory is most luxuriant," said Gowers, and he fully agrees with him. We are befuddled as to treatment as ever. The consensus of opinion is that most of drugs are disbarred, and nature is to be relied upon.

Dr. Betts said that, as between the use of heat and cold, he had followed the use of cold, especially with the young. Cold would not answer with the aged. It does relieve the proper cases. He has no use for opiates though heroin has proven very useful.

Dr. Stone said that he wished to cover one little point, and that was the method of using heat, if it were used. He had learned from a country doctor in New York who had met with astonishing success in the treatment of pneumonia and whose article upon his method had created somewhat of a sensation in the large societies of New York, that the best way to apply heat was as follows: To boil about ten long, large ears of corn in the dish pan; to wrap three ears, placed end to end, in a small woolen blanket and place them along side of a leg; to place three more between the legs, and three more on the outside of the other leg. These not only furnished heat, but moisture as well, and were by far the pleasantest way of securing heat, moisture and very profuse sweating. He had accomplished most extraordinary results with their use.

Dr. Inez Philbrick said that the prevention of the infection of others during pneumonia had not been mentioned. She regarded it as very important that all vessels in the room, the clothes and, later, the room should be thoroughly disinfected. We frequently read of epidemics of pneumonia, and as to their contagiousness and this subject should be made very prominent in every discussion of the subject.

Dr. Lenhardt said that exposure was a very prominent factor in pneumonia; that sudden changes are very dangerous; that more men are affected by pneumonia than women; that it is far more frequent in middle life than at any other period. He said that diphtheria and pneumonia furnished us the best illustration of the effects of the absorption of toxins. The lung furnishes an excellent field for their absorption. No drug can have any influence upon an inflamed lung. Morphine should never be used. We cannot put the lung at rest as we would a broken leg, because the patient must breathe. Pain is a distinct and a useful symptom. It restrains the lungs from acting and forces rest to the extent possible. It helps to ward off the pneumonic process. Morphine permits of deeper breathing and checks elimination. Bleeding used to be done to relieve engorgement, and to remove the toxins from the blood. It is still practiced. Favel of Chicago had very recently bled Fenger three times, and this after consultation with very good men. Some authorities favored free catharsis. It removes the watery element of the blood and the toxins at the same time. The only mistake is that it removes the antitoxins as well. He has been in the habit of immobilizing the affected side of the chest. He uses adhesive plasters just as he does in pleurisy. He puts the plasters in position during the act of expiration, and it gives rest to that side. It has a disadvantage, for it may help to make pleuritic adhesion. In his judgment, heart stifulants are of no use.

Dr. Crummer said that the discussion had drifted away from diagnosis and pathology. He thinks Dr. Barstow is right as to the significance of the crepitant rale, but it is only heard for a short time, and, as it is of pleuritic origin, it may be heard in a case of simple pleurisy. Perhaps the subcrepitant rale is more uniformly the rale of pneumonia. Of course, if either one of these adventitious sounds is heard in connection with dullness on percussion, and bronchial breathing, we have strong reason to believe that pneumonia is present.

Senile pneumonia is as often lobar as lobular, and, in any case, the prognosis is bad. Most of such cases are fatal just as they are in alcoholics. It is true that there is a large death rate in pneumonia at any time of life, and it is never safe to promise recovery, but this is by no means a confession that before this disease, called the "Captain of the Men of Death," we are hopeless, and I have no patience with our pessimistic surgical brethren who have said so much about our failures in treatment. While it is true we have no specific for this disease, I believe that we can, by wise management, save many cases that

would otherwise die. Leaving out of the question medical treatment altogether, there are many ways in which the careful medical adviser can help his patient to recover. I need cite but one example and that is the avoidance of exertion of any kind or degree on the part of these patients, the neglect of which costs some lives. I lately saw a case in which rather sudden death occurred after a careless nurse had allowed the patient to arise repeatedly to defecate. The plentiful supply of cool air to the patient is another thing for which we often have to even fight.

As to the creasote treatment he had not found it of much avail in cases coming into the hospital with a pneumonia of four of five days duration. In a private case when it was begun soon after the chill, and where plain physical signs existed, with a temperature of 102.5 degrees F., he had been rather surprised to see everything subside in two or three days under large doses of creasote carbonate. Afterwards he learned that this patient, a man of 29 years, probably had incipient tuberculosis, and we know that, in these people, pneumonia runs an erratic course.

Recently he had treated one hospital case with the anti-pneumonoccic serum prepared by P. D. & Co., using 60 cc. in three days. The patient recovered.

As to protracted pneumonias, he could give no other explanation than that the system is incapacitated from producing its own antitoxin. However, most of these cases finally recover, or at least we learned that there is no special predisposition to tuberculosis in them.

For stimulation, I prefer strychnia to alcohol. The discussion of pain in the lung is rather queer when we remember that the lung is poorly supplied with sensitive filiaments. Probably the pain is all of pleuritic origin. In central pneumonias there is no pain.

Dr. Barstow said that stimulants were sometimes useful. He had no objection to the use of ice, if it was used early, and for a short period. If heat was beneficial, it was from the fact that it equalized the circulation. We needed a better diagnosis and pathology; we needed more precise knowledge to render us more successful in our treatment. In his judgment, statistics do show better results.

Discussion on Surgical Complications.

Dr. Knott answered some member, who raised the question as to why he did not mention irrigation in connection with the operation for empyema, that irrigation is always bad; that it can do no good, and can do great harm; that there have been reported several cases of deaths from its use.

Extrauterine Pregnancy.

Dr. Lord presented a recent specimen of extrauterine pregnancy. In a recent article, he had laid great stress upon the fact that we could not always wait for the classical symptoms of extrauterine pregnancy. The tube contained the fetal sac. The hemorrhage had taken place from the open mouth of the fimbriated extremity. Operation, done that morning, found the abdomen full of blood as well as the Douglas cul de sac. There had been no sense of distension, no faintness. The patient had not seemed materially affected. The menses had not been interrupted. She had had a flow of about ten days and had consulted her physician, Dr. Arthur, with reference to it. The doctor had found excessive tenderness in the vagina, to such an extent that the patient would not permit of an examination at all. This having been declined, the doctor advised rest and hot douches. The pain had become more intense, but the patient continued about her house. He had been called yesterday. There was no history of sterility. She had a two-year-old child. There was a hard, boggy mass to be felt in the pelvis. The pain was exquisite. He felt sure that it could not be a pelvic abscess, because pelvic abscess is not accompanied by such ex-

quisite pain. Notwithstanding the presence of the menses, without decidual shreds, the abscence of nausea, he felt that it was a case of extrauterine pregnancy and he ordered instant removal to the hospital. The patient and her friends were thunderstruck at the suggestion of the necessity for a serious operation. They could see no reason for it and objected strenuously, but he told them that the hemorrhage was going on, a drop at a time and could easily become very profuse; that she was sleeping over a stick of dynamite and she must be in such a situation that instant action could be had if necessary. He secured the removal to the hospital, but he was compelled to talk very decidedly. Since the diagnosis was not entirely clear, hedecided to puncture the Douglas cul de sac. If he got pus, well and good. If he did not, to then open the abdomen. The puncture brought no pus. The abdomen was opened and at least a quart of blood was found in the cavity. Some was fresh; some was old and black. The left tube was enlarged and the fimbriated extremity was oozing. The tube and ovary were removed. The right ovary showed two hemotoma, over two inches in length. He ruptured them and a bloody fluid came out. These cysts of the right ovary contained decidua and looked very much as if there was a pregnancy of the ovary. He should use the microscope to make sure as to the diagnosis.

(This patient became very much jaundice on the fourth day and died on the fifth day, apparently from peritonitis.)

POEMS THAT EVERY DOCTOR SHOULD KNOW.

HEROPHILUS TO HIS KNIFE.

(Upon being permitted to dissect live criminals, 300 B. C.)

Now shalt thou have thy way, thou little blade,
So bright and keen; now shalt thou have thy way,
And plod no more through bodies cold as clay,
But through quick flesh, by fiery pulses swayed.
A glorious and munificent duke hath made
Thee a great gift; live convicts, and to-day,
Though Nature shudder, thou shalt say thy say
On Life's deep springs where God so long forbade.
Fear not lest Mercy blunt thy edge, or make
The hand that holds thee o'er the living man
With any human hesitation shake;
But thou shalt tell me why his life-blood ran
Thus in his veins; what life is; and shalt slake
The thirst of thirsts that makes my cheek so wan.

—Eugene Lee-Hamilton.

My desire and aim have been to utter nothing but the truth. I have no love for error in any form or in any field of knowledge.—Hiram Christopher.

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

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T. H. DOYLE
JNO. DOYLE

NERVOUS DISEASES
F. E. COULTER

EYE AND EAR
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SURGERY
JACOB GEIGER
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PATHOLOGY
E. B. LA FEVRE

MEDICAL JURISPRUDENCE
T. B. ALLEN

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The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The 35th annual meeting of the American Medical Editors' Association, held at Atlantic City in June 1904, was one of the most successful in its history, C. E. de M. Sajous, President, presiding.

The many papers presented as well as the numerous applications received for membership, is possibly the best indication of the interest displayed in the society. Twenty-eight new members joined at this meeting.

Among the interesting papers read and thoroughly discussed, we would mention,

"Proprietary and Patent Medicines," Harold N. Moyer, Chicago, Ill.

"Military Medical Journalism of the Present Day," Major J. Evelyn Pilcher, Carlisle, Pa.

"Sundown Journalism," T. D. Crothers, Hartford, Conn.

"Medical Illustrations," H. V. Wurdemann, Milwaukee, Wis.

"Medical Journalism on the Pacific Coast," Winslow Anderson, San Francisco, Cal.

"The Medical Press vs. The Modern Plague," William Porter, St. Louis, Mo.

"Reading Notices," W. C. Abbott, Chicago, Ill.

"Imitation Journalism," H. Waldo Coe, Portland, Ore.

A Committee was appointed by the chair composed of C. F. Taylor, Chairman, Dr. Hogehead of San Francisco, Cal., and Dr. Pilcher of Carlisle Pa., and the Secretary, member ex-officio, to draft a new Constitution and By-laws to be presented at the next meeting.

Following an animated discussion of Dr. Porter's paper relative to the use of patent nostrums, the following resolution, endorsing the action of Mr. Bok, editor of the Ladies' Home Journal, was favorably acted upon:

WHEREAS, The public is, and long has been, suffering from the use of nostrums, and from the misuse of medicine, and,

WHEREAS, The medical profession and press have endeavored by every means in their power to instruct the laity upon the subject, and

WHEREAS, Some journalists, either do not understand the true situation, or find it to their pecuniary gain to favor the use of nostrums and pander to the green of their manufacturers at the expense of the health or even the lives of their dupes among the people, and,

WHEREAS, The eminent editor of the Ladies' Home Journal, Mr. Edward Bok, in an able and vigorous editorial on page eighteen of the May number of that journal, laid the truth of the matter before his readers, thus aiding in the work of warning and educating and conserving the health and welfare of the public, be it

RESOLVED, That the American Medical Editors' Association approves and commends Mr. Bok for the intelligent, honest, fearless and well-grounded position he has taken, which has been thoroughly appreciated by us and by the medical profession generally.

RESOLVED, That copy of these resolutions be spread upon the minutes of this meeting, be transmitted to Mr. Bok, and be published in the medical journals throughout the country.

The committee on resolutions also presented the following tribute to the memory of the late Dr. I. N. Love:

Through the joys of today come refrains in minor key. We welcome our friends again, but some have dropped out forever. One day eager in all that makes the activities of life—the next cold and silent on the bosom of the dark, mysterious river. Dr. I. N. Love was no ordinary man. Endowed as few are he cultivated the art of showing to others the natural buoyance of his nature and keeping well within himself the burden and shadows that few knew of and the many never dreamed of. No one was better known in the Medical Societies of the country and especially in this Association. Quick, witty, generous, he made friends at every turn, and if today he made an enemy, tomorrow he was likely to kill him with kindness.

Of his work as a physician and an editor, you who were his friends through the decades, need not be told. As a physician he was sympathetic and intelligent beyond the possibilities of most men. The devotion of his patients was a natural sequence following the sunshine of his presence in the sick room. As an editor he was original and personal, but his personalities were more likely to be eulogistic than censorious. He called his Journal "a reflex of the medical profession, but it was more notably a reflex of his own life.

Realizing the difficulty of expressing a just appreciation of the life of one so brilliant, so fascinating and energetic, yet in token of the sense of loss sustained by the Association, be it

RESOLVED, That a page of our record book be set apart for the resolutions and that a copy be sent with our truest sympathy to the members of his family.

WM. PORTER,
C. F. TAYLOR.

The following officers for the following year were elected:

President—Harold N. Moyer, Chicago, Ill.
First Vice-president—J. Evelyn Pilcher, Carlisle, Pa.
Second Vice-President—O. F. Ball, St. Louis, Mo.
Secretary and Treasurer—J. MacDonald, Jr., New York.

Executive Committee:

C. E. de M. Sajous, Chairman; John Punton, W. A. Young, W. C. Abbott, H. M. Simmons, C. F. Taylor, Chas. Wood Fassett.

This Association now enjoys a membership of over 100 active medical editors, and those medical journalists not now associated are invited to present their applications for membership to the Secretary, Dr. John MacDonald, Jr., 100 William Street, New York City, N. Y.

THE TREATMENT OF SUMMER DIARRHEA.

In the treatment of any form of diarrhea an accurate diagnosis must first be made. For convenience it is customary to classify diarrheas some what after this fashion: 1, Diarrhea of relaxation, or serous diarrhea, due to disordered innervation; 2, crapulous or lienteric diarrhea, due to imperfect digestion; 3, catarrhal diarrhea, acute or chronic; and 4, ulcerative diarrhea, due to intestinal ulceration.

This classification is by no means perfect as is shown by the multiplicity of terms applied to the various pathologic states characterized by diarrhea. Thus we have the terms acute inflammatory diarrhea, acute summer diarrhea, cholearic diarrhea, dysenteric diarrhea, nervous diarrhea, tuberculous diarrhea, etc. In each case the diagnosis is determined by the actual condition prevailing, of which the intestinal laxity is usually but a prominent symptom.

Apart from well-directed efforts to clear the intestine of bacteria, reduce the temperature, sustain the vitality of the patient, regulate the diet, secure proper hygienic conditions, rest, and good care, the selection of the proper antiseptic agent demands the exercise of the physician's best judgment.

Whether or not it be possible to attain intestinal asepsis is of course a debatable question, but it is a well established clinical fact that intestinal antiseptics do good and modify the course of enteric diseases of bacterial origin, notably typhoid fever, dysentery and summer diarrhea. However, there is a difference in the degree of efficiency of the various antiseptics, the utility of many being limited by the risk of untoward action from excessive dosage. In those cases of ileo-colitis caused by the bacillus of Shiga many of the serious symptoms are due to a mixed infection, to combat which prompt and vigorous measures are required.

The experiments of Novy and Freer (Contributions to Medical Research, p. 114) with benzoyl-acetyl-peroxide (Acetozone) showed that this substance is extremely germicidal to the organisms found in the alimen-

tary canal. Its administration to rabbits resulted in the "practical sterilzation of the contents of the stomach." In several experiments with these ianimals "the intestinal tract apart from the cecal pouch, was found to be sterile." Neither bouillon tubes not agar showed growths, though the controls gave abundant cultures. Other experiments showed that enzymes and toxins are also destroyed or rendered inert by acetozone. From these data we infer that this substance ranks among the most powerful germicidal agents, while it exerts no harmful effect upon the human organism, and may, therefore, be employed as a therapeutic agent in the treatment of summer diarrhea and other infectious enteric diseases with the best effect.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

After taking a Summer vacation of two months, during which many of its members have availed themselves of the opportunity for an outing —a few to the mountains, some to the lakes, but more to the Worlds Fair —this Society will resume its fortnightly meetings in September. The elegant hall in the King hill building has been secured for the season, and members are assured that all the comforts of home, including telephone service, will be provided in the new quarters. The meeting nights have been changed to the first and third Fridays of the month, the first date being September 2d. The program will consist of a paper on "Gastroptosis, from a Medical Standpoint," by Dr. J. M. Bell, and a discussion on the "Office Treatment of Hemorrhoids," opened by Dr. W. J. McGill. The profession cordially invited to all meetings.

DEATH OF SIR HENRY THOMPSON (subject of our front cover illustration).—The death is announced of the distinguished surgeon, Sir Henry Thompson at the advanced age of 83. He was Surgeon Extraordinary to His Majesty the King of Beligans, consulting surgeon to University College Hospital and Emeritus Professor of Surgery in University College, London. Born in 1820, his mother being the daughter of an artist, he entered University College, as a medical student in 1848, therefore somewhat late in life. He became F.R.C.S., Eng., 1853, but had already, by winning the Jacksonian prize for an essay on stricture of the urethra, shown his bent of mind. He took up the practice of lithotrity, and subsequently operated on the King of the Belgians with complete success. Another distinguished patient upon whom he operated was Napoleon III, but owing to extensive kidney disease the patient succumbed. In 1880 Thompson put into the practice of Bigelow of crushing and removing the stone at one sitting. His estate is valued at one million and a quarter dollars.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Handsome octavo, 900 pages, with 746 illustrations, 39 of them in colors. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth, $5.00 net; sheep or half morocco, $6.00 net.)

Dr. Hirst gives the keynote to this volume in the statement, that "almost all the diseases of women are conequences or complications of childbirth, and that their prevention is in the hands of the obstetrician." Each chapter has undergone sufficient revision to make this edition thoroughly abreast with the times. Special attention is given to the care of the genital organs before and after labor, also to the immediate repair of all lacerations of both vagina and the perineum. The reader is not only told, but shown by excellent cuts the various steps in all repair. Operative detail is set forth in the clearest manner. The new material on eclampsia and placenta previa is of decided value. The author holds that the mortality almost disappears in the latter, if his method of using the dilatable rubber bag is put into execution.

NERVOUS DISEASES. A Practical treatise for the medical student and general practitioner. By F. Savary Pearce, M. D., Philadelphia. Colored frontispiece and 91 illustrations in the text, many in colors. New York: D. Appleton & Company, Publishers, 436 Fifth Avenue. (Sold only by subscription. Cloth, $3.)

It is seldom that one fails to find in a text-book written by a teacher of prominence and published by a thorough-going publishing-house, some good reason for the book's existence. In this case, however, there does not seem to be a single reason why this volume should be placed before a long suffering profession. There is an entire absence of originality, confused and ambiguous statements abound. Subjects of profound interest receive the most superficial consideration and even the parts of the book which deal with anatomy are not ordinarily clear in expression. The mechanical construction of the book is bad. It could be of no advantage to any one to go into detail in regard to the many errors and weak parts of the book. A second edition will not likely appear. B.

OBSTETRICS AND GYNECOLOGIC NURSING. By Edward P. Davis, A. M., M.D., Professor of Obstetrics in the Jefferson Medical College and in the Philadelphia Polyclinic. 12mo. volume of 402 pages, fully illustrated. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Polished Buckram, $1.75 net.)

It is one of the characteristic signs of the times that books of this character should be so much sought after, thus demonstrating a necessity unknown even twenty years ago and unthought of previous to the Civil

War. In reference to this special treatise it may fittingly be said: The usefulness of this book to the nursing profession is manifest by the fact that a second edition has been called for. It is necessary for an obstetric nurse to possess some knowledge of natural pregnancy and of its consequent diseases; and as gynecologic nursing is really a branch of surgical nursing, special training and instruction are required to meet the conditions arising. This book just fills the need, everything that the obstetric and gynecologic nurse should know being included. The second edition shows evidence of having been carefully revise throughout, and considerable new matter has been added. It would be well if every trained nurse possessed a copy of this book, for it certainly is of inestimable value.

A System of Practical Surgery. By Prof. E. von Bergmann, M.D., of Berlin, Prof. P. von Bruns, M.D, of Tubingen, and Prof. J. von Mikulicz, M. D., of Breslau. Edited by William T. Bull, M.D., Professor of Surgery, College of Physicians and Surgeons, New York. In five imperial octavo volumes containing over 4000 pages, with about 1600 illustrations in the text and about 110 superb full-page plates in colors and monochrome. Sold by subscription only. Philadelphia: Lea Brothers & Co., Publishers. (Price per volume: Extra cloth, $6.00; leather, $7.00; half morocco, raised bands, $8.50. Volumes I and II now ready. The other volumes will follow rapidly.)

Professor Bull in his editorial preface states very concisely and thoroughly that which one seeking information concerning this splendid compilation of Practical Surgery would most need to know as follows.

"The recognition of the value of this work of von Bergmann, von Bruns and von Mikuliczs has been both prompt and widespread. Its appearance was immediately followed by translation in Spanish and Italian, and its first edition was in such demand that the earlier went out of print before the later ones could pass through the press. The second edition, carefully revised and brought thoroughly up-to-date in regard to literature and new matter, has been the basis of the present translation. This work has been done with great fidelity and thoroughness. The translators have brought to their work not only a keen enthusiasm and industrious effort, but also a wide surgical experience, enabling them to add judicious references to methods of practice, which are preferred by English or American surgeons. They have increased the number of illustrations by drawing on the material found in recent German literature.

This work is really encyclopedic in character. Many of its chapters exceed in scope those of the text-book, or even special treatise. All have been written by men of acknowledged authority and large clinical experience. While it is chiefly clinical in character, there are abundant pathological data, details of original research and statistical facts, which render it the most important surgical work of the day."

The contents of this first volume consists of:

(1) Injuries and diseases of the skull and its contents, with chapters under this general subject devoted to: Injuries of the head before birth and during labor; injuries of the covering of the skull; diseases of the

covering of the skull; injuries of the bones of the skull; diseases of the bones of the skull; injuries and diseases of the brain, its membranes and vessels.

(2) Malformations, injuries and diseases of the ear, with chapters devoted to: Malformations of the ear; injuries of the ear; diseases of the ear.

(3) Malformations, injuries and diseases of the face. Plastic operations with chapters devoted to: Malformation of the face; injuries of the face; diseases of the face; plastic operations.

(4) The neuralgias of the head, with chapters devoted to: Trigeminal neuralgia; neuralgia of the occipital nerve.

(5) Anomalies, injuries and diseases of the salivary glands, with chapters devoted to: Anomalies of the salivary glands; injuries of the salivary glands; diseases of the salivary glands.

(6) Injuries and diseases of the jaw, devoted to: Injuries of the jaws; diseases of the jaws; operations on the jaws.

(7) Malformations, injuries and surgical diseases of the nose and adjacent tissues, with chapters devoted to: Malformations of the nose and naso-pharynx; injuries of the nose; surgical diseases of the nose and its adjacent sinuses; preliminary operation for the exposure of the interior of the nose.

(8) Malformations and injuries of the mouth, with chapters devoted to: Malformations and congenital diseases of the mouth and tongue; injuries of the mouth; diseases of the mouth.

(9) Malformations, injuries and diseases of the Pharynx, with chapters devoted to: Malformations of the pharynx; injuries of and foreign bodies in the pharynx; diseases of the pharynx; operations on the pharynx.

In this system, if we are to find the succeeding volumes of equal value to the first, we have a working library containing in suitable form for our busy age "the essence of the surgical knowledge of two continents," and that garnered by men of finished education and wide experience. B.

TUBERCULOSIS AND ACUTE GENERAL MILIARY TUBERCULOSIS. By Dr. G. Cornet, of Berlin. Edited with additions, by Walter B. James, M.D., New York. Handsome octavo volume of 806 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $5.00 net; half morocco, $6.00 net.)

This is the seventh volume to be issued in Saunders' American Edition of Nothnagel's Practice, and the remaining four volumes are in active preparation for early publication.

The American edition of Professor Corne's exhaustive work appears at a time when the subject of tuberculosis has a peculiar claim upon the attention of mankind. Within a few years both professional and general public interest in the disease has taken enormous strides. In almost every civilized community societies for the prevention of tuberculosis are being organized, and these are composed not only of physicians but of laymen, while governments themselves are taking an active part in the movement.

Under these circumstances, and at this time, the work is of interest to practitioners, for there is no other treatise which gives an equally clear and comprehensive view of this subject.

The article on Acute General Miliary Tuberculosis has been admirably written and gives a thoroughly clear understanding of this disease.

The importance of the Chemistry of the Tubercle Bacillus and its bearing upon immunity have warranted a thorough treatment of this subject.

The work is complete and logically arranged, and the editor has made additions here necessary to bring it down to date.

There cannot be too much said favorable to this volume. The person who buys it will benefit not only himself, but his fellowmen. B.

THE TREATMENT OF FRACTURES: With notes upon a Few Common Dislocations. By Chas. L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Fourth Edition. Thoroughly revised, enlarged and reset. Octavo volume of 534 pages, with nearly 700 original illustrations Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Polished Buckram, $5.00 net: Sheep or Half Morocco, $6.00 net.)

When the writer reviewed the third edition of this work it was stated that the volume was as classic in its field and destined to have a wide range of usefulness. There is no better companion for a medical man.

"Four large editions of this work in less than four years testify to its value. The book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones. The student sees the actual conditions as they exist in fractured bones, and is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 688 of them, all from new and original drawings and reproduced in the highest style of art. Several chapters of special importance are those on Gunshot Fractures of Bone; The Roentgen Ray and Its Relation to Fractures; The Employment of Plaster-of-Paris, and the Ambulatory Treatment of Fractures."

A TEXT-BOOK OF OPERATIVE SURGERY. Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for students and practitioners. By Warren Stone Bickham, Phar.M., M.D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York. Handsome octavo of 984 pages, with 559 illustrations, entirely original. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth, $6.00 net; Sheep or Half Morocco, $7.00 net.)

There is an originality about this volume that appeals to one who reads it, compelling him to continue its inspection beyond that of an or-

dinary review. The affectionate dedication of the book and the sincerity which marks every statement of the author is a fitting prelude to the remainder of the undertaking.

"The work completely covers the surgical anatomy and operative technic involved in the operations of general surgery. It is constructed on thoroughly new lines, the discussion of the subject being remarkably systematized and arranged in a manner entirely original. A feature of the work to which we would call especial attention, and for which alone it is well worth the price, is the wealth of magnificent illustrations. There are 559 of them, all entirely original. They depict the progressive steps in the various operations detailed with unusual clearness, and at the same time represent the highest artistic excellence. The text is fully abreast of the latest advances in surgery, all the recent improvements along the line of technic being adequately discussed. Another feature distinguishing it from other works on operative surgery, is the treatment of the anatomic side of the subject in connection with the operative technic. The illustrations will be found of particular assistance in this connection, the muscles, bones, etc., being clearly indicated, together with the lines of incision. It is a magnificent work, worthy a place in the choicest library." B.

"THE TWENTIETH CENTURY HOME" is retaining the typographical excellence and artistic make-up that won such universal praise for the initial number six months ago. Its popularity proves it to be a giant among the woman's magazines. The August number is excellent in every detail and is beautifully illustrated.

MEN AND WOMEN is fast forging to the front as the most popular of the home journals. It excells all other publications intended for the home, in that it appeals to every member of the family. Subscription price, $1.00 a year. The publishers will be pleased to send the readers of the MEDICAL HERALD a sample copy. Address Men and Women, Cincinnati, O.

THE MONTICELLO.—Physicians who will attend the meeting at the World's Fair of the National Association of Gynecologists and Obstetricians, September 13 to 16, will be interested to learn that the society has selected a delightful hotel, situated just in front of the beautiful Forest Park, for their meeting place, instead of a hot and stuffy auditorium down in the city and that with such delightful surroundings, every precaution for comfort and satisfactory sessions is offered. The Monticello Hotel has entertained a number of conventions, all of them being composed of business men of the highest type. The character of the hotel is of the very best, and the special rates that it has offered to the physicians, assure them in advance that all rumors which have been circulated detrimental to St. Louis' hospitality, are belied by their conduct. Certainly no more profitable stroke of business could be conceived by any hotel than that which is pursued by the Monticello, which is, to send every guest away as a personal advertisement of its hospitality. This, we hear from all sides, is the reputation of the Monticello.

Therapeutic Department

Conducted by A. L. Benedict, M. D., Buffalo.

The Salicylic Group of Drugs.—The salicylic acid radicle is antiseptic, somewhat antiperiodic, though not so markedly so as quinine and the other cinchona alkaloids, antipyretic and depressant to the point of being a fatal poison if given in too large a dose. Analyzing these statements, we find that they are all due to a similar action upon protoplasm, of bacteria, the malarial parasite, and the higher animal cells, respectively.

Salicylic acid itself is only slightly soluble and its use is mainly confined to the preservation of meats, cider, beer, etc., to the prevention of bacterial decomposition of cocaine, suprarenal extract., etc., and as a mild antiseptic for the eye, peritoneum and other localities in which stronger antiseptics, as bichlorid of mercury, are contraindicated. As a preservative of foods and beverages, salicylic acid has been generally condemned, as leading to the development of interstitial nephritis and probably of similar changes in the liver and other organs and to deterioration of the blood. Yet it must be admitted that no measurable danger exists from any single, or even a few uses of this drug, and it has lately been warmly championed and its dangers minimized by Eccles in the Medical News.

The administration of salicylates is mainly confined to the sodium salt, which is readily soluble. Whenever preferred, however, the potassium lithium, ammonium or strontium salt may be substituted or methyl salicylate, which constitutes nearly 100 per cent of oil of wintergreen, may be used. These preparations are principally used in acute rheumatism, for which they come as near being specific as any drug, in any condition. The comparatively recent corroboration by Poynton and Paine and others of the existence of a specific rheumococcus—a view long held by many, at least in a crude form—explains the efficiency of this drug in acute rheumatism in a simple way, but it has also been quite positively demonstrated, along an entirely independent line of investigation, that the salicylates increase the excretion of urine and bile and, in particular, that they drag with them, uric acid or its congeners.

Thus, the action of the salicylates in subacute and chronic rheumatism, lithemia, gout, etc., which are probably not infectious processes, is also favorable, on the whole, though by no means so brilliant as in the treatment of acute rheumatic fever.

As a urinary antiseptic pure and simple, the salicylic preparations may also be used, either in one of the forms mentioned, as salol, or otherwise. However, urotropin and some of the other newer urinary antiseptics are superior.

As a diuretic, the salicylates may also be employed, diuretin a salicylate of sodium and theobromin, being a favorite though not an ideal drug.

Sodium and strontium salicylates have been advised in the medical treatment of gall stones, and the writer can vouch for the occasional success of such treatment. It is, of course, impossible to redissolve large and dense calculi, and the occasional passage of gall stones after medical treatment is explained by surgeons as a coincidence of such treatment with

spontaneous discharge of small stones. However, it is now well established that gall stones are almost invariably due to subinfection of the biliary passages and gall bladder, usually with the colon, and next most frequently with the typhoid or paratyphoid bacilli. To check such a process, the salicylates may reasonably be employed. It can readily be shown by experiment that gall stones are not dissolved, even after standing for three or four weeks in quite strong solutions of sodium salicylate, although they may appear to become slightly disintegrated upon the surface. Probably whatever effect the administration of salicylates has upon the elimination of gall stones, is due to bile itself, which is increased in quantity and rendered more nearly normal in quality by salicylates. As many cases diagnosed as gall stones are merely cases of biliary infection, mucous obstruction, "inspissation" of bile, etc., the use of salicylates may often produce a cure and avoid an unnecessary operation. The writer has recently witnessed a sad verification of this statement—or rather of part of it. A patient who presented every indication of gall stones, as diagnosed by three observers independently, and even including a shadow with the radioscope, was advised to try medical treatment for two months and to resort to surgery later, if necessary. After rather desultory treatment for three weeks, the patient yielded to the advice of the surgeon and was operated upon. No calculi were found—they may perhaps have been passed—but a condition of biliary infection and partial obstruction was found. The patient died from shock. Thorough medical treatment could probably have accomplished a cure.

Strontium salicylate seems to be more of a nerve sedative than the ordinary forms and is especially indicated in gall stones, with painful attacks and in other conditions in which it is desired to combine a sedative. It has apparently worked well in certain cases of diabetes, probably those without organic lesion of the pancreas, but due to disturbance of sympathetic innervation. Its action is, however, largely empiric and being usually employed in connection with a restricted diet—always in the writer's experience—it is difficult to decide what credit is to be given to the drug.

Oil of wintergreen, though pleasant to the taste, becomes very distasteful if long continued, most patients preferring the less sapid salts. It is especially valuable as an external ingredient of liniments, and rheumatism, boils, carbuncles and various localizations of bacterial processes may be efficiently treated by local applications of a gram or two confined by an air-tight dressing.

As internal antiseptics, acting through the blood, salicylates may be employed in a variety of conditions though usually the results in severe septic processes, will be unsuccessful.

As local, alimentary antiseptics, more slowly soluble preparations are obviously required, but my personal experience is that, those containing the salicylic radicle are far superior to the benzoates, naphthols, phenols, etc. The old reliable salicylic antiseptic is salol, a white, gritty powder with an aromatic odor and taste similar to that of bee bread. One gram has produced death, on account of the phenol with which the salicylic radicle is combined. Some, however, consider that deaths from salol are due to impurities and, therefore, they employ the drug freely, and, usually

with impunity. A safe rule is not to exceed half a gram at a single dose, one gram in a day, nor two grams in four days. It is freely, though slowly soluble in purpetrol (pure mineral oil), and may be used in 1-3 per cent strength, with or without menthol, camphor, etc., in the throat, especially in rheumatic pharyngitis, in the treatment of chronic typhlitis and colitis, putrefaction, I use it in the following formula:

℞ Menthol 3
Salol 3
Bismuth subcarb 15
Purpetrol 450

S. 15 cc. three hours P. C. (Shake. It is best not to repeat without an intermission of the salol.

A safer internal antiseptic than salol, is salacetol, which is practically the same thing with the phenol radicle replaced by acetyl. Twenty-five centigrams, three or four times a day, is usually sufficient, but the dosage may be as large as for any other salicylic preparation. It is insoluble in purpetrol and not of so agreeable a taste as salol, but it is effective and by no means offensive.

Salol, and other similar compounds, have been used to test gastric motility on the ground that their decomposition is effected by the pancreatic juice, or rather, by the combined alkaline intestinal juice. On account of the gradual, and early evacuation of the stomach, this test is useless in ordinary atony, but it may be of service in cases of nearly absolute ischochymia. However, if alkaline putrefaction occurs in the stomach, or if much mucus is present, the salol will be dissolved even if it cannot reach the intestine. On the whole, the test is misleading. In one of my consultation cases, with nearly absolute closure of the pylorus by a cancer, through a misunderstanding, the giving of the salol as well as the saving of the urine, was repeated every hour and the patient died. It was rather inclined to ascribe the immediate death to the salol, but the surgeon who is fond of using it in large doses, disagreed with this opinion and I trust he was right.

The antipyretic properties of salicylates are practically never made use of, indeed, any marked action in this direction is usually considered toxic. However, it is altogether probable that ordinary therapeutic doses, as in rheumatism, owe part of their symptomatic effect to this action. The same statement may be paraphrased so far as pain is concerned.

The principal warning symptom when salicylates are being pushed, is ringing in the ears. Reduction of pulse, subnormal temperature, free clammy perspiration and brownish black urine are distinctly toxic indications and, while one should be on the outlook for them, they can scarcely be called warnings, but rather proof that damage has been done.

Surgery

L. A. Todd, M. D.

Epigastric Hernia.—(C. G. Cunston, N. Y. Med. Jour.)—Two factors may determine the development of epigastric hernia: One is the presence of pro-peritoneal lipoma, which by its growth separates the fibres of the linea alba in the epigastric region; the other depends upon structural changes in the abdominal wall, either congenital or acquired. The fibrous tissue above the umbilicus is thin and readily gives way. Omentum, large and small intestine may be found in the sac. Strangulation is unusual. The hernia is frequently overlooked, especially when the patient is in the recumbent posture; but when he is made to stand erect with the trunk bent forward and cough the protrussion is easily diagnosticated. The prognosis is favorable, if the case is seen early. Trusses are of no use. Radical operation is indicated. The operation consists in dissecting out the ever-present lipoma and isolating the neck of the sac. The sac is opened, the contents reduced and a ligature is thrown around the neck. The linea alba is closed preferably with mattress sutures.

Superpubic Prostatectomy under Nitrous Oxide Anesthesia.—(Joseph Wiener, Jour. A.M. A.)—Up to the present time the contraindication to the operation of prostatectomy has been the danger resulting from ether and choroform. The other dangers are shock and hemorrhage. These three objections can be overcome by the use of nitrous oxide as an anesthetic, and the performance of rapid work. The author obtained in his series of cases very satisfactory results in the presence of old age, marked cystitis and diabetes. Some of the operations were done in from eight to fifteen minutes. He concludes, (1) suprapubic prostatectomy can be rapidly and safely performed under laughing gas; (2) any patient who can stand laughing gas for ten minutes or twelve minutes can have the operation performed; (3) old age, diabetes and cystitis are not contraindications; (4) all of the contraindications usually mentioned are contraindications not for the operation, but for the administration of ether or chloroform.

What Is the Best Anesthetic for Children?—(Thos. L. Bennet, Archives of Pediatrics.)—Certain errors are prevalent regarding the use of anesthetics in children. These errors are responsible for the increased death-rate from anesthetics in children as compared with adults. There is a widespread belief that chloroform is the anesthetic of choice for children. The writer claims that chloroform is dangerous for children, basing his statement on a wide experience as an anesthetist. This anthesthetic cannot be given gradualllly, and in a smooth manner to a struggling and crying child with irregular respirations, hence, sudden overdosage is common at this time owing to the temptation of the administrator to add the chloroform faster than he would if the patient were quiet. Thus the intake of the anesthetic is greatly increased. The child receives about six times as much chloroform as he should. Again, death often occurs in these cases because the anesthetic is given too rapidly. Chlcroform is to be preferred to ether in childern, only in cases of acute bronchitis, pneumonia, nephritis and marked respiratory obstruction. The important precautions should be

the avoidance of a concentrated vapor, and the use of the smallest amount of the anesthetic. The unpleasant effects usually noticed in ether administration—coughing, choking, excessive flow of mucus—are due to faulty administration, either the use of too much ether, or forcing it too rapidly. Ether is the safest anesthetic, and does not cause the circulatory depression seen with chloroform. On the other hand, the circulation is stimulated. The writer states that nitrous oxide is not as satisfactory in children as in adults, and under its use they often present early symptoms of asphyxia. This applies especially to prolonged administration. For momentary operations it is safe and satisfactory, and yields even better results when mixed with oxygen. Ethyl chlorid and ethyl bromid are being used considerably more than formerly in children, but their true position as to safety has not been determined They act rapidly and should be used cautiously.

The Prevention of Tetanus.—(D. N. Eisendrath, Jour. A.M.A.)—The writer shows that in the case of blank cartridge wounds the wad itself is free from tetanus bacilli. The bacilli are carried into the wound along with the dirt which exists upon the injured part. It is the same with the rusty nail, and the pitch-fork. The wounds produced are punctured wounds, usually in thick skin which quickly closes over the puncture, thus sealing up the bacillus ladened dirt or wad, and furnishing the best possible conditions for bacterial growth. If these wounds are treated early in a proper manner, the possibility of the development of tetanus is slight. After the symptoms of constitutional infection begin, the pognosis is bad, in spite of the use of antitoxin and of the other established medicinal measures. Much is to be wished for in the curative treatment of tetanus. At present the high mortality can be reduced only by early and radical prophylactic methods. The local treatment employed by the author consists in applying a constrictor, retraction of the wound edges, excision of the edges of the infected tract, and the removal of foreign particles. The whole wound area is then swabbed with pure carbolic acid followed immediately by 96 per cent alcohol, packed with gauze and a 1-1000 salicylic acid dressing applied, over which a splint is bandaged. No sutures are employed, but the wound is left to granulate. The points emphasized by the author are as follows: (1) Early and thorough exposure of the wound, retraction of its edges, and the removal and disinfection of all infected tissues. (2) Prophylactic injections of antitoxin, to combat the toxins already absorbed. (3) A constrictor should be employed to render the part bloodless, and either local or general anesthesia employed. (4) The blank cartridge itself does not contain tetanus bacilli, but undoubtedly carries them in while penetrating the skin. (5) The instruments which cause punctured wounds are covered as described above with tetanus bacilli or the manure of horses, etc.. and are thus carried into the wound. (6) Our only hope in reducing the high mortality of tetanus is in the thorough application of such radical measures as have just been described.

A SEASONABLE POINTER.—Do not neglect to screen your fever patients to guard against mosquitoes.

MEDICAL SOCIETY OF THE MISSOURI VALLEY

The seventeenth annual meeting of this association will be held Thursday and Friday, August 25th and 26th, at Council Bluffs, Ia. An entertaining program has been prepared, and the adoption of a new constitution and by-laws, placing this society in line with the American Medical Association will make this one of the most important meetings in its history. The Committee on Arrangements extends a cordial invitation to the profession, and announces an excursion to Manawa Park on Thursday evening, where a smoker will be given for the entertainment of the visitors. Headquarters and meeting-place at Grand Hotel. Initiation fee to the society one dollar; annual dues one dollar.

Program

Order of Business

Registering and payment of dues.

Call to order, Donald Macrae, Chairman Committee of Arrangements.

Address of Welcome, - Mayor Macrae

Response - - - R. C. Moore, Omaha

President's Address - - A. D. Wilkinson

Reading of minutes of last meeting.

Report of committee on credentials and election of new members.

Report of Committee on arrangements.

Report of Secretary.

Report of Treasurer.

Miscellaneous business—reports of special committees.

Report of judicial committee.

CLINIC

Election of Officers and installation.
Selection of next place of meeting.
Adjournment.

Presentation of Papers

H. Douglas Singer.....(Lond.) Omaha
The Clinical Importance of the Reflexes

A. L. Wright.....Carroll
Hallux Valgus

A. D. McKinnon .....Lincoln
Recurrent Dislocation of Shoulder Joint and its Treatment

J. W. Cokenower.....Des Moines
Congenital Dislocation of the Hip

Mary Strong.....Omaha
High Forceps Operations

A. E. King..... Blockton
Temperature, Its Significance and Treatment

A. C. Stokes .....Omaha
Treatment of Prolapse of Rectum

S. Grover Burnett..... .....Kansas City
Is it Mental Trauma?

J. E. Summers, Jr.....Omaha
When not to Operate in Appendicitis

R. C. Moore .....Omaha
Tinea Trichophyton

C. B. Hardin .....Kansas City
Cerebro Spinal Meningitis

F. E. Walker.....Worthington, Minn.
Appendalgia

LeRoy Crummer .....Omaha
Treatment of Diabetes

W. F. Morrow ..... Kansas City
Scarlet Fever, its Causation and Relation to Boards of Health

Harry Everett.....Lincoln
Two Gall Bladder Cases Presenting some Unusual Conditions

W. L. Kenney .....St. Joseph
The Ocular Manifestation of Syphilis

Flavell B. Tiffany.....Kansas City
Affections of the Lachrymal Apparatus with Deformities Repaired by Paraffin Injections

J. M. Aikin .....Omaha
Facial Nerve Palsy

Samuel C. James.....Kansas City
Paper

E. H. Thrailkill.....Kansas City
Fistula in Ano

Prince E. Sawyer.....Sioux City
Simple Catarrhal Proctitis: Pathology and Treatment

Daniel Morton..... .....St. Joseph
Treatment of Patients after Abdominal Operations

News of the Month

(Contributions to this department cordially solicited from our readers. Items of interest to the profession should be addressed News Editor, Medical Herald, St. Joseph, Mo.)

CAMP FOR CONSUMPTIVES.—The Illinois State Medical Society recently opened a camp for poor tuberculous patients near Ottawa.

POISON IVY CAUSES DEATH.—A 42-year old man died recently in St. Joseph's Hospital, Chicago, after two months extreme suffering from ivy poisoning.

DISTRIBUTES TETANUS ANTITOXIN.— The health commissioner of Buffalo announces that he is now prepared to furnish free tetanus antitoxin when necessary.

SENTENCED.—Four years in the penitentiary was the sentence imposed upon Dr. George W. Barrow, of Americus, Ga., for assault with intent to commit murder by criminal operation.

YELLOW FEVER SCARCE.—The republic of Mexico is, according to the reports sent in, almost free from yellow fever. The increased use of oil and screens is given the credit for this happy state of affairs.

ANTI-VARIOLA CAMPAIGN.— The health commissioner of Baltimore has been allowed $6,500 by the board of estimates for the purpose of combating smallpox. The fees for extra vaccine physicians will absorb most of this sum.

CONSUMPTIVES CAMP.—A tuberculous colony has been established on North Brothers Island near New York City, to determine what effect sea air in that vicinity has upon tuberculosis. The results so far are said to be most promising.

THE DEMAND FOR MICROSCOPES.—A well known German manufacturer of microscopes will shortly have turned out ten thousand instruments. The ten-thousandth 'scope is being made with special care as it is to be presented to Koch as an appreciative token of his pioneer work along the line of bacteriologic microscopy.

TRAVEL NOTES.—With this as a heading, Doctor Senn, who is on a tour around the world, commences in a recent number of the Journal of the A. M. A., a series of letters that promise to be of great interest to the profession. Doctor Senn left San Francisco on July 7th and hopes to reach New York about the middle of October.

Matters of Medical Interest

Is Pneumonia Contagious?—The Board of Estimate of New York City has made an appropriation of $10,000 to defray the cost of a commission of medical men who are to attempt to decide whether or not pneumonia is contagious. The health commissioner wishes to have the question settled if possible before he goes to the expense of disinfecting houses.

Do You Want to Win $25,000?—With every paid up subscription to the Medical Herald, is given a chance to win the capital prize or 2,000 smaller prizes, in the World's Fair Contest Co. (Guaranteed by the Mo. Trust Co.) If you are already a subscriber, you may learn how to compete by writing to this office for particulars.

A New Journal.—The Missouri State Medical Association has decided to publish its transactions in the form of a monthly medical journal and the initial number of the *Journal of the Missouri State Medical Association* appeared on July 1. Dr. C. M. Nicholson is editor, assisted by Dr. C. Lester Hall, F. J. Lutz, Woodson Moss, M. P. Overholser, Robert T. Sloan, and L. A. Todd.

Dr. John Punton, Superintendent of the Punton Sanitarium or Home for Nervous Invalids at Kansas City, Mo, is adding a large addition to the Sanitarium building, in response to an increased demand for accommodaitons by patients. There is also being built a large extension to the verandas, which will be used by the guests for places of recreation. The management of the Sanitarium appreciates the support received from the medical profession and has great confidence in the continued success of the institution.

The American Medical Association in 1905.—The date set for the next session of the American Medical Association is July 11-14, 1905. This date has been decided on after considerable correspondence. The holiday season for the majority of medical men is from about the first week in July to September, and the schools have by that time all closed. Most of those who live in the East will want to utilize the trip to the association meeting as their summer vacation, and if the date were that usually adopted for the association meeting. these would not be able to attend. In July Portland has a delightful climate, and consequently there need be no fear of hot weather.—*J. A. M. A.*

State University School of Medicine.—The annual announcement of the medical department of the University of Missouri is at hand. A careful perusal of its contest shows that the department is now well equipped for instruction in medical science. A hospital with a capacity of fifty beds open to the sick of Missouri, a clinical amphitheatre with a seating capacity of one hundred, and a large medical laboratory are among the prominent new features of the school. About twenty-five men, supported by salaries, who devote themselves to teaching, writing and research, are in charge of the laboratories. The course of study is now four years, thirty-six months in length. Clinical and laboratory work are strongly emphasized. By a proper arrangement of courses a student may receive both an Academic and a Medical degree in six years.

SPECIAL NUMBER.—The next issue of the Medical Herald will contain the papers and proceedings of the Sioux Valley Medical Society.

CAN HIS NAME BE A MISNOMER?—Brother Still, of Kirksville, in the last number of *The Journal of Osteopathy*, voices himself in a way that might lead to some interesting complications. He says: "The question is being asked almost hourly, 'What is osteopathy?' In answer to that I will say, 'It is a system of surgery!'" Now, the osteos have been struggling these many months to induce the courts to declare that osteopathy is not medicine or surgery, and on this decision they hold their lease on life in most states. In other States, as in Illinois, they are permitted to practice because they disclaim any relation to the practice of medicine or surgery. If osteopathy is surgery, osteopaths have not the right to practice in many states.—*Chicago Clinic.*

MISSOURI'S BIG BOOK.—Eighty thousand volumes of the most comprehensive book concerning the Commonwealth of Missouri ever issued have just been published by the Missouri World's Fair Commission and are now ready for judicious free distribution at the Missouri State building by Walter Williams, the well-known editor, under whose direction the work was prepared. "The State of Missouri—An Autobiography," as the book is called, aims to answer concisely, clearly, frankly and interestingly every question that can be asked about our great state. It contains over thirteen hundred excellent and notable photographic scenes in Missouri history, industry, buildings and landscape. Each of the one hundred and fourteen counties is represented in these photographs as well as in the letter press. The heading of the chapter upon each county shows some of its characteristic scenes. From whatever standpoint considered, the work is a monumental one, placing as it does in a permanent, concrete and entertaining form the history, resources and advantages of our great commonwealth.

GLYCOGEN IN DIABETIC ALBUMINURIA.—The writer calls attention to the value of glycogen in the treatment of diabetic albuminuria. He recalls the fact that last year he was led to conclude that the hepatic cell in diabetics seemed to have lost the power of fixing glycogen in its cytoplasm. His researches have since been confirmed by Monier, of Liege. This brings to mind the fact that Frerichs many years ago, having obtained by trocar from a diabetic patient a parcel of hepatic tissue, ascertained microscopically the absence of glycogen in the hepatic cell. Albuminuria is a grave complication of diabetes and requires active treatment. Unforunately, this symptom and diabetes are, as it were, antagonistic, the former requiring a milk diet, or at least a diet rich in hydro-carbons; the second, on the contrary, demanding a diet from which are excluded as much as possible starches and sugars. Again, considering the condition of the kidneys in diabetics, certain remedies now used, antipyrin and other toxics, cannot be employed. The writer found that the methodic use of glycogen seemed to avoid this difficulty, and mentions a number of cases with charts to sustain his point. The dose administration began, as a rule, with one gramme (15 grains) in the course of the day.— M. Laumonier, Bulletin General de Therapeutique, January 15th, 1904.

WORLD'S FAIR VISITORS.—The pavilion erected by the Frisco-Rock Island Systems at main entrance of the World's Fair is surely a place of no little interest. in fact, it is one of the many attractions. Visitors to the World's Fair are cordially invited to inspect the Frisco-Rock Island System building. Here will be found a place of rest, courteous attention, besides, there will be distributed, free of cost, souvenirs and descriptive literature of the great Southwest. The reader will, undoubtedly, overlook a very important attraction in case of failure to visit the Frisco-Rock Island System pavilion. Remember, main entrance World's Fair.

BRUISES, SPRAINS AND ABRASIONS consequent upon tennis, golf, mountain climbing and other out-door sports are prevalent at this season. Infected wounds are frequent and disabling. Country life also brings the results of contact with poison-ivy, poison-oak and the various venomous insects with their characteristic weapons of offense. In all these cases the physician's first thought should be antiphlogistine. It reduces inflammation of all sorts better and more quickly than any other application, while for poisoned wounds and dermatitis venenata it is almost a specific.

ALLOUEZ IN BRIGHT'S.—Extremely beneficial results are obtained in Bright's, where there is a heavy waste of albumen, by the uninterrupted administration of Allouez magnesia water taken in doses of one glassful every three hours. It soothes the inflammed kidneys, retards the waste of albumen and destroys the tubules. Its alkaline action results in a toning up of the system. In cases of recent origin, the specific gravity quickly rises to normal and the urine resumes its characteristic color. O'Keefe reports a typical case: "After continued treatment, including a mild diet, I prescribed Allouez alone, in the case of a young man suffering from Bright's (acute parenchymatous nephritis), and the prompt results obtained were very gratifying. When placed on the water the kidneys were enlarged, very tender and could be seen bulging the sides and front of the abdomen. The urine was heavily loaded with albumen, tube-casts, and tissue, having a specific gravity of 1008, and excretion only amounted to 6 to 8 ounces in 24 hours. The passage of urine increased rapidly to 90 ounces in 24 hours, with specific gravity at 1.014. The urine became clearer, and in two weeks the quantity of urine passed in 24 hours decreased from 90 to 60 ounces, and gravity became normal.

THE SECRET OF EFFICACY.—The success attending the employment of phospho-albumen is a familiar matter with the progressive element of the profession, the reason for its efficacy will bear study. The various animal extracts alone and in combination have already established themselves, the most important, lecithin, is the foundation of phospho-albumen; combined with lecithin are nuclein, spermine, phosphorized albumen and protagon, the elegant result of this combination is proving one of the most effective tonics ever offered to the profession. Phospho-albumen was originally purposed alone for nervous disorders, but its field of usefulness has widened to include all the anemias, in fact it may well be used wherever an active nerve food and tissue-builder is desired.

WHERE hysteria is the result of uterine troubles, aletris cordial (Rio) combined with celerina, is an excellent remedy.

THE WORLD'S GREATEST FAIR AT ST. LOUIS

(CONTINUED FROM PAGE 412)

"The Pike"—In a recent issue we called attention to the most interesting of the pike attractions, and will only take the time in this issue to mention a few special attractions which no one should miss the opportunity of seeing.

The Cliff Dwellers comprises three hundred descendants of the original cliff dwellers of Arizona and New Mexico, affording a valuable contribution to the science of ethnology; teaching the derivation of the tribes of the human family, a science which seeks to answer the great problem, "Whence came man and whither is he going?" A valuable aid in solving this great question is furnished in the exposition of the "Cliff Dwellers on the Pike."

The Baby Incubators where at all times a dozen or more real live babies may be seen, is interesting alike to the doctor and to the layman. The principle in operation in the case of the poorly developed infant is precisely the same as that we naturally associate with the hatching of chickens without the aid of the patient hen. Heat is the principal factor in producing this development, but it is heat regulated by unlimited skill, accompanied by infinite patience and devotion.

Over and Under the Sea is a miniature harbor of real water, the exact depth of which we cannot say, but can testify to a most remarkable trip by boat, where fish of every size, form and shape could be seen, coral reefs, etc., and after ascending to the surface and passing through a thoroughfare to the base of Eiffel Tower, we are taken in an elevator on board a great bird-like craft, and our aerial journey homeward is commenced. A fine birds-eye view of Paris is afforded from this vantage point, as well as the cities of Switzerland, and then our course carries us over the great Atlantic, landing at the World's Fair in St. Louis.

The Naval Battle never fails to interest the spectators. The show is very realistic, the program including the reproductions of the naval battles of Manilla, Santiago, Port Arthur and other famous sea combats. The boats are twenty-eight in number, and operated by electricity.

The Philippine Exhibit occupies 47 acres in which are housed 75,000 catalogued exhibits, as well as 1,100 representatives of the different peoples of the islands. It comprises the walled city and its approach, the bridge of Spain; the dwellers on Arrowhead Lake; the Plaza Santa Cruz; a demonstration of educational progress, including a Philippine school in active operation; a replica of the capitol building of the Philippines; an exhibit of the tropical hard woods; an ethnology exhibit; a fisheries exhibit; an exhibit of mineral wealth, and groups of men and women selected from various tribes, including Negritos, Igorrotes, Moros and others, all with their native surroundings. All Americans interested in the progress made in developing our insular possessions should visit this marvelous exhibition.

South African Boer War—The audience is brought face to face with heroes who played conspicuous roles on Transvaal battlefields. In a rugged amphitheater of wooded hills on Skinker road, surrounded by a perspective of African scenery, is reproduced the battle of Colenso, fought on the Tugela river December 15, 1899, where eleven field guns were captured from Gen. Long, and where Buller's British forces were held in check for many days.

The battle of Paardeburg, where Gen. Cronje surrendered on February 27, 1900, to Lord Roberts, is also presented. The battles are reproduced twice a day, with uniforms and guns worn in the actual conflict.

Tyrolean Alps—At the extreme eastern end of The Pike rise the apparently snow-capped peaks of the famous Swiss mountains, visible from almost every part of the Fair grounds. The exterior illusion is complete in the minutest detail, and as the visitor passes within he finds himself in the midst of an Alpine scene which is remarkable for the faithfulness of its portrayal.

CLIFF-DWELLERS, ON "THE PIKE," WORLD'S FAIR

In the village street stands a statue of Andreas Hofer, beneath a little chapel cut into solid rock. The surrounding cottages are all faithful imitations of Tyrolese dwellings, taken from the hamlets of Bozen, Hall, Bruck and Goss. Tyrolean girls, clad in bright national costumes, sell souvenirs in the street, through which foams a miniature torrent, spanned by several bridges.

Passing to the left of the fountain one boards the tram car for a trip through the mountain valleys. An ingenious arrangement of scenery brings the heart of the Alps to the World's Fair. The car halts at intervals for glimpses of the most picturesque of the Alpine villages, including the birthplace of Mozart. the famous composer. At the end of the tram line an elevator carries the visitor to the peaks of the Ortler, where a noisy waterfall, crashing through the mountain, passes to a picturesque little lake, lends added realism to the Rummelspacher scenes.

Mineral Waters on exhibition in the Palace of Mines and Metallurgy, Louisiana Purchase Exposition, in the U. S. Geological Survey Collective Mineral Water Exhibit, installed and Classified by Dr. A. C. Peale, U. S. Geological Survey, Washington, D. C.

ALABAMA
- Cherokee Mineral Water, Citronville.

ARIZONA
- Aqua Caliente Springs.
- Castle Creek Hot Springs, Castle Creek.

ARKANSAS
- Eureka Springs, Eureka Springs.
- Potash Sulphur Springs, Lawrence.
- Mountain Valley Water, (near) Hot Springs.
- Ravenden Springs, Ravenden Springs.

CALIFORNIA
- Castle Rock Spring, Castella.
- Bartlett Spring, Bartlett Springs.
- Napa Soda Spring, San Francisco.
- Yosemite Crystal Springs.
- Paraiso Mineral Water, Salinas.
- Castalian Water.

COLORADO
- Sulphur Springs, Sulphur Springs.
- Clark Magnetic Mineral Water, Pueblo.
- Canon City Vichy Canon City.
- Yampah, Glenwood Springs.
- Colorado Lithia Water, Pueblo.
- Columbia Mineral Water, Denver.
- Manitou Springs, Manitou.

CONNECTICUT
- Stafford Spring, Stafford Springs.

CANADA
- Abenakis Springs.

FLORIDA
- Orange City Springs, Orange City.
- Magnolia Springs, Magnolia Springs.

IDAHO
- Idaho. Soda Springs

ILLINOIS
- Gravel Springs, Jacksonville .
- Sanicula Springs, Ottawa.
- Aqua Vita Mineral Water, Maquon.

IOWA
- Red Mineral Spring Water, Eddyville
- Boone Mineral Water, Boone.

INDIANA
Blue Cast, Fort Wayne.
West Baden Springs, West Baden.
Pluto, French Lick.
Ugogo Mineral Water, Martinsville.

KENTUCKY
Blue Lick, Blue Lick Spring.

KANSAS
Abilena Abilene.
Hoover's Mineral Spring, Onaga.
Sycamore Mineral Water, Sabetha.
Geuda Springs, Geuda Springs.
Sand Springs, Abilene.
California Spring, Ottawa.
Waconda Spring, Waconda.
Delaware Spring,, Fredonia.

LOUISIANA.
Abita Springs, New Orleans.

MINNESOTA
Owantonna Vichy Spring Water, St. Paul.

MASSACHUSETTS.
Howe Spring, Millbury.
Pepperell Mineral Spring, Pepperell.
Ballardville Lithia Water, Ballardville.
Miles Standish, South Duxbury.
El-Azhar, Lowell.

MICHIGAN
Eastman Springs, Benton Harbor.
Pagoda Water, Mount Clemens.
Prosit, Flint.

MAINE
Raymond Water, Raymond.
Poland Water, South Poland.
Highland Spring Water, Androscoggin County.
Mount Hartford Lithia Water.

MISSISSIPPI
Castalian Mineral Spring Water, Castalian Springs.
Arundel Lithia Water, Meridan.
Iuka Mineral Springs Iuka.
Tallaha Mineral Spring Water.
Stafford Mineral Spring Water, Vossburg.

MISSOURI
B. B. Bitter Mineral Springs, Bowling Green.
Crystal Lithia Spring Water, Excelsior Springs.
Belcher Mineral Water, St. Louis.
Old Orchard Mineral Water, Old Orchard.
Wyaconda Diuretic Mineral Water, La Grange.
Windsor Water, St. Louis.
Chalybeate Spring, Mooreville.
Jackson Lithia Spring, Kansas City.
Regent Mineral Spring Excelsior Springs.
Sulpho-Saline Spring, Excelsior Springs.

NORTH CAROLINA
Jackson Springs, Jackson Springs.
Va-de Me-cum Mineral Water, Stokes County.
Eupeptic Springs, Statesville.

NEW YORK
Congress Spring Water, Saratoga Springs
White Sulphur, Sharon Springs
Hathorn Water, Saratoga Springs
Star Springs, Saratoga Springs.
Lincoln Spring Water, Saratoga Springs.
Saratoga Adirondack, Saratoga Springs.
Saratoga Vichy Springs, Saratoga Springs.
Quevic Springs, Saratoga Springs.
Excelsior Springs, Saratoga Springs.
Great White Sulphur Spring, Richfield.
Alen Springs, Watkins Glen .

NEW HAMPSHIRE
Londonderry Lithia. Nashua.

OHIO
Oak Ridge Mineral Spring, Greenspring.

PENNSYLVANIA
Saegertown Mineral Water, Saegertown.
Purock Water, Malvern.
Wind Gap of Blue Mountain, South Bethlehem.
Eprata Mountain Spring, Lancaster County.
Gray Mineral Spring, Cambridge.

SOUTH CAROLINA.
Harris Lithia Water, Harris Springs.
White Stone Springs, White Stone Springs.

TEXAS
Milford Mineral Well, Milford.
Dullnig's Well Water, San Antonio.

TENNESSEE
Lockeland, Nashville.
Wright's Epsom Lithia Water, Mooresburg.
Tate Epsom Spring, Tate Springs.
Whittle Springs, Whittle Springs.
Eastbrook Spring Water, Eastbrook.

VERMONT
Dearborn's Natural Mineral Water, Woodstock.

VIRGINIA
Blue Ridge Virginia Spring Water, Blue Ridge Springs.
Alleghany Springs, Alleghany Springs.
Chase City Lithia Water, Chase City.
Buffalo Lithia Springs, Buffalo Lithia Springs.
Nye Mineral Water, Wytheville.

WISCONSIN
Bethesda Mineral Water, Waukesha.
Chippewa Springs, Chippewa Falls.
Sheboygan Water, Sheboygan.
Arcadian Lithia, Waukesha.
Waukesha Imperial Water, Waukesha.
White Rock Lithia Water, Waukesha.
Blue Rock Mineral Water, Janesville.
Allouez Mineral Spring Green Bay.

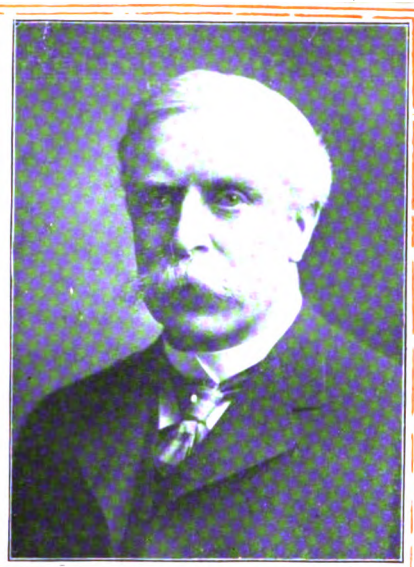
WEST VIRGINIA
Pence Spring, Pence Spring.
White Sulphur Springs, White Sulphur Springs.
Webster Springs, Webster Springs.
Manacea, Irondale Springs.

WYOMING
Rawlings Spring, Rawlings.

SIOUX VALLEY SOUVENIR

TWENTY-THIRD YEAR

DR. WM. E. QUINE, CHICAGO.
President-elect Illinois State Medical Society.



THE Medical Herald.

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TOPICS FOR

SEPTEMBER

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The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., SEPTEMBER, 1904.

Sioux Valley Medical Association—Official Transactions

PAPERS READ AT THE NINTH ANNUAL MEETING AT SIOUX FALLS, S. D., JUNE 22 AND 23, 1904.

SYPHILIS AND THE NERVOUS SYSTEM.

H. Douglas Singer, M. R. C. P. (Eng.), Omaha, Neb.

THE subject included under this title is far too large to allow of any attempt to deal with it fully in this paper, and I propose to consider certain general pathological features upon the comprehension of which must depend any attempt to give a rational prognosis.

Syphilitic lesions in whatever part of the body they occur always involve primarily the connective tissue of the part and only affect the true cells of the organ secondarily. The microscope shows that syphilitic lesions are composed of varying degrees of two main processes: (1) Inflammation. (2) New growth. These two may exist separately in almost pure form but in the great majority of cases are present together. The inflammation though occasionally acute is generally of a chronic nature and like all other forms of chronic inflammation occurring in connective tissue (generally known as interstitial inflammation), results in the formation of fibrous tissue which steadily undergoes contraction. This type of syphilitic lesion is well illustrated by one of the forms of syphilitic disease of the testis resulting in the formation of a shrunken sclerosed organ. The new growth which is the essential part of a gumma, arising, as I have said, in connective tissue resembles sacroma so closely when seen under the microscope as to be hardly distinguishable from it. It exhibits a tendency which it shares with other forms of the so-called infective granulomata to undergo caseation or softening, a form of local necrosis. This type of process is also well illustrated by disease of the testis in which organ gumma is not uncommon and tends to soften and break down.

These are the processes of which all true syphilitic lesions are composed, no matter where they are situated. All changes occurring in the true cellular elements of the various organs are secondary to these, and

may be produced in two ways. Firstly, it it is practically certain that the cause of the lesions is some form of micro-organism, and if that be true, toxins will be produced by the life of these microbes living in the connective tissues which will have a deleterious effect upon the cells. This then is the first method in which the tissue cells may be affected. The second manner is by interference with the blood and lymph supply which may be produced in several ways. The contraction of the new formed fibrous tissue which as we have seen is the result of the inflammatory process, or the pressure exerted by the mass of gumma in the new growth process will either of them result in a diminished supply of nutriment to the cells and will, if allowed to continue, eventually lead to their death. Lastly, syphilis may involve the walls of the arteries, giving rise to diminished blood supply, and thus interfering with the nutrition of the parts supplied by these arteries.

The virus which gives rise to the secondary and tertiary manifestations of syphilis is undoubtedly carried by the blood, and this being so it is not surprising to find that the walls of the blood vessels are a common situation for such lesions. There are certain vessels which for some unknown reason are very liable to be so affected, viz., the aorta, and the small arteries of the brain and spinal cord. The character of this lesion is identical with that which is seen elsewhere and which has been already indicated. There is both inflammation and new growth in the connective tissue of the wall of the vessel. As a result of the new growth, which occurs in the form of yellowish patches in the subendothelial layer, the lumen of the vessel is more or less narrowed and the blood stream is consequently diminished. If the process is allowed to continue the endothelial lining undergoes degeneration with the result that the blood is liable to coagulate upon it, and still further contract the lumen of the artery and may give rise to complete occlusion. Or on the other hand, the new growth may undergo softening and cause great weakening of the wall of the vessel which then under the pressure of the blood may stretch and produce an aneurism, or may even rupture and cause hemorrhage. In either case, thrombosis or hemorrhage, the tissue which should be supplied with blood by the affected vessel is deprived of its nourishment, and unless this can be kept up by other vessels the result must be death of the tissue.

These are the pathological facts. Let us consider for one moment the effects of treatment. By proper treatment we are able to remove entirely, that is, to say cause the absorption of inflammatory products and new growth of syphilitic nature, provided they be in an early stage, apparently without leaving behind any defect, but if they have passed beyond this to the formation of fibrous tissue, or to the occurrence of softening, although we can still cure the disease a scar must be left. Now a scar situated in the liver or other such organ, will unless very large, make but little difference to the economy of the body, because every liver cell has the same function, and the body is provided with many more liver cells than are absolutely necessary. But a scar in the nervous system is quite another matter, because it means the loss of some tissue whose function cannot be taken on by another set of cells or fibers. This is the essence of what I wish to convey to you in this paper, and I shall have occasion to emphasize it later.

Hitherto we have been considering the pathology of syphilis in general, and all the remarks made above will apply to any region of the body. Let us proceed to consider a little more in detail their application to the nervous system. There are two points which render the effects of syphilis in this system different in some features from the same disease in other parts of the body. One of these I have already referred to, but will repeat it. Almost every part of the nervous system has some particular function allotted to it which cannot be performed by any other part. The second point is that the majority of the small vessels of the brain and spinal cord are end-arteries, that is to say, they have no adequate anastomosis with other arteries, and hence if a vessel be occluded by thrombosis, the tissue supplied by that vessel must inevitably die.

The diseases due to syphilis of the connective tissue of the nervous system may be divided into two classes thus:

1. Affections of the supporting framework or of the membranes.
2. Affections of the blood vessels.

But there is a third class which must be included under the head of parasyphilitic diseases.

To deal with this last group first. The name, originally, applied by Fournier, has been accepted by the majority of neurologists and includes those diseases in which the causal relation of syphilis is undoubted and yet in which researches have hitherto failed to demonstrate any of the anatomical changes typical of syphilis which have been described above. It is intended to convey a definite idea which is very difficult to explain, but which practically amounts to saying that the cause of the disease is syphilis, but that the mode of its action, i.e., its pathological anatomy is not known, and it includes the belief that they are not to be cured by anti-syphilitic treatment. The most important diseases of this group are tabes dorsalis and general paresis. I do not propose to enter more fully into a consideration of them, but venture to express the opinion that future investigation will demonstrate that their cause is actual syphilis, and that probably they should be included in group number 2.

Group 1 includes all those diseases in which there is a syphilitic inflammation or new growth (gumma) and which may be classified according as they are situated in the connective tissue of one or other part of the nervous system, thus:

1. Meninges.—Chronic inflammation of the dura mater of the spinal cord in the cervical region (cervical pachymeningitis) is a well known condition and a similar affection sometimes involves the dura covering other parts of the cord and also of the brain. Gummata of the meninges covering the brain also occur and will give rise to symptoms as a result of the pressure they exert upon the contiguous part of the brain.

2. Brain and Spinal Cord.—Gummata growing actually within the substance of the brain or cord are probably very rare, but as they would readily be removed by treatment, it is possible that this is the reason they are not more commonly seen in the post mortem room. Syphilitic inflammation of the brain, or rather of brain and pia mater (meningo-encephalitis) is not uncommon as the cause of the symptom-complex known as cerebral syphilis which is often very difficult to distinguish from general

paresis, except by its course. This would probably be better classed as an affection of the pia mater.

3. Nerve Roots and Peripheral Nerves. Gummata growing in the connective tissue sheath of these structures occur occasionally, and more often upon the nerve roots than the nerve trunks. It is also at least probable that there is a form of inflammation of the connective tissue sheath of nerves of syphilitic nature (syphilitic neuritis).

Group 2 includes by far the most common of the ways in which syphilis may affect the nervous system and also those which produce the most serious results. We have already considered the anatomy of the lesion in the vessel wall, and have pointed out the results, viz., Thrombosis, aneurism and hemorrhage. The vessels most often affected in this way are in the brain, the middle cerebrals, and in the cord, the vessels in the mid-dorsal region. The middle cerebral artery supplies practically the whole of the Rolandic or motor area of the cortex and the parts about the internal capsule, one of the most important regions of the brain. But any of the other vessels may be affected, anterior cerebral, posterior cerebral, basilar or their branches. Similarly the vessels of the other levels of the spinal cord may be and often are affected even when the most severe lesion be in the mid-dorsal region. The effects of thrombosis upon the brain and cord tissue will be identical, as far as loss of function is concerned, with those produced by hemorrhage, although the mode of onset is often somewhat different. In both cases the final result is necrosis or softening of a certain area of substance which means an irreparable loss of the functions of that area. Such lesions occurring in the brain (cerebral thrombosis, cerebral softening) are well known to all of you, as a common cause of hemiplegia, but it is only now becoming recognized that the same condition occurs in the spinal cord and constitutes the great majority of cases of so-called acute transverse myelitis, in which careful microscopic examination reveals the syphilitic disease in the walls of the arteries and the thrombosis which results from it.

The symptoms produced by these various forms of syphilitic lesions will obviously depend upon the position of the lesion, and as this may be practically anywhere, it is obviously impossible to describe them in this paper; their variety is as large almost as the subject of nerve diseases itself. Broadly speaking, they may be divided into two categories, irritation and destruction. Irritation of nervous tissues will give rise to pain when sensory regions are affected and to muscle spasm when motor are involved. Destruction gives rise to loss of sensory functions and motor paralysis.

What are the lessons which are to be learned from such a conception of the pathology of syphilis in its dealings with the nervous system? As an illustration of its value let me quote to you a sentence from a paper recently read before the Buchanan County Medical Society, St. Joseph, Mo., a sentence which embodies the belief and teaching of many physicians. It runs: "Nervous symptoms of syphilis generally terminate favorably. No matter how severe, or how extensive, or how long standing." A brief consideration of the pathological facts given above will at once convince you that this is to a large extent erroneous, especially in regard to the results of vascular lesions, either in the brain or the spinal cord. If the disease has progressed so far as to give rise to thrombosis,

which is the most common result, the death of a certain amount of nerve tissue is inevitable, and the symptoms due to this death cannot be removed, no matter how soon they are treated, or how slight they be, even although you can and do remove all the syphilitic disease. Prognosis is of fundamental importance to a physician's reputation, and the recognition of these facts will save you much dissatisfaction, both on your own part and on that of your patients. In giving a prognosis, try to estimate how much tissue has been actually destroyed, because the symptoms due to the loss of this tissue will never disappear. Such an estimation is obscured by the fact that when the thrombosis occurs there is a certain degree of damage and shock, sufficient to destroy function temporarily, in parts neighboring the actual area supplied by the thrombosed vessel. The symptoms due to this will subsequently recover under appropriate treatment, and it is only by carefully studying the case from day to day that any even approximately accurate decision as to how much is permanent, and how much temporary, can be reached.

