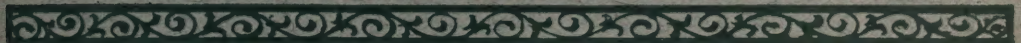
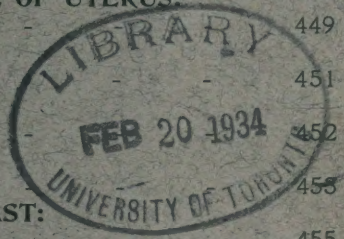


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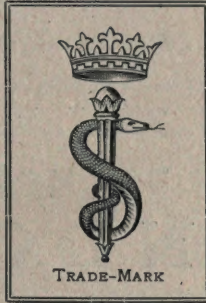
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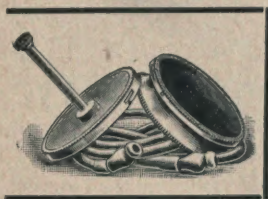
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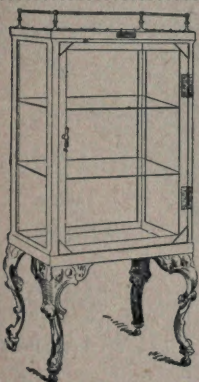
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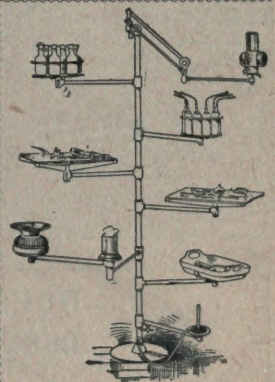
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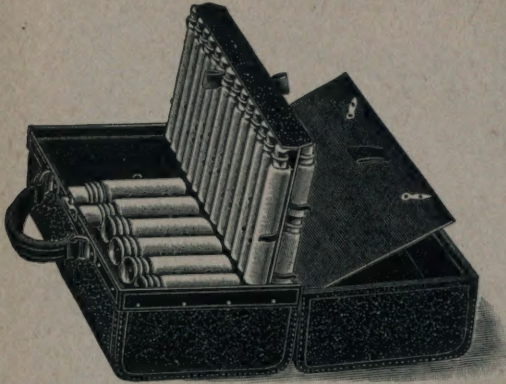
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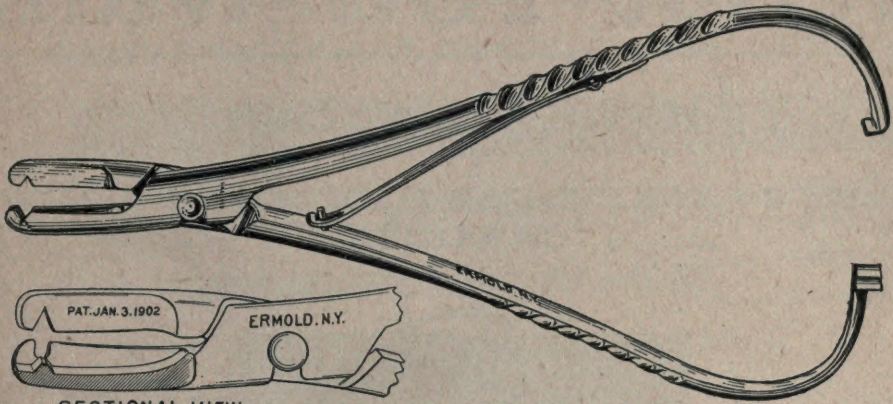
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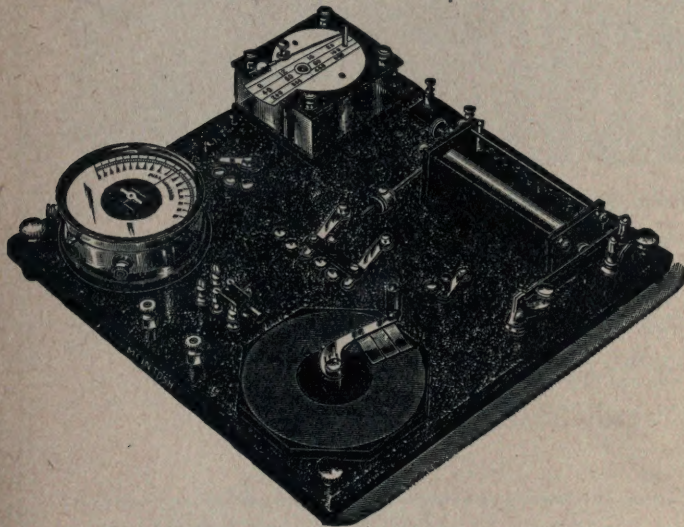
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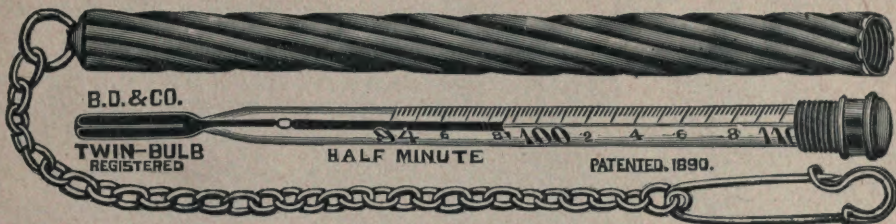
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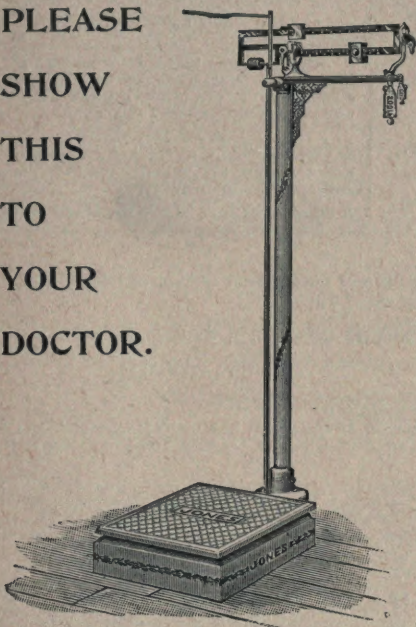
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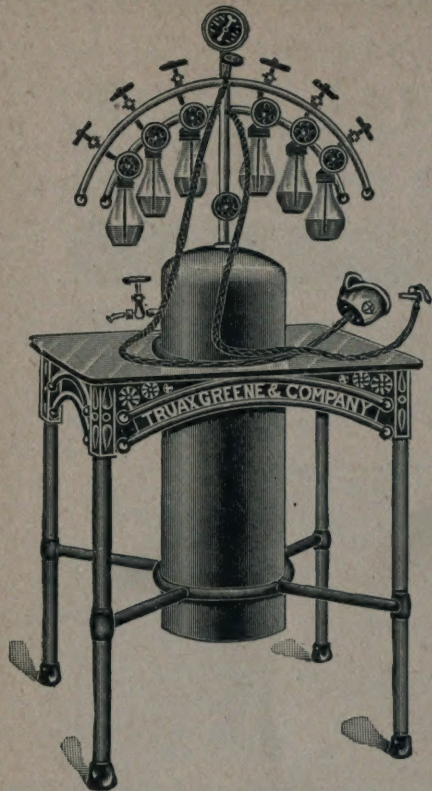
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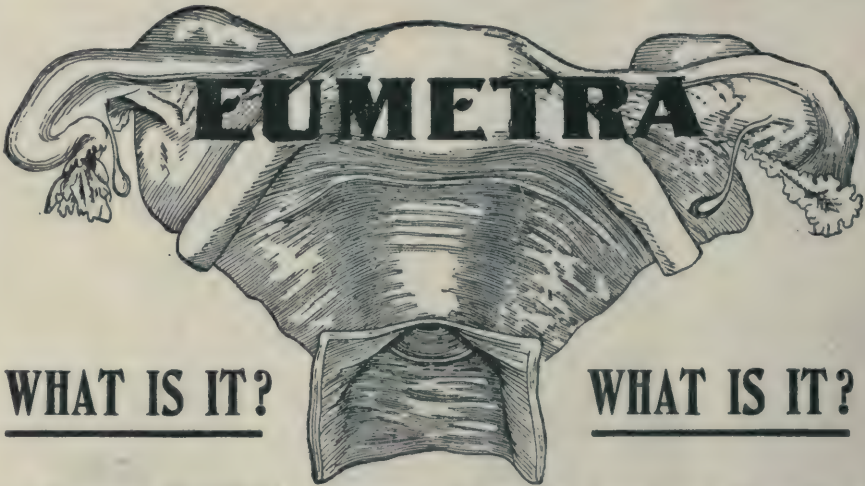
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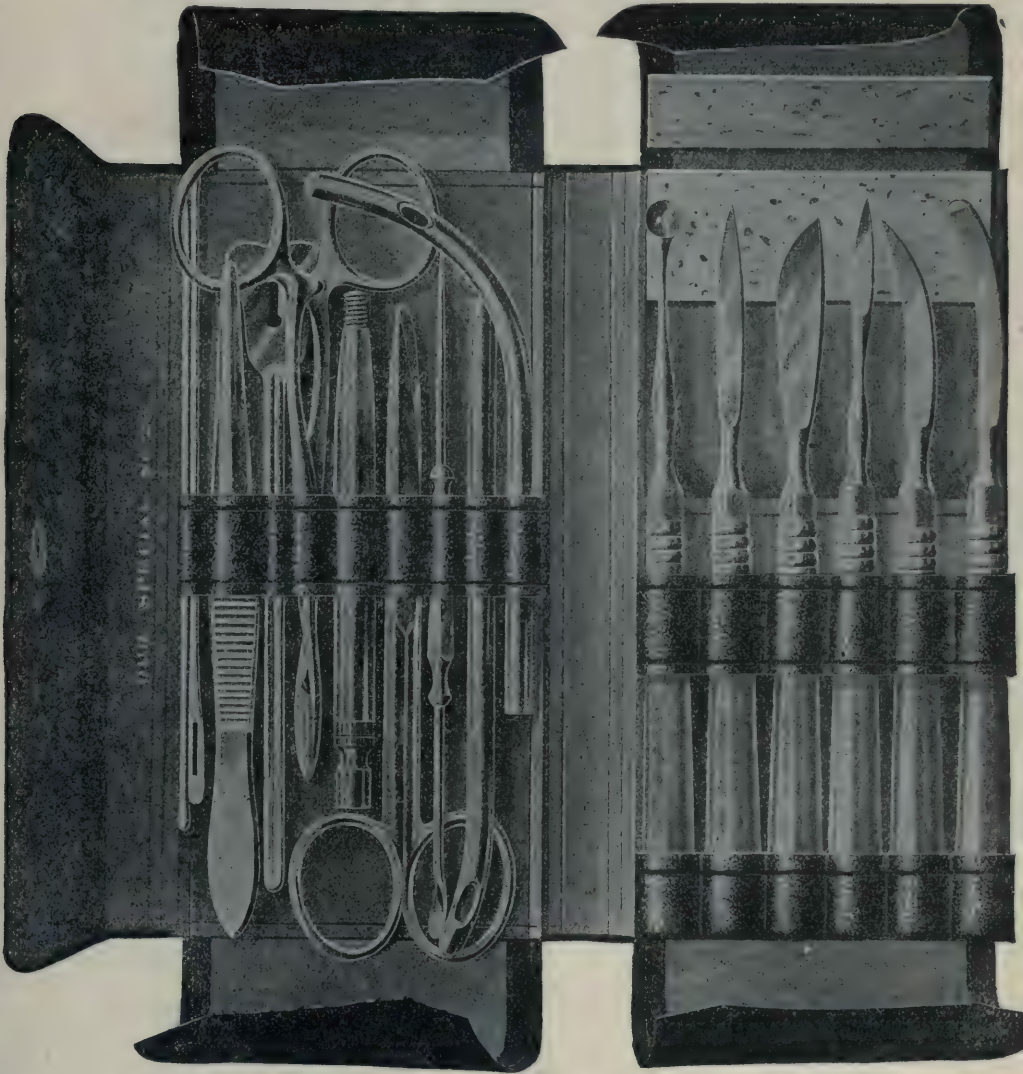
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RUPTURED UTERUS.