There is also another very important lesson to be learned, which is that of early diagnosis, before the irremediable damage has been done. The duty of making this early diagnosis before the onset of the hemiplegia or paraplegia, must rest with the general practitioner. The specialist unfortunately never sees these cases until the severe symptoms arise, when it is too late to ward them off, and all that can be done is to try to ameliorate the effects. Fortunately disease of the vessel walls generally gives rise to symptoms for some days, or even weeks before the thrombosis occurs, to which immediate attention ought to be paid. It is quite possible at this stage to cause the absorption of syphilitic lesions in the walls of cerebral and spinal vessels as anywhere else in the body, and in this way to avert impending thrombosis. Again, even when this dire condition has arisen proper treatment may prevent further spread of symptoms by curing disease which may and probably does exist in other vessels, as yet not thrombosed. As an example let me quote briefly the case of a man who having had syphilis a year previously noticed one day pains in his back and legs, and difficulty in lifting his feet. He continued in this condition for two months, and then in the course of a few hours, became completely paralyzed in his lower extremities, with complete incontinence of urine and feces. In this case I have little doubt energetic treatment when the first symptoms arose would have warded off the second severe thrombosis, which will leave the man a cripple for the rest of his life.

In conclusion, let me add a word of caution in regard to treatment, a caution which Sir William Gowers has frequently impressed upon me. When you make the diagnosis of syphilitic disease of the vessels of the brain or spinal cord, do not administer potassium iodide. As you know this drug is often prescribed with a hope of inducing congulation of the blood in cases of aneurism, and such being the case, it is obviously unwise to prescribe it where the object is to prevent the occurrence of thrombosis. The proper method to pursue is to get the patient well under the influence of mercury in order to cause absorption of the products of the syphilitic disease. Sir William Gowers has told me that he has seen cases in which he was convinced that the administration of iodide of potassium had precipitated thrombosis and consequent hemiplegia, the very results which it was given to prevent.

APPENDICITIS.

Carl J. Holman, M. D., Mankato, Minn.

THAT appendicitis is the most important of intra-abdominal lesions is manifested by its frequency, its tendency to recur, rapid progress and fatality. Why should some cases be catarrhal, others acute, why some suppurative and others gangrenous? After extensive research it has been proven that the bacillus coli communis is found in a large percentage of each form—thus showing that it manifests itself in all degrees of inflammation. Clinical and bacteriological study of this organism shows that its virulence differs greatly, that on a free normal mucous membrane it is harmless, but in an appendix with defective drainage it rapidly multiplies and produces a toxin of great virulence. This multiplication of bacilli suffices to inaugurate an alteration of the mucous membrane which results in either a mild or malignant form of infection.

The appendix lies normally in the great majority of cases behind the cecum, pointing upwards, thus allowing free drainage, but if the organ becomes either herinated or its lumen narrowed through fecal impaction or kinking, then inflammatory changes occur. That the appendix is a functionless organ and composed of tissue of low vitality and scanty power of resistance may be seen in the following case:

Mrs. H., age 38, had had her right ovary removed three years previously, for cystic degeneration. The surgeon examined the appendix, but finding it normal did not remove it. During the succeeding three years she had been a constant sufferer with dragging pains in her right side. However for the removal of a uterine fibroid she had submitted to a second laparotomy and we found that the appendix, by its free end had become attached to the uterus so that appeared as a supporting ligament to the rapidly enlarging organ.

Perhaps in no other disease is there greater variance in the relation of symptomatology to pathological alterations, and for this reason it is impossible to tabulate a fixed set of symptoms which positively indicate a definite pathological lesion. While it is generally true that the clinical manifestations will become more severe with increasing destructive changes—still it is also true that perforation—pus formation or gangrene may supervene with remission of all symptoms except local tenderness. We must learn from this, therefore, that absence of sign or symptoms shows us nothing of the changes which are going on within the abdomen. Our dependence must be placed upon the positive, and not upon the negative findings. The four cardinal symptoms of appendicitis are pain, tenderness, rigidity of the right abdominal wall and gastro-intestinal disturbance. Pain is the most constant and diagnostic symptom. It usually commences suddenly in one previously healthy, and often after having partaken of a liberal meal. At first the pain is referred to the epigastric or umbilical region, but later becomes localized in the region of the appendix, and there are a variety of regions in which the appendix may be found. We have seen it under the liver, in a right hernial sac, in the pelvis simulating a pus tube and in the center of an abscess cavity in the left groin. A fair knowledge of the amount of peritoneum involved, can be obtained by the location of tenderness upon palpation.

In a simple inflammation involving only the mucous coat of the appendix, there will be tenderness only when pressure corresponds to its location, but when all the coats of the organ are inflamed, pressure in a distant field will cause pain. Sudden cessation of pain in cases otherwise progressive is indicative either of complete gangrene or rupture. Rigidity of the abdominal muscles appears early and is most pronounced in extravasations. It disappears when distention develops. Vomiting usually corresponds to the severity of the inflammation, as does also the rapidity of the pulse.

A rapid pulse, especially if the rapidity increases suggests an advancing inflammation. A very rapid, feeble pulse characterizes perforation. Temperature taken in the mouth alone is without value, but when compared with that taken three or four inches within the rectum is of great importance. A difference of several degrees in the mouth and rectal temperatures indicates peritonitis, and when the mouth and rectal temperatures are nearly the same, general peritonitis can be excluded.

Rectal and vaginal examinations are of especial importance in those cases in which the amount of abdominal tenderness is not found to correspond with the signs and symptoms.

In order to gain assistance from leucocytosis, counts at different intervals should be taken and the percentage of polymorpho-nuclear as well as the total number of leucocytes estimated, for, in a progressive case we may find a decrease in the absolute leucocytosis, but a relative increase in the number of polymorphonuclear cells. Therefore leucocytosis is of value only when the presence or absence of a relative or polymorphonuclear leucocytosis is determined.

While the blood count covering a certain period of time is of value, yet in severe conditions showing pain, tenderness, rigidity, and vomiting —the aseptic scalpel without delay in the hands of the aseptic surgeon promises more for the patient. In the presence of perforation, the necessity of opening the abdomen is so essential that valuable time should not be lost in waiting for a blood count.

The following case which was one of a series of cases which we reported in the St. Paul Medical Journal for May, 1904, illustrates some of the points which I wish to emphasize:

Mary L., age 16, seen first August 16, 1901. She had always been well aside from occasional cramps in side, especially distressing just preceding the menstrual flow. She had menstruated for two years, the last period being about ten days ago. On August 15th she had severe pain in the abdomen, just below the navel, but not severe enough to confine her to bed. After the pain had subsided she rode to town in a lumber wagon, a distance of four miles each way. This was in the morning. In the afternoon she had more pain, in the evening she felt better and drank a glass of milk and ate a cracker. She had been asleep for some time when at 2 a.m. she was awakened with severe cramps in the abdomen and asked her people to send for the doctor. I saw her about 9 a.m. She was in bed with the limbs flexed and her hands above her head. The tongue was coated, pulse 90, temperature 98.6 and respiration 30 and thoracic. There was rigidity of the right rectus and tenderness on pressure over McBurney's point. She stated that if she could have a good bowel movement she thought she would be better. She was given an enema of salts

and gylcerine which resulted in the passage of flatus and hard fecal matter, but gave practically no relief from the pain. She had vomited before my arrival and vomited frequently while I was at the home. The urine was passed freely and abundantly. It was suggested to the parents that an immediate operation would undoubtedly spare their daughter from a severe and tedious illness, and then, too, the possibility of other sequelae, perhaps more dangerous than the complications arising with the usual early intervention. Consent was readily obtained, and she was given morphine sulphat and placed on a cot and taken to St. Joseph Hospital, Mankato, a distance of eighteen miles. We saw her seven hours later, and found her quite comfortable. The pulse at 1 p.m. was 114; temperature 101.5. 5 p.m. pulse 104, temperature 102.5 and she said she was free from pain, and thought she would not need the operation.

It was explained to the girl and her mother how freedom from pain meant nothing in her favor, in fact it probably meant that a rupture had probably taken place. With her consent she was taken to the operating-room and narcotized with chloroform and ether. The usual appendiceal incision was made. Upon opening the peritoneum gas having a fecal odor escaped and there was creamy yellow colored fluid present. The parietal and visceral peritoneum were highly infected and congested, but the shiny glass was present. Small particles of feces were found around the location of the appendix. The appendix was found to point downward and in ward, and was about three inches long and as thick as the little finger. Its base was club-shaped or pyramidal, and there was at the apex a perforation which would easily admit the end of a match, and from which was exceeding cecal contents. The cavity was wiped dry and the appendix was amputated and the cecum inverted. Gauze packing was placed in the space occupied by the appendix. The wound was left open and blood washing instituted by giving 2000 c.c. normal saline solution under the breasts. At 6.30 p. m. the pulse was 102, respiration 30. The nurses were instructed to give no fluid by mouth and to keep the patient in the sitting posture. Saline solution were given per rectum every four hours, and an ice-bag was placed over the abdomen for pain. No morphine was given. The next morning, August 17th, temperature 100, pulse 94, respiration 28. She had urinated freely and had vomited some. In the evening the pulse was 88, temperature 100.5, respiration 28. Urinated freely and no vomiting. Wound draining well and dressings changed. On the 18th, a. m., pulse 72, temperature 99.2, respiration 26. On the 19th, a. m., pulse 87, temperature 99.2, respiration 32. Wound continues to drain well; urinates freely. At the beginning of the third day after operation she was given calomel and salts, which resulted in free stools, and from this time on no untoward symptoms arose. The drain was changed on the morning of the fifth day. There was profuse discharge of pus from the wound which had ceased by September 6, 1901, and the patient left the hospital well.

In this case the painful menses were due to a chronically inflamed appendix pointing downward. With no elevation of temperature or pulse there was a severe intra-abdominal condition, and after rupture had taken place the pain ceased. In this case the smooth recovery is attributed to early operation. The difficulty of a correct diagnosis is encountered not so often in the acute as in the chronic cases. Many of the so-

called stomach cases will be found to be sufferers with recurrent appendicitis.

Mr. C.J.P., age 47, merchant; large developed muscular man, who had at one time been a free user of alcoholics, suffered for three years or more previous to his consulting me with what he called stomach trouble. His mother had died of cancer of the stomach and by several physicians he had been given the probable diagnosis of gastric cancer. However, he allowed us to explore. The stomach, pylorus and gall-bladder were found negative, but a large long inflamed appendix was removed which resulted in permanent relief.

Mr. Z., age 33; land dealer, slight build. For the last six or seven years had complained according to his statement of dyspepsia. He consulted several physicians, but had never been submitted to a physical examination. The most prominent symptoms were pain about the umbilicus, nausea and vomiting. Removal of a tender and inflamed appendix has made the man well.

Other cases of apparent dysmenorrhea, cystitis and even of hip joint disease could be reported in which the etiological lesion was found in the appendix.

In the acute cases what does early surgical intervention offer?

1. It diminishes septic absorption. The amount of pus absorbed is in direct proportion to the tension with which it is held upon the absorptive surface.

2. It ensures the safety of surrounding structures as ovary or tube.

3. The sequelae are less severe.

With delayed operation we find thrombosis and embolism resulting in lymphangitis and portal infection, ileus, fecal fistula, empyema, etc. Many recurrent acute cases operated late, in which the appendix is successfully removed, develop after a shorter or longer lapse of time post-peritoneal abscesses.

The infection may lie dormant in the post-peritoneal lymph glands for weeks and even months while the patient seems perfectly well, and then manifest itself by pus formation, necessitating a second operation.

What conclusion can be drawn from a study of the various percentages of mortality? The mortality of all cases of all degrees of severity treated surgically by the inexperienced as well as the experienced is 4 per cent with no relapses. The mortality in all cases of all degrees of severity treated non-surgically is 16 per cent with 30 per cent of relapses. The mortality in those cases operated during the interval is less than 1 per cent.

In order to aid in the discussion I will give the following conclusions:

1. As long as this condition is attended with the mortality which now exists, it is subject for discussion.

2. As predisposing factor, constipation, hindering lumen drainage and gouty diathesis as manifest in tonsillitis and retrogression of lymphoid tissue.

3. That signs and symptoms are not proportionate to pathological lesion.

4. That the peripheral end of the appendix may be found at any point in an arc which has for its center the head of the cecum.

5. That temperature is not diagnostic of pus.

6. That with a diminished general leucocytosis we may still find a more diagnostic relative leucocytosis.

7. That salts given by mouth at the beginning of an attack increase and prolong vomiting.

8. Removal of appendix is advisable whenever laparotomy is performed for other cause. Never put back an appendix that has been handled.

9. Those cases should be operated which do not show improvement after first 24 or 36 hours, i.e., when the infection is still confined to the appendix.

10. If the operation can be one of choice, then interval operation should be advised.

11. As sequelae of late operations, retroperitoneal infection and intestinal obsrtuction.

12. That the prognosis is favorable when the peritoneum retains its shiny appearance.

13. That if pus is present and drainage is used the Fowler position is to be commended.

In conclusion I would say that with proper environment and surgical qualifications, that patient is most fortunate who has his appendix removed during the first few hours of his attack for there will always be found the appendix which has ruptured with the first symptoms. I have found it ruptured at the end of sixteen hours, and it is safe to assume that the recovery was alone due to the early intervention. And again there will be found the appendix which is silently but surely progressing to fatal gangrene while the attending physician is happy in the assured probability of recovery.

GONORRHEA IN THE MALE.

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THE importance of this subject is fully realized when we consider the great number of victims this disease claims as its own daily, in every class or condition, and the tremendous state of ignorance that exists with the laity as to the true infectious nature of this disorder, either to other parts of their own body, or that of transmitting it to others, often those nearest and dearest to them; and the indifference, I fear, oft displayed, even among some of our profession who are much inclined to look very carelessly on a case of gonorrhea, and instead of giving the matter their most earnest attention and pointing out to the patient the importance of this disease with its possible complications, they but too hastily write a prescription for internal medicine and injection for the patient to use it himself, with what results only luck can tell.

The time allotted for a paper, however, only makes it possible for me to touch very lightly on some of the paramount points connected with this disorder, and in a manner I only open the discussion.

Gonorrhea is undoubtedly one of the earliest afflictions of mankind, which was classified by early writers as a filth-disease, along with syphilis and chancroid. It was not until 1879, when Neisser of Breslau first pointed out to us the organism—the gonococci—which is its specific cause. Of course, he like other discoverers of certain truths, had to contend with opposition that in some minds is rooted even to this day. But Neisser's discovery was soon confirmed by other leading observers, and it is true that at the present time all the scientific physicians uphold Neisser in spite of the fact that the gonococci organisms are often found in the healthy urethra.

As to the Origin of the Gonococci Organisms.—Bumm, of Basel, who has given the subject a great deal of study, has some interesting conclusions on the origin of the gonococcus, claiming that like all other micro-organisms in their evolution have acquired specific functions, and that sooner or later by modified culture methods, it may be possible to rob this organism of its specific character and make it a simple non-specific pus producer. While this may be hoped for in the laboratory, it is a fact nevertheless, that in the human being it does not hold true, for a most virulent attack may be brought on in a virgin case from an apparently mild sufferer. In its artificial propagation the gonococci is very capricious, requiring the greatest care as to the proper culture media, etc., but in the genito-urinary tract it thrives most luxuriantly.

Bumm further declares that gonorrhea is essentially a disease of the epithelial layer and does not pass beyond the boundary. In the incubative stage the moment the gonococci are deposited upon the mucosa, they begin to multiply with their characteristic rapidity and adhere very closely to their primary location. In their further growth they begin to penetrate between the epithelial layers which at once excites a remarkable transmigration of leucocytes to the irritated areas, and as the disease progresses the epithelium becomes more or less disorganized, in some places being lifted up from its base, in others cast off in large flakes, at this stage myriads of leucocytes are found beneath the epithelium and upon the surface is a copious purulent discharge.

As the epithelium is shed the gonococci begin rapidly to disappear, for their further penetration in the tissues is limited by the substratum of connective tissue; this explains why some cases of gonorrhea are self-limited, treatment, or no treatment.

Gonorrhea in the male never originates "de novo," but is always communicated to him and the urethra is the most frequent seat of infection, although the eyes and rectum may be the first parts attacked. Gonorrhea, too, differs from many other diseases in the fact that one attack does not bring immunity against any future attacks.

The persistence of the gonococci organisms in individuals once infected is remarkable from the fact that it may never be totally eradicated, and I would even modify Ricord's statement that "Anyone can tell when a gonorrhea begins, but God alone knows when it will end," to, "Anyone can tell *where* a gonorrhea begins, but God alone knows *where* it will end." This is getting to be more recognized of late, since the microscope in the hands of careful observers has been able to demonstrate complications following an attack of gonorrhea never before thought of.

Gonorrhea is a serious and often dangerous disease, since it does not always remain limited to the primary focus of infection, but progressively may invade nearly all other parts of the body. It is this fact that has led some to declare that gonorrhea is frequently a more dangerous disease than syphilis. One more truth about the infection of gonorrhea is this: that whilst a certain couple may have been thoroughly cured of this affliction as far as being capable of reinfecting each other, let a third person come in intimate contact with each one of these, a most violent infection may follow such an act in the third party.

Thus we have in the wake of an acute anterior urethritis a great many complications, the cause of which is yet really unknown, as the best authorities differ on this head.

The questions arising, are some of the complications to be attributed to the fact that the organisms themselves succeed in being disseminated through the blood stream, or is it due to the toxins which they generate? Again, is it possible for the organism to thrive outside of the mucous surfaces provided with cylindrical epithelium or epithelium transformed in this variety as held by Baum and Baumgarten? Or is it all due to a mild pyemia or is it simply through continuity of stricture from the site of original infection?

Not having solved these problems fully, who can tell what the limit of complications may be of a given case, or what influences the gonococci or their toxins may have over other organisms like the tubercular organisms, especially in the genito-urinary tract?

COMPLICATIONS OF GONORRHEA.

The complications of gonorrhea may in some cases be nil. In others so slight that it escapes the ordinary attention of either patient or physician. In others, again, of the most violent forms.

Of the complications recognized for many years and mentioned in all text-books we have: Epididymitis; prostatitis; cowperitis; folliculitis and periurethral abscess; lymphangitis and lympho-adenitis; phimosis and paraphimosis; balanitis and balanoposthitis; cystitis, ureteritis and pyelitis; gonorrheal-conjunctivitis; gonorrheal rheumatism; proctitis; besides, posterior urethritis, chronic urethritis, and stricture.

The following complications are just of late being credited to gonorrhea, namely: disturbances referable to the nervous system; spinal irritation associated with sensory and motor symptoms; myelitis; cerebro-spinal meningitis in which on lumbar puncture were found gonococci; peritonitis; endocarditis and phlebitis which may have as a further complication cerebral embolism with hemiplegia and aphasia; pericarditis; affections of the pleura and gonorrheal myostitis as demonstrated microscopically by Ware and as reported in Vol. I, series 12 of International Clinics—with demonstrations of microscopical specimens.

TREATMENT OF GONORRHEA.

When attempting to make some remarks on the treatment of gonorrhea, I am well aware of the fact that I enter on a path full of confusion and uncertainty, for it must be admitted that as yet we have no specific that is warranted to cure. Who knows if in certain cases a sufferer would not be better off if we did *not* use any or all of the many drugs that are

considered so excellent from the standpoint of the pharmaceutical manufacturer? Much, however, can be done by the physician towards the prevention of possible complications, and, what is even more important, from the sociological standpoint, to check the possible spread of the disease to healthy people.

Before outlining any course of treatment, we should not forget that many cases with a urethral discharge are not gonorrheal patients, and we must be careful not to convert a simple urethritis to a specific form, from the use of any instrument or syringe laden with gonococci from a specific case.

Having fully convinced ourselves by microscopic examination that the given case is a specific one, the following three courses of treatment are before us: (1) Hygienic. (2) Internal treatment. (3) Local treatment. And the first two I would consider the most important. Under hygienic I would embrace the following:

(1) Acquaint your patient with the fact that gonorrhea is far from being in every instance a mild disease, and that you must have all his assistance to prevent any possible complications, which so often do arise and especially dwell on the possibility of his spreading it to his eyes.

(2) Advise all the rest possible for the patient, even to bed if necessary, at any rate, prohibit heavy lifting, dancing, or too much standing on his feet.

(3) Food should consist of the lightest forms—milk to be the chief article of diet, and the total avoidance of all acids in the form of pickles, vinegar, salads, etc.

(4) No sexual excitement, either ac ive or passive, from the beginning until at least two months after a thorough eradication of symptoms, etc.

(5) Cleanliness within and without in the most liberal form.

(6) A suspensory bandage for its aid in the prevention of orchitis.

INTERNAL TREATMENT.

On the top of the list I would mention water in the most liberal doses —from early morning to about 5 p. m., when I would stop, thus allowing the patient not to be annoyed by the too frequent urination at night, when sleep is disturbed and a consequent ill-feeling follows during the next day. This "water cure" treatment should be given with diuretics, alkalies, or plain urine antiseptics as the case may call for, never, however, to be given so strong or so often that the kidneys may suffer from them. What I like of late the best is Dr. Horwitz's formula of methylene blue compound put in capsules containing methylene blue, 1 gr.; copaiba, 1½ min.; oil santal, 1½ min.; oil cinnamon, ½ min.

This I often combine with salol gr. 5, two or three times daily, and in my last cases of gonnorrhea I was fortunate as a result not to have very much complaint from them, either from ardor urinae or chordee.

LOCAL TREATMENT.

Next in order comes the local treatment, and it is here where every therapeutist meets his "Waterloo," if he clings to but one drug or one scheme for every patient who seeks relief.

Before attemping to describe the virtues of this or that drug or forms of injection with which we all had so much success, and so many more failures, I wish to pause a moment and ask, Are we not perhaps after all working here very much in darkness and really not knowing why we ever use injections in the urethra?

Are we not trying to give credit to our favored drugs, which, as a matter of fact, often hinder Nature's progress of this affliction, which I have already pointed out is so often a self-limited disease?

Are we not often actually keeping up urethral inflammation and discharge when by the injection method we only help to hasten to destroy the delicate mucous membrane of the urethra, which is trying its very best to replace its old cells for new and unsusceptible connective tissue and epithelial cells, whilst a reserved army of gonococci safely hidden in the numerous glands and follicles of Littre lay hidden in safety and laughingly exclaim, "Never touched me?"

Again, if injections are used, when are we to institute them? (I said we, for I never advise my patients to use it on themselves.) Are we to be followers of the so-called Neisser school, who of course, believe in the bacterial theory, and have for their object the elimination of the gonococci, institute treatment to that effect at once, or are we to follow Fournier's course and wait until all the acute symptoms have subsided and then institute our local treatment?

The next important question arises, what to use of the many drugs so liberally indorsed in turn by so many, but in which I fear most of us have very little faith.

Of late Neisser's method has gained in popularity and the remedies he suggests; he holds that the medicine to be used for injection should positively kill the gonococci without irritating the mucous membrane and possibly without increasing the inflammation and formation of pus. The silver salts seem to meet these requirements better than anything else of which there are getting to be a great many varieties, and each having its supporters. Protargol which contains 8 per cent of silver was highly recommended by Neisser himself at the International Congress of Dermatology in Strausburg in 1898, laying special stress upon its use in acute cases. Neisser is also backed by a good many observers. Argyrol which is perhaps the latest, contains 30 per cent of silver, for which many good points are claimed over and above other silver salts, the chief factor being, though greater in the percentage of silver. it is yet safer to use even in double the strength of protargol and the drug is painless to the parts.

THE IRRIGATION TREATMENT.

This mode of treatment, though known for a long time, was brought more forcibly to the profession by Janet, in 1890. All sorts of medicinal agents have been used by it, having either of these properties, germicidal, astringent, or stimulating. What I have of late found to give me the best results in the cases where I decided to use injections. is a strong solution of permanganate of potash, freshly made and injected in the earliest stage of the urethritis. I proceed as follows with a case: I make the solution just prior to each injection, by dissolving fresh crystals of the potash in as cold water as I can possibly use. Then, having my patient urinate, I inject the medicine with a small hand syringe, with very light force, a lit-

tle at a time, and withdrawing my syringe, allowing the fluid to escape; this repeated at least five or six times at each sitting. and I repeat that every day or other day. I think the cold water has some beneficial effect in itself, since we find that it has the tendency to inhibit the gonorrheal germs in gonorrheal ophthalmia, where it is used in the application of cold compresses to the eye, whilst the permanganate seems to check the growth of the gonococci, at any rate I found often after a very few injections the pus disappears, and to all outward appearances, the patient feels as though he is already cured, but of course it is needless to say that I soon explain to such patient that I would not consider him cured for at least two months, and until such time I insist on the hygienic and internal treatment as previously outlined. I am happy to say that I have had no complications from acute anterior urethritis when the patient follows my advice throughout.

THE IMPORTANCE OF EARLY DIAGNOSIS IN DISEASES OF THE RECTUM.

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IN looking over the programmes of the different county, district and state societies the thought has impressed itself upon me that too little attention is paid to diseases of the rectum. The indifference to this exceedingly important subject seems to me would account for the fact that a great majority of the cases of malignant disease of the rectum are diagnosed when the malady is in such an advanced stage that the only thing that can be done for the patient is to perform a colostomy, or some other palliative operation, and send him or her home to die in comparative comfort and peace. This should not be, and every man or woman who comes to the physician's office suffering from chronic constipation alternating with diarrhea, or complaining of the passage of mucus tinged with blood, or having any pain about the rectum, or any symptoms referable to that organ, should be subjected to a most rigid rectal examination. In this examination we should be very systematic, and use as much care as we would in the diagnosis of any obscure uterine or abdominal disease. It too often happens that patients suffering from some rectal trouble are sent away from the physician's office with a good sized box of some kind of ointment, or a prescription calling for the same, without even an examination having been made. The patient at this time may have had an incipient carcinoma, sarcoma or tubercular ulceration, which, had he been subjected to a rigid rectal examination, would undoubtedly have been discovered and early surgical treatment instituted, thus often saving the man's life; but should the patient be unfortunate enough to be suffering from one of the malignant diseases before mentioned, and an examination be denied him, his life would undoubtedly be sacrificed at the altar of negligence. In nearly all of these ointments cocaine or morphine will be incorporated, thus relieving the pain. should the disease be near the anal orifice, also the intense itching, should the patient be suffering from a

pruritus, which condition might be caused by a foul discharge resulting from some malignant disease of the upper portion of the rectum and causing excoriations of the anal mucous membrane and surrounding skin tissue. The patient thus deriving some temporary relief from the application of this ointment, will continue to use it until the box is empty. If at this time he discontinues it for a few days; his symptoms will often be increased in severity, and he will immediately go to his family physician and ask for some more of that ointment. He will tell the doctor that the application relieved him while he was using it, but upon discontinuing it he was as bad or worse than when he first began to use it. This statement of the patient should have the same significance to the physician that a red flag does to the engineer. It should plainly tell him that there is danger ahead, and if he did not make an examination the first time he should now insist upon making a thorough rectal examination, explaining the possible dangers to the patient, and should the patient refuse this examination the physician should refuse to have anything more to do with the case. If the indiscriminate use of ointments in rectal diseases before an examination and diagnosis have been made were abolished, the percentage of cures from surgical procedures would be largely increased. But too often the patient comes to the surgeon suffering from some malignant disease which is so far advanced that a radical operation is absolutely contraindicated, and so, as I stated in the beginning of this paper, a palliative procedure which will possibly allow the patient to spend the last few weeks of his or her life in comparative comfort is all that can be done at this time.

There are two reasons why this deplorable condition of affairs is so often seen. One is that some patients are so modest that they hesitate and shrink from an examination until they are actually driven by their sufferings to seek aid from a surgeon. About the only service the surgeon can be to them at this time is to break the sad news that they are past any hope of surgical intervention, and send them home to die. The other reason is the indiscriminate use of ointments without first having made a diagnosis based upon a rigid rectal examination.

If you will pardon me I will hastily explain the method used by Dr. Gant, of New York City, in the examination of these cases, and which method I am also using, having adopted it after being associated with him as an assistant for some considerable length of time. First, get a complete history of the patient, and, by the way, in taking this history one should be very careful and search for the following symptoms: pain, hemorrhage, constipation, diarrhea, discharges from the rectum and character of the same, pruritus and straining. Then place the patient in Sims position and carefully inspect the parts for tuberculosis, pruritus, epithelioma, condyloma, fissures, external hemorrhoids, or any other affection that is prone to occur in this locality. After having satisfied yourself that you have overlooked nothing, proceed to a digital examination. It is very much more satisfactory if the patient has been seen the day before, and has been told to prepare him or herself for this examination by taking a cathartic the night before and an enema just before coming to the office. If this is not done, and the patient insists upon an immediate examination, unload the rectum and sigmoid at once with an enema of soapsuds and water. This should always be done as it is impossible to arrive

at a correct diagnosis with the rectum full of fecal matter. By carefully sweeping the finger all over the mucous membrane as high up as you can reach you will notice any abnormal condition of the lower portion of the rectum, should such a condition be present. Tumors of any kind, ulcerations, strictures, foreign bodies or fistulous openings will be readily apparent to your tactile sense. In females you may evert the lower part of the rectum by placing one or two fingers in the vagina and pressing the bowel downwards. In this way any pathological condition within the anus is for the time being made external. After having completed the digital examination, place the patient in the knee-chest position and insert the proctoscope. Be sure that you have the abdominal muscles thoroughly relaxed. Upon the withdrawal of the obdurator the air will rush in, thus ballooning out the bowel so that any diseased condition in front of the proctoscope will be in full view, and as the instrument itself is slowly withdrawn the whole mucous membrane will pass under your eye and you will readily distinguish any abnormal condition present in this part of the intestinal tract. If you are still not satisfied with what you have seen and felt, and think perhaps there might be some condition higher up in the sigmoid which is causing some of the symptoms present, use the sigmoidoscope. and you will often clear up a doubtful diagnosis. Of course when making the digital examination. palpation of the pelvis should be resorted to, as a small tumor or abscess lying around the rectum might be overlooked by examining from below without palpating the pelvic cavity from above. After having completed this examination, if the case is not entirely clear, the urine should be examined and the fecal discharges inspected, and, if necessary, put under the microscope. This is a procedure which is very repulsive and is not often resorted to except in those cases in which it is essentially indicated. Inspection of the dejecta will often be of some help in making clear certain points in an obscure case. Ulceration of the colon or rectum is always accompanied by diarrhea, while in the ileum diarrhea is seldom present. If this ulceration in the rectum is dysenteric in character, mucus, blood and pus are always present in the stools, but if it is catarrhal or tubercular, the blood and pus are often absent, leaving simply the mucus mixed in with the fecal matter, or the stool may be made up entirely of mucus.

In cancer of the rectum, blood and mucus are frequently passed, accompanied with some straining. If the cancer is higher up in the bowel the discharge will be very putrid. The passage of tape-like stools is of no differential diagnostic significance. It simply indicates that possibly we have a stricture to deal with, which the proctoscope or bougie will locate if it is not too high up in the sigmoid. This stricture may be of specific origin, or it may be caused by an extensive ulceration which has healed, producing a constriction of the bowel, or by numerous small polyps in the rectum which by their presence partially occlude the caliber of the bowel; or it may be of malignant origin. To arrive at a diagnosis one should first exclude any specific history. Polyps, if not discovered on digital or ocular examination, can also be excluded. Malignant strictures generally occur in elderly people, and if ulceration takes place the edges will be much thickened and infiltrated, and in case you can reach the site of ulceration with the finger you will readily feel the excavated area surrounded by indurated edges. The lumbar and sacral glands become in-

volved if the upper portion of the rectum is the seat of the disease, and the inguinal glands, when the trouble is in the anal portion of the rectum. There is a feeling of fullness and weight in the rectum accompanied by a great deal of straining. A general cachexia is rapidly produced, thus making the diagnosis positive. The non-malignant stricture occurs in early adult life, and its progress is slow in comparison with the rapid growth of the stricture of malignant origin. If ulceration of the mucous membrane is present the edges are not indurated, and there is no tumor-like mass in connection with the stricture. Cachexia is absent and pain is present only during defecation. The inguinal sacral and lumbar glands are not involved.

In these few hurried words upon malignant and benign stricture of the rectum, I have simply mentioned the objective symptoms, paying but little attention to the subjective ones. My reason for doing this is to illustrate in as few words as possible the condition of the patient who comes to you after having been treated for some considerable length of time without any systematic effort having been made to arrive at a correct diagnosis. Since proctitis is the cause of the majority of non-malignant strictures, you can readily see that should these patients have the proper treatment for this affection in the incipiency of the attack, the percentage of human beings going around with an artificial anus in the inguinal region would be decidedly decreased. The diagnosis of cancer of the rectum must be made in the incipient stage of such disease if the patient is to receive any decided benefit from surgical intervention. When we find the rectum immovable, with the surrounding glands involved, we can do nothing for the patient which will be of material benefit to him, except to try and produce some alleviation of his sufferings. If an elderly person comes to us suffering from chronic diarrhea, frequent passages of blood and mucus, straining and a sensation of weight and fulness in the rectum, we should always suspect malignancy and examine with that possibility in view. In examining these cases with the proctoscope or bougie one should exercise great care, as extensive ulceration is often present and a rupture of the bowel might easily take place if any force were used in the manipulation of these instruments. It is very important to remove all polypoid growths of the rectum immediately upon their discovery, and in the removal of these growths one should be extremely careful and get all of the tumor, as the adenoma and papilloma which are prone to occur in this locality sometimes undergo a cancerous degeneration, and occasionally a carcinoma or sarcoma will develop from the cicatrix, resulting from the removal of one of these growths. So, I repeat once more, that in the treatment of these polyps, especially those of an adenomatous and papillomatous character, an early radical surgical procedure is absolutely indicated in all operable cases.

Time will not permit me to take up all the diseases which are prone to occur in the rectum. So I have simply discussed the more important ones, and tried to present them in such a manner as to convey the idea of the imperative necessity of an early diagnosis based upon a thorough examination, and followed by radical surgical procedure in those cases in which such treatment is indicated. I appreciate that a paper of this kind can be of but very little interest when compared to a discussion of some

brilliant surgical operation, but in order to be able to listen to papers of such a character we must be diligent and painstaking in our diagnostic efforts, so as to give our patients the benefit of rational treatment instituted at an early date.

THE OCULAR MANIFESTATIONS OF NEURASTHENIA.

F. E. Franchere, M. D., Sioux City, Iowa.

THOSE doing any considerable amount of work in refraction can hardly have failed to observe the frequency with which a certain class of patients apply to the oculist for relief of symptoms apparently referable to refractive error or ocular disease, and yet which are not to any great extent relieved by the correction of such refractive errors as may exist, or by the treatment of any local disorders of the eye, which may be present.

Believing that these cases are as much within the domain of the neurologist as of the oculist, the writer of this paper would respectfully beg your consideration of the symptoms and pathological conditions met with in this class of cases.

The ocular manifestations of neurasthenia are both sensory and motor, and inasmuch as it is usually the sensory symptoms which lead the patient to consult the oculist, they will be first considered.

Most prominent, perhaps, of these is pain, which may be slight or so severe in character as to simulate glaucoma. In locality it is usually supra-orbital, temporal, referred to the eye itself, or to some indefinite point "behind the eye-ball," but it may be well to note that occipital headache usually coexists. This pain is usually made worse by using the eyes, especially in accommodation.

Transitory amplyopia is another symptom which is rather common. The patient in this case complains that he can see well enough for a short time, but that the words on the page before him suddenly all run together. When this symptom exists it is apt to be very misleading to the refractionist, who finds that the patient can read perhaps 6.5, with correction of refractive error one minute, and the next can perhaps read with the same lenses only 6-9 or 6-6 part, and this under atropine.

Many of these patients complain that their eyes tire and that any attempt to read is wearisome in the extreme. Photophobia is also complained of and some of these cases persist in wearing smoked lenses. Coincident with this, it will be found that a proportion of cases present a degree of conjunctival anesthesia, although this is not noticed by the patient.

The motor symptoms are those of Hypo-Kinesis. On examination, we find that a slight degree of ptosis not infrequently exists. The ptosis is not in the nature of a paralysis and hardly of a paresis, but seems to be due to an atonic condition of the lavator palpebrarum muscle, and often gives the individual a careworn or hopeless expression.

The palpebral conjunctivae are frequently hyperemic, and perhaps one finds no more intractable case to treat than these. The hyperemia is apparently of a passive nature due possibly to paresis of the vasomotor nerves and the various callyrii and astringent lotions, even when applied for months fail to reduce the congestion in the conjunctival membrane.

Mydriasis is often seen, but less commonly than in cases of hysteria, and of a less degree. A point to be emphasized is that any or all of the above symptoms may be found in individuals possessing no appreciable refractive error, muscular imbalance or any local disease of the eyes to which we might ascribe them.

There is one symptom, however, which seems to the writer to be almost pathognomonic of neurasthenia, and that is the coexistence of hypermetropia and exophoria. In fact, the only cases exhibiitng this combinations of symptoms have been neurasthenics and patients with paresis of the muscles supplied by the third nerve.

Abduction and adduction may be much diminished as well.

It must be borne in mind, however, that neurasthenia does not exist in those cases alone, which have no refractive error. In fact it is more often found coexisting with error of refraction than otherwise, and no doubt intensifies the symptoms which may be properly ascribed to such error. But in many of these cases the error is so slight that I believe it would cause no discomfort if it were not for the neurasthenia, and in others the wearing of properly fitted lenses does not relieve the patient of this pain and blurred vision.

The following cases may serve as illustrations:

CASE I.—Mrs. A. D., 39; maid; housewife; complains that her eyes blur and has severe pain in eye-balls, which comes on at intervals of about two weeks. Occipital headaches. Ophthalmoscope shows chronic chorioditis. Right and left. R. V. equal 20-40. L. V. equal 20-70. Ophthalmometer shows right 1 dioptre astigmatism axis 105 per cent. Left 1 diopter astigmatism axis 80 per cent. Was put on pill of quinine and arsenic, and four months afterwards returned, saying the pain in her eyes had become unendurable. The choroiditis had improved to such an extent that her vision was: right 6-12 (21) plus 0.75 Dc. 90 per cent equal 6-7.5. Left 6-22.3 —05.6 D. sph. equal 6-15. The patient had been given cylinders R. plus 07.5 Dc. 90 per cent L. plus 0.50 Dc. 90 per cent by a competent oculist, so no change was made in the lenses. An examination of the general health at this time showed that she had chronic constipation, an infantile uterus and was extremely nervous. A diagnosis of neurasthenia was made and the patient given cascara sagrada, to be taken after meals. She was also advised to have cold baths on arising in the morning, moderate exercise, massage, and breathing exercises. After following this treatment for thirty days she reported herself free from pain and has since remained so.

CASE II.—Miss F. G., 25; single; book-keeper; complains of supra-orbital headaches also pain to left of vertex which is relieved by pressure Wearing right 0.50 Dc. 90 per cent; left 0.50 Dc. 95 per cent for two years. Ophthalmomeer shows R. plus 1.50 Dc. 90 per cent L. plus 1.50 Dc. 95 per cent. R. V. equal 6-7.5 (21) plus 0.75 Dc. 90 per cent equal

6-5. L. V. equal 6-6 (31) plus 07.5 Dc 90 per cent equal 6-5 (n). Eyes otherwise normal. Hematropine instilled. Retinoscopy shows refractive error of R. plus 0.75 Ds. plus 1.0 Dc 90 per cent. L. plus 02.5 Ds. plus 1.0 Dc. 90 per cent. R. plus 1.0 Dc. 90 per cent equal 6-4 L. plus 1.0 Dc. 90 per cent equal 6-4. Given R. and L. plus 1.0 Dc. 90 per cent. Eight months later unimproved.

CASE III.—Miss N. B., school teacher; aged 30; complains of failure of vision, temporal headaches and nervousness. Wearing R. and L. plus 0.50 Ds. R. V. equal 6-7.5. No improvement with lenses. L. V. 6-5. No improvement with lenses. Ophthalmometer shows R. and L. negative Dc. 90 per cent. Exophoria 3 per cent; eyes otherwise normal. Hematropine R. and L. Retinoscopy shows refractive error of R. plus 02.5 Ds. L. plus 0.25 Ds. plus 0.25 Dc. 180 per cent. R. plus 1.0 Ds. equal 6-5 (p). L. plus 1.50 Ds. equal 6-5 (p). Diagnosis weak accommodation from neurasthenia. Given R. and L. plus 10. Ds. for reading. Advised cold baths to spine, light diet and massage. Five months later lenses reduced to 0.50 Ds. Two months later says she is perfectly well and cannot accept any glass for reading.

CASE IV.—April 6th, Miss M. O., student; 23; unmarried: complains that she cannot see clearly at a distance or read long at a time as eyes blur. Has palpitation of the heart on any slight exertion and impaired digestion R. V. equal 6-6 (p) plus 0.25 Ds. plus 0.25 Dc. 85 per cent equal 6-5 (p). L. V. equal 6-5 (p) plus 0.50 Dc. 75 per cent equal 6-5 (n). By ophthalmometer shows R. plus 0.75 Dc. 85 per cent. L. plus 0.75 Dc. 75 per cent. Exophoria 8 per cent. Eye otherwise normal. Atropine R. and L. Retinscopy shows refractive error of: R plus 1.0 Ds. plus 0.25 Dc 80 per cent. L. plus 0.75 Ds. plus 0.50 Dc. 80 per cent. R. V. equal 6-15 plus 07.5 Ds. plus 0.25 Dc. 85 per cent equal 6-5. L. V. equal 6-10 (p) plus 0.75 Ds. plus 0.50 Dc. 90 per cent equal 6-5. Ordered for constant wear R. plus 0.25 Dc. 85 per cent. L. plus 0.50 Dc. 90 per cent. To have 5m. dil nitro-hydrochloric acid in water before meals and a capsule containing nux vomica, ext. cannabis indica and assafoetida after meals. Directed patient to have cold baths to spine in the morning and massage daily. June 5th.—Reports she feels perfectly well. Exophoria reduced to 4 per cent.

It is unnecessary to cite further cases as illustrative of eye symptoms dependent upon causes other than ocular disease or refractive error as your own case records will no doubt show many instances of this nature. It would appear that not all patients suffering from symptoms may be wholly or even partially treated by attention to the eyes alone.

The condition of neurasthenia dependent as it is, upon so many and such varied causes and so protean in its manifestations is a factor which neither the specialist or the general practitioner can afford to overlook and where disorders of vision, or other ocular conditions are at all dependent upon it, all possible means should be adopted to restore the patient's general health, else the oculist must miss the mark.

Where refractive error exists or where disease of the eye is present treatment must be directed to these conditions but the importance of recognizing neurasthenia as an associated condition or as perhaps the prime cause of the patient's symptom cannot be ignored.

GALL-STONES.

John T. Rogers, M. D., St. Paul.

A COMPREHENSIVE study and discussion of gall-stones would be impracticable in the time you have so kindly allotted to me, consequently I have thought it best to give you a short resume of some of the complications and sequelae of gall-stones occurring in my own practice.

Jaundice.—Jaundice has, in my experience, been more frequent than most recent writers would have us believe. A careful inquiry will oftentimes elicit a past icterus of greater or less degree. It many times follows very mild attack of gall-stone colic, rapidly clearing up upon the administration of cathartics and large quantities of water.

In these cases I have thought that the icterus was due more to a swelling of the mucosa of the biliary passages than to actual obstruction by the passing of gall-stones. When present it is an important diagnostic sign. An increasing jaundice means obstruction to the common duct.

Jaundice, accompanied withfever, chills and sweating points to stone in the common duct. Jaundice with rapid emaciation, colorless stools and various gastric symptoms, means malignancy or an interstitial pancreatitis. Increasing jaundice, in my opinion, calls for an immediate operation. In such cases, if stones are present and not easily removable, it is better to drain the gall-bladder and wait until partial or complete recovery before removing the obstructive stones. Operation for one patient, over 70 years of age, very much jaundiced, with a single large stone in the gall-bladder obstructing the common duct by pressure, was followed by death from hemorrhage and shock. On the other hand, I have repeatedly operated upon extremely jaundiced patients, younger than the above mentioned case after administering calcium chloride for a few days before operating. The dangers to be apprehended in all these cases of extreme icterus are hemorrhage, shock and sepsis.

Empyema.—Empyema has, in the past, been a frequent complication of gall stones, less frequent now on account of early diagnosis of gall-stones and proper treatment, or this failing, early operation. It may, or may not be accompanied with adhesions to neighboring organs. If adhesions are present they should be left intact; simply drain the diseased gall-bladder after removing the stones. It will be necessary, in these cases, to make prolonged drainage and to be guided by the bacteriological findings as to when to remove the tube. The prognosis in these cases is much more unfavorable when the gall-bladder is not walled off by adhesions. Empyema is an extremely dangerous condition, epsecially if acute, and adds largely to the mortality in gall-stone cases.

Cholangitis.—Cholangitis occurs most often in old patients with long standing disease of the biliary passages. In a recent case, however, a young patient with a small stone in a very contracted gall-bladder, suffered with a violent suppurative cholangitis. Cured by removal of the stone and drainage. I am constrained to believe that catarrhal cholangitis frequently occurs without being recognized as such and is cured by internal

treatment. Suppurative cholangitis in a mild form may be often overlooked in obstruction of the common duct from stone. Drainage of the common and hepatic duct cures. The chief symptoms in the young lady referred to above were obstinate vomiting, a severe remittent fever and a feeling of weight and discomfort in the region of the liver, very little pain on pressure and no jaundice. These cases, when not operated upon and thoroughly drained go on to a liver abscess or pyemia and death.

The severity of the symptoms will depend largely upon the pathogenic germ causing the disturbances. Colon-bacillus seems to cause the most severe symptoms.

Local Peritonitis with Adhesions.—Upon opening the abdomen in gall-bladder operation we frequently find evidences of an old peritonitis, many adhesions of more or less density, according to age and severity of the inflammation, the pylorus, duodenum and transverse colon being most often adherent; the small intestines less often. Not infrequently the stomach is very much dilated as a result of the adhesions, and consequently diseased; sometimes requiring a gastro-enterostomy. You can readily appreciate what a variety of conditions could arise from such adhesions and how much they may complicate the operation. In one case an inflamed appendix very long, pointing north, became attached to the cystic and common ducts, causing obstruction and a cholecystitis, with extreme jaundice. Removal of the appendix and drainage of the gall-bladder temporarily relieved the symptoms, but upon closure of the fistula of the gall-bladder, jaundice returned and a cholecystenterostomy became necessary. This was in a boy eleven years of age.

Rupture of the Gall-Bladder,—This has occurred twice in my practice. Once a single stone became impacted in the cystic duct, causing an empyema and rupture of the bladder. This case gave few symptoms of gall-stones other than obstinate dyspepsia and a muddy complexion. Operation six hours after rupture. Abdomen full of pus, general peritonitis and death. The second case was a woman 69 years of age with a history of long standing biliary colic. Operation revealed three large angular stones in the gall-bladder, the mucous coat of which was entirely gangrenous. One of the stones had perforated the wall and only a local peritonitis with adhesions prevented general peritonitis. Removal of the gall-bladder and drainage cured the patient. The only hope for the patient in such cases is early operation. The diagnosis should be made by history of gall-stones and a sudden, acute pain over the region of the gall-bladder just before and after rupture.

Mayo's mortality in acute perforations is fifty per cent. He believes it can be brought down to ten per cent by immediate operation.

Gall-stones and Appendicitis. —Ochsner, several years ago, called attention to the frequency of gall-stones with appendicitis, whether a mere coincidence or there is a relationship between the two, has not been satisfactorily explained. I make it a rule always to examine both organs when operating for gall-stones or appendicitis.

In several instances have found both conditions present. In doing a McBurney operation in young subjects, or in operating for suppurative appendicitis or gall-bladder, of course, I make exceptions to this rule.

Floating Kidney and Gall-Stones.—In one case referred by Dr. Greene, of St. Paul, middle-aged woman has been observed in several attacks of typical Dietl's crises. In making a nephrorrophy I discovered gall-stones in the gall-bladder and common duct. There had never been any jaundice nor gall-stone colic; in fact no symptoms other than gastric crises. Nephrorrophy, removal of the stones and drainage of the gall-bladder resulted in cure.

Pancreatitis.—Not infrequently in years gone by a bad prognosis has been given because we thought we had discovered cancer of the pancreas while operating for gall-bladder disease. We were surprised, it is true, that these patients often recovered and passed from our observation. The operation, with drainage of the gall-bladder, had cured them, but not until the past few years were we able to explain the results. For the elucidation of this subject we are specially indebted to Mayo, Robson, Opie, Mognihan and others. Volumes have been written on this complication, and it is too broad a subject to be discussed at any length here. Suffice it to say, that stones in the common duct, especially at or near the ampulla of vater, causing obstruction to the pancreatic duct will and often do cause interstitial pancreatitis. which prolonged drainage will usually cure.

Malignancy.—Mayo believes that 4 per cent of gall-stone cases result in or are accompanied by cancer. Other authors give as high as ten per cent. While primary malignant disease of the gall-bladder is not a rare condition, I am quite sure that in my experience not over 2 per cent of the gall-stone cases have been malignant.

In determining what cases should be operated upon and when to operate, the question of malignancy should be seriously considered, especially when there is a family history of malignancy early operation should be advised. Mayo advises cholecystectomy in all cases of much thickened bladder walls, as a prevention of future malignancy.

Sequels of Gall-Bladder Surgery. —Ten or fifteen years ago we saw many herniae follow the oblique incision for gall-stones. Today with the Mayo Robson incision through the right rectus, this rarely occurs. The operation for the cure of hernia after the oblique incision was often unsuccessful, while with the verticle incision it is not difficult to repair.

Fistula.—The old technic of stitching the gall-bladder to the skin has been abandoned, and consequently we rarely have difficulty in closing the fistula. If, however, as has occurred to me several times, the cystic duct or common duct remains obstructed by an overlooked stone or kinking, an obstinate fistula will result and require removal of the obstruction or the removal of the gall-bladder to cure the fistula.

In two instances I have cured the condition by doing a cholecystenterostomy. In both instances the gall-bladder was anastomosed with the colon by a Murphy button. The improved Mayo Robson technique, sandbag under the back and incision through the right rectus muscle carried up to the ensiform cartilage, enables us to more thoroughly examine all the biliary passages and prevents overlooking stones as was so often done in the old operation. The increasing frequency with which we now remove the gall-bladder also prevents occurrence of this sequel.

Late Adhesions Following Operations upon Gall-Bladder and Common Duct.—Many times patients complain bitterly and often have attacks simulating gall-stone colic as a result of adhesions caused by the drainage, especially of the common duct and peritoneal cavity. This condition may last for several months but usually they recover without secondary operation. The use of rubber tissue around the gauze, as recommended by Mayo, will, to a large degree, prevent these adhesions.

Sequelae Most often Occur in Complicated Cases.—Complications are a result of late diagnosis and late operation. From our present definite knowledge of gall-bladder diseases, based on the results of large numbers of operations by many competent operators we should almost invariably make a correct diagnosis.

The writer's object in calling your attention to these complications and sequelae is to interest the members of this society in a condition which is common and is fraught with so much danger to the patients. The mortality in uncomplicated cases of gall-stones is less than two per cent. The mortality in complicated cases is from ten to fourteen per cent or even higher. While I do not believe that every case of gall-stones should be operated upon at once, I am sure that after a trial of internal medication, with hygiene and diet, if the patients do not respond promptly, operation should be advised. It will perhaps not be placing the percentage too high to say that 95 per cent of the cases of gall-stone can be cured or relieved of their symptoms only by operation.

STARCH DIGESTIVES.

P. B. Cleaves, M. D., Cherokee, Iowa.

AT the time at which I read my last paper on digestives before this society I received many inquiries concerning some preparations intended for the complex of symptoms known as "starch indigestion." At that time I was unable to answer these and therefore undertook upon my return home the series of experiments on which the present paper is based.

The so-called starch digestives are found on the market in two classes, being derived either from the pancreatic glands of animals or from the malt from sprouting grain. And the object of this paper is to show something concerning the relative and absolute value of some of the members of these two classes.

The method used for the tests was as follows: small calibre glass tubes were filled with a starch paste made thick enough so that several days' exposure to the action of distilled water combined with an occasional shaking did not wash away the starch from the ends. Tests were made of each substance by exposing the above-described starch tubes to the action of the substance at body temperature (37C., 98.6F.)

Four sets of tubes were run. In the first the digestive was allowed to act by itself. In the second the reaction was so modified as to render the tube acid to the extent of 1.5 per cent with HCl. In the third a small amount of sodium bicarbonate was added. And in the fourth the material was first exposed to the action of 1.5 per cent hydrochloric acid for four hours, and then neutralized with decinormal sodium hydrate solution; then a small amount of sodium bicarbonate was added. The tubes so prepared were allowed to digest in an incubator for 24 hours, after which they were removed. The digestion in millimeters was recorded and the iodine reaction was tried.

The conclusions from this series are as follows:

1. None of the substances tested act in the acid medium, nor in alkaline medium after they have been exposed for a short time to the action of very dilute hydrochloric acid.
2. Diastatic preparations act better than pancreatins.
3. Pancreatins act better with the addition of a little sodium bicarbonate, and (two specimens tested) especially well when mixed with ox-gall.
4. Two specimens purporting to contain all the digestive principles had absolutely no starch-splitting principle.

PYURIA; ITS SIGNIFICANCE AND SOME REMARKS ON ITS TREATMENT.

F. Kreissl, M. D., Chicago.

WHILE severe lesions of the urinary tract may exist, at least for a time, without suppuration, yet it is a fact that all urinary disturbances enhance secondary infection, so that pus in the urine is of a daily occurrence in the work of the busy practitioner. The turbidity of the urine is the first and most conspicuous symptom of pyuria, its degree varying in proportion to the quantity of the pus. Pus in the urine indicates, with very few exceptions, infection and inflammation, in connection with the urinary tract. The exceptions are, for instance, admixtures of pus to a normal urine from the preputial sac, the vulva or the vagina. This source of a possible error can be eliminated by cleansing these parts, before the urine is voided or drawn by catheter. The primary seat of the infection may be within the urinary tract or outside, in any of the adjacent tissues, entering the former by contact or penetration, or as a hematogenous process through the circulation. In order to determine the source of the pus, we examine the urine and the urogenital tract, aided by the microscope, the urethro-cystoscope, and eventually the ureteral catheter.

Pus appearing at the meatus points to the urethra as its source, and a microscopical study of the secretion will determine its character. Yet a suppuration from the anterior urethra does not preclude the same condi.

tion in the deep urethra or higher up, and for more exact localization the following procedure is commonly employed: Irrigate the anterior urethra through a soft rubber catheter carried to the external sphincter or cut-off muscle, and let the patient urinate in two tumblers. Both portions clear point to the anterior urethra as the source of the pus; first portion cloudy, but second clear to the prostatic urethral; both cloudy, to a tract probably beyond the vesical sphincter. But this does not exclude the possibility of the prostatic urethra being exclusively the seat of the suppuration, in acute or even in some chronic cases, when there is so much secretion that a part of it regurgitates in the bladder cavum. I have observed this condition in chronic follicular prostatic abscess, without an accompanying cystitis.

If in the three glass test the third glass contains most of the pus, this is accepted as significance of a prostatic suppuration. Yet I see many cases of this kind in which the pus in the third or last glass is due to a heavy sediment in the bladder caused by cystitis or pyelitis, when the urine remains in the cavum long enough to allow the pus cells to settle at its bottom.

I merely make these remarks to show the fallacies and insufficiency of the so-called two and three glass test, if one would rely on them exclusively.

You also find cloudy urine in both glasses in pyelitis and pyelonephritis long before a descending infection has reached the bladder cavum. The same condition prevails, at least for a while, in pelvic abscesses, in abscesses of the prostate or the seminal vesicle, after it has ruptured into the bladder cavum.

Neither can the macroscopical appearance of a turbid urine be of much material assistance in locating the source of the pus. Shreds in the urine are accepted as characteristic of a pus secretion from the urethra. Yet through the cystoscope you can always find shreds floating in the filling fluid in a chronic cystitis of the trigone. On the other hand, it is, or ought to be, well known that there are never shreds observed in the urine in urethritis of the female, because the width and shortness of the female urethra does not favor the condensation of urethral secretions.

More reliable is the following procedure to settle the question as to the source of pus between the kidney region and the bladder. Very often, but not always, pus from the renal pelvis settles in a compact, firm mass, having quite a clear fluid above. If now the vessel be agitated, the pus is easily stirred up again, rendering the fluid turbid and homogeneous in appearance, showing that the sediment had little, if any, adhesive qualities. Pus from the vesical cavity does not settle well. It appears at the bottom of the glass as a loose, flocculent mass, having a wavy, irregular outline to its upper border, which cannot be well defined, it being impossible to tell where clear urine commences. If such urine be agitated, the sediment, owing to its adhesive qualities, leaves the bottom in twisted, ropy mass. But these physical differences are not so pronounced nor conclusive when, as often the case, the bladder and kidney be infected simultaneously.

The microscopical appearance of the pus cells does not enable one to determine their source. All fresh pus cells look alike, and any visible

modification in their shape is due to the disintegrating effect of the abnormal chemical condition of the urine. The destruction of the pus cells assumes diagnostic value only in the presence of other clinical symptoms pointing to the seat of the lesion; so, for instance, are characteristic of pyelitis and pyonephrosis, disintegrated pus cells in polyuria, of an acid urine with a low percentage of urea and urinary salts, and of a low specific gravity. Disintegrated pus cells in an ammoniacal urine of high specific gravity and normal amount of urea and urinary salts speak for cystitis. Yet the frequently simultaneous occurrence of cystitis and pyelitis or pyonephrosis will limit the significance of these symptoms.

Pus-carrying acid urine is commonly believed to indicate pyelitis or pyonephrosis, while alkaline or ammoniacal urine speaks for cystitis. But in either condition you find acid or ammoniacal urine, the chemical reaction entirely depending on the presence or absence of urea-decomposing germs, and not on the origin of the pus. And, therefore, you may have an ammoniacal urine and disintegrated pus cells in an uncomplicated pyelitis, while in a cystitis pure and simple the urine will many times be acid, and the pus cells of normal shape.

In parenthesis, I wish to call your attention to a not too well known, nor sufficiently appreciated, peculiarity of the tubercle bacilli. They are found almost exclusively in an acid urine, and strongly inhibit the action on the urine of the urea-decomposing germs, so that even if the latter be present in enormous numbers, the urine will retain its acidity for a long time. This is so characteristic that in symptoms of cystitis with an acid urine, and no other palpable cause—even in the absence of the bacillus in the sediment—tuberculosis is suspected, and frequently turns out to be so, if the cases are kept under observation long enough.

The specimen of a renal calculus which I exhibit illustrates some of my statements better than all theoretical or dogmatic considerations. I removed it from the right kidney of a patient who, for a long time, had suffered from pyuria and vesical irritability, the chemical reaction of the vesical urine varying from acid to ammoniacal. Cystoscopic inspection showed a normal and healthy bladder; by catherization of both ureters clear acid urine of low functional values was obtained from the left kidney, while from the right side cloudy, ammoniacal urine of normal functional figures of urea, solids and specific gravity was collected. The pus cells were of perfect normal shape and texture. Considering the dignity of pus in the urine as a symptom, and the consequences of an unchecked suppuration in any, even a very small part of the urinary tract, the necessity is obvious to first recognize the turbidity as pus; second, to locate its cause, source and extent, and, third, to free the urinary ways from it by internal medication, topical applications, or surgical means, as the case might require.

To the first point, the diagnosis of pus in the urine, I merely mention the fact that besides pus, other substances do render the urine turbid; so, for instance, phosphates, urates, bacteria, mucus and semen. But the properly employed chemical tests and the microscope will not permit confounding either of them with pus.

Regarding the localization of the source of the pus, there is no doubt that a systemic search, beginning at the urethral orifice and, if necessary, carried as far as the renal pelvis, will invariably give satisfactory infor-

mation. The intelligent employment of the urethroscope, the cystoscope and the ureteral catheter is indispensable for this purpose, and ought to be well understood by everybody who happens to see many of these cases. It is beyond the scope of this paper to consider the treatment of pyuria, yet one is frequently asked, "What do you use for pus in the urine," and, therefore, I will say that much: The treatment of pyuria—a symptom only—consists in the removal of its cause, if possible, and in the employment of palliative remedies, if such radical steps be out of question, or, if the pyuria, in spite of the removal of its original cause, should persist. As a logical consequence of the nowadays generally accepted idea of the microbic origin of every pyuria, we resort to antiseptics administered internally and locally. The internal urinary antiseptics are well known. I only call your attention to a few points of importance. Salol, salicylic acid, resorcin and naphthol should not be given in any lesion of the kidney parenchyma. Boracic acid and sodium boricum is a non-irritating and good urinary antiseptic, but is not well borne by the stomach, and if given for a while causes unpleasant skin eruptions. Urotropin, cystogen, aminoform and uroseptin—all formaldehyde preparations—are strongly antiseptic, especially if taken in an accumulated dose; for instance, 30 grains of urotropin in three equal parts within two hours, the effect lasts for twenty-four hours, and is more pronounced than the same amount scattered in small quantities, taken every four to six hours. It is very useful in staphylococcus and coli infection, ineffective in streptococcus and gonorrheal infection. Every formaldehyde preparation should be given well diluted, or else occasionally very unpleasant intestinal symptoms will be experienced.

It requires an acid urine in the renal pelvis to liberate its active substance, formaldehyde, and this explains its ineffectiveness in so many cases of alkaline urine, when the urea-decomposing germs have invaded the kidney. In these cases benzoic acid, or methylene blue, are in place, not only as disinfectants, but also as strongly deodorizing. More pronounced results follow the local applications in the shape of instillations or irrigations, where the bladder is the seat of the suppuration.

The remedies mostly used are: Antiseptics and astringents. They are applied in the shape of irrigations, injections and instillations. Irrigations—with the Sanetoe Valentine apparatus—should only be employed in subacute and chronic suppurations from the anterior urethra and eventually chronic follicular posterior urethritis after a massage of the prostate. The bladder should never be filled with more than four ounces at a time and the application stopped when this quantity or even less produces violent detensor contractions.

The most favored solutions are 1:2000 protargol, 1:10000 nitrate of silver, 1:8000 permanganate of potassium, 1-30000 subl., 1:4000 oxycyanite of mercury. The latter is strongly antiseptic and non-irritating. All these solutions are useful as injections through a soft rubber catheter in the bladder in the absence of acute inflammatory symptoms. An excellent antiseptic, astringent and anesthetic in muco-pus cysts the combination of sulphate of zinc, alum and carbolic acid in a $\frac{1}{4}$ per cent solution which may be gradually increased to $\frac{1}{2}$, $\frac{3}{4}$ and 1 per cent; 1-3000 salicylic acid solution will be useful in a phosphatic pus loaded urine; 1:1000 nitrate of silver solution is our mainstay in gonorrheal cystitis of

the trigone, but injurious in vesical tuberculosis and an aggravation of vesical symptoms following its application should always arouse suspicion in this direction.

Instillations—the application of the active medicinal solution to the bladder-wall drop by drop in a measured quantity—are employed all in vesical suppurations of the acute and subacute type, which are accompanied with severe tenesmus and a greatly reduced vesical capacity. The intolerance of the bladder-wall to tension even by small quantities of urine is so pronounced that it should teach us not to aggravate the inflammatory irritability by repeatedly and rapidly filling the cavity with fluids. The permissible concentration for instillations is much higher than for injections, and therein lies its chief value. The strength of the solution is as great as its quantity must be small, the latter, should never exceed 1 dram. Mostly employed are 1 to 5 per cent nitrate of silver in gonorrheal cystitis, 1:1000-3000 bichlorid of mercury in staphylococcus infection, 5 per cent iodoform guaiacol suspensions for vesical tuberculosis and vesical ulcerations preceding operative procedures through the operation, cystoscopy. While the bladder will tolerate a 5 per cent nitrate of silver solution or 25 per cent protargol, the posterior urethra will rarely react to 1 per cent nitrate of silver or 10 per cent protargol and milder concentrations have to be used therein.

Even the renal pelvis is accessible to topical applications, through the ureteral catheter, although the indications for them are rather limited.

To my personal experience, only uncomplicated cases of ascending gonorrheal infections, or staphylococcus and coli-pyelitis in their earlier stage are amenable to pelveo-renal lavage and instillations. But the majority of renal suppurations are secondary manifestations of other pathologic conditions, which are either beyond our reach or require surgical interference for their removal.

CYSTOSCOPY AND CATHETERIZATION OF THE URETERS.

A. C. Stokes, M. D., Omaha, Neb.

SAYS Douglas, "The inspection of the internal surface of the bladder; rendered possible by the use of the cystoscope; opens the way for a determinate diagnosis. For, by this method, we are able to illuminate the inner wall of the bladder, the ordinary diseases of which may give rise to confusing symptoms and oftentimes can declare from the picture presented the nature of the disease and reasonably infer its seat."

It seems a rather curious fact that despite the rapid advancement of American surgery in the last ten years the use of the cystoscope in the study of bladder and kidney affections has been so much neglected. It seems rather inexplainable that so simple and useful a procedure as cystoscopy has been until the last year or two almost entirely neglected by American surgeons, while in Europe it is the common procedure in all difficult diagnostic kidney and bladder examinations. I can do little more in this

short paper than outline some conditions in which either cystoscopy or catheterization of the ureter or both are very valuable and necessary procedures. I shall not attempt to discuss in detail the technique, because I realize how very futile a description of such a procedure must necessarily be in this connection, but shall confine myself almost entirely to the indications for the use of the cystoscope.

Hemorrhage of the Genito-Urinary Tract.—I have met (as I have no doubt many of you have) many cases in which the ordinary methods of differential diagnosis of the origin of hemorrhage was almost impossible. The physical and chemical conditions of the blood, such as its color, coagulation, solution in the urine, condition of the red blood corpuscles, etc., are all valuable aids in determining the origin of hemorrhage, but these sometimes fail. However, one familiar with the cystoscope and having had experience with its use, can readily determine whether the blood arises from the bladder or from the urine. The bladder is carefully washed out with two per cent boracic acid solution until the return flow is entirely colorless and free from blood, by leaving five or six ounces of a two per cent boracic acid solution in the bladder and by rapidly introducing the cystoscope we are able in most cases to determine the exact origin of the blood. Occasionally it will be necessary to pass a catheter in each ureter to determine as to whether the urine is clear or not. Hemorrhage from the kidney may have many different etiological factors, as nephritis, tuberculosis, stone, pyleonephrosis, surgical kidney, injury, active or passive congestion, angiomata, benign and malignant growths, localized rupture of blood vessels, etc. We can not expect more of the cystoscope than to be able to differentiate between the bladder and kidney as the seat of disease. I do not believe that treatment of the kidney pelvis by means of the catheter in pyelitis to be practical, nor do I think the wax-tipped catheters of Howard Kelly to be valuable in any one else's hands as practical means of diagnosis. These methods require an exactness and experience which but few of us have been fortunate enough to attain.

Nearly the same remarks may be made regarding the appearance of pus in the urine, for by means of the cystoscope we are able to determine not only whether the pus comes from the bladder, but also to determine whether the ureter or kidney are affected. Infections in the bladder are very often accompanied by infections in the kidney, one or both kidneys being infected and conversely infections in the kidney are frequently accompanied by infections in the bladder, especially is this true in infections of a tubercular nature. It is almost always true that the mouth of the ureter, or both ureters, shows evidence of tuberculosis in the kidneys.

We are able by this method to study any ulceration that may be found in the bladder. The position, extent and character of ulceration, the number and depth of the ulcers and their specific characters are often valuable things to know in treatment. This is especially valuable in tuberculosis of the bladder, where the symptoms of onset are often obscure and where T. B. can not be found in the urine. By means of the cystoscope, and after the elegant descriptions of Meyer, Brown, Kelly and Ramsey in America, Kasper, Albarran and Fenwick in Europe, we are able to easily recognize the tubercular ulceration. In some cases the opening of the ureter is simply surrounded by an area of turgescence; in

more advanced cases there are circumscribed inflamed spots, looking like the foot-prints in freshly fallen snow; in still more advanced cases the typical lenticular ulcers are seen, and later the typical tuberulo presents itself. The ureteral orifice may be dilated or contracted (Douglas).

In all cases of nephrectomy the cystoscope should be used as a routine procedure before the operation, Henry Morris, to the contrary notwithstanding. I think, with Kasper, that it should in all cases be used as a routine practice before the removal of a kidney because several cases are reported in which the only kidney the patient had has been removed, and of course with disastrous results. But we know that in case one kidney is absent the mouth of the corresponding ureter is likewise absent.

Cystocopic examination of the ureter orifice and catheterization of the ureters are indicated (1) in cases in which it is doubtful whether a disease of the urinary tract is situated in the kidneys or in the lower organs; (2) when it is doubtful whether both kidneys exist and are in good functional activity; (3) in cases in which we know that the disease is renal, but are uncertain as to whether it involves one or both kidneys, and if only one, which one; (4) in cases in which we are quite certain that one kidney is diseased, but are uncertain as to the state of the second; (5) when it is required to break up a clot of blood or mucus obstructing the ureter.

I wish to recite a couple of cases illustrating the value of cystoscopy in renal diagnosis:

CASE 1.—Litten, Berliner med. Ges. 19, in October, 1898. For a long time a woman suffered from a right-sided pain. In the right hypochondrium a fluctuating area could be felt which appeared to be a tumor arising from the kidney, very much pus in the urine. The urine was otherwise clear without precipitate and without albumen. One and one-half to two liters in quantity, 1012 S. G. without morphological changes. The left kidney was not palpable and was thought to be healthy and a perfect secreting organ, while one ascribed the pus to the right kidney. The careful Prof. Korte intended to extirpate the right kidney.

Upon examination of the right ureter with the cystoscope he found pus to be exuding, the left ureter could not be found, some one had earlier seen clear urine flowing out of the left ureter. The operation was made and a stone found in the right kidney, which filled the whole kidney pelvis and the kidney was removed. The patient died sixteen days after. The autopsy showed the left kidney enclosed in a sac, in which only a small rim of the parenchyma was held. The left ureter was from the kidney to the bladder completely stopped. In the kidney was a stone.

Herczel, Beitrage zur klin. Chir., 1890, VI, page 489: Patient A. B., 33 years of age; right nephrectomy performed on account of hydronephrosis; she died the next day after the operation. Autopsy showed the left kidney perfectly atrophic. In place of the kidney was deposited richly blood supplied connective tissue layers, four centimeters long and one to two and a half centimeters thick, this held no secreting kidney parenchyma. From the inner side the ureter was thirty inches long, from the obliterated kidney there was four centimeters entirely closed. However, the opening into the bladder appeared decidedly narrow, the ureter opening into the bladder was very much less developed than the right.

Diseases of the Bladder.—Tumors.—The chief tumors of the bladder are papillomata and carcinoma. The cystoscope offers a very valuable method of examination in these cases. Papillomata are most frequently of a fibromatous form and occur oftentimes multiple. They arise most frequently from the base of the bladder and are covered with a thick epithelia, they very much interfere with health—they bleed oftentimes profusely. I have met several patients almost entirely exsanguinated. Or the bladder becomes infected and the patient is troubled for years with a virulent cystitis which yields to no drugs and no form of treatment until the tumor is removed, it is, therefore, always necessary to remove papillomata of the bladder and the earlier the better. Nothing will assist us more in making the diagnosis than the use of the cystoscope. Nitze is able by his wire cystoscope to take these tumors out by the roots and remove them through the urethra. For ordinary cases, it is better to remove them by suprapubic or perineal incision. In the female they can usually be removed through the urethra.

Carcinomata are generally of the papillomatous form and rise most frequently from the base of the bladder, although I have seen in several cases carcinomata in the fundus of the same. The valuable point in cystoscopy is the early recognition of these tumors so that we may be able to deal with them radically in an early stage. We may do as Korte of Berlin, or Kummel of Hamburg, are doing, namely, resecting portions of the bladder in carcinoma and joining the bladder again in the ordinary Lembert sutures in three stages. However, this can only be done when the tumor is recognized early, and for this we must rely upon the cystoscope. In the recognition of foreign bodies in the bladder, the cystoscope is the most valuable and practical aid, and cannot be overestimated. And, also, in sacculated conditions of the bladder we are often able to clear up questions that otherwise would remain unsettled.

In the study of cystitis and inflammatory conditions of the bladder the cystoscope may render us valuable aids. The inflammatory diseases of the bladder have up till the past few years not been differentiated, however, at present we are able to differentiate the character of the infection by the study of the micro-organisms and to treat the conditions according to the presence of particular micro-organisms. Each micro-organism has a particular character of ulceration and no easier, quicker or more thorough method is known than the cystoscope in the study of these conditions. By means to which we are able to treat cystitis rationally.

Cystoscopy is therefore valuable in bladder work, first, in all tumors of the bladder; second, in all infections of the bladder; third, in all foreign bodies in the bladder, and, I think should be used in all cases as a routine practice in the study and treatment of bladder and kidney diseases. I am perfectly well aware that in some respects the use of the cystoscope has dangers that can not be entirely overcome, but by care and when one regards the use of the cystoscope in the same light as one would regard the technique of any major surgical operation, I feel quite certain that the evil results will be very many times outweighed by the good results. As a case in point, I wish to recite to you a case that occurred in my own practice. November 17, 1902, Mr. R. C., 48 years of age, was referred to me by Dr. Merkel. Upon examination I found that the bladder to contain a stone. I removed the stone by the suprapubic method, the wound healed

kindly and in six weeks the gentleman returned to his home with apparently his cystitis almost entirely gone, and his health very much improved. In about eight weeks more he returned to me and was now in very bad condition. I was unable at first to make any absolute diagnosis until by examination of the ureter orifice with the cystoscope, I found pus to be exuding from both kidneys. After careful consideration of his condition, we decided to open one kidney at a time, consequently, the right kidney was opened through the lumbar incision and drained after Senn's method but the left kidney could not stand the shock and the man died of uremia six days after the operation. I blamed myself for not examining the ureter carefully both before the removal of the stone and after, because, upon careful treatment after the removal of the original case, we have every reason to believe that the kidney infection might have resolved.

POEMS THAT EVERY DOCTOR SHOULD KNOW.

ODE TO THE MEDICAL MAN

The hapless modern wight is
Sick with appendicitis;
But what to him
Is wrong and grim
To the physician right is.

When "practice" growing slight is,
The doctor's sole delight is
To sit up late
In solemn state
Inventing something "itis."

He's made mosquito-bitis
And alcoholic tightis
Until to-day
The suffix gay
Unquestionably trite is.

In fact the sick man's plight is
A state of constant frightis.
It seems to me
There soon will be
An awful rumpusitis.

—New Orleans Picayune.

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Food for the sick requiring to be leavened is made more nutritious and healthful by the use of this leavening agent than by yeast or other baking powder.

NOTE—Cheap and imitation baking powders are recommended and their sale pushed by certain grocers because of the greater profit in them. These imitation powders almost invariably are made of alum. Alum costs but two cents a pound, while cream of tartar costs over thirty cents. Alum is employed simply because it is cheap, but every physician knows that the use of this corrosive poison in food is at the cost of health. Think of nursing mothers, delicate girls and sickly children being fed on food made with alum!

My desire and aim have been to utter nothing but the truth. I have no love for error in any form or in any field of knowledge.—Hiram Christopher.

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

MEDICINE
T. H. DOYLE
JNO. DOYLE

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F. E. COULTER

EYE AND EAR
F. E. SAMPSON

SURGERY
JACOB GEIGER
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PATHOLOGY
E. B. LA FEVRE

MEDICAL JURISPRUDENCE
T. B. ALLEN

VOL. XXIII ST. JOSEPH, MO. SEPTEMBER, 1904. No. 9

The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

SIOUX VALLEY MEDICAL ASSOCIATION.

Our readers will notice that the larger portion of this issue of the Medical Herald has been devoted to the interests of this enterprising society, which held its last annual meeting in Sioux Falls, S. D., June 22 and 23, under the presidency of Dr. Van Buren Knott, of Sioux City, Ia. Our editorial and many of our other departments have been crowded out of this issue to admit the very excellent papers read before the Sioux Valley Society.

The meeting at Sioux Falls was a most successful one from a scientific standpoint, the papers being of a high standard of excellence.

As it was impossible to secure all of the papers for this issue, a number of them will appear in the October number. The society was royally entertained at the Elks Club, an occasion which was much enjoyed by those fortunate enough to be in attendance. A number of new members were elected.

The officers elected for the ensuing year are as follows:

President—M. Sullivan, Adrian, Minn.

First Vice-President—A. E. Cook, Randolph, Neb.

Second Vice-President—R. E. Woodworth. Sioux Falls, S. D.

Treasurer—S. A. Brown, Sioux Falls, S. D. (re-elected).

Secretary—M. E. Silver, Sioux City, Ia. (re-elected).

Board of Censors—G. G. Cottam, Rock Rapids, Ia; W. R. Talboy, New Castle, Neb.; C. C. Grass, Yankton, S. D.; F. E. Walker, Worthington, Minn.

Place of next meeting Sioux City, Ia., January, 1905.

OFFICERS SIOUX VALLEY MEDICAL ASSOCIATION

A. E. COOK, M. D.
RANDOLPH,
First Vice-President.

M. E. SILVER, M.D.
SIOUX CITY,
Secretary.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The sixteenth annual meeting of this society was held in Council Bluffs, August 25 and 26, and was a most enjoyable and profitable session. Dr. A. D. Wilkinson, of Lincoln, presided. The entertainment on Thursday evening at Lake Manawa, was a pleasing feature of the occasion.

Election of officers for the ensuing year resulted as follows:

President—S. Grover Burnett, Kansas City, Mo.
First Vice-President—E. J. Smith, Harlan, Ia.
Second Vice-President—H. H. Everett, Lincoln, Neb.
Secretary—Chas. Wood Fassett, St. Joseph, Mo. (re-elected).
Treasurer—D. Macrae, Council Bluffs, Ia. (re-elected).

The selection of the next place of meeting was left to the executive officers, it being the consensus of opinion that it would go to Kansas City, the home of the newly-elected president.

The next issue of the Herald will contain full proceedings of the meeting. A number of new members were admitted.

SIR WILLIAM OSLER, BART.

Dr. Wm. Osler, Professor of Medicine, Johns Hopkins University, has just accepted the appointment to the chair of medicine at Oxford University, and will be known as Regius Professor of Medicine to that institution, succeeding his former teacher, Sir John Burdon Sanderson. Dr. Osler was born in Tecumseh, Ontario, in 1849, and graduated from McGill University in 1872. His post-graduate education was obtained at Berlin. Vienna and London Returning to Canada he was appointed in 1874 to the chair of the institutions of medicine at McGill, which position he held for ten years, resigning to accept the chair of clinical medicine in the University of Pennsylvania in 1884. In 1875 he was elected to the position of pathologist to the Montreal General Hospital, and in 1878 physician and lecturer on clinical medicine in the summer school. He remained at the University of Pennsylvania from 1884 to 1889, when he was appointed to the chair of medicine of the Johns Hopkins University, which position he has since held. In 1885 he was Gladstonian lecturer at the Royal College of Physicians and Surgeons, London; in 1886, Cartwright lecturer to the College of Physicians and Surgeons, New York. He is a Fellow of the Royal College of Physicians, London; LL.D. (Aberdeen) and several American Universities.

RESOLUTIONS ADOPTED BY THE NORTH MISSOURI MEDICAL ASSOCIATION.

Once more are we reminded that man will be called from the scenes of his labors and duties in this earthly existence to enter upon an immortal life in the, to us, invisible existence beyond the grave.

Dr. B. G. Dysart was born in Randolph county, Mo., September, 1834. While living in that county he attended the old McGee College and received his education. He began the study of medicine in 1856, and afterward graduated at Jefferson Medical College. He entered the Southern army as surgeon under General Cockrell. After the close of the war he located at Paris, Monroe county, Mo., and practiced medicine and surgery the remainder of his life. In 1869 he was married to Mrs. Olivia Ragsdale, who still resides in Paris. He was member and vice-president of State Board of Health; also president of his County Medical Society at the time of his death. He was prominent in Masonic circles; and president of the Paris Savings Bank. Different from the majority of the physicians who are successful in professional achievements, he was a successful business man, and at the time of his death was counted one of the wealthy men of his county. Dr. B. G. Dysart died at his home in Paris, Mo., January 16, 1904, of pneumonia, having been sick only forty-eight hours. Many are the friends who have gone from our midst. All those to whom we have said good-bye blended in their lives the human heritage of faults and virtues. What better can we say of him, or what more truthully, than that those who knew him best esteemed him most highly.

Resolved, In the death of Dr. B. G. Dysart the North Missouri Medical Society has lost one of its most highly esteemed members, one whose sterling qualities of truth and honesty, supplemented by a clear and logical mind, made him invaluable in councils and endeared him to his friends. In token of our appreciation of his admirable qualities of character and our deep regret at his death; be it

Resolved, That these resolutions be spread upon the minutes of this Association.

S. M. BROWN,
W. P. ROWLAND,
Committeee.

CHARITON COUNTY MEDICAL SOCIETY.

This society convened in Dr. J. T. Welch's office in Salisbury, Mo., June 30th, 1904.

Minutes of last meeting read and approved.

Dr. J. H. P. Baker reported a very interesting case of Puerperal Eclampsia: "June 17, 1904. multipara, age 35. Lower extremities edematous, also effusion was manifest in upper extremities. Labor induced by "waters breaking" at 4 a. m. without contractions or pains; in two or three hours labor pains began to develop at irregular intervals. At 11 a. m. was seized with violent convulsions. Treatment, quarter gr. of morphine, hypo., at once, 20 drops of nor. tinct. veratrum (hypo.) and 10 grs. of calomel. At 12, noon, proceeded to deliver with forceps, when a 7 pound boy was delivered, and in thirty minutes another 7-pound boy was born. The second boy was delivered normally. Drs. J. D. Brummall and W. L. Baker were called in consultation and rendered valuable assistance."

Drs. C. A. Jennings and Wilfred L. Baker were appointed editors to report proceedings of regular meetings and abstracts of papers to the Journal of Sate Medical Association.

Drs. Kirkpatrick, of Dalton, and Temple, of Rockford, will read papers at our next regular meeting.

After transacting regular business the society adjourned to meet in Salisbury, July 28th, 1904.

Judge Welch, of near Salisbury, was a guest at this session, and expressed in a few appropriate words his appreciation of the program and of the fact that the society discussed matters of importance to the general public, and not to the ways and means of forming a trust, or making the fees larger.

Dr. Brummall responded in behalf of the society, giving the judge a standing invitation to visit the society at his convenience.

C. A. JENNINGS, Secretary.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

ATLAS AND EPITOME OF OPERATIVE GYNECOLOGY. By Dr. O. Schaffer, of Heidelberg. Edited with additions by J. Clarence Webster, M.D. (Edin.), F.R.C.P.E., Chicago. With 42 lithographic plates in colors, many text cuts, a number in colors, and 138 pages of text. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $3.00 net).

This new addition to Saunders' admirable series of Hand-Atlases is excellent. It is unfortunate that medical students graduating each year know less about gynecologic operations than about almost any other department of operative surgery. This atlas, therefore, is opportune, and the excellence of the lithographic plates and the many other illustrations render it of the greatest value in obtaining a sound and practical knowledge of operative gynecology. Indeed, the artist, the author, and the lithographer have evidently expended much patient endeavor in the preparation of the watercolors and drawings. They are based on hundreds of photographs taken from nature and reproduce faithfully and instructively the various situations which they intend to illustrate. The text closely follows the illustrations, and we have found it fully as accurate. We consider it of great value to the up-to-date practitioner and surgeon, as well as to the specialist.

No review can adequately describe the excellence of this atlas and epitome of Operative Gynecology. Like others of this series of hand-books the best way we can describe it is to say that it will do for the student all that it is possible for it to do in the way of instruction in operative gynecology without actually seeing and doing the work itself under a competent instructor. Those who possess the other hand atlases published by Mr. Saunders will at once purchase this book. Those unacquainted with them should lose no time in seeking practical acquaintance.

The work is divided into: (1) Operations that are performed without the speculum; (2) operations requiring for their performance exposure of the vagina; (3) operations performed after artificial dilatation of the cervical canal of the uterus; (4) operations performed after dissecting the vault of the vagina and enlarging the cervix by operative means; (5) operations that require opening of the vesicouterine fossa; (6) operations that are performed through the posterior pouch of Douglas; (7) operations that are performed after opening one or both peritoneal pouches and an entire wall of the uterus; (8) total extirpation of the uterus through the vagina; (9) operations on the genital organs that require a celiotomy; (10) Alexander-Adams's operation performed after exposure of the inguinal canal.

A PRACTICAL TREATISE ON MEDICAL DIAGNOSIS. For Students and Physicians. By John H. Musser, M.D. Fifth edition. Revised and enlarged. 8vo. pp. 1213. Illustrated with 395 woodcuts and 63 colored plates. Philadelphia and New York: Lea Brothers & Co., 1904. (Price, cloth, $6.50; leather, $7.50; half morocco, $8.00 net).

The author of this book well describes his subject when he says, "That

it is a department of basic importance and incessant advance." It is unquestionably the most important department in medical science, and he who would acquit himself efficiently and honorably in the practice of medicine must, as the author states in his preface to this the fifth edition, hold himself "to the highest pitch of energy and effort." Medical schools might be easily classified as to competency by the expertness of their graduates in the department of physical diagnosis. It was said by one of the New England State Board of Examiners, that the students from one of the New York schools, whose staff at that time numbered among the members several of the most brilliant diagnosticians that have graced medical history, "that the graduates of this school could always be recognized by the excellence of their papers and their clearness of statement in diagnosis." It was a favorite saying of the elder Loomis, "That the physician who was accurate in diagnosis and prognosis, other things being equal, was assured of success."

He who carefully follows the instruction in diagnosis by Professor Musser, though he may not always make a diagnosis, will seldom err. It is not too much to say that the volume under consideration has no superior in the English language today. We do not know if such a thing is practical, but it would seem that for the student beginning the study of physical diagnosis a less exhaustive text by way of introduction might be more efficient, but for the advanced student and the graduate the book is a masterpiece. The book is divided into two parts, the first on General Diagnosis, wherein is discussed the underlying principles upon which this science rests. The second deals with Special Diagnosis, taking up the various diseased conditions, such as the infectious intoxications, constitutional diseases, and the diseases of the special organs of the body. Laboratory diagnosis, together with the practical use of the most advanced appliances for the correct understanding of diseased conditions, as for instance, the use of the X-ray receive ample elucidation. The plates and illustrations are most perfectly wrought out, and must be seen to be appreciated. The author and the publishers have been most happy in their combined work on so essential and far-reaching a subject as medical diagnosis.

DISEASE OF METABOLISM AND NUTRITION. A series of monographs by Prof. Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort-on-Main. Authorized American edition. Edited by Boadman Reed, M.D., Philadelphia. New York: E. B. Treat & Co. (Vol. I Obesity, small 8vo., 60 pages, cloth, 50 cents. Vol. II. Nephritis. Small 8vo., 112 pages, cloth, $1.00. Vol. III. Colitis. Small 8vo., 64 pages, cloth, 50 cents. Vol. IV. The acid auto-intoxications. Small 8vo, 80 pages. cloth, 50 cents.)

In four little volumes Professor von Noorden presents his special research on the disorders of metabolism and nutrition; the first dealing with Obesity and the indications for its prevention, amelioration and cure. Vol. II deals with Nephritis, wherein the author's treatment of the various forms of Bright's diseases is given, being based upon his extensive and exhaustive research, beside experiments and observations. Vol. III discusses colitis and presents impressively the role played by this too lightly consid-

ered yet almost universal disorder. Vol. IV, the acid intoxications, is perhaps the most noteworthy of the four booklets, and contains much needed information upon a subject which to the large majority of physicians is an unknown field. Those who read and act upon the knowledge contained presented by Prof. von Noorden will find returns far beyond that to be garnered from more pretentious volumes

DISEASES OF THE INTESTINES AND PERITONEUM. By Dr. Hermann Nothnagel, of Vienna. The entire volume edited, with additions, by Humphrey D. Rolleston, M.D., F.R.C.P., London, England. Octavo volume of 1023 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $5.00 net; half morocco, $6.00 net.)

"This new volume in Saunders' American edition of Nothnagel's Practice is the eighth to be issued, and appearing within two months after the publication of the volume on tuberculosis, gives evidence that the publishers intend completing the series at an early date. This, one of the most valuable volumes in the series, is by the famous clinician, Dr. Hermann Nothnagel himself, and is as exhaustive as it is practical. The distinguished editor, Dr. Humphrey D. Rolleston, of London, England, has used his pen most profusely, almost every page giving generous evidence of his careful editing. The editorial additions include sections on Intestinal Sand, Sprue, Ulcerative Colitis, and Idiopathic Dilatation of the Colon. Appendicitis and Peritonitis have been given unusual space, treatment and diagnosis receiving exhaustive consideration. The section on Intussusception has been greatly enlarged by the invaluable additions of D'Arcy Power, of England, who has made this subject his own. There are 20 inserts of great merit."

American physicians have been derelict in the study of diseases of the intestines and peritoneum beyond that of the British and Continental men. This indifference has had is source perhaps, in the lack of anything spectacular in such a line of investigation as well as the large amount of attention demanded in other departments of medicine. It is fortunate therefore that a volume so comprehensive as the present one of Nothnagel series should appear at this time. No better time could have been chosen and no more competent author and editor found to place before the American profession the facts and experiences so necessary for a comprehensive knowledge of this very essential department of medicine. Not the least important part of this volume is to be found in the editions and comments of the editors, their work having been unusually pertinent and valuable. B.

IT will be pleasant news to girls and boys that Mrs. C. V. Jamison, whose "Lady Jane" has been read and re-read by a generation of youngsters, has written another book, which will appear in the autumn. "Thistledown" is the title. It is the story of a little acrobat, and the scene, like that of Mrs. Jamison's other books, is laid in that most charming of all American cities for background and color, New Orleans.

Literary Lore

WORLD'S FAIR NUMBER.—At no previous World's Fair has any single individual undertaken to make a complete study of the whole in its every department and phase. This, Mr. John Brisben Walker has attempted with reference to St. Louis, and presents to the public in twenty-five articles, accompanied by two hundred illustrations, the largest, most costly and best printed copy of the "Cosmopolitan" ever issued. The "Cosmopolitan" has pursued the sensible course of not changing its price of ten cents for this extra large and special number, so that those who stay at home, and those who go to the Fair, can both find a convenient guide in The Cosmopolitan at a reasonable price.

WOULD-BE strikers against tipping, as it exists in America, may obtain some consolation from the description given by Eliza R. Scidmore ("that delightful teller of travelers' tales") of the evils growing out of the custom in India. Miss Scidmore tells in "Winter India" of a tiffin she enjoyed at a dak bangla, after the consumption of which the keeper, the coolie, the sweeper, the cook, the water-carrier, and what-not presented themselves, bowing at different doors, rubbing their palms and whining, "Prisint, prisint, Memsahib." And each had to be tipped. "The most cringing, graceless, shameless tribe of alms-seekers in all the world," Miss Scidmore calls the Indian servants. "Winter India," with its fresh observations, its clever telling, and its many new illustrations, has proved one of the real successes of the year, and constantly figures, well near the top, in the lists of "best-selling books."

DR. S. WEIR MITCHELL is still practising, traveling, and writing, hearty and happy at seventy-three. Publication this spring of his latest work, "A Comedy of Conscience," "charming," "a clever conceit," "a work that will afford an hour's delight," has aroused new inerest in the man who is the oldest story-teller now writing for the English-reading public. Silas Weir Mitchell was born in Philadelphia, February 15,1830. He was educated in the grammar schools and in the University of Pennsylvania, failing to graduate from college because of illness in his senior year. When only twenty, however, he graduated from Jefferson Medical College. Since then the universities of Harvard, Edinburgh, and Bologna have bestowed upon him honorary degrees. The Philadelphia physician's greatest fame is as a neurologist; and his writings have been his recreation in the few hours professional demands have left free. The list of Dr. Mitchell's published works includes: treatises on neurology, serpent poisons, comparative physiology, and about one hundred and twenty-five papers on neurological subjects; five volumes of poems; "Hugh Wynne," "The Adventures of Francois," "Far in the Forest," "When all the Woods are Green," "Characteristics," "Roland Blake," "In War Time," "The Autobiography of a Quack," "Hephzibah Guinness," "A Madeira Party," "Prince Little Boy." The length of the list is the more notable because most of Dr. Mitchell's literary work has been done since he reached the half-century mile-stone. A new book by Dr. Mitchell, "Little Stories," will appear in the autumn.

Surgery

L. A. Todd, M. D.

How Far Shall We Treat the Gall Bladder As We Do the Appendix?—R. W. Westbrook (Brooklyn Medical Journal) draws the following conclusions: 1. We cannot anatomically or physiologically place the gall bladder in the same category with the appendix. 2. It is still too early too assert that the loss of the gall bladder may not be a detriment to the individual, although we cannot assign any function to it, the theories of storage reservoir, flush tank and tension bulb all falling short. 3. It may be held solely responsible as the starting point of gall stone disease. 4. Cholelithiasis, like appendicitis, cannot be cured by medical treatment, only prevented or palliated. 5. When diseased, the gall bladder would be better out than in, did it not form for the surgeon a natural drainage channel to the infected bile ducts, safe and easy of access, and to be preferred to more dangerous methods of drainage now being advocated by some surgeons. 6. When the gall bladder can no longer be utilized as a drainage tube, i.e., when the cystic duct is closed, extirpate it. 7. When bile is found in it, retain it and drain through it, unless gangrenous or cancerous. Gall stones will not recur after a complete operation.

The Association of Surgical Lesions in the Upper Abdomen.—W. J. Mayo (Oration on Surgery, J.A.M.A.) considers the upper abdomen to be the surgical borderland at the present time. The results of the surgical invasion of this region are justified by reduced mortality, permanence of cure and lessened disability. Like the female generative organs, and the genito-urinary apparatus, the organs embraced in the upper abdomen are so related in their anatomy, physiology and pathology as to be almost necessarily considered as part of the same system. It is often difficult to isolate a diseased condition of these organs: stomach and duodenum, pancreas, liver, and the gall bladder system. Hence arises confusion in diagnosis and treatment. Exploratory incision must often determine the exact nature of the lesion. In outlining the anatomy of this region the nearly vertical position of the stomach is shown. The first four inches of the duodenum is subject to ulcer internally from the acid gastric juices, and to disturbances of function from adhesions externally secondary to gall bladder disease. One-half of the lesions in this group of organs arise in the gall bladder, which like the appendix is an obselete organ. Its function is that of storage. The neck of the gall bladder is raised somewhat leaving a pouch in which the obstructing stone so often lodges in cystic impaction. The vascular supply of these organs arises almost entirely from a common source—the coeliac axis, and a direct relationship exists in the nerve supply. The same association exists regarding function. A perversion of these functions gives rise to the common surgical affections. Gastric ulcer results from mechanical injury to the pylorus and excessive acidity of the gastric juices in the presence of anemia. Acidity of the gastric juice also predisposes to duodenal ulcer. Many intestinal bacteria are absorbed by the intestine conveyed to the liver and discharged with

the bile. This attenuated infection of retained bile causes gall stone disease, which in turn is the chief factor in the production of duct inflammation of both the liver and pancreas. Proper valuation should be given to the signs and symptoms of disease in organs of associated function and pathology. Perforations of organs in this group are often common, and often go to a fatal termination unoperated. The mortality in cases of perforation was 50 per cent. This high death rate was due to delay in operating. In 1150 operations for subacute and chronic benign conditions the mortality rate was less than 5 per cent. In perforation immediate operation is imperative. Few recover after ten hours has elapsed since the onset of perforation. In duodenal perforations early suture of the perforation with drainage, and after treatment in the sitting posture should give 80 per cent or more of recoveries. Only 10 per cent of stomach perforations occur without previous symptoms of chronic ulcer. Perforations in the future will be recognized earlier and the same radical treatment instituted as in gangrenous appendicitis. The general mortality of gall stone operations is 5 per cent, but this is too high. It is 1 to 2 per cent when the disease is limited to the gall bladder. The death rate depends upon secondary complications; involvement of the ducts, cholangitis, pancreatitis, etc. Earlier operations will be the rule in the future. Chronic gastric ulcer with obstruction is in a satisfactory way surgically. Chronic gastric ulcer without mechanical pyloric obstruction gives a less promising outlook. In the latter class of cases, the gastric motility is unimpaired, hence gastro-enterostomy is less necessary. A gastro-enterostomy on a normal stomach does not drain the stomach, as shown by animal experiments. The food passes through the pylorus. Chronic ulcer of the duodenum is especially liable to perforate. It gives rise to many pyloric ulcers by extension, and should be treated by gastro-enterostomy. Excision of gastric or duodenal ulcer is open to strong objections, because in 20 per cent of all cases other ulcers are present which may remain undetected, or unaccessible. Finney's operation of gastro-duodenostomy gave excellent results in 40 cases operated upon by the author. Pyloroplastymust be discarded. In malignant cases the writer emphasizes the possibility of cure. Four per cent of the gall bladder cases were found to have malignant disease. All had gall stones, or evidence that they had been present. The radical treatment of gastric carcinoma is now on assured ground. The mortality is 10 per cent in the cases seen early; and 20 per cent in the late cases. Early diagnosis and early exploratory incision are necessary for more satisfactory results. There were seven deaths in 46 pyloric resections.

Hand Sterilization (Murphy) —The hands are scrubbed for five to seven minutes with 5 per cent spirits of green soap and hot running water. After three minutes in alcohol, they are dried and covered with a four per cent solution of gutta percha in benzine which is allowed to dry without rubbing. This covering is very thin, and is unaffected by antiseptic solutions. It has several advantages over rubber gloves: perfect fit, no tearing and less interference with the sense of touch. Perspiration is temporarily checked and the epithelium does not rub off into the wound. The coating is removed by benzine.

Surgical Hint (International Journal of Surgery).—In bad cases of shock, after bleeding, when the circulation is weak, do not at first use saline injections under the skin, for the fluid will take a long time to be absorbed. Rectal injections are better because we get the immediate effect of the heat and intravenous injection are better still, because the fluid enters the circulation more rapidly and the effect is more pronounced.

Pyothorax.—Carl Beck (The Post-Graduate) prefers the term pyothorax to empyema because the latter does not designate the location of the pus. The specific causative factors of pyothorax are not sufficiently known. Pneumonia is a precursor in a great majority of cases The diagnosis is not difficult, although the physician is sometimes deceived when the aspirator needle becomes plugged with fibrinous masses. The author favors making large opening into the abscess cavity by resecting a portion of a rib. The operation should be done early in the course of the disease. Abscess of the pleural cavity should be treated on the same surgical principles as abscess elsewhere, i.e., by an early, free opening. Aspiration in cases of pyothorax is not advised, chiefly because in a large proportion of the cases solid masses are present which cannot be withdrawn through an aspirating needle. It should be reserved only for purposes of diagnosis. The Bülau, or suction method, is superior to aspiration, but has many disadvantages. The solid masses cannot be removed, pus is retained, the tube becomes loose and the patients must be more carefully watched. Simple incision through the intercostal space is objectionable in most cases, because it does not give room enough for inspection or digital exploration of the abscess cavity. Moreover, the intercostal vessels are more apt to be wounded and free drainage cannot be accomplished. Rib resection gives the most excellent results, even in the late cases which have undergone the expectant treatment. There are no counterindications. In all cases of pyothorax, no matter how desperate, the resection of a portion of rib should be performed. Tuberculous pyothorax offers a certain percentage of cures after resection. Treated expectantly the condition is hopeless. If pyothorax is treated as other abscesses, the uncomplicated cases can be saved, and fistula will never result.

Caesarean Section.—T. J. Maxwell (Amer. Jour. of Surgery and Gynecology) gives the following rules to be observed in the technic of Cesarean Section: 1. Always remove the uterus (Porro's) if it is septic. 2. Never use an antiseptic solution in the abdominal cavity. Hot sterile saline solution should be used for cleansing the peritoneum 3. Avoid cutting the placenta. 4. Grasp the child by the legs, never by head or by the arms. 5. Waste no time in picking little shreds of decidua off the uterine walls. 6. Control hemorrhage by grasping, with the hands, the neck of the uterus. A constricting rubber compromises the life of the child by cutting off the circulation; it may produce traumatism by its pressure. 7. Use Kangaroo tendon (Dr. Marcy's) for continuous and superficial sutures in closing the uterus. If silk is used, always adopt the interrupted suture. 8. Use no drainage in the abdomen. 9. One-third of the upper end of the abdominal cut may be closed before opening the uterus. It facilitates the final dressing after the uterus has been replaced. The long cut through the abdomen, sufficient to deliver the uterus, makes it diffi-

cult to control intestinal protrusion after the replacement of the uterus, while the partial closure before opening the uterus does not delay, but facilitates the speedy conclusion of the operation.

Gastric Ulcer.—C. W. Strobell, in the International Journal of Surgery, sums up his conclusions of gastric ulcer in the following words: Purely medical treatment of all forms of this disease should be persisted in until hematemesis occurs, which is in 5 per cent of all cases, or until progressive disturbances of nutrition result in emaciation and exhaustion, when it becomes strictly operative. Perforative cases are of course always operative. Upon the occurrence of hemorrhage at any stage of the case and in any degree, the proper treatment is surgical, and delay is useless, if not dangerous, as we cannot tell how serious the condition is. We can only guess, and guessing is not science. There may be a threatened perforation, or erosion of the wall of a large arterial twig, etc., and we have no means of knowing it. It is the same uncertainty that hangs about appendiceal and gall bladder disease that makes it safest to operate early. And not alone for this reason, but because the patient wants rest from suffering, which in the event of such a complication only seems the more hopelessly remote.

TYPHOID EPIDEMIC.—As the result of a contaminated spring, Mount Savage, has eighty cases of typhoid. One death has been reported so far.

EYE, EAR AND THROAT MEN.—The American Academy of Ophthalmology and Oto-Laryngology will hold their ninth annual meeting August 24 to 26 in Denver, Colorado.

HOSPITAL BURNED.—Fire destroyed the Mount Vernon, Ill., Hospital a short time ago, the patients being removed without any casualty. The loss was about $8,000 with $5,000 insurance.

A PHYSICIAN ROBBED.—Two men posing as patients held up and robbed Dr. Johann Harraes, of Chicago, in his office. The physician was relieved of $390 in cash and about $500 worth of jewelry.

IMPURE MILK NOT WANTED.—New York City's health department has been throwing large quantities of milk into the sewers because it was at too high a temperature. In one night alone over 3000 cans were emptied out, and at another time a whole train load was condemned.

THE sixteenth annual session of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held at Chattanooga, Tenn., October 12, 13, 14, 1904, under the presidency of Dr. F. B. Sloan, of Cowan, Tenn. The headquarters will be at the Read House. Addresses will be delivered by Dr. William J. Mayo, of Rochesster, Minnesota, and Dr. A. J. Ochsner, of Chicago. Requests for places on the program or information in regard to the meeting can be had by addressing the secretary, Dr. Raymond Wallace, Loveman buildings, Chattanooga, Tenn. The usual railroad rates will be in effect.

The Medical Herald.

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Matters of Medical Interest

A BARGAIN.—Fine multinebulizer, latest pattern, for sale cheap if taken at once. Owner leaving city on account of health. Address H.C. F., care Medical Herald, St. Joseph, Mo.

ESMARCH INJURED.—Dr. Esmarch, who is now in his eighty-first year, recently met with an accident that resulted in the fracture of his clavicle. His condition is reported as being as satisfactory as could be expected.

EDITOR RESIGNS.—After nearly forty years service as editor of the Medical Record, Dr. George F. Shrady has resigned. Dr. Thomas L. Stedman has been promoted from the position of associate editor, which he has held for the past twenty years, to that of editor.

A WARNING CIRCULAR.—The medical profession has issued a circular warning young men against taking up the study of medicine. The overcrowding of the profession and the harm done to it by lack of restrictive legislation against quacks are two points particularly dwelt upon.

THE BURNET HOUSE, which is the leading Cincinnati hostelry, will take special pains to provide excellent accommodations for the visiting doctors on the occasion of the Mississippi Valley meeting in that city. Write at once for rates and reservation to Mr. T. J. Cullen, manager.

ABILENA.—We beg to call attention of our readers to the new and novel advertising page, in this issue, which is used to extol the merits of the American aperient, "AbilenA," the water that is becoming so popular as a family laxative. Certain it is that whenever you prescribe "AbilenA," there will be "something doing," without any of the unpleasant features so common after using the usual cathartics.

ELEVATING THE STANDARD.—The Missouri State Board of Health recently approved of the following requirement, which is now operative: "Every applicant for license to practice medicine in the State of Missouri shall present documentary evidence of having a university or college degree or high school diploma; in lieu thereof, said applicant must pass a satisfactory examination before the state superintendent of public instruction on all branches embraced in a four-years' high school course. This is an absolute requirement, and no applicant will be allowed to enter the examination without having complied with this order."

BARNES MEDICAL COLLEGE, ST. LOUIS, MO.— Students will notice that the Barnes Medical College is now a University, with well-equipped faculties of Medicine, Dentistry and Pharmacy. We need not say that if the anticipated success as a University is realized, other faculties will be added from time to time, until a complete institution of general learning will have been established. This is the plan now in view and the leaders in other institutions have been approached with a view to uniting their destinies with ours, to that end. A very few medical institutions have received endowments of considerable sums of money, and as far as we are informed, the profession has failed to receive any great benefit thereby. In most instances the manner in which such moneys have been donated, resembles anointing a fat pig with oil. When the money has been expended in founding hospitals and placing them under the charge of established medical colleges, substantial good has been accomplished, as a rule. It is true that most teachers in medical colleges look forward to a time when the income of the school will be sufficient to pay something in the way of a salary. This time is generally put off from year to year, until age or enfeeblement compels retirement from active college work. Our new faculties, like the older institution, with which they have united, depend upon the patronage of the public for existence, and will seek success and honor by making their colleges necessary and preferred above their competitors. They have not spared money to equip these departments in the best manner possible, and the teachers have all made success in practical work, and their experience in imparting knowledge to others has not been limited. In the department of Dentistry, ample space in the college has been allotted to practical work and the number of patients has been as large as could be expected in the short period since the organization of the institution. A large number of chairs have been introduced and a generous patronage is expected. In Pharmacy, we especially commend Professor Riley, who has so long graced the department of chemistry in the regular college of medicine. He has large experience as an instructor and author, and his associates are all practical druggists. Professor Dickerson, of the department of Materia Medica, is one of his associates, and we know that no student ought to think lightly of the opportunity to hear and learn from these two men.

Substantial Support.—The friends and patrons of the Barnes Medical College will be pleased to learn that the number of students matriculated with the institution since its organization, to the present time, number 5,484. And the the number of graduates aggregates the sum of 1,287. With this array of friends, it is not difficult to understand the source of inspiration and substantial influence which operate in behalf of the Barnes University. While not so large as the Japanese army, they are equally as enthusiastic.

History of the College.—The close of the session 1903-1904 marked the twelfth anniversary of Barnes Medical College. On May 11, 1904, the corporation known as the Barnes Medical College was changed to the Barnes University, by which name said corporation shall hereafter be known. The object of this last organization is the establishment in the city of St. Louis, of a permanent school of learning, to be known as the Barnes University, and for the purpose of education in all branches

of academic and scientific instruction, and to include as departments of said institution, the Barnes Medical College, the Barnes Dental College, and the Barnes College of Pharmacy, already established, and for the establishment of such other departments of learning as is necessary to promote and encourage the diffusion of knowledge, and the advancement of sciences in all the branches of learning. It will be seen that while the corporate name of the institution is changed, it does not lose its identity, and the Barnes Medical College remains as the medical department of the Barnes University. This college is today the largest institution of the kind in the West, and is fifth in size in the United States, having in attendance upon the last session near six hundred students. To realize what this means it is only necessary to state that only four colleges in this country have a larger attendance than the Barnes Medical College. It also means that although we have one hundred and forty-six medical colleges in the United States, one-fourth of all the students in this country attend the Barnes Medical College. The faculty for this reason cordially thank their many friends for continued confidence and good will, as shown in the executive patronage bestowed upon the institution.

The graduating class for 1904 represented twenty-three states and the four classes—freshman, sophomore, junior and senior—represented thirty-one states and territories, and two foreign countries. The great advancement in the sciences of medicine and surgery, and the well-determined public and professional sentiment urging the adoption of an elevated standard of medical education, together with the conviction that teaching facilities should be increased in proportion to the additional knowledge required, influenced the board of trustees and faculty in establishing such a curriculum of study as educational progress demands.

The success of the Barnes Dental College and the Barnes College of Pharmacy, both being departments of the Barnes University, is such as to raise high anticipation in the minds of their friends and patrons as to the future of these institutions.

The importance of a thorough scientific training in such colleges is now so fully and generally recognized by the profession and the public that the course of instruction provided for the young men and young women was highly appreciated, and demonstrates the fact that the curriculum of study which was provided, met both the expectations of the profession and the requirements of progressive students.

St. Louis.—The city of St. Louis, with its eight hundred thousand inhabitants, is rapidly growing in favor with the profession, and with the people, as a great medical center. Its inexhaustible clinical supply, salubrious climate, is accessibility by railway, the genial hospitality of its citizens, and the advantages incident to the World's Fair, now in progress, render this city especially desirable for those wishing to acquire a medical education.—*The Bulletin.*

A NEW YORK PHYSICIAN ENDORSES CARABANA.—

87 East 4th, New York, September 1, 1904.

Mr. Geo. J. Wallau, 4 Stone St., New York.

Dear Sir:—Have submitted your "Carabana water" to clinical trial. Results satisfactory. Safe and efficient eliminant. Action rapid and uniform. Complete evacuations with thorough cleansing. Agreeable in taste. No griping. No tenesmus. In acute cases, much preferable to the treacherous calomel or nauseating epsom. I am prescribing it at present, and shall order a supply for my office shortly.

Yours truly, Signed, ——————, M. D.

A MERITORIOUS PRODUCT.—The Malto-Grape Co., Ltd., of Paw Paw, Mich., is meeting with great favor with malted grape juice called "malto-grapo," at the World's Fair. It is served at fifteen places, located in the main exhibit places and on the pike. Malto-Grapo has two great advantages over other grape juices. First, the juice is pressed from the fresh grape, giving it a fresh grape flavor, and from the tannic acid of the skin. Most grape juice is prepared by first heating the grapes before pressing; this brings out the tannic acid of the skin, not only making the juice a dark purple in color, but giving it a canned grape flavor. The tannic acid of the skin in such juice also acts as an astringent, whereas malto-grapo, like the fresh grape, is a mild laxative. Second, to this grape juice is added the pure extract of malted barley for its nourishing and digestive features, making malto-grapo the richest grape juice product ever placed on the market. Physicians are always welcome at their office in block 61, Agriculture building, World's Fair.

INSIDE INN ACCOMMODATIONS.

You Can Live at this Hotel and See the World's Fair as Many Days as You Like Without Leaving the Grounds.

RATES EXTREMELY MODEST.

One of the unique privileges to be enjoyed by thousands of World's Fair guests is that of living at a hotel inside the grounds during their stay at the Exposition. No other exposition has afforded such a privilege. This hotel, aptly named "The Inside Inn," has a capacity of 6,000 guests. Its enormous size attracts great attention. It is located near the southeastern corner of the grounds, close to an Intramural railway station, and in easy walking distance of the "main picture" of the Fair.

The Inside Inn is to be conducted under the supervision of the World's Fair officials, who fix the prices for accommodations—rooms, meals, etc. Thus it may be seen that there can be no extortion whatever. Every guest registering at the hotel will know exactly what price he must pay per day for his room or rooms and for his meals. The guest pays his way into the World's Fair grounds—fifty cents. If he stops at the Inside Inn the hotel rates include the daily price of admission.

There is great demand for rooms at the Inside Inn, the bookings having been in progress for several months. There are 2,257 rooms; they range in price from $1.50 to $2.50 per day, rooms with bath costing from $3.50 to $5.50. All these rates include the price of admission to the Fair after the first admission fee of fifty cents is paid at the gate. Single meals at the Inn will cost as follows: Breakfast, 50 cents; luncheon, 50 cents; evening dinner, 75 cents. There is also a service a la carte at very reasonable rates. Guests who desire to obtain accommodations on the American plan may do so, at fixed rates, according to location of room.

Every convenience usually found at a first-class hotel is to be provided at the Inside Inn, and those who stay there during their visit will have the advantage of barber shop, bath, lounging rooms, parlors, cool verandas and other privileges.

MISSISSIPPI VALLEY SOUVENIR

TWENTY-THIRD YEAR

DR. HUGH T. PATRICK, CHICAGO.
President Mississippi Valley Medical Association.

THE Medical Herald.

LEADING TOPICS FOR

..OCTOBER..

WALLACE

Official Journal Buchanan County Medical Society, Sioux Valley Medical

WORLD'S FAIR, ST. LOUIS

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., OCTOBER, 1904.

Contributed Articles

THE CLINICAL IMPORTANCE OF THE REFLEXES.*

H. Douglas Singer, M. D., M. R. C. P. (Eng.), Omaha, Neb.

THE general physician is very much inclined to neglect the study of cases of nervous disease owing to the extreme complexity of their phenomena and the mistaken impression that there is nothing to be done for them. Neurology has advanced by enormous strides of late years and although still in its infancy has given such striking proofs of its possibilities that no physician can afford to neglect it. True as it is in every branch of medicine that early diagnosis is of the utmost importance, it is even more true in the treatment of nervous diseases. As it is to the general physician that every case comes in the first place, it is obvious that the general physician must know something of the elements of nervous diagnosis. For this reason I hope that the subject of this paper will prove of interest to you, although the matter of which it treats is not new. The reflexes are easy to examine for anyone who will take the trouble to observe carefully and will often lead to the early recognition of changes taking place in the nervous system. As it is impossible in the time at my disposal to enter fully into the details of all the reflexes, I propose to give first some general points in the anatomy, physiology, and pathology of two of the main groups of reflexes and then to enter more in detail into a consideration of certain examples of each group.

The physiological definition of a reflex is :—A reflex act is an immediate fatal (i.e. unchosen) motor response to a peripheral stimulus. In unicellular organisms the single cell is competent to carry out the whole process, it receives the stimulus and acts upon it. In the lower forms of multicellular organisms a differentiation in the function performed by the various cells takes place, some developing into special receptive organs, some into conducting organs and others into contactile organs. In these organisms the reflex act is carried out thus: A stimulus of some kind is received and generates an impulse which passes along one of the conducting cells (nerve fibre), starts another impulse in a second conducting cell which in its turn causes a response in a contractile cell (muscle). This series, commonly known as a simple or spinal reflex arc, is the foundation

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of the whole nervous system as it exists in the higher animals. Here instead of the simple reflex are standing alone we find that other systems have been built up to control and coordinate the enormous numbers of simple reflex arcs of which the lower nervous system is composed.

The two groups which are to be considered in this paper are (1) the skin reflexes, (2) the tendon jerks. Certain general remarks which apply to both groups may first be made with regard to the variability of the reflexes in normal individuals. The excitability of reflex acts differs very markedly in different individuals and in the same individual at different times. For example, they are more ready after moderate physical exercise and less ready after and during sleep. Nervous and excitable persons have as a rule more ready reflexes than calm and phlegmatic ones. Hence it is necessary to become familiar with what may be termed the normal variability of the reflexes, and where possible to compare the suspected reaction with others in the same person, and particularly with the corresponding reflex on the opposite side of the body before arriving at any conclusion as to whether the response is normal or not. Repeated examinations under more favorable circumstances may be necessary. This is particularly true before deciding that any reflex is absent.

The Skin Reflexes.—These are true reflexes in the physiological sense, that is to say the impulse passes from the skin by way of the sensory nerve to the spinal cord and from thence by the motor cell and nerve to the muscle. Their existence, therefore, depends upon the integrity of the reflex arc, any interruption in which whatever be its seat or its nature will result in the loss of the reflex, corresponding to that arc. Similarly any condition causing increased activity of this arc (so-called irritative lesions) will produce exaggeration of the corresponding reflex. Thus the arc may be interrupted in the course of the nerve fibres by injury or peripheral neuritis, in the spinal cord at the motor cell by anterior poliomyelitis, or at the muscle by atrophy of myopathic origin. Irritation of the arc is not common, but may result in the nerve in from an early stage of neuritis or meningitis, or in the spinal cord from the action of certain poisons, such as tetanus and strychnia.

When we consider the effects of lesions involving the brain and its conections with the lower reflex arc, we have to deal with far more complex conditions which are as yet but imperfectly understood, and I shall content myself with giving you the clinical facts without attempting to explain them. The only path about which much is known which connects the brain with the spinal reflex arc is the pyramidal tract which extends from the motor area of the cortex of the brain down the whole length of the spinal cord. Lesions in any part of this tract affect all the spinal arcs below the lesion and they may be summarized thus: The epigastric, abdominal, and cremasteric reflexes are diminished, the reflexes of the lower extremities, including the plantar as a rule increased. This fact may be of great value clinically when examining a patient in a condition of coma, because if the abdominal reflexes on one side are found to be less than on the other we have very strong evidence that there has been a lesion involving the pyramidal tract of the opposite side and that the case is probably one of cerebral hemorrhage or apoplexy. There is one other clinical fact which may be of value and for

which I know no explanation, that the skin reflexes are often increased in locomotor ataxy, and thus present a striking contrast to the loss of the tendon jerks. The following table embodies the clinical points described above:

SKIN REFLEXES.

Absent in	Old age.	
	Destructive lesions of spinal reflex arc:	Injury to nerves. Peripheral neuritis. Anterior poliomyelitis, etc.
Diminished	Epigastric, Abdominal, Cremasteric	In lesions of pyramidal tract: Hemiplegia. Myelitis, etc.
Increased (lower extremities)		
Increased in	Irritative lesions of spinal reflex arc:	Rarely in early stage of peripheral neuritis. Tetanus, strychnia, etc.
	Many cases of locomotor ataxy.	

The particular example into which I propose to enter at greater length in this group is the plantar reflex upon which so much valuable work has been done of late years by Babinski, Collier and others. The plantar reflex consists in the movements which are obtained as the result of stimulation of the sole of the foot. In attempting to obtain it there are certain points to which careful attention must be paid in order to arrive at reliable results. The patient should lie down and his attention should be distracted by talking to him. The feet must be bare and should be dry and warm. The knee must be flexed and it is best to rotate the leg outwards and allow the foot to rest on the front of the other leg. This ensures relaxation of the muscles and also of the plantar fascia. The importance of this latter is that when the fascia is tense a very slight pressure upon it will mechanically produce flexion of the great toe as you can readily convince yourselves, and for this same reason the stimulus used should be as light as possible. The best means to employ for stimulation is to stroke the sole with the finger, or if this be not strong enough with a blunt or sharp point. If this be not enough the skin may be stimulated by pricking it with the point of a pin. The least possible stimulus should be used and the direction of the stroke should always be in the length of the foot and preferably from the heel towards the toes. As the degree of stimulation is increased there is a spread of the response to a wider group of muscles until when a strong stimulus is employed or when the reflex is very exaggerated, the whole leg may be drawn up. The very smallest stimulus which will produce any response at all causes no movement of the foot or toes, but a contraction in the tensor fasciae femoris which may in some cases be the only response that can be obtained. Consequently this muscle should be watched because if it alone responds it indicates that the reflex is probably normal in type. The next muscle to respond as the degree of stimulus is increased is the flexor of the big toe. This is the most characteristic movement of the plantar reflex and the one to which most attention should be directed. Be sure that it is a true flexion of the toe and not a voluntary movement of the foot. When there is degeneration of the pyramidal tract the reflex is, as a rule, more ready and there is a change in the order in which the muscles respond. A minimal stimulus now instead of producing a contraction in the tensor fasciae femoris causes a reaction in the extensor proprius hallucis with extension of the big toe at the metacarpo-phalangeal joint. Therefore,

if attention be paid to the movement of the big toe, a marked difference will be observed between the response in a normal case and one in which there is disease involving the pyramidal tract, the former produces flexion of the big toe, the latter extension. There is a further difference in that the normal flexor respose is more readily obtained from the stimulation of the inner border of the sole, whereas the extensor response is more easily produced from the outer border of the sole. I have purposely said nothing as to the movements of the other toes because there is nothing characteristic about them, pay attention only to the movement of the big toe.

One word of warning is necessary. In infants before they learn to walk the normal response to stimulation of the sole of the foot is extension of the big toe, the normal adult response, flexion. only appears about the age of 2 years and may be as late as 4 years. This must be remembered in the examination of young children.

What are the conclusions which may be drawn from examination of the plantar reflex? Absence of the reflex, if persistent under repeated examination implies some lesion in the course of the spinal reflex arc, the commoner causes of which have already been indicated. An extensor response means without exception that there is a lesion of the pyramidal tract. It is thus a very important sign, showing when it is present that the case is one of organic and not functional disease. Unfortunately a flexor response does not mean so absolutely that there is no disease involving the pyramidal tract, a small percentage of such cases still maintain the flexor response.

The Tendon Jerks.—In the strict physiological sense these are not true reflexes, although they depend for their existence upon the integrity of the reflex arc. They are produced by putting the muscle on the stretch, and then suddenly increasing the degree of tension by tapping the tendon. This sudden increase in tension causes the muscle fibres to contract. That this contraction is due to the direct stimulation of the muscles is proved by the fact that the time which elapses between the tap and the response is not long enough to allow an impulse to pass up to the spinal cord and back again. Nevertheless the healthy condition of the spinal reflex arc and its controlling centers in the upper part of the nervous system is necessary to the preservation of a normal tendon jerk, because it is necessary to maintain the muscle in a normal condition. Normally the muscles are in a state of constant slight contraction which is termed the tonus of the muscle. If this tonus be diminished or increased the tendon jerk is proporionately diminished or increased. The influence of the higher parts of the nervous system upon the spinal reflex arc are very complex, but it can be definitely stated that the motor area of the cerebral cortex exercises an inhibitory action upon the spinal arc, that is to say, it diminishes the tonus of the muscles. There is probably also another centre which exercises some control over the spinal centre, as was suggested by Dr. Hughlings Jackson, who places it in the cerebellum, this influence he maintains is in the opposite direction to that of the cerebrum and increases the tonus of the muscles. The necessity for this second factor is shown by the fact that if the spinal cord be completely divided transversely there is for a time complete loss of tonus in the mus-

cles below the lesion, a fact which Jackson explains by saying that not only is the inhibitory influence of the cerebrum removed, but also the augmentor effects of the cerebellum. In the same way if the pyramidal tract only be destroyed and the influence of the motor area of the cortex cerebri, thus removed the cerebellum is left to exercise its augmentor power unchecked, and hence there results increased tonus. Occasionally disease of the cerebellum gives rise to loss of tonus and tendon jerks, which can also be explained on the same grounds. With regard to the spinal reflex arc disease will have the same effect upon the tonus of the muscle, and hence upon the tendon jerks, which was found in regard to the skin reflexes, destructive lesions cause loss, irritative lesions cause increase of the corresponding tendon jerks. We can therefore tabulate the changes which occur in the tendon jerks thus:

TENDON JERKS.

Absent or diminished in.....	Destructive lesions of spinal reflex arc:	Injury to nerves. Peripheral neuritis. Anterior poliomyelitis, etc.
	Locomotor ataxy.	
	Complete transverse lesions of the spinal cord.	
	Some cases of cerebellar disease.	
Increased in.....	Irritative lesions of spinal reflex arc:	Rarely in early stage of peripheral neuritis. Tetanus, strychnia, etc.
	Lesions of the pyramidal tract arc:	Hemplegia. Myelitis. Partial transverse lesions of the spinal cord, etc

Before considering a particular example of the tendon jerks there are some general remarks which apply to all. A jerk could be obtained from any muscle if we were able to devise some means of suddenly increasing its tension, but the ones which particularly lend themselves to this method of examination are: The masseters (jaw jerk), biceps, triceps, quadriceps femoris (knee jerk), and calf muscles (ankle or Achillis jerk). When there is difficulty in eliciting the jerks, it is necessary before deciding that they are absent to test for them under the best possible conditions. As pointed out above, the cerebrum by its action reduces the tonus, and hence if the individual is directing his attention towards the part you are examining he is bringing an influence to bear which tends to diminish the excitability of the jerk. The patient's attention should, therefore, be distracted, and this may be done in several ways: (1) by interesting him in conversation; (2) by a strong sensory disturbance, such as a loud noise or bright light; (3) by making him direct his energy into another limb, as by making him pull his hands one against the other when you are examining his legs. Where necessary, another means may be employed, which consists in increasing the general tonus of the body, as by a cold bath, moderate exercise, or the Faradic current.

Exaggeration of a tendon jerk is evidenced by being more readily obtained, by the greater violence of the contraction, which ensues, by this contraction tending to be multiple, and occasionally by the spread of the response to the opposite side of the body (known as crossed reflex). Multiplicity of the contraction to which I have just referred, results from the rebound after the sudden contraction of the muscle, this very slight stimulus being sufficient in the excitable condition of the muscle to cause

a fresh contraction. This is the foundation of the phenomenon known as clonus. Clonus is obtained in the same manner as a tendon jerk by putting a sudden increase of tension upon the tendon, but instead of this tension being momentary, as in obtaining the jerk, it is kept up, and thus when the muscle relaxes it encounters another slight change in tension which is sufficient to cause a second contraction, and so on. Hence clonus is only a forcible indication of the increased tonus of the muscles.

The particular example of this group which I propose to consider is the knee jerk, which is more easily examined than any of the others. It is present in all healthy persons, although in some it is necessary to have recourse to some of the various methods of reinforcement which I have indicated above in order to obtain it. There are various methods of eliciting it. With the patient sitting one leg may be crossed over the other, so that it hangs loosely. This is the oldest method, and is preferred by many, but in my experience it does not yield such uniform results as the one I am about to describe. The patient should sit in a chair with the feet pushed forward as far as they will go, while still keeping toes and heels flat on the floor. The patellar tendon can then be struck with the tips of the fingers, or with the edge of a thin book. In this method the contraction of the muscles should be observed with the hand placed upon them, as there is as a rule but little jerking of the leg. Another advantage of this method besides its more constant results is that the jerks of the different sides of the body are more easily compared, because the patient does not have to change his position in order to allow of the examination of the second one. When the patient is lying down he should be directed to allow his limbs to remain quite loose, and the observer may then lift the leg with one hand under the knee until he has reached the required amount of tension in the quadriceps when the reflex may be obtained by tapping the patellar tendon. With some patients it is very difficult to get them to relax their muscles completely, recourse may then be had to the so-called depressed patellar method. This consists in allowing the limb to remain extended, and with one finger to pull down the patella until the proper amount of tension is produced. A sudden tap on the finger from above downwards will then cause the sudden stretching of the muscle, which is necessary to produce the jerk. The drawback to this method is that a jerk which is at all diminished cannot be elicited in this manner. Where the excitability of the muscles is greatly increased patellar clonus may be elicited by pushing the patella sharply down and maintaining the traction the limb being in position of extension.

The general observations made above concerning the tendon jerks in pathological conditions apply to the knee jerk as to the other jerks. A few additional remarks may, however here be made. In neurasthenia and hysterical conditions the reflexes are often greatly exaggerated, and even clonus may be obtained. Patellar clonus is not so common in functional conditions as is ankle clonus, but does occasionally occur. As a rule, however, there is a difference between the clonus obtained in these cases (often called spurious or pseudo-clonus), and that which occurs in organic disease. True clonus is regular in rhythm, and ceases at once when the tension on the muscle is removed, whereas spurious clonus is irregular in rhythm, and will sometimes be maintained after the withdrawl of the tension. In neurasthenia there is often an exaggeration of the jerks which

is associated with an uncomfortable sensation, which is sometimes said to be painful, and is often described as running right up the thigh; it may even produce a sudden start of the whole body. This has been described as the neurasthenic type of knee jerk, and is very characteristic. In chorea there is often a curious condition of the knee jerk; the response to the stimulus is brisk and rapid, but the relaxation of the muscle instead of occurring rapidly, as it normally does only take place gradually, so that the leg drops slowly.

Much more might be said about the value of the reflexes in determining the position of disease, but I hope I have said enough to show you the importance of examining them. They are easy to observe, many not even requiring an exposure of the part under examination, do not require any complicated instruments for their demonstration, and yet they are altered by so many different nervous conditions that we can almost exclude organic disease of the nervous system if we find them normal, and by their aid we can often distingish between organic and functional disease of the nervous system. Lastly, they are as a rule affected early in the course of nervous disease, and hence we have in them a simple means of recognizing such disease before the onset of gross symptoms, in a stage which will give possibly some opportunity of successful treatment, and thus help to remove the stigma of hopelessness which still attaches to neurology.

DISCUSSION.

Dr. Mayhew.—I feel that the suggestion to make repeated examinations to determine the reflexes is a very wise one. This is particularly true in the case of any patient in which the reflexes are found increased. Gowers states that, if the tension put upon a muscle is gentle and gradual, the irritability is developed, but additional vocal stimulation is needed to produce visible contraction. Hence he condemns the term reflex. Weir Mitchell holds the same views and insists upon the value of tone waves; hence, the development of idiomuscular contractions. This is a factor to be considered in determining all reflexes, particularly increased reflexes.

Dr. Burnett.—If every hearer of this paper would study and learn its conclusions, book rules would vanish. Ignorance upon the subject of the reflexes is amazing. So long as the arc of in-going sensation, and the out-going of motion, is complete, the reflex will follow. With the arc impaired, you have increase, or decrease, of reflex, as the case may be. If we have the lesion above, it cuts off the cerebral connection. Cutting the pyramidal tract increases the reflex. When one has familiarized himself with these tests, the reflexes are easy of understanding.

Dr. Aikin.—I endorse most of the conclusions reached by Dr. Singer and agree with the position taken by Dr. Burnett. It is not difficult to secure a knowledge of whether the increase or decrease is above or below the physiological function. Dr. Singer did well to call attention to the fact that the reflexes in children less than 2 years of age are quite different from those of the adult.

Dr. Singer.—I am very grateful for the kind reception given to my paper. Although I do not mean to imply that the reflexes are sufficient for making a diagnosis alone, yet by carefully observing them, I believe it is possible to recognize at an early stage in the great majority of cases, when changes are taking place in the nervous system.

SURGICAL TREATMENT OF MASTOID ABSCESS.*

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I FELT somewhat flattered by the invitation to take part in a symposium on mastoid disease before this society, composed as it is of the best known medical men of this valley.

Operations on the mastoid are usually classified under three headings as follows: The Schwartze operation, the radical tympano mastoid or Stacke operation, and the modified operation.

The Schwartze is the one most commonly performed and is adapted to most of the cases we meet perhaps, where it is only necessary to open and clean out the mastoid cells and antrum without entering the tympanic cavity. The Stacke or radical operation is a more complicated one, and includes not only the opening of the mastoid and antrum, but it exposes the entire tympanic cavity with the removal of the ossicles and all diseased tissue therein found, also removal of the posterior wall of the canal and converting the tympanum and the antrum into one large chamber and the adjustment of the membranous canal to the walls of this cavity.

The modified Stacke operation is the one most used by surgeons who wish to explore the tympanic cavity, and its description is to be found in all the late works on diseases of the ear, so that I need not repeat it here. Unlike the Stacke operation, it only disturbs the posterior portion of the integumentary canal, and is facilitated, I believe by a recently invented retractor by Dr. Hugo Fry, chief of Prof. Politzer's clinic, a cut of which is to be found in the recently published Bulletin of Meyrowitz.

By means of this retractor the posterior integumentary wall of the canal is retracted from the bony surface and kept out of the way while the wall is being removed, thus greatly facilitating the operation.

One of the most important accessories to the successful performance of this operation, is a good light. Several head lights have been invented for this purpose, but the latest one I believe is also shown in this same bulletin and has some improvements which commend it to me.

I shall not attempt to describe the different steps in these operations for reasons already stated, but I wish to emphasize the importance of an early operation in all cases where the conditions hereinafter set forth present themselves, also the fact that each operation should be modified according to the conditions which present themselves as the operation proceeds, and further that in operating according to the radical or the modified Stacke one must always be on the lookout for the facial nerve that it may not be injured.

Aural surgeons as a rule approve the following rules or indications for operation on the mastoid:

First. When there is acute inflammations of the bone that resists treatment.

Second. When repeated swellings and abscess occur.

* Read before the Sioux Valley Medical Association, at Sioux Falls, S. D., June 22, 1904.

Third. When there is bulging of the posterior and superior wall of the meatus with suppuration of the middle ear.

Fourth. When there is a fistula.

Fifth. When there is severe pain in the same side of the head as the diseased ear, and it resists all treatment.

Sixth. When foul otorrhea cannot be cured by any other means.

These rules are considered conservative, and I believe are to be safely followed. To temporize where judgment favors operation under any of these conditions is to invite sinus thrombosis, septicemia, meningitis or abscess of the brain.

I need hardly tell you that one must be prepared for any of these conditions when he operates on the mastoid. It may be necessary to open the cranial cavity and explore for abscess, to expose, explore and open and clean the lateral sinus of septic thrombus, to ligate the external jugular vein, as one never knows what he may encounter before he is through, as most of these cases when seen by the aural surgeon are the subjects of grave symptoms which have come on suddenly during the course of an acute or more often perhaps a chronic suppuration of the middle ear.

A case in point was in a child sent me two years ago in consultation where there was a mild muco-purulent discharge from the middle ear through quite a large opening in the drum. Medical treatment had but little effect upon the discharge, and after some months following a cold the child had a severe earache, became feverish, temperature and pulse considerably elevated. The family physician being out of town the child was not seen until Saturday night, too late for any train until Monday, and he found the patient suffering with evidence of brain abscess, and before the surgeon could be reached on Monday the patient was dying.

Another case in point was a child two years old brought to me in a semi-comatose condition January 8th, 1901. There was the usual history of middle ear disease dating from the previous spring, the result of scarlet fever, if I remember rightly. There was an enormous swelling over the mastoid and temporal region and extending somewhat upon the neck on the left side. The pupils were found to be unequal and would not respond to light. The patient was emaciated somewhat and was vomiting every thing she swallowed. There was some fever, but not excessive. There was no redness over the swelling, but deep fluctuation could be felt on palpation. Prognosis was grave, but an immediate operation advised and consented to with a faint hope of saving the child's life. On cutting into the tissues, they were found to be more like an abnormal growth than swelling, and the knife entered some two inches through rather firm hypertrophied tissue before reaching bone. The periosteum was found to have been destroyed as well as the external table over the entire mastoid, and a portion of the temporal plate, and the cancellated portion broken down and filled with pus, and what appeared to be granulation tissue, and extending above the ear as far forward as a perpendicular line in front of the auricle. The antrum was easily reached with the curette and all the friable bone removed, the posterior wall of the canal and the entire tympanic walls were found diseased and thoroughly scraped. The entire upper half of the mastoid was diseased, including the inner table, which when removed exposed uncovered brain tissue. No trace of the walls of the lat-

eral sinus could be discovered, as the probe passed freely in all directions along the inner surface of the internal table without meeting obstruction. While removing the tip of the mastoid I encountered an encapsulated tumor the size of a large walnut lying in the jugular fossa, and this was removed by shelling it from the surrounding tissues as freely as a walnut from its shuck, there being no adhesions. This tumor was firm in structure and showed no blood vessels either on its outer or inner cut surface. The operation being completed it was lightly packed with iodoform gauze. The baby rallied quickly from the operation which owing to the condition found was rather prolonged and took nourishment the same evening without vomiting, and the following day the temperature was normal, but the pulse remained very rapid. The stupor, however, had disappeared and the patient was quite comfortable. On the tenth, two days after the operation, there was a slight discharge from the wound, but there was no temperature, though the pulse remained at 150. From this time on the patient improved rapidly for a number of days. She sat up and played and was bright and happy and did not complain of any pain. The wound was dressed daily, but the cut edges looked suspicious and the swelling did not entirely go down. On or about the 27th, however, she began to develop paralysis of the right side commencing in the arm. The tumor or swelling of the tissues about the ear began rapidly to enlarge, speech soon became affected and she had difficulty in swallowing, failed rapidly and soon died from paralysis.

My diagnosis of the growth at the time of the operation was a probable sarcoma. An examination by a competent pathologist verified the diagnosis, and the subsequent return and rapid growth of the tumor was an additional verification. It is of course impossible to say how an early operation in this case would have resulted, but undoubtedly, this is one of the cases that should have had the benefit of an early operation.

Mr. B.—My first case of mastoid disease occurred in 1884 while I was connected with the Insane Hospital at St. Peter. The patient, a farmer and cattle buyer, came to town on a cold raw windy day with a drove of hogs to ship, and as a consequence became somewhat heated and perspired freely. After he had shipped his hogs he went to his family physician and had some polypoid growths removed from the nose with forceps. He then rode home against a cold northwest wind, and soon after was taken with a severe earache. His physician was called, but after one or two visits was himself taken sick and could not go, so another local physician went in his stead, but the patient getting no relief secured another the following day from Mankato. The patient continued to get worse, and on April 23, nearly a week after he was first attacked, the family physician still being unable to go sent me to see him. I found the patient suffering great pain in the ear, and that he had been vomiting, and that he complained of dizziness. There was a free purulent discharge from the ear, but no tenderness or swelling over the mastoid, although there seeemd to have been some previously for which a blister had been applied, but this had nearly healed. I was sent for again on May 1st, seven days later, at the request of his physician, who was still unable to go, and I then found a marked swelling and redness over the mastoid, the vomiting still continued and the dizziness was extremely marked, but he would not allow

me to open the abscess, although there was fluctuation present. He insisted that I come again the following day and bring his physician with me. The following day his physician being somewhat better rode out with me, and after his advise I was allowed to open the abscess and found an abundance of foul pus at the depth of one inch. His physician then informed him that he would now get well rapidly, to this I shook my head and proceeded to search for a sinus, and after some time I succeeded in finding a very small one with a lachrymal probe and this passed for an inch and a half into the mastoid. This I then enlarged with a drill and evacuated considerable more pus. The wound was then washed out thoroughly with carbolic sol., the wound packed. I did not see the patient again until May 4th; he was then much better, his pain and dizziness and vomiting having disappeared immediately after the operation and his appetite was returning. Ten days later he sent for me, the discharge having suddenly ceased and the dizziness having also returned. I found granulations blocking the opening in the drum, and also the opening I had made in the mastoid. These were removed and the probe passed two and one-half inches where it reached roughened bone. The sinus was washed thoroughly, and I did not again see him until June 27, when the wound behind the ear had closed and there was a polypoid growth in the ear which I began treating with absolute alcohol which soon destroyed it. The patient did not recover strength and complained that his head bothered him and soon he deserted me and went to a quack clarivoyant. Subsequently he went to the hot springs for a season, and finally he recovered and has had no further trouble with his ear.

In my opinion this was one of the cases that should have had the benefit of radical treatment, but it was before the days of this now common operation; but the case shows what nature will sometimes do in grave cases with but little assistance from the surgeon; it also shows the necessity of care and attention after operations in the nose.

Miss L.—This interesting case was brought to the hospital by her physicians on November 30th last. She had been under treatment for some two weeks for severe pain and subseqent suppuration from the middle ear. For four days she had been having chills and her temperature running as high as 105½ degrees. There was rapid pulse, severe pain and high temperature when she arrived, and a diagnosis had been made of probable sinus thrombosis with sepsis, and I was requested to operate the same afternoon. On examination there was found to be only moderate swelling behind the ear, but with tenderness and some redness. There was a bulging of the canal wall on the superior, and posterior surface and a moderate amount of pus discharge from the middle ear. I proceeded to operate at once, expecting from the history of the case to find the diagnosis correct. The bone was ivory-like in consistency and the mastoid cells were absent. When the antrum was reached it was found filled with pus and granulation tissue and its walls diseased. In chiseling the bone, the lateral sinus wall was exposed, but from the fact that it appeared soft and that the patient took the anesthetic badly, and owing to the length of time required I decided to defer further operation then, but to explore the sinus on the following day if the symptoms still persisted. Immediately after the operation the temperature went down, the pain

ceased and there was no more chills. The next morning temperature was 99 and 100 the following evening. The patient went on to complete recovery without further interference and manifested no further symptoms of thrombus; was discharged from the hospital in two weeks, and has been entirely well since.

Mr. B.—On March 12th last I was called in consultation to see a case of middle ear inflammation. The patient was a banker, age 35, and had been in good health up to about the first of March. On March 7th an otitis media developed in the left ear following lagrippe as I then understood. The drum ruptured in four days, and when I saw him there was a slightly bloody serous discharge through the opening in the posterior inferior quadrant of the drum with moderate pain and slight temperature. I advised the continuance of heat to the side of the head and the instillation of protargol sol. three times a day, pumping it through the opening in the drum each time after instillation. I heard nothing from the case for several days when meeting his physician I learned that he had gone two days after my seeing him to consult an aurist in St. Paul.

The following history I take in substance from the North-Western Lancet of June 1st. On March 15th patient went to St. Paul and was under the care of a specialist, who, after treating him a week, operated for mastoid abscess. The operation was thoroughly and carefully performed, and the wound packed in the usual manner. During the latter part of April a tonsillitis developed, cultures showed streptococcic infection. A few diphtheria bacilli were found and there was a new membrane formed over the tonsils and over the mastoid wound. The patient was sent to the detention hospital, where he remained ten days. The discharge from the wound increased and showed streptococci. May 12th he was taken to Minneapolis and placed under the care of Dr. Spratt. The patient was found to be somewhat aphasic, although his general condition was good, temperature varying from 99 to 100 degrees, pulse was normal, sleep restless and broken, and he was irritable. The aphasia became more pronounced, and on the 15th he vomited. This occurred, again on the 18th, and his right arm became tremulous and paretic. In the evening the paresis involved his right leg, and he was anesthetic on the right side. His pulse dropped to 60, and he became stuporous on the following day. Pupils were normal.

Dr. W. A. Jones saw the patient May 20th, and found him comatose, with hemiplegia and rigidity of the right side. Temperature 99.6 and pulse 60. Frequent examinations of the discharge from the wound showed streptococci and no diphtheria bacilli. Diagnosis of brain abscess of left temporal lobe was made, and an operation advised with the understanding that it was to be considered a last resort. The operation was performed the same day by Dr. Dunn assisted by Drs. Spratt and Jones.

Operation was in the tempo-parietal region and on elevating the bone the brain protruded. The dura was incised and exploring needle introduced downward and backward when pus appeared immediately. The incision was enlarged when a large amount of pus and broken down brain matter escaped and disclosed a cavity the size of an hen's egg. Drainage tubes was introduced and the wound closed. Patient did not regain conscious-

ness, but the rigidity and hemiplegia to some extent disappeared. He died the following night.

The results in this case are in marked contrast to some half dozen or more cases that I have seen the past winter and spring with similar history of pain in the ear following influenza with rupture of the drum within a few hours with a sero-bloody discharge for a few days ending in recovery under treatment. In fact some dozen or more such cases are reported as occurring among the patients in the St. Peter Hospital, all ending in recovery.

Mrs. Haven.—This case came to me about two years ago, and was sent by her physician who had been treating her for some time for profuse suppuration of the middle ear with almost constant pain which was particularly severe at night. At the time I first saw her there was a large swelling behind the ear over the entire mastoid region and extending some distance on to the temporal. This swelling was red and painful with all the indications of deep-seated pus formation. An immediate operation was advised and was performed the following morning. An incision to the bone brought forth quite a quantity of foul pus, and on entering the mastoid the cells were found to be completely broken down and filled with pus and granulation tissue. A sinus reached to the antrum. In removing the diseased portion the wall of the lateral sinus was exposed for about a half an inch. All the diseased tissue and bone was removed and a free opening from the antrum into the attic was made with a careful curetting of the walls, and the wound packed. The patient recovered rapidly and had no more pain and left the hospital in one week, and at the end of five weeks the wound had completely healed and the hearing was rapidly restored. All discharge from the ear ceased from the time of the operation, the drum rapidly became restored and the hearing is now nearly normal.

J. G., farmer; age 30. Patient consulted me March 6th, 1902, with the following history: Six months previous was taken with a severe pain in the right ear and the drum was opened by his family physician, after which the ear discharged. He had very severe pain after the operation for a time, and the ear had never entirely ceased its discharge. Two weeks ago the pain returned with great severity, and he claims that he has had no sleep since. Examination showed profuse discharge from the middle ear through an opening in the lower portion of the drum membrane, muco-purulent in character, not offensive, but showed pulsating under the mirror. There was no marked tenderness that could be elicited on pressure over the mastoid or on the walls of the canal. There was no redness or swelling in the region of the mastoid, but the patient complained of deep seated pain in the ear. There was some rigidity of the sterno-cleido-mastoid muscle, and the patient carried his head a little twisted on the neck. There was a rapid pulse and temperature of 104 at the time of the examination about 4 o'clock in the afternoon. The patient was sent to the hospital with the expectation that an operation would be required on the mastoid, although the only indication for this was the pain, temperature and discharge from the ear. Hot applications were applied to the side of the head and the mastoid painted with iodine. He was given an anodyne at bedtime, after which he rested well all night, and the fol-

lowing morning his pain had left him, and the discharge was found very much lessened when I visited him. His temperature was 101, but at 5 p. m. it had risen to 104⅘, but there was no further pain. The next day temperature was 102 in the morning, and 105 at 5 p. m., but there was no pain and no discharge, and the patient expressed himself as feeling well. The ear was irrigated with warm sterile solution and the hot applications kept up at intervals. The rigidity of the sterno-cleido-mastoid muscle had disappeared, and I now ceased painting the mastoid. March 9th temperature was 98, but rose to 101 in the afternoon, and there was still no pain or tenderness. On this day the weather changed suddenly from very warm to severely cold, and that night the patient complained of pain in the right shoulder, but before morning it had shifted to the left side, just above the hip, and he got no sleep. On the 10th his pain was quite severe and had spread to the muscles of the back and gradually up to the back of the neck, and he had a veritable stiff neck. Temperature 100¾ in the morning and in the evening 103. Patient had been so well the day before that he had contemplated going home, but with this set back it was not deemed best, though he still had no pain in the ear, nor any discharge therefrom. On the 11th there was still pain in the neck and back and he had great difficulty in moving in bed, but the temperature was normal, and not until the 13th was there any special rise again. By this time the pain and stiffness had nearly left the neck and back, and he began to complain of neuralgic pains over the right eye, which deprived him of sleep, and there again appeared a slight discharge from the middle ear. For several days the temperature vacillated between 97 and 103, and finally on the 24th it reached 105. During this time he was given large doses of quinine, and when the pain was so great as to prevent sleep he was given an anodyne. The patient's friends visited him often, scarcely a day passed that some relative or friend did not urge him to go to Rochester where he could find some one who knew what was the matter with him. To this I acceded, but he seemed satisfied with his care and attention, and so the matter dragged on until the 30th of the month with the temperature going up in the afternoon, and down in the morning the frontal pains being quite severe at night, but there was no pain or tenderness in the region of the ear. I had two consultations with local physicians, but we were all at sea; all agreed, however, that there was no evidence by which we were warranted in making an operation. On the 31st his temperature went down and remained so for several days when it took a slight drop to 97, and then went up again to 100, but he continued to improve in strength and went home on the evening of the 12th of April, and has had no further symptoms, except at times there is, I am told, a slight catarrhal discharge from the ear.

This case is of special interest on account of the history which would have lead one to look for mastoid abscess, but the gradual cessation of the discharge, and the sudden suspension of pain after suffering for two weeks, with a temperature very regular in its morning and evening variations, with no symptom of septic thrombus, or any other of brain involvement than the supra-orbital pain, made the case one that greatly puzzled me. Brain abscess was excluded on account of the high temperature with no material mental dullness and the absence of any paralysis or ophthalmoscopic findings.

Sinus thrombus was excluded on account of the absence of chills, the regular afternoon rise and the morning fall of temperature. To be sure the chart shows an irregular temperature line, but with two exceptions, I believe, the morning temperature was lower than the afternoon.

This case illustrates one of many that the aurist meets with where he may be in grave doubt as to the wisdom of an operation or otherwise. In this instance I am still of the opinion that the conservative method was the best to have pursued, as the result would seem to substantiate.

Had an operation been performed and the mastoid not been found diseased the surgeon would have undoubtedly explored further and not finding thrombus—and I believe there was none—he might possibly have infected his patient and the result not have been as favorable.

There are other cases I might cite where I have and where I have not operated for mastoid disease. I have been exceedingly fortunate with my cases, having lost but the one which I reported, out of some fifteen or sixteen that I can recall, where I have employed either the Schwartze or the modified Stacke method.

POEMS THAT EVERY DOCTOR SHOULD KNOW.

There Must Be Something Wrong

When earth produces free and fair
  The golden waving corn,
When fragrant fruits perfume the air
  And fleecy flocks are shorn,
Whilst thousands move with aching head
  And chant this ceaseless song:
"We starve, we die. Oh, give us bread!"
  There must be something wrong.