SEE ARTICLE "PORRO OPERATION," BY H. W. LONGYEAR, M. D., DETROIT MEDICAL JOURNAL, JUNE, 1902.

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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

PORRO OPERATION FOR RUPTURE OF THE UTERUS.*

BY H. W. LONGYEAR, M. D.,

Gynaecologist to Harper Hospital; President Medical Board Woman's Hospital, etc.

Mrs. F., Italian, 26 years old, mother of two children born without accident.

On April 10th, 1902, being about eight months pregnant, and suffering with a severe attack of capillary bronchitis, the membranes ruptured and labor was induced by the escape of the amniotic fluid.

A midwife first attended the case and she called Dr. J. H. Steinbrecher on the evening of April 11. A shoulder was found presenting, so the doctor attempted to turn the child, but was unable to accomplish the maneuver, although he succeeded in bringing one leg down. A condition of powerful tonic contraction of the uterus prevented any movement of the child within the organ. Dr. R. A. Jamieson then came to Dr. Steinbrecher's assistance, but their united efforts availed nothing. Realizing that surgical inter-

ference was necessary, and fearing rupture of the uterus, I was called to the case.

After anæsthetizing the patient, who was lying on a dirty goat-skin, the hairy coat of which must have been swarming with bacteria, the leg and both arms of the child were found projecting from the os. My hand was carried into the uterus between pains, which were very violent and almost continuous. A free gush of dark blood immediately appeared, and on the withdrawal of the hand the thumb was passed through a transverse rent in the uterus, situated anteriorly, at the junction of the body of the organ with the cervix and extending across the uterus and into the left broad ligament.