When wealth is wrought while seasons roll
  Across the fruitful soil
When luxury from pole to pole
  Reaps fruit from human toil,
When from a thousand one alone
  In plenty rolls along,
And others scarce a joy have known,
  There must be something wrong.

—Rev. Ethran Ray Clarke.

THE RAPID TREATMENT OF SUPPURATING BUBO BY INCISION AND IMMEDIATE SUTURE.

F. Kreissl, M. D., Chicago.

FOLLOWING a publication of Legrain, in Paris, I have employed his method of rapid treatment of suppurating bubo for a year, and wish to give you a short report on the method and its results.

After shaving and cleansing the region in the customary way, and anesthetizing with ethyl-chlorid, the incision is made in the long axis of the bubo and carried down to the pus cavity; the latter is not only exposed, but its contents are squeezed out with the fingers by rather hard pressure all over the region. This is kept up for about a minute or so, when you will find no more pus in the fluid, which then appears as it is commonly called sanguinolent. The abscess cavity should not be irrigated; only the edge of the wound cleansed with gauze sponges saturated with boiling hot water. Now the wound is ready to be closed by an interrupted horsehair or a buried catgut suture if the cosmetic effect is desirable. No drainage is necessary. The region is cleansed with hot sponges once more, and a gauze collodium dressing applied. Over this comes a compressing pad and bandage to be maintained for several days. The sutures are removed after ten days, at which time, if at all, healing by primary union has occurred.

To guard against a possible necrosis, a slight modification is necessary when, after the pus formation has lasted for quite awhile, the skin over the abscess having been under tension, has become thin and very much inflamed. Instead of a longitudinal incision, an elliptical one is made, taking away all the ugly-looking tissue and suturing, as before.

You may employ this method in all cases of suppurating adenitis of venereal origin, in bubo following soft chancres, or gonorrhea, or syphilitic ulcerations of the penis, the latter being quite common in patients who do not keep themselves very clean. You have to operate as soon as the suppuration is recognized

Primary union is the rule in uncomplicated simple adenitis. In the presence of periadenitis, involving but a few not severely inflamed lymph glands, resolution usually takes place after the suppurating ganglion has been incised and treated in the manner described. In other cases of this group the periadenitis encloses several glands, so severely inflamed that the opening of the bubo will not check the impending suppuration of the former. They will have to be opened and treated in exactly the same manner as the others, one after the other as soon as pus is diagnosed. It does not seem to make any difference for the ultimate result whether the pus be sterile or not. Legrain finds the explanation for this in the destructive properties of the fluid, which oozes from the wall of the abscess cavity after its evacuation by his method, and which fluid is free from the devitalizing effect of antiseptics on living tissues. The advantages of this method are a more rapid recovery and a less ugly superficial scar.

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*Read before the Sioux Valley Medical Association, at Sioux Falls, S. D., June 22, 1904.

My desire and aim have been to utter nothing but the truth. I have no love for error in any form or in any field of knowledge.—Hiram Christopher

The Medical Herald.

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VOL. XXIII ST. JOSEPH, MO., OCTOBER, 1904. No. 10

The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

ERGOT.

It is a significant sign of the times that the tendency to ignore the therapeutic action of drugs and ridicule them as unworthy of notice by the advanced students of the present, has ceased. The better known remedies, those which have stood the test of experience and under the severe investigation of laboratory experiment have not been found wanting, are being restored not only to their erstwhile position, but are being placed upon a foundation than which it would be difficult to consider any more secure. It speaks well for the virtue and efficiency of the older remedies that they possessed sufficient vitality to survive and make their way up through the almost measureless mass of new products backed by pseudo-science and sustained by the mighty power of commercial enterprise. It is one of the most hopeful elements in modern medicine that the condition thus described does exist.

Ergot is one of the remedies concerning which much valuable information has been gathered in the past few months and its value as a therapeutic agent forcibly presented to those interested in its medical properties. Formerly, this remedy, which by the way, is one of the most complex, containing as it does a great many constituents, whose individuality is by no means exhaustively analyzed, was considered only in the light of its oxytoxic properties, and in this class it stood alone. Today a much more comprehensve view is very properly taken, and because of its marked power as a stimulant to muscular structure, especially, the unstriped fibres, and because it is one of the most powerful vasomotor excitants known, we find its use vastly increased, its application multiplied marve-

lously. Wherever there has been dilatation of the blood vessels such as occurs in acute systemic poisoning, as in sunstroke or the acute infectious diseases and where a similar condition has resulted from chronic intoxication, as in malaria, lithemia, the prolonged absorption of alcohol or opiates, ergot possesses a value greater than that of any remedy known. This remedy is further indicated in conditions of shock because of the vasomotor paralysis present in such cases, as it not only prevents and lessens this paralysis if administered early enough, but it also shortens and renders less severe the destructive effects of shock when such conditions has supervened. Wherever a powerful stimulant is required to tide the patient over a critical period, as in pneumonia, or the withdrawal of other stimulants, or there is desired a prolonged effect upon the circulatory system from its center, the heart to the arterioles at the periphery, ergot wisely administered will be found among the most satisfactory measures.

Those who have given the most time to the study of ergot, and those who have had the widest experience in its application have become the most extensive advocates of its use. It is a drug destined to hold a much higher position than it has previously been given and because of its safety it should be given the most careful consideration by those not now acquainted with its properties or the range of its application. B.

THE ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES will hold its annual session in St. Louis, October 11 to 15, during the International Congress of Military Surgeons. The sessions will be held in the Hall of Congresses; headquarters at the Inside Inn.

DR. GEORGE F. BUTLER has severed his connection with the Alma Springs Sanitarium, at Alma, Michigan, where for nearly five years he has been medical superintendent, and has retured to Chicago, where he will henceforth limit his practice strictly to internal medicine. He will fill the chair of Therapeutics in the College of Physicians and Surgeons, and of Medicine in the Dearborn Medical College; he has also been appointed as one of the attending physicians in the Samaritan Hospital. Dr. Butler will continue to edit and publish his magazine, "How to Live," and it is understood that he has under way another medical work for a Philadelphia medical book publisher.

XVTH INTERNATIONAL CONGRESS OF MEDICINE, LISBON, APRIL, 1906. —We have received the second and third numbers of the Journal of the XVth International Congress of Medicine—Lisbon, 1906. They contain the report of the actual affairs and the most important resolutions of the central committee, it is to be pointed out the Colonial Exposition that will be organized at the moment of the Congress and the inquiry about the Pellagra in Portugal, an enterprise undertaken by the section of Psychiatry. In the two numbers there is the list of the subject of official report with the name of the author that accepted the charge. In every section, there is also a list of recommended themes for free communication. Lastly, the Journal publishes the list of the national committees of the several countries where they are already constituted.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

PROGRESSIVE MEDICINE, VOL. II, JUNE, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical college of Philadelphia. Octavo, 334 pages, 47 illustrations. Per annum, in four cloth bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Philadelphia and New York: Lea Brothers & Co., Publishers.

The June issue contains four subdivisions: Surgery, Gynecology, Medicine and Ophthalmology. Each of these articles, which together cover the major domain of modern medicine, is from the pen of an authority especially selected for the qualities which the task preeminently requires—experience, trained judgment and critical acumen. The aim of the authors has not been to summarize all that has been written within the sphere of their respective subjects but to give the truly progressive contributions to modern theory and practice. Progressive Medicne is now issued in strong, paper covers, with a reduction in price to $6.00 per annum. To such subscribers who prefer it bound in cloth, the publishers have arranged to send it at $9.00 per annum.

PROSTATIC HYPERTROPHY FROM EVERY SURGICAL STANDPOINT. By Geo. M. Phillips. M.D., and forty distinguished authorities. Edited and complied by S. C. Martin, Jr., M.D. St. Louis, Mo.: Lewis S. Matthews & Co., Publishers, 2623 Olive street. (Price, $1.75.)

Beyond a rather superficial attempt to cover up a scheme to advertise those whose names appear prominently in this book there is nothing noteworthy about it. B.

DISEASES OF THE EYE. By L. Webster Fox, A.M., M.D. With five colored plates and 296 illustrations in the text. New York and London: D. Appleton & Co., 1904.

Dr. Fox has given us a book that shows the busy teacher rather than the book-maker. Every page demonstrates the fact that he is seeking to instruct his hearers primarily; later to teach those who read after him. The book shows the enthusiastic teacher and the brilliant operator, but in justice let it be said it gives evidence of haste that late editions must remedy. Evidence of haste is notable in several omissions, and in failure to give credit for a few figures, but most glaringly in the glossary where we find astigmatism defined as: "Defect in which light rays are not brought to a proper focus by the unaided eye." True, indeed, but not confined to astigmatism. Again, though glaucoma in the body of the text is clearly defined, the glossary gives us this astonishing piece of erudition: "Glaucoma, a disease of the eye characterized by a greenish, opaque appearance behind the pupil."

The deficiencies are not so serious as to greatly mar the book's usefulness, but it is a matter of regret that such evidences of unnecessary haste are present at all. The work will be welcomed and widely used. B.

MANUAL OF MATERIA MEDICA AND PHARMACY. Specially designed for the use of Practitioners, medical and veterinary. Students. By E. Stanton Muir, Ph. G., V.M.D., Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third edition, revised and enlarged. Crown octavo, 192 pages, interleaved throughout. Philadelphia, Pa.: F. A. Davis Company, Publishers, 1914-16 Cherry street. (Bound in extra cloth, $2.00 net.)

The elementary student will find this manual ample for his needs, the advanced student will see in it a means for refreshing his mind in regard to facts long since forgotten or dimly recalled. The book will not furnish one with a knowledge of many drugs described and prescribed in these days of organic chemistry and the limitless output of the German laboratories, but it will give a working knowledge of materia medica and pharmacy upon which the veterinary and medical student may safely rely.

There is some evidence of haste, and in few instances the charge of carelessness might almost be sustained, but these faults are not in the parts of the work where serious damage will result, and because of the general excellence of the manual one need not hesitate to prophesy that the future editions will not possess the faults named. B.

VON BERGMANN'S SURGERY. A System of Practical Surgery. By Drs. E. von Bergmann, of Berlin, P. von Bruns, of Tübingen and J. von Mikulicz, of Breslau. Edited by William T. Bull, M. D., Professor of Surgery in the College of Physicians and Surgeons (Columbia University), New York. To be complete in five imperial octavo volumes, containing over 4,000 pages, 1600 engravings and 110 full-page plates in colors and monochrome. Sold by subscription only. New York and Philadelphia: Lea Brothers & Co. (Per volume, cloth, $6.00; leather, $7.00; half morocco, $8.50, net).

Vol. II treats of surgery of the neck, thorax and spinal column. Volume II of this superb work is of a character equal in every particular to Vol I, which we reviewed in part some months ago.

An omission noticeable to the reviewer and quite to be regretted, is the failure of the contributors to sign their names to the articles for which they are responsible.

The subjects are treated with a wise consideration of the value and bearing on each of the pathology, etiology or treatment, space being allotted exactly as the requirements would demand. Not a few of the subjects are as exhaustively presented as we find them to be in special textbooks.

To be practical, yet avoiding a too superficial or too exhaustive a presentation of the problems of surgery is the evident purpose, and go far to accomplish the task the authors of these excellent volumes have set for themselves. The following subjects consitute the contents of Vol. II:

Malformations, Injuries and Diseases of the Neck.—Malformations of the neck; injuries of the neck; diseases of the neck.

Malformations, Injuries and Diseases of the Larynx and Trachea.—Malformations of the larynx and trachea; injuries of the larynx and trachea; diseases of the larynx and trachea.

Diseases and Injuries of the Thyroid Gland.—Diseases of the thyroid gland; injuries of the thyroid gland of goitres; diseases of the thymus.

Injuries, Malformations and Diseases of the Thorax and its Contents.—Injuries of the thorax; malformations of the thorax; diseases of the chest-wall: diseases of the pleura; surgical diseases of the lungs; diseases of the mediastinum; aneursm of the thoracic aorta; surgical diseases of the pericardium and heart; surgical diseases of the diaphragm.

Malformations, Injuries and Diseases of the Mammary Gland.—Congenital malformations of the mammary gland; injuries of the mammary gland; diseases of the mammary gland.

Injuries and Diseases of the Spinal Cord and Vertebral Column.—Diseases and injuries of the membranes of the cord; injuries and diseases of the spinal cord; malformations of the vertebral column; injuries of the vertebral column; diseases of the spine.

Volume III just ready. 918 pages, 595 engravings, 21 plates.

The third volume of this massive compilation of surgical knowledge is like the two preceding volumes, replete with that comprehensive presentation of facts relating to the subjects considered, which makes this system the most perfect that is now before the profession. That the work would receive an appreciative welcome was expected by those who examined the first volume, and the publishers inform us that the "demand for the work exceeds expectations." The present volume deals with the surgery of the extremities. The plates and illustrations seem to la k nothing in quantity or quality. B.

A Text-Book of Legal Medicine and Toxicology. Edited by Frederick Peterson, M.D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M. D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Per volume: Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.)

This work presents to the medical and legal professions a comprehensive survey of forensic medicine and toxicology in moderate compass.

For convenience of reference the treatise has been divided into two sections, Part I and Part II, the latter being devoted to toxicology and all other portions of Legal Medicine in which laboratory investigation is an essential feature.

The second volume is of a grade equal to the first and leaves nothing to be desired in its excellent production. No more reliable source of medico-legal information is available to the physician of this day. Pregnancy, legitimacy, abortion, infanticide, rape, and unnatural sexual offenses are some of the important matters which are considered in first part of this volume.

It cannot be too strongly impressed on the mind of every practitioner of medicine that he is not only the adviser of persons who are ill from natural causes, but he must also be the protector of those who are being deliberately injured by poison or done to death by violence. A man who is accustomed to tracing events to their causes will be prepared to act with good judgment in such cases and his opinion will be of value to the com-

monwealth. In furtherance of the cause of justice and as a protection to himself as well as others every practitioner should possess and study such a work, and the one before us can be cordially recommended as a safe guide in positions of difficulty and perplexity. The volume is enriched by a number of graphic and beautiful illustrations.

Under "Expert Evidence" not only is advice given to medical experts, but suggestions are also made to attorneys as to the best methods of obtaining the desired information from the witness. The Bertillon and Greenleaf-Smart systems of identification are concisely and intelligently described, and the advantages of each stated. An interesting and important chapter is that on "The Destruction and Attempted Destruction of the Human Body by Fire and Chemicals;" for on the determination of the human or animal source of the remains frequently depends the legal conduct of a given case, and the guilt or innocence of the accused. A chapter not usually found in works on Legal Medicine, though of far more than passing significance to both the medical expert and the attorneys, is that on the medico-legal relations of the X-Rays. The responsbility of pharmacists in the compounding of prescriptions, in the selling of poisons, in substituting drugs other than those prescribed, etc., furnishes a chapter of the greatest interest to everyone concerned with questions of medical jurisprudence. Also included in the work is the enumeration of the laws of the various States relating to the commitment and retention of the insane. In fact, the entire work is overflowing with matters of the utmost importance, and express clearly, concisely, and accurately the very latest opinions on all branches of forensic medicine and toxicology.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecolgoy, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by A.O. Kelley, A.M., M.D., with the Collaboration of Wm. Osler, M.D., John H. Musser. M.D., J. B. Murphy, M. D., Jas. Stewart, M.D., A. McPherdran, M.D., Thos. M. Rotch, M. D., John G. Clark, M. D., James J. Walsh, M.D , J. W. Ballantyne, M. D, John Harold, M.D., Edmund Landolt, M. D., Richard Kretz, A.M. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Vol. II.. Fourteenth series, 1904. 8vo. pp. 314. Illustrated. Philadelphia: J. B. Lippincott Co., 1903. (Price $2.00 net.)

This volume opens with a symposium on diseases of warm climates, and it is not alone interesting but will be found of the highest utility by all American physicians who are now in the American tropical and subtropical possessions, not to mention our own Southern States. Volume II is like its predecessors, of a character that makes a complete review impossible. To the seeker after medical knowledge it will suffice to say that these clinics are timely; they are eminently practical in these particulars, they meet the demands of the doctor, even in discussing subjects related to the seasons. The articles are not dry selections from encyclopedias, but original productions, well illustrated, charmingly arranged, and worth many times the small price of $2.00 asked by the publishers.

INTESTINAL IRRIGATION, OR WHY, HOW AND WHEN TO FLUSH THE COLON. By Alcinous B. Jamison, M.D. Published by the author, New York City, 43 West 45th street, 1903. (Price $2.00.)

The present volume by Dr. Jamison is an elaboration of his little book, "Intestinal Ills." The subjects here discussed are of increasing interest to all classes of persons, and many facts presented in a way that impresses beyond that of the ordinary text-book. While certain phases of the volume are open to criticism there is so much of value given in a forceful, lucid style that one is inclined to overlook the weaknesses of the production.

Those who read the book may not and most likely will not agree with the author in some of his claims, but this much is certain, any candid reader will derive benefit from such reading and admire the enthusiastic presentation of a neglected subject. B.

THE ROSE OF OLD ST. LOUIS. A Novel of the Time of the Louisiana Purchase. By Mary Dillon. 12 mo. 460 pages. Illustrated by Relyea. New York: The Century Co. (Price, $1.50.)

A genuine love story is this tale of "The Rose of Old St. Louis," told with much literary skill and charm, and full of dramatic incident. The novel deals with the time of the Louisiana Purchase, just one hundred years ago: and the negotiation of the treaty figures largely in the narrative. The hero is a young American of fine family, and the heroine, Dr. Saugrain's ward, is a bewitching, high-spirited daughter of the old noblesse of France. President Thomas Jefferson, Lewis and Clarke, the most prominent families of old St. Louis, and the imposing figure of Black Hawk, the famous chief of the Sacs, are among the personages introduced; while across the ocean, Napoleon, Talleyrand, Marbois, and the leading men of the days of the First Consul play a notable part in the plot. Then there is the Chevalier LeMoyne, who supplies much of the excitement of the narrative. He is determined to win the charming Pelagie for himself, and, to secure his end and thwart his rival, does not hesitate to use Indian allies in America and his influence with Bonaparte in France. But the true lover and the dainty lady of his heart come to their own at last after many perils, and the romance ends happilyy, as all romances should. The rushing incident of the story carries these dramatis personae from St. Louis, where life a hundred years ago seems to have been full of merriment and adventure. The book is attractively illustrated by Relyea, and handsomely bound.

ORDER No. 11. By Caroline Abbot Stanley. Illustrated by H. C. Edwards. 12mo. 400 Pages. New York: The Century Co. (Price $1.50).

"Order No. 11" presents clearly, simply, and forcefully a new and dramatic picture of life in the border countries before, during, and after the Civil War. It is the story of a typical Virginia family—exquisite people—who go out to Missouri with their family slaves in the early fifties. The coming into this home of a zealous Yankee school-teacher supplies plenty of comedy, while the young people of the home and their neighbors have their full share of the romance of life—delightful romance, too. Then comes the bitter tragedy of war—tragedy which shadows the love and lives of young and old. Order No. 11 was the command issued by the Union general, Thomas Ewing, ordering the homes in in this part of Missouri abandoned. The family sinks to the lowest depths of poverty; the son of the house dies tended only by two faithful old slaves, the parents knowing nothing of either his marriage or death till both are long past. But after the war is over, there is a return to the wrecked home; and the sweet, brave daughter finds happiness with the lover whose devotion began in childhood and is true through every trial. As a picture of the period Mrs. Stanley's novel is unsurpassed; and the fact that the author spent her girlhood amid the historic scenes and incidents of the border warfare gives her work the note of authority.

MANUAL OF CLINICAL MICROSCOPY AND CHEMISTRY.—Prepared for the use of Students and Practitioners of Medicine. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized translation from the fourth and last German edition, with notes and additions, by Henry T. Brooks, M.D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital. With 148 illustrations in the text and 9 colored plates. Pages 412, octavo. Bound in extra cloth Philadelphia, Pa.: F. A. Davis Company, Publishers, 1914-16 Cherry street. (Price, $3.00, net.)

The author tells us in his preface that his purpose in making a book was to produce one that would instruct the student in microscopic and chemic methods of examination and of equal import aid them in interpreting their diagnostic significance in practice.

No criticism of this volume would be just that did not heartily assert that the author had accomplished his purpose in a way that creates active interest in a subject than which none more generally unpopular ever ap-

peared on a university curriculum and none was ever so universally detested by medical students. The foregoing remark explains the woeful lack of knowledge of the average doctor on the subject of chemistry. This text will aid in removing prejudice and give knowledge without which no physician can hope to achieve the results attainable in this age.

PSYCHO-THERAPY IN THE PRACTICE OF MEDICINE AND SURGERY.— By Sheldon Leavitt, M.D. Chicago: Garner-Taylor Press, 79 Fifth Avenue, 1903. (Price $2.00.)

Dr. Leavitt has written well, only in a few instances diverging from the style of a careful, conservative, safe, instructive author and teacher. This book will have a large circulation and accomplish no small part in breaking down the prejudice so general against hypnotic suggestion by presenting the now firmly established fact of an agent too long neglected and so extensively misunderstood.

While there is little presented that is new or original, the working facts of psycho-therapy, together with the best that has been written on the subject will be found in a readable, attractive form, the entire production presented in a way that commands the respect and confidence of the reader, even though an opinion the opposite of that expressed by the author be held.

Such books are greatly needed at this time when honest men, medical and non-medical, are seeking to gather the facts regarding the subject of psycho-therapy, a task by no means easy, in view of the widespread misconception of what hypnotic suggestion really is, and the great lack of knowledge of the value of mental therapeutics. B.

THE VALLEY WEEKLY of St. Louis, is one of the brightest publications that comes to this office. It is now making a special introductory subscription price of $1.00 per year, and presenting each subscriber with a set of four artist proof pictures of the Valley Girl free. These pictures are 11x14 inches, and each one is a work of art. Address The Valley Weekly, St. Louis, Mo.

TO EUROPE A LA CARTE.— The Hamburg-American Steamship Company has ordered a 35,000-ton steamer, which will carry 14,000 tons of freight, 1,200 cabin passengers and 2,388 steerage passengers. What is most interesting about this new Anak of the sea, is the restaurant. Many passengers complain of the food furnished by the steamship company. The sea-sick think that they have trouble enough without having to pay for food which they can't eat. The dainty prefer, or believe that they would prefer, to order their own meals instead of submitting to the prescribed bill of fare. Tickets for this "liner" will be sold "with food" or "without food." The passenger can choose the American or the European plan, according to his purse and fancy. The steamship people are becoming altogether too accommodating. In providing new luxuries and extras and diminishing the number of things to grumble at, they are interfering with that by no means small class of ocean travellers who can't be happy unless they "kick" at all times.—Everybody's Magazine for October.

MMA SOUVENIR

Mississippi Valley Medical Association

Thirtieth Annual Meeting

Cincinnati, October 11-13.

The thirtieth annual meeting of this association will be held at Cincinnati, October 11, 12 and 13, under the presidency of Dr. Hugh T. Patrick of Chicago. The Mississippi Valley Medical Association, which has grown to be one of the great medical oragnizations of America, is a descendant of the old Tri-State Society of Indiana, Illinois and Kentucky. At Indianapolis in 1883 the name was changed, and meetings have been held regularly every year since, and its membership includes prominent men from almost every State in the Union.

At the meeting held in Memphis last year a new constitution and by-laws were adopted, placing this body in line with the American Medical Association, and defining its territory to include only those States in the Mississippi Valley proper.

Cincinnati has had the honor to entertain this association once before, in 1892, upon which occasion Dr. Chas. A. L. Reed presided.

The Scientific Program gives promise of being highly entertaining, and comprises an excellent list of good papers by men prominent in their respective lines. The Address in Medicine will be given by Dr. C. Travis Drennen of Hot Springs, Ark., and his subject, "A Plea for Wider Knowledge of Diseases which Affect the Joints," is one which will interest all practitioners of medicine and surgery.

The address in Surgery will be given by Dr. Wm. J. Mayo, of Rochester, Minn., upon the subject of "Tuberculosis in the Abdominal Cavity."

Dr. A. J. Ochsner, of Chicago, will present a paper upon "Hospital Construction in American Cities."

The general sessions as well as the meetings of the medical and surgical sections will be held at the Grand Hotel.

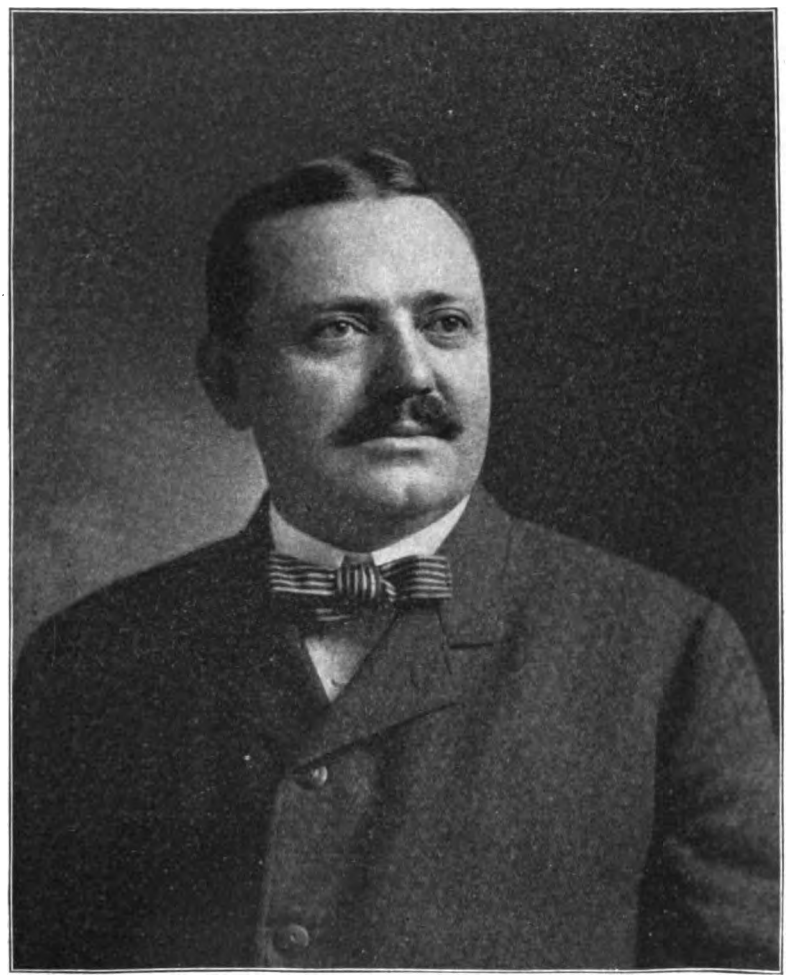
Entertainment.—The general arrangements are in the hands of an executive committee, of which Dr. B. Merrill Ricketts is chairman, and including Dr. H. J. Whitacre and M. L. Heidingsfeld. Among the entertainments proposed are a general reception at the Grand Hotel in the evening of October 11, and a banquet by the local profession at the Burnet House in the evening of October 12.

The ladies will be entertained by the Ladies' Reception Committee, of which Miss Julia Carpenter is chairman.

Railroad Rates have been granted from all points of one and one-third fare for the round trip on the certificate plan. Members will be sure to take a receipt for fare paid.

Members residing west of St. Louis, however, can obtain better rates by obtaining World's Fair tickets, depositing them in St. Louis, and then buying round-trip ticket from St. Louis to Cincinnati. Full particulars may be obtained of your railroad agent.

MEN WHO HELPED TO BUILD THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.



DR. C. A. L. REED,
CINCINNATI.
President 1892.

DR. J. C. CULBERTSON,

CINCINNATI,

Owner and for many years Editor of the Lancet-Clinic.

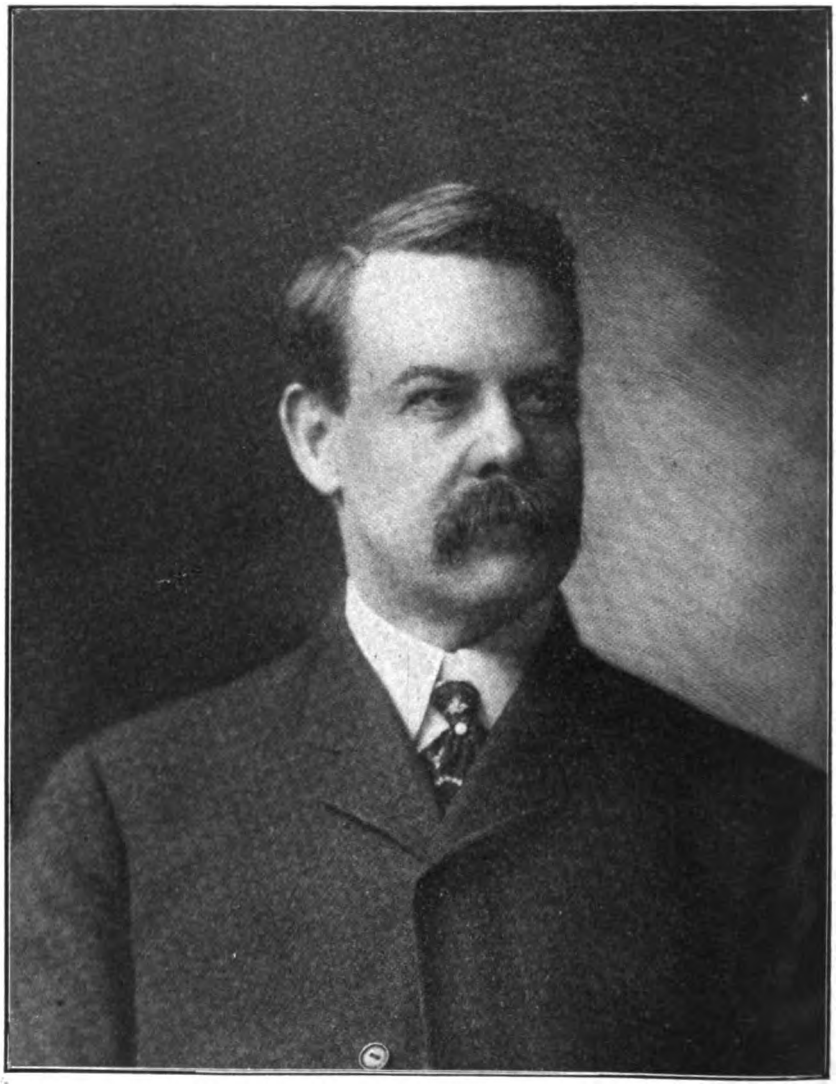
A GROUP OF OFFICERS

DR BRANSFORD LEWIS,
Second Vice-President, St. Louis.

DR. B. MERRILL RICKETTS,
Chairman Committee on Arrangements,
Cincinnati.

DR. HENRY ENOS TULEY,
Secretary, Louisville.

DR. THOS. HUNT STUCKY,
Treasurer, Louisville.



DR. EDWIN WALKER,

EVANSVILLE, IND.

President 1903.

List of Presidents and Meeting-places:

Below is given a list of the presidents and meetings at which they presided, since organization.

1875	B. F. Swafford	Vincennes, Ind.
1876	*Jo. Thompson	Vincennes, Ind.
1877	*W. H. Byford	Evansville, Ind.
1878	*J. F. Hibberd	Springfield, Ill.
1879	J. A. Ireland	Evansville, Ind.
1880	H. B. Buck	Louisville, Ky.
1881	*A. M. Owen	St. Louis.
1882	J. M. Holloway	Terre Haute, Ind.
1883	Wm. Porter	Indianapolis, Ind.
1884	*B. M. Griffith	Springfield, Ill.
1885	*F. W. Beard	Evansville, Ind.
1886	Arch Dixon	Quincy, Ill.
1887	*I. N. Love	Crab Orchard Springs, Ky.
1888	Dudley S. Reynolds	St. Louis.
1889	George J. Cook	Evansville, Ind.
1890	Jos. M. Mathews	Louisville, Ky.
1891	C. H. Hughes	St. Louis.
1892	Chas. A. L. Reed	Cincinnati, Ohio.
1893	R. Stansbury Sutton	Indianapolis, Ind.
1894	Xenophen C. Scott	Hot Springs, Ark.
1895	W. N. Wishard	Detroit, Mich.
1896	H. O. Walker	St. Paul, Minn.
1897	Thos. Hunt Stucky	Louisville, Ky.
1898	John Young Brown	Nashville, Tenn.
1899	Duncan Eve	Chicago.
1900	Harold N. Moyer	Asheville, N. C.
1901	A. H. Cordier	Put-in-Bay.
1902	S. P. Collings	Kansas City.
1903	Edwin Walker	Memphis.

*Deceased.

ANOTHER ONE IN LINE.—Joliet, Ill., has come into line with an anti-expectoration ordinance.

NEW YORK AND NEW ENGLAND ASSOCIATION OF RAILWAY SURGEONS.—The fourteenth annual meeting of the New York and New England Association of Railway Surgeons will be held at the Academy of Medicine, New York City, November 17, 18, 1904, under the presidency of Dr. C. G. J. Finn, of Hempstead, Long Island. Railway officials and all surgeons interested in this work are cordially invited to attend.

EGYPTIAN STUDENTS RELEASED.—A cablegram received by the authorities of the University of Missouri states that the four Egyptian students held at Naples, Italy, under the emigration laws have been released through the intervention of Secretary Hay, and are now on their way to Columbia. The dispatch explains that their detention was due to the fact that they are suffering from granulated sore eyes, a disease common in the sandy countries of the East, and adds that they were detained only long enough for medical inspection.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

Minutes of the seventeenth annual meeting, Council Bluffs, August 25 and 26. Society was called to order at 11 o'clock, a. m., in the banquet hall of the Grand Hotel, by Dr. Donald Macrae, chairman Committee of Arrangements, who introduced Mr. C. M. Harl, who, in the absence of Mayor Macrae, extended a welcome to the physicians on the part of the citizens of Council Bluffs. Mr. Harl lauded the medical profession, commenting upon the fact that Council Bluffs had a penchant for electing physicians to the office of mayor, and when a physician could not be obtained, elected a druggist. He recalled the incumbency of four or five members of the medical profession who were elected to the chief executive chair of the city. Mr. Harl urged that lawyers and physicians endeavor to secure a modification of the methods in vogue for taking expert medical testimony in malpractice suits. He also deplored the tendency of the specialists to supersede the old family doctor.

Dr. R. C. Moore, of Omaha, responded in one of his happy extemporaneous speeches.

Dr. A. D. Wilkinson in his presidential address chose the topic "Substitute Infant Feeding," which will appear in full in the next issue of the Medical Herald. In opening he said: "I congratulate you upon the return of an occasion which permits us to renew that fraternity of intellect, no less than that sympathy of feeling by which our life and vocation as physicians are benefited and ennobled. Of no profession are the inspired words more true than that of ours, that we are members one of another. The ideal of our profession is that complete and thorough oneness and unity. We have a common estate in the facts, aims and purposes that belong to the science of medicine."

The minutes of the previous session were read and approved. Dr. Wilkinson appointed Drs Bond and Andrews to serve on the Credential Committee with Dr. H. H. Everett.

The Committee on Arrangements reported an entertainment and smoker at 8 o'clock for members, at Manawa Park.

The secretary's report reviewed the work of the year, and disclosed the prosperous condition of the society. It tendered a recommendation for affiliation with the American Medical Association, retaining the name and territory embraced by this society. The membership is 320, showing an increase of thirteen since the last report.

Upon motion, the report was received and referred to a committee composed of Drs. J. C. Waterman, A. L. Wright and W. L. Ross.

The treasurer's report showed a balance on hand of $79.39, and was referred to an auditing committee composed of Drs. V. L. Treynor, M. C. Christensen and Jacob Geiger.

Committee on Credentials reported favorably upon the following applicants, and they were duly elected to membership in the society: Drs. L. G. Powell, Earling, Ia.; R. A. Knode, Omaha; Prince E. Sawyer, Sioux City, Ia; H. Douglas Singer, Omaha; H. H. Stone, Phoenix, Ariz., and W. H. Hornbach, Council Bluffs.

At the afternoon session Dr. Curtis, of South Omaha, presented an interesting specimen of Horseshoe Kidney.

Papers were read by Drs. H. D. Singer, Omaha; A. L. Wright, Carroll, Ia.; A. D. McKinnon, Lincoln, Neb.; A. E. King, Blockton; A. C. Stokes, Omaha; S. Grover Burnett, Kansas City; J. E. Summers, Jr., Omaha, and R. C. Moore, Omaha. Dr. A. L. Wright presented a verbal report of the committee appointed on secretary's report, and upon motion the matter was made a special order of business for 11 o'clock a. m., Friday. Adjourned.

In the evening the society was tendered a delightful trip to Lake Manawa, where an entertainment, smoker and Dutch lunch were among the features of the evening.

SECOND DAY—MORNING SESSION.

Society called to order by President Wilkinson. Papers were read by Drs. C. B. Hardin, Kansas City; LeRoy Crummer, Omaha; H. H Everett, Lincoln; E. H. Thrailkill, Knsaas City, and Prince E. Sawyer, Sioux City.

The committee on secretary's report offered the following: Your committee on secretary's report beg leave to report as follows: We are heartily in accord with the suggestions contained therein, and would recommend that in lieu of a set of resolutions, that a committee of three be appointed to present the claims of this society for recognition before the committee on auxiliary societies of the American Medical Association.

Signed, J. C. WATERMAN,
A. L. WRIGHT,
W. L. ROSS.

A motion prevailed to accept the report and appoint a committee as provided.

Dr. R. C. Moore offered the following substitute:

Resolved,, That the secretary of the Medical Society of the Missouri Valley be instructed to inform the committee on auxiliary societies of the American Medical Association, that this society is opposed to the plan of reorganization, which contemplates the formation of auxiliary district societes in affiliation with the American Medical Association.

After considerable discussion this resolution was adopted.

The auditing committee reported that the treasurer's accounts were found correct.

Dr. Barstow offered a resolution to the effect that arrangements for banquet hereafter be made by the officers of the society, and each member present be required to pay for his plate. Adopted.

It was moved and seconded that the treasurer be instructed to send notices to all members who were delinquent in their dues. Carried.

Upon motion a vote of thanks was extended to the profession of Council Bluffs for entertainment, and to the Grand Hotel for place of meeting. The following bills were then allowed, and warrants ordered drawn upon the treasurer:

1000 envelopes	$ 2.50
500 postals and printing	6.50
50 slips, preliminary program	.50
800 programs	9.75

105 two-cent stamps for letters	2.10
625 one-cent stamps, mailing programs	6.25
Secretary's salary	50.00
Secretary's expense attending meeting	11.00
Treasurer's expense, postage	2.50
Lunch at Manawa Park	26.80
Badges	4.50

Election of officers for the ensuing year resulted as follows: President, S. Grover Burnett, Kansas City; first vice-president, E. J. Smith, Harlan, Ia.; second vice-president, H. H. Everett, Lincoln; secretary, Chas. Wood Fassett, St. Joseph; treasurer, Donald Macrae, Sr., Council Bluffs.

The selection of next place of meeting was, upon motion, left to the executive officers.

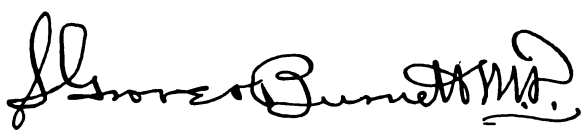
Telegrams and communications from members who were unable to be present were read from Drs. Daniel Morton, Samuel C. James, John Punton, F. E. Walker and J. W. Cokenower.

Adjourned.

S. Grover Burnett, A. M., M. D.

Dr. S. Grover Burnett, president-elect of the society, was born June 3d, 1862, in Terre Haute, Indiana. He is the fourth generation removed from England, and comes of the New York family in this country. The Hon. Stephen Grover Burnett, Sr., Dr. Burnett's grandfather, commanded the brigade, on Governor's Island, N. Y., which fired the salute of peace in the war of 1812-1814. The doctor is a nephew of the late Hon. L. A. Burnett, of Indiana, and a son of the Hon. William Burnett. He is a self-made man, and owes his education and professional accomplishments to his own efforts. At the age of 23 he had twice taken the degree of M.D. During his undergraduate studies in the University of New York City, he was a private student under Prof. Alfred L. Loomis. Upon graduation he passed, successfully, a competitive examination over twenty-nine physicians, and was appointed assistant superintendent of the Long Island Home, of New York, for Mental and Nervous Diseases and Inebriates. He worked assiduously in this position, perfecting his knowledge in the special study of mental and nervous diseases under the tutorage of his close friend, the late Prof. Landon Carter Gray, for the next four years. For two years he was assistant to Dr. W. L. Leszynsky in his neurological clinic at Demilt dispensary, as well as being actively engaged in the New York Post-Graduate's neurological clinic under Profs. Dana and Hammond, and taking neuro-pathology in Dr. Dana's pathological laboratory. Later on the doctor spent two years in neurological research in both the New York Polyclinic and the New York Post-Graduate School

In 1890 the Kansas City Medical College offered him the chair of Mental and Nervous Diseases, and he came to Kansas City as the pioneer in that line of work. Five years ago he accepted the chair of Clinical Neurology and the Histological and Applied Anatomy of the Central Nervous System in the University Medical College of Kansas City, which position he still holds. He is an active member of the leading medical asso-



KANSAS CITY,

President-elect Medical Society of the Missouri Valley.

ciations, and is a frequent contributor to both medical and medico-legal literature. The best acknowledgment of his ability as an alienist and neurologist is his extensive consultation patronage, and a private practice that necessitated the building of a modern sanitarium, owned, controlled and supported solely by himself.

Dr. Burnett was married May 23, 1900, to Miss Florence Louise Barbier, daughter of the Hon. Fancois Barbier, of New York City.

Delegates to International Congress on Tuberculosis.

President-elect Burnett has appointed the following delegates to represent the Medical Society of the Missouri Valley at the International Congress on Tuberculosis, St. Louis, October 3, 4 and 5. Drs. W. O. Bridges, Omaha; A. D. Wilkinson, Lincoln; V. L. Treynor, Council Bluffs; J. M. Emmert, Atlantic; Donald Macrae, Council Bluffs; T. H. Doyle, Jacob Geiger, St. Joseph; Flavell B. Tiffany, Kansas City.

OMAHA-DOUGLAS COUNTY MEDICAL SOCIETY.

[REPORTED FOR THE MEDICAL HERALD BY DR. R. M. STONE.]

Omaha-Douglass County Medical Society met in regular session, the first time after the summer vacation, and began the important work of the year. A fair attendance was present. The action of the American Medical Association in seeking National incorporation was heartily endorsed.

Two of the papers which were read at the annual meeting of the Medical Society of the Missouri Valley were again read by request before this society and elicited a good discussion. The papers were: "The Clinical Importances of the Reflexes." H. D. Singer (published in this issue of the Herald); "When Not to Operate in Appendicitis," J. E. Summers, Jr. (See next issue of the Herald.)

Not one of the surgeons of the society was present, and the discussion of the surgical paper was made by the internists, led by Dr. W. O. Bridges.

Dr. Jonas returned from his second operation for gall bladder trouble. Dr. Wm. Mayo was compelled to operate again and found his surgical friend quite septic and suffering from another stone in the common duct. The conditions were very serious and his life was despaired of for some time. His many friends will be glad to learn that he has returned convalescent, though unable to resume work. His No. 18 collar fits him "afar off" and 55 pounds of his good flesh went the way of all the earth. Dr. Jonas will leave for Germany in October, and remain till he is entirely well again.

Few changes have taken place in the profession during the summer. The old men are still in the harness, and doing splendid work, and the young men are much stronger. No members have died.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President — C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President — J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

SEPTEMBER 2, 1904.

W. T. Elam, President, in the chair. After the reading and adoption of the minutes of the previous meeting Dr. I. T. Lectman was elected a member of the society.

The application of Dr. Fred. Haskins was referred to the Board of Censors.

Dr. A. H. Vandervert, of Bethany, made application for membership, because there is no society in his county. Dr. Nicholson, secretary of the State society, writes that under the circumstances, the State society will admit him. The censors report that he is ineligible according to the by-laws, because he does not reside in an adjoining county. Dr. C. W. Fassett makes a motion to accept the report of the board of censors. Carried.

Bills for printing and binding, cards, constitution and by-laws and for reporting proceedings were allowed.

Dr. T. E. Potter makes a motion that those who become members of this society after July 1st will pay no additional dues during the following year. Carried.

Dr. W. B. Deffenbaugh was elected second vice-president of the society.

The paper of the evening was presented by Dr. J. M. Bell, subject, "Gastroptosis." Subject for discussion, "The Office Treatment of Hemorrhoids," was opened by Dr. W. J. McGill, and participated in by the members present. (These papers will appear in our next issue.)

SEPTEMBER 16, 1904.

Dr. Elam in the chair.

Dr. J. J. Carter was voted a transfer card to the Platte County Medical Society.

A committee to draft a fee bill was appointed, composed of Drs. P. I. Leonard, T. H. Doyle, T. E. Potter, C. H. Wallace, O. B. Campbell.

Dr. W. B. Deffenbaugh was requested by a vote of the society to open a discussion on "The Food Supply of a City" at the next meeting.

By a vote of the society the president was requested to appoint a committee of three to report on (1) the attendance of officers of this society at its meetings; (2) the attendance of the members and their privileges; (3) the election of new members. The president appointed on this committee Drs. L. A. Todd. Jacob Geiger, and W. L. Kenney.

An interesting paper on "Nasal Reflexes," was read by Dr. W. L. Kenney. Discussion on "Hay Fever" was opened by Dr. T. H. Doyle.

Those present, Drs. T. H. Doyle, C. H. Wallace, Jacob Gieger, Harry Forgrave, P. I. Leonard, W. T. Elam, W. L. Kenney, W. J. McGill, E C. Renaud, R. Willman, W. H. Richardson, A. B. McGlothlan.

Therapeutic Department

Conducted by A. L. Benedict, M. D., Buffalo.

Hydrogen Peroxide.—Aqueous solutions of this substance were introduced into medical and surgical practice a few years after the Civil war. We recall a very interesting article, dealing with it as a new and almost untried drug, and we experienced a shock of surprise in noting that what we had grown to regard as an old "standby" had been unknown to the generation preceding our own.

Hydrogen peroxide not being a cellular poison to any marked degree, cannot be classed as a direct bactericide but, indirectly, it is one of the most efficient, partly because it can be used with great freedom, even to the extent of continuous immersion, its antiseptic action being due to oxidation of the pabulum in which bacteria thrive. In a certain sense it acts as a digestant of carious and necrotic tissue.

By the action of free alkali, hydrogen peroxid is converted into nascent oxygen and water. Indeed, it is this action in the tissues which accounts for the antiseptic effect, and we must remember that nascent, that is atomic oxygen, is much more powerful chemically than ordinary, molecular oxygen. To prevent this decomposition of hydrogen peroxid, a small quantity of sulphuric acid is usually added to commercial preparations and, in accordance with well known economic laws, each manufacturer claims a minimum of acid, or explains it away as ingeniously as possible. The sulphuric acid or acid substance, accounts in part for the antiseptic and disintegrating effect of hydrogen peroxid, and also, for its irritating properties, which are dangerous for the eye, undesirable for the peritoneum, unpleasant for the mucous membranes and usually to be avoided, wherever used. Titrating a commercial sample with dimethylyamidoyazo-benzol and phenolphthalein, we have found the free inorganic acidity 8 degrees, and the total acidity 24 degrees. These figures can be translated in terms of any desired acid factor by multiplying by the molecular weight and pointing off but a better, though less formal realization of the "strength" implied, is had by reflecting that the acidity is about one-third that of normal gastric contents whose irritating properties when raised into the throat and mouth, are well known. While one may calculate algebraically or even arithmetically, the exact quantity of alkali required to neutralize a given quantity of hydrogen peroxid solution, the neutralization can be accomplished well enough by adding a drop or two of phenolphthalein solution and just before using, gradually adding a saturated solution of sodium bicarbonate till the reddish color appears, faintly.

We need not allude to the purely surgical use of hydrogen peroxid nor, except briefly, to its use in stomatitis, noma, diphtheria and pseudodiphtheritic inflammations, in fistula in ano, rectal ulcers, etc. A function of hydrogen peroxid, often overlooked, though secured in the course of its application as an antiseptic, is as a styptic.

A very valuable action of hydrogen is to dissolve mucus, to destrov other pabulum of bacteria and yeasts in the stomach and to check gastric hemorrhage, when not too massive. We make a routine practice of wash-

ing the stomach with hydrogen peroxid solution, whenever an ordinary lavage shows the presence of an excess of mucus or of fermenting or putrefying debris or when any hemorrhagic oozing is found Obviously, it is scarcely necessary to employ it as a styptic when, through straining, or the chiseling action of the stomach tube, a little fresh hemorrhage is excited. This use of hydrogen peroxid has a diagnostic as well as a therapeutic aspect. For instance, after washing and emptying the stomach as completely as possible, 50-100 c.c. of the ordinary solution is introduce, silence is enjoined and the funnel of the stomach tube is held to the ear. The stomach tube is now an internal stethoscope and one may judge of the amount of material requiring removal, by the effervescence produced with the hydrogen perxoid. The same information is also afforded by the appearance of the first washing after introducing the hydrogen peroxid. Normally, only a small amount of foam is produced. If, on the other hand, the wash water has the appearance of suds, we may be sure that considerable mucus and other organic matter is present. Of course, such indications must be regarded as merely approximate.

In cases of marked gastric hemorrhage, the stomach should not be invaded, unless it is decided to employ radical surgical measures and the wisdom of such a course is still sub judice. The danger of using the tube in gastric hemorrhage is not, however, that one may actually lacerate an ulcer, though this is possible when there is a soft, fungoid mass present. Generally speaking, the danger is of raising blood pressure by inciting reflex gagging, and there is also, the purely selfish consideration that, whether or not the tube really did harm, any disaster occurring after its use would probably be charged to the physician. In a few cases of dribbling hemorrhage from varicose ulcers of the stomach, due to hepatic sclerosis and consequent portal obstruction, we have washed the stomach with hot solutions of hydrogen peroxid, with most excellent results. Here the benefit has been due (1) to removal of putrescible material; (2) to a diminution of the congestion by heat; (3) to a direct styptic action of the drug. In patients already accustomed to the use of the tube, or with very low pharyngeal reflexes, the danger of raising blood pressure to a notable degree, is insignificant.

Even in peptic ulcer, without too free hemorrhage, it may occasionally be wise to wash the stomach with hydrogen peroxid, under similar circumstances.

In cases of gastric fermentation or catarrh, or of moderate hemorrhage when the use of the tube is contraindicated, or is refused, hydrogen peroxid may be employed by mouth, usually diluted two to four times from the officinal solution. In many cases, this use will be found impossible on account of the nausea and vomiting produced but, in others, it will result most favorably.

Peroxoles.—A few years ago, it was discovered that superoxidated compounds of several organic substances could be formed. These were designated peroxoles and, among them, menthoxol and camphoroxol, have had considerable use in therapeutics. These compounds lack the irritating properties of hydrogen peroxid and also of the aromatic camphors included in the molecule while combining the therapeutic effects of both.

Dioxid of Magnesium.—Peroxids of various metals have been prepared which, on decomposing, yield nascent oxygen and the corresponding hydroxid. In looking over the list of metals, it will be seen that most are excluded from therapeutic use by their intrinsic toxic or, at least, astringent properties while the alkaline metals produce hydroxids that are themselves caustic. Of the very few available metals, magnesium has been principally used and magnesium peroxid, as a practical drug, dates only from the summer of 1902. While these compounds of camphors and metals containing an available excess of oxygen are most valuable in the oxidation of putrescible and fermentable debris, a word of caution may not be out of place regarding the amount of oxygen available. The impression is sometimes given that oxygen may be administered by mouth, in these compounds, so as to affect appreciably, the internal respiration of the body. This notion is absolutely absurd. The amount of oxygen inspired daily, is about 510 liters or 1000 grams. The available free oxygen in magnesium period is two-sevenths of the total weight, so that 3500 grams of magnesium peroxid would represent the full daily amount of oxygen needed by the body. It would obviously, be scarcely possible to administer 1 per cent of this quantity and, in ordinary, full dosage, about 1-1000 is given.

In this connection, we may call attention to the old teaching as to the oxidizing effects of potassium chlorate, quebracho, etc. What has been said of one chemical applies to others and it must be regarded as impossible to supply the body with any appreciable quantity of oxygen for purposes of general metabolism except by the normal process of respiration.

Pure Oxygen.—Within recent years considerable attention has been given to the use of pure oxygen in disease. While formerly very expensive condensed oxygen is now comparatively cheap. For instance we have just telephoned to learn the present quotation, and find that we can obtain a 100a gallon can at $2.00, the apparatus being rentable for about the same sum for any reasonable period. In other words the entire amount of oxygen required by the body may be had at a cost of approximately $2.50 a day.

Many interesting speculations and some literary fiction have been based upon the imaginary assumption of an atmosphere of pure oxygen and most authors have taken the ground that we would lie in a constant state of exhilaration, even of intoxication. On the contrary, the conditions of life would be modified chiefly by the incessant danger of fires. Except to a very slight degree, superficially, it is not at all probable that metabolism would be altered by the circumstance of an atmosphere of pure oxygen, instead of one containing oxygen in a dilution of about 20 per cent. If food or water were five times as abundant as at present, it is not probable that any more would be ingested by the average, well-to-do man. In the case of oxygen, there is no appetite to be tickled by over-respiration, nor is it possible to serve oxygen in such forms as to tempt to excessive use. It is theoretically possible at present, to double our inspiration of oxygen by breathing more deeply or more frequently and, under ordinary circumstances, any one can have all the air he wants. This ob-

vious defect in business relations may be remedied some time, by organized capital but, at present, an air-trust seems impossible. The same reflex apparatus which causes the agony due to insufficient supply of oxygen, renders a voluntary over-action of respiration, painful and practically impossible except temporarily. Thus. in an atmosphere of pure oxygen, we should undoubtedly diminish the depth and frequency of respiration and catabolism would be increaesd only to a very slight degree.

We feel doubtful as to the benefits of pure oxygen in anemia, lithemia, obesity and other conditions of insufficient oxidation In most, if not all, conditions, oxidation depends upon the action of a ferment, or of the vital activity of cells, and not simply upon the actual amount of oxygen present. Moreover, superinspiration of oxygen does not necessarily imply an absorption of an increased quantity, any more than the forced feeding of a patient increases his nutrition. However, it must be admitted that no harm can be done by having the patient inspire pure oxygen.

In cases of suboxidation due to partial asphyxia on account of any form of mechanic or inflammatory disablement of the respiratory apparatus the administration of pure oxygen to tide over an emergency, is of the greatest value and may save life. For instance, if considerable areas of the lungs are consolidated or are compressed by air or liquid in the pleurae, or if there is obstruction in the upper air passages, the administration of oxygen is almost imperative. Reports have become current of the impurity, or, at least, lack of concentration, of certain commercial preparations of oxygen on the market. The utmost care should be taken to secure a genuine oxygen when such is ordered and, as analysis is impossible in an emergency, boards of health should be empowered to have analyses made in advance of actual necessity. We are inclined to believe that the authority is present whenever the supervision of foods and drugs is generally ascribed to the health department of a city or state, but we believe that more specific penalties should be provided. Personally, we can distinguish little difference between a firm which markets as pure oxygen, what is simply compressed air, or which contains dangerous contaminating gases and the man who establishes a pneumothorax with a dagger, or who tightens a rope about another man's neck.

LABORATORY BEING ESTABLISHED.—The Illinois Board of Health is equipping a laboratory at Springfield with biologic and chemic apparatus, for use in the regular routine work.

FIGHTING MOSQUITOES.—The Bowling Green (Kentucky) health authorities have been distributing oil on the ponds and marshy places about the city in the hopes of mitigating the mosquito nuisance.

WORTHY OF A TRIAL.—Physicians are cordially invited to give Phospho-Albumen a careful trial in their practice. The manufacturers will gladly supply samples for this purpose, and would be pleased to hear from those having cases of anemia and chlorosis that do not respond to the usual line of treatment.

Matters of Medical Interest

MR. F. D. GRAHAM, representing the Benz-ol Capsule Co., of Kansas City, was in the city recently, sampling the doctors, and reports a cordial reception.

SAFE INVESTMENTS.—The very best and safest investment for the doctor who has one dollar or more to lay aside is found in the gold bond of the North American Investment Company of St. Louis, Mo., which now has branches in many of the leading business centers of the country. This financial institution is enabled to pay the purchasers of its gold bonds very handsome profits at the maturity of the bonds so purchased. It is enabled to do this because of many sources of income it derives from the conduct of its business which is not attainable in other lines of financial affairs. In other words, there are no preferred stockholders to consume the largest proportion of profits realized; all the profits obtained from half dozen absolute sources go pro rata to the smallest as well as the largest bondholders, such as, for instance, all earnings from interest, lapses, cash surrenders, fines and transfers, and earnings from interest on said funds, compounded for the exclusive benefit of the persistent. Its bonds are varied in amount to suit the investors. Bankers, merchants and professional men represent the majority of their investors. See financial statement on another page of this issue.

THE COTTAGE HOSPITAL OF CRESTON, IOWA.—This institution will celebrate its tenth anniversary by dedicating its new building. The increased demands for its ministration has made it necessary to increase its capacity. About four years ago an addition was built, which at that time was thought would be sufficient for many years. It was then an institution of twenty beds. The new building, now under construction, will make its capacity forty beds with abundant space and capable of accommodating fifty without crowding. The new building is to be of brick, stone and slate, and as nearly fire-proof as possible. All openings that face towards the old building will be provided with steel shutters, and every precaution taken to provide against loss or injury by fire. The hospital now has its own lighting and power plant and as the addition was contemplated when this plant was installed capacity was provided for the new structure. The general plan and equipment will be in every way modern and complete. The problems of heat, ventilation, inter-communication by way of enunciator and telephone system, electric passenger elevator, food elevator, fire proof vault for records, a lecture-room, etc., will be provided for in the new building. The new structure will be ready for occupancy in about ninety days. This worthy institution, which is entirely independent and non-sectarian in its character, is under the control of an executive board, composed of Hon. P. C. Winter, president; Dr. B. N. Torry, vice-president; Dr. F. E. Sampson, secretary and treasurer; Mrs. J. Q. Thompson, Mrs. Joe Spies, E. A. Aldrich and Hon. Scott Skinner. The medical and surgical staff is composed of Drs. B. F. Gillmor, J. A. Rawls, B. N. Torry, J. B. Claybaugh, Jr., R. W. Sykes and F. E. Sampson. Much of the success of this institution is due to the energy of the secretary of the board, Dr. F. E. Sampson, and to the executive ability of its efficient superintendent, Miss Florence Compton.

STILL ALIVE.—Dr. Richard G. Lightle, of Searcy, Ark., who was supposed to have perished under tragic circumstances last May, has been found very much alive in Georgia. His wife received $21,000 life insurance, which she returned to the companies upon being convinced that her husband was not dead. Lightle is to be extradited and tried on the charge of attempting to defraud the insurance companies.

THE TOOTLE THEATER has been leased to the Orpheum Circuit Company, and will be operated in conjunction with the Orpheums in various large cities throughout the United States. If the bill presented during the opening week is an indication of what we may expect at this theater, we predict a most successful season for the "Orpheum." Prices range from ten to fifty cents.

MEDICAL EXHIBIT AT THE WORLD'S FAIR.—Physicians or pharmacists who visit St. Louis will find in the exhibit of Burroughs-Welcome & Co., many interesting examples of recent discoveries in chemical and pharmaceutical work. This house was established in London, England, more than a quarter of a century ago, and has kept pace with the latest developments in their relation to medicine and pharmacy. This exhibit at the World's Fair is a notable evidence of the progressiveness and scientific originality possessed by this well-known house. This exhibit will be found in the British Chemical Section, department C, Liberal Arts Building, and we would advise all our readers to make it a point to visit it.

PAINLESS AND PROMPT.—There are cases not a few in which a saline laxative is required, we say saline, because a quick effect and a watery one, is wished. Of course, epsom salts will answer, but among refined and sensitive people they will also excite disgust, very much to the physician's detriment who may appear "behind the times." In all such cases, and in a very large variety of other cases, we greatly prefer carabana water. There are quite a number of mineral waters that are good, as well as a host that are utterly worthless, but we believe, as a result of extended use, that the carabana is by far the best of them all, and we notice that a large number of the most eminent physicians in this country as well as Europe give it first place. As a morning laxative its effects are most satisfactory, indeed we believe it to be, as we here said, the most valuable of all purgative waters.—Mass. Med. Jour.

A NOTABLE VICTORY.—Waterbury's Cod Liver Oil (Metabolized) Compound with Creosote and Guiacol won a notable victory in September, 1903, when it was adopted for exclusive use in Mount St. Rose Hospital for Consumptives, St. Louis, Missouri. This great, new sanitorium for diseases of the throat and chest is located on Carondelet Heights, St. Louis, Dr. William Porter physician-in-charge, with a competent corps of assistants. Although but recently opened it is aready crowded with patients. After experimenting with all the leading cod liver oil preparations, Dr. Porter selected Waterbury's, because it gave better results and met the requirements better than any other. No intelligent physician after prescribing Waterbury's, wants to use any other. Not only is it the only nice, palatable preparation actually containing the pure metabolized cod liver oil, but it gives him results that he does not get from any other.

At the Doctors' Expense

Doctor (in the honeymoon of his practice): "Mademoiselle, I assure you you possess the most charming tongue that has ever been put out to me, so far!"—*Tit-Bits.*

"AND what did you do when your doctor told you you would have to quit wearing a corset and give up sweets?" "I sent for another doctor."
—*Chicago Record Herald.*

A PHILADELPHIA FEAR.—"Your husband has water on the brain," announced the doctor.

"Dear me!" she said, "I hope it has been boiled."—*Lippincott's.*

THE NERVE OF A VET.—Stubb—Now that's what I call gall. The idea of that doctor making his calls in an automobile.

Penn—Gall? Why I think it is very enterprising for a doctor to use an automobile.

Stubb—But he's a horse doctor.—*Chicago News.*

"Pa!"

"Well!"

"Is a vessel a boat?"

"Yes."

"Pa!"

"What is it?"

"What kind of a boat is a blood vessel?"

"It's a lifeboat, my son; now run away and play."—*Philadelphia Telegraph.*

THE doctor's wife went to the door. She and the woman next door were not on friendly terms, but the tramp did not know that. "De lady next door," he said, "give me a piece of her homemade pie and I t'ought"—

"I'm sorry," interrupted the doctor's wife, "but the doctor isn't at home just now. However, there's a physician in the next block, and if you hurry he may be able to give you relief before much harm is done."
—*Chicago Post.*

The Medical Herald.

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Notes on Reliable Remedies

"Prejudice is the child of ignorance."—HASLETT.

WE cannot speak too highly of trophinine. We believe if typhoid and other diseases of the digestive tract, or any portion of it, to say nothing of pneumonia and other diseases of an acute form, were treated with absolute fasting with the exception of some such remedy, or rather food, as trophonine, for a period of from five to twenty days, the deaths from these diseases would be astonishingly less frequent.

REMINDER.—Dioviburnia: the standard uterine tonic and antispasmodic, unexcelled in dysmenorrhea. In female neurosis two parts to one of neurosine. Neurosine: the standard neurotic, hypnotic and anodyne. Contains no opium, morphine or chloral. A specific in epilepsy. Germiletum: the standard antiseptic, germicide and disinfectant, slightly alkaline, no acid reaction. A specific in catarrh and eczema.

WHEN TO OPERATE IN APPENDICITIS?—Now or later? That is the question. While undecided use antiphlogistine. Spread warm and thick over the abdomen and cover with absorbent cotton and a suitable compress. When used early the inflammation is often resolved, the attack is cut short and operation becomes unnecessary. The dressing should be renewed when it can be easily peeled off, generally in twelve to twenty-four hours.

DIOXOGEN IN PNEUMONIA.—A prominent English physician recently wrote to the Oakland Chemical Co.'s office as follows: "I obtained a sample of dioxogen, and at the moment had a very desperate case of double pneumonia; nothing could be worse in every way. I put the patient on the dioxogen (continuing the other remedies, strophanthus, quinine, strychnine, tr. camphor co., etc.). I ordered a large teaspoonful of dioxogen in a wineglassful of milk every two hours for sixteen hours. The result I must say has been most wonderful and satisfactory, the livid look and terrible rapid pulse improved in three doses. I consider this a most valuable adjunct to relieve the heart and give oxygen to the blood, and should be used in all cases of lung and bronchial trouble." The Oakland Chemical Co.'s product is used internally with safety and success because of its purity and reliability, and their new monograph, which is sent free on application, contains some very interesting clinical excerpts.

CELERINA and aletris cordial (Rio), equal parts, teaspoonful every four hours, is a most efficient remedy for amenorrhea.

SALINE LAXATIVE and salithia to stir up the secretions and eliminate; intestinal antiseptics (W·A) to "keep clean;" calcalith to dissolve and remove waste products. A trio the progressive physician cannot practice without. For samples and literature, address The Abbott Alkaloidal Co., Ravenswood Sta, Chicago, Ill.

A NEW URIC ACID SOLVENT.—Elimination is so important a subject that no physician can afford to neglect the literature bearing on all aspects of the subject, or to ignore the newer preparations which are appearing for his assistance. Progress in our science is nowhere more evident than in medicines, and no one branch shows this more clearly than the antilithics and eliminants; it is but a very few years since all was crudeness where now elegance obtains and a degree of efficacy which approaches satisfaction. The newest anti-lithic, Lith-Alkin, "Wells" is a double salt of lithium and sodium, it is palatable and acceptable to the stomach, and at the same time the eliminant action of the salts is in a marked degree evident. The general use of lith-alkin "Wells" would seem to be an assured fact.

A MERITORIOUS PRODUCT.—The Malto-Grape Co., Ltd., of Paw Paw, Mich., is meeting with great favor with malted grape juice called "malto-grapo," at the World's Fair. It is served at fifteen places, located in the main exhibit places and on the pike. Malto-Grapo has two great advantages over other grape juices. First, the juice is pressed from the fresh grape, giving it a fresh grape flavor, and free from the tannic acid of the skin. Most grape juice is prepared by first heating the grapes before pressing; this brings out the tannic acid of the skin, not only making the juice a dark purple in color, but giving it a canned grape flavor. The tannic acid of the skin in such juice also acts as an astringent, whereas malto-grapo, like the fresh grape, is a mild laxative. Second, to this grape juice is added the pure extract of malted barley for its nourishing and digestive features, making malto-grapo the richest grape juice product ever placed on the market. Physicians are always welcome at their office in block 61, Agriculture building, World's Fair.

DR. H. SPEIER, of Rochester, Minn, writes: The Alpers Chemical Company, of New York, have introduced an elixir guaiacol compound under the shorter name of triacol to the medical profession. Being rather new this pharmaceutical product is not yet widely known, but a sufficient number of favorable reports of its usefulness have appeared. Induced by these and by theoretical reasoning from the formula of the compound, I have lately used triacol in a number of cases with excellent effect. A number of cases of cough of different character presented, several of prolonged grippe with more or less chronic bronchial irritation, one that of a man, age 59, a hay fever sufferer, whose night rest was much broken by cough. In all of them triacol proved itself effective. Herein, in the coughs of autumn and winter and of badly cured influenza, I should judge from my experience, lies a wide field of usefulness for triacol, which has the advantage over creosotal, that it is entirely free from unpleasant odor and taste, and is easily borne by the most delicate stomach and readily assimilated.

MEDICAL SCHOLARSHIPS.—Seven young men in South Carolina have been appointed by the governor of that State to scholarships in the Medical College of the State of South Carolina. Each congressional district contributes one man.

CATARRHAL DEAFNESS.—(By David Fawdrey, M. D., Watertown, N. Y.)—A young man 22 years old, a student in the Buffalo University, consulted me for chronic catarrh of nose and inner ear. This trouble was so bad that the patient could not hear a watch tick when placed against the ear on the right side. The left ear would catch a faint tick at six or eight inches. The nose and ear had received treatment from some of our best specialists with little or no improvement. I placed the case on glyco-thymoline to be used three times a day in the nose with nasal douche and a tonic of elix. colsaya stryct. and iron and the improvement was marked in a few days. The hearing is nearly normal and he is still using the glyco-thymoline daily with steady restoration of health in both nose and hearing. I am opposed to the majority of proprietary medicines, but in this case much has been accomplished, and I firmly believe will produce a permanent cure.

TREATMENT OF DROPSY.—According to the testimony of some of the best practitioners, better results may be obtained from the use of anasarcin in this distressing symptom than from any other remedy yet proposed, whether the underlying cause be valvular heart disease, cirrhosis of the liver, or Bright's disease. This remedy is composed of the active principles of oxydendron arboreum, sambucus canadensis and urginea scilla. Squill has been used by the profession for many years in various dropsical affections, but because of the crude preparations, the best results were not obtainable. Likewise, sambucus and oxydendron have long been given in nephritis, ascites, and oedema, but not until recently has it been known that proper combination of the active principles of squill, sambucus and oxydendron arboreum, furnished the most perfect remedy for the treatment of dropsical affections from whatever cause. If unacquainted with this preparation, write for free samples to the Anasarcin Chemical Co. Winchester, Tenn.

PAUTAUBERGE SOLUTION is of all creosote preparations, the best for the rational administration of creosote by the mouth. A tablespoonful in half a glassful of sweetened water will make a well diluted solution of creosote, which will not irritate the mucous membranes and which is rapidly and completely absorbed. In the medical reports we have published from time to time, it is acknowledged that Pautauberge solution is well tolerated in many cases in which the use of the other creosote preparations must have been suspended; besides, its usefulness as an appetizer and digestive aid cannot be ignored. These results are due to the form of the preparation, the pure quality of the drugs and finally to the combination of creosote with the hydrochloro-phosphate of lime, the restorative "par excellence" in tuberculous affections. Pautauberge solution has become one of the best known remedies in the treatment of tuberculosis. It has no equal in chronic bronchitis, coughs, convalescence from broncho-pulmonary affections. It has been used with great success in scrofula, rachitis, diabetes and anemia stubborn to the ferruginous treatment.

PHYSICIAN ACQUITTED.—Dr. William L. Parchman, of VanBuren, Ark., who was charged with killing Charles Tolson, was acquitted. Self-defense was the plea.

PAIN.—Lord Lytton said "There is purpose in pain." How true is the fact, especially from a diagnostic point in diseases of women. Dysmenorrhea, that distressing manifestation of uterine obstruction most frequently caused by congestion is only one of the many instances. To equalize pelvic circulation and remove uterine engorgement is the object to be attained and is best accomplished by administering Hayden's viburnum compound. Dr. James Charles Copeland says in his Medical Treatise in chapter on Menstrual Life of Women, For dysmenorrhea characterize by sharp, colicky pains, there is nothing better than Hayden's viburnum compound

GONORRHEA, GLEET AND INFLAMMATORY CONDITIONS OF THE GENITO-UBINARY TRACT.—In the treatment of gonorrhea certain conditions should be enforced in the management of details apart from medication. Every patient with severe urethritis should be advised of the fact that mental, physical and sexual repose are all equally important to speedy and successful results. Strict attention to diet is next in importance, because of its antiphlogistic effects and its restraining influence over the formation of waste products, which increase the irritating properties of the urine. All alcoholic stimulants and tobacco should be prohibited. The bowels should be kept gently open. The patient should be advised to drink an abundance of water, a portion, at least, of which should be aerated mineral water, and for the purpose of cleanliness glans penis should be bathed several times a day. Absorbent cotton should not be bound over the meatus to prevent the free discharge of poisonous matter. The penis should be allowed to rest in an improvised bag containing sufficient cotton to absorb the discharge without pressing upon the meatus. The contents of this receptacle should be changed several times each day while the discharge is profuse. With the above restrictions, medication is greatly aided, and the more aid given along these lines the better and quicker will be the results. In acute gonorrhea or cystitis, prescribe two benolgur capsules (Benz. C.C.) every two or three hours until ten or twelve are given each day, to be continued in this dosage until the discharge ceases. Then six or eight may be given ten days longer. Doses should be so timed as to bring one dose after each meal, the other doses regularly between. Injections will seldom be required, and never should be used in the acute stage, and when used, should be extremely mild and not used more than twice daily. Benolgur capsules are composed of the active principles of gum benzoin and oil of gurjun combined in such a form as to constitute the most efficient, agreeable and safe remedial agent for gonorrhea and allied diseases now known to the medical profession. The irritating effects upon the stomach and kidneys, followed by a diseased condition of these organs usually produced by internal medication, is entirely precluded by employing benolgur capsules. In gleet and other subacute inflammatory conditions of the genito-urinary tract, benolgur is equally efficient. In these cases two capsules three or four times daily will be sufficient.—Journal of Dermatology.

TWENTY-THIRD YEAR

THE Medical Herald.

LEADING TOPICS FOR

NOVEMBER

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WALLACE

Official Journal Buchanan County Medical Society, Sioux Valley Medical Association,

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., NOVEMBER, 1904.

Contributed Articles

CHRONIC BRIGHT'S DISEASE.*

T. B. Bogart, M. D., Excelsior Springs, Mo.

Surgeon Wabash and Chicago, Milwaukee & St Paul R. R. Companies; Ex-Vice-President Missouri State Medical Association.

IN selecting "Chronic Bright's Disease" as a subject to write on, I am distinctly aware of the fact that it is a disease that has attracted the attention of scientists for years; and it seems to a certain degree that it has baffled the skill of them all, yet we are in a position at the present time by the use of the microscope and other means of examination to tell definitely to what degree of degeneration the kidneys are in, and thereby be able to give our patient a more definite understanding in regard to the advancement of the disease, and the probable outcome of the attacks, and when.

Chronic Bright's disease is a chronic inflammation of the secreting substance of the kidneys; hence the tubules are always involved. Clinically we have two groups, which are known practically speaking as the large white kidney, and the small white kidney. Those cases of the large white kidney invariably present themselves to the practitioner, who on examination finds most every case to be dropsical, have dilated heart, difficult breathing, shortness of breath, disturbed vision, passing large quantities of pale, clear urine heavily loaded with albumen, and various forms of tube casts; and at the same time the patient is always very hopeful. And tells the doctor if he can only get rid of the shortness of breath and the dropsy, he will be as well as ever. Many patients present themselves to me in this condition, asking for something to relieve what they think is asthmatic breathing; on examination I find the urine to contain albumen, of low specific gravity, and also hyaline and granular casts. Generally when the per cent of urea is estimated it will be found very low. I think the presence of urea should be watched closely, as it plays an important part in every case, which I will explain later.