Abdominal section was immediately decided on and Harper Hospital notified by telephone to prepare the operating room and send the ambulance. Much to the credit of that institution and the house physicians officiating on that night, (at 2 a. m.), the patient was on the operating table within half an hour after the message was sent.

All aseptic precautions possible with the speed necessary were observed, and

*Specimen exhibited and case reported at a meeting of the Detroit Medical Society, April 16, 1902.

the rapidly weakening pulse was supported by intercellular injections of normal salt solution.

On opening the abdomen and turning the uterus out, it was seen that the rupture had not extended through the peritoneum, but that the extravasating blood was rapidly dissecting up the membranes of the uterus in front, had filled the broad ligament on the left side and was forcing its way up the back behind the peritoneum.

The segments of the broad ligaments containing the ovarian arteries were quickly tied, the parts cut away, ligatures placed about the round ligament with their accompanying arteries, the peritoneal covering of the uterus was encircled and the rent brought into view. The limits of the organ removed with the child (which of course was dead) in situ. The left uterine artery was then sought for and found under a large mass of clots, torn completely across and bleeding freely. After securing this and its fellow on the other side the cervix was trimmed of much black pultaceous material and closed with a continuous suture of kangaroo tendon.

The next question was as to the proper treatment of the cavity of the broad ligament, which had no doubt been rendered septic by its coming in contact with the vagina, so as to allow of drainage, and do it in such a manner as to protect the peritoneal cavity. This was accomplished by sewing the edges together on each side up to the center, where an open space was left and the edges of this ring were stitched to the lower angle of the abdominal wound. A drainage tube of glass was inserted and the abdomen closed with silk-worm gut *en masse* sutures.

Before closing the abdomen the entire peritoneal cavity was flushed with normal salt solution and as much of this as the cavity would retain was permitted to remain in it. Three hours after the opera-

tion one pint of normal salt solution was given per rectum every two hours until seven pints had been used. This was all retained and absorbed. Strychnine was used hypodermatically and heat applied to the surface. Reaction was complete within four hours after the operation.

Considerable blood and serum was drawn from the tube for the first twenty-four hours. It then changed in appearance and had a foul odor. Culture of the discharge was made on the third day and it was found to contain colon bacilli in abundance, a few streptococci and a number of other germs.

The patient's temperature was nearly normal for the first two days, but with the appearance of this septic discharge it has risen and fluctuates between 100 and 103 degrees. There is no peritonitis. I expect she will eventually recover, although she is handicapped by the capillary bronchitis on one side, the constant cough of which is very distressing, and is endangering the integrity of the line of union of the incision.

The patient succumbed, suddenly, on the thirteenth day after operation, as the immediate result of an infraction in the left lung. At time of this accident her temperature was 99° and pulse 90, and recovery was looked for.

Just Hits Real Doctors.—Osteopaths, magnetic healers and Christian Scientists are not violating the law of 1901 in practicing in Washington State without passing the prescribed examination in medicine and surgery and securing the license required of physicians of recognized schools. This is the statement of the law made in an opinion prepared by Assistant Attorney-General Ross. He holds that under the law only those persons are required to pass examination and secure license who actually advertise themselves as doctors, using the title "M. D.," or publicly assume to practice surgery or medicine.—(*Medical News.*)

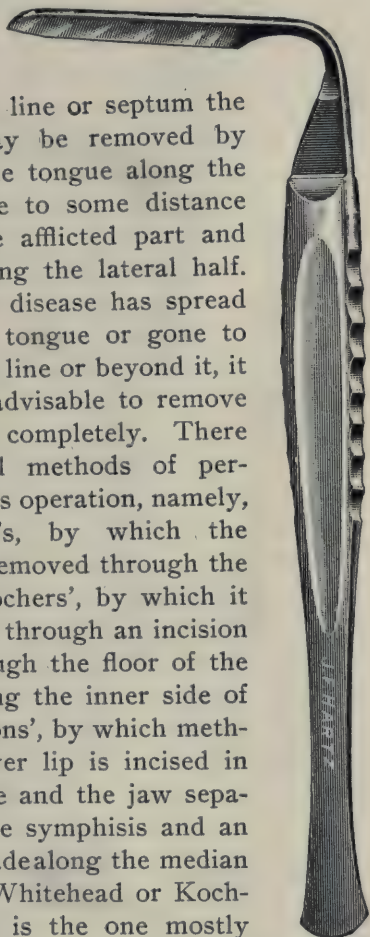
EXCISION OF THE TONGUE.*

BY ANGUS McLEAN, M. D.,
Detroit, Mich.

Removal of the tongue for cancer may be partial or complete. When the disease is confined to one border of the tongue and has not extended to

the median line or septum the disease may be removed by splitting the tongue along the median line to some distance beyond the afflicted part and then excising the lateral half. Where the disease has spread across the tongue or gone to the median line or beyond it, it is always advisable to remove the tongue completely. There are several methods of performing this operation, namely, Whitehead's, by which the tongue is removed through the mouth; Kochers', by which it is removed through an incision made through the floor of the mouth along the inner side of jaw; Heatons', by which method the lower lip is incised in median line and the jaw separated at the symphysis and an incision made along the median line. The Whitehead or Kocher method is the one mostly chosen. When the submaxillary lymphatic glands are affected, removal through floor of the mouth is more satisfactory as it gives an opportunity to remove the glands. When the glands are not affected and the disease is well confined to the tongue removal through the mouth is selected.

For this method of removal I have devised a knife for severing the tongue at or near the base which is a great advantage over the scissors or straight knife that is



ordinarily used. This knife has a razor shaped blade hung at a right angle to the handle with a right lateral cutting edge. The tongue is transfixed with heavy silk threads, and then drawn well forward and against the floor of the mouth; this gives a good view of the dorsum and the knife can be passed into the mouth and the tongue severed at the desired point leaving a clean cut stump which it is impossible to obtain with the ecraseur, scissors or ordinary knife.

The tongue should be first freed from the lateral borders and floor of the mouth by scissors or ordinary knife.

When scissors are used to amputate the tongue they have to be used from beneath the tongue and the tongue elevated; after the first incision free bleeding takes place and the field of operation is obscured. When the tongue is pulled well down and forward the lingual arteries are stretched and compressed and the hæmorrhage is much less with the tongue in this position than when elevated.

I have used this knife in two amputations of the tongue with great satisfaction.

Absence of Vagina.—Dr. Samuel Johnson Stewart, of Seattle, Wash., reports the following case in the *Medical Sentinel*: Mrs. D., married, 28 years of age, of medium height; thin of flesh, masculine breasts and hips, vulva and clitoris normal, hymen absent; fourchette well developed; a cul de sac 2.8 c. m. in depth, apparently formed by the continued assaults of the male organ, exists in the location of the vaginal os.