Etiology.—In a great many cases the disease follows acute nephritis as result of cold, diphtheria, scarlet fever or pregnancy; but more often,

*Read before the Clay County Medical Society.

and very much more often than authors speak; the disease has an insidious onset and makes its appearance without any cause whatever. It is this class of cases that the disease steals on, and the unfortunate is thoroughly in its clutches before he is aware of the presence of a disease of any kind. Alcoholic stimulants is supposed by some authors to lead to this form of nephritis.

And I am pleased to say that my experience leads me to believe that there is really one-fourth of all the cases of Bright's disease brought about as the result of over-stimulation, from the use of alcohol in some of its forms; for instance, I have noticed people who come to Excelsior Springs to drink the waters for some form of kidney trouble, and prior to their coming they had been working in breweries or saloons, where they drank often of alcoholic stimulants, especially of beer; and as a result they have pains in the back, and without this alcoholic stimulation the kidneys become sluggish, and the urine highly colored, which leads them to seek relief for what they call some form of kidney disease; and invariably on examination you will find the urine highly colored, specific gravity high, and albumen in the urine, showing conclusively that if acute nephritis has not yet developed that there is certainly a hyperemic condition which will sooner or later terminate in an attack of Bright's disease, even without any manifestation of the patient's having had an attack of acute nephritis. Another point I wish to make in connection with this form of cases, is this: they are men who are very heavy eaters, and especially meat eaters, and as a result of this form of diet we find them to be corpulent, heavy blooded, and their power of endurance very poor.

Syphilis is supposed by some to be a cause, and perhaps is in some of the cases either directly or indirectly, but I am not inclined to attach too much significance to this disease causing chronic nephritis, for several reason: first, syphilis is a disease of the lymphatics to begin with, and always yields to anti-syphilitic treatment, and if chronic nephritis is the result of syphilis, we get a response from this treatment in a very short time; second, when a patient presents himself to us, giving a syphilitic history, and on examination we find he has chronic Bright's disease we immediately say without further examination, that syphilis caused it.

I think syphilis is one of the most abused of all diseases for no matter what the ailment may be, after the initial lesion has shown itself, we will constantly expect something to take place in the organism, idiopathically or otherwise, that we can point back to with pride, and say that is the cause of it all.

Often cases come under my observation giving history of having had syphilis, and by their attending physician is pronounced syphilitic Bright's disease; but after obtaining complete history I find they have had chronic nephritis for three years and syphilis for only one and a half years, and that their case will not yield to anti-syphilitic treatment; on the other hand if the syphilitic attack developed prior to the kidney complication, and it is of an insidious type, and yields to anti-syphilitic treatment, we are warranted in saying that it is of a specific type, and can treat and govern accordingly. Hence it is my rule, when these cases come under my observation to get a thorough and complete history, and if there is any specific taint whatever, I take it for granted that it might play a part in

connection with the case, and place them on the proper treatment; and I wish to say that I am seldom ever disappointed, as they improve rapidy.

Morbid Anatomy.—I cannot give any personal experience in these cases, as I have never made a post-mortem on any of them, hence I can only refer you to the many authors, etc.

Symptoms.—Under the head of symptoms I will give the main characteristic points, and not go through the text-book and burden your minds by copying from their pages. In giving these sypmtoms I will call your attention to the ones that are found in both forms of cases, and in doing this we can to a certain degree differentiate between chronic parenchymatous nephritis and the chronic interstitial form; first, at the beginning of my paper I dwelt on some of the symptoms of the large white kidney which were pallor, dilated heart, disturbed vision, shortness of breath, and all complaining of extreme weakness on least exertion, and this symptom is often the first one complained of, and for this purpose the individual seeks medical advice (sometimes he consults the oculist who discovers the flaming retina with the ophthalmoscope, and advises him to have the urine examined), and as a result, albumen, kidney epithelium, tube casts of the hyaline and granular type are found, low specific gravity, and the per cent of urea very much diminished. A patient in this condition is liable to develop any of the following uremic symptoms, extreme pain in head with constipation, uncontrollable vomiting or diarrhea, a tendency to drowsiness or a sudden pulmonary edema, or as some of the text-books speaks of it, a pneumonia. These I consider some of the most dangerous symptoms of uremic poisoning, but, however, I have never had a patient with all of these symptoms. They generally have only one or two of the above forms, and the most often, vomiting and a tendency to drowsiness shows itself first, and for this reason I urge every practitioner to watch his patient closely, as these conditions begin by scantiness of urine, diminution of urea, etc.

Another dangerous uremic symptom that should be mentioned, although I have only seen five or six cases, is this: the patient is perfectly conscious, mind seemingly clear, yet he is unable to speak, and if he can say a few words it is impossible for him to complete a sentence.

The above symptoms may be found in any case of chronic Bright's disease of either form, but in the interstitial form you never have dropsy, or seldom ever have; the vision is always disturbed worse, the tendency to convulsions is always great, and they always die of uremic convulsions. In this form of nephritis the circulatory system is greatly disturbed on account of dilation of left ventricle and hardening of the arteries. Hence, as this disease is always chronic from the beginning, I am inclined to believe that this form of nephritis always or most always follows the other forms of this trouble.

Treatment.—One reason the general practitioner is not as successful in the treatment of this disease is on account of the impression he forms on opening a text-book on the subject. The first thing he sees are these words: "The Treatment of Bright's Disease is very unsatisfactory and the prognosis is always, or most always bad," hence most every one is desir-

ous of studying diseases that can be cured, and if the physician cannot cure he is inclined to refain from wasting his energy on what he thinks is a lost cause; therefore our so-called incurable diseases get but little attention at this day and age.

All authors recognize mineral waters of some kind as being useful on account of it keeping the kidneys flushed and the debris washed from the tubes, and at the same time they dwell on alkaline diuretics, which I think is one of the very best treatments if properly used with mineral waters and baths. At all times and at any stage of this disease the treatment should be directed to strengthening the heart, enriching the blood, keeping the breathing apparatus in as good condition as possible, and to give the excretory functions of the kidneys rest, by keeping the skin and bowels open. To enrich the blood I often use Basham's mixture, not because I ever had any good results from its use, for I never have, but public professional sentiment seems to demand it. One of my failings in the treatment of these cases is to give the very best and most nutritious food possible; as I can make more rich red blood by good systematic feeding on the proper diet, than I can on a starvation diet and at the same time use Basham's mixture or Gude's pepto-mangan. I find more strength and nutrition in one porter house steak, than I find in one pound of the so-called blood and systemic tonics said to contain iron or manganese. Of course I watch the digestion, and at any time the stomach should show signs of being disturbed as a result of over-feeding, I withdraw the food and place them on very light diet until this condition is relieved, and then I proceed to feed again. I am led to believe more strongly than ever that not only is it impossible to lay down a line of treatment to follow, but just as impossible to lay down a course of diet for any one given case to follow from day to day. Hence it is up to the practitioner to watch his cases closely and keep himself thoroughly posted in regard to his patient's condition and estimate daily the amount of urine passed, and compare the amount of fluids taken, keeping them as near equal as possible, and you will not only benefit every case, but you will arrest the progress of the disease in many; thereby producing a cure. As long as you keep the amount of fluids taken inwardly every twenty-four hours, and compare them to the quantity passed and find them to be about, or nearly the same, you will never have dropsy; but on the other hand, if you drink one-half gallon of water during the day, and only pass a quart, you will find the feet to be swollen at night.

Realizing that this disease is best treated when you can use non-stimulating diuretic medicines and waters, I wish to call the attention of the members of the Clay County Medical Society to the Regent and Siloam waters of our city, which stands head and shoulders above any diuretic that I have ever used in these cases, and at the same time they get the benefit of the iron and manganese which is found in abundance in this water. For a laxative we use the sulpho-saline or salt-sulphur waters, which cannot be excelled as a laxative in these cases.

Gentlemen, it is not my intention to advertise Excelsior Springs, or its mineral waters, by writing a paper on this disease and connecting it with our waters as a treatment, but as the medical profession has never given us very much encouraging satisfaction in the treatment and cure of

these diseases, I take pleasure in presenting for your consideration this paper, which gives my experience in the management and treatment of chronic nephritis, and I stand ready to demonstrate the fact to my medical brethren, that Bright's disease will live longer, do better, and stand a much better show to get entirely well here, than anywhere.

GASTROPTOSIS.*

J. M. Bell, M. D., St. Joseph, Mo.

GASTROPTOSIS is a condition of more frequent occurrence than is generally supposed. It is not found except by those who give their patients a physical examination; a mere oral examination of the patient will not discover it, even when it exists. Its detection is not difficult. It exists as a concomitant of many cases of dyspepsia. In some cases diagnosed as dyspepsia, it is the whole thing. It is most common with dyspepsias that come from over-eating or excessive beer drinking. It is found in general debility and chronic gastritis. It is found associated with dilatation of the stomach and with splanoptosis, from which it must be distinguished. The subjective symptoms are not pathognomonic, rather those of gastric disturbance. They are epigastric discomfort, a sense of pressure, weight or distension and eructations. It is frequently found in those cases which float from office to office with dyspeptic symptoms that resist treatment directed against dyspepsia. The diagnosis is made by auscultatory percussion, with the stethoscope over the gastric area. The greater curvature of the stomach is found at, or far below, the umbilicus. This is generally determined with little difficulty by having a patient's stomach distended with gas or water. Under normal conditions we expect to find the greater curvature an inch or an inch and a half above the umbilicus. The next important landmark is the pylorus. The location of it is necessary to distinguish a case of gastroptosis from one of dilatation or general enteroptosis. In the latter condition, not only the stomach, but the bowels, liver, kidney, spleen, any one or more, or all, are displaced downward from a general relaxation of all abdominal ligaments. In atypical cases of dilatation of the stomach, the pylorus is most apt to be found in its normal position. The extreme pouching or sagging of the stomach being the result of stretching of the greater curvature itself, the lesser remaining in position.

In gastroptosis, while the greater curvature is found low, the pylorus is also, so that the great curve gets down, not by any stretching of the stomach wall itself, but by a dropping of the pyloric ligaments; consequently in dilatation the greater curve is found low, toward, or even in the pelvis; the pylorus remaining in position. In gastroptosis the greater

* Read before the Buchanan County Medical Society.

curve is low, the pylorus also. Such cases do no good on dyspeptic treatment. Until recently surgical intervention was considered only, and it is still regarded the only cure in cases of long standing and very marked pouching. In the average run of cases very good results have been obtained by complete restriction of eating; or in other words, absolute rest for the stomach from seven to fourteen days. The patient is put to be bed and nothing taken by the mouth for the period stated. If there is much gastric irritation, hot fomentations are used until it subsides. If any evidence of fermentative retention exists the stomach is once washed out, then given absolute rest. Nutrition is maintained during this period by means of rectal feeding. This consists largely of water, an egg or two and as much milk as will be easily absorbed daily. No whiskey, beef extracts or stimulating agents of any kind. After the period stated, the return to stomach activity is made very slowly. Another week is consumed in making it. The first day, water only. Next day milk. The third day, of boiled eggs, with toast or crackers, thus by easy steps, a return is made to full diet. Stress is put on thorough mastication, avoidance of very hot or very cold dishes and against overloading. This scheme carried out properly, offers an easy avenue to health in gastroptosis. If we realize the benefit gained by a single day's abstinence after an indiscreet feats, we get some idea of the possibility of a week's absolute rest. Of course it is not amenable to the most severe or long standing case, and not to all moderately severe cases, because of refusal of the patient; but those who do try it will be well rewarded in the results. There are cases of indifferent severity capable of being benefited by a restricted diet, together with strychnia and antiferments, but the drawback in the management of such cases is the conduct of the patient in promising to restrain but not doing it, hence the best results follow the uncompromising fasting method.

Strychnia in one-sixtieth grain doses, two or three times daily, together with bismuth subgallate in five grain doses, three times a day, facilitates the shrinking and toning process.

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PAPERS READ AT THE SEVENTEENTH ANNUAL MEETING, AUGUST TWENTY-SIX, COUNCIL BLUFF, IA.

RESPONSE TO THE ADDRESS OF WELCOME.

R. C. Moore, M. D., Omaha, Neb.

IT was with profound pleasure that a few days ago, I, as duty bound, accepted the appointment made by our officers to respond to words of welcome spoken by the representative of the physicians of Council Bluffs.

At the opening exercises of our semi-annual meeting we are so accustomed to hear these words of friendship and good cheer, that some may think that they are simply words without feeling. If there be any among the smiling, happy gentlemen before me, who are of this opinion, I can state most emphatically that they are laboring under a great mistake. I have for lo, these many years known the profession of Council Bluffs, and I can assure you, that a nobler, and more gracious body of physicians does not exist within the borders of the Union, and when they speak the glad words of welcome they mean every sentiment with which the speaker who has preceded me has so eloquently expressed the minds of his colleagues. In the name of the visiting members of the Medical Society of the Missouri Valley I most ardently thank our hosts

one and all for the generous and cordial welcome extended to us. I have always entertained a great respect for the noble profession of Council Bluffs, for even before the days of the senior Macrea, there were good physicians, who had homes in the city of hills and valleys.

I now recall the name of one who is probably unknown even by name to nine-tenths of the members of the Medical Society of the Missouri Valley, but in his day he was a clear headed, courteous, well educated physician. I refer to Dr. McMahan, a man of neat attire, good physique and well cultured mind. He was appreciative of the new thoughts of his professional brothers, but was very conservative in adopting new ideas and procedures, when they were not in harmony with his previously concerned opinion. About thirty odd years ago—I think it was in 1873—I was called on to manage a case which now would be recognized as one of neurasthenia, but was then known only as one of exhaustion effecting especially the nervous system and, probably, practically we knew very near as much about such cases then as we do now. I had tried about everything recommended at that time—valerian, assafoetida bark and iron, cathartics and whiskey, starving and generous feeding, but my lady would persist in stating that she was getting no better. She would most stubbornly refuse to move about the room, under the plea that she was too weak. One day my partner, Dr. J. P. Peck, who had occasionally seen the case with me, made a call in consultation in Council Bluffs with Dr. McMahan, and in the course of conversation mentioned this peculiar case, which was trying the patience of his business associate. Dr. McMahan said he had lately read in a medical journal that a physician had in a somewhat similar case, used successfully strychnia injected under the skin, after this and other drugs administered by the mouth had failed. That he had not tried this way of administering drugs, but was of the opinion that there might be something in it. Dr. Peck on his return related to me this conversation, and I dropped immediately to the suggestions, and started out to find a hypodermic syringe, but such an instrument could not be found in the city of Omaha. I wrote to Sharp & Smith, dealers in surgical appliances and instruments, Chicago, and by return mail received the much coveted instrument. It was a hard rubber syringe with a barrel about four inches long and a piston upon which the markings by metallic dots indicated the amount of fluid supposed to be drawn up into the instrument. The business end was armed with a hollow needle, as now used. I commenced treatment of my patient with this new fangled arrangement—much to her fear and disgust—but with the result, she took on more strength, soon became convalescent, and is now a healthy, matronly lady of past seventy, living in Kansas, and occasionally visiting her relatives in Omaha. This was the introduction of the hypodermic syringe in this portion of the Missouri Valley. The suggestions came from a Council Bluffs physician, and I but put into action what he suggested.

Council Bluffs always has been a staid, substantial city, filled with conservative and honest set of men and women, honorable in all their dealings with their fellow-men; and had it not been for the struggling, bustling city across the river would have been the metropolis of this portion of the Missouri Valley. At one time there was a rivalry between the two

cities, but of late years this has become a thing of the past, and now both cities work hand in hand, knowing that which is good for one community will redound to the good of the other. The profession of the two cities have but little in common, and were it not for this society, we would hardly know each other. I most sincerely hope that this bond of union may so continue to increase in strength that before long we will find it conducive to the interest and pleasure of all parties concerned to have monthly meetings of this society for scientific purposes—the places of meeting alternating between Council Bluffs and Omaha, with an occasional meeting for both scientific and social purposes—say once a year—in some neighboring city. I must say that the really successful meetings, with but few exceptions, have been those held in one or the other of these two cities, and by all odd the banner meetings have been in this city, for which I can very truthfully attribute as a cause the hospitality and cordial welcome so generously extended by the citizen and profession of Council Bluffs.

PRESIDENT'S ADDRESS.

A. D. Wilkinson, M. D., Lincoln, Neb.

I WISH to return you my sincere thanks for the distinguished honor you have conferred upon me, and no one can feel more keenly than I do my own incapacity properly to fill the position of President of the Medical Society of the Missouri Valley.

I congratulate you on the return of an occasion which permits us to renew that fraternity of intellect, no less than that sympathy of feeling, by which our life and vocation as physicians are beautified and ennobled. Of no profession are the inspired words more true than of ours, that we are "members one of another." The ideal of our profession is that of complete and thorough oneness. What is scientific truth for one is scientific truth for all. We have a common estate in the facts, aims and purposes that belong to the science of medicine. I have selected as a topic at this time a subject of general interest to the profession, "Substitute Infant Feeding."

When a child is born we are confronted with two controlling factors: heredity and environment. Heredity cannot be reckoned with, in the sense of being influenced. Its activity has been through long reaches of past time, and the laws of its operation are but imperfectly understood. The question of environment is of the present, and assumes the greatest importance because of the possibility of its control to a certain extent, while from a biological standpoint heredity may appear to be the most important influence, yet in the scheme of evolution the higher the animal the more important becomes environments. This is specially emphasized in man by the prolongation of the period of infancy. John Fiske was the first to elaborate this fruitful view of one of the fundamental laws of

higher evolution, that not only throws a strong light on the methods of evolution, but lays the greatest importance on the period of infancy as influencing the future development and usefulness of the animal. This long period of helpless infancy is a time of extreme plasticity, when the career of the individual is no longer predetermined by the career of its ancestor. One generation of the lower animals is almost an exact reproduction of the preceding one. The young animal is born pretty fully formed, and can look out for itself almost from the beginning, independently of the parent. The longer the infancy of an animal becomes, the greater the period of its teachability, and a slow growth means an increase in capacity for development and all the higher prerogatives. Thus the higher apes have a helpless babyhood, when for two or three months they are unable to feed themselves or move about independently of the parent. The human infant is distinguished from the highest of the lower animals by the very long duration of helpless infancy and the marked increase in the size and complexity of brain organization that takes place largely after birth. During the first two years of life the brain not only doubles in weight, but increases marvelously in its convolutions and complexity. The infinite distance between man and the lower animals consists in the fact that in the former, natural selection confines itself principally to the surface of the brain, and requires a long period of helpless infancy for this higher plastic work to be properly started and developed. Inherited tendencies are there, but the proper environment counts for much in this work so potent in future possibilities. In this long period of infancy, there must be a time of maternal care and watchfulness, if the race is to exist in health and vigor. Knowledge, as well as care, is required, for a mistake made at this time can never be completely corrected. For biologically speaking, the first few years of life are the most important ones we live, and a careful study and understanding of all the phases of infancy are of the greatest importance alike to physicians and parents. At a period of such rapid growth and development, it is evident that proper nutrition must play the leading part, and if the mother will not or cannot come to our relief, and agree to furnish the best nourishment, the mother's milk, for our babies, we will have to resort to the expediency of substitution.

In feeding an adult it is only necessary to furnish enough food to repair waste. In feeding an infant not only must waste be repaired, but material to build up new tissue must be supplied, or the infant cannot grow normally. The whole future of the infant may depend on what kind of food is supplied it up to the time it can take table food.

We know that a cat or dog would starve if fed hay and grass, and that a horse or cow would not as a rule thrive on raw meat. Human beings feed on meat and vegetable substances, but not in the condition in which the lower animals eat them. They must be prepared by a cooking process before the human digestive apparatus can act to advantage. This forces the conclusion that the digestive system of each kind of animal must be particularly suited to its natural food.

As young animals are miniatures or rudiments of their parents, their digestive systems must be in a general way like those of their parents, so it would be natural to suppose the mother's milk would be particularly suited to the young animal's digestion, and that the milk of one kind of

animal would not suit the young of another kind any more than the food of a cat would suit a cow or horse. It is this substitution that causes so much trouble with our babies, and it is our duty as physicians to instruct the prospective mother in fitting and preparing her for her duties. Of course this can only be done when the case is placed in your hands early.

For several months before expected delivery, the nipples should be gently rubbed between the fingers and thumb, thus drawing out and developing a misshapen and depressed nipple, and also toughens them and prevents possible tenderness or fissure which interferes with nursing. Tight clothing over the breasts should be avoided. Bathing the nipples with boric acid or borax solution—one-half teaspoonful to a cup of water, promotes cleanliness and tends to avoid possible infection and soreness during the nursing period.

After the mother is sufficiently rested from labor the baby should be put to each nipple. For the first day or two the infant may be put to the breast at three or four hour intervals during the day, and every four to six hours at night; after this every two hours during the day and once or twice a night. The infant should not be allowed to occupy the bed of the mother at night, for it is a common cause of too frequent nursing. Regularity of feeding is essential, as the composition of milk varies with unequal intervals between nursings. The shorter the intervals, the richer the milk is in fat. When there is sufficient milk, the baby will suckle for fifteen or twenty minutes, and then drop off contentedly to sleep. If on the contrary, the baby tugs at the nipple for twenty-five or thirty minutes, and then frets after leaving it, there has not been sufficient milk secreted.

In cases in which the milk flow is scanty or does not agree with the infant, particular attention should be paid to diet and hygiene of the mother. Southworth, who has made a special study of this subject, states that much more than is generally believed can be accomplished in this direction. Nursing is a purely animal function and a great deal can be learned from the study of the secretion of milk by cows. Here it has been found that secreting milk is hard work, and that a cow in milk needs as much food as an ox doing heavy work. Therefore it is useless to expect any mother to supply thirty or forty ounces of milk daily, containing about five ounces of solids, the proteid of which is equivalent to about a quarter of a pound of meat, unless she eats and digests a liberal quantity of food, consisting of plenty of meat, milk, eggs and well cooked cereals.

If with the means indicated, it is impossible to keep the infant steadily gaining in weight, four to six ounces a week, with good digestion and normal stools, one or two artificial feedings when possible should be given daily. When from fissured nipples or other causes it is impossible for the infant to nurse, the milk may be drawn with breast pump and fed by bottle, or the nipple shield be brought into use for a few days, allowing the nipples to heal; do any thing and everything to preserve the breast and nipple, which is the fountain source of the only true food for the infant.

We have certain contraindications for nursing which demands our concern; for instance, mothers with constitutional diseases, especially tuberculosis, should not be allowed to nurse their offspring.

When the mother is pale and losing flesh and exhausted by suckling in spite of tonic treatment, the baby must not be continued on the breast. In nervous, excitable women, when every effort has been made to regulate the details of diet and living, and yet the baby does not thrive and gain after a fair trial, it is best to stop the breast.

Nursing, after menstruation has been resumed, is contraindicated if the nutrition of the infant is interfered with at each period by severe nervous and digestive disturbances in the mother, and if pregnancy intervenes, usually, the child should be given other nourishment, the only exceptions being, the pregnancy taking place in the middle of a hot summer, or in the case of a weak, fragile baby with a tendency to digestive troubles it would be advisable to continue the breast only during the early period of pregnancy.

Oftentimes the mother's milk does not agree with a baby, as shown by constant colic and losing weight, but the breast should not be withdrawn until every effort has been made to find out and correct the cause of the trouble. Each case must be carefully studied in every detail before finally deciding to remove the baby from its mother's breast, for there is a great responsibility thrust upon any one who is called upon to substitute food for an infant, during the period that is normally nourished by its mother.

In feeding an infant artificially it is impossible to secure a food whose ingredients have the same physiological properties as those of human milk.

Chapin says that anything aside from breast milk that is put into an infant's stomach is foreign substance that may cause digestive disturbance.

Though nutrition and development of the digestive tract should be considered together, nutrition comes first, and in cases of poor digestion it is justifiable to use anything that will sustain the infant until normal digestion is re-established; then the food should be changed so as to cause proper development. Many feel that after something that "agrees" and causes gain in weight is found, the problem of successful feeding has been solved; but the future of the infant may be completely wrecked by such a method of feeding. For instance, an infant is receiving as much fat and sugar as is found in human milk, and only one-fourth to one-half as much protein. The child is fat and gaining in weight, and to all appearances healthy; yet it can be predicted with reasonable certainty that this infant will become rachitic or succumb to the first serious illness. As resisting force comes from the protein of the food, it is apparent that a bottle-fed infant who receives but one-fourth to one-half as much protein as a breast-fed infant will not be so rugged, or will have as good a chance of surviving. This principle was demonstrated on the pig by W. A. Henry of the Wisconsin Experiment Station.

Thus it will be seen that a food that causes gain in weight is not necessarily a good food for an infant. The scales are not a safe guide by themselves in judging of an infant's proper development.

It is right here that thinking in percentages is of the greatest value. By it you can readily compare the nutritional value of a substitute food with that of human milk. There is nothing complicated about it. All

that is necessary is to have a general idea of the composition and digestibility of various foods that are used in infant feeding. In a general way human milk contains nearly 2 per cent of protein, about 4 per cent of fat and 7 per cent of sugar, and cow's milk which must be the basis of an artificial food is believed to contain 4 per cent protein, 4 per cent fat and 4 per cent sugar. You see we have from two to three times as much fat as proteid in the human milk, whilst in cow's milk they are about equal. Now if cow's milk is allowed to stand for any length of time, the fat, being lighter than the other ingredients of the milk-serum, will rise to the surface as cream. Where before the cream rose the quantity of fat and proteid in the milk was uniform throughout the entire quantity of milk, it is now apparent, that in the upper creamy portion there will be many more times as much fat as proteid. If in this upper milk there can be found which will uniformly contain between two and three times as much fat as proteid, preparing the infant's food will be a simple matter, requiring only the removal of this quantity from the top, diluting it, and adding sugar. Some advocate the use of cereal waters as a diluent, whilst others use plain water which must be rendered alkaline by the use of lime water.

Holt's formula No. 1 for children from the third to the fourteenth day contains fat 2 per cent, sugar 6 per cent, and proteids 0.6 per cent is made as follows:

Ingredients	Quantity of each required to make 12 oz.	16 oz.	20 oz.	24 oz.
Milk (ounces)	1 "	1¼ "	1½ "	2 "
Cream (ounces)	1 "	1¼ "	1½ "	2 "
Lime water (ounces)	¾ "	1 "	1¼ "	1½ "
Water (ounces)	9¼ "	12½ "	15½ "	18½ "
Milk sugar (even tablespoonful)	1½	2	2½	3

Formula No. 2 contains fat 2½ per cent, sugar 6 per cent and proteids 0.8 per cent for period extending from second to sixth week.

Formula No. 3 contains fat 3 per cent; sugar 6 per cent, and proteids 1 per cent for period extending from sixth to eleventh week.

Formula No. 4 contains fat 3½ per cent; sugar 7 per cent, and proteids 1½ per cent for period extending from tenth week to fifth month.

Formula No. 5 contains fat 4 per cent; sugar 7 per cent, and proteids 2 per cent for period extending from five to ten months, gradually increasing the quantity.

Burr Block.

RECURRENT DISLOCATION OF SHOULDER JOINT.

A. I. MacKinnon, M. D., Lincoln, Neb.

THE final word is yet to be said in any surgical maneuver and our operative field is constantly enlarging, as the need for surgical interference makes itself clear and more widely manifest.

The frequency of shoulder joint dislocation is clearly shown by the St. Thomas Hospital statistics. In a series of 812 dislocations, 353 of the humerus occurred—a ratio of 43.5 per cent. In the Kronlein series of 400 cases, 207, or 51 per cent occurred at the shoulder joint. It is generally conceded that 50 per cent of all dislocations occur at this articulation, and when we recognize that many of these humero-scapular dislocations are liable to recurrence we can easily see that in this injury we have a distinct surgical factor with which to contend.

That this luxation is of common occurrence is not to be wondered at when we consider the anatomic structure of the joint; the round head of the humerus lies in a shallow glenoid cavity and the capsule is thin and lax in comparison with that of other articulations. This capsule is composed of connective tissue, lined with a thin layer of epithelium. This formation of the joint is responsible for the frequent recurrence of this dislocation. The capsule is either torn outright or is put upon such a stretch that in connective tissue structures it amounts to a laceration. Weak scar tissue makes repair in either case and we have a lax, flaccid capsule or a condition of capsular luxation. This allows dislocation without further stretching or laceration of the capsule and the condition eventually becomes so habitual and frequent as to totally incapacitate the patient and prevent him from following his usual occupation.

The treatment of recurrent dislocation of the shoulder joint has been very unsatisfactory. Many unwieldy braces have been constructed whose value lay in direct ratio to the limited movement of the arm they allowed. Astringent injections have been tried, but are mentioned only to be condemned as unsurgical. Arthrodesis has been recommended by Albert, but the result of permanent ankylosis seems out of proportion to the condition. Resection of the head of the humerus is open to the same objection. A purse string suture of the capsule has been advised, and also an infolding of the capsule (following the method of gastroplication).

In the Transactions of the American Surgical Association for 1897, Drs. Burrell and Lovett, of Boston, reported six cases of recurrent dislocation of shoulder joint, two of which were operated upon with excellent result by excising a small portion of the capsule and stitching the edges together.

The operation I wish to advocate consists in doing an open arthrotomy; the muscles are well retracted and the capsule is opened from the coracoid process downwards. Mattress sutures are introduced one to one and one-half inches from one margin of the capsular incision, the loop grasping the other margin of the incision in such a manner that when they are tied one flap slides under the other. By this process there is a double layer of capsule over what is ordinarily the weakest point, and increased protection against recurrence is given the joint. A running su-

ture closes the exposed margin of the capsule, and the external wound is closed in the usual manner.

I wish to report the following case:

W. B. K., male; laborer; age 30; single; well developed and very muscular. Was thrown from a horse in 1893 and suffered dislocation of right shoulder joint. The dislocation as described by him was sub-coracoid. It was immediately reduced and bandaged in the ordinary way. About one month later he fell on the ice and received a dislocation of the same joint. Since then the arm was often dislocated, and frequently after a hard day's work would dislocate itself automatically in his sleep, so that in order to avoid such an accident he was compelled to strap his arm to his side every night. The arm also dislocated itself several times when it was under no more severe strain than the ordinary swinging motion caused by the man walking along the street. An operation was advised years ago, but was refused by the man until he was totally incapacitated from manual labor. The operation was done in July, 1903. Incision was made in the groove between deltoid and pectoral muscles, the muscles widely retracted and capsule exposed. The capsule was lax and the head of the humerus could be dislocated and replaced without any apparent tension on the capsule. The capsular incision was made and mattress sutures of iodized catgut were introduced in the manner above described, bringing a double layer over the weakest point and making the capsule fit snugly about the head of the humerus. The external wound was closed with silk worm gut and slight drainage left in lower angle of wound for twenty-four hours. Healing by first intention occurred and arm was kept in a sling for thirty days, since which time he has had no recurrence, although he has done all sorts of hard manual labor, such as firing stationary engines, boring wells and working with a bridge gang. Recovery is evidently complete.

The points of merit I claim for this procedure are:

1st. Simplicity of technique. The operation can be completed in fifteen to twenty minutes.

2d. Accuracy. The capsule is well exposed and can be fully examined in order to discover the points of weakness and laxity.

3d. Permanency in result. The capsule is doubly strengthened at its weakest point and the head of the humerus held in place more firmly than by any of the procedures usually advocated.

DISCUSSION.

Dr. Wright.—I congratulate the doctor upon his success. Three years ago I had an epileptic patient who dislocated the head of one humerus in nearly every severe fit which she had. This dislocation had occurred at least thirty-five times. I opened up the capsule of the joint anteriorly, at the insertion of the head of the biceps. I explored the joint and then quilted the capsule transversely. During the two years following, she had at least twelve severe fits without any recurrence to the dislocation. It proved that these chronic dislocations can be prevented.

Dr. Treynor.—Dr. MacKinnon's procedure is ingenious. Any information we can have as to this question is important because of the relative

frequency of these dislocations and of the severe disabilities induced by them. Any method which will reinforce the capsule will do the work. There is no danger in such an operation. We have allowed these old cases to go unoperated upon much too long.

Dr. B. B. Davis.—I also congratulate Dr. MacKinnon very much upon his procedure. The trouble is a very frequent one and very little systematic work has been done in the past in their behalf. The suggestion reminds me of Wm. Mayo's operation for umbilical hernia. When we double the fasciae, we have done the work; the fasciae have been weakened and this operation really increases the strength of the capsule.

TEMPERATURE; ITS SIGNIFICANCE AND TREATMENT.

A. E. King, M. D., Blockton, Ia.

THE title of this paper would probably appear more correct had we said morbid temperature, as the normal temperature of 98.6 deg. would need no particular discussion.

An elevation of temperature we call fever and we know the phenomena of fever, but what is it? We say an increased tissue metamorphosis. An oxidation, and unless kept in bounds will consume us. It is like fire, one of our most essential necessaries, but must be controlled or it is dangerous. It is a conservative process of nature, and so regard it ordinarily as unimportant. Fevers show the power of the system to combat disease. There is a center in the brain governing fever and animal heat, and by disturbing it we have increase or decrease of temperature.

We have a heat producing and a heat losing or radiating power, and when radiating rapidly we become depressed. Heat is produced in the center and the surface is radiating. Then if we impair the surface for radiation we increase the inner heat. Then agents applied to the surface which increase heat radiation will lessen the temperature.

We don't try to avert a storm, but try to make ourselves secure. The control of fever by ice to the surface or water at a temperature of 60 degrees is less effectual than water at a higher temperature, because it establishes horripilation and cutis anserina and lessens the surface heat, and in doing so you lessen the blood supply, and the blood cannot get to the surface to be cooled. And as soon as you remove your cold you have a temperature as high as ever. Then if we want to keep cool in July and August we take a warm bath and increase heat radiation. Then for fever sponge with tepid water or a solution of alcohol or vinegar, as they increase the radiation. The other means are suppression of temperature and not reduction. A sheet folded three times double and wrung out of water in summer the temperature of the air, and in winter tepid water, then put on a blanket and wrapped around a child will produce heat radiation and avoid excitement, and use as long as you desire. Or you can use the water in Larrabee's fever coils which are made of all forms for the head, abdo-

men, spine, etc., and you will find a difference of one or two degrees in the temperature of the water in that above and below, showing that in passing it has removed that amount of heat from the body continually, and the ice if used can not cool the blood, because it can not get to it.

And why is it the Germans fortify the heart with a stimulant when using cold baths, and why the blueness of lips, paleness and coolness of skin, unless by checking heat radiation we increase hyperemia of the heat center of the brain? Why is it we feel cool and refreshed after a warm bath in hot weather, while a cool bath produces oppression and fullness?

The process of temperature being understood the danger being in the heat center and the danger line 104 deg. we should combat it with suitable means, or the heated blood will overthrow the system, cause convulsions and other dangers.

All temperatures above 104 deg. are hyperprexias and need treatment, and any means of lessening temperature at the expense of oxidation should be avoided.

We have from the coal series or tar products a vast number, but they all reduce by striking a blow on the head with a club, or in the same manner by obtunding the sensibiilty.

The coal tar series act by lessening oxidation of the blood, and while used to be thought the thing in typhoid and continued fevers, find that it was purchased by strangulation of the tissues by its ozonizing power. They steal the oxygen and convert the hemoglobin into methaemoglobin producing cyanosis. Phosphorus steals oxygen from the tissues in a similar manner. Then he uses most of these remedies will have most reason to regret.

Alcohol reduces temperature when administered internally by dilating the cutaneous vessels, thus increasing heat radiation, and in the Arctic regions the explorers are forbidden it use, because a man will freeze to death sooner by taking it than not on this account. It also obtunds true sensibility and lessens tissue metamorphosis, so should not be used to lessen fever per se, but don't hold it when high fever, if you need it.

The temperature should be in proportion to the circulation, and if there is one degree to every ten beats of the heart there is little danger even if temperature runs high.

Aconite properly understood and used gives us a leverage, used in connection with fever mixtures. Small doses frequently repeated are preferable to a large dose at once.

A medicine used much by Southern practitioners, and if danger points toward the cerebro-spinal system is of much service, and that is gelsemium.

Then another, a backhanded way of stimulating the heart, belladonna. There is a time in fevers when you may not be able to stimulate the heart direct, when the pupil is contracted without opium and the skin is pale, and there is too much blood in the heat centers and heart, and none in the skin. A few drops of belladonna will dilate the pupil, throw the blood to the surface, produce a red skin and avert a fatal issue.

Then, again we should look after the etiology. If an osteitis or periostitis free drainage and curettement, or whatever may be indicated, or if an enteric infection intestinal antiseptics with free elimination by purgation if indicated.

In rachitis a better nutrition, better absorption and elimination to lessen and stop the fever, and so on, but remembering to reduce temperature the proper mode is by the induction of heat radiation.

DISCUSSION.

Dr. Milroy.—Dr. King's paper is upon the proper treatment of fever. Years ago, there was much discussion upon the dangers of fever. A more rational view is now entertained. Fever is only a symptom of inflammation, acute, or subacute, or a symptom of some infection. It is only a symptom. The source should be found and attacked. Fever per se is of secondary importance, unless long prolonged. In typhoid, fever indicates the severity of the attack, and we care much less for the mere fever than we do for the condition which produced it. As to the methods of reduction of fever, I favor the rational application of cold; it is devoid of danger and efficient.

Dr. King.—My paper was designed to ascertain the opinion of the physicians present as to the value of cold in fever, and its effect upon the heat center in the brain.

THE TREATMENT OF PROLAPSUS OF THE RECTUM.

A. C. Stokes, M. D., Omaha.

IN the following few words I wish to discuss the subject of the surgical treatment of prolapsus of the rectum, and to cite two cases that have come under my own observation, and several cases from the literature.

The chief object of the paper is to obtain from you an expression upon a method of handling complete prolapse, which I learned from Dr. James Tuttle in New York, and which you will find described in his new book.

Prolapse of the rectum is divided into complete and incomplete. Incomplete, in which only the mucous membrane is prolapsed; and complete, in which all the coats of the bowel, the mucous, the muscular, the serous coat, the peri-rectal connective tissue, and oftentimes, the peritoneum takes part.

The incomplete form occurs in very young children and very old adults. Its etiology and pathology I am bound in this paper to omit, and come directly to the treatment. In children this condition usually reacts very kindly to very simple medicinal treatment, such as stringents, as for example, tannic acid dissolved in five per cent alcohol solution; occasionally, however, it must be separated. In older people, it is often necessary to do the Whitehead operation, with which I have no doubt you are all familiar. Therefore, I will come directly to the question of complete prolapse, in which, as yet, the treatment is not entirely satisfactory, and in which, I wish to describe a rather recent idea, namely, anchoring to the sacrum—rectopexy. Medicinal treatment, acids, and cauterization, may be left for the present. The various methods of surgical

interference in this condition have, in my practice, simmered themselves down, to two, excision or amputation, as advocated and described by Mikulicz of Breslau; or the second, that first advocated by Verneuil and Fowler, and perfected by Tuttle — rectopexy. Mikulicz described his method in the Deutsch. Gesellsch. f. Chir., Bd. XII, as follows:

"The patient having been previously antiseptically prepared and anesthetized, is placed in the lithotomy position, with the hips well elevated. The prolapse is then pulled round as far as possible by traction forceps. It is then clamped by two volsella forceps, and held in this position by assistants. The elevated position of the hips allows any coils of small intestines to slip out of the peritoneal pouch, and thus avoids the danger of wounding them. After the intestine has been dragged down, it should be surgically cleansed and dried by sterile gauze. A sterilized conical sponge should be carried up through the duct as far as possible to avoid any content of the bowel coming down upon the field of operation. After the operation, an incision is made through the mucous membrane upon the anterior surface of the gut at the margin of the entrance. Dissection is carefully carried through the entire thickness of the intestine, all bleeding being checked as it occurs, until the peritoneal cavity is open. When this has been done, the serous membrane of the intussuscepted portion of the gut will be brought into view. This membrane should be cut through, and its upper edge sutured to the peritoneal edge of the wound in the anterior layer of the prolapse. Thus, step by step, the peritoneal pouch is closed. This having been accomplished, the entire thickness of the intussuscepted gut is then cut through, little by little, and its muscular and mucous layers are sutured by interrupted silk or chromicized catgut to the mucous membrane surrounding the margin of the anus at the site of the original incision. In this manner the entire prolapse is excised, and end to end union of the gut is accomplished. The ends of the sutures in the muscular and mucous layer should be left alone in order to steady the parts and prevent their retracting, while the operation upon the other portions of the circumference is being made. All bleeding points should be caught and twisted or ligated during the operation."

This operation has very many drawbacks. First, there are an enormous number of returns. Second, the danger of infection is very great, sometimes even entering the peritoneal cavity. Third, the percentage of fatalities is about eight.

The second operation, that of Tuttle, is as follows:

"The patient is prepared by thorough cleansing of the intestinal canal, shaving the perineum and sacral region, and applying an antiseptic dressing the night before the contemplated operation. After being anesthetized, he is placed in the semi-prone position on the left side, with the hips elevated, and the thighs flexed on the abdomen. The prolapse is then dragged down to its full extent and held forward by an assistant. A curved incision about two inches in length is made midway between the tip of the coccyx and the anus. This is carried through all the tissues into the retro-rectal space. With the fingers or a dull instrument, introduced through this incision, the rectum is separated from the coccyx and sacrum posteriorly as high up as the attachment of the meso-rectum, and on the sides, as far as the attachment of the lateral ligaments. The

latter must be sedulously preserved. The anterior surface of the bone is then gently curetted to remove all the fatty tissue and freshen it. At this point, the assistant reduces the prolapse, and with his fingers inside the gut, inverts it and brings it out through the incision; the operator catches the protrusion and drags the gut down as far as it will come, usually a little less than the amount prolapsed through the anus. The external surface or muscular wall of the gut is thus exposed, is then curetted as was the sacrum. Silkworm gut or silver wire sutures are then passed transversely through the muscular layer, embracing as much of the circumference of the gut as possible. They are placed one-half inch apart and the ends left six to eight inches long. After the sutures have been placed, the upper cones are each in turn threaded on a long curved Peasley's needle and carried up through the wound to the highest point of the separation between the rectum and sacrum, where they are made to penetrate the tissues and are brought out through the skin on opposite sides of the bone. The other sutures are treated in like manner, each being brought out one-half inch lower than the preceding one. The ends are then drawn taut and the prolapse is thus dragged up into the hollow of the sacrum, where it belongs. A pad of gauze is laid over the sacrum, and the sutures tied over this to avoid their cutting into the skin. Before tying the sutures, the space between the rectum and the sacrum should be free from all clots and oozing checked. The gut is thus anchored in close apposition with the sacrum, to which it unites in due time. The external wound is closed by varied catgut and sub-cutaneous sutures. If the sphincters are much relaxed, or over-stretched, a ligature of kangaroo tendon is passed around the anus at the margin of the external sphincter and tied over the index finger introduced through the anus as advised by Platt. The bowels are confined for eight days, after which they are moved by enemata. The anchoring sutures are left in for fourteen days,."

Tuttle reports having operated upon ten cases after this method, three of them in old people, five in people of middle age, and two in children. In two of these cases, the prolapse had existed fifteen and eighteen years respectively. Seven of them have remained cured from one to three years; three have been done less than a year, and so far there have been no returns. In the case of a woman of thirty-five years of age, operated on through the courtesy of Dr. Lusk, several other methods have been tried and all of them had failed. It has been now eighteen months since the operation was done upon this case, and beyond a slight prolapse of the mucous membrane at the interior commissure, there has been no return. In a private letter to the writer, Dr. Tuttle reports several more cases, and, as yet, he says he has never had a return. My experience has been limited to two cases:

One of which was operated in the county hospital in Omaha in the year 1902. She was in a nervous condition and we thought that perhaps the reduction of the complete prolapse the nervous condition would subside. There was practically no shock to the operation, however, after several days the external wound was infected by the patient pulling off the dressings and we were unable to control the infection, and the result was consequently imperfect because the wound closed by granulation.

The second case was one in the Presbyterian Hospital in the same year. A Mrs. R., a woman 54 years of age, had had complete prolapsus for several years. Cauterization and every means possible had been tried. She was referred to me and on July 31, 1902, I did a rectopexy. Recovery was uneventful and she got well as she writes me. And study of these cases from my experience I must believe:

(1) This operation is a safe and easy procedure.
(2) Its results are more permanent than any other operation.
(3) It is based upon good surgical and pathological grounds.

DISCUSSION.

Dr. Thrailkill.—In prolapse of the rectum, we have three varieties: 1st, Prolapse of the mucous membrane alone: 2d, prolapse of all the tissues through the anus: 3d, prolapse of the upper rectum into the lower. Allingham removes an elliptical piece of tissue from the mucous membrane, but I object to this procedure since it is too likely to cause stricture. I much prefer the use of the cautery, despite failures in the hands of some of our best men.

Dr. B. B. Davis.—Dr. Thrailkill is right in calling attention to the varieties of rectal prolapse. Simple procedures are the best in simple cases. Operative measures are necessary, however, in many cases. I am guided by the condition of the mucous membrane. I only use the cautery in the event of the prolapse of all the coats. The method described by Dr. Stokes is an admirable one. We are always in danger of stricture and of not securing permanent good results. Dr. Tuttle deserves great credit for the introduction of this operation. I recall a case of intussusception in which the sigmoid tissues prolapsed. I used the Kelsey method, by abdominal section; drew up the sigmoid tissues and anchored them.

Dr. Harry Everett.—I am unable to see the greater dangers of infection in these cases. Neither can I see how stricture should be so greatly feared. The Tuttle operation is merely an anchoring of the posterior rectal wall to the sacrum. In selected cases, I think it will prove to be the best and most efficient operation.

Dr. Stokes.—Tuttle divides these prolapse cases into two classes: complete and incomplete. In the first class, the mucous membrane alone prolapses. He divides the second class into three divisions: 1st. In which the sigmoid prolapses into the rectum. 2d. Those in which the rectum intussuscepts itself. 3d. Those in which the whole bowel, all coats, prolapses out of the anus. My paper refers only to the third class. In first and second class an abdominal operation is always necessary. I do not approve of the use of the cautery in any case.

HALLUX VALGUS.

A. L. Wright, M. D., Carroll, Ia.

THE outward deviation of the great toe is known as hallux valgus. In itself of but little consequence, giving rise to very little inconvenience. The accompanying pathology in the soft parts since the reign of the pointed shoe, is of such frequent occurrence. The suffering produced so excruciating and the patient frequently incapacitated from manual labor by reason of the foot's demand for rest, that I am impressed with the idea that the day of small things is not yet passed. That we as surgeons can at times at least discuss some of the so-called little things with profit to ourselves and benefit to the general practitioner as well as great relief to the deformed foot and owner of the same. The overlying soft structures when inflamed gives rise to excruciating pain and frequently drives the patient to extremes. They are willing to sacrifice the toe rather than continue to suffer. Such extreme measures, however, are not necessary. The deformity can be corrected, the inflamed and painful bursa removed with the loss of little time and almost no suffering. It can be done with ease and comparative safety under aseptic precautions. For these reasons I feel justified for infringing upon the valuable time of this society in calling the attention of its members to a simple and very satisfactory means of correcting the displaced toe, and have untold gratitude heaped upon you by those who have been relieved.

The complicating and inflamed bunion is thought to be the only condition to be dealt with. This, however, is an error, the primary case for the bursa becoming inflamed is the pressure of the shoe on the osseous structures that have become prominent by the outward deviation of the great toe known as hallux valgus. At the present time very few adult feet that have worn the narrow pointed shoe so much in vogue a few years ago have escaped their deforming influence. This instrument of torture at one time rivaled the mechanical means resorted to by antipodal heathenish denizens that looked upon the deformed foot with esthetic envy. Of late years the tendency has been to wear a wider shoe, especially by those compelled to be on their feet much of the time. Our sisters, however, are still wearing a narrow pointed deforming shoe that will as surely result in an outwards deviation of the great toe and an inflamed bursa as they continue in the uncomfortable practice.

If you will examine carefully the foot of a child as he stands, before it has been distorted by man's ingenuity you will see at a glance that the widest part of the foot is at a point corresponding with a line running at right angles with the axis of the little toe intersecting it at its distal end. You will readily see, as has been pointed out by Meyers, that a line drawn in the axis of the great toe if continued back would pass through a point on the middle of the heel. In other words, there is in the normal foot a slight deprivation of the great toe toward the median line and outward.

An examination of the average shoe worn today will prove conclusively that the narrowest part of the shoe comes in contact with the foot at a point where the foot is the widest, to wit, across the toes. The disparity of the two is apparent at a glance and the disastrous result follow-

ing its long continued use an inevitable consequence. Something must yield to this long continued pressure, the toes offering less resistance, finally become bunched, overriding each other, the great toe ultimately becoming partly dislocated, in some instances deviating to an extreme degree toward the outer aspect of the foot. Local inflammatory conditions might enter as an etiological factor, as for instance an osteo-arthritis. This, however, must be exceedingly rare, as men of large experience state that they have never seen this causal relation. The deformity is sometimes met with in the aged who suffer from chronic rheumatic arthritis, or in cases of arthritis deformans. Those races that go bare foot much of the time never suffer from hallux valgus and its sequelea. I have never encountered a case where there seemed to be any other etiological element than that indicated, an imperfectly fitting shoe.

The pathology is simple, the first phalanx is displaced outward, the internal ligaments and muscles are stretched while those on the outer surface are shortened. The short flexor tendon with its sesamoid bone will often be drawn to the outer side of the phalanx. Not infrequently both sesamoids will be forced between the heads of the first and second metatarsal bones. Maydl thought the faulty position of the toe was due to this displacement and practised their removal for the correction of the deformity, but found that the toe resumed its former faulty position as soon as a shoe was worn.

The head of the metatarsal bone becomes enlarged on its inner aspect by periosteal thickening or bony deposits. A bursa finally develops under the skin over this bony prominence, owing to the friction and exposure of the head of the bone. This bursa will sooner or later become inflamed by long continued friction. The skin itself finally participates in the inflammatory changes. Infection often takes place with a breaking down of the soft parts that extend to and involve the joint and bones entering into the formation of the same. It is this superadded inflammatory change taking place in the soft parts covering an outward deviated great toe that is called a bunion. With a suppuration of the soft parts extending into and involving the osseous stuctures entering into the formation of the joint the serious character of the lesion and the possibility of more serious complications following is apparent.

The capsule of the joint finally becomes thickened. This fact must not be overlooked when we come to deal with this deformity. The success of our effort depends largely upon the freedom with which we deal with this abnormally thickened tissue.

Ullmann laid great stress on the influence the long and short flexors exert in aggravating a toe that is at first displaced by a poorly fitting shoe. At first the toe is but slightly turned outward from a correct line. These tendons then continue to pull more and more to the outside of the normal axis of the toe. Weir also emphasizes what Ullmann says regarding the influence exerted in an outward deviation of the great toe by the tendons of the flexor longus and brevis hallucis on the plantar surface; in addition he attaches much importance to the influence exerted by the tendon of the extensor proprius hallucis on the dorsum of the toe.

The most efficient treatment is prevention, not permitting children to wear a narrow pointed shoe, but if the deformity has once commenced the

proper thing to do, is put on a correct fitting shoe that does not force the toe in extreme abduction. The painful and inflamed bunion should be treated by rest and protection. The various mechanical devices, such as plaster cast, Biggs appliance for its correction, Lathrop's finger cot, or the steel spring of Ritha, are of little use. If surgical interference is refused a suitable bunion shield should be worn. The shoe should be so constructed as not to cause pressure on the prominent point, a convenient and very efficient device can be made of saddler's felt, cut so as to protect the projecting head of bone.

All efforts toward effecting a cure will prove futile in chronic cases, except operative interference. The operation laid down in our text-books is the removal of the head of the metatarsal bone or a part of the first phalanx of the great toe. This as a rule results in a complete anchylosis of the metatarso-phalangeal articulation and materially interferes with walking. The operation I have found the most satisfactory and that gives the best results is that of Maydl-Ullmann as modified by Weir. I have made the operation several times, and can bear testimony as to its safety and efficiency in proper cases. The most rigid asepsis must be observed, every detail in the technique must be carried out, otherwise the function of the point is liable to be interfered with. Another important point is to leave a portion of the articulating surface of the head of the metatarsal bone, especially on its plantar surface, this insures more or less freedom of motion, and consequently a more natural walk.

The thickened capsule must be freely divided on its outer surface, if this is not done it will be impossible to retain the toe in proper position. The displaced sesamoids should be removed as they are now in the way of properly correcting the position of the toe, while their function is thought to be that of buffers, their absence has not been noticed in the cases I have operated on. The strong extensor hallucis on the dorsum of the great toe must be detached and fastened to the periosteum on the inner aspect of the first phalanx, or to the inner side of the flexor tendon, care will be necessary not to couple up the tendon too short, otherwise the toe will be drawn up so that the shoe will rub the dorsum and necessitate a tenotomy at a later day. I have also found that in making the correction with the flexor tendon we may succeed in producing a hammer toe, unless great care is exercised. The best place to attach the extensor tendon is to the periosteum on the inner aspect of first phalanx near the middle.

The success of any operation for the correction of deformity depends largely on the thoroughness of its execution. This very aptly applies to the various points emphasized and carried out by Maydl, Ullmann and Weir.

The several steps of the operation are as follows: As indicated before, thorough cleanliness is of the utmost importance not only in point of time saved the patient, but the integrity of the joint may be compromised if prolonged suppuration occurs. The curved incision of Weir is to be preferred to that of Ullmann, which is double annular one for obvious reasons, the main point, however, is to have the scar so located that it will be free from shoe pressure. Starting in front about the middle of the phalanx and carrying the incision backward and downward toward the sole of the foot, encroaching but slightly upon it, then carrying it back-

ward and upward to the middle of the metatarsal bone. Turn the flap up and dissect away the bursa that presents on the under surface of the same. After separating the extensor tendon from its phalangeal connection, incise freely the capsule of the joint, then forcibly abduct the toe and incise the capsule on the outer aspect of the articulation. This is the most important step of the operation, as upon its thoroughness depends our success. One or both of the sesamoid bones if displaced must be removed. This is the most difficult part of the operation, some difficulty will be experienced in accomplishing the same, but with a strong pair of seizing forceps a twisting of the bone and a few snips of the scissors will release the same. With a pair of bone forceps cut off a good sized slice from the inner surface of the head of the metatarsal bone, cut away sufficient to allow the toe to be brought around to its place and remain there without effort, this it will do if sufficient bone has been removed and the thickened capsule has been freely incised. If the long flexor tendon is much displaced after the position of the toe has been corrected, attach the detached extensor tendon to the side of it, or separate and attach it to the inner surface of the phalanx. The detached extensor tendon must be secured to the inner surface of the first phalanx with one or two fine catgut stitches so as to insure union to the bone. All bleeding points secured and the wound closed, a pad of gauze placed between the toes and worn there for a time so as to insure the maintenance of the toe in proper position.

The Esmarch constrictor may be used so as to make the field of operation bloodless and expedite matters. At first this may seem quite a serious operation for what is generally looked upon as a trivial disability, but to those afflicted, those who limp around with a swollen and painful bunion it is not, and its easy removal will be hailed with delight.

DISCUSSION.

Dr. B. B. Davis.—This is a very important subject, especially to the sufferer. Nothing gives rise to more complaint from our patients. As Wright said, the surgeon must be extremely careful to make the incision so that there shall be no pressure upon the scar of incision. However, I do not approve of the operation. I have preferred to excise the head of the metatarsal bone. I take out the entire head and know that that foot can never be abused again. I am aware that an ideal result from the operation, as suggested by Dr. Wright would be better, but patients will not obey our instructions and, in the majority of cases, the operation of excision is simpler and easier and gives most excellent results.

Dr. Wright.—I must enter my protest against the operation or resection. Not enough attention has been paid to the details of the radical operation I have suggested. The operation of excision is sure to leave an anchylosis. The results of the operation I have suggested are entirely satisfactory when the operation is carefully and thoroughly done.

OFFICE TREATMENT OF HEMORRHOIDS.*

W. J. McGill, M. D., St. Joseph, Mo.

Professor of Diseases of the Rectum, Ensworth Medical College.

AMONG the number of diseases to which we are liable, there are none more common, few so tedious and annoying, or more acutely painful, than hemorrhoids or piles.

The disease is so prevalent in this country that until it attains an aggravated condition, persons do not deem it of sufficient importance to consult their medical advisor. They are content either to use some local application, unguent suppositories, etc., or remedies that are recommended by a neighbor who has been relieved.

Others defer seeking medical aid from the fact that they are loth to submit to an examination. And still others do so, laboring under the belief that the disease is incurable.

After the diagnosis has been made, one of the first questions usually asked by patients suffering from hemorrhoids, "Must I go to the hospital, and must I take chloroform or ether?" If either of these questions are answered in the affirmative, many of these patients will decline operation, and fall into the hands of another, who will offer a more agreeable method of treatment, or resort to the use of some patent application, without finding relief, and though their lives may be made miserable, they still refuse treatment, because of their dread of the hospital and general anesthesia.

METHODS OF DEALING WITH THESE CONDITIONS.

Now, in regard to the relative advantages of the injection, ligating and excising, or clamp and cautery methods, we will exclude the clamp and cautery method as not being practicable under local anesthesia. The advantages claimed for the injection method by its advocates are: (1) No cutting is done; (2) general anesthesia is not necessary; (3) it is painless; (4) the patient is not confined to bed or detained from business.

In my opinion, only small piles, which bleed freely and are situated above the grasp of the sphincter muscle, should be injected. If this rule is followed a cure will be effected in nearly every case, without very much suffering or delay from business.

A very good formula is:

℞ Acid carbolici.....
Glycerini .....
Aquae.....aa 3i

Sig: Inject from five to twenty drops. Repeat as necessary.

Personally, I very much prefer the ligature and excision method under local anesthesia, using a weak solution of eucaine or cocaine, or preferably, sterile water, as advocated and practiced very successfully by Gant.

Gant's method of producing local anesthesia by the distention of the tissues with water, is very simple. The only requirements are sterile

* Read before the St. Joseph Medical Society.

water and a hypodermic syringe fitted with a long, fine, sharp pointed needle, both of which should be carefully sterilized.

The temperature of the water is unimportant, but the warm is preferable, as it causes the least discomfort. Sterile saline solution does not seem to possess any advantage over water.

The technic of injecting water varies, depending on the nature of the operation. For external thrombotic hemorrhoids it is necessary to make the injection of sterile water only between the layers of the skin, overlaying the clot to be removed.

In excising external cutaneous hemorrhoids both the skin and tumors should be distended tightly in order to obtain effective anesthesia. Large internal venous or capillary hemorrhoids can be anesthetized in a few seconds by injecting directly into the center of each tumor, sufficient sterile water to distend it tightly and cause it to turn white. They can then be removed by the ligature or excision method.

The advantages of water anesthesia are many. Effective local anesthesia is quickly and easily obtained by this method, and in most cases of hemorrhoids, there is no necessity of requiring a patient to submit to the annoyance and expense of entering a hospital and undergoing general anesthesia. For this reason it appeals strongly to the better class of patients. The patient is not confined to the hospital during the after treatment but can come to the office and receive the necessary dressing.

It eliminates the danger to life from heart, lung and kidney complications which are always to be feared during and following the administration of chloroform, and it avoids the increased pain and hemorrhage due to straining and vomiting after general anesthesia.

The radical treatment of hemorrhoids can be carried out in the office by this method with very little inconvenience and pain, and in my opinion, it is very much superior to the injection method, which is dangerous and uncertain, and only applicable to carefully selected cases.

POEMS THAT EVERY DOCTOR SHOULD KNOW.

RADIUM.

The All-Master sealed a symbol of His might
Within a stone, and to a woman's eye
Revealed the wonder. Lo, infinity
Wrapped in an atom—molecules of light
Outshining the centuries! No mortal sight
May fathom in this grain the galaxy
Of suns, moons, planets, hurled unceasingly
Out of their glowing system into the night.

O Man, thou scheme so marvellously planned
Of passions, hopes, desires, imaginings,—
Think not they burn within thy blood alone!—
They radiate from the eye, the lip, the hand,
In look, word, deed—that, fading, soon are gone
Or flash unto the eternal verge of thing.

—JOHN HALL INGHAM, in Lippincott's Magazine.

OUR LANGUAGE.—There is a wealth of words in our language—a language, it is true, of many strange admixtures and eccentricities, so that if prostituted to ignoble uses it may become the mother of error, and a snare and delusion. Most truly does Oliver Wendell Holmes say of it:

"One vague inflection spoils the whole with doubt,
One trivial letter ruins all, left out.
A knot can choke a felon into clay
A knot will save him spelled without a 'k,'
The smallest word has some unguarded spot,
And danger lurks in 'i' without a dot."

THE HISTORY OF TUBERCULOSIS.—John B. Huber gives an interesting resume (Med. Record. October 22) of the history of tuberculosis and of the views of older physicians concerning its nature, together with some of the sanitary regulations that arose from their conception of the disease. In spite of its less dramatic form, the ravages of this plague are much more dreadful than those of cholera, smallpox, or the black death, and yet, owing to its slow and insidious course, it causes none of the consternation attending the outbreak of those scourges. The disease has not been without its influence in art and literature, and an interesting list is given of personages eminent in various walks of life who have succumbed to the Great White Plague.

THE CHINESE AND ANATOMY.—No Chinese representative of the healing art has ever dissected any portion of the human frame. Accordingly their ideas of anatomy and physiology are matters of faith—confirmed by images which have been reproduced during untold centuries. Their osteology teaches that the skull is formed of one bone; so is the pelvis; the number of ribs varies with the individual, and at the junction of the arm with the forearm is placed a cubital patella. According to Chinese splanchology, the small intestine communicates with the cavity of the heart, while the colon, after describing sixteen circumvolutions, terminates by opening into the lung. The heart governs the vital process—in co-operation with the cavity of the stomach it supplies all ideas and all pleasurable sensations. The liver is the habitat of the soul, and it is from this gland that all noble and generous sentiments emanate. The gall-bladder is the receptacle of courage; its ascent in the body is the cause of a fit of anger. They have an idea of the continuous motion of the blood, but it seems to be the product of an imagination more riotously oriental than even that which created the other items of their physiologic knowledge. They do not know the pulmonary circulation; they, naturally, know nothing of the valves in the veins; they do not even appear to have quite grasped the motor function of the heart itself, but they, nevertheless, profess to differentiate no less than seventy-four variety of pulses—simultaneously recognizable on the person of a single individual. In its ultimate structure the body is composed of five elements: Fire, water, earth wood and metal. Each of these elements is in a harmonious rapport with the corresponding members of the series of five planets, five metals, five solid viscera, five colors and five tastes. All diseases originate from disturbances of the primary and essential quintic harmonies of these correlations.—American Medicine.

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Food for the sick requiring to be leavened is made more nutritious and healthful by the use of this leavening agent than by yeast or other baking powder.

NOTE—Cheap and imitation baking powders are recommended and their sale pushed by certain grocers because of the greater profit in them. These imitation powders almost invariably are made of alum. Alum costs but two cents a pound, while cream of tartar costs over thirty cents. Alum is employed simply because it is cheap, but every physician knows that the use of this corrosive poison in food is at the cost of health. Think of nursing mothers, delicate girls and sickly children being fed on food made with alum!

My desire and aim have been to utter nothing but the truth. I have no love for error in any form or in any field of knowledge.—Hiram Christopher

The Medical Herald.

W. J. BELL, Editor

CHAS. WOOD FASSETT, Managing Editor

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VOL. XXIII ST. JOSEPH, MO., NOVEMBER, 1904. No. 11

The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

FACTS THE INSPIRATION OF WORLD-WIDE MOVEMENTS.

One cannot study the phenomena of any movement with which the needs or welfare of a large concourse of people is in some measure identified without finding as an inspiration in whole or in part of such movement valuable beneficent truth or partial truth.

It is the duty, and should be a pleasure to the real scientist or active altruist to make diligent search at such times for the real element of truth, and with a genuine scientist's enthusiasm and devotion, bring forth such truth, it may be from surroundings of error and confusion, into the full light of this progressive age, assigning such truth to its proper place, giving it just and adequate consideration as a factor in the world's progress, and aid to its final conquest.

Too often alas those who should manfully battle and faithfully search for truths improperly set, unwisely or inadequately taught by those who assume a task they are incompetent or unwilling to perform, are to be found among the doubters, or even among those actually opposing ridiculing, or denying the very truth it is their sublime privilege to adopt and hold it triumphantly aloft that those in need may know, and their knowledge, because it is accurate, become a power unmeasured for the world's good. The great truths, the beneficent facts in the domain of medicine and its allied enterprises, have too often been opposed, denied, ridiculed and scorned by the supposed lights of the profession, such elements of truth being quite often accepted and joyfully and eagerly applied by the common people, while a majority of those who should have been first lag behind.

Medical men should be eminently conservative in accepting supposedly new facts, but it is not conservative to pursue the course that was followed when electricity as a powerful remedy for the alleviation of human ills was first announced.

Nor are physicians as a rule entitled to be classed as conservative in the attitude assumed toward the study of psychology and the practical lessons to be learned from such study. There is abroad in the world an earnest desire to know more of that part of man which alone measures his real dimensions, the mind, the soul, the ego, call it what you will, the educated man and woman of this day seeks a more intimate aquaintance with its attributes, desires to know its relation to health and disease, wishes to learn its power and influence over the body which is its dwelling place.

The broadly educated physician, trained as he should be in the domain of physics, biology and psychology is beyond any, equipped to guide those who in every walk of life call so urgently for information regarding the most vital and ponderous facts relating to human destiny. To him is offered the divine mission of leading and developing the human mind and body. The hungry multitude will be fed. It is not among possible things to silence an inquiring mind.

The people are hungry and thirsty for wisdom, their cry goes up for knowledge and procure it they shall regardless of its quality and without great scrutiny as to its source or sufficiency.

Medical men, with few exceptions, have turned a deaf ear to the cry of the multitude, and failing to grasp the grandeur and dignity of an opportunity such as the universe never evolved until now, they have assumed an attitude of silence, or of grave stupidity, believing themselves to appear wise; or if some action be forced upon them their answer wanders from smiling superficial doubtfulness through scorn, sarcasm and ridicule to actual denial. It is declared that those who have experienced some of the evidences of psychic power are weaklings, misled, deceived, or studied impostors. All is accounted for by atoms, molecules and evolution.

Small wonder that teachers of the opposite extreme are quickly sought, who with like methods declare the non-existence of material things. These teachers become brokers upon, a self-constructed celestial exchange engaging in what to some devout minds seems a most horribly, blasphemous, commercial undertaking selling the healing influences of "the Divine mind, in which it is impossible for pain, disease or disorder to dwell;" to those enthralled possessors of "mortal mind who are as ill as they think they are, and capable of entertaining aches, pains, disease, destructive tissue changes and death."

These possessors of "unenlightened mortal mind" we are gravely given to understand, must remain in bondage unless—by a way, it is freely acknowledged by not a few, incomprehensible to any save the initiated—there is dispensed through a duly accredited dispenser a suitable dose of supernatural mental therapy.

With a logical persistent, inconsistent, aggressiveness marvelous to contemplate the chosen devotees of a system of healing—than which none more grotesque, illogical and unscientific, yet containing a partial truth, has existed to be recorded among men—dispense an imponderable psychic remedial agent for the relief of entities existing only in the "mortal

mind," but mirabile dictu behold the depths of the descent, they receive remuneration for having banished such "dream shadows" as rheumatism, neuritis and toothache, in the very ponderable coin of the very real mint.

Had the educated members of the medical profession recognized the fact that psycho-therapy, however grotesque the manner of its presentation, possessed virtue, and through suggestion did accomplish results not attainable by drugs alone, had physicians sought to use the truth newly discovered or rediscovered, wisely combining it with known tried physical remedies we should not see as we see in this and other cities patients, refined, educated and progressive, yet sick unto death, and no relief at hand forsaking their loved, long trusted, family physicians, extremists, who have been strangers to progress, and who assuming a knowledge they did not possess, have denounced those who trusted and loved them, as victims of impostors, or ridiculously self-deceived, and these same patients becoming the devoted patrons of healers, extremists at the opposite pole denying not only the value of well-known thoroughly tried remedial agents, but denying the very existence of disease or its manifestations or dire results.

The Christian Scientist as a representative of the entire class of those who in a veiled, mysterious way apply the principles of suggestion, is an extremist and goes to a lamentable distance, even committing criminal folly; yet to deny that these people cure is to be ignorant or deliberately blind to incontrovertible facts; a great truth as yet only partially understood they do possess. Had medical men done their duty and worked out an analysis of this truth the now widespread thoroughly organized, confused and erroneous teaching would not be a fact.

The extreme mental therapist however, is preparing his own annihilation by making the blunder the medical man made, in affirming with like vehemence that only error exists in the science of medicine.

Man's dual nature demands and surely shall receive, late though it be the fullest consideration. He who denies the power of the human mind to heal the body is not wise.

He who denies the virtue of medicine and claims the non-existence of pain and disease is a stranger to the truth.

There is but one way to prevent the continued progress of pseudo-science and that way is the plain one of acknowledging truth wherever found and wisely assigning it to its proper place. BELL.

CORRECTNESS THE CHIEF FACTOR IN DIAGNOSIS.

A diagnosis in medical or surgical conditions is not only not always essential, but frequently it is absolutely impossible to make, however, requisite such may seem to be to importunate relatives or persons otherwise interested in the patient's welfare, or the outcome of the disorder demanding attention. The physician who has committed the crime of brevity in years of practice finds himself most sorely perplexed in the presence of disorders difficult of analysis, and well he might be perplexed. For reasons now beyond the knowledge of the writer there is a demand, on

the part of a great majority of the people, for an almost immediate solution of the most intricate problems in connection with diseased processes, without parallel in any similar known field of inquiry. It would be decidedly attractive to search out the cause for this importunity if happily thereby we might the better be enabled to meet wisely the situation filled with the gravest import to all concerned. This task for the present shall be set aside as worthy of more patient inquiry and demanding space and time not now available.

It will be best perhaps to urge the physician whatever the time he may have given to medical practice to consider the opening sentence of this article, and because the statement there made is true beyond question let him make haste slowly. Embarrassing as it may be not to have reached a correct diagnosis which may later have been speedily made by another, save where delay has caused injury to the patient, a situation by no means as frequent as friends and consultants are wont to make it appear, such failure is not dishonoring to the attending physician, but on the contrary, if he has frankly expressed his inability as yet to reach a conclusion, those who are thoughtful and likely to be a help to future advancement will admire the uprightness of one who under the pressure of importunity would not jeopardize life and welfare by hazardous haste or reckless guessing. He who from the outset of his career educates his patrons in the principles governing the progress of disease will find when the need is greatest the helpful support of some one who from him perhaps learned these very facts, and now adds his influence to that of his teacher that others may learn the needful lessons of patience and forbearance.

It is not flattering at times for one to inform a patient that he cannot decide, for example in the early months, the existence or otherwise of pregnancy, especially, when the patient firmly believes that any doctor should be able to answer such inquiry with promptness and certainty, a belief almost universal and for which medical men in this and other years have been to a very large degree responsible; however disappointing to the inquirer or seemingly uncomplimentary to the doctor a straightforward statement of facts, though marring a supposed brilliancy in medical knowledge will eliminate the possibility of the really uncomplimentary and humiliating predicament possible to one who positively asserts the presence or absence of pregnancy, at a time when, save in comparatively few instances, it is impossible for the most skilled to speak positively. The physician who claims that he has made no errors in dealing with patients and their complaints, has had brief acquaintance with persons or complaints, or he has caused his veracity to suffer a violent solution of continuity. Wisdom consists in avoiding the repetition of an error. The most serious errors as regards the effect upon the patient and the physician himself, are dependent upon haste, upon the expression of immature conclusions. The physician who would become most accurate and competent must, like the marksman who would score the highest, avoid the fatal, yet often wonderfully attractive and alluring temptation, to "take a chance anyway."

If success is to be achieved one must resolve at the very outset to resist this most ruinous and enslaving tendency. A chain is no stronger than its weakest link. The student who takes chances that certain ques-

tions will not be asked in final examinations and fails to learn the answers to such questions finds to his distress that the examiner, and later perhaps the State board seem to have chosen the whole list of his unlearned lessons or unstudied operations. Haste and its constant companion superficiality with their offspring incompleteness account almost entirely in the study and practice of medicine for poor percentages in college records and for mistakes in diagnosis, prognosis and treatment in daily practice and play no small part in the development of that spirit of unfriendly rivalry which should have no place among scholarly men.

Strong, faithful, conservative, methods of procedure though lacking in brilliancy, nevertheless give reasonable certainty to him who adopts such methods that success will come to him in due time and those entrusting their lives and the lives of those dear to them to his keeping shall return because of such method of procedure their respect and patronage.

BELL.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The thirtieth annual session of this association was held in Cincinnati, Ohio, on October 11, 12 and 13, under the presidency of Dr. Hugh T. Patrick, of Chicago. The meeting was characterized by a goodly attendance, a program of rare excellence and weather conditions which could not have been improved upon.

The convention was called to order in the Grand Hotel on Tuesday morning by Dr. B. Merrill Ricketts, chairman of the Arrangement Committee, who introduced vice-mayor Henry L. Gordon. Mr. Gordon in a few well selected words welcomed the visitors to the city, and the response on behalf of the society was made by Dr. Dudley S. Reynolds, of Louisville, in one of his characteristic speeches.

After the reports of the various officers were read, Dr. Hugh T. Patrick delivered the presidential address, a most excellent discourse on the subject of "How and What the Physician Should Read," which will appear in next issue of the Herald.

The association then proceeded to take up the regular papers of the day, dividing into medical and surgical sections. We regret that our limited space will prevent us from giving abstracts from all the many excellent papers which were read.

Dr. John Punton, of Kansas City, in an excellent paper, "What Shall Be Done with the Criminal Insane," said "The prevalent horror and disgust at the punishment of an insane person for criminal misconduct is a fallacy which should be condemned, as it often proves to be the responsible agent for the plea of immunity from punishment by murderers on the ground of insanity. A just and humane medical disposition of the criminal insane demands incarceration in a special institution under medical surveillance and subject to certain restrictions suited to each case, the patient never being allowed to associate with innocent inmates of the State insane hospitals. This would harmonize the present misunderstanding between law and medicine and would assist in more just and equitable disposition of the criminal insane."

Dr. T. D. Crothers, Hartford, Conn., gave a paper on "Loss of Consciousness and Automatism in Inebriety," stating that many startling crimes are committed while patients are in this condition.