Examination, under complete anæsthesia, per rectum, demonstrated the absence of the uterus, tubes and ovaries—a small nodule, about 2 c. m. in diameter, situated between the rectum and bladder seemed to represent the termination of the genital cord. The patient claims to have keen sexual desires; but signs of ovulation or menstruation are negative. Her temperament is decidedly of the nervous type, and her character, voice and face are quite juvenile.

*Written for the Detroit Medical Journal.

USE OF THE ALTER DILATING NASAL SPLINT.*

BY FRANCIS W. ALTER, M. D.,

Toledo, Ohio.

Late Resident Surgeon New Amsterdam Eye and Ear Hospital, New York City, Oculist and Aurist to the Toledo Hospital, Member of the American Medical, the Western Ophthalmologic and Otolaryngologic, the Toledo Medical and Northwestern Ohio Medical Associations. Member and Secretary Lucas County Medical Society.

That the use of an adequate splint contributes materially to the success of the usual operation for deflection of the septum no one who has operated on this class of cases will question. Now, while the splints generally in use have been well thought out and are used with more or less success, yet as a rule they possess insufficiencies which are to my mind of such a vital character as to militate against the success of the operation in a large percentage of cases.

The instrument illustrated in this article, the mechanism of which is peculiar to itself, seeks to obviate some of the objectionable features possessed by other instruments; and at the same time some new features are introduced in it, which I feel confident will aid materially in insuring a large proportion of success in operations of the character mentioned.

I wish to emphasize the following favorable features of this device:

First—The drainage permitted by the outspreading halves when the instrument is in situ is maximum, and such a thing as clogging never occurs, thus fostering that much desired factor of success—good drainage. Moreover, the breathing through the formerly stenosed nostril is at once established and the satisfactory effect to the patient as well as to the surgeon is immediately in evidence.

Second—In the removal of the splint for the cleansing process, a few turns of the key reduce the splint from size b to size a (see cut) and the splint may be

removed from the nose and subsequently replaced without the accompaniment of the pain usually present when this manoeuvre is attempted with the splint in general use.

Third—The distal and the proximal end of the splint dilate equally. This feature is of the utmost importance, especially when the deflection is situated somewhat posteriorly.



Fourth—Drainage being good, irrigation when the splint is in position can be successfully carried out. It is, of course, necessary to take proper precaution that the patient's head is well forward and to instruct him against swallowing while the medicament is administered with a moderate velocity. There is no need of the daily removal of the splint, and I leave it in position for five days, then remove it and replace it again for a like period. At the end of ten days it may be entirely removed. If, on its first introduction, too much or too little dilatation has been effected, a few turns of the key will readily produce the amount desired.

*Written for the Detroit Medical Journal, June, '02.

The daily removal of the splint carries with it certain ill effects, and the same arguments against the daily removal of the dressing on a broken limb also hold good here.

Whether we employ Asch's scissors, Steele's or Roe's septum forceps (the latter being quite ideal, fracturing without undue laceration) or some one of the many instruments on the market, the object of all of them is the same. What is sought after is the establishment of sufficient plasticity of the septum, at the site of greatest deflection, to admit of its being pushed into the median line. The question of adequate support then becomes one of vital importance.

A splint that has sufficient width at its distal end, which admits of modifications in size to conform to the needs of the case in hand, and which can be worn a sufficient length of time with comparative comfort and safety, meets the several major essentials in this regard. The splint which I present has been used by me in a considerable number of cases, has given me unqualified satisfaction, and I can recommend it with full confidence that it will meet every indication. It is made by the J. F. Hartz Co., at Detroit.

338 Summit St., Toledo, Ohio.

Painful Conditions in Small-Pox.—If the pain in hands or feet be very severe it may be necessary to immerse the members; if the pain be more general it may be necessary to keep the patient for a good part of the day in a whole bath. When the crusts begin to come off, carbolized vaseline should be used very freely for inunctions. For variola verrucosa, the form which leaves warty elevated lesions after the disease has run its course instead of the usual pits, applications of tincture of iodine are good. A 20-per-cent. resorcin solution in rosewater has also been known to do good.—(*Medical News*.)

CASE OF BULLOUS KERATITIS, DEVELOPING AFTER HERPES ZOSTER AND IRIDO-CYCLITIS.*

BY B. W. PASTERNAKI, M. D.,
Detroit, Mich.

Towards the end of last March I was called to attend Mr. M. P., 52 years old, foreman at the car shops, who gave me the following history: "About four weeks ago I had an attack of severe pain in left side of face and head. In about two days my face became red, swollen, burning and painful; at that time I consulted a physician who prescribed for me saloc and different applications, consisting of lotions. About ten days later I had severe pain in my left eye, which was treated with drops."

Four weeks after the first attack I was called to attend to his eye on examination of which I found the following: Diffused redness of conjunctiva, lachrymation, pupil irregular; iris: absence of the lustre normally present, exudation upon the anterior surface of it, pus upon the bottom of anterior chambre, dimness of cornea with epithelium and Bowman's membrane partially elevated in region of the pupil; size 6 mm. long, 4 wide, oval shape, elevated epithelium, transparent, appeared as if recently bursted; on touch with probe and cotton, the epithelium was easily removed.

Anæsthesia of cornea, T. normal partial ptosis of lid; on side of the nose along the sensory nerve fibres of the Trigemimus; distinct cicatrices due to atrophy of the deeper layers of skin which at once put me in mind of Herpes Zoster.

The formation of bullae or the elevation of epithelium with Bowman's membrane in this case, as I could observe, has occurred three times in succession, each time about six days apart.

Treatment consisted of Atropin, 1%, Cocain, 2%, dusting with iodoform and

*Read before the Detroit Ophthalmological and Oto-Laryngological Society, May 16, 1902.

bandage, touching the erosion with 1 to 5000 Bi-chloride sol., and warm applications. When this treatment was followed out the erosion became smooth and appeared to be covered with epithelium in about thirty-six hours.

I think that this case is very interesting because it is rare. It is the first of this kind observed by me in six years. I have seen a case similar to this in Galezowski's clinic in Paris.

Schoeler says that the bullae recur so frequently because of the fact that on account of the fast regeneration of epithelium the erosion which is chemically unclean and the small particles are not cast off from its surface will not allow the epithelium to adhere to its place. On motion of the lids the epithelium will be pushed off from its seat.

Therefore he claims that it is good practice to wipe the denuded spot with chlorine water. Prof. von Reuss, in Vienna, found in those cases Bi-chloride sol. 1 to 5000 very useful.