In the afternoon Dr. Charles Louis Mix, of Chicago, read a paper on "Hereditary Predisposition of Tuberculosis." He argued that 85 per cent of all cases of tuberculosis was due to hereditary tendency; that the child inherits such a predisposition from the mother and not from the father; that girls are more prone to infection from parents than boys because of their tendency to remain indoors; that consumption is more prevalent in the New England States than elsewhere in America; that one-half of all the people in the world at some time have tuberculosis, although but one out of every ten dies of the disease.

In the evening at the Auditorium a public session was held. Dr. C. Travis Drennen, of Hot Springs, Ark., in his Address on Medicine, presenting a carefully prepared paper on "A Plea for Wider Knowledge Concerning Diseases which Affect the Joints," dwelling principally on rheumatism and gout. Referring to the necessity of perfect digestion as a means of securing elimination in these diseases Dr. Drennen said: "Our inability to get this condition lies chiefly within the fact that we all eat too much and drink too little. The amount one eats should be governed by the exercise taken. If we would accustom ourselves to partaking of food once or even twice daily, and then take our time about it, we would have less complaint of cooks' and doctors' bills. There should not be a public school in America lacking its medical instructor to teach the rising generation, not only what, but when and how to eat, drink and live. Philanthropists are endowing hospitals in which to cure disease, which is well, but we need among the masses the dissemination of knowledge how to prevent disease"

The address on Surgery was delivered by Dr. Wm. J. Mayo, of Rochester, Minn., and was a masterly review of the subject of "Surgical Tuberculosis in the Abdominal Cavity."

Dr. A. J. Ochsner, of Chicago, gave an interesting address on "Hospital Construction in American Cities and Towns."

Following this public session a general reception was held in the parlors of the Grand Hotel, where local members, and their ladies extended a cordial welcome to the visitors.

On Wednesday afternoon the visiting ladies were taken on a trolley ride about the city and to the Zoo, and in the evening were escorted to the Grand Opera House to see Ethel Barrymore in "Cousin Kate."

On this same evening a banquet was given at the Burnet House where about 150 members sat down to a splendid menu and listened to a number of entertaining, impromptu speeches. Dr. David I. Wolfstein acted as toastmaster, and responses were made by Drs. H. T. Patrick, H.R. Adamson, C. R. Holmes, T. H. Manley, C. Travis Drennen, Van Buren Knott, Edwin Ricketts, K. W. Millican and others.

The official pin of the association contained the picture of Dr. Daniel Drake, the patron saint of Cincinnati, founder of the Ohio and Cincinnati Colleges of Medicine.

The nominating committee decided on Indianapolis as the next place of meeting, and the following officers were duly elected for the ensuing year:

President—Bransford Lewis, St. Louis.
First Vice-President—Frank Parsons Norbury, Jacksonville, Ill.
Second Vice-President—J. H. Carstens, Detroit, Mich.
Secretary—Henry Enos Tuley, Louisville, Ky.
Assistant Secretary—John F. Barnhill, Indianapolis, Ind.
Treasurer—S. C. Stanton, Chicago, Ill.

DR. BRANSFORD LEWIS,

President-elect of the association, was born at St. Charles, Mo., November 14, 1862. His father, Edward A. Lewis, was formerly judge of the State Supreme Court of Missouri, and chief justice of the St Louis Court of Appeals. After acquiring an academic education at the Washington University of St. Louis, Dr. Lewis entered upon his medical studies in the Missouri Medical College, where he was graduated in 1884. After serving two years as assistant superintendent to the City Hospital, he resigned to enter private practice, and in 1891 went abroad, pursuing special stuides in andrology and attending the clinical service of Fenwick, Harrison, Guyon, Kaposi, Finger and others. Upon his return he inaugurated The Medical Fortnightly, which soon attained recognition as an active exponent of progressive and scientific medical teaching.

Dr. Lewis has been an energetic participant in society work, and is a member of many scientific bodies. He has taken especial interest in the field of genito-urinary surgery, and the ideas, as well as the original surgical devices, introduced in his contributions on that subject have been well received.

In 1899 Dr. Lewis was elected professor of genito-urinary surgery in Marion-Sims College, now medical department of St. Louis University. In 1900, before American Association of Genito-Urinary Surgeons, he presented the first model of his ureter-cystoscope, whose main purpose was the catheterizing of male or female ureters; the completeness of accomplishment of which shown subsequently in Dr. Lewis' figures recently given out, of upwards of 200 attempted catheterizations, 3 per cent of failure, and even this includes some that were successes later. This instrument has just been awarded a gold medal at the World's Fair.

Something for which Dr. Lewis has deserved much credit at the hand of American confreres, is the fact that in 1893, before the American Association of Genito-Urinary Surgeons, he presented the first systematic declaration of the far-reaching importance of posterior urethral gonorrhea, through its frequency, its mode of onset, and its bearing on the dissemination of the disease. The views expressed there have since been adopted in their entirety by the profession.

Dr. Lewis is happily situated in his home life, being blessed by the companionship of a charming wife, who is never so happy as when entertaining friends in their beautiful west-end home.

We are pleased to present on our front cover an excellent late portrait of Dr. Lewis.

DR. CHARLES R. JUDGE, of St. Louis, President of the Cystogen Chemical Co., was recently honored by the vice-presidency of the National Association of Retail Druggists.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

A TEXT-BOOK OF MECHANO-THERAPY (Massage and Medical Gymnastics). For Medical Students, Trained Nurses and Medical Gymnasts. By Alex. V. Grafstrom B.Sc. M.D. Attending Physician to the Gustavus Adolphus Orphanage Jamestown N. Y. Second edition revised enlarged and entirely reset. 12mo. of 200 pages fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth $1.25 net.)

"The second edition of this useful little work has been entirely rewritten, reset and very much enlarged. Two chapters have been added—one on Massage of the Eye, Ear, Nose and Throat and the other on Pelvic Massage. Seventeen new illustrations have also been added. The author states that his object has been to present a work that would be useful as a text-book to students, trained nurses, and medical gymnasts, and as a reference book for the general practitioner, and in our opinion he has fully accomplished his purpose. It is certainly a practical and clear consideration of the subjects of massage and medical gymnastics, and it is with pleasure that we recommend it to our readers. The mechanical get-up is all that could be desired."

The growing importance of mechanical methods of dealing with disease, and the popular demand for these methods makes such books as this an essential part of any physician's library. B.

RADIOTHERAPY, PHOTOTHERAPY AND HIGH FREQUENCY CURRENTS. The Medical and Surgical Applications of Radiology in Diagnosis and Treatment. By Charles Warrenne Allen, M.D., Professor of Dermatology in the New York Post-Graduate Medical School. Octavo, 618 pages, 131 engravings and 27 plates. Philadelpia and New York: Lea Brothers Co., Publishers. (Cloth, $4.50 net.)

The value of light in the treatment of disease, has become so firmly established and the value of the X-ray, especially in the treatment of those maladies which were hitherto considered incurable, so thoroughly demonstrate that no intelligent physician or surgeon at the present day can afford to ignore the facts or fail to acquaint himself with them, as they relate to medical and surgical science.

Dr. Allen's work is opportune and is based upon practical experience. While being positive, he is yet conservative and the volume he has presented to the profession cannot fail to become a classic. It will be found a safe guide to those seeking information, or carrying on investigation along the lines of radiotherapy. The work will do much to direct physicians to competent operators, laying down as it does, facts by which their work may be properly judged, and it will teach them to shun those persons who, without knowledge, have rushed into a field of enterprise where rashness and ignorance should not be found. It is very fortunate that this work and others dealing with so important a subject are so excellent in character and reliable in the information given. A sound basis for the future is now being laid by just such works as this by Dr. Allen.

B.

A HANDBOOK OF SURGERY. For Students and Practitioners. By Frederic R. Griffith, M.D., Surgeon to the Bellevue Dispensary, New York City. 12mo volume of 597 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. Saunders Co., 1904. (Flexible leather, $2.00 net.)

The handbook under consideration is one of the rare gems among medical publications. We have often had in mind a book of this character, but none came to hand until the present.

That the book will have a wide circulation and become one of the most popular of the small works, dealing with surgical subjects, we unhesitatingly predict. Its form, binding and general make-up, are admirably suited to the needs of the surgical student as well as the practitioner. In a manner that seems almost impossible, the entire range of surgery is covered, "including all the specialties, as Diseases of the Eye, Ear, Nose and Throat; Genito-Urinary Diseases; Diseases of Women, etc. There are also articles on Life Insurance, Rape, Sexual Perversions, Microscopy, and on many other subjects of great importance to the practising surgeon. There are 417 illustrations, selected for their clearness, accuracy, and general usefulness."

REGIONAL MINOR SURGERY. By George Gray Van Schaick, Consulting Surgeon to French Hospital, New York. Second edition, enlarged and revised, 288 pages, bound in cloth, profusely illustrated. New York: International Journal of Surgery Co. (Price, $1.50.)

The practicability and usefulness of this book is best indicated by the demand, necessitating a second edition in an unusual short time. The edition has been subjected to a thorough revision and additional chapters have been added.

The author's object, to furnish the general practitioner with such practical information on minor surgical conditions as will be of the greatest service to him in his daily practice, has been well accomplished. Subjects of a technical character have been avoided, and only the most applicable methods demonstrated by twenty years private and hospital experience are presented. The book is liberally illustrated with original sketches and is so eminently practical and useful, we believe it will be run through many more editions.

MATERIA MEDICA FOR NURSING. By Emily A. M. Stoney, Superintendent of the Training School for Nurses in the Barney Hospital, South Boston, Mass. Beautiful 12mo. volume of 300 pages. Second edition, thoroughly revised. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $1.50. net.)

"This little work on Materia Medica has proved of great value to the nursing profession, evidenced by the demand for a second edition. The statements are not only clear and definite, but the information given can be relied upon as being accurate. In making the revision for this new second edition, the entire text shows evidence of having been gone over with the greatest care. All the new drugs which have been shown to be of actual therapeutic value have been included, their preparations, uses, and doses being clearly and fully described. A valuable feature of the

work is the appendix, containing such practical matter as Poison-Emergencies, Dose-Lists, Weights and Measures, etc., as well as a Glossary of the terms used in materia medica. There is no doubt in our minds but that this little work is the best of its kind."

Any nurse mastering the contents of this little work will have a clear understanding of materia medica. It is the best of its kind. Each drug received due importance; its history, uses, action and dosage is given. It is a condensation of the best and latest works on the subject.

This book, including its excellent appendix, is scientific, accurate and thoroughly up-to-date. It is an ideal work for nurses.

EPILEPSY AND ITS TREATMENT. By William P. Spratling, M.D., Superintendent of the Craig Colony for Epileptics at Sonyea, N. Y. Handsome octavo volume of 522 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $4.00.)

"This work by Dr. Spratling is of unusual interest for many reasons: It is the first complete treatise on Epilepsy since the appearance of Echeverria's work published over 33 years ago, and represents the practical experience of Dr. Spratling as Superintendent of the Craig Colony for epileptics at Sonyea, N. Y., during a period of ten years. The great progress made in the knowledge of epilepsy and its treatment during the past fifteen years certainly demanded an accurate and careful work which would include these latest advancements. Dr. Spratling has given us all that could be desired. Of particular interest are the chapters on the Psycologic and Medicolegal Aspects. An entire section is devoted to the all-important seizure type—Status Epilepticus; and treatment, general, educational, medical and surgical, is discussed with wisdom, thought and conservatism. The subject is bountifully illuminated by the citation of illustrative cases; and, indeed, for the entire work we have nothing but praise. General practitioners, as well as those especially interested in epilepsy, will find the book of great value."

It is a duty every doctor owes to the community in which he dwells to become thoroughly conversant with this dreadful malady, in order that he may instruct those who have to deal with epileptics, and also that he may where possible prescribe such methods for the prevention of the disorder as may prove effective, for such lines of treatment as shall do most toward effecting a cure. B.

DISEASES OF THE NOSE AND THROAT. By D. Braden Kyle, M. D., Professor of Larynoglogy and Rhinology, Jefferson Medical College, Philadelphia. Third edition, thoroughly revised and enlarged. Octavo volume of 669 pages, with 175 illustrations, and 6 chromo-lithographic plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. (Cloth, $4.00 net; Sheep or Half Morocco, $5.00 net.)

"In presenting to the profession the third edition of this work the general plan of the previous editions has not been materially altered. The entire book has been carefully revised and such additions have been made as were rendered necessary by recent medical progress. The most important alterations and additions have been made in the chapters on Keratosis, Epidemic Influenza, Gersuny's Paraffin Method for the correction of

Nasal Deformities, and in the one on the X-Rays in the treatment of Carcinoma. The etiology and treatment of Hay Fever have been partially rewritten and much enlarged, as has also the operative treatment of Deformities of the Nasal Septum. In the chapter devoted to general considerations of Mucous Membranes and Hay Fever the author records the results of his experience in the chemistry of the saliva and nasal secretions in relation to diagnosis and treatment. The literature has been carefully reviewed, and a number of new illustrations added, thus bringing the work absolutely down to date."

The work is characterized by unusual clearness, and impresses the student as one of the very safest guides in the line of practice to which it is devoted. B.

THE PRACTICAL APPLICATION OF THE ROENTGEN RAYS IN THERAPEUTICS AND DIAGNOSIS. By William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B.S., Director of the Edwards N. Gibbs Memorial X-Ray Laboratory of the University and Bellevue Hospital Medical College, New York. Second edition, thoroughly revised and enlarged. Handsome octavo volume of 690 pages, with 195 illustrations, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. (Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.)

"This excellent work has attained the distinction of two large editions in one year—a proof not only that such a work was needed, but also of the book's practical value. The vast amount of literature accumulated during the past year has been very carefully digested, and the latest knowledge and advancements incorporated. A practical feature of the work lies in the fact that nearly all the illustrations represent actual clinical subjects, showing the benefits of the X-rays at various stages of their application. The chapters by Caldwell give full details regarding the use and management of the apparatus, the text being fully illustrated with many photographs and drawings, including four full-page colored plates. The second edition has been brought strictly down to date, especially the case histories cited; and by the addition of much new matter and a number of new illustrations, the usefulness of the work has been greatly extended. It is the latest and best book on this subject."

Just thirteen months ago we reviewed with favorable comment the first edition of this book. A brief summary is all that is now called for regarding the work. B.

THE author of "The Heart of the Ancient Wood" has a short novel in Lippincott's Magazine for November which will advance him in the favor of his friends and make him new ones. It is called "The Prisoner of Mademoiselle de Biencourt," and happens in Acadie, where "Evangeline" lived and loved. But it is a dashing French life that it pictures and it sparkles with brilliant action.

Literary Lore

HISTORY OF THE HORSE.—A noteworthy article in the November number of The Century will be the first complete account of the explorations of the American Museum of Natural History, under the William C. Whitney fund, into the evolution of the horse in America. The story of these explorations, which up to the present time have brought together more or less complete remains of 771 fossil horses, has been prepared by Henry Fairfield Osborn, DaCosta Professor of Zoology in Columbia University and Curator in the Museum, who has had charge of the work. The article will be interestingly illustrated, and should excite the pride of Americans in the unexampled completeness of the fossil resources of the great New York museum.

HOW VITALITY INCREASES WITH DECREASE OF THE TEMPERATURE OF THE BATH.—"I have known aged people, men past eighty, to take their cold baths every morning, and be as spry as you please," says Eugene Wood in Everybody's Magazine for November. "One old fellow used to toddle down to the beach when he had to wade bare-legged through the snow two or three blocks. It carried him off at the last, though, for he did just about four weeks before he was eighty-four. And if those of low vitality who ought "to take the chill off the bath" were to take it ice-cold and rub themselves like sixty afterward, I don't think their vitality would be low. I think if they got their blood purified by practically adding another pair of lungs to their outfit, they would soon be as chipper as anybody."

THE BOOKLOVER'S MAGAZINE for November is a strong number in every sense of the word; strong in variety, strong in the human interest of its articles, strong on its artistic side, and strong in its Americanism. Every article is fully illustrated. The leading article, "A Radical Experiment in Education," is by H. Foster Bain, and explains, in detail, the methods employed in Chicago School of Education, where the work is made so fascinating for the pupils that formal discipline is practically done away with, and the teacher, "following the lead of the child," learns how to teach to the best advantage. The whole problem of elementary school methods is being worked out in the class-rooms of this school which are, in fact, a series of small human laboratories. The article is very adequately illustrated.

ST. NICHOLAS FOR 1905.—Mr. Frank L. Baum, author of "The Wizard of Oz," and of other popular fairy stories for boys and girls, will contribute the leading serial to St. Nicholas for the coming year. It is called "Queen Zixi of Ix," and its illustrations are to be a new departure for St. Nicholas—they will be all in color, sixteen full pages and more than sixty small pictures printed with the text, the work of Mr. Fred Richardson, formerly a Chicago artist, but now living in New York. The story is one which ought to keep the interest of St. Nicholas boys and girls throughout the year. A series of six brief papers is to be contributed to St. Nicholas for the coming year by Dr. E. E. Walker under the title "Until the Doctor Comes." They are "emergency talks" telling briefly and clearly what to do in case of accident or sudden illness (such as burns, sunstroke, apparent drowning, etc.) in the interval between sending for the doctor and his arrival. Dr. Walker is to describe a few simple, safe, and helpful things that can be done, and a few mistakes that can be avoided.

Surgery

L. A. Todd, M. D.

The Treatment of Post-Operative Vomiting by Gastric Levage.—(Chas. S. White, Annals of Surgery).—Persistent post-operative vomiting is one of the most dangerous complications with which the surgeon and patient have to contend. Its etiology is due directly to the anesthetic, absorbed and discharged into the stomach. Nausea and vomiting are exceedingly distressing to the patient. Persistent vomiting is often the cause of post-operative ventral herniae in clean wounds, and may from the concomitant raise of blood pressure and accelerated heart action give rise to secondary hemorrhage. Turck has proven by experimentation that chloroform and ether are excreted by the epithelium of the gastric mucous membrane. During anesthesia there is a condition of atony of the stomach walls, together with an exudate of chloroform, or ether into the stomach, acting as an irritant, and there is formed in their presence an increased amount of toxic substance. Many methods are in vogue for the treatment of post-operative vomiting. None is specific, and many are useless. The gastro-intestinal tract should be empty; no food being allowed within ten hours previous to the operation. Following the operation nourishment and water should be withheld for twelve, but better for twenty-four hours. The giving of drugs to control the vomiting has but little, if any effect. The only method which has given uniformly good results in the author's hands has been gastric lavage after the anesthetic is stopped and before the patient leaves the table. This method has lessened post-operative vomiting to a very great extent. The technique is simple, but the patient should be well under the anesthetic before the procedure is attempted. There are three conditions in which lavage is indicated: (1) In cases where there has been insufficient time to prepare the patient. Such patients often have their stomachs distended with food. (2) In cases where the anesthetic lasts an hour or longer. Operations of short duration are usually not followed by vomiting. (3) In cases where the patient previous to operation has suffered with attacks of nausea and vomiting or chronic gastritis. It is contraindicated in operations upon the stomach and in very young children. If the vomiting persists in spite of lavage the stomach should be kept absolutely at rest for twelve or twenty-four hours. Small doses of heroin or morphine are given. The thirst can be relieved by enemata of salt solution. Finally the stomach should be washed out with boric acid solution.

The Relation Between Carcinoma Cervix Uteri and the Rectum and Its Significance in the Mere Radical Operations for that Disease.—John A. Sampson, in the Johns Hopkins Bulletin, concludes with the following statements: (1) The relation between carcinoma cervicis uteri and the rectum may manifest itself in the recto-vaginal fistulae which result from a necrosis of the growth which has involved the rectum in the posterior extension of the disease, and also in accidental injuries to the rectum occurring during hysterectomy. (2) The relation between the uterus and rectum varies under different conditions, and is dependent on the position of the uterus

in the pelvis, whether in normal anteposition or reposition, and especially the left and right lateral position of the uterus. Desensus of the uterus also changes the relation between the two organs. The position of the uterus in the pelvis is a most important factor in determining what surrounding tissue may be invaded in the extension of the growth from the cervix. (3) The rectum may be invaded by a direct extension of the growth either the cul-de-sac, the two surfaces of which have become adherent, or the posterior vaginal wall may become involved and the rectum secondarily invaded from the vagina, or in the lateral positions of the uterus the growth may extend across the obliterated cul-de-sac from the parametrium which lies in front of the rectum, and which may have been invaded by the growth The first demand in the radical operations for carcinoma is a wide excision of the primary growth, and portions of the rectal wall may be sacrificed and repaired if involved by the growth.

Decapsulation of the Kidneys.—Elliott (New York Medical Journal) concludes as follows:

1. Chronic Bright's disease in its development constitutes a diseased condition of the entire system.
2. It is a disease of very gradual development, and in the great majority of cases has existed or months and years before the patient comes under observation.
3. It is produced by a chronic toxemia, either systemic or infective in origin, which produces coincidently as a result, widespread arterial and cardiac degenerative changes, which, being once estalished, are permanent, and which in their development eventually constitute the most threatening element of the disease.
4. General edema or anasarca in chronic renal disease is in many instances in great measure a cardiac dropsy, brought about by advancing myocardial degeneration. It is occasionally so in chronic parenchymatous nephritis, and almost invariably so in chronic interstitial nephritis.
5. It may be stated that, in like manner, developing anuria and uremia in chronic nephritis may be largely cardiac in production, the functional inadequacy of the kidneys having its inception in the fall of blood pressure incident to circulatory failure.
6. In the later stages of chronic nephritis, of whatever character, the case is apt to take on these cardiac aspects, which virtually convert the therapeutic problem into a question of sustaining a failing heart.
7. Albuminuric retinitis must be loooked upon as one of the terminal symptoms of chronic nephritis. The concordance of opinion places a limit of two years upon the prognosis after development of this complication. The statistics gathered by Suker of cases operated upon, show that, in place of prolonging his limit of expectancy, operation has a decidedly contrary effect.
8. It is to be borne in mind that chronic nephritis is a disease of slow and spasmodic development. It is well to realize its exacerbations and remissions, so as to avoid the error of mistakng remissions for cures.
9. The mere fact that the general condition of the patient improves somewhat after decapsulation does not establish the validity of the operation, for hygiene and rest will do the same for the patient to a remarkable degree in many cases. As the factors of hygiene and rest are associated

with the surgical procedure, it is possible that the resulting benefit may, to some extent, accrue from those sources.

10. The results of experimentation demonstrate that, within a period of three months and a half after decapsulation, a new, and in most cases, a tougher fibrous envelope has taken the place of the orginal capsule. This fact may account for the many relapses and deaths after that period in cases operated upon, and in chronic cases, at least, it narrows the prospect of improvement to a period of months.

News of the Month

THE TRI-STATE MEDICAL SOCIETY will hold its annual meeting in Memphis, Tenn., November 15, 16, 17.

PRESENT CITY WITH AMBULANCE.—The Des Moines (Iowa) physicians bought and gave to the city a $1000 ambulance.

TO ENLARGE COLLEGE.—New college buildings, costing $100,000, are to be erected by the Atlanta College of Physicians and Surgeons.

DR. BRANSFORD LEWIS has been awarded an individual honorary gold medal by the World's Fair, on his new cystoscope for ureter catheterization.

INFANT VACCINATION.—A baby born of a smallpox patient in the Chicago Isolation Hospital, was vaccinated when it was but twenty minutes old.

SMALLPOX HOSPITAL CLOSED.—For the first time in five years the smallpox building of the municipal hospital of Philadelphia is closed for want of cases.

WOOD ALCOHOL IN WHISKEY.—The pure food commissioner of Pennsylvania has discovered after exhaustive tests that 95 per cent of the cheaper grades of whiskey sold in the State contain wood alcohol in poisonous quantites.

ATTEMPTED SUICIDE.—A Chicago doctor charged with causing the death of a woman by perforimng an abortion, tried to commit siucide, while in a cell at the police station, by taking morphin.

DEFRAUDS AND IS FINED.—A former city chemist of Chicago—Dr. William S. Maharg—together with four women who posed as sisters of charity, was arretsed on a charge of fraud. They had been securing contributions to a mythical "Nazarine Mission." The doctor was fined $100; the women were remanded.

DR. KENNETH W. MILLICAN, late associate editor of the New York Medical Journal, has returned to his first love, St. Louis, assuming editorial management of the Weekly Medical Review. We are pleased to welcome Dr. Millican to the fold of the western journalistic guild, and congratulate the readers of the Review on their prospects for the future.

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

OMAHA-DOUGLAS COUNTY MEDICAL SOCIETY.

[REPORTED FOR THE MEDICAL HERALD BY DR. E. M STONE.]

September 27, 1904.

Dr. M. J. Ford presented to the society a child of two years and four months of age whom the mother undressed, and the members were permitted to examine. Inspection showed a child of quite pretty face, of normal appearance, but having a body and limbs of a larger age apparently. The genitalia were very large and prominent, quite fully covered with hair; the mammae were well developed.

Dr. Ford then read a paper upon the subject of Menstruation in Infancy, quoting freely from Garrigues and T. More Madden, as to the literature of the subject. Only one case has been recorded in which menstruation of a regular character was established prior to the age of one year. This child is the second of that character to be placed upon record. She was born in May, 1902, to Mr. and Mrs. L., of Omaha. It happened to be noticed at the time of birth that the genitalia were enlarged. The doctor told the anxious mother that it was all right and would disappear soon. The child cried practically all the time till it was six months old. On that day, it began to menstruate, when it fell into its first peaceful sleep. From this time, it has been a hearty and strong child. She has menstruated regularly every twenty-eighth day since then, except twice, when it had a cold, as its older sisters of the sex sometimes do. The menses failed to come and the child seemed sick; warm baths soon re-established the flow and all became well. The flow has been three to four days and of fair quantity, the baby wearing a napkin. The parents are 32 and 33 years of age and normal people. The mother says that she was sick during all the pregnancy of this child.

Dr. W. B. Christie read some extracts from recent authorities as to the general subject of precocity and expressed his pleasure at seeing the very rare case. He quoted from these authorities to show that pregnancy had taken place as early as between 8 and 9 years of age and that a boy of 13 had known to have caused a pregnancy. He discussed the question of the appearance of puberty, and quoted from Englemann to show that there has been a misconception by physicians as to the effect of tropical life on this change. It is the common opinion of the faculty that the menses appear much earlier in the warm climates than in the cold, but the facts do not warrant the opinion. Englemann asserts, from a long and very careful study of the question, with investigation in all climates, that race and climate have much less to do with the matter than have nutrition and the social status and the mentality of the subject. He shows that the average date of menses among the Hindus is at 12 In Europe it is between 14 and 15. In Canada and the United States, it is between 13½ and 14½. Dr. Christie is of the opinion that too much stress is laid upon girls around the time of approaching puberty.

Dr. W. O. Henry spoke of the rarity of the case, the second one in the world, as far as the records show, which has shown real menstruation prior to the age of 12 months. He said that there are only twelve recorded cases in which conception has taken place before 13.

Dr. J. M. Aikin read a paper upon the "Palises of Childhood," which received a good discussion.

Dr. J. P. Lord spoke from notes upon the subject of "Preliminary Tapping of Large Ovarian Cystomata." He classed those tumors whose weight was found to be over 100 pounds as mammoth. He said that Bullitt had recorded one which weighed 245 pounds. The mortality of these mammoth cases was very high. Most of those in which the weight was over 180 died. Obstruction of the bowels was the usual cause of death, and was especially dangerous when pronounced adhesions were present. The mortality used to be about 20 to 25 per cent prior to the spray period. It has been, of late, about 10 per cent. Immediate death now is due chiefly to shock. He has found that a preliminary tapping not only prepares for the operation, but also removes the internal pressure and prevents that delirium of the heart which takes places often when all the pressure of such a tumor is suddenly removed at operation. The operation of removal of a cystoma is usually spoken of as a simple one, but he has not found it so. He thinks that a mortality of 10 per cent is too high, and he has tried to reduce it by this method of tapping. He felt that the mere size of the tumor was not the only factor in these cases.

Dr. W. O. Henry said that this was an interesting subject to the surgeon. The surgeons were not agreed as to the value of tapping. He had once held the view that tapping was a useful resource, but his late experience had forced him to change his views.

Dr. A. F. Jonas said that his attention had been attracted to this question fourteen years ago. He had, prior to this period, removed many of these tumors and met with splendid recovery in all practically. He then began to tap and all had recovered except those who died from peritonitis. Of late, he had been less afraid of the large surface of resistance. He was of the opinion that tapping is wise if the tumor is unilocular. In the multilocular cases, one is apt to puncture a cyst containing that grumous matter which is dangerous, because it may be highly septic. His deaths had been due to sepsis, catgut being responsible for at least one. He felt that more are infected than we are accustomed to believe. Each one has its own pathology. The largest tumors do not have the greatest pressure. Some are so vast that they drag the pressure away from the vital abdominal organs.

MEDICAL LITERATURE FOR LIBRARY.—The medical men of Dubuque, Ia., have subscribed for several medical journals which will be placed on the shelves of the public library. They will be put at the disposal of physicians, nurses and others at the discretion of the librarian.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

SEPTEMBER 2, 1904.

With Dr. Deffenbaugh in the chair.

Dr. W. T. Elam reported the following case: It is interesting on account of its virulence and a most remarkable recovery. Boy, 11 years old, on January 16 had been suffering for three weeks, diagnosed as appendicitis or typhoid fever. On examination the abdomen was greatly distended, decided tumefaction in right iliac region, over McBurney's point. Boy was only skin and bones, so reduced in flesh. Temperature indicated typhoid. Operated at 9 o'clock, and on opening the head of the gut appeared in a perforation where the appendix should have been—abscess. The contents flowed into the abdominal cavity. There was a question about sewing up the perforation, but there was too much shock for this Next was to establish a fecal fistula; did so, but did not get union. Then pared the edges, served the perforation transversely and packed with gauze. The boy reacted nicely for seven days, then pyemia and typhoid condition continuing. Large abscesses on arm and leg, expectoration of blood and pus pneumonic abscess, abscess of the ear; was in hospital eight weeks, then taken home somewhat improved.

On June 3d with a Murphy button I made an end to end anastomosis, dissected loose the adhesions in abdomen. Button passed on the eighteenth day and patient was well in three weeks. Line of suture healed entirely. There was one perforation in the cecum and one at the ileo-cecal junction. Dr. Elam presented the specimen removed and states that this is the first case of end to end anastomosis which recovered in this city, except at the dog hospital.

T. E. Potter.—I saw the case when empyemic, certainly most interesting, seemed impossible for child to live, the adhesions were extensive, and the case shows that the surgeon should not give up any case. This turned out most beautifully.

T. E. Potter.—A neurotic lady, pregnant for eight months, but had monthly sickness, and she told me it was abodminal pregnancy; you could feel motion in the abodmen. I could feel the child kicking plainly. I found a lump under the cardiac end of the stomach, and thought it a dislocated kidney or spleen, and considered movement due to the neurotic condition. I made an exploratory incision from navel to the pubes and the stomach protruded. I found the gall-bladder full of stones. The motion was due to the movement of the stomach.

W. B. Deffenbaugh.—Having gall stones does not justify an exploratory incision for pregnancy.

T. H. Doyle.—In consultation I saw a 15-year-old girl with exophthalmic goitre. The right arm was swollen and the fingers of the right hand became gangrenous, the lower extremities were cold, there was much pain, patient being conscious. Question? Shall the arm be amputated? There was aortic stenosis, radial pulse was lost. Condition due to embolism

or thrombosis. The patient being unable to live long I advised against an operation, and she died the following day.

L. A. Todd.—Were you able to locate the thrombosis?

T. H. Doyle.—The circulation was so so changed that I could not.

J. M. Bell read an interesting paper on "Gastroptosis." (This is published in this issue of the Herald.

W. B. Deffenbaugh.—Dr. Bell presented a most interesting paper, but did not dwell sufficient on the distinction between gastric dilatation and gastroptosis. The starvation treatment and his other methods are good, and the stomach will often ultimately contract to a better size. We must tell these people how to eat—partake too much fluid, drink water before meals. I consider gastroptosis a surgical disease.

L. A. Todd.— Dr. Bell's treatment in connection with surgical methods is very good. The fault is generally at the gastro-hepatic fold of the omentum.

J. M. Bell in closing stated that in dilatation there is vomiting of retained matter.

SEPTEMBER 16, 1904.

T. H. Doyle in opening the discussion on Hay Fever said: I have had considerable experience during the past thirty five years; have done some good, and have failed in other cases. During the past ten years hay fever is on the increase. The treatment introduced by Dr. Holbrook Curtiss, the fl. ext. of rag weed of golden rod given one or two months before the attack, in connection with a spray of menthol and camphor have given me the best results. Of local remedies cocaine is one of the best, and should not be used in greater strength than 4 per cent. The evils of the cocaine habit is a risk not to be ignored. I have used a saturated solution of quinine with evident benefit. It makes no difference whether you accept a uric acid theory or a neurotic theory, we know that we must look after the general condition. I believe in the hygienic and dietetic treatment of this disease. I have found the administration of acids beneficial in some cases, while in others alkalies did better. If anemic, iron and strychnine. The disease seems to run in families, generally among the well-to-do, and every case forms a study to itself.

Then followed discussion on Dr. Kenney's paper and Dr. Doyle's discussion.

C. H. Wallace.—Dunbar's antitoxin has been hailed with delight; it has proven valuable, and 60 per cent of cases are supposed to have been benefited by its use, although I have no personal experience.

E. C. Renaud.—Dunbar's antitoxin has proven beneficial in New Orleans. Those who believe that the disease originates in the antrum of Highmore, have medicated it with apparent benefit, but I have no personal experience. Cauterization of the hyperesthetic spots on the turbinates and posterior portion of nasal septum is of advantage in many cases. Suprarenal gland locally and internally has not proven successful. Adrenalin is used 1-1000.

P. I. Leonard.—Dr. Kenney has presented a somewhat humorous paper on the "Nasal Reflexes," with which I agree for the most part. I have removed the turbinates in some cases, straightened the septum in

others, with some it has proven beneficial, in others not. When there is any nasal obstruction to respiration it should no doubt be corrected. Proper and deep respiration as the most important function of the body, and without its proper performance the body cannot maintain its vitality. Deep breathing is good medicine for the uric acid diathesis and for the neurotics. A disease which has such a large number of curatives has so far failed to find any real cure, and the unhappy victim of hay fever still remains with us.

Dr. Kenney, in closing.—I am surprised that nobody spoke of dilating the sphincter for the cure of this disease. If spurs in the nose cause pressure, or if adenoids be present or a deviated septum, by their correction the patient becomes more comfortable. Ergot and atropine as well as adrenalin are valuable. Ragweed without nasal surgery is not successful The suggestive and hypnotic treatment is not to be ignored. I believe we get relief in one-half of the cases by nasal surgery.

OCTOBER 7, 1904.

Dr. Elam in the chair.

The following physicians were elected to membership: Drs. Fred Hoskins., J. F. Owens, E. C. Davis, R. Willman, L. C. Bauman.

The society took up a preliminary discussion of the fee bill, and a resolution was made and carried, to authorize the secretary to have 75 copies printed and mailed to each member, so that when the fee bill comes up for final discussion that they be in a position to discuss the different items.

The Committee on Attendance reported, and their report was accepted by the society.

W. B. Deffenbaugh was absent and no discussion on "Impure Foods" took place.

W. L. Gray was requested to present a paper on "Impure Milk" at the next meeting.

Present: J. B. Reynolds, Holley, Kenney, Todd, Elam, J. Geiger, Gray, P. I. Leonard, McGill, Lee, McGlothlan, Pentz, T. E. Potter, Bowen.

C. H. Wallace.—I wish to report the following case: Man, 65 years of age, had difficult micturition for twelve years, catheter had become painful, voided a little urine every fifteen to twenty minutes day and night; urine ammoniacal. Rectal examination showed no enlargement of prostate. During the operation found that the little lobe extended to the bladder, it was difficult for a suprapubic cystototomy; found urethra attached to the fundus of the bladder, loosened the attachments; put in tube and drainage was good from the bladder. On third day the tube was removed, bladder washed out twice a day, and his condition was good for three days. Fourth day he became uremic and died. No rise of temperature. Many prostatic cases of this kind die.

Dr. Elam.—Did you examine the urine; was it an infected bladder?

Dr. Wallace.—The interesting condition was the bladder. For a number of years the residual urine was five or six ounces.

O. B. Campbell.—In infected bladder I believe we have an infected kidney. The microscopic examination is more important than the chemi-

cal. The surgery was done well; uremia might be due to shock or the anesthetic.

Dr. Elam.—Prostatic surgery is important now, but the mortality is great. Murphy and Guiteras report a low mortality rate. Select your cases. There is a tendency to local anesthesia, laughing gas, etc. We must reduce shock to a minimum, especially in old anemic, septic cases, which do or will involve the kidney itself.

Dr. Farber.—I would diet the patient for several weeks, as uremia is dependent on the kidneys. The proper examination of the urine is very important.

Dr. Elam.—As a rule it is hard to tell where the pus and mucus come from, the latter generally from the bladder. There may have been pre-existing nephritis, interstitial nephritis may at times show normal urine, parenchymatous nephritis, a diminished urine.

Dr. W. L. Kenney.—I wish to report a case of leukemia—child 4 years of age, cervical enlargement, 19 collar, axillary and groin enlargement, inside of thigh and elbow. Cervical enlargement went down under the X-ray treatment. Spleen was X-rayed in Chicago; the family physician was called in and he prescribed an albuminate of iron with improvement. Under these treatments the glands disappeared, but there seemed to be a disorganization of the blood The patient took pneumonia, prune juice expectoration and the patient died soon after. Patient might have lasted longer without X-ray treatment.

Dr. Farber.—I had a case of leukemia, which died of tuberculosis, and under hypnotic suggestion life had been prolonged. X-ray did not do him any good and I would like to know Dr. Kenney's experience.

O. B. Campbell.—I had an interesting case of greatly enlarged spleen and glandular involvements and severe hemorrhage of the nose, who finally died from internal hemorrhage.

Dr. Kenney.—In tuberculosis the X-ray does harm, it hastens death; tonic electricity might do well.

WORLD'S FAIR CUT RATES.—Cut this out, it may not appear again. Take it with you to St. Louis or give it to to some one who is going.

To Our Readers: We have made special arrangements whereby you may obtain special free or half-rate tickets to several first-class attractions on the Pike, as follows: The holder of this article will be admitted free to the following shows, if accompanied by a person purchasing a regular ticket at usual rate. If presented alone, it will entitle them to purchase and to be admitted upon a child's or half-rate ticket: 1. A Trip to Siberia. 2. The Deep Sea Divers. 3. Helter Skelter (The Great Slide). 4. Electric Cycle Circle. 5. Peggy from Paris. Good at any time, day or night. Presenting this article will also admit you to the magnificent production "Creation" upon the same conditions, but only before 1 o'clock noon. The large crowds attending Creation prevent our obtaining any reduction there after the noon hour.—EDITOR.

Medical Melange

KENNEDY'S EXTRACT OF PINUS CANADENSIS is a valuable agent in chronic diseases of mucous membranes, and admirable for the removal of morbid discharges of every kind.

THE new novel by Mrs. Alice Hegan Rice, author of "Mrs. Wiggs of the Cabbage Patch," which The Century will print, beginning in December, is to be called "Sandy."

LICENSE REVOKED.—S. R. Chamley, of San Francisco, who advertised a "cure-all" for cancer had his license revoked by the State Board of Medical Examiners. The matter was carried to the courts and the action of board upheld.

"DOMICILIUM MEDICORUM."—Under this suggestive title, is issued an unique little pamphlet containing hints and suggestions on the furnishings and appointment of a physician's office—many of the sketches are original, and others are from photographs. Any doctor who has not received a copy of this valuable booklet, should send his name to the publishers, the Arlington Chemical Co., Yonkers, N. Y.

FITCHMUL IS THE TONIC TREATMENT for chronic bronchitis and all inflammations of the mucous membrane. It is composed of the active properties of fir balsam, venice turpentine, chloric ether and a minute quantity of hydrocyanic acid, tartar emetic and aromatics. It is an excellent vehicle for thiocol, guaiacol, heroin, creosote and its derivatives, etc. Sample and literature supplied by the Fitchmul Co., Concord, N. H.

WORLD'S FAIR STATION.—One of the greatest conveniences of the World's Fair, and one highly appreciated by the travelling public, is the magnificent station erected by the Wabash railway, standing right in front of the main entrance to the Fair, and convenient to a score of hotels and rooming houses. Visitors are saved long transfers across the city, the expense of handling baggage, to say nothing of the valuable time lost in going to and from the Union station. When one is ready to leave for home, baggage and grips may be checked at the World's Fair station, and then the entire evening spent upon "the Pike"—the traveller taking one of the Wabash midnight special trains for his destination. Ask any Wabash agent for information as to rates, limit of tickets and list of convenient hotels.

AN IDEAL TONIC—Messrs. A. M. Hellman & Co., St. Louis, Mo.: I can conscientiously say that kudros deserves all and more than has been claimed for it—a wonderful stimulant, restorative and reconstructive, and should have the front rank as one of the safest and most reliable therapeutic agents of the day. Kudros surely reaches the spot and finds its physiological destination with certainty and celerity, and it is to this function that it can be relied on as having no equal as a true and effective osmotic; thus clearly demonstrating kudros, activity in speedily and happily correcting poor assimilation, defective nutrition and faulty metabolism, for which the medical profession have so long been ardently in pursuit. Kudros as a menstrum or vehicle for the administration of distasteful or nauseating medicines "is just the thing."

E. CHANCELLOR, M. D., St. Louis, Mo.

The Medical Herald.

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Notes on Reliable Remedies

"Prejudice is the child of ignorance."—HASLETT.

THE NEW TONIC APHRODISIAC (SPECIAL FORMULA NO. 33).—It will be obvious to any practitioner that this formula is logical and presents very definite points of merit. We have received the most flattering reports and commendations concerning its use in cases which have proven resistive of all other remedial agents. Do not consider it solely for its aphrodisiac properties. It will be found valuable in any condition in which a positive and immediately perceptible tonic is considered desirable. Phospho-Albumen (derived from the testes, spinal cords and brains of bulls) is here presented as a pure dry extract. Its chemical constituents are: dioleyl-phosphoric acid, lecithin, spermine and nuclein. "Phospho-Albumen" enables you to administer 85 per cent more phosphorus than you can in any other form, absolutely without danger of toxicity, or any undesirable by or after effects. It is, alone, by reason of its derivation and chemical nature, the most reliable agent for the treatment of functional impotence, sexual atonicity, senile or pre-senile debilities, seminal emissions, spermotorrhea, sterility, insomnia, alcoholism, etc., or as an adjuvant to accepted treatments of epilepsy, paralysis, locomotor-ataxia, and spinal sclerosis in general, in fact any condition where the nervous or nutritive functions are impaired, either by cause or effect. The other constituents, gold chloride, strychnine sulphate, and zinc phosphide need hardly be dwelt upon here, as their respective merits are well known. A careful trial of this formula in obstinate cases will convince the most skeptical. (See formula on adv. page 24.)

CHRONIC NASAL CATARRH—A SIMPLE AND EFFECTIVE TREATMENT.—(By G. A. Gilbert, M.D., Danbury, Conn).—We feel inclined to report this case here not only because of the marked and speedy results obtained from the simple plan of treatment adopted after the usual measures had been tried and proven ineffective, but because of the frequency with which the particular group of symptoms complained of by this patient confronts the general practitioner in his everyday work. Lena D., a young Miss of 18, had been a sufferer from chronic rhinitis or pharyngo-nasal catarrh for more than ten years, being subject to periodical attacks of coryza and tonsillitis, especially during the spring, fall and winter months. The mucous membrane of throat and nose became habitually flabby, congested and swollen. At the age of 12, the characteristic thick, undistinct speech and stertorous breathing of the catarrhal patient became manifest, while at the same time plugging of the pharyngeal opening of the Eustachian tube by the thickened mucous secretions gave rise to slight deafness. The treat-

ment throughout had consisted of insufflations of the usual antiseptic powders, ante and post-nasal douches with the modern germicidal solutions, while various astringent or disinfectant gargles and sprays were used for the tonsillitis, but these gave only temporary relief. It was apparent that only the membranous surface was thus freed of its obnoxious discharges and not the deeper sub-mucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges, and it became self-evident that some more active method of treatment must be adopted.

In dental surgery, it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, leptothris buccalis, etc. This fact is explained on the chemical ground that the alkaline base combines readily with these various weak acids with which it comes in contact, thus breaking up the solution and liberating the oxygen or oxidizing agent upon which its disinfectant properties depend. In a word, such an alkaline agent dissolves the mucous secretions and weak acids which form in the mouth. Were the foregoing all that is required of an antiseptic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply within the walls of the gland sacs should be removed Recognizing the force of the suggestion recently made by scientific investigations, i.e., that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids, and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacs where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Feeling convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind, glyco-thymoline, being selected, was applied thoroughly once every day by myself and three or four times daily by the patient. A 25 per cent watery solution (warm) of glyco-thymoline was made by me and applied in a fine spray to the post-nasal chamber by means of a hand atomizer. The nozzle was turned up at the end so that when introduced well back into the pharynx the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength) with the K. & O. douche. At the same time an ounce of a 50 per cent solution of glyco-thymoline was gargled and used as a mouth wash three times daily for the purpose of hardening the flabby, congested tonsils.

The outcome of this simple plan of treatment soon made plain the fact that germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels, after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient who for the first time in several years experienced the sensation of possessing a clean, sweet mouth. The hypertrophied membrane itself grew almost normal in appearance, distinctness of speech and hearing was gradually restored, the breathing became natural, and at the end of three months we had accomplished a perfect cure.

TWENTY-THIRD YEAR

DR. W. S. LINDSAY, TOPEKA, KANSAS,
President Golden Belt Medical Society.

THE Medical Herald.

LEADING
TOPICS FOR

DECEMBER

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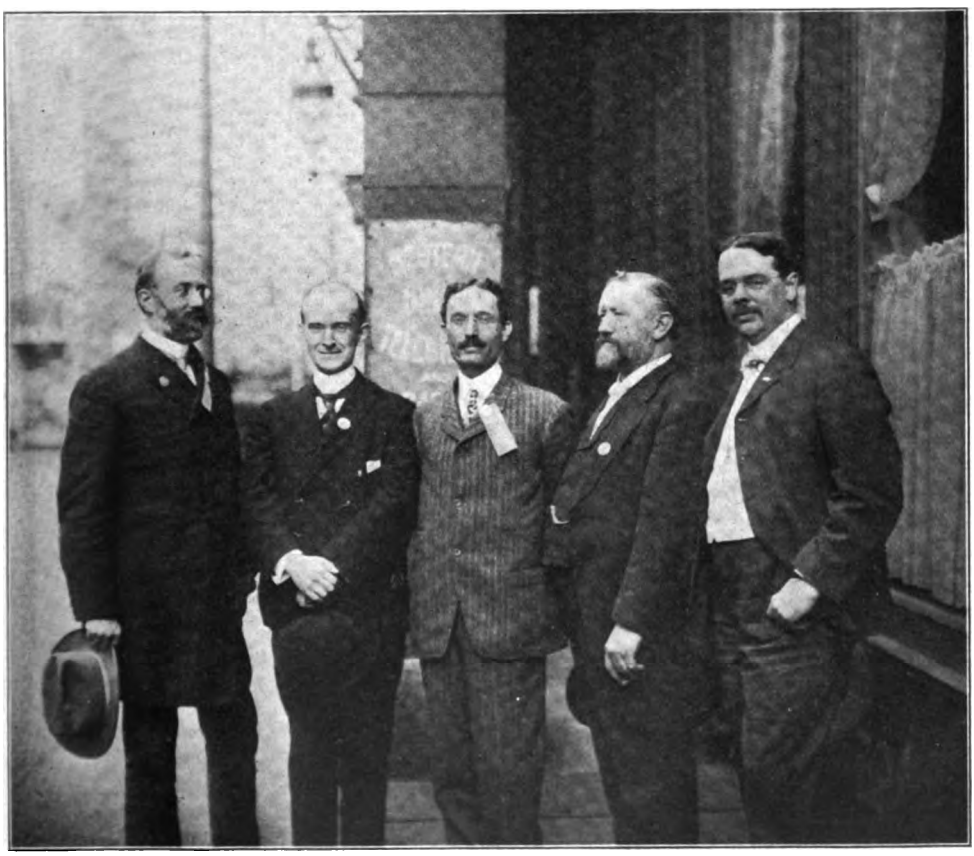

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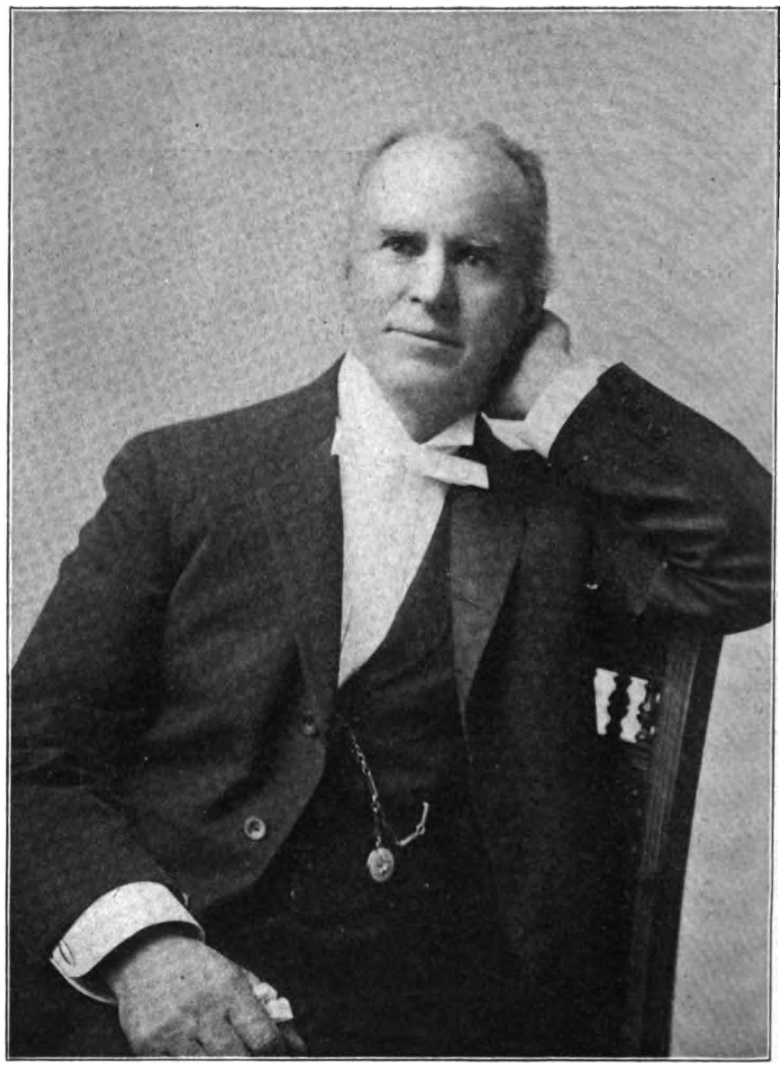


DR. FLAVEL B. TIFFANY,

KANSAS CITY, MO.

The Medical Herald.

OFFICIAL JOURNAL:
Buchanan County Medical Society
Medical Society of the Missouri Valley
Sioux Valley Medical Society

ST. JOSEPH, MO., DECEMBER, 1904.

Contributed Articles

AN ADDRESS*

By Dr. Flavel B. Tiffany, Kansas City, Mo.

Professor of Ophthalmology and Otology, University Medical College.

GENTLEMEN: Several months have passed since I had the pleasure of being with you. At our last meeting I addressed you as juniors. I trust that your vacation has been fraught with pleasure and profit, and now that you have passed to the dignity of seniors, that you fully appreciate the responsibilities incumbent upon you, and that you will take advantage of all the opportunities in this your last year's work with us in the University Medical College. As head of the department of ophthalmology and otology I shall endeavor to give you all the University Medical College has to offer and she has the reputation of having much. I say in all earnestness that the University Medical College has an eye clinic which ranks among the very best of the land. I speak advisedly for I have seen the best, both in America and Europe. It is not as large as those of New York, London, Paris or Vienna, but presents perhaps as great a variety of cases. Although personally I only have the opportunity of bringing the clinic before you twice a week, it is running every day, and whenever you have any leisure at 2 o'clock you will find some one of our staff there at work. And, gentlemen, ophthalmology and otology being such very important branches of medicine, I feel that I should urge the necessity of your giving as much time to these subjects as possible. I do not expect you all to be ophthalmologists or otologists, but I must insist that you know these departments of surgery as the general practitioner should know them. You should be able to recognize the different diseases of the eye and of the ear and administer treatment in many of the more frequent and less important affections. You should be able to diagnosticate a case of purulent ophthalmia, of keratitis, of iritis, of glau-

* Delivered to the Senior Class of the University Medical College, September, 1904.

NOTE.—Dr. Tiffany is one of the foremost teachers in the Central West—a pioneer in fact—the University Medical College having been organized in his office in the early 80s, and his connection with this prosperous school has been continuous. As a teacher of ophthalmology and otology Dr. Tiffany is forceful, possessing the happy faculty of imparting to the student that knowledge so essential to success in these important lines. Dr. Tiffany has contributed liberally to the literature of the day in his specialties and is an entertaining writer. He is a careful observer and close student, but wisely recognizes the great importance of "breathing spells" and vacation periods in his strenuous life. He also believes in refreshing his students occasionally with bits of rhetoric in "lighter vein," and we heartily commend to our readers the doctor's clever descriptions of his various trips to the seashore and mountain side contained in this paper.—[EDITOR.

coma, of cyclitis, of optic neuritis and affections of the middle, internal and mastoid of the ear, giving timely and proper advice. There is no reason why every one of you should not be able to work out the ordinary errors of refraction and prescribe the proper glasses. I must insist, gentlemen, that every man of the class be qualified to use the ophthalmoscope and otoscope to the extent of being able to see the fundus of the eye, the drumhead of the ear and distinguish the pathological from the normal appearance. It is with the ophthalmoscope that you will be able to see one of the most beautiful pictures that eye ever rested upon. With it you can see the head of the optic nerve with its millions of fibers going to and from the brain. Upon the retina you will see spread out many blood vessels, carrying blood to and from the eye. You will see the most sensitive part of vision, viz., the macula lutea, a little yellow spot, about five to six millimeters at the temporal side of the optic nerve. You will see that the arteries enter as a rule, at the nasal side of the disc center, and that the veins leave at the temporal side. The optic nerve will appear lighter in color than the retina in the Caucasian, but in the Mongolian you will find the reverse condition. With the ophthalmoscope you should not only be able to recognize different diseases of the eye, such as retinitis, choroiditis, optic neuritis, detachment of the retina, coloboma, the different anomalies of refraction, but you should also see the diseases remote from the eye spread upon the fundus. You should be able to see Bright's disease of the kidneys, You should see tabes dorsalis and many diseases of the brain. And so with the otoscope, looking into the external ear you should not only be able to recognize aural tympanitis in its various forms, but you should be able to discern some of the affections of the labyrinth and some of the nervous troubles, especially sclerosis. There will be an abundance of material for you to examine, and I want you to avail yourselves of the opportunity. I earnestly recommend every one of you to provide himself with an ophthalmoscope and an otoscope. These are not expensive instruments, and you cannot get the full advantages of the clinic without them; besides you will need them, as soon as you are through with this year's work at the University Medical College, in your practice. Indeed the very first patient who comes to your office may be a case of eye and ear trouble, cases that have already been the rounds and have received no benefit, and now they come to see the young doctor, and lo! here will be the opportunity, as the old granny in the story of the Hoosier schoolmaster said, of "showin' your larnin'." Granny stopped the doctor to inquire how Aunt Gemima was. "Heard she had the shingles, wanted to know of the doctor if he knew a remedy that never failed to cure shingles; the doctor remaining silent, she said: "Well, you kill a black hen and sprinkle the blood over the parts affected and it will cure shingles every time." "What time of the moon, Granny," said the doctor, "should the hen be killed?" "There's where you show your larnin', doctor, there's where you show your larnin'."

If you are able to make a correct diagnosis, even though you may not care to operate or administer treatment, you will establish the reputation of knowing your business, and so gain confidence. Yes, I want this class to sustain the reputation of the University Medical College, viz., that she sends out students well posted in ophthalmology and otology.

And now, gentlemen, what have you been doing since I saw you last? I suppose at first you went to see your sweethearts, the most natural thing to do, then most of you went to work to gain more of the wherewithal to prosecute your studies, and that didn't hurt you. The man that has to make an effort, as a rule, is the man that succeeds best. Still "all work and no play," as the old adage goes, "makes of Jack a dull boy." So I trust that you all have had a little play at least and are now ready with health and active brain to absorb and assimilate all that the college has to offer. As to my personal experiences I have nothing very special to tell. Among the most enjoyable diversions from professional work (and I assure you that is the most fascinating of anything I can do) is going once or twice a week to the farm, where I take much pleasure in participating in the work going on, such as building fences, opening springs, setting out fruit trees, making apple cider with hand press, walking to and from the station across the campus through the woods, listening to the singing of the birds, whistling of the quail, the chippering of the squirrels, babbling of the brooks, gathering wild flowers, which fills me with new hope and vigor to go on with professional work next day. I must tell you of an experience I had one day coming from the farm. I was anxious to take the 3:47 p. m. train, so that I might reach the office in time to treat a patient who had to take a train that evening; it so happened, as it frequently does, when something special is pending, that the train was an hour or two late. However, as luck would have it, a freight train came puffing in and rattled away down the track, finally stopping for freight. I hurried down the ties, a quarter of a mile for the caboose; needlessly, however, for after backing, thumping and jerking, in about an hour the train pulled out from the depot, it made several long stops before coming to Harlem, then it was after dark. The train sidetracked, and word came that it might be an hour or two before it could get across the river. It was too late, of course, to keep my engagement with the patient, but I had one with Mrs. Tiffany for the evening; for we doctors you know, like other people, have some social duties we must fulfil; so after debating the question with a couple of fellow companions of the caboose, they and I started to walk the rest of the way. Those of you who have crossed the Hannibal bridge remember that the approach on the east side is upon trestle works more than thirty feet high. I am not very good at walking ties at the best, and especially at this height, but I managed fairly well until just before we reached a stepping off place at the bridge, when I saw an engine with his glaring cyclops bearing down upon me from the other end of the bridge; at the same moment giving a most harrowing screech saying as he rapidly approached, get off the track! The two woodmen quickened their steps and jumped to the wagon bridge, a span it seemed to me, of more than ten feet. I said, "I believe I will sit here upon the end of this tie. I think that the train will not hit me here." They said, "yes, it will," at the same time the engine puffing and screeching was speedily approaching, saying, "get off, or I will knock you off." As it came within a few yards I heard again one of the men say, "you will have to get off of there." Then I decided to make the leap. I did not land upon the wagon bridge, but luckily, caught the plank and dangled at full length in midair while the train passed, when I raised myself to a safe

footing. Had I remained on the end of the tie, the engine would have knocked me from my perch to the ground thirty feet below. But that was only one of the events that go to make up life.

I always enjoy my walks through the college pastures and orchards, over the hills and dales by the bluffs to the station. It matters not what the season of the year may be, there is always something of interest in this afternoon walk—or run—for often the attractions of the farm are so great that barely time enough is left to catch the 5:40 p. m. train. The broad winding river lit up by the golden rays of the setting sun, with the two cities, Wyandotte and Kansas City upon the opposite bluffs in the distance, is a picture that never fails to bring admiration and delight. The carpet of blue grass, over the meadows with the violets and sweet williams, the brook, the bloom and fragrance of the peach and apple, the joyous song of the bird all fill one with new hope and gladness. Autumn too, with her harvest of golden fruits and the soft rich yellow tints with the fallen rustling leaves bring cheer and content. And even winter with air and bush glistening with the feathery crystals, when nature is quietly sleeping beneath its white mantle of snow, there is still enough of interest to make me look forward to each Tuesday, my day for visiting the farm.

Trix, the farm dog, meets us in high glee, saying in most vociferous terms that he is on the track of more rabbits and squirrels, or perhaps a ground-hog, not to say a covey of quail, and we scarcely enter the woods when out jumps a cotton-tail with Trix in murderous yelps fast overtaking him. The rabbit is his legitimate prey, but the squirrel and birds, both he and the hunters are forbidden to kill. Speaking of birds, there are several beautiful varieties here: The firey red bird or oriole is one, and then there is a beautiful blue bird about his size and shape that wears a red ruffle bout his neck; the brown thrush, the blue-jay, the martin and the sparrow are quite common; the crow, the hawk, and now and then the eagle are seen soaring aloft.

My first trip aside from the weekly vists to the farm, was taken in the latter part of March to Lincoln, Nebraska, to attend the Missouri Valley Medical Association, where I was booked for a paper on "Binocular Hemianopsia," reporting a case which I had brought before the senior class last winter.

Hemianopsia is of three special forms, viz., homonymous, bi-temporal and bi-nasal. The first is the most frequent, and the last the most rare. In the first, or homonymous, the lesion, such as hemorrhage, tumor, gumma, aneurism, embolism, etc., is located at some portion of one of the optic tracts. In the second—bi-temporal—the lesion is at the chiasm embracing the crossed fibers only, and the third—bi-nasal—is so located as to involve the direct fibers at the chiasm without disturbing the decussating fibers, or it is at the base of the brain where both tracts meet. Hemianopsia, as the etymology of the word indicates, is half vision, the other half of the eye being blind.

The pleasantest part of this trip was the extended portion into Nebraska to Fullerton, Nance county, where dwell a sister and several nephews and neices besides, this is the mecca of the Nimrod, for here in the spring of the year especially, swarm innumerable wild geese and ducks.

So after greeting relatives, in company with my nephew Teddie, an enthusiastic hunter of fourteen summers, we crept stealthily to ambush in the dense clump of willows at the river side, and as the feathery tribe came squawking above us we fired upon them, bringing, to the great admiration of Teddie, and a little surprise to myself, several to the ground, which we take home to Kansas City as trophies.

A month later, April 20, lectures finished, we take train for the sunny South. Fruit and vegetation here in Missouri are just unfolding, but one night's ride brings us from bud to fruit half grown. For at Muskogee, I. T., we find not only numerous oil and gas wells, but peaches and apricots verging to maturity, and as we speed our way to the Gulf, ere noon, the corn, not planted in Missouri, marks its rows across the broad fields, and by nightfall it stands nearly waist high. Next morning roses both wild and cultivated are in full bloom making the air redolent with fragrance. Large white daisies spot the prairies everywhere. Nearing the Gulf coast at Dickerson, men, women and children are in the fields picking ripe strawberries. Sunday morning we come to the oleander city—the Venice of America. Ladies and girls are out in white dresses with low neck and short sleeves; the gentlemen nearly all are wearing straw hats. At the wharf are anchored several steamships from different parts of the globe. One is just starting out for New York. One quite large and comfortable of the Mallory S.S. Line is to start for Cuba in the morning, and will take us first cabin to Havana for $34.50, or the round trip for $59.50. Just now they are dredging the harbor and building the sea wall of Texas granite to be more than sixteen feet high and as many wide.

Yes, Galveston, instead of the sad appearance she has been wearing since the inundation caused by the terrible storm, Phoenix-like is now rising from her ashes to be eventually more beautiful than ever. In fact, with her fine harbor into which commerce from the entire Star State, as well as from the tributary country is pouring rich harvests of cotton, grain and cattle, which is making of her a very important seaport city destined in the near future to be the flower and pride of Lone Star State. After a plunge into the briny surf buffeting the waves for an hour or more we take train across the lagoon for Almeda where are located extensive rice fields and pear orchards. Making a short stop at Houston long enough to get a few magnolia bulbs we hie homewards to resume the responsibilities of professional life in active, booming Kansas City.

Two more months go swiftly by, when we take another short run down to Atlantic City to attend for a few days the American Association. The following morning we encounter a most terrific rain-storm which finds our train side-tracked in the little town of Monroe. Word comes that there is a washout ahead, and we are destined to remain here for several hours; plenty of time for breakfast. On entering "the little red tavern," the colored individual says, "Youse conductor, isn't you, boss?" Then taking a more careful survey, he says, "Oh, no. sir, I see yous too well supplied for a conductor. You have your eggs turned, boss?" Bringing in hot rolls, I say, "have you any cold light bread, George?" "Oh, yes, sir, yes, sir. Where you from, boss?" "Why do you ask that question, George?" "Well, boss, I knowd youse not from Missouri, cause no man from Missouri would ask for cold light bread when he can get hot

biscuit." Word comes that the road-bed over the washout has been repaired, and so we are ready to resume our journey, but the delay has made us late in St. Louis, and instead of a day to visit the Fair we only have time to take the intramural train and automobile car to catch a bird's-eye view of the grounds, buildings, and take in the electric light illumination. The following morning we pass through East St. Louis, Ill., skirting the round-house and frog ponds, a certain drug store with office above, all familiar places of more than a quarter of a century ago, for here I first hung out my new flashing sign announcing to the public of this classic place that I was a physician and surgeon!

Reaching Atlantic City the Brighton of America—we put up at the Royal Palace Hotel at the north end of the Island. Our rooms command a view of the open sea with the waves rolling in. Their swish and splash with the cool soft breeze have a soothing effect, and Morpheus holds us in fast embrace until late the next morning. After breakfast we take a promenade down the far-famed esplanade or board walk, which extends along the beach five or six miles. We stop at Steel Pier, the headquarters of the sections of ophthalmology, otology and laryngology, subjects we are most interested in. Here several days are spent in listening to reading, and in discussing subjects pertaining to the affections of the eye, ear and throat. The paper I was especially interested in was Dr. Ramsey's on the "Therapeutics of the Eye." He was the invited guest from Glasgow. Dr. de Schweiniz paper on "Chiasm Diseases" was scholarly and interesting.

Mrs. Tiffany was more interested in the human incubator which was practically demonstrating its use for the rearing of prematurely born babies. Frequently waifs who are unwelcome even to the parents are thus forced to live and assume the great responsibilities of life.

But I have no time to relate the many things of interest and profit read and discussed here by the most able members of the medical profession. Suffice it to say that it was the largest attended of any in the history of the society. At the close the society elected Dr. L. S. McMurtry, of Louisville, Ky., as next president, and chose as place of meeting Portland, Oregon, for June, 1905. A dip in the briny deep at this superb bathing resort, and we again returned to Kansas City, Mo.

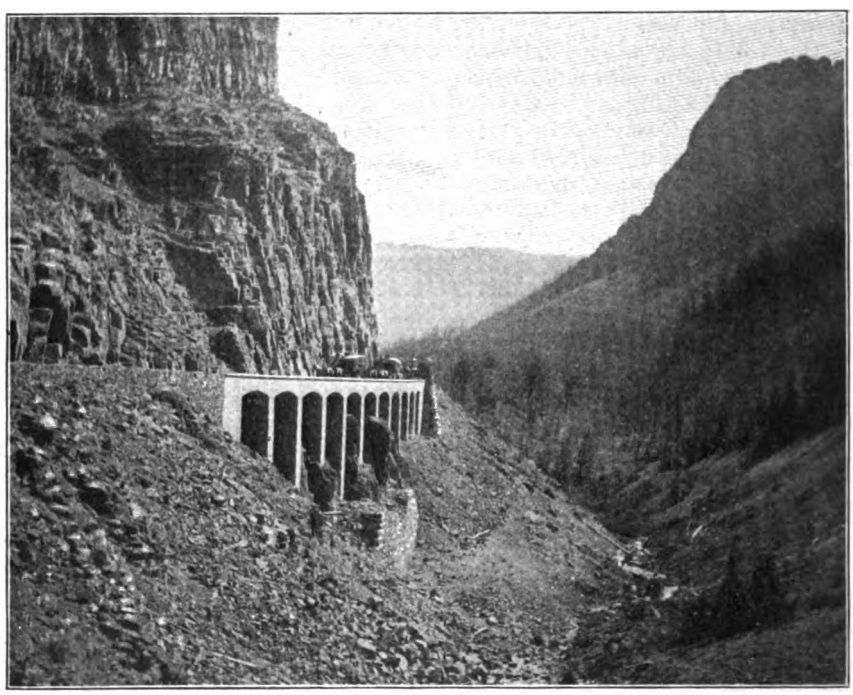
Perhaps the most unique experience I have had since we last met is a visit to the "Yellowstone" our National Park, a little of which I shall narrate if you care to hear it. It is about 6 o'clock at the close of a warm day of the middle of August, that I am sitting in the chair car (the "Burlington" not being able to furnish Pullman coaches to Kansas Cityans) waiting for the time when we are to pull out of the old "shack" for a cooler and greater altitude. At 6:10 the conductor cries "All aboard," the wheels begin to turn, and now we are speeding our way through one of the most fertile regions of the old Commonwealth of Missouri. At our left is the "Big Muddy" coursing its way from the "Rockies" to commingle with the Mississippi in its flight to the Gulf. At our right are rich pastures in which are feeding herds of the "white face" and the black galloway, as well as numerous Poland China and Berkshire hogs. On both sides of the track are orchards of apple and peach trees "fruited deep," and as we reflect that this is only a little of old Missouri's vast resources

we are proud to acknowledge from her our statehood. Soon we reach St. Joseph where we join the St. Louis train, which is favored with a Pullman sleeper, and to it we are transferred from the chair car. But again we are disappointed not finding a "diner;" making the best of it we take advantage of a few moments and get a snack at the lunch counter before the train starts. Passing through the tourist's coach our attention is attracted to the airy comfortable quarters. This car is upholstered in leather, giving it a cool, clean, look and from choice, we sit here in conversation with the only passenger, a ranchman from Butte, Montana, until bedtime. We can but think how comfortable, if not to say luxurious, is this mode of travel, second class, even better than the first class of European trains, and again we are proud that we are born an American citizen.

The following morning after a comfortable night's rest in the palatial coach, we awake to find ourselves at Lincoln? No, but far out into the interior of Nebraska. We have left the "Big Muddy," and are now passing by the side of the clear water of the "southern Loup," going through a rich valley of vast fields of Indian corn, wheat and oats. All along on each side of the track the golden sunflower is beaming upon us from field and meadow. As we speed on our way upward and westward the cereals disappear, and the whole country is covered with a vast sea of the golden sunflower undulated by the gentle zephyrs of the West. The bloom is smaller than that of Kansas, but more delicate and beautiful. No wonder that Oscar Wild went wild over this mass of glory. It is certainly worth a trip from Kansas City to Seneca to see this flower bed of thousands upon thousands of acres of sunshine and fragrance. It is in this vicinity that sod houses and windmills are so plentiful, reminding one somewhat of Holland, or perhaps more of Old Mexico. But unlike the adobe huts of Old Mexico one does not see doors filled with children in their picturesqueness of color, but instead now and then, the cowboy accoutred with lasso prancing over the plains.

We are now leaving the fields and coming into the immense cattle ranches of thousands of acres, some measuring twenty miles square, or 256,000 acres in one enclosure. People living here on the ranches are like the country, large and openhearted. If they see you coming a mile away, they stand in the door, or come to the gate to meet and give you welcome. As we approach the foot of the Black Hill we leave the adobe houses and come into the land of dugouts, homes of the prairie dog, which in hundreds are seen standings straight as sentinels guarding their all. Here also one sees the little screech owl, who with his keen nocturnal vision stands guard of the house he occupies in common with the prairie dog. However, notwithstanding his vigilance and that of the dog, the rattlesnake —their enemy—frequently invades their home and swallows the eggs and the young. All three, the prairie dog, screech owl and rattlesnake are so often found together that it is commonly believed that they dwell in peace and harmony, but that is a fallacy, according to a fellow-passenger who says that the prairie dog kills the rattlesnake by burying him alive, and so the owl has come to look upon the dog as his friend. Here the whippoorwill with his polkadot wings darts and soars about in great numbers, reminding us of boyhood days when we used to watch him at the close of day as he whirled and soared about whistling his doleful tune by the old

farmhouse at the lake side. By the laborious puff of our engines with the freshness of the ozone we are made conscious of the heavy grade, and that we are gradually gaining a greater altitude. The numerous ricks of wild prairie hay, and the whippoorwill are giving place to numerous buttes—high plateau or table lands—sage brush with the sage hen or phesant, and now and then a coyote and antelope. At 1 o'clock we arrive at Alliance, Neb., dinner station. Here it is that we say, "Time, oh time, turn backward in your flight, turn back" and leave us boys for tonight." We stay an hour or more leaving at 12:30 of the same day an hour earlier than that of our arrival for we arrive on central and leave on mountain time. The



GOLDEN GATE.

following morning we are passing through vast meadows of alfalfa by the side of the farfamed Yellowstone River.

Across the way, just at the foot of "Crazy Mountains" are several mountain sheep, but they pay little attention to our passing train. The air is fresh, clear and of an ethereal blue and one can see for great distances. The mountains on each side at a distance of more than twelve miles away seem but two or three. One man setting out on foot to reach the hills at our right before breakfast, traveled all day, only arriving at supper-time. This same man is credited with taking off his boots and stockings to cross a ditch of water three feet wide. Being asked what he intended to do he replied, "I am going to wade the brook," they said, "Why don't

ycu hop cross?" "Hop nothing," says he, "I tried that yesterday several times finding myself each time up to my neck midway in the stream, and now I don't propose to be deceived by the apparent distance in this atmosphere."

Monday morning brings us to Billings where we change from the Burlington to the Northern Pacific with time enough to replenish our supply of Eastman's films for kodak. We are now just half way from the great lakes of fresh water to the briny Pacific; however, we are still ascending to greater heights and shall not reach the continental divide until w e get well into Yellowstone Park. The clear waters of the Yellowstone are rushing over their stony bed with great speed, and the meadows are rich in wild poppy, the bush morning glory and the blue fringed gentian. Here they are to speed us on our way. I take from the smoker a chair and sit upon the rear platform alone in my glory The colored porter says that I am the only sensible man on the train—he seems an honest fellow. It was this morning that we came in view of the monument that marks the celebrated Custer battlefield. Here it was that General Custer and his army were wiped from the face of the earth by the blood-thirsty redskins. We are now passing up what they call Paradise Valley. the gateway to our great National Park, just half way from Lake Superior to the Pacific Ocean. At 5 o'clock we arrive at Gardner. There at the right is the huge stone archway, which on April 24, 1903, was dedicated by President Roosevelt. Here comes the old Concord stage drawn by six fine bays to take us over the mountains to Mammoth Springs, five miles away. We mount to the top most seat, and are now trundling along over the smooth road Uncle Sam has sprinkled for our coming. The ride in this cool, rarefied atmosphere over the tops of the snow caps, is invigorating and inspiring. On our way we see several antelopes and mountain sheep perched upon rocky crags, browsing undisturbed by our coach, for they have the assurance that Uncle Sam will allow no harm to come to them here. Approaching the hotel we halt for a moment for the several coaches of tourists just finishing their visit to give space to our landing upon the spacious porch. After dinner we go over to some of the shops and get a few souvenirs, among them pine cones and horseshoes incrusted by the mineral of the Mammoth Springs. The crust is white like pulverized sugar and cannot be washed off.