254 Canfield Ave. E.

Unsatisfactory all 'Round.—A well-known Brooklyn physician of Spanish extraction has not yet mastered the intricacies of the pronunciation of the English language. Some time ago the doctor had occasion to send a specimen of urine for chemical examination to a druggist who attends to this work for the physician. A servant was dispatched with instructions that the druggist should "taste" it. The fluid was in an ordinary wine bottle, and the German druggist eagerly swallowed a good-sized draught, and immediately declared it to be the worst wine he had ever had the misfortune to sample. When the doctor informed him that it was a specimen to "test" chemically, the druggist was enlightened but not satisfied.—(*Medical Record.*)

French Cynicism.—"Le mariage est un poison dont la dot est l'antidote" (marriage is a poison whose antidote is the dowry).—(*Montréal Médical.*)

Phototherapy in Small-Pox.—From the *Medical News*: Very long ago, in the fourteenth century, John of Gaddesden recommended red curtains and red walls for the rooms of small-pox patients. Sunlight was thought to aggravate the symptoms. A dark room was advised, partly, of course, because of the photophobia so common in the disease. When the treatment was first applied air, as well as light, was excluded from the room and the patient was nearly smothered. Part of the theory on which the supposed aggravating effect of light is founded, the fact, for instance, that the hands and face are not apt to suffer so severely, is not substantiated. The feet are apt to have as many lesions as the hands. Unna and Finsen showed that it was not the heat of the sun, but the ultraviolet rays of the spectrum which affected the skin and caused sunburn, while the use of red light was soothing for cutaneous lesions. Finsen has employed red light in the treatment of small-pox and has reported a certain number of cases with excellent results. At times the disease skips from the vesicular stage to convalescence, and especially without the severe secondary symptoms of the postular stage. Red light was tried at the Riverside Hospital on North Brothers Island, but, the results proving unsatisfactory, it was given up. In 1893 red windows were put into one of the wards, but this seemed to have no effect, for, while all the cases were mild, this was usual in the epidemic of that year and all of them ran the usual complete course of typical small-pox cases. Dr. Cyrus Edson has data with regard to this experiment, but owing to the fact that it was a failure has not published the results. It is perhaps unfortunate that it is always the enthusiast who writes on medical topics, while the skeptic and unsuccessful experimenter remain silent; the profession, however, should be enabled to know both sides.

More Jewish Charity.—It is said that Mrs. Morris Rosenbaum has donated \$25,000 to the Home for Aged Jews. This money will be spent in erecting a fire-proof hospital, 40 by 60, which will be fitted out by the daughters of Mrs. Rosenbaum.—(*Medical News.*)

SURGICAL NOTES IN THE FAR EAST.*

BY HAL C. WYMAN, M. S., M. D.,
Professor of Surgery, Michigan College of
Medicine and Surgery, Detroit.

Singapore is the important city of the Malay peninsula and archipelago. It is a center or rendezvous for tropical diseases. Beri-Beri is frequent there and elephantiasis is abundant. When the parts affected by lymphstasis, characteristic of the latter disease, become so large that they seriously interfere with locomotion, the native will sometimes submit to an operation for their removal. In scrotal elephantiasis amputation is made with great difficulty, owing to the great hemorrhage which is encountered. Dr. Thomas, Professor of Surgery in the Medical College of Ceylon, has had marked success with this operation and is much sought for his judgment in elephantiasis.

That singular neurosis, Beri-Beri, may be seen in the great hospitals at Singapore. There are two types of the disease—one characterized by flabby heart and dropsy, and the other by paralysis of the extremities. A patient with either form of the disease is likely to recover if properly treated, but the malady is fatal in many instances.

That faulty nitrogen assimilation has an important influence in causing this disease is common belief among medical men who treat it. But one must not forget that *place* influence is likewise an important factor in spreading it. Paracentesis of abdomen and chest are often practiced to relieve the dyspnoea, one of the most dangerous symptoms in Beri-Beri.

There appears to be little use in trying to cure the disease in the place at which it is contracted. The poison, or whatever is the cause, continues to infect and overwhelm the patient until he is removed to another *place*, more or less re-

mote from the locality in which he was attacked—even if it is only to other quarters in the city, village, house or ship.

Fungus disease of the extremities are not rare. Madura foot, which frets and weakens the patient until he or she dies of exhaustion, may be seen in almost any of the hospitals. It is a mycetoma and develops at the seat of some trifling abrasion or wound of the foot. People who wear shoes and stockings are not likely to get it. Some of the cases I saw looked like melanotic sarcoma. All the tissues of the foot were involved and the black granules appeared in clusters and bunches, springing from the ligaments and bones. The microscope shows abundant ray-like fungi, mingled with much granular tissue. Amputation is the remedy. Recurrence does not take place. The shrunken, useless limb, and the foetid fungus granulated foot make a picture very depressing to the patient, so that he readily consents to amputation, after he has satisfied himself that cuds of well-chewed betel leaves, areca nut and lime—the popular remedy in that country for local ills, will not cure the disease.

Tuberculosis of any of the tissues of the body is very much more prevalent than it is in the western countries. I saw a great many cases of hip disease and Pott's disease which had undergone spontaneous cure; many of these individuals were beggars and the deformities incident to the diseases formed a valuable asset to the mendicants. There were a great many operations in the hospitals for bone and joint tuberculosis. They generally consisted in troughing the long bones with a mallet and gouge and incision and erosion, with subsequent drainage of the joints.

There were some cases of tuberculous diseases of the mammary glands, which were distinguished from cancer-

*Written for the Detroit Medical Journal,

ous affections of that organ by the longer and slower progress of the malady. Most of the hospitals have well-equipped pathological laboratories, in which specimens are examined for the purpose of confirming a diagnosis already made by other means or methods. One case in particular, of the tendon sheaths, which was at first supposed to be due to some obscure fungus disease of the forearm, was afterwards determined to be tuberculosis by a microscopical examination.

It was treated by excision of the skin and the overlying fascia and a careful scraping away of the infected tuberculous tendon sheaths. All the superficial tendons on the anterior aspect of the forearm were this way exposed.

Cancer is quite rare in hospital practice. Dysentery is very common and very serious in its after-effects. Stricture of the rectum and colon, due to this disease, were occasionally encountered, and some work was being done along the lines of proctotomy and colotomy for their relief.

46 Adams Ave., west.

(Dr. Wyman has recently returned to Detroit after an extended tour of the tropical regions, where he devoted considerable attention to the study of tropical diseases at home. The general remarks made by him above are of value and interest, coming to us, as they do, at first-hand.—Ed.)

Canadian Soda Lakes.—The mineral production of Canada during 1901, according to the geological survey, was valued at \$69,407,031, a growth of 8 per cent. over 1900. Unusual mineral discoveries have been made in the Canadian Northwest. Among these are mentioned a natural soap mine, a paint mine, and several soda lakes, whose bottoms and shores are encrusted with a natural washing compound. — (*Philadelphia Medical Journal*.)

EXTRA—GENITAL CHANCRE.*

BY F. B. TIBBALS, M. D.