Tuesday morning after a refreshing rest in the cool atmosphere, we set off for our circuitous ride of about 130 miles, of which we are to make forty today. As we wind up from the Mammoth Hotel we come to the springs of the same name, passing in full view of Minerva and Jupiter terraces, also Pulpit Rock, over which pours clear, hot water with steam rising far above. We can hear the boiling and the bubbling of the water with now and then an eruption of pent-up steam. We go into the Devil's kitchen descending by means of a ladder some thirty or forty feet. Down here it is as hot as we would suppose the devil to keep his kitchen, and quite as as full of sulphurous fumes. In fact he makes it so hot and sulphurous that we don't care to tarry long. Some of our party remarked today while treading the thin rust of earth with the water rumbling, boiling, seething and gushing. that it made them feel that they were nearer God than ever before, but when we go into the glowing devil's kitchen we are reminded that mayhaps his Satanic Majesty is not far away.

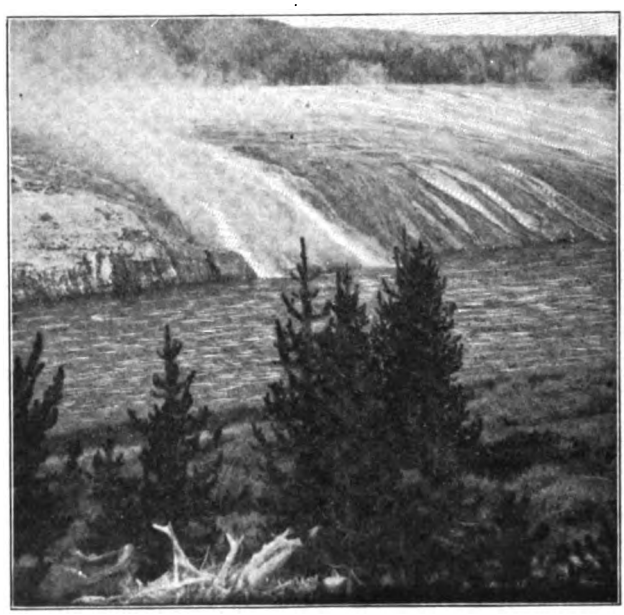
As we leave Mammoth Springs we wind around a spur of the mountain overlooking Yellowstone River, which is rushing headlong down the defile many hundred feet below our wagon road, which by the way, Uncle Sam is constantly working and improving. He keeps it fresh and free from dust by numerous large sprinkling carts drawn by four horses or mules. The water is conveyed from the mountain brooks into large reservoirs, and then drawn into the carts, of which we get some good kodak views. We pass through golden gate, and as we ascend the mountain and wind up the terrace I catch from the balustrade a good picture of

OLD MONARCH.

some of the four-horse transportation wagons, following us at the gate We do not go far before we come to the haunts of the wild mountain deer, and there out in the dense pines we see several lying upon the ground. They are not afraid, and do not get up until I approach them with kodak, and then they only make a jump or two, turning back with an inquiring look. The chipmunks are very tame, running about the horses' feet. Woodchucks or ground-hogs frequently scamper across the road and perch upon the rocks, watching us as we go by. A timber wolf on seeing us slinks across the road into the dense pines. All along the roadside are

volumes of steam rising from the hot springs which pour their waters into the Firehole River. About half way to Norris (dinner station), we come to "Old Monarch," the devils' frying pan, monster paint pots, and many smaller geysers. Not far from Norris are the famous Apollinaris Springs —sweet waters—which effervesce from the foot of the Obsidian Mountain. These waters are highly charged with carbonic acid gas, and are quite equal to the veritable Apollinaris waters. The Obsidian Mountains for a time baffled the skill of all engineers and road builders, until a Yankee thought to apply heat and then pour cold water from the mountain stream, thus shattering the glass so as to make it possible to quarry it.

They tell the story of a hunter who tried to shoot an elk he saw feeding on the banks of a river near by, as he thought. He sighted the ani-

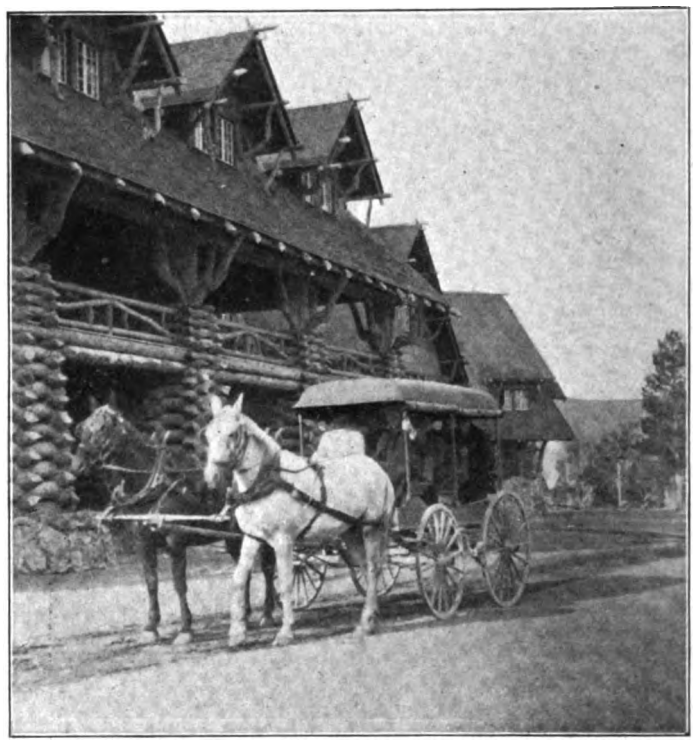


FOUNTAIN SPRING.

mal at the foreshoulder, fired, but with no effect, the elk kept on feeding. He fired again, but still the elk did not even look up. He could not understand it, so he walked up nearer, when he butted against the mountain which he then discovered to be of glass, and that instead of his bullets reaching the noble elk, which was on the other side of the mountain, they were flattened upon the obsidian rock before him. This story was told us by one of our party (a Massachusetts lady), so we had no reason to doubt its validity. We gather some pieces of this wonderful mountain as souvenirs.

Norris basin we rest for dinner. Here we are fairly in the geyser region, for all about us are all kinds, big and little ones, besides paint-pots, and devil's frying pans. While our party is waiting at the paint-pots for

the stage, I go over to Old Monarch, which they say has been dormant for nearly three years, and as I walk about to find an incrusted stone as souvenir, being near the crater, I say to myself what if he should belch forth again just now, and in less than a half minute there was a fearful grumbling and rumbling, and then all of a sudden a shaft of hot water and steam was shot up to the height of more than seventy feet, and fell back on the side running away in a large stream, I escaping at full speed, with a little of the hot shower. The rest of the party started pellmell to



OLD FAITHFUL INN.

see it, but before they reached the geyser it had subsided. The guide said that that was the first time to his knowledge that Old Monarch had erupted for three years.

Our first day's ride had been a very pleasant one, most of our way was by the side of Fire Hole and Gibbon's Rivers, which are clear mountain streams, running rapidly, dashing precipitously over rocks in their flight to rivers below. We arrived at Fountain Hotel about nightfall. Here are not only geysers, paintpots and hot pools to see, but numerous bears that come to the rear of the hotel night and morning to be fed from the garbage cart. As we drive up several are seen at the skirts of the woods awaiting the cart. Of course we do not neglect the opportunity of

turning kodak upon them; for although no one is allowed to kill the animals, there is no objection to a shot from the kodak. It is to Fountain Springs that we go by torch light after dinner to see the wonderful hot springs containing electric light and gas flame jetting beneath the waters. We notice that the springs here as well as elsewhere in the park, are located at different heights; perhaps at one point they will be boiling at some bee-hive cone or castle battlement and at a rod away at the depth of a cavern many feet below. Certainly here the waters do not seek a common level. The paint pots suggest gigantic mortar beds of new slacked lime from the pouring on of water, there is a constant blubbering and splut-

OLD FAITHFUL.

tering of the mortar or fresco, for the semifluid lava is of different colors, lavender, prevailing with blue.

Our next day's ride is only nine miles before we reach "Old Faithful Inn," the most important of all of the hotels of the park, besides the most numerous and important geysers are to be found here. "Old Faithful" never fails to erupt volumes of hot water every sixty-five minutes each day of the three hundred and sixty-five days of the year. Besides there is the

castle, the beehive, the constant geysers and hundreds of little ones. It is worth a visit across the continent to see the hotel and shake hands with the Italian-Irish landlord—Larry Mathews. The hotel is of Swiss architecture, designed by a Yankee architect. It is much like the Swiss chalet, only of gigantic size, built of logs cut from the pine forests. The floors and heads of the stairs are made of hewn puncheon and are covered with Mexican navajos and rag carpets. The dome is quite imposing.

BEAR FEEDING FROM GARBAGE CART.

This is reached by flights of open winding stairs. From this a fine view of the "Old Faithful" is seen especially at night by search lights. The search-light is also thrown from here upon the bears at the edge of the woods, and this brilliancy never fails to make them beat a retreat to the forest; however, they soon return. On coming to the hotel Larry never fails to grasp each guest by the hand, and with a hearty shake, say "you are welcome;" and if you are not English he will speak to you in Spanish, such as he has learned in Old Mexico. He insists upon calling the geysers the geesers, and says that you will see them all in the morning. Before retiring he treats the guests to popcorn, popped in the immense stone fireplace, saying that only children are to eat. In taking our departure he brings a baby's frock and wants to know to whose baby it belongs, taking it at last to a couple on their wedding trip.

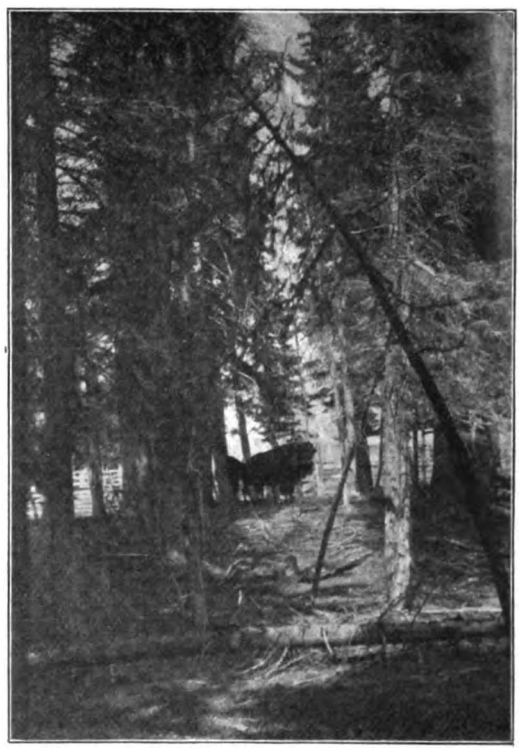
Our fourth day brings us to the far-famed Yellowstone Lake more than twenty-five miles in length and twelve wide. The largest body of water at this altitude in the world. At the edge of the lake is a spring of boiling water. Here one may stand and cast a hook into the lake, catch a trout and drop him into the spring and cook him without stirring from the spot. As we haven't time to fish before our little boat "Zella" starts

I get some eggs, put them in a can and hold them in the spring just four minutes, when they are boiled hard. The picture shows the captain of our boat holding the can by the string. with several of our party watching the process. The little boat here at the right "Zella" is waiting to take us across the lake to the hotel, where we find more of the wild animals of the park. Especially is seen here the "grizzly," who comes regularly, to the dump for his food. The black bear also comes here, but is always on the alert, lest his deadly enemy, the grizzly, catch him unawares. If he sees the grizzly coming he makes for a pine tree, knowing full well that his enemy with flat feet cannot climb the tree. They had told us that these bears would not attack a man, unless very hungry, but on our arrival at the hotel I was asked to go and see two employes of the hotel who had been attacked that afternoon by a big grizzly, lacerated, torn and left for dead. One man had his head torn open with the temporal artery severed and a piece of flesh bitten from his arm. The men said that they were taking a little walk through the pine forest, when all of a sudden they were surprised by the big grizzly, one man was thrown down, torn and bitten. He, possum-like, turned over pretending that he was dead, when the bear left him, to attack his companion, who with a few lacerations escaped up a tree. Then we heard the story of another man being attacked here by a black bear. It appears that this man picked up a little cub, when the mother from ambush leaped upon him and would have squeezed the life out of him had his faithful wife not been there with her sunshade and beaten the beast away.

After seeing the patients, notwithstanding a most terrific thunder storm, we go upon the lake, down to the river, for trout. The fisherman assures us that we shall be certain to catch some fish, if we do not, there will be no charge for boat and tackle, and so accoutred in macintosh, we set out. And as we approach the outlet of the lake the storm abates, the

TROPHIES OF THE REEL AND LINE.

sun shines forth and there is a perfect calm; the gadfly appearing, the trout leap forth for the delicious bit from the waters. Hundreds upon hundreds are seen springing from the surface all up and down the stream for now we are out of the lake in the Yellowstone River. Yes, we succeed in reeling in several fine lake trout of different varieties, one red salmon. We take them to the hotel, and they bring forth much admiration from our party, and then carry them back to the kitchen, arranging with the chef to cook them for supper. At first he didn't believe that he would have time to dress and cook them but with a couple of silver dollars in



BUFFALO IN THE PINES.

sight he concluded that he could secure the necessary help to get them ready. Before leaving them, however, I secured by the help of the boy a kodak picture. Our table that night with the large tureen of fish and the many varieties of wild flowers gathered at the lake shore was the center of attraction.

Speaking of the wild flowers we had bouquets of bluebells, paint brush, harebell, monk's hood, golden rod, mountain daisy, sunflower, everlasting, aster, blue fringed gentian, the latter being very abundant here. It seems that the park is the land and home of the gentian.

"Thou blossom bright with autumn dew
And covered with heaven's own blue,
That openest when the quiet light
Succeeds the keen and frosty night;

Thou comest not when violets lean
O'er wandering brooks and springs unseen,
Or columbines in purple dressed
Nod o'er the ground bird's nest.

Thou waitest late and com'st alone,
When woods are bare and birds are flown,
And frosts and shortening days portend
The aged year is near its end.

Then doth thy sweet and quiet eye
Look through its fringes to the sky,
Blue, blue as if that sky let fall
A flower from its cerulian wall.

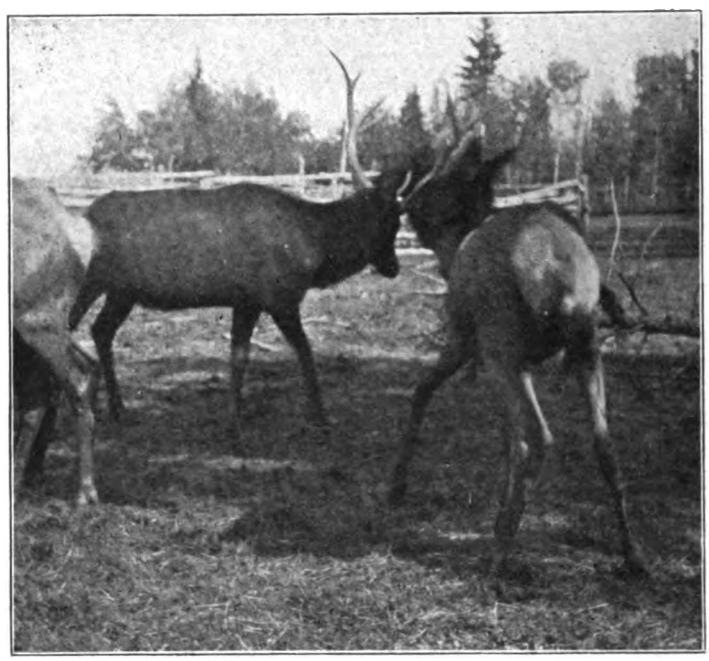
I would that thus when I shall see
The hour of death draw near to me,
Hope blossoming within my heart,
May look to heaven as I depart."

—WILLIAM CULLEN BRYANT.

These mountains with geysers, the hot springs, the lake full of fish, the wild flowers, the wild animals, the pure spring water, the fine hotels, all combined, make Yellowstone Park, one of the most ideal places for a summer rest, that one could imagine. Friday morning we leave this enchanting spot for scenes even more grand and magnificent; for today we are to visit the far-famed Yellowstone Canon with its gorgeous colors, its leaping cataracts, and its picturesqueness indiscribable. Our smooth wagon road free from dust—thanks to Uncle Sam's solicitous generosity, winds over the hills by the side of the rushing waters of the Yellowstone. It is a bright, cool morning, and the scenery all along grows more interesting and grand, as we advance into the canon. Numerous white pelican with large broad beaks and black tipped wings are drifting with the tide upon the sheeny surface of the river. All along in the transparent water are numerous speckled trout swimming, and now and then jumping from the surface to catch the devil's darning needles and gadfly that skim the surface. Just now at 10 o'clock across the river on the slope are seen several mountain deer feeding and gamboling upon the green. Two fine bucks with their large antlers have locked horns, testing their strength, while the doe admiringly looks on, undisturbed by the passing of our coaches. At noon we reach the jumping off place, for here precipitously tumbles the great mass of waters over the rocks below to the depth of more than three hundred feet. On the brink stands another commodious, well equipped modern hotel, where a good dinner awaits us, and to which from our drive in the keen rarefied mountain air we are able to do justice. After dinner we get into the hotel "carryall" and drive down the canon to obtain some of those most enchantingly beautiful views of this portion of Wonderland. At observation point one sees directly in front of him the bold promontory upon which our National bird has built his eryie, and from which the the eaglets are just now craning their heads. At the right is that immense sheet of roaring waters, and at the left they go tumbling, thundering, surging, swirling and foaming in their rush through the giagntic rent of the mountains. But no words of mine can do justice to the grandeur and beauty of this spot of nature.

Saturday morning with an early breakfast I go down to the canon to Lookout Point for another view of the Yellowstone Falls and the rock-

ribbed defile of the mountains. It is with some little difficulty and hazard that I make the descent, jumping from rock to rock, clinging to outgrowing shrubs from the side of the battlements, with the surging waters some three hundred feet below, and the wagon road as many feet above. I gain the desired point and holding to the rocks with one hand, kodak in the other I secure the picture most desired, for just now the old bird stretches his wings, and with the eagle cry soars aloft, and then with a few circles descends and lights on a dry limb of a dead trunk; as much as to say, I will pose for you here, but you must not come near my little ones. So with this picture I rest content scale the battlements to the road again. Reaching the hotel with just time enough to run up to see a patient and

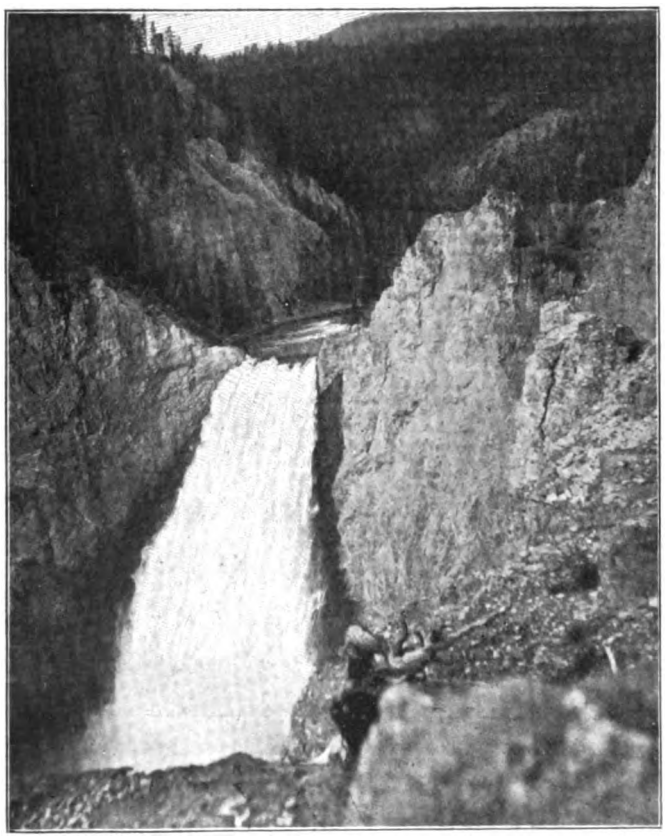


DEER AT THE ROADSIDE.

then mount the stage with our party for the homeward stretch; for ere noon we shall have returned to Norris, where we again meet the road we left on our first day's journey.

A few miles out from the hotel we pass over the Continental Divide, where the snow that now is falling thick and fast about us, melts to run in opposite directions, part going to meet the waters of the Pacific Coast, and part to join the Yellowstone in its rapid flight to the Atlantic. We see here today ripe strawberries and many wild flowers glinting from the fallen snow. The snow is but for a few moments, for now the clouds break, showing their silver lining, and all nature smiles and sparkles with her glistening rain-drops, flowers, berries and minerals. At Norris

we tread again the thin crust with the hot water steaming, boiling, gurgling, hissing, roaring, sputtering all about us. The paint pots are going on with their mixing and tempering, and the geysers (especially Old Constant) are erupting their hot water with steam and sulphurous fumes. All impress us with the great powers of nature and make us feel that we are certainly nearer God today than ever before. We must hurry into luncheon so as to make way for two hundred guests coming in from Mammoth



YELLOWSTONE FALLS.

Springs, and here come several coaches full, many of them from foreign shores, all the way to see this wonderful piece of nature, the pride of our government. On our way back we come again to the Obsidian, or glass mountain and the wonderful Apollinaris waters gushing from the crevices of which we take another drink, just for the stomach's sake, and then with a few more pieces of the glass rock picked up from the roadside, we proceed on our way.

Near these springs we are told, several years ago, the banditti were wont to rob the coaches. And to make the story more realistic, after we had gone a little way down this wild region, the coaches ahead of us suddenly came to a stop, and the cry went back that they were being robbed. Our party immediately began to secrete their pocket-books and other valuables, but on closer investigation we found that a wheel horse had stumbled and fallen; aside from his having been dragged a few feet, no serious damage was done. Mr. L., of our coach, afterwards laughed at his wife

STAGE COACHES AT NORRIS STATION.

for secluding in such great haste her pocket-book, which he declared only contained twenty-five cents, however, he also confessed that in his excitement, in closing his watch he shoved his thumb quite through the crystal.

In approachng the Mammoth Hotel we descend from the coach and walk over to the Devil's kitchen and view again Jupiter's and Minerva's temples, and also the Pulpit rock. We take another picture; but neither words nor kodak can portray the wonders and beauties of this Mammoth Spring of the park. One to appreciate it, must see the over-pouring of the clear hot water, the magnificent colorings with their different tints and shades. One cannot picture the boiling and the roaring nor the rushing of the geysers.

As we say goodbye to this interesting place, we can but feel that the past week has marked an epoch in our life, and it is with a shade of sadness as we reflect, that in days to come, this land is to be but a burned out crater, for already we can see that she is in her last throes. In days to come our posterity will be able to ride about the Park in automobiles or trolley cars with the Apollinaris spring water on tap at all of the numerous hotels; the geysers will be slumbering instead of the hot gurgling waters like the Adelsburg grotto of the Alps and Mammoth Cave of Kentucky, there will only be stalagmites and the stalactites. Her last struggle will have been made, and like other died out volcanoes she will slumber forever. However, for many centuries she will hold the same interest to the lover of nature and to the health-seeker. We are glad that we can leave her in the keeping of Uncle Sam who will guard, protect and improve her beauties.

One week from the day we left Kansas City we are again in the harness, and are even more busy than usual; for during our sojourn, work has accumulated, which must be despatched before we go to meet Mrs. Tiffany in Massachusetts, where the real vacation of one month is to be enjoyed." Another week is gone and we are on the wing for the Atlantic shores.

It is in the little, old, quiet town of Northboro, Mass., birthplace of Mrs. T., among the soughing of the pines and shadows of the broad outreaching elms that we find real rest and recreation. It is the apple year in Massachusetts, so with the cider press at hand, we spend the days in picking up the "windfalls," pressing them into cider, visiting the plum groves, the vineyards, the pear orchard and swinging in the hammock stretched beneath the large apple trees of nearly a century's planting. An occasional run down to some one of the numerous sea coast towns of Boston suburbs is made. A day or two spent at the charming coast of Nantasket, which the government of Massachusetts now owns and protects. Two days are delightfully spent at the landing place of the Pilgrim fathers. We tread with reverence the grounds of our forefathers, who planted themseves here well-nigh three centuries ago. Of course we put foot on the old Plymouth rock, as did the occupants of the Mayflower in 1620, walk to the old cemetery upon the hill where sleep so many of of the dead of the first winter breathing out life in wilderness hardships. Here corn was planted to hide the graves from the savage Indians. We pick some of the leaves from the large sweeping linden trees planted many years ago from sprouts taken from a raisin box brought over in the Mayflower. Of course we took the walk of John Alden when he went with the fateful message of Miles Standish to the Puritan maiden Priscilla. We say fateful, for if you want a thing well done, as were the words of Miles Standish, you must do it yourself. One day is spent at the quiet and beautiful Revere Beach over which Paul Revere took the celebrated ride. One day is spent at Bunker Hill monument and the navy-yard of Charlestown, viewing the old battle-grounds and docks. Two days are spent at the Massachusetts Eye and Ear Infirmary. The first day we meet by appointment the modern Myles Standish, oculist in charge of the medical department of Harvard College. Dr. Standish courteously takes me over to the infirmary, which is one of the largest and best

equipped institutions of the kind in the world. It accommodates 130 patients, and any poor person of the state can come here and receive treatment, board and nursing free of charge. At my second day's visit at the hospital I seen Dr. Quackenboss make Dr. Chandler's operation (button-holeing the iris after the simple operation of cataract extraction. It was on the left eye, and the doctor not being ambidextrous took position at the side and in front of the patient, operating with his right hand. After making the incision he ruptured the capsule all around at the pupillary area, then extracted the lens. The iris prolapsed, but he had no

OUR NATIONAL BIRD.

difficulty in replacing it well into the center of the chamber and with a perfectly circular pupil. To prevent a subsequent prolapse of the iris is the reason the button hole is made. In doing this operation he was careful to make only a very small opening in the iris and this well toward the ciliary margin, not touching the circular fibers (sphincter iridis). The theory is that such an opening allows the escape of any pent-up aqueous humor, without pressure upon the iris, and thus prevents or lessens the danger of prolapse of the iris. Gentlemen, perhaps during the semestre we shall make this operation in your presence. At the Massachusetts Hospital I noticed that the beds are without head or foot rails, and are

upon large rubber tire wheels. All cataract cases are kept upon one floor, a floor which contains an operating-room; a great advantage in these cases. It is very important in this most delicate operation of extraction of cataract, as a charlatan said, in the circular papers "we have to split the eyeball open," and if there be any violent effort, strain, jar, pressure, there is great danger of an escape of the vitreous body and with loss of the vitreous body, the eye is a dead eye and a menace to its fellow. Thus the arrangement of the bed on large wheels which can be rolled to the operating-room and back, serving as an operating-table without moving the patient from his bed is of great advantage.

At our return from the East we stopped for a couple of days at the Falls of Niagara, crossed over to Canada, took a ride in the little "Maid of the Mist" under the Horseshoe Falls, got a few souvenirs of beadwork from our old friends the Niagara Indians.

And now the vacation being over we have returned with new strength, vigor and enthusiasm to this most interesting work of ophthalmology and otology.

LOVE'S LIGHT.

"The Night has a thousand eyes—
The Day but One;
Yet the light of a great world dies
With the dying sun.

"The mind has a thousand eyes—
The Heart but One;
Yet the light of a whole life dies
When Love is done."

—F. W. Bourdillin.

THE LOG OF LIFE.

Now, you set sail and I set sail upon the sea of life—
And times there are when come a gale that cuts us like a knife.
When comes a blast that shudders past and shrivels up our souls—
It blows from off the barren rocks where sorrow spreads her shoals,
Where bitterly the billows break and chatter of defeat;
Long after we have struggled by their echoes hoarsely beat.

Some of us sail but where the sea in silver spray is curled;
Some of us beat beyond the rim that bounds the rounding world;
Some of us ride upon the tide that in the moonlight gleams
And sighs of peace and happiness within the port of dreams;
And some go blindly up and down across the silent sea
To find the vanished harbor in the land of used-to-be.

But everywhere and anywhere our ships may moor or sail
There is a call for one and all—a wholesome, friendly hail,
It may be in the port of dreams, or off of sorrow's shoals,
Or when in midsea's placidness, the vessel idly rolls.
Whenever, on or off our course, we will but pause to hear,
There comes to us a hail that rings with fellowship and cheer

So you go down and I go down into the sea of life—
To feel the bite of angry winds along the reefs of strife.
To hear the strains of dim refrains from off some singing coast,
But through it all the friendly call is what we count the most.
The sea of life is long and wide, but we sail to the end—
Through shine and fog we write the log; "This day we hailed a friend."

—W. B. Nesbit.

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PAPERS READ AT THE SEVENTEENTH ANNUAL MEETING, AUGUST TWENTY-SIX, COUNCIL BLUFF, IA.

IS IT MENTAL TRAUMA?

S. Grover Burnett, A.M., M.D., Kansas City, Mo.

Superintendent Dr. Burnett's Private Home for Nervous Diseases and Inebriates; Professor Clinical Neurology and the Histological and Applied Anatomy of the Central Nervous System in the University Medical College; Consulting Alienist and Neurologist to St. Margaret's Hospital.

THE energy of man is spent in harnessing the elements of the atmosphere and transforming the earth's storehouse of treasures into wonderful and mighty forces and steeds, that the procession of human civilization may go marching on to that zenith of intellectual attainment and commercial aggrandizement, and in so doing he often shapes his own destruction. In his daily vocation of liberating some latent force and turning it into the channel of commercial usefulness he labors with a bilateral divergent strabismus that he may be able to detect and extricate himself from the path of destruction of some force liberated by his coworker.

When we think of it isn't it a wonder that so many of us live to adult age, that mid life has a fair representation; that a few reach senility, and that all of us have not had our overstrained nerves and brains worn, shattered, scared, or crushed out of us ere we have been blessed with a single

accomplishment to enlighten our successors, that they may know we once were and that we were IT for a time?

Is it any wonder that a new pinnacle of fame has grown to a ponderous height in the midst of the legal profession on which is firmly mounted the so-called "snitch" to whom the victims of the liberated elementary forces of this metropolitan age suddenly turn for solace in their limp, decrepid desuetude, and some with unrequitted affection and love for the jingle of a single coin at his feet? So, but few employers or public service corporations of today are exempt from liability in the relationship of the employe from the most technical machinery of the business to a cracked board in the floor, so great has becc me the number of traceable human ills to these causes.

At this point the subject could widen into all the phases of a medico-legal discussion, but the intention is simply to present a single case of the class and character intimated for a clinical study. Not that it is so uncommon, or clothed in mystery, but because the symptom complex is usually sum-totaled with a waive of the hand and the actual clinical value of the lesson is lost. Also, whatever the after relationships of the physician to the case, his value will be in proportion to the accuracy of his first study of the case.

The family and personal histories of our case are good, the parents and children still living in good health with no criminal events or neuroses to record, and the patient, a mother of three healthy children, has been in her 30 years, an intelligent and hard working woman up to the moment of the accident.

History of Accident.—While about to cross the street the patient remarked the terrific speed of an approaching car, that no one could ever cross before it without accident, and quickly stepped back directly alongside the pole (metalic) supporting the heavy electric feed cable and the wire going crosswise the street to which the main trolley wire is made fast and held in place. The car was a single truck make and its ends bobbed up and down and out of balance in its furious speed, throwing the trolley pole irregularly against the wire. At the point passing the patient the bounding trolley pole seemed to throw its slack wire into the arc electric wires above, resulting in a loud sputtering noise and a shower of fire directly over the point where the patient was standing. Friends a few feet from her say she was submerged in the fiery display, and that she fell to the walk unconscious, and was thought to be dead for some little time. She was removed to her home and returned to consciousness to the extent of inquiring in an incoherent way, as to what was the matter, or had something happened. She again lapsed into unconsciousness and was removed to the hospital.

Examination.—Five days after the accident I was called to see her. The nurse stated that she had been unconscious since admission, and had had several convulsions, sudden in outset, general in character, being both tonic and clonic, marked cyanosis, frothing at the mouth, labored puffing breathing, absence of opisthotonos, eyes fixed up and to one side and at different times the pupil had been large and insensible to light, and again very small. Intervals of the convulsive period were frequently marked by muscular twitching and picking at the bed clothing. Temperature most

of the time subnormal. Bowels unmoved and urine retained. I found her unconscious and inclined to pick at the bed clothing, teeth covered with sordes. Pupils large and variable in reaction to light, and the eyes turned well up and to the left. By repeated attempts to arouse her she would mutter inaudible attempts at answer and lapse immediately into the same unconscious state. Temperature 97 F. The right eyelid, external surface, burned to a crisp. Over the fifth lumbar was a burn through the skin 2 x 3 inches transversely. The dress waist, worn at the time of the accident was burned in holes in the back large enough to admit two to four fingers.

When catheterized eight ounces of dark, heavy, foul smelling urine was obtained and represented eighteen hours accumulation. It contained albumen and hyalin casts, but no granular, epithelial or blood casts. Previous urinary examinations showed increase of albumen following the convulsion and a decrease in the interval, the exact per cent not being recorded.

The bowels had not moved since the accident notwithstanding reasonable efforts to induce such. I ordered two minims croton oil and high enema of oxgall and glycerine for the bowels and symptomatic treatment for increasing activity of the kidneys and skin, and allaying central nerve cell irritability and to support the strength and subnormal temperature, and deferred further attempts at examination.

Three Days Later.—Patient arouses and talks in a rambling and disconnected manner, but is unable to fix her memory definitely. Excepting a dim interval or two she knows nothing of time since the noise and the "shower of fire." She never saw me before, she says, knows nothing of being conveyed to the hospital, and is now trying to become acquainted with her nurse who has been with her for eight days. While talking, a sudden semi-convulsive daze comes over her. The facial expression and the attitude of the head and eyes are fixed to one side for a moment. The pupil at first widely dilated became hyperactive in dilatation and contraction, independent of the amount of light thrown on it. In a few moments she rallies and resumes efforts to talk, but in a lost sort of a way. In other words, she had a severe petit mal seizure. The special senses are normal. The tactile sense, pain sense, and muscle sense are all lost. Analgesia and anesthesia are present bilaterally from head to foot. The muscular weakness amounts to helplessness, absolute. The deep reflexes are absent. Exhaustion became profound, and further efforts at examination were discontinued. Six days later, or fourteen days after the accident, her general condition has very materially improved. Is sleeping fairly well under small doses of sulphonal, but has had frequent night horrors. Bowels require to be moved artificially and the bladder to be catheterized. The albumen has disappeared entirely from the urine Attempts to stand alone are futile. She bears her weight on her feet, but the moment support is withdrawn from her she falls violently. Inco-ordination in both upper and lower extremities is profound.

Nineteen days after accident: Brought to the office in a carriage. General strength improved, but cannot walk or stand alone with eyes closed or open. The power in her legs is much reduced and they exhaust under attempts to use them. The exhaustion is characterized by rapid

and weak heart action, pallor and cold, clammy skin. The knee reflexes are faintly present, but are again lost on repeated tests. Can urinate voluntarily now, but the act is tedious and labored. The bowels now respond to medication. While talking to me she had a sudden attack of loss of consciousnses characterized by the usual manifestations of a petit mal seizure.

Twenty-four days after accident: Again seen at the office. She has had as many as eight petit mal seizures in a day. Has them at night and sleeps badly. She now has marked delusions of persecution and hallucinations of sight. She is positive that she sees persons standing in and about the room with evil intent, causing her to be in great fear and dread. She implores for protection, wrings her hands and weeps in melancholy agitation. She walks no better and with difficulty is induced to take sufficient nourishment, on account of the usual general atonic condition accompanied by a suspicion of the food being poisoned.

She was now placed on the rest treatment with forced feeding, isolation and attention to the insomnia. In ten weeks the melancholia had very materially cleared up and the petit mal attacks had subsided. A decrease in the anesthesia and analgesia was considerable, but not entire; but the muscle sense remained unimproved with the knee reflexes barely present and again lost on repeated tests. While the melancholia subsided and she was, to her family, her former cheerful self, she was not mentally at herself, there being a limitation of capacity; she seemed to get the mental climax of the expressive act with great exertion as if her ability to think were labored and at times the wrong words were used without her own knowledge. This differs from the mental defect of true melancholia which is not essentially an inability to think, but they go on thinking without being able to coordinate the thoughts into what we call judgment, which stamps the degree of intelligence of the act or expression. In other words, her mentalization partook of the nature of a mild dementia and organic disease combination With this state of affairs existing, while sitting talking to her husband, she, to all appearances, went to sleep and could not be aroused. She slept all day, was undressed and put to bed. Slept through the night and could not be aroused for breakfast. At the end of twenty-six hours she awoke and asked for food. She seemed at herself as before the onset of the sleep and had no knowledge of time whatever. Her last memory was of sitting in the chair, and the intervening time and the day of the week could not be accounted for. These sleeping spells became frequent, but varied in duration, though not in kind. Sometimes not over half an hour to a hour's sleep, from which she could not be aroused, would mark the period of attack, and occasionally a long interval of ten to fifteen hours. However each long period usually occurred at a time when the patient was put to bed and slept on into the night, and possibly prolonging it to natural sleep. During one attack she sat near the stove in her chair and, falling asleep, she laid over on the stove and was considerably burned, and no doubt would have been seriously if not fatally burned had she not been removed. Notwithstanding the burn she slept from 4 p. m. to 9 a. m. the next day. There was nothing special about the sleep to mark it as being different from natural sleep; she assumed a limp natural, attitude of body, with normal pulse and peaceful

breathing. This phase can readily be differentiated from the convulsive manifestation of hysteria, the attitudes and muscular resistance, facial pallor, the turning of the eyes and other cataleptic trance symptoms and symptoms of epilepsy; but it does conform pretty well to that rare condition known as narcolepsy.

Narcolepsy is seldom seen and probably never differentiated in general clinical work from ordinary hysteria. For the general man there is little or no literature to give any practical information. It is a sleep condition, irresistible in onset, irregular as to time and duration. The attacks may last from half an hour to hours, may come in exacerbations, or be spread out over time analogous to epileptic seizures. It occurs in victims of neurotic inheritance, intervening with the grave neuroses of the mental and convulsive types. To me, it is one of a clinical triad dependent upon a neurotic base to develop in one, epilepsy, another the preponderating mental type of hysteria, and in another narcolepsy—and we ask why? and turn to the deaf ear of degenerate nature for our answer. It frequently occurs in persons who have had epilepsy, and is the manifestation that should have been an epileptic fit. However, it occurs in other morbid conditions which may or may not sometimes be engrafted on a neurotic inheritance; for the strongest central nervous system may give way to traumatism, may acquire drug addiction through accidental causes, may suffer from uremia, leutic infection and toixc conditions generally. Any cause setting up "a paroxysmal change in the nervous centers of a vascular or chemical character" (Dana), may be a sufficient etiological factor. Fright, fear, mental shock, all synonymous, clinically, may have an almost unliimted disastrous effect on the central nervous system. It causes circulatory convulsion, a result of morbid central nerve cell action, and chemical changes in all nutritive fluids and cell products may result to secondarily react on the brain ganglionic centers and poison them still farther till normal functions are dethroned. For instance, a woman, of this city, after viewing a collapsed building, and believing her husband to be in the ruins, returned home and nursed her healthy babe, which, in a brief time, was in profound convulsions.

A gentleman, eminent in the financial and social world was so shocked by the exposure of his irreparable undoing of his good name that he took to his bed and died in a few weeks. Again, a formerly healthy man emerged from the grand jury room, after being questioned as to his misdoing, pale "as death," and at this writing his physician says he can't live. Fright must result in mental shock in many instances. The breaking of a nervous system under fright or shock does not prove its worthlessness prior to the accident any more than the former worthlessness of the oft used culvert is proven when it gives way under the tread of an elephant. Fright is a common cause of many nervous diseases. The grave forms of hysteria, melancholia, mania and other forms of mental diseases are often due to shock. I recently lost a case of acute mania, of two weeks' duration, developing suddenly when told by the family physician that her son could not recover from pneumonia (he recovered in time to attend his mother's funeral).

Many of us have seen severe chorea caused by mental shock due to fright of different kinds, and still fools never have chorea. Generally

speaking, only delicately constructed but overly active little brains are victims of chorea. Though digressing somewhat, especial effort is made in the foregoing remarks to direct attention to the array of serious, and irreparable damages to the central nervous system as a result of mental shock, mental trauma, and mental fright. Could we only see and know the actual damage done within the chemic work shop of a single brain cell with its mysterious and wonderful neuronic technique, we would know more of trauma than our little heads have ever dared dream of.

I may be in error, but its my opinion that the electric current, proper, did not ground through this patient, but the overwhelming and unexpected suddenness of the explosion and rain of fire which submerged her was sufficient to produce a mental terror equal to the presence of death. This mental agony, no doubt, was intensified by the fact that this mother carried her babe in her arms at the time of the accident, and that narcolesy became a clinical epoch in her invalidism is only a manifestation of perverted brain function differing in character, but being a descendant of the same cause of the preceding coma, convulsions, suspended sensory and motor function and the melancholia.

The degree or intensity of the sleep of narcolepsy varies in the estimation of different authors. Gowers thinks it is an intense desire to sleep from which they can be aroused. Oppenheim evidently thinks it is sort of a "catnap", for he claims they can be awakened by the "merest touch." Church says, "In the majority of cases the sleep is deep," and he adds, "in other cases the patient is comatose and cannot be aroused."

This patient only a few times showed any tendency (and that very slight) to arouse on rough handling and, generally speaking, could not be aroused at all. The time she fell asleep and slid over on to the hot stove and was burned, and still frying when removed, was a good test as to a light or heavy sleep.

One year after the accident the patient had improved to the point of living comfortably. The pain sense and tactile sense were very nearly normal, but the muscle sense did not materially improve. The knee jerks were only faintly present on forced tests, and were lost entirely on repeated tests. Mentally she was blunted, and memory bad, and would get tangled up in her efforts at forced mental acts. Physically she was in fair flesh, but attempts at walking prolonged any length of time cause unnatural fatigue, which was probably due to her incoordination and inability to stand or walk alone without great effort. At his time she was forced into having her deposition taken on some case in court. It is useless to say the attempt was a failure. That night she was in profound epileptic convulsions, amounting to almost status epilepticus for twelve hours. Albumen again reappeared in the urine without casts and disappeared in a few days after the convulsions ceased. For twenty-four hours succeeding the convulsions the patient was a typical case of acute mania, with the most wild and vivid delusions and hallucinations. Eight months later, or one and a half years after the accident, she had not recovered her full mental self, but became pregnant and miscarried at the third to fourth month, and at this writing is in the hospital low with sepsis.

In conclusion, much could be said in analysis of the different phases f this case, but it is only presented as a clinical lesson, and the reader i

allowed to make his own diagnosis. However, as facilitating the discussion would ask:

1. What is mental shock—fright?
2. Can we call it mental trauma?
3. Is it not safe to say that the resultant chemical changes add poison and starvation to the crippled cell and enlarges the clinical picture?
4. Is there any danger of the primary condition (shock) and the resultant chemical changes permanently injuring the ganglionic cell function?
5. And can we become so expert that we can rush into court with a handful of knowledge, look very wise, shake our little heads and say positively, No, without flirting with the truth?

OLD POEMS THE DOCTOR SHOULD REMEMBER.

THE LAST ROSE OF SUMMER.

'Tis the last rose of summer,
  Left blooming alone;
All her lovely companions
  Are faded and gone;
No flower of her kindred,
  No rose bud, is nigh
To reflect back her blushes,
  Or give sigh for sigh.

I'll not leave thee, thou lone one!
  To pine on the stem;
Since the lovely are sleeping,
  Go sleep thou with them,
Thus kindly I scatter
  Thy leaves o'er the bed
Where thy mates of the garden
  Lie scentless and dead.

So soon may I follow,
  When friendships decay,
And from love's shining circles
  The gems drop away,
When true hearts lie wither'd,
  And fond ones are flown,
Oh, who would inhabit
  This bleak world alone?

—Thomas Moore.

My desire and aim have been to utter nothing but the truth. I have no love for error in any form or in any field of knowledge.—Hiram Christopher

The Medical Herald.

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The Editors' Forum

[Discussion of Current Topics invited in this department. The Editors assume no responsibility for the views expressed by correspondents.]

THE DANGERS OF WOOD ALCOHOL.

So many deaths from the drinking of wood alcohol have been reported from widely different localities in recent months that it is reasonable to conclude that there have been many deaths from like cause which have either failed to receive public recognition, or what is very probable, have been accounted for by other causes.

The horrible report is given out from reliable sources that a single saloon in New York City has furnished between 25 and 30 victims of fatal poisoning from wood alcohol. It is practically impossible for any one to determine the presence of wood alcohol when it is used as a substitute for grain alcohol, because the cheap, destructive product, once readily recognized by its highly offensive odor and equally disagreeable taste, has been so treated as to be deodorized.

It is so much cheaper than grain alcohol that the temptation to make money, even though health be impaired or life itself destroyed in the effort, has proven so strong as to render it perilous to use those agents requiring alcohol in their production or preservation.

So competent authorities as Dr. Frank Buller of Montreal, Dr. Casey Wood of Chicago, and Dr. H. W. Wiley, chief of the Government Bureau of Chemistry, inform us that in Jamaica ginger, lemon essence and extract, essence of peppermint, Florida water, peruna, the thing that has cured the incurable, contain this insidious destroyer.

Equally startling is the assertion that of all the whiskey sold at bars, restaurants and clubs, 15 per cent or less is free from adulteration. Nor

need the preparations containing wood alcohol of necessity be taken internally in order that dire results shall ensue. It is a matter of almost universal observation that a measure of damage may result from the fumes of wood alcohol, while close inquiry demonstrates its destructive power when used, as it very frequently is in liniments, "rubs" and numberless cure-alls.

The writer's attention was recently drawn to one of the wholesale sources of the dangerous mixtures dispensed, to a waiting anxiously expectant, thirsty multitude, under the guise of rectifying spirits. The individual who discussed this hitherto highly respected process, possessing a dignity born of an environment of profound mystery and secrecy, disclosed the astonishing fact that he had been employed many months in a wholesale liquor establishment where by the wonderful method of rectifying it was possible to draw from the same barrel, provided it were rolled over the warehouse floor at certain angles with a proscribed number of turns, whiskey of different grades, and varying quality and to the writer most wonderful of all, of different years of ripening.

Yet to that firm and some of its well-known brands there have been awarded prizes and medals by experts—heaven save the term—in solemn conclave passing judgment upon alcoholic beverages.

Dr. Wiley writes as follows, what shall we say of his opinions and what the effect of such a condition upon medical prescriptions for pure whiskey:

"The compound whiskeys, it must be said, are usually made under the legal system of rectification, but my contention is that the real and the imitation should be labeled. Then the responsibility will rest on the purchaser. Laws to this effect should be passed. If the pure food bill which has passed the house and is now pending in the senate becomes a law, the government will require this label on all whiskey entering interstate traffic. We have already found that the usual method of producing the imitation whiskey is for the dealer first to purchase a barrel of pure whiskey out of bond. He then buys the necessary amount of alcohol and adulterates it with water. To this are added burnt sugar and prune juice, for coloring purposes, and chemical essences to ripen, usually bead oil. All this is then compounded with a small quantity of the pure whiskey. It is given the age of the real article and at once put on sale."

Small wonder that such diametrically opposite results are attained by honest physicians using stimulants in an effort to save or prolong life.

BELL.

STROPHANTHUS IN LOBAR PNEUMONIA.—C. Am Ende (Med. Record) values this drug very highly in the treatment of pneumonia and describes a number of cases in which its action was markedly beneficial. The author begins its administration immediately upon the establishment of the diagnosis, the dosage being varied according to the circumstances, and other supporting measures and drugs, such as strychnine, nitroglycerin and oxyogen also being employed as indicated.

TO EAT OR NOT TO EAT MEAT: THAT'S THE QUESTION.

The recent great strike among the packers, and the consqeuent scarcity and high price of meats, naturally brought us face to face with the oft discussed question, what is the real value of meat as a diet?

Certain it is that entire nations and vast races of people live, and live well who never taste meat of any kind. We read of large shipments of canned meats to the Japanese, especially since their conflict with the crafty Russian has begun. One of the Japanese ministers has shown the absurdity of such announcements by drawing attention to the fact that the Mikado's soldiers were not meat-eaters, rice and dried fish being the chief articles in their commissary. Whatever the exigencies of war might compel them to do it may be taken for granted that only the severest straits would cause the Japanese to become meat-eaters. It was said that the reason Japanese soldiers marched so quickly and remained so healthy during the campaign for the relief of the imprisoned legations at Pekin was because they were unhampered by such a complex commissary as their allies. It is noteworthy that those races which because of religious prejudice, custom, or climatic conditions, and not infrequently because of poverty refrain from meat-eating are in every way the equal, and in some respects the superior of the meat-eating peoples of the world. The writer believes that man is an omniverous animal, and these lines are not written to bolster up a vegetarian creed, but it does seem that too little attention has been given to the question of diet, and particularly to the question of meat eating.

It is no uncomomn thing to read of whole parties of individuals being poisoned by canned meats. A recent editorial in the Journal of the of the American Medical Association discusses the relation between meat poisoning and paratyphoid fever. Let those who desire consolation because meat products are scarce, or the prices prohibitive, seek such consolation in a study of the comparative value of meat as a food, and like the sly carnivora of legendary fame rest temporarily in the conviction that they do not want meat. It isn't good for them. The editorial referred to reads as follows:

"According to the investigations of Trautmann, there appears to be an intimate and interesting relationship between the bacilli regarded as the cause of certain meat poisonings and paratyphoid bacilli. Both Trautmann, Schottmüller and B. Fischer, as well as de Nobele, regard all these organisms as belonging to the same group. Hitherto we have thought of paratyphoid bacilli only in connection with a rather mild kind of typhoid-like disease, and at first sight it seems somewhat far-fetched to attempt to place meat poisoning and paratyphoid under the same etiology. It may be pointed out, however, that while these bacilli are closely related, yet there are minor differences on part of the various races, and that differences in the clinical manifestations of the infections might be accounted for on the score of biologic differences in the organisms. The virulence of the bacilli and susceptibility of the patient are also highly important factors that should not be left out of sight. Trautmann, in considering this question, would put special stress on the difference in the conditions under which the infection takes place in meat poisoning and ordinary para-

typhoid fever. In the case of poisoning, meat (improperly prepared, uncooked?) of infected animals is taken into the stomach, meat that often contains not only the bacilli perhaps, but also the toxic products of the latter. This is followed by acute and violent symptoms, e.g., vomiting and diarrhea, ending in early death, or recovery after, perhaps, protracted illness. In case of ordinary paratyphoid fever, the infection is established with a relatively much greater slowness, and the symptoms become apparent much more gradually. Trautmann observed, furthermore, that in the epidemics of meat poisoning there occurred certain cases that form transitions between the two types of infection, and he consequently regards typical meat poisoning as a hyperacute and paratyphoid as a subacute form of the same infectious disease. If this view is adopted generally, the pathogenic importance of paratyphoid bacilli will be increased greatly. In order to secure additional information in regard to these questions, all cases of meat poisoning should be studied with the greatest care from the bacteriologic point of view. It appears that in Germany epidemics of meat poisoning have followed the consumption of more or less improperly prepared meat of infected animals, and Trautmann suggests that in cattle paratyphoid organisms cause an epizootic after the nature of anthrax. This in itself is an interesting question in comparative pathology.

BELL.

PREVENTION OF SMALLPOX.

The editor of the Medical Standard sounds the alarm regarding smallpox the approaching season. He says that all signs point to an increased spread of smallpox, and as the disease is beginning to assume a more virulent type. the condition is one which demands the most careful handling. It would hardly seem necessary in this age to call attention again to the importance of insisting upon wholesale vaccination, except for the fact that the anti-vaccinationists are conducting a vigorous campaign all over the country and endeavoring with real, though mistaken energy, to undermine the faith of the laity in the value of this means of prevention, and to fill them with vague alarms of the "dangers" of this practice. The medical profession ought to be doing something to stem this fanatical tide.

Every day new evidence comes to hand of the efficacy of vaccination. For instance, during the week in which this is being written twenty-six cases of smallpox have been reported in Chicago. Of these only one had been vaccinated; this was a man 24 years of age, who said he was vaccinated in infancy—the scar was "doubtful." One of the patients is the daughter of a well-known lawyer; she was the only member of a large family to contract the disease, and she was the only one who had not been vaccinated; she had been spared this operation because of feeble health.

Physicians should preach vaccination, "in season and out of season." The "Vaccination Creed" issued by the Chicago Health Deparment ought to have a wide circulation, and should be given widest publicity through the local boards of health. Here it is:

1. True vaccination, repeated until it no longer "takes" *always* prevents smallpox.

2. True vaccination—properly done on a clean arm with pure lymph and kept perfectly clean and unbroken afterwards—never did and never will make a serious sore.

3. Such vaccination leaves a characteristic scar, unlike that from any other cause, which is recognizable during life and is the only conclusive evidence of a successful vaccination.

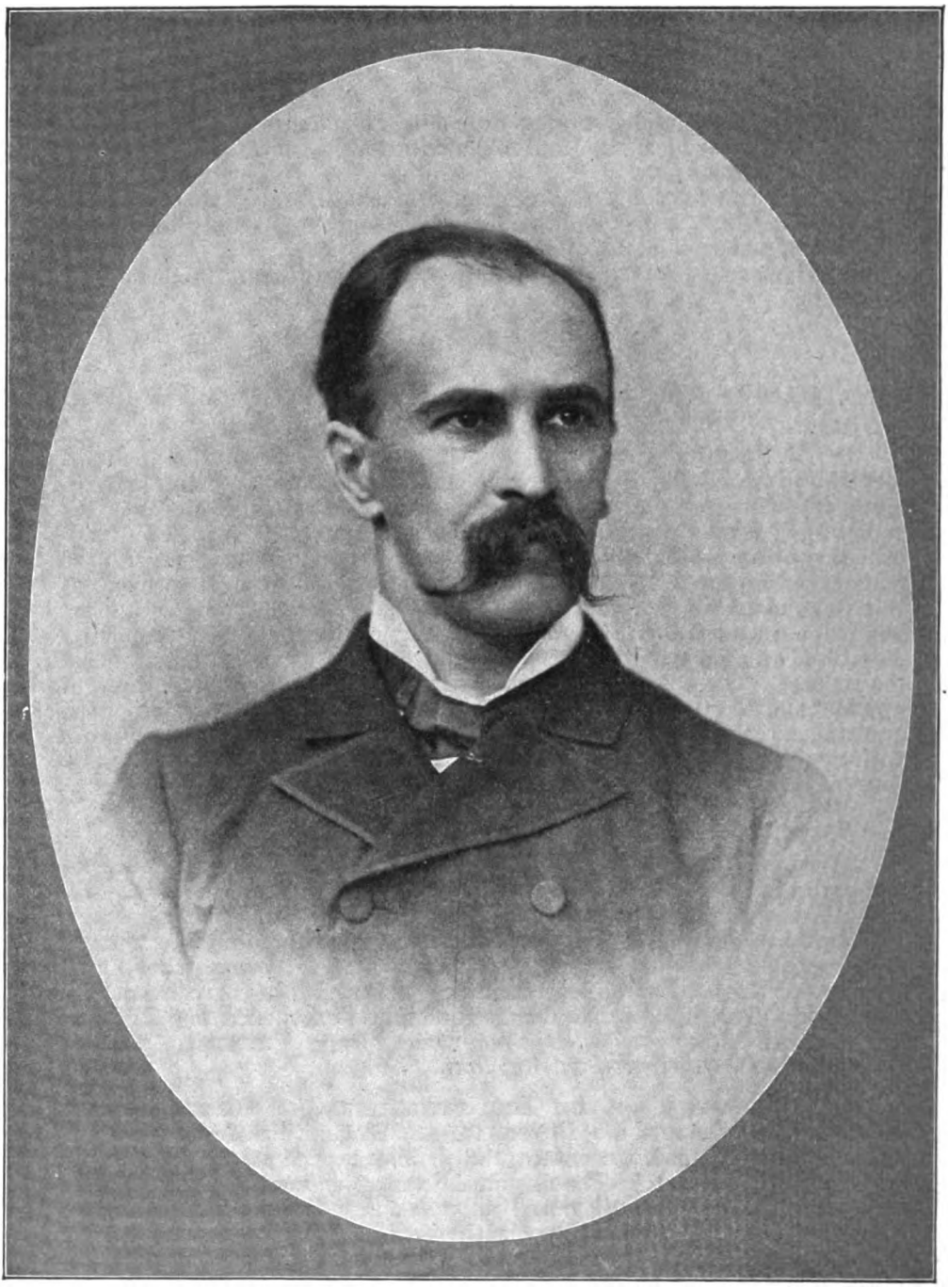
4. Thousands of lives are annually sacrificed through the neglect to vaccinate.

TWO CASES OF LOCOMOTOR ATAXIA IN MAN AND WIFE.

Dr. E. Staehlin reports two cases, interesting on account of the indirect way in which the diagnosis was made and because they are both directly traceable to syphilis as the etiological factor (Medical Record, November 5). A man presented himself with the typical urine of an advanced cystitis, which caused few subjective symptoms, however, and the urine soon improved under treatment. His wife asked for treatment at this time, claiming to have kidney trouble, but examination of both heart and urine was negative. It was discovered by accident that she frequently stumbled, even on smooth pavements, and this led to an examination of the reflexes. The patellar reflex was absent, the pupillary reaction to light was lost, and Romberg's symptom was present. Cross-examination of the husband revealed the fact that ten years before he had infected his wife with syphilis, and it was found that he, too, presented the cardinal symptoms of tabes.

MISSOURI UNIVERSITY PRIZES AT THE WORLD'S FAIR.—According to the preliminary report of the committee on awards the University of Missouri has won more prizes at the St. Louis Exposition than any other university in the world. Nine grand prizes, sixteen gold medals, thirteen silver medals, and three bronze medals, a total of forty-one prizes, is the showing of Missouri's highest institution of learning in competition with the world. The grand prizes denote the highest excellence, and Missouri has captured more than twice as many as Chicago University, its most fortunate rival, which received but four.

AN ADAPTATION OF THE HEMACYTOMETER AND OUTFIT TO THE NEEDS OF THE PRACTICING PHYSICIAN.—F. W. Smithies describes a convenient case designed to contain the articles needed at the bedside for making a blood count. The principal innovation consists in having the diluting pipettes made with raised collars a short distance from each end. These are intended to hold in position the nipple-like caps of rubber which are slipped over the ends of the instruments to present leakage during their transport from the sick room to the microscope. Convenient recesses are provided in the case to accommodate these pippettes, puncturing needle, counting chamber, three bottles of diluting fluids, etc., and the rubber caps.—Medical Record.



DR. WILLIAM OSLER.

The appointment of Dr. William Osler to the Regius Professorship of Medicine in the University of Oxford is a distinguished recognition of Dr. Osler's brilliant services in the American medical profession. Dr. Osler, born in Canada and a graduate of McGill University in Montreal, is acknowledged to be one of the foremost scholars in the medical profession. His writings not only cover a wide range of subjects, but show insight and profundity. He has been Professor of Medicine at the Johns Hopkins Medical School since 1889. His departure from this country will be deeply regretted. We are indebted to the courtesy of Everybody's Magazine for the excellent Portrait.—[Ed.

The Doctors' Library

"Read, not to contradict, but to weigh and consider."—BACON.

THE PHYSICIAN'S POCKET ACCOUNT BOOK, by Dr. J. J. Taylor, is a neat, compact, easily kept and strictly legal book, carried in the pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain legal language, and require no posting or further attention. Published by the Author, 4105 Walnut street, Philadelphia.

By always being able to show all inquirers the exact state of their accounts wherever you may meet them, showing date and nature of each transaction, you will save more than enough in one year to buy account books for a hundred years. Being simple and complete, it will save you much valuable time in keeping your accounts and much needless worry as to their correctness. The book contains Obstetric, Vaccination, and Death Records and Cash Accounts. The book is 4¼ x 6¾ inches, containing over 224 pages. Price, bound in leather, $1.00. Also bound in manilla boards with separate leather case. Price of case and two manilla books, $2.00. Subsequent manilla books to use in the case, 60 cents each; two for $1.00; three for $1.40. Also large size for desk or office use, $4.00. Address Dr. J. J. Taylor, author and publisher, 4105 Walnut street, Philadelphia, Pa.

THE FOUR EPOCHS OF WOMAN'S LIFE. Maidenhood, Marriage, Maternity, Menopause By Anna M. Galbraith, M.D., Fellow of the New York Academy of Medicine, etc. Second edition, revised and greatly enlarged. With an introductory note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1903. (Cloth, $1.50 net).

The second edition of this work appearing at this time, demonstrates the demand and value of such a treatise. The first edition was reviewed carefully in the Herald and recommended to our readers. It is an excellent book to place in the hands of any young woman and may be safely followed as a guide and counselor by those seeking the information which this book aims to impart. Much suffering, disappointment and sorrow would be prevented, were this book placed in the hands of young women, or even those more mature in every home.

WATHEN'S EPITOME OF HISTOLOGY. A Manual for Students and Physicians. By John R. Wathen, A.M., M.D., Professor of Surgery, etc., formerly Professor of Histology and Pathology, Kentucky School of Medicine, Louisville, Ky. 12mo, 220 pages, 114 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers, 1903. (Cloth, $1.00 net.)

Like other of this series, this little volume meets the requirements of a primay treatise on the subject with which it deals. The tissues of the body are shown in their minute structures with accurateness and faithfulness to detail. The purpose of the book is not to take the place of larger texts, but to be a means of preparation for examination, for review and for

hasty consultation. The illustrations are beautiful. As a compact elementary treatise on Normal Histology, there is nothing further to be desired. A special chapter is devoted to the technique of preparing and staining tissues. B.

ELECTRO-DIAGNOSIS AND ELECTRO-THERAPEUTICS. By Dr. Toby Cohn, Nerve Specialist of Berlin. Translated from the second German edition and edited by Francis A. Scratchley, M. D., of New York. With eight plates and thirty-nine illustrations. New York and London: Funk & Wangalls Company. (Cloth, 280 pages. Price, $2.00.)

"This is an authorized translation, with reproductions of the original plates, of the most popular German manual upon the kindred subjects of the diagnosis of disease and its cure by the use of electricity. Its author, Dr. Toby Cohn, of Berlin, is a practical instructor in these branches, and wrote the work to satisfy an imperative need in his classes. Dr. Mendel, of the University of Berlin, the well-known authority upon electro-diagnosis, pays the highest possible tribute to Dr. Cohn by noting the "interest and enthusiasm" of his students, and the "excellent and practical results" of his instruction."

The practical value of Dr. Cohn's work is thus briefly summarized by the editor and translator:

"It gives concisely all that is important in electro-diagnosis, and in electro-therapeutic all that is of positive value. It places electricity exactly where it belongs in a physician's armamentarium, as a curative agent. It will commend itself because of its excellent plates, its precise and very thorough explanation of the method of investigation and how to make an electrical diagnosis, and the careful instruction it gives for the proper use of electricity as a therapeutic agent. It presents so many good features in such an admirable manner that it should readily fill in this country the same place it has filled in Germany."

A COMPEND OF DISEASES OF THE SKIN. By Jay F. Schamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduates in Medicine of the College of Physicians of Philadelphia. Philadelphia: P. Blakiston Son & Co. (Price, 80 cents, net.)

This third edition of Schamburg's Compend on Diseases of the Skin is of equal grade with others of the quiz compend series. No review is necessary beyond the statement that we have here the third revised and enlarged edition with 106 illustrations. These compends are known by every student, their value being settled beyond any question.

A MANUAL OF SURGICAL DIAGNOSIS. By James Berry, B.S., F.R.C.S., Surgeon to and Lecture at the Royal Free Hospital, London. Philadelphia: P. Blakiston's Son & Co., Publishers, 1012 Walnut Street. (8vo. Cloth, 2.00 net.)

Berry has given us a thoroughly practical insight into surgical diagnosis, and his general descriptive work is so clear that it is readily comprehended by the surgical student. We take great pleasure in heartily commending this work, which together with the publishers' finishing touches, makes a most valuable addition to the library.

THE YOUTH OF WASHINGTON TOLD IN THE FORM OF AN AUTOBIOGRAPHY. By S. Weir Mitchell, author of "Hugh Wynne," etc. 12mo, 300 pages. New York: The Century Co. (Price, $1.50.)

"The Youth of Washington" stands unique among the publications of the year. It is not history. It is not fiction. It is a daring and clever interweaving of the two. The reader of today will rank the work as a delightful record set down with much skill. Will the reader of another century accept it as an authentic and actual autobiography? It may easily be. For, to imagine Washington sitting down at Mount Vernon in his old age and recording, solely for his own eye, the incidents and influences of his youth, was a daring undertaking, a venture seemingly well justified by the result. To this dramatization, as it were, of one of the most conspicuous figures in history, Dr. Mitchell brought long years of study, abounding enthusiasm, and rarely sympathetic insight into the character of Washington. The result is a freshly interesting chronicle, through the pages of which the young Virginian moves, a real and living person, as he tells, with his usual reserve, the heroic story of his youth. The letters in the book challenge and baffle curiosity. Which are true? Are any of them inventions? And, incidentally, the critic is tempted to feel that the literary self-restraint shown in the telling of the story must have been something of a trial to the author who wrote "Francois" and who loves the freedom of the romance.

Photo by Hollinger

MISREPRESENTATIVE MEN.—Illustrated. New York: Fox, Duffield & Co. ($1.00 postpaid).

One of the most ingenious of noms de guerre is that of Col. D. Streamer, whose book of verses called "Misrepresentative Men" just out from press of Fox, Duffield & Company. Col. D. Streamer, author of "Ruthless Rhymes for Heartless Homes," "The Baby's Baedeker," etc., is in reality Captain Harry Graham, Aide-de-Camp to the Governor-General of Canada, Lord Minto. He is a member of the Cold Stream Guards —whence his pen name "Col. D. Streamer." Captain Graham dedicates his book—which by the way shows him to be an Englishman who not only understands but practices American humor—to one of the most popular of American actresses—Miss Ethel Barrymore. A clever bit of satire worthy of a place in the home library.

THE FUSSER'S BOOK (Illustrated). New York: Fox, Duffield & Co. (75 cents postpaid).

An instance of the rapidity with which a new piece of slang travels across the country is shown by the term "Fusser." When "The Fusser's Calendar" first appeared few people in California knew what a fusser was.

Now that Fox-Duffield & Company announce "The Fusser's Book," a logical successor to the calendar, the largest advance orders are found to come from the Pacific slope. A fusser, it seems, is an habitual beau or lady's man, and the new rules for his correct conduct and etiquette are said by those who have had the advantage of seeing the advance proofs to rival "Ruth Ashmore" and "As Seen by Him" in humor if not in practical suggestiveness. Every "fusser" should have a copy of this little book.

THE MEDICAL NEWS VISITING LIST FOR 1905. This is a concurrent pocket sized book of about 190 pages. It is divided into two parts, a text part and a record part. The text consists of thirty pages and includes among other things concurrent tables of weights and measures, incompatibles, poisons and antidotes, a table of the eruptive fevers and an extensive list of drugs and their doses. There is also a scheme of dentition. Good instructions are given for the examination of the urine, ligature of arteries and methods of inducing artificial respiration and of calculating the duration of pregnancy. The record portion contains ruled blank pages well arranged for recording the details of daily professional business, including records of deaths, births, addresses, vaccinations and a cash account. The paper is good, binding strong, and all in all this is a very serviceable book for what it is intended—a daily record of professional business. G.

Literary Lore

THE BOOKLOVER'S MAGAZINE.—The spirit of Christmas invades the editorial sanctum long before December comes, and among the holiday magazines The Booklovers will take a foremost place. It contains a varied and attractive array of literary contributions, and an unusual quantity of brilliant and artistic illustrations, many of them in color and tint. Pastor Charles Wagner, the apostle of the simple life, opens the Decemer number with a brief "Christmas Message," written in French, and translated by Mary Bacon. The art section of the Christmas number is unusually beautiful. The eight brilliant color pictures, from originals in the collection of Mr. Felix Isman, of Philadelphia, include pictures by J. G. Brown, Gerome, Chelminski, Clays, L'hermitte, and Corot. Carl J. Becker's "Loose Leaves from an Artist's Sketch Book"—a series of pencil sketches—is descriptive and illustrative of Mr. Becker's many travels in foreign lands.

THE CHRISTMAS DELINEATOR.—The December Delineator, with its message of good cheer and helpfulness, will be welcomed in every home. The fashion pages are unusully attractive, illustrating and describing the very latest modes in a way to make their construction during the busy festive season a pleasure instead of a task, and the literary and pictorial features are of rare excellence. A seletion of Love Songs from the Wagner Operas, rendered into English by Richard de Gallienne and beautifully illustrated in colors by J. C. Leyendecker, occupies a prominent place,

and a chapter in the Composer's Series, relating the Romance of Wagner and Cosima, is an interesting supplement to the lyrics. A very clever paper entitled "The Court Circles of the Republic," describes some unique phases of Washington social life is from an unnamed contributor, who is said to write from the inner circles of society. There are short stories from the pens of F. Hopkinson Smith, Robert Grant, Alice Brown, Mary Stewart Cutting and Elmore Elliott Peake, and such interesting writers as Julia Magruder, L. Frank Baum, and Grace MacGowan Cooke hold the attention of the children. Many Christmas suggestions are given in needlework and the Cookery pages are redolent of the Christmas feast. In addition, there are the regular departments of the magazine, with many special articles on topics relating to woman's interests within and without the home.

THE CENTURY MAGAZINE FOR 1905.—To read the plans of The Century for the year 1905 is, with most persons, to decide to own the magazine, for the list of artists and writers is more attractive than ever before. Three serials arouse special interest: "Sandy," by Mrs. Alice Hegan Rice, author of "Mrs. Wiggs of the Cabbage Patch" and "Lovey Mary;" a new novel from the fascinating pen of Mrs. Humphrey Ward, and a novel, "Rose o' the River," by Kate Douglas Wiggin. There will be short stories, too, from the world's best and most popular writers of fiction: Rudyard Kipling, Anthony Hope, Jack London, Marion Crawford, Ruth McEnery Stuart, Owen Wister, Miriam Michelson, Irving Bacheller, Booth Tarkington, and scores of others. Beginning in the December issue are Ambassador White's reminiscences of his mission to Germany from 1897 to 1902 one of the most notable series of memoirs recently published. During 1904 Charles F. Brush will write for the Century of the invention and present status of "The Arc-Light;" George Westinghouse, of "The Air-Brake;" Nikola Tesla, of "The Transmission of Power;" Frank J. Sprague, of "Electric Traction." Melville E. Stone, manager of that great organization, the Associated Press, will describe its origin and methods, its collection and distribution of news, its operation in Europe, and its service in war-time. There will be articles of general scientific interest and importance from Professor Henry Fairfield Osborn, Gilbert H. Grosvenor, Professor Russell H. Chittenden, Frank N. Chapman, and Helen Keller. American architecture will be treated at length, special papers covering "The New Naval Academy," "The New Custom-house in New York," "The New Congressional Buildings," "The Capitol Extension," "The New National Museum," and "The New York Public Library." Another feature of the year will be a series of papers telling of historic homes in France, with illustrations by Jules Guerin and Andre Castaigne. And it is promised that the East and its interests, that field to which all eyes are turning today, will be treated in a number of valuable and important articles. The art features of The Century have always been of notable beauty—1905 will advance the standard. The value of The Century in any home cannot be estimated. It means hours of entertainment. It means acquaintance with the best of modern art. It means accurate and intimate knowledge of all important investigations in science and of all reform movements and interests. It means friendship with the best writers of the day. It means culture.

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DR. L. R. KING,
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DR. A. A. SHELLEY,
Ex-Secretary,
Abilene, Kansas.

DR. LESLIE LEVERICH
Secretary.
Solomon, Kansas.

DR. H. N. MOSES,
Treasurer,
Salina, Kansas.

Society Scintillations

"True wisdom is to know what is best worth knowing, and to do what is best worth doing."
—H. HUMPHREY.

GOLDEN BELT MEDICAL SOCETY.

The third quarterly meeting of the Golden Belt Medical Society, was held in the Masonic Temple at Salina, Kansas, Thursday, October 6th, with President W. S. Lindsay in the chair.

Drs. F. K. Meade, of Plainsville, Geo. Seitz, O. R. Brittain and W. B. Deweese of Salina, J. M. Deiter and Chas. B. Buck of Abilene, and A. G. Henderson of Leonardsville, were elected to active membership.

Section 3 of Art. 2, of the By-Laws, was changed to read: The active members of this society shall consist of residents of the State of Kansas, who are eligible to membership in the American Medical Association, and who live in accordance with the Code of Ethics of the American Medical Association.

The resignation of Secretary A. A. Shelley was read and accepted. Dr. L. Leverich, of Solomon, was elected to fill the vacancy.

The proposition of the State Medical Society to become the fifth district society was unanimously declined.

The following scientific papers were read: "Their Right to Life of the Unborn Child," Dr. E. L. Simonton, Wamego, Kans. "Treatment of Malposition of the Uterus and Their Effects," Dr. T. R. Conlin, Abilene, Kan. "Report of a Case of Lymph Adenoma Treated by the X-Ray," Dr. J. H. Winterbotham, Salina, Kansas. "A Case Personal," Dr. J. T. Curtis, Dwight, Kansas." "Intestinal Union by the Aid of a Hollow Candlestick," Dr. J. D. Riddell, Enterprise, Kansas.

There was thirty-eight members present, and after adjournment all were invited to a banquet given by the physicians of Salina.

Hope, Kansas, was selected as the next place of meeting, Thursday, January 5th, 1905.