We may divide syphilitics into two groups—one in which the initial lesion is located upon the genitalia and the modus operandi of infection that of sexual intercourse; the other, where the chancre is located upon any other part of the body except the genitalia and the infected individual frequently guiltless of any immoral act. Recent medical literature teems with cases of syphilis of the innocent, and we must in a measure recast our conception of syphilis as a venereal disease and classify it among the acute contagious diseases dangerous to public health. If tuberculosis, which is but rarely contagious, is to be regarded as a menace to public safety through a possible transmissibility, how much more need is there of isolating the syphilitic, regarding the virulent poison of whose secretions there is no question.

The bacteriology of syphilis is not yet clearly worked out. Lustgarten has isolated a bacillus which he considers the cause of the disease, while other observers find other bacteria present as the contagious element; and as yet the claim of no discoverer can be regarded as proven, although no one doubts the bacterial origin of the disease. When once the contagion has gained access to the blood through an abraded epithelium, systemic infection results almost immediately. Cauterization of an abrasion, even within six hours after suspicious intercourse has failed to prevent subsequent systemic infection. Contagion is carried by the germ present in the discharge from syphilitic lesions and also in syphilitic blood. Hence it follows that a syphilitic is dangerous both while he has lesions of the mucous membrane or skin and also so long as his blood contains the poison which manifests itself in renewed out-

*Read before the Detroit Academy of Medicine May 13, '02.

breaks of symptoms, authentic infection from even tertiary lesions being reported, as well as from the cadavèr.

Too much emphasis cannot be laid upon the danger of innocently communicating the disease and patients should be taught to be extremely careful in the management of their personal effects, since in many cases of extra-genital infection the virus may be carried by some article of everyday use, such as a glass, spoon, cigar-holder or pipe, tooth-brush or towel.

The cases which I have chosen to report are all of this type.

I. Chancre of the Ankle—A railroad brakeman whom I attended for a week or more because of a crushing injury to one or two toes. At the first dressing I noted a slight abrasion of the skin over the instep, but applied no dressing to it other than a bandage. Two or three weeks after I ceased attending him, he appeared at my office with a large indurated ulcer on the instep at the point of abrasion, a beautifully typical Hunterian chancre. Inquirv disclosed the fact that he had dressed the ankle with a carbolyzed vaseline belonging to his roommate, who was also applying it to a sore on his penis.

II. Chancre of the Lower Lip—This case occurred in a well known actress who had become infected through a trivial fissure on her lip. The only possible source of infection was through her maid, known to have some venereal disease, whom she had caught using her cold cream.

III. Chancre of the Tonsil—The well known work of White and Martin says: "Chancre of the tonsil and fauces is rare and, when found, so masked by concomitant inflammatory symptoms that diagnosis is impossible." With this authority I excuse my failure to diagnose this case during the primary stage. P. H., a young man, consulted me last November

for a simple follicular tonsilitis of a week's duration. Ten days later I saw him again with an inflammation of the same tonsil, very severe in character. The whole tonsil and back of the throat was swollen, with a grey-white membrane extending over the tonsil and onto the uvula. I considered this infection diphtheretic, but two cultures were negative as to Klebs-Loeffler bacilli. Many streptococci were present and I gave him antitoxin, as I frequently do in cases reported as streptococcic infection, but in this case without any appreciable benefit. In spite of, as much as the result of, treatment, the acute symptoms subsided in about two weeks, but the throat remained sore and painful on deglutition, for 30 days longer. Meantime he developed a marked induration of the glands at the angle of the jaw, and later, general lymphatic involvement and a slight macular rash cleared the diagnosis. Dr. Wadsworth Warren saw him on the morning that I announced my conclusions, concurred in the diagnosis and materially aided in clearing up the throat symptoms by treatment locally. The case is now progressing nicely under systemic treatment. The infection is clearly traceable to a brother, who, in the early secondary stage, surreptitiously used his tooth-brush, the poison gaining ready access to the tonsillar tissues during his simple tonsilitis.

Let me, in closing, narrate a case of supposed extra-genital infection that was not. A young man consulted me, with the statement that a girl at the house in which he boarded was "stuck on him" and he had gotten disease from her. Noting my glance directed toward the usual location of such maladies, he anticipated my request by saying, "No, not that—I have never had anything to do with her."

Pressed for an explanation of an apparent inconsistency, he said that, sup-

ported by high moral ideas of right living, inculcated in early youth, he had remained obdurate to the maiden's suggestive advances and thus driven her to extreme measures. Hence, at her previous period, she administered a love potion in the form of menstrual blood as a dressing upon a well chosen beefsteak, an apt illustration of the feminine belief that the way to a man's heart is through his stomach. The only acknowledged effect of the love potion was a marked preference for a vegetarian diet and I at last convinced him that, even if the girl were syphilitic, infection by the menstrual flow through unbroken mucous membranes was so nearly impossible as to be highly improbable.

99 Cass St.,
Detroit, Mich.

Health Board Work.—The discovery of a method of securing prompt and accurate returns of births and of contagious diseases is greatly to be desired. It is comparatively easy to secure returns of deaths by preventing the interment of human remains without permits issued by the Health Department; registration of the death is effected by the application for the burial permit. No such method can be applied, however, to returns of births. The fact that a given child is born does not come to the knowledge of the registering officer unless its birth is registered, and the absence of registration does not ordinarily come to the knowledge of the family and of neighbors who are aware of the birth. Some states have endeavored to secure more nearly complete returns of births by compensating the person making such returns, but with what success it not known.—(*Philadelphia Medical Journal*.)

Quite Right.—Quality and not quantity must be the watchword of a dignified medical journalism, as of a dignified lay journalism.—(*Boston Medical and Surgical Journal*.)

ACETOZONE: BENZOYL-ACETYL-PEROXIDE.

BY R. H. PAGE,
Detroit, Mich.

The application of an organic peroxide as a germicide is the result of an investigation of certain well known phenomena, which have hitherto never received thoroughly satisfactory explanations. The consideration of these established facts, and of the various hypotheses put forth to explain the mechanism of the reactions involved, led Dr. Freer and Dr. Novy of the University of Michigan to take up a joint research with the object of gathering additional information which might throw a clearer light upon a subject of absorbing interest. While the work was inspired by purely theoretical considerations, that it should have brought forth results of immediate practical value is surely a matter of congratulation.

It is unnecessary here to enumerate the divers phenomena—which now appear more closely related—which contributed to the complexity of the problem. It will suffice to mention two of the most interesting changes which certain media undergo upon exposure to sunlight and air.

It has been observed that urine, upon exposure to air and direct sunlight, becomes completely sterile, and that gelatine, which, in the normal state, is a suitable medium for the propagation of germs, often undergoes a similar change, attaining such strongly antiseptic properties as to inhibit the growth of strongly resistant bacteria. The fact that strips of gold, and of some other metals, when laid upon previously infected gelatine induce this antiseptic property within a certain definite zone, and that this property is retained by the gelatine after the strips of metal are removed, are among the interesting considerations which led to the still unfinished research of Drs. Freer and Novy.

To revert briefly to the change which

urine undergoes upon proper exposure, it has been shown that the reaction gives rise to some body or bodies which give the ordinary tests for peroxides. The germicidal value of hydrogen-peroxide was very accurately determined, and it soon became evident that the strongly antiseptic properties apparent in the urine, and in the gelatine, could not be entirely accounted for by assuming the small amounts of peroxide present to be hydrogen peroxide. To what, then, is this property to be attributed? As the only cases of this autosterilization, if one may coin the word, so far observed, have occurred in organic media, the most natural answer is obviously "to organic peroxides." This brings us then to the first step in our investigation—the study of organic peroxides from the chemical and bacteriological standpoint.

It is not the purpose of this paper to take up the vast amount of work carried out in Dr. Novy's laboratory on the germicidal properties of the various organic peroxides studied, nor to dwell upon the clinical application of benzoyl-acetyl-peroxide, reports of which are beginning to appear in the various journals of medicine and dentistry. It was the writer's good fortune to become associated with Dr. Freer as assistant at the inception of this work and to become actively concerned with this interesting class of bodies. It is, therefore, but a brief sketch of the chemistry of peroxides, and of benzoyle-acetyl-peroxide in particular, that is contemplated. The work has been vigorously prosecuted since the writer left college, and much that is new and interesting has been brought to light.

The subject of oxidation, especially of organic bodies, has attracted so much attention of late years, and promises to eventually clear up so much that has hitherto remained obscure, both in the field of chemistry and biology, that one is tempted to review the masterly con-

tributions of Baeyer, Engler, Bodländer, Nef, Michael, and a number of others. Suffice it to say that their work has demonstrated that in the majority of cases studied, oxidation proceeds stepwise; i. e., one molecule of the substance in question first takes up sufficient oxygen to form a peroxide, and that this peroxide then breaks down to a less highly oxidized body, transferring one-half of its oxygen to a second, previously unoxidized molecule. In other words, one molecule acts as an oxygen carrier, another as an acceptor. Thus in the oxidation of pure benzaldehyde, Baeyer⁽¹⁾ has shown that during the course of the oxidation, some peroxide is always present, though when the reaction is complete, only pure benzoic acid remains. He has isolated the benzo-peracid, $C_6H_5.C.O.O.O.H$, and has shown that when mixed with an equimolecular quantity of benzaldehyde, the whole mixture turns to a mass of pure benzoic acid, which no longer gives a peroxide reaction. My space is too limited to detail the methods by which the processes of oxidation have been checked or accelerated in order to gain a clearer idea of their progress. Suffice it to say that this primary formation of peroxides has been demonstrated to be a fact.

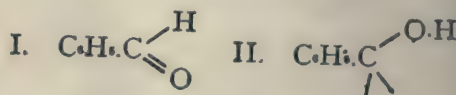
It has been said that these reactions have been accelerated or retarded. What then is the condition governing the peroxide formation? If, e. g., the formation of peroxide can be accelerated in a mixture of benzaldehyde and acetic anhydride, then the accelerating substance must either effect the state of the oxidizing agent—in this case atmospheric oxygen—or else the state of the body to be oxidized—the benzaldehyde. In other words either the molecular condition of the oxygen or of the benzaldehyde must be altered. If a current of air be passed through a mixture of benzaldehyde and acetic anhydride at ordinary tempera-

tures for twenty-four hours or more, at no time can more than a trace of peroxide be detected in the mixture. If now a piece of glass be wet with the mixture and allowed to drain, in the course of three minutes or so a thin layer of crystals is formed, a strong odor, somewhat resembling hypochlorous acid, is noticed, and the presence of considerable quantities of a peroxide may be proven. The conclusion is forced upon us that the glass surface coming in contact with the oxygen of the air has induced this marked acceleration of the reaction. Other surfaces have been shown to possess this property in a much higher degree. Thus bits of iron, zinc, tin, and especially magnesium, when introduced into such a mixture, through which air is being aspirated, promptly bring about a marked increase in the rate of peroxide formation.

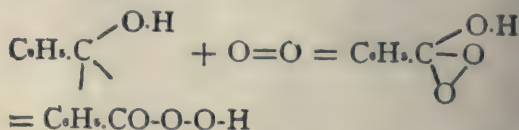
It is well known that certain metals such as palladium, platinum, etc., have the property of absorbing considerable quantities of inert gases such as hydrogen, and liberating them in a more active condition, thereby inducing reactions which under ordinary circumstances take place with such extreme slowness—if at all—as to be imperceptible even after a lapse of months. The cases in which oxygen is similarly rendered active are very few—the new catalytic process for the manufacture of sulphuric acid being the most notable example. One of the most interesting results of this research has been the discovery that metals which show no tendency to absorb gases, render active molecular oxygen in contact with their surface. The only explanation of this phenomenon that suggests itself is that the oxygen is occluded on the surface of the metal or other catalytic agent, and that through this occlusion it is in some way rendered active by a partial or complete rupturing of the molecule.

The other alternative, viz., the render-

ing active of the body to be oxidized, e. g., benzaldehyde, is worthy of serious consideration. Indeed, it is of great value in explaining the mechanism of the reaction. Without attempting an adequate discussion of the far reaching theory of desmotropy, which has been developed and supported by the classical work of Baeyer⁽¹⁾, Schiff⁽²⁾, Bodländer⁽³⁾, Michael⁽⁴⁾, and others, an illustration may not be out of place. It is assumed that in the case of benzaldehyde, for instance, an equilibrium exists between the two forms



The strongly unsaturated character of II—the enol form—would indicate a strong tendency to addition; in the case of oxygen as follows:



yielding the benzo-peracid, a body isolated by Baeyer⁽¹⁾, and shown by Clover in the course of this research to react quantitatively with acetic anhydride to form benzoyl-acetyl-peroxide. Whether the change from keto- (I) to enol- (II) form is accelerated by these various catalytic agents, thereby causing a larger proportion of the more active desmotropic modification, as well as the activity of the atmospheric oxygen increased, is not clear from these reactions alone. However, a careful study of the effect of these same catalysers in the condensation, without oxidation, of benzaldehyde and acetic anhydride, has indicated that such is the case.

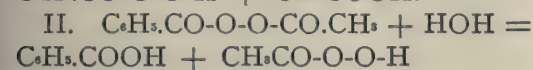
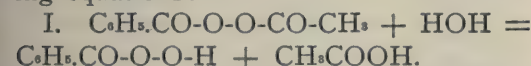
Before leaving the synthesis of ben-

1. Ber. d. Chem. Gesell. Vol. 33, p. 1582.
2. Ber. d. Chem. Gesell. Vol. 31, p. 205.
3. Ahrens Vorträge, Vol. 3, p. 471.
4. Jour. prak. Chem. Vol. 60, p. 75.