L. LEVERICH, Secretary.

SIOUX VALLEY MEDICAL ASSOCIATION.—The ninth semi-annual meeting of above society will take place in Sioux City, January 26 and 27, 1905, and it is only necessary to say Sioux City, to insure a large attendance and an enjoyable meeting. An excellent scientific program is in preparation. Among those who have already signified their intention to be present are: Drs. N. S. Davis, M. L Harris, F. H. Montgomery, Palmer Finley, A. H. Andrews, Chicago; J. P. Lord, A. C. Stokes, H Gifford, J. E. Summers, Omaha; D. S. Fairchild, Clinton, Ia.; Chas. H. Mayo, Rochester, Minn.; John Hamilton, Cedar Rapids, Ia.; and possibly Dr. Billings, Chicago. The meeting promises to be a good one. The officers are: President, M. Sullivan, Adrian, Minn.; 1st Vice-President, A. E. Cook, Randolph, Neb. 2d Vice-President, R. E. Woodworth, Sioux Falls, S. D.; Treasurer. S. A. Brown, Sioux Falls, S. D.; Secretary, M. E. Silver, Sioux City, Ia. The local Entertainment Committee: Drs. Jepson, Franchere, Warren and Silver.

BUCHANAN COUNTY (MO.) MEDICAL SOCIETY.

W. T. ELAM, President C. W. FASSETT, Secretary
J. B. REYNOLDS, Vice-President J. J. BANSBACH, Treasurer.
P. I. LEONARD, official reporter.

OCTOBER 21, 1904.

Dr. W. T. Elam in the chair.

Dr. A. L. Gray read a paper on the milk supply of the city.

On motion of Dr. P. I. Leonard, a committee of three was appointed to investigate the necessary steps to procure a pure milk supply for this city, and to report back to the society. The chair appointed Drs. Kenney, Gray and McGlothan.

Members present: Drs. Heddens, T. E. Potter, O. B. Campbell, Tygart, Bauman, King, McGlothan, Owens, Pitts, Wallace, Elam, Donelan, J. B. Reynolds, P. I. Leonard, McCoy, C. G. Geiger, Toothaker, Gray and Bowen. Adjourned.

NOVEMBER 4, 1904.

Dr. W. T. Elam in the chair.

"Diphtheria," discussion opened by Dr. H. S. Forgrave as follows:

Diphtheria is an acute, specific communicable disease due to the Klebs-Loeffler bacillus, and characterized usually by the formation of a false membrane upon certain mucous membranes, especially those of the tonsils, pharynx, nose or larynx. In most large cities diphtheria is endemic, while in the country it prevails chiefly as an epidemic.

Diphtheria is caused in the majority of cases by direct infection, the bacillus being discharged in great numbers in the saliva and mucus from the nose and mouth, and in pieces of membrane, which are coughed up. Indirect infection does occur from the bed and clothing of the patient, and from toys, books, feeding utensils, etc., used by the patient. The contagion is occasionally carried by a third person who has been in close contact with the patient. It should be remembered that numerous observers have shown that virulent bacilli may persist in the throat for months after the membrane has entirely cleared away, and that the disease may be communicated from these patients.

Among the most important predisposing causes the existence of a chronic catarrhal inflammation of the mucous membrane of the nose and throat, associated with enlarged tonsils and adenoid growths of the pharynx, is the most important. Children are more susceptible than adults the greatest susceptibility being between the second and fifth years. The disease is more frequent during the cold months.

The essential lesions of diphtheria consist in the exposition of a false membrane upon some mucous surface and degenerative changes, caused by the diphtheria toxines, usually found in the nerves, liver, heart muscle, kidney, spleen and lymph glands. The membrane usually occurs in the naso-pharynx or larynx, although it has been known to occur in the conjunctiva and the mucous membrane of the vagina as well as in wounds.

The membrane usually has a grayish appearance, but may be pearly white, yellow, greenish and even black. It is made up of fibrin, degenerated epithelial cells and coagulated exudate, and usually is quite adherent to the mucous membrane.

The most common seat of this membrane is upon the tonsils, from which place it may spread to the uvula and fauces, upward to the naso-pharynx and nose, or downward to the larynx, and trachea. The disease is usually ushered in by fever, malaise, sore throat and not uncommonly by a definite chill or chilly sensation. From the start the prostration is usually great, and evidences of constitutional involvement are usually well marked by the sceond day. The constitutional involvement is usually in proportion to the local involvement, although this is not always the case. In the mild tonsillar cases the general symptoms may be slight, but in the severe cases the muscular weakness and prostration, feeble, rapid pulse and mental apathy are marked, and commonly increase up to the fourth or fifth day of the disease. The temperature is irregular and bears no constant relation to the severity of the other symptoms. Its usual range is from 101 deg. to 103 deg. F. When the disease spreads to the nose this is usually indicated by a profuse sero-sanguinolent discharge which irritates the skin about the nose and upper lip. Laryngeal involvement is indicated by a coarse, croupy cough, accompanied by varying degrees of dyspnea, even to complete stenosis.

The treatment of diphtheria now rests upon a sound foundation since the introduction of the antitoxin treatment by Behring and Kitasato in 1893. Without going into detail it is sufficient to say that since the introduction of the diphtheria antitoxin the mortality of diphtheria has been reduced from something like 30 to 60 per cent to 12 and 18 per cent. No disastrous results have ever been proven to be due to the introduction of the serum into the system other than the production of slight exanthemata. The general consensus of opinion is to give the serum early in the disease in large doses, the usual amounts being for a child of two to five years from 3000 to 4000 units as the initial dose. The usual error is in giving the antitoxin in too small doses.

M. J. Farber.—What is the difference between laryngeal croup and diphtheria; is the latter disease constitutional or local? these are still open questions. I consider it a constitutional disease. We must protect the Schneiderian membrane against infection, with boracic acid solution. The antitoxin is harmless and can be used as high as 42,000 units if necessary, but we cannot rely entirely upon it. We must treat the complications, keep the heart up with 1-30 gr. of strychnia, liquid nourishment. The hygienic conditions have not been mentioned in the paper. I believe that diphtheria can be stamped out.

O. B. Campbell.—If there is any disease where the etiology and treatment is absolutely settled it is diphtheria. We must get in the band wagon. In mixed infection we must use more antitoxin and also the streptococcic serum—it is a local disease, and secondarily constitutional. The sequela are not preventable; in paresis of the heart I think strychnia and digitalis are all right.

Jacob Geiger.—In cases of throat trouble, beginning with the tonsils, and extending up or down, caused by the Klebs-Loeffler bacillus. Few cases under 3 years and rarely above 15, but I have had a case of diphtheria in a physician 48 years old. I have little faith in constitutional treatment. I use non-irritating sprays, such as sulpho-carbolate of zinc. How to prevent a spread. In a child of 5 years I use 3000 to 5000

units, and if not improved in 10 or 12 hours I repeat the dose and increase the units. I have absolute faith in antitoxin, but it is insufficient in streptococcic infection. I do not believe in topical applications in a struggling child.

C. H. Wallace.—The treatment is the most important and the diagnosis is paramount. Take the history of the case and if grayish or yellowish deposits are seen on the tonsils I believe in a preventative dose of antitoixn. The dose depends on circumstances. Watch closely if case is seen in large families, give it an immunizing dose; to other children in same family also, particularly in school children.

E. C. Renaud.—There are two points I wish to call attention to: Treat every case to prevent nasal diphtheria, and I agree with Dr. Geiger not to use topical applications in a struggling child. To prevent sequelae I believe to keep the children quiet for two or three weeks, and subject them to as little strain as posisble.

J. J. Bansbach.—Nothing has been said about intubation and tracheotomy in stenosis. We should practice on the adult before intubating children.

A. L. Gray.—I do not believe in sprays. In this disease red blood corpuscles are rapidly diminished, in five days they fall to one-half, and to compensate for this I give iron, tr. chloride. I am a doubtful advocate of the use of antitoxins. It is useless in typhoid fever, measles, scarlet fever, variola to use an antitoxin for these diseases.

O. G. Gleaves.—There are three forms of diphtheria: nasal, pharyngeal and croupal, and their treatment is different. I am an advocate of sprays, of peroxide of hydrogen as a solvent of the membrane. I consider membranous croup and diphtheria the same and use antitoxins.

L. A. Todd.—The diagnosis between follicular tonsillitis and diphtheria can only be made by bacteriology, and I regret that we have no place here, where we can send our specimens taken from the throat for such examination. The health board should furnish bouillon for our swaps, and they should give us a result of the examination the next morning. This would facilitate our course in suspicious cases. This ought to be encouraged.

J. B. Reynolds.—I think the etiology and treatment well settled. I use smaller doses of antitoxins to get a good result than some of the previous speakers; I also use local applications. I think there is a difference between membranous croup and diphtheria. Few recover from membranous croup. I think local applications help.

L. J. Dandurant.—I think antitoxin is useless where we have pathological exudate on the tonsils or elsewhere. We must not interfere with normal secretion. Bichloride of mercury is one of the best applications. We must recollect that the dosage of antitoxin has been changed recently.

Geo. Potter.—I am one of those who believes that antitoxin can do harm, cause sequela and paralysis, when these symptoms are attributed to the disease.

E. A. Donelan.—As physician to the school board I am interested in the prevention of the spread of disease. I hope the physicians will be prompt in the report of cases to the board of health.

W. B. Deffenbaugh.—I believe in treating the cases early. The mixed stage should not occur. Regarding prophylaxis I am a believer in the prompt use of antitoxin.

P. I. Leonard.—The question of the number of cures of diphtheria, no doubt, hinges upon the diagnosis. Curative means depend upon the virulence of the poison which gives rise to the disease, and upon the resisting and fighting powers of the body. We often attribute undue importance to our efforts and methods of treatment. We still rely largely upon the dictum of Hippocrates, "vis medicatrix natura." Medical statistics are as a rule untrustworthy. There is the difficulty of similar cases, the diagnostic difference of opinion between clinicians as well as between bacteriologists. In follicular tonsillitis antitoxin scores a triupmh. I do not believe antitoxin is entirely harmless.

T. H. Doyle.—Having decided opinions on this question I waited to make my remarks toward the end of the discussion. Some say membranous croup and diptheria are the same disease A clinical experience of 40 years teaches me that they are different diseases. Diphtheria is infectious, membranous croup is neither infectious nor contagious. In diphtheria we find albumen in the urine, not so in croup. We have enlarged cervical glands in diphtheria, not so in croup. In diphtheria they die from syncope, not in croup. In diphtheria we have paralysis, not in croup. Klebs-Loeffler bacillus in diphtheria, not in croup. In diphtheria a removal of the membrane is accomplished with difficulty, the exposed surface bleeds and membrane returns in a few hours. In croup membrane is easily brushed off without any bleeding and seldom reforms. You see we have different clinical symptoms, and I do not believe they are the same disease. In treatment I believe antitoxin is all right. Stimulation, digitalis, nitroglycerin, and good nourishing diet are all beneficial.

THE FOURTH PAN-AMERICAN MEDICAL CONGRESS, which will convene in Panama the first week in January, 1905, bids fair to be a most delightful midwinter trip. The delegates will leave this country by the Atalntic, Pacific, and Gulf coasts the last week in December. They will return by the same routes, or will make round trips. The Public Health Association meeting will take place on the following week in Havana, and those desirous of attending both meetings, can arrange to do so. There are two routes for the physicians to take from Panama to Havana. The first is by way of Jamaica to Santiago de Cuba by boat and overland by rail to Havana. The second is by water from Panama to Vera Cruz and from there to Havana. The former will probably be the most pleasant trip. From Havana, the return trip can be made directly north to New York by water or via Miami or Tampa, Florida, or New Orleans. The connections and dates of sailing are now being arranged. The Panamanian Government has appropriated $25,000 for the scientific sessions and the entertainments. The congress will be held from the second to the sixth of January. The afternoons will be devoted to the scientific sessions, and the mornings

and evenings to trips and social functions. So far as can be learned, the program in Panama will be a reception on the first day, by President Amador, of the Panama Republic, and the formal opening session of the congress the same evening. On the second day, an excursion to the canal in the morning, meeting of the various sections in the afternon, and a banquet in the evening; on the third day, an excursion down the bay to Taboga Island, where a Panama breakfast will be served, scientific sessions in the afternoon and a ball in the evening. On the fourth day, an excursion to the United States Army barracks in the morning, section meetings in the afternoon and the formal closing session in the evening. On the fifth day, an excursion to the plantation of the United Fruit Company; and on the afternoon of this day, those of the congresses who intend going to Cuba, to attend the meeting of the Public Health Association, will sail for Jamaica, while those who intend going by way of Vera Cruz, or returning home by way of New Orleans or New York, will remain until the following Tuesday. The secretaries of the sections of the congress for the United States, are: A. H. Doty, New York, Hygiene and Quarantine; Judson Daland, Philadelpiha, Medicine; R. Matas, New Orleans, General Surgery; Bert Ellis, Los Angeles, Eye; Hudson Makuen, Philadepllhia, Throat; Frederick Jack, Boston, Ear; C. H. Hughes, Saint Louis, Nervous Diseases; George Goodfellow, San Francisco, Military Surgery; John Ridlon, Chicago, Orthopedic Surgery; D. W. Montgomery, San Francisco, Dermatology; C. G. Kerley, New York, Pediatrics; Noble P. Barnes, Washington, Therapeutics; Walter Chase, Boston, Pathology. Communications from physicians in the United States, interested in these branches, can be sent directly to these different secretaries. Delegates intending to attend the congress, desirous of obtaining information concerning it, should communicate with the secretary of the International Executive Committee in the United States, Dr. Ramon Guiteras, 75 West 55th street, New York City.

SENIOR CLASS ELECTION.—On October 27th the senior class of the Ensworth Medical College held an election of officers. M. H. Gordon was elected president; Virgil Morrison, vice-president; G. O. Hanna, secretary, and Hans Miller, treasurer. The delightful fall weather suggested an outdoor picnic to celebrate this event, to further a feeling of good fellowship. On October 31 they repaired to the Lotus Club at Lake Contrary, and amid good cheer, apollinaris and other refreshments, the afternoon was passed in a manner never to be forgotten. Every one present had to dance a jig, sing a song or tell a story. On account of deciding on an afternoon when Prof. P. I. Leonard holds a clinic, a committee was appointed to invite the doctor to hold a clinic at the lake and act as chaperon for the young men. Following is a list of those participating: P. I. Leonard, M. H. Gordon, G. O. Hanna, Virgil Morrison, C. S. Miller, R. R. Miller, Edgar Miller, C. R. McFarland, Albert Andrews, Geo. W. Carpenter, Chas. W. Caldwell, A. R. Holmes, R. E. Ferguson, Geo. A. King, Jas. A. Hill. J. H. Buckles, A. S. J. Smith, Chris Sampson, Clemens Rucker, W. P. Murray, Wayne King, H. M. Butler.

Medical Melange

DR. CHAS. G. GEIGER is making a tour of old Mexico, and will be absent a month.

GRAND PRIZE.—We are gratified to announce that our old friends, Wm. R. Warner & Co., have carried off the highest honors—the Grand Prize—at the St. Louis World's Fair, for their pharmaceutical preparations.

A MEDAL FOR DR. KNOPF.—The Louisiana Purchase Exposition has awarded a gold medal to Dr. S. A. Knopf, of New York, in recognition of his works on the prevention and treatment of tuberculosis. Dr. Knopf is an indefatigable worker, and this honor will be generally approved.

TO THE SOUTHLAND.—The World's Fair is over, and the tourist turns his face Southward. Don't fail to visit New Orleans, where so much of an historic nature dwells, and incidentally we would say, make your happiness complete by stopping with Mr. Blakley at that prince of hostelries, the New St. Charles. See announcement and illustration on another page of this issue.

ELECTED OFFICERS.—At the annual meeting of the Buchanan County Medical Society, December 2, the following officefs were elected: President, Dr. P. I. Leonard; First Vice-President, Dr. A. L. Gray; Second Vice-President, Dr. J. F. Owens; Secretary, Dr. Chas. Wood Fassett (re-elected; Treasurer, Dr. A. B. McGlothlan; Censor, Dr. J. W. Heddens. The annual banquet of the society will be given at hotel Metropole, on the evening of December 27.

SPECIAL ANNOUNCEMENT.—The Alma Sanitarium Company, Alma, Mich., is making some radical changes as to ownership and improvements as to management, and as a first step in that direction desires to announce that Dr. Raymond Custer Turck, of Chicago, Ill., has been appointed medical superintendent and business manager of the Alma Springs Sanitarium. Dr. Turck's professional standing and executive ability should command the respect and confidence of both the medical profession and the general public, and we believe that the association of Dr. Turck with "The Alma" insures for it a standing and efficiency of service unsurpassed by any similar institution in this country. While the management has always aimed to have everything in and about the institution in a perfect state of repair, it is the intention of the company to renovate the institution from top to bottom, add new furniture and furnishings, especially increasing the remedial apparatus, and to provide a well-equipped and strictly up-to-date operating room. Dr. Turck has made a special study of Dietetics, and this particular department will be given even greater attention than heretofore. By reason of Dr. Turck's special training in surgery and diseases of women, particular attention will also be given to such cases. We feel that we have been extremely fortunate in obtaining the services of Miss Bertha M. Singer as superintendent of nurses. Miss Singer's rare ability and extensive experience as surgical nurse of the Chicago Post-Graduate Hospital, and superintendent of nurses of the Chicago Hospital, assure the efficiency and popularity of the nursing department. We

also desire to announce that Dr. Harry John Thompson, who for several years was assistant physician at this institution, and who for the past two years has been medical superintendent of The Hudson Sanitarium at Hudson, Wisconsin, has accepted the position of assistant medical superintendent. Dr. Thompson has made a special study of nervous disorders and diseases of the kidneys and gastro-intestinal tract, and in addition is an authority upon electro and hydro-therapy. We take this opportunity of thanking our former guests, and the physicians who have referred their cases to our care, and trust for a continuation of their patronage and interest. THE ALMA SANITARIUM CO.

ALAKOMETRY VERSUS GALENICALS.— Every practitioner has recognized the want of reliability of the galenical preparations as dispensed by the pharmacist. It seems impracticable to obtain such preparations of the due degree of potency from different druggists, or from the same druggist at different times. The leaves or flowers or roots, etc., of the same medicinal plants vary in the prescription store—whether due to the inferiority of different samples, or the time of gathering and mode of preparation for the market, or the length of time they have remained in bulk or on the shelves of stores. It needs no further proof than that of experience that most of these galenical preparations, as found even in the best of drug stores, are unreliable—sometimes too strong, but most frequently too weak. The physician scarcely knows the proper dose of such preparations, coming from different reliable druggists—however honest they may be. Such, however, is not the case with the alkaloids. So much morphine and no more is derived from the poppy, so much strychnia, from strychnos nux vomica, etc. The time is at hand when the practitioner has learned these facts, and no one more than he should rejoice that the alkaloids have been extracted and prepared for use from such a large number of medicinal plants, etc. The alkaloidal method makes it easy to prescribe "the smallest possible quantity of the best obtainable means to produce a desired therapeutic result." These alkaloidal preparations also enable the physician who has to dispense his own drugs to carry about with him as large a variety of the active principles of different drugs as he is apt to need in his routine practice. With reference to such preparations the country doctor, as a rule, is ahead of the city doctor, who still sends his old galenical prescriptions to the pharmacist. Hence the frequent difference in the reports as to the value of different drugs, as prescribed galenically or alkaloidally. Economy of space; convenience of administration and equable reliability of preparations are all in favor of alkalometry. It is surpassing strange that so many of the standard text-books on materia medica and therapeutics have not dealt with this subject as they should have done. We hope for improved standard text-books for our students and practitioners.

A WORTHY HOUSE.—We would direct our readers' attention to the new announcement in this issue of the supply house of Huston Brothers Co., of Chicago, which explains some the specialties of this firm. We can recommend this institution as reliable and prompt, and bespeak for it the patronage of physicians generally.

PHYSICIANS and pharmacists alike are interested in the recognition extended to the H. K. Mulford Company by a distinguished jury at the St. Louis Exposition, composed of scientific men from all parts of the world. This jury has awarded them the highest prize (Grand) for their superiority in vaccines. antitoxins and curative sera, and a special gold medal to two directors in their laboratory, for advanced work of benefit to science. This almost National honor has probably never been heretofore awarded to an American pharmaceutical house. In addition to these honors for biological products, we recently learned that they have been awarded the Grand Prize on their full line of pharmaceuticals, embracing friable tablets, triturates, hypodermics, capsules, fluid extracts, elixirs, salts, etc. Their exhibit at St. Louis occupied a large portion of space in the Department of Hygiene in the Educational building and was illuminated by colored photographs that enabled the observer to follow

closely the various steps carried out in the production of vaccine and antitoxin. It impressed every one with the extreme care exercised in each department of their production. Diphtheria lesions of the throat and nose were beautifully demonstrated by wax models made from life. Each step in the production of antitoxin was shown and every stage from the growth of the culture to the production of the toxin, injection of the horses, bleeding of the horses and the administration of the serum to the patient were clearly demonstrated. From a study of the reproduction of their laboratory methods one was instantly impressed with the absolute cleanliness and marvelous precautions observed in the production of antitoxin and vaccine. This exhibit was not placed in the Liberal Arts Building where the other products of a biological and pharmaceutical character were shown, but at the special request of the government commissioner of hygiene, the exhibit was placed in the Educational Building. We congratulate the Mulford Company upon the high honors so richly deserved.

REGARDING INVESTMENTS FOR THE DOCTOR.—Big combinations of capital, such as are employed in transportation and other utilities have of late so monopolized public attention that careful consideration of the things being done by others in a smaller compass and for a more common purpose are likely to be overlooked. To reach the masses with a proposition having for its object the fostering and increase of the savings habit may therefore not be so startling, as some of the operations about which the papers have had so much to say of late, yet it reaches the vast majority of human beings, and in this sense alone has warrant for its exploitation. As an abstract proposition therefore a corporation which secures for savings a reward and profit commensurate with the self-denial implied in systematic economy may fitly be regarded as a benefactor in the same way that life insurance companies are so considered. For the thirty-one months ending with October 31 last, The North American Investment Company of the United States, with home offices in the Odd Fellows Building, St. Louis, Mo., has been able to show an increase in its business of selling five per cent interest-bearing gold bonds equalled only by the operations of the four big life insurance companies The North American Investment Company received its charter from Missouri in the early part of 1902, and began business in April of that year with assets of $125,000. On the first of November, 1904, its assets amounted to $661,906.04. This remarkable increase has been brought about solely by confidence in the company's plans of making savings profitable to people of small means. The gold bonds of the company can be bought in weekly payments of one dollar or more. They pay the investor five per cent a year, and he also participates in the accrued profits that come from lapses, bonds discounted for cash, transfer fees and other sources of emolument not found in similar plans of putting a deserved premium on thrift. At present the company's bonds are sold through authorized agencies in twenty states and the business, as already shown, is rapidly increasing. The officers of the North American Investment Company: R. L. Maupin, president; O. F. Pearson, vice-president; Dr. Bransford Lewis, second vice-president; J. A. Norton, Secretary; G. L. Williams, treasurer, and H. B. Cocke, auditor, are among the best known and capable business men, and the company has strengthened its directorate by the addition of many well known physicians and surgeons from this part of the country. Dr. Bransford Lewis, the second vice-president, is president of the Mississippi Valley Medical Association, Dr. W. A. McCandless, surgeon and member of leading scientific societies is a director, as is Dr. G. H. Wilson, who has just been chosen a member of the Missouri Legislature. Professional men in all parts of the country see in the five per cent interest-bearing gold bonds of the North American Investment Company an ideal form of savings investment. The company for the security of its investors has deposited $300,000 with the treasurer of the State of Missouri, and is known to them and to an increasing portion of the public at large as a tower of strength and model of business probity. How to inculcate the habit of systematic savings and make savings profitable seems to have been the problem the officers of the company have set before themselves, and in the light of these presents it further appears that the company has solved the problem.

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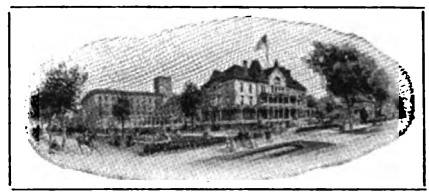

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Notes on Reliable Remedies

"Prejudice is the child of ignorance."—HASLETT.

A STANDARD REMEDY.—The one distinctive feature of Gray's glycerine tonic comp. is its uniform efficacy in debilitated patients of all ages—the child, the adult, the aged. It improves the appetite, creates digestive vigor, promotes assimilation and—most important—has no deleterious after-effects. Gray's tonic has become the standard remedy for anemia, malnutrition and nervous exhaustion, from whatever cause.

SOME ADVANTAGES OF COCA IN TYPHOID.— As a stimulant before the bath we prefer to give a wineglassful of Vin Mariana in eight or ten ounces of water at from 65 deg. F. to 70 deg. F. Coca thus copiously diluted with water, augments the secretions and purifies the juices of the body, and also aids the liver, kidneys and skin to eliminate the toxins to which the highest temperature of typhoid is due. Besides promoting diuresis coca prevents constipation, which is such an annoying symptom. When drinking is repugnant the remedy may advantageously be employed by enema, always with the full amount of water indicated.

MALTO-GRAPO.—The Malto-Grapo Co. of Paw Paw, Mich., report a very successful season at the World's Fair, where they have been selling and advertising their malted grape juice, Malto-Grapo, which has given them an opportunity to meet and explain to the physician the difference between Malto-Grapo and other grape juices on the market. They have made many friends among the profession who seem to appreciate an article like Malto-Grapo, and we predict for this company a great future when the physicians throughout the country get acquainted with their product and know its virtues. Although a new company they have been given the highest award by the Louisiana Purchase Exposition Company.

THE LOCAL TREATMENT OF ERYSIPELAS WITH ACETOZONE.—I had an ugly case of facial erysipelas in a woman of about thirty-eight years. I used as a local application, to begin with, a saturated solution of boric acid, and depended largely upon tincture ferric chlorid as an internal remedy. I got the attack under control and supposed I would have no further trouble, but all at once the disease began to spread over the scalp. The usual remedies did no good. I thought that if acetozone was the germ destroyer it was represented to, it should be of use to me. So I made a solution of fifteen grains to two pints of water and used it freely on the scalp, I obtained results at once, and in twenty-four hours the disease had abated. —J. KNOWLES, M.D., Dogan, Iowa.

VISITING AND POCKET REFERENCE BOOK FOR 1905; the following is a comprehensive contents: table of signs and how to keep visiting accounts, obstetrical memoranda, clinical emergencies, poisons and antidotes, dose table, blank leaves for weekly visiting list, memorandum, nurses addresses, clinical, obstetrics, birth, death and vaccination records, bills rendered, cash received, articles loaned, money loaned, miscellaneous, calendar 1905, 126 pages, lapel binding, red edges. This very complete call book will be furnished by the Dios Chemical Co., of St. Louis, Mo., on receipt of 10 cents for postage.

THREE CHLORIDES (liq. ferrisenic—Henry) is suitable for the prolonged treatment of children, adults and the aged; for the cure of anemia and bodily weakness; in convalescence from acute diseases and after surgical operations; for the paleness of and impaired appetite for children; boys and girls at the age of puberty and women at the menopause; in children with chorea or rickets, or who are backward in development, in whom exist an aversion to meats and fats. This combination of iron and its corrigents, arsenic or mercury—a ferruginous laxative tonic, is pleasant and assimilable, of non-astringent taste; highly suitable for prolonged administration without its becoming a disturbing element in the stomach or injuring the teeth.—Medical Essays, Henry.

GERMILETUM (OPPOSED TO GERM LIFE) is without doubt the most perfect antiseptic, germicide and deodorant. Non-poisonous, non-irritant, slightly alkaline. Unexcelled wherever an antiseptic is indicated. Really a specific in catarrh and eczema, for which it is recommended by many hundred prominent physicians. The Dios Chemical Co., of St. Louis, who manufacture germiletum, will furnish on application free literature, including clinical reports and certificates of commendation recommending germiletum as a specific in catarrh and eczema. In addition they offer their complete visiting list and call book for 1905, containing 126 pages, also lock bill file, with full size bottle of germiletum, dioviburnia and neurosine free, to physicians, they paying express charges.

DEEP BURN ULCER CURED BY APPLIED BLOOD.—Isaac B., Hebrew, age 30; diagnosis, ulcer from burn on dorsal surface of left foot. I was called in consultation by Dr. C., on September 1, 1004. I found a deep ulcer extending from the roots of toes to above the tarsal-metatarsal joint. and invading the tendon. This condition had subsisted for five months, and in spite of all treatments employed had, as so often happened, refused to heal. The edges and surface of the ulcer were covered with unhealthy granulations, and exuded a foul-smelling sanguineous discharge. Patient was put to bed, secretions regulated, and entire ulcerous surface was cleaned up by curettment under anesthesia, and dressed with 30 per cent argyrol. This dressing was removed after twelve hours, and the surface was thoroughly cleansed, and dressed with a wet Thiersch pack. In twelve hours this was removed, and the wound thoroughly irrigated with Thiersch, and dressed with bovinine pure. Nurse was instructed to keep the dressing constantly wet with bovinine, and to change it twice in 24 hours. Thence onward the healing was rapid, and on October 6, the patient was discharged cured, with a soft pink cicatrix where the ulcer had been.—Mod. Med. Science.

A GREAT PREMIUM OFFER.—We call special attention to our new premium offer announced in this issue. We have arranged to give a year's subscription to The Home Magazine to every one of our subscribers without cost to them, on certain very easy conditions. Read the advertisement in another column. We hope that our subscribers will appreciate our liberality and enterprise in giving them an interesting magazine for their reception-room at our own expense, and will show their appreciation by prompt renewals to the Medical Herald.

SYPHILITIC CACHEXIA.—The gravity of a syphilitic infection depends mainly upon the state of the bodily nutrition of the person affected. The disease is slow in its development and also in yielding to treatment. The protracted ministration of antidotes necessary to arrest its progress tends to debilitate the system and impoverish the blood. The syphilitic poison does the same thing and in persons of weak defensive powers, anemia or cachexia follows. This fact being conceded, it is vitally important in treating the disease, to keep the patient in as good physical condition as possible. The syphilitic poisons in well nourished subjects readily disappear under anti-syphilitic remedies, whereas in badly nourished subjects it resists the same treatment until the general nutrition is improved. Here is where protonuclein demonstrates its power as a blood and tissue builder. As a nutrient, it increases vital force, and as a tonic it aids digestion. When combined with protonuclein, mercury, the ideal antidote for syphilis, exerts its full therapeutic effects without any deleterious action of the blood during the most protracted period of administration. Under the combined administration of from ¼ to ½ gr. of protoiodide of mercury and 10 grs. of protonuclein, three times a day, the most marked cases of syphilitic cachexia soon disappears and the patient is on a direct road to recovery. In the later stages when gummata appear and the nervous system, bones and viscera are threatened, iodide of potassium is indicated and its therapeutic effects are increased by the simultaneous administration of protonuclein. When syphilitic ulcers appear in the course of the disease no better local application can be found than the special powder. After cleansing of the ulcer with zymocide sprinkle the ulcer with 1 part of calomel and 6 parts of protonuclein. To combat the incidental effects of mercury and iodide of potassium on the nutritive processes, protonuclein, as an upbuilder, exerts a potent influence.—Abstract from the American Journal of Dermatology.

CHOREA AND ANEMIA.—(By Dr. Roshier, Barton Heights, Va.) In the etiology of chorea, nothing is noted relative to anemia. It is simply accounted as an accompanying symptom of the condition. Medical literature emphasizes the relation between rheumatism and chorea, with anemia as an important symptom. After observation of several cases, I am strongly of the opinion, however, that anemia as a causative factor is worthy of investigation. Anemia of toxic origin presents pathological conditions which favor the production of choreaic affections. It is true that simple anemia, is as a rule, of secondary origin, and viewed in this light, it may be argued that if chorea arises, it is the result of the primary and not of the secondary conditions—thus agreeing with the admitted etiology. This argument, however, will not satisfactorily explain those cases of chorea which arise re-

motely from the primary condition but recently from the secondary effects. I submit three cases in which symptoms, treatment, and recovery seem to intimate at least a possible relation between anemia and chorea.

CASE I.—A female child of eight years gave a history of typhoid fever eight months prior to my visit. According to the mother's statement, the child had made a quick and good recovery, gaining rapidly in weight and exhibiting the energy of her former life. Six months later she became irritable and pale, with pain her arms and legs, which condition was soon followed by gastric disorders and irregular spasms of the muscles of the face. Simple anemia was in evidence from objective and subjective symptoms alone, but was unquestioned in the light of the results obtained from blood examination—the red blood element being present to the extent of barely 3,000,000 red corpuscles per c. m. This case was treated with two teaspoonfuls of pepto-mangan (Gude) and two drops of Fowler's solution, three times a day. After gastric symptoms had abated somewhat, two raw eggs per day were added to the diet. The patient was discharged in five weeks, completely recovered.

CASE II.—A female child of ten years af age ; gave history of malaria (a well-defined case of intermittent fever) one year previously. The pallid condition of the child induced the mother to solicit my aid. Upon examination, I found slight choreic movements which had escaped the mother's eye, though she did admit that the child "could not sit still very long at a time," and "was constantly working her fingers." The blood examination revealed no plasmodium. The red cells were reduced to 2,800,000 per c. m., with a proportionate decrease of hemoglobin. Pepto-mangan (Gude) alone was employed in doses of two drams in a glass of milk three times a day. The blood examination four weeks later showed red cells present to the amount of 3,900,000 per c. m., at which time I dismissed the case completely cured.

CASE III.—A female child of thirteen years. Two months before my visit, the mother informed me, the child became peevish and pale, and was reproved at school for her inability to write neatly. She was taken from school, but grew rapidly worse. Morning nausea, vomiting, headache, and anorexia were her daily companions. I found her with pronounced histrionic spasm, with involvement of the upper and lower extremities. Hemic murmurs were plainly apparent, but no endocardial irritation could be determined. The blood count showed reduction in red cells to 2,100,000 per c.m. The hemoglobin was reduced to a degree greater than the red cells. A curious feature of the case was the morning nausea. Immediately upon awakening, she experienced nausea, which was followed by vomiting. I discovered, however, that this condition was superinduced by odors from the kitchen, and directed that a small sponge, moistened with creosote water, be placed over the nose and mouth before the preparation for breakfast began. The annoying symptom was promptly checked by this simple method. The anemia in this case may have been produced by malnutrition, but even this view is mere speculation. The irritability of the stomach in this case was so pronounced that I did not deem it wise to give nourishment—not to speak of medicine—by the stomach. During the first four days rectal alimentation was employed. A nutritive enema, consisting of four ounces of peptonized milk and two drams of pepto-mangan (Gude),

was given every six hours. Small amounts of peptonoids with creosote on ice were given by the stomach. Egg albumin was taken in all the water she drank. After four days, the stomach was tested with small amounts of milk and pepto-mangan (Gude). Beginning with four ounces of milk and one dram of pepto-mangan (Gude) every four hours, the amounts of each were rapidly increased, until after three days the patient was taking eight ounces of milk every two hours and four drams of pepto-mangen (Gude) three times a day. This diet, plus three raw eggs a day, together with the above treatment, was all that was employed for six weeks. The blood examination at this time showed a highly gratifying condition—the red cells being present to the extent of 4,100,000 per c.m. The bloom of youth once more tinted the cheek, and the shrine of St. Vitas lost a visitor.—Virginia Med. Semi-Monthly.

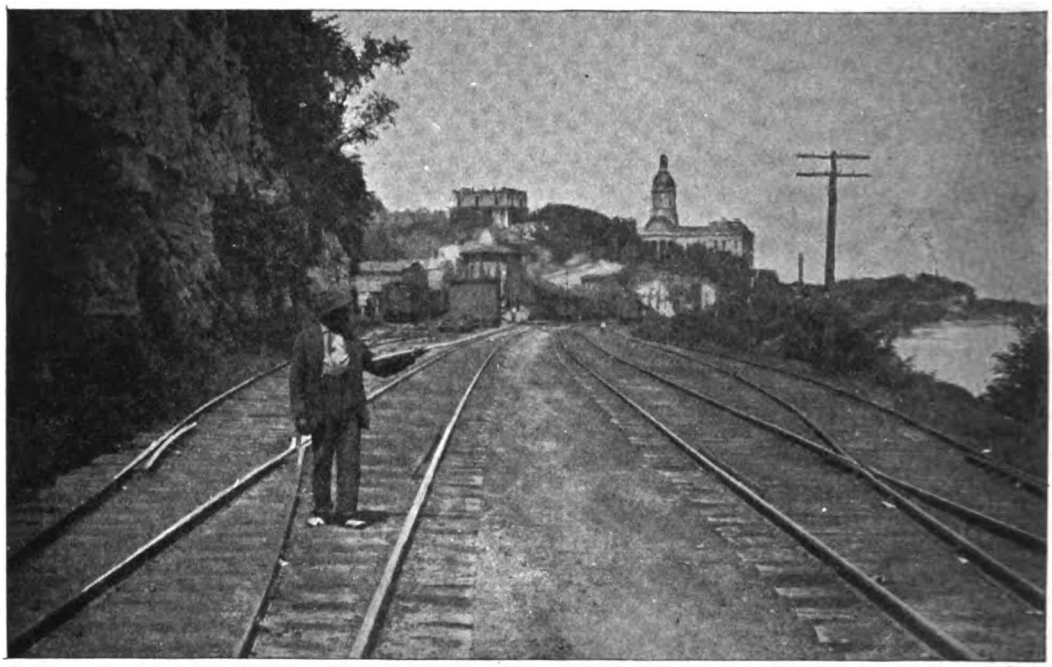
THE TONIC TREATMENT OF CHRONIC BRONCHITIS, PERSISTENT COUGH FOLLOWING LA GRIPPE, CATARRHAL CONDITIONS, AND ALL INFLAMMATIONS OF MUCOUS SURFACES.—Fitchmul is radically different from most of the agents used in the treatment of bronchial inflammations. The great majority of such agents are depressants. They suppress the symptoms. Fitchmul is a tonic. It eliminates the cause. This is an easy distinction to state. It is so easy that we would much prefer that you would not take our bare statement for the fact, but would either write to us for a sample of fitchmul, delivered free of all cost to the physician, or else request the pharmacist who handles your prescriptions to get a supply of fitchmul on hand, in order that you may prescribe it in several cases. The latter method is much the better, because it gives you a sufficient quantity of fitchmul to make a thorough test of its merits. Fitchmul combines the active properties of fir balsam, venice turpentine, chloric ether, and a minute quantity of dilute hydrocyanic acid, tartar emetic and aromatics. This formula (used by permission) of the late A. H. Crosby, M. D., represents a most excellent form of tonic treatment. If you have been employing morphine, opium and the other depressants, permit us to suggest that you prescribe fitchmul, and see if you are not far better pleased with the results which it gives you. Fitchmul may be combined with ergot, codeine, heroin, quinine, deod, opium, hydriodic acid, thiocol, creosote, guaiacol and other agents. However, unless you already know the noteworthy therapeutic power of fitchmul, we would suggest that you use it at first uncombined, and experience the satisfaction that comes from having it in your armamentarium. Literature, clinical reports, and sample, obtainable from the manufacturers. The Fitchmul Co., Concord, N. H.

SAL HEPATICA.—A careful examination into the physiological and therapeutic attributes of the "Bitter Waters" and their salts, in conjunction with lithium and sodium phosphates, is convincing that the combination is possessed of a wide range of usefulness; that, indeed, there is scarcely a perversion of function, or any irregularities of digestive, assimilative and excretive process to which it is not suitable. Sal Hepatica, made by Bristol-Myers Co., Brooklyn, N. Y., is such a combination and is rapidly growing in favor with the medical profession. It is especially indicated in the treatment of the uric acid diathesis, and all affections of a rheumatic nature. It has also met with marked favor as a laxative, and as an eliminant of irritating toxins. Sal Hepatica affords a means of keeping the alimentary tract in a clean, healthy state, and prevents its acquiring many diseased conditions.

RESPIRATORY TRACT: AFFECTIONS. SYMPTOMS AND TREATMENT.—(By Dr. Arthur B. Smith, Springefild, O.)—The average physician is frequently vexed in finding a condition which resists his best efforts to bring about a cure. This holds good in almost every disease at some time or other, but particularly in affections of the respiratory tract, where there may be a great variety of symptoms in several cases of the same disease. Almost every physician has some favorite prescription for coughs, bronchitis, laryngitis, etc., which he uses until suddenly it seems to lose its efficacy—why, no one knows. Then another remedy takes its place until it, too, fails to give the desired result. It is rarely that one finds a cough remedy which will be consistently good in the majority of cases. Theoretically there appears to be a well-founded objection to the use of cough syrups in general, but nevertheless there are times when nothing else gives satisfaction; therefore, the physician pins his faith to that remedy from which he and his patients derive the most good.

SIR WILLIAM ROBERTS ON DIGESTION.— Sir William Roberts, of London, the great authority on digestion, says: "The digestive change undergone by fatty matter in the small intestines consists mainly in its reduction into a state of emulsion or division into infinitely minute particles. In addition to this purely physical change, small portion undergoes chemical change whereby the glycerine and fatty acids are dissociated. The main or principal change is undoubtedly an emulsifying process, and nearly all the fat taken up by the lacteals is simply in a state of emulsion." This eminent authority is confirmed in the foregoing view by various experiments by which it has been ascertained that fat foods pass from the lacteals into the circulation by way of the thoracic duct in the form of an emulsion. Emulsified cod liver oil as contained in Scott's emulsion appears in a form so closely resembling the product of natural digestion—as it occurs within the body—that it may well be administered as an artificially digested fat food of the very highest type. In combination with the other ingredients mentioned—glycerine being an emollient of inestimable value—Scott's emulsion offers to the physician a valuable, exquisite and rare accession to his prescription list.

TYREE'S ANTISEPTIC POWDER contains sod. bor., alumen, ac. carbol., glycerin, the cryst. principles of thyme, eucalyptus, gaultheria and mentha. For leucorrhea. gonorrhea, vaginitis, pruritus and ulcerated conditions of the mucous membrane, one to two teaspoonfuls to a pint of water three or four times a day. For scrofulous, spyhilitic and varicose ulcers, apply the powder full strength or dilute with boracic acid. As an ointment, use from one to three drachms to one ounce of petroleum. For spraying the nose and throat, from twenty-five to one hundred grains to one pint of water (dissolves immediately). For immediate deodorizing and disinfecting, sprinkle the powder direct upon the object affected; the results will be instantaneous. For prickly heat, poison oak, squamous eczema and other conditions of a similar nature, use from one to eight teaspoonfuls to a pint of water (has proven very serviceable for these conditions). As a deodorant and prophylactic in dental work, use one or two teaspoonfuls to a pint of water. For disinfecting offensive cavities, fill them with the powder. For profuse and offensive perspiration, swelling, soreness and burning of the body and feet, use full strength or diluted with water. As a delightful toilet preparation after the bath and shaving, from one to two teaspoonfuls to a pint of water. The price is practically nothing. Ten cents worth will make one gallon of standard solution.



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Tritilithia is a powerful **diuretic** and **solvent** of Uric Acid, hence by freeing the system of the acid it promotes oxidization and a more energetic cellular action, with functional activity of the glandular organs This indirectly improves muscular tone and strengthens the nerves, with the result that listlessness and a condition of general debility give way to bouyancy and vitality.

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FREDERICK G. WALTERS, M. D.

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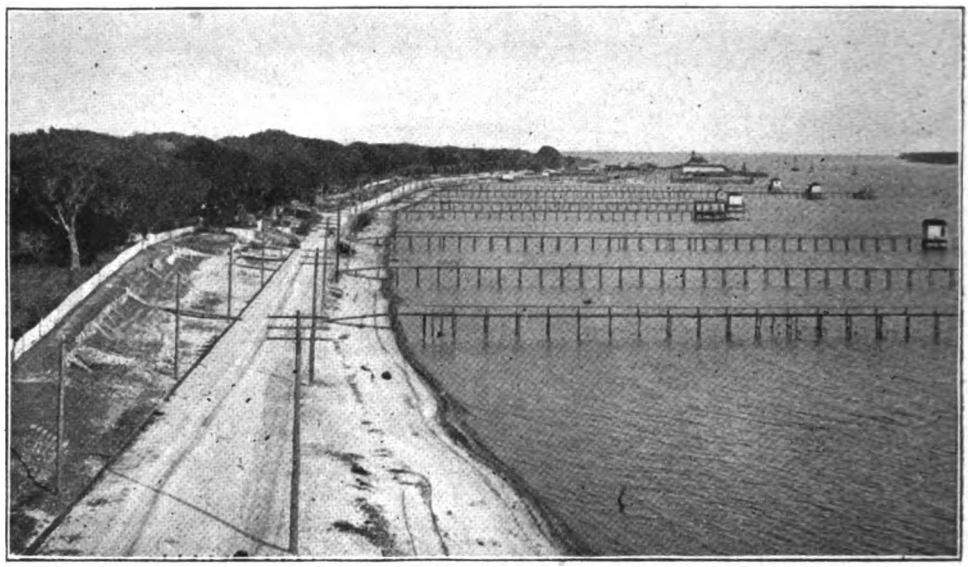
On the Mexican Gulf



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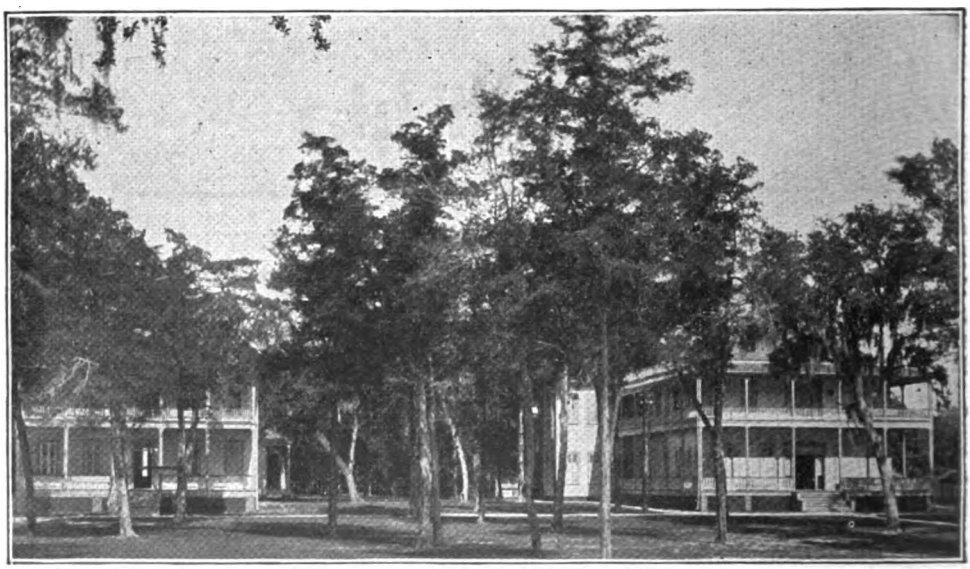

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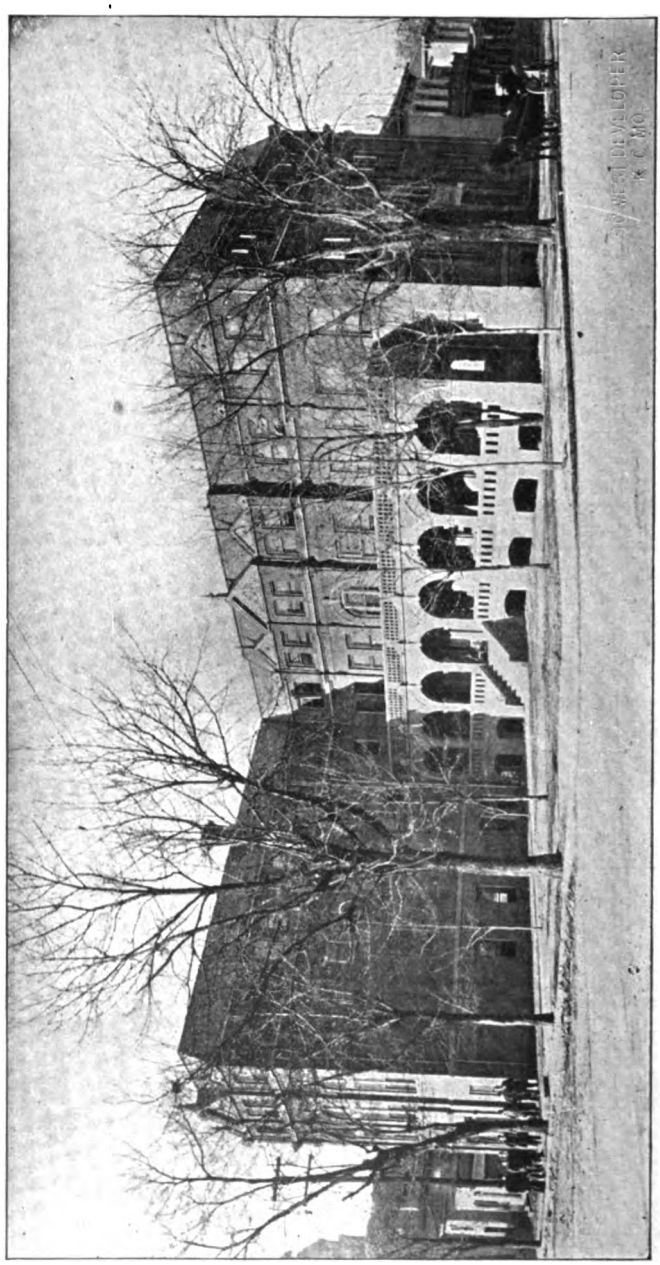

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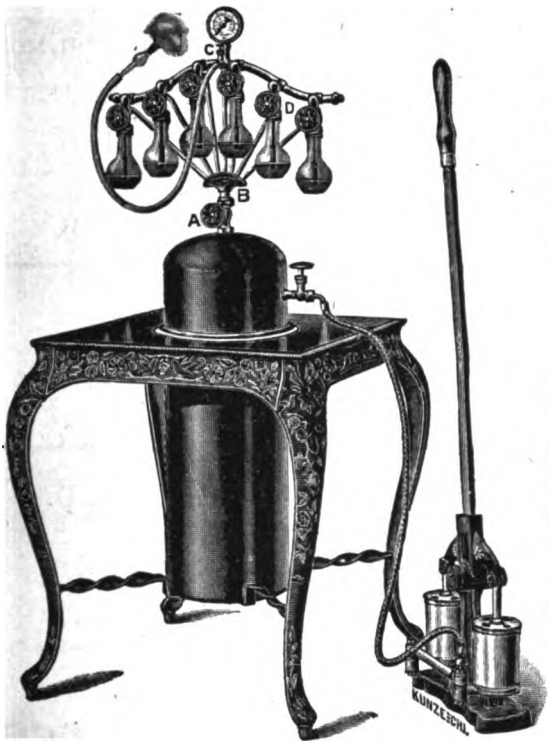

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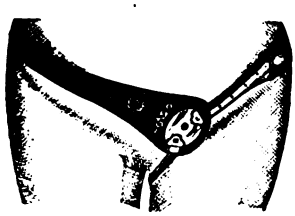

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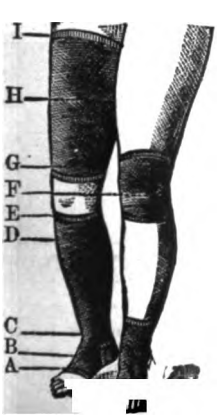

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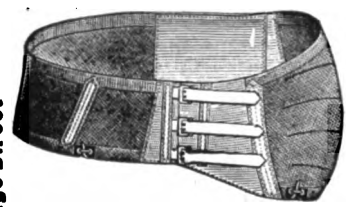

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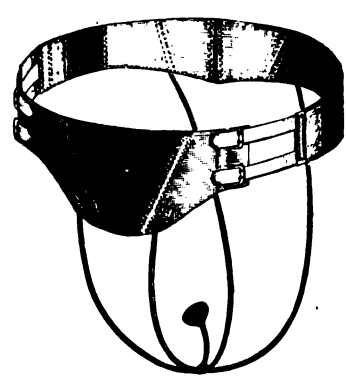

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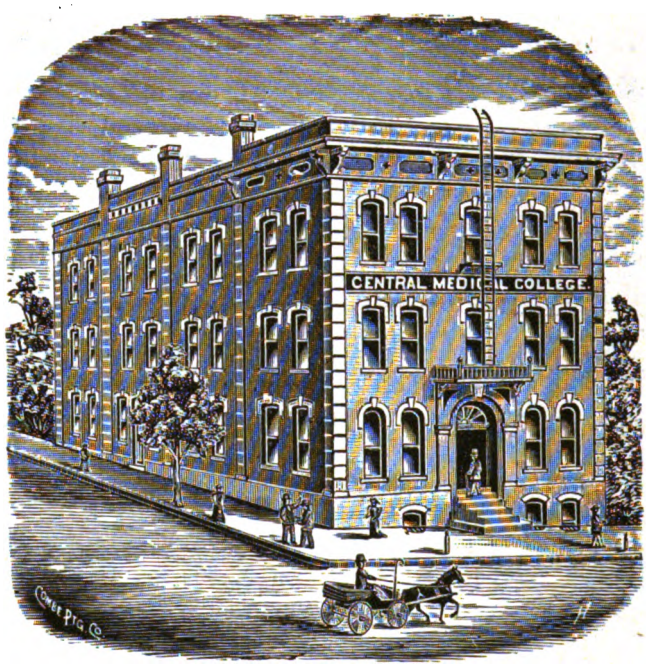

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CLIN'S PHOSPHOTAL
Neutral Phosphite of Creosote

Clin's Capsules Each Capsule contains 20 cgr. of *Phosphotal*

Clin's Emulsion Each Teaspoonful contains 50 cgr. of *Phosphotal*
Also administered as Enema

CLIN'S GUAÏACOPHOSPHAL
Neutral Phosphite of Guaïacol

Clin's Capsules Each Capsule contains 15 cgr. of *Guaïacophosphal*

Clin's Solution Each Teaspoonful contains 10 cgr. of *Guaïacophosphal*
Also administered as Enema

ADVANTAGES OF THE PHOSPHOTAL AND OF THE GUAÏACOPHOSPHAL:
Absence of Causticity—Perfect Toleration and Assimilation—Suppression of Coughing and Perspiration—Increase of Appetite—Richness in Creosote, 90%; in Guaïacol, 92%; and in Phosphorus, 9 and 7%
Agents for the U. S.: E. FOUGERA & CO., New York

Inclose a Herald Coupon when you write.

PRESCRIBE AN AMERICAN WATER

ABILENA

NO GRIPE

NO PAIN

PROPERTIES:

Aperient
Tonic-Laxative
Hydrogogue
Cologogue
Cathartic
Purgative
Diuretic
Eliminant
Alterative
Ant-acid
Gastro-intestinal Sedative

All Emunctories Stimulated Gastro-Intestinal Urinary Glandular.

No Hypercatharsis

THE AMERICAN NATURAL CATHARTIC WATER

Conditions Suggesting the Use of AbilenA:

CONSTIPATION
Occasional, Habitual, Chronic.

"BILIOUSNESS"
(So-Called)

HEADACHE. DYSPEPSIA.
Due to Intestinal Torpidity.

INDISCRETION
Of Eating and Drinking

OBESITY
DROPSIES

Flushes the Sewers Unloads the Glandular System. Removes Metabolic Waste Products.

AVERAGE DOSE
Two to four ounces If brisk action is desired, take before breakfast.

ADJUVANT IN THE TREATMENT OF RHEUMATISM, GOUT, URIC ACID DIATHESIS, AND ALL ALLIED DISORDERS—UNEXCELLED AS AN ANTE-OPERATIVE LAXATIVE AND CATHARTIC

TRUSTWORTHY EFFICIENT SAFE

THE ABILENA CO., Abilene, Kas.

UNIVERSITY OF MICHIGAN,
ANN ARBOR, MICH., Jan. 21, 1902.

GENTLEMEN:—I give you following results of my very careful analysis of AbilenA:

(In Grains per U. S. Gallons)

Sodium Bicarbonate	8.909		
Calcium Bicarbonate	10.733		
Iron Bicarbonate	0.917		
Sodium Nitrate	0.568		
Sodium Sulphate	3229.288	Anhydrous.	Equal to 7322 648 Sodii Sulphas. U. S. P.
Magnesium Sulphate	71.345	Anhydrous.	Equal to 146.139 Magnesii Sulphas. U. S. P.
Calcium Sulphate	44.966		
Sodium Chloride	65.176		
Silica	0.293		
Ammonia, not a trace.			
Total Solids	3432.195		

Very respectfully submitted,

Albert B. Prescott

 No physician can afford to be indifferent regarding the accurate filling of his prescription.

ABBOTT'S SUCCESS MAKERS

Success Remedies for Doctors who Dispense or Prescribe. Try Them and Be Convinced

☞ THE COUPON IS GOOD FOR ONE DOLLAR ☜ READ THE "SPECIAL OFFER"

BILEIN: Active Principle of Bile

Bilein is a new remedy, but is as old as life itself. Doctor, how many of your indigestion and autoinfection cases, depend upon a lack of bile? For these try "Bilein" and you will have an agreeable surprise. It will stimulate the Hepatic Cells that are negligent to more than normal activity.

Bilein, ¼-gr. tablets.....100-60c 500-$2.75 1000-$5.25

CALCIDIN: Iodized Calcium

Sufficient evidence has been presented in the medical press to prove the efficacy of this product in membranous croup and allied affections. Excellent effects have also been produced in fibroid tumors, incipient phthisis, la grippe, etc. Calcidin in connection with Saline Laxative and abstinence from food and drink is an excellent remedy to break up a forming cold.

Calcidin, ½-gr. tablets, or pure powder in packages of 1 oz., each...50c. Per doz. $5.00

CALCALITH: A True Uric-Acid Solvent

A remedy of singular power to break up and eliminate uric acid. Formula C. P. Calcium, Lithium and Colchicine in aromatic combination. An efficient remedy for all manifestations of the Uric-Acid Diathesis, Lithæmia, Gout, Gravel, Nephrolithiasis, Urinary Hyperacidity, Phosphaturia, Rheumatism, Lumbago, Uric-Acid Eczema, etc. Efficiency guaranteed.

Calcalith, compressed tablets, per doz. packages (200 tablets), each.....$9.00
In lots of less than one-half doz., each..... .80

SALITHIA: Yoke-Worker with Calcalith

Salithia (Gran. Eff. Mag. Sulph., Lithium and Colchicine) replaces Saline Laxative with the rheumatic, plethoric, uricemic, slugglish livers and those suffering with hemorrhoids and other difficulties attendant upon portal congestion. It is an elegant preparation, pleasant to take, non-irritating, never nauseates and never gripes. It is at the same time antilithic, laxative and diuretic. Put up in one size only, same as medium size Saline Laxative. (See below.)

Per doz. cans.....$6.00 In less than one-half doz. lots.....$0.55

SALINE LAXATIVE: Effervescent Magnesium Sulphate

Chemically pure magnesium sulphate in effervescent combination. Absolutely the best in it's class. Taken before breakfast it acts once and no more. Imitations keep acting a little all day or fail to act at all. Minor ailments often require nothing more than Saline Laxative, as its use clearing the alimentary canal of indigestible fermenting residues freshens and purifies the blood, the source of all health; in fact we know of no ailment, be it small or great, the successful treatment of which is not rendered surer and easier thereby.

Small size, per doz.....$2.00 Each $0.20
Medium (standard size) per doz.... 4.00 Each ..... .35
Large size, per doz..... 9.00 Each ..... .80

INTESTINAL ANTISEPTIC (W-A)

The W-A Intestinal Antiseptics should follow the Salines in all fevers as a "routine," and in every case where offensive stools indicate its employment. This antiseptic "wonder" has grown out of our work with the sulphocarbolates and is presented to the profession with the assurance that it meets all the indications for an antiseptic of the alimentary canal safely, surely and pleasantly.

Uncoated, or sugar coated white or chocolate as ordered..100-35c 500-$1.40 1000-$2.75
In powder, 4 oz. cans, each ..... .75

Alk. Clinic 12-04.

NOTE THIS SPECIAL OFFER

In order to introduce these success-making remedies to every Physician in the United States who is not using them (nearly one-half the doctors are now using them) we will, on receipt of the corner coupon and $1.00, send prepaid to any address in the United States or Canada, a package containing the following assortment of the above remedies: 50 Bilein, 1 full size package of Calcidin, 100 Calcalith, 1 can of Saline Laxative, one of Salithia and 100 (W-A) Intestinal Antiseptic. In addition we will include literature on all these preparations and a complimentary copy of Abbott's "Alkaloidal Digest," a 300 page book of active-principle therapeutics and practice.

This is the best value for the money that we have ever offered, and you cannot afford to pass it by. Your money back if not satisfied. **Use the coupon. Do it today.**

THE ABBOTT ALKALOIDAL CO.

Manufacturing Chemists

HEADQUARTERS FOR ALKALOIDAL PREPARATIONS

Ravenswood Station, CHICAGO, ILL.

50 W. Broadway, NEW YORK, N. Y. 9-11 Phelan Bldg., SAN FRANCISCO, CAL.

CUT AND MAIL THIS COUPON—IT IS GOOD FOR $1.00

THE ABBOTT ALKALOIDAL CO. Chicago.

Enclosed find One Dollar for which please send to the following address your special assortment of "Success Making Remedies" which you advertise for One Dollar, also literature and a copy of the Digest.

DR .....

TOWN.....

STATE.....

Inclose a Herald Coupon when you write.

Table of Contents

(CONTINUED FROM FRONT COVER.)

READ OUR NEW CASH OFFER, ON PAGE 91

Physicians' Reference and Purchasing Directory

This directory represents the cream of the pharmaceutical and manufacturing houses of the country, and the leaders in their respective lines. We recommend each and every one to our readers as being reliable and worthy of their confidence. When writing to any of these houses, our professional friends will render us a favor by mentioning THE MEDICAL HERALD, and at the same time afford advertisers an opportunity to credit the source of their trade.

☞ Physicians are advised to review the advertising pages each month, as changes are constantly being made, and new preparations offered, which are invaluable to the practitioner who desires to keep up with the times.

RESORTS AND SANITARIA, Page 76 *USE HERALD COUPONS, Page 93*

THE ANÆMIAS

yield readily to organic, or true animal iron treatment.

A resort to *inorganic* iron preparations or tonics, serves only to stimulate corpuscular proliferation without supplying sufficient nutrition to mature the blood cells.

A preparation of **TRUE ANIMAL IRON** that will supply every deficiency in the blood, and assure the proliferation of *all* the corpuscles to a full and sturdy maturity, is found in

BOVININE

It contains **10% ANIMAL IRON, 20%** coagulable albumen, and every element of nutrition of the animal, mineral, and vegetable kingdoms.

It is readily absorbed by the tissues, requires little or no digestion, is prompt and reliable in stimulation and support, and is a nutrient of the very highest value.

BOVININE administration causes quick increase of the leucocytes, and a consequent arrest of all pathological processes.

BOVININE is advertised to the Profession only, and is a strictly ethical physician's preparation. Its formula is open to all.

A postal request brings you our Hand-book on Haematherapy, giving valuable information to both the general practitioner and the specialist.

THE BOVININE COMPANY,
75 W. HOUSTON ST., NEW YORK.

NATURE-STUDY

This dear little goose of a
girlie,—
Who ever had notions like hers!
"If I lived in an evergreen forest,
I'd never be cold!" she avers.
And how could that happen, my dearest?
"Why, 'cause," her reply is the clearest—
"I'd go to the fir-tree that's nearest,
And buy me a nice set of
furs!"

Reproduced from the December St. Nicholas, Copyright, 1904, by the Century Co.

1904	Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Satur.
JAN.	...	...	...	...	...	1	2
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MAR.	...	...	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
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	27	28	29	30	31	...	...
APR.	...	...	...	...	...	1	2
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	25	26	27	28	29	30	...

Dec. 8500 Entered at the St. Joseph postoffice as second-class mail matter.

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The Malted Grape Juice

The natural tonic laxative. The fresh, ripe Concord grape combined with Maltose or the unfermented sugar of barley, done conveniently into bottle form. Delicious the whole year round.

For the well, to keep him well. For the debilitated and feverish patient, to ably second the physician's efforts to restoration and health. Endorsed by the medical fraternity universally and guaranteed by us to be absolutely pure and wholesome.

Kindly drop us a postal for our booklet. If your druggist or grocer cannot supply you, send us his name and we will do the rest.

One dozen full pints east of Omaha by prepaid express for $3.00.

A special introductory price on 12 full quarts during pressing season. Ask for the price. DO IT NOW.

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PAW PAW, MICH., U. S. A.

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(ALPERS)

An aromatic, pleasant, readily digested solution of three soluble Guaiacol Salts, possessing

IN ALL

respects the beneficial properties of Creosote and Guaiacol without any of their disagreeable features. Hence Triacol is the leading remedy in

BRONCHIAL

disorders, acute and chronic, in Laryngitis, obstinate Coughs and Asthmatic troubles, relieving excessive expectoration, and improving the appetite. In all

AFFECTIONS

of the Respiratory Organs, Triacol acts as a quick and reliable sedative; in fact it is the ideal respiratory tonic,

AND

is also used successfully as a spray in all kinds of malignant Sore Throat. In the first and second stages of

TUBERCULOSIS

it has been shown to be superior to all other remedies, bringing the specific action of Creosote and Guaiacol directly to the seat of the disease.

Prepared in 8 oz. bottles.
Retail $1.00.

Samples and Literature on application

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Convalescence from Typhoid

BURNHAM'S CLAM BOUILLON.

In convalescence from typhoid, when the patient's strength is exhausted, his tissues wasted, and a relapse feared if the digestive organs be not spared all unnecessary strain, the physician is often at a loss as to how to feed the patient.

Burnham's Clam Bouillon

(Absolutely Free from any Preservative)

offers an ideal tissue-building and stimulant food which places the least strain upon digestion. The fact that **Burnham's Clam Bouillon** is sterilised and is partly predigested makes it especially fit for use in typhoid fever convalescence. Physicians who have prescribed it in such cases have found it not only highly nutritive but also most easily absorbed and most pleasant to the patient, whose long stage of milk diet makes him rejoice in anything so palatable as **Burnham's Clam Bouillon.** The results are, grateful patients and rapid strides towards the restoration of vigor and health, without any fear of a relapse due to a dietetic error.

Physicians cannot make a mistake in prescribing **Burnham's Clam Bouillon** in typhoid convalescence. An especially attractive feature about **Burnham's Clam Bouillion** consists in the fact that it is bottled in glass, being sold in pints and half-pints. This assures not only cleanliness and convenience in the serving, but perfect purity and freshness while using the the sick room. All the leading apothecaries and grocers sell it.

E. S. BURNHAM CO., Manufacturers and Packers, 53 to 61 Gansevoort St., New York.

TRI-IODIDES (HENRY'S)

Liquor Sali-Iodides.

Colchicin 1-20 grain. Phytolaccin 1-10 grain. Solanin, 1-3 grain. Soda Salicylate, 10 grains. Iodic Acid, equal to 7-32 grains Iodide. Aromatic Cordial. Dose, 1 to 2 drams in water. 8 8-oz. bottle $1.00

A powerful alterative and resolvent, glandular and hepatic stimulant, and succedaneum of the iodides. Indicated in all conditions dependent upon perverted tissue metabolism; in lymphatic engorgements and functional visceral disturbances, in lingering rheumatic pains which are "worse at night" Bone, periosteal and visceral symptoms of late syphilis; for the removal of all inflammatory, plastic and gouty deposits.

A remedy in sciatica, megrim, neuralgias, lumbago and muscular pains; the gouty and rheumatic diathesis; acute and chronic rheumatism and gout; chronic eczema and psoriasis, and all dermic disorders in which there is underlying blood taint. An hepatic stimulant increasing the quantity and fluidity of the bile. Relieves hepatic and intestinal torpor; does not cause the unpleasant gastric symptoms of potassium iodide.

THREE CHLORIDES (HENRY'S)

Liquor Ferrisenic.

Each drachm contains Proto-Chlor. Iron 1-3 gr.; Bi-Chlor. Mercury, 1-128 gr.; Chloride Arsenic, 1-280 gr.; Calisaya Cordial. Dose, 1 to 2 drachms. 12-oz. bottle $1.00

An oxygen-carrying ferruginous preparation, suitable for prolonged treatment of children, adults and the aged. Indicated in anemia and bodily weakness, convalescence from acute diseases and surgical operations; boys and girls at the age of puberty, and the climacteric period in women. In children with chorea, rickets, or who are backward in development, or in whom there exists an aversion to meats and fats. Prolonged administration never causes "iron headache."

As an adjuvant for potassium iodide the undesirable manifestations known as iodism can be removed.

Stimulant to the peptic and hydrochloric glandular system of the stomach, especially serviceable in the impaired appetite, nausea, vomiting and other gastric symptoms of alcoholic subjects.

MAIZO-LITHIUM

Liquor Lithium Maizenate.

Nascent Chemic Union of Maizenic Acid—from Green Corn Silk—with Lithium, forming Maizenate - Lithium. Two grains to drachm. Dose 1 to 2 drachms. 8-oz. bottle $1.00

A genito-urinary sedative, and active diuretic; solvent and flush indicated for the relief and prevention of renal colic; a sedative in the acute stage of gonorrhea, cystitis and epididymitis; in dropsical effusions due to enfeebled heart or to renal diseases. As a solvent in the varied manifestations of gout, goutiness aand neurotic lithemia, periodical migrainous headache, epigastric oppression, cardiac palpitation, irregular, weak or intemittent pulse; irritability, moodiness, insomnia and other nervous symptoms of uric-acidemia. Decidedly better, more economical, extensive in action and definite in results than mineral waters.

Those cases of irritable heart, irregular or intermittent pulse so frequently met with by insurance examiners and found to be due to excess of uric acid, are special indications for Maizo-Lithium.

HENRY PHARMACAL CO., LOUISVILLE, KY.

 No physician can afford to be indifferent regarding the accurate filling of his prescription.

ANTIPHLOGISTINE

IS NOW THE STANDARD REMEDIAL AGENT

FOR PNEUMONIA, PLEURISY OR BRONCHITIS, PRIMARY OR SECONDARY TO LA GRIPPE OR TO ANY OTHER DISEASE,

BECAUSE

1.—Antiphlogistine is far more efficient than a poultice or any other external application.

2.—Antiphlogistine draws the blood to the surface— bleeds but saves the blood.

3.—Antiphlogistine, by reflex action, contracts the pulmonary vessels, thus depleting the lungs into the dilated superficial capillaries.

4.—Antiphlogistine's anodyne effects enable it to allay pain.

5.—Antiphlogistine relaxes the muscular and nervous systems, thereby tending to induce sleep.

6.—Antiphlogistine works persistently and continuously for 24 hours or longer.

7.—Antiphlogistine is neat and clean.

8.—Antiphlogistine is easily applied and stays exactly where it is put.

9.—Antiphlogistine comes off nicely at the proper time leaving the parts comparatively clean.

10.—Antiphlogistine can do no harm and is certain to do good.

IT IS ONLY A QUESTION OF PROPERLY APPLYING.

Directions For Applying in Pneumonia.— Prepare the patient in a warm room. Lay him on his side and spread Antiphlogistine thick and as hot as can be comfortably borne over one-half the thoracic walls. Cover with a good, warm, cotton-lined cheese-cloth jacket. Roll the patient over on the dressed side and complete the application. Then stitch the front of the jacket. Prepare everything beforehand and work as rapidly as possible. The dressing should be renewed when it can be easily pealed off, generally in about 24 hours.

To insure economy and the best results always order an original package and specify the size required—Small, Medium, Large or Hospital Size.

THE DENVER CHEMICAL MFG. CO.

NEW YORK.

PLEASE REMEMBER

that, in addition to its beneficial action upon the appetite, digestion and assimilation,

GRAY'S Glycerine TONIC Comp.

stimulates nutrition, enriches the blood, restores vitality. It is the remedy of choice in debility and malnutrition

THE PURDUE FREDERICK CO.,
298 Broadway, New York

A Tonic Aphrodisiac

SPECIAL FORMULA No. 33

PHOSPHO-ALBUMEN....grs. 3
(Ext. Testes, Spinal Cord and Brain, containing phosphorised albumen, lecithin, spermine, nuclein.)
Strychnine Sulphate.....gr. 1-50
Zinc Phosphide.....gr. 1-10
Gold Chloride.....gr. 1-60
Tablet form only.
Samples on request.

Phytoroides

The Rational Treatment for OBESITY

Ext. Thyroideæ.....gr. 1
Phytolaccæ Fructus .....gr. ½
Fucus Vesiculosus.....gr. 1
Pancreatin et Guaiacol Carb., etc.....gr. 1
Tablet form only.
Samples on request.

Glandular Extracts

We were the first producers of glandular ('animal') extracts in the world. Our products are standard **extracts**, not "desiccations." We make Thyroids, Suprarenal, Ovarian, Parotid, etc.

Tablet or Powdered Extracts.
No samples.

Recent text-books give respectful attention to the most important of modern physiologic discoveries, CELL LIFE—LECITHIN.

RAPID
EFFECTIVE
PERMANENT

FORMULA
LECITHIN: ($C_{49}H_{99}NPO_8$)
SPERMINE: (C_2H_5N)
NUCLEIN: ($C_{29}H_{49}N_9P_3O_{22}$)
PHOSPHORIZED ALBUMEN AND PROTAGON (CELL NUCLEI)

NERVE FOOD
BLOOD MAKER
TISSUE BUILDER

EXT. TESTES, SPINAL CORD AND BRAIN.

Phospho Albumen

SYRUP

DI-OLEYL-LECITHIN

FOR ALL NEURASTHENIAS AND ANEMIAS

PHOSPHO-ALBUMEN

was the first medicinal agent containing **LECITHIN** and its necessary adjunct, **NUCLEIN**, offered to the profession. It shows more accurate proportions, and more physiologic activity than any of its domestic or foreign imitators.

Invaluable in all Neurasthenias, Lymphatism, Cachexias, Anaemias and all conditions due to faulty Metabolism.

We will furnish to physicians who have not already received samples, a commercial size bottle of the liquid and tablets of Phospho-Albumen for trial. Liquid by express, excepting express charges. Tablets mailed, postage free.

THE PHOSPHO-ALBUMEN CO.,
STATION M, CHICAGO, U. S. A.
Specify TABLETS or LIQUID when ordering.