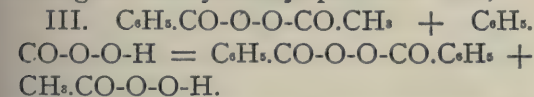
zoyl-acetyl-peroxide, it may be well to mention some of the substances which have been found to promote the reaction. Magnesium, iron, tin, platinum, filter paper and cloth have all proved valuable as catalysers. This view of the effect of various surfaces on the activity of oxygen may throw some light on the change of hemoglobin to oxyhemoglobin in the lungs, where large surfaces of tissue—a possible catalytic agent—is exposed.

Having thus touched briefly upon the synthesis of benzoyl-acetyl-peroxide, let us turn our attention to its decomposition. As various reagents split it up in different ways, it is sufficient here to consider only the simple hydrolysis it suffers in water solution.

Without detailing the numerous experiments which have led to a clear understanding of the action of water on benzoyl-acetyl-peroxide, it may be said that the hydrolysis has been shown to take place in the following manner. Water splits the molecule in two different directions, as represented by the following equations:



The reaction proceeds with greater ease according to equation II. The benzo-peracid formed in I. reacts with still unchanged benzoyl-acetyl-peroxide thus,



The dibenzoyl peroxide formed, as in III. is insoluble and produces a milky solution in the freshly prepared solution—which is at first perfectly clear—finally settling to the bottom as an insoluble white powder, leaving the supernatant solution again clear. Mr. Clover during the course of this research followed the reaction through quantitatively and showed that of four molecules going into solution,

one hydrolyses according to I., two according to II., and one unhydrolysed molecule reacts according to III. So that in the completely hydrolysed solution we have present aceto-peracid, or acetyl-hydrogen peroxide, together with small quantities of benzoic and acetic acids, with possibly a trace of the benzo-peracid of Baeyer. It is therefore demonstrated that the active germicidal agent is not benzoyl-acetyl-peroxide as such, but acetyl-hydrogen-peroxide, $\text{CH}_3\text{CO-O-O-H}$, one of its hydrolytic products.

Another phase of the decomposition of this peroxide which may be of interest to those who have occasion to work with it, is that which the body undergoes in exploding. All the organic acyl peroxides which have thus far been studied are more or less explosive. It has happened that in the distillation of old ether which has been exposed to air and sunlight, or has stood in contact with hydrogen-peroxide, violent explosions sometimes occur. This is undoubtedly due to the presence of diacetyl-peroxide, quite the most explosive of any of this class of bodies so far isolated. As heavier radicals are substituted for the hydrogen atoms of hydrogen peroxide, the explosive properties diminish, until in the case of dibenzoyl-peroxide the tendency to explosion is no longer very pronounced.

When benzoyl-acetyl-peroxide is heated gradually, unconfined, it slowly decomposes with the evolution of gas. Analysis of this gas proves it to be composed of 75% carbon dioxide and 25% of methane. Quantitative measurements show that from every two molecules of peroxide, four molecules of gas are evolved, three of CO_2 and one of CH_4 . The residue is complex, and consists of a mixture of high boiling hydrocarbons, benzoic acid, and other unidentified constituents. What the decomposition upon explosion produces, it is at present impossible to say, but that it involves a still more com-

plete rupture of the molecule, giving rise to much greater volumes of gas seems certain.

Owing to the violence of the explosion, it has only been possible to work with small quantities, and there is yet opportunity for considerable work along this line. The following information has, however, been obtained regarding the conditions causing explosion. Small quantities when heated gradually in the open do not explode, but begin to quietly evolve gas, the evolution increasing as the temperature rises, finally diminishing until there remains only an inexplusive oil. If, however, small quantities be suddenly raised to a temperature of about 85°C. explosion almost invariably results, even though the substance is unconfined. I have never been able to produce explosion by heat alone, below this temperature, though it must be remembered that the quantities employed were small, and hence the effect of lower temperatures upon larger masses cannot be foretold with certainty. Pounding, or grinding the material between rough surfaces, also induces explosion.

While with proper precautions, pure benzoyl-acetyl-peroxide may be handled without danger, Messrs. Parke, Davis & Co., who have undertaken its manufacture on a commercial scale, have deemed it desirable to ward against any possible accidents, by incorporating it with a diluent. Dr. Francis has carried out in their laboratory a series of experiments looking to this end, and has, I am told, met with considerable success by producing an intimate mixture with infusorial earth, a thoroughly neutral, inorganic absorbent. This has served a double purpose, for not only has the liability to explosion been practically eliminated, but also the undesirable tendency to liquify, due to the low melting point—40°-41°C.

When perfectly pure and free from moisture, the body will re-crystallize

even after having been kept in a melted condition for a considerable period. The presence of even small amounts of moisture, however, promptly cause hydrolysis, producing impurities which lower the melting point and tend to make the substance sticky, and finally reduces it to a permanent oil. The admixture with the inorganic absorbent, seems to have eliminated the necessity of extreme precautions save in the matter of preventing exposure to moisture, while kept in stock.

A few remarks concerning the preparation of solutions for clinical use may not be without interest. The quickest and most satisfactory results will be obtained if warm water (100° to 110°F. or 40° to 45°C.) be used, although solution will take place in water at ordinary temperatures. If a very strong solution be desired, add to one liter of warm water 1 gram of the pure crystals, or 2 grams if the mixture with the inorganic absorbent be used. Stopper, and shake vigorously for from three to five minutes. At the expiration of this time a perfectly clear solution is obtained, except with the infusorial earth mixture, in which case the solution will be milky, due to suspended silica. In a few moments, however, a slight cloudiness becomes apparent, which rapidly increases to a decided turbidity. This is due to the formation of dibenzoyl-peroxide, as represented in equation III above. If allowed to stand for 15 or 30 minutes this insoluble and inert precipitate settles to the bottom. If the solution is to be used as a spray or for irrigation purposes, it is better to filter it, but this is not at all necessary for the ordinary applications, simple decantation being sufficient.

The solution is colorless and possesses a faint pungent, not unpleasant odor, and when strong, a taste somewhat resembling pepper, though not nearly so sharp. The dilution may be carried to 1:5000 or even less, according to the use to which

it is to be put, as e. g., in application to inflamed and sensitive tissue. Repeated experiments on animals and humans have shown that large doses given daily for weeks are without any injurious results. In typhoid and cholera, therefore, the treatment consists in giving a 1:1000 solution as a drink ad lib. combined with rectal irrigation, and sometimes with doses of the crystals, 2 or 3 grains, in gelatine capsules, plain or shellac coated. As the solutions gradually deteriorate, the best results will be obtained if solutions be used within forty-eight hours after preparation. It is advisable to make up small quantities as required, rather than a large stock solution.

While it is not my purpose to deal with the clinical or bacteriological results obtained with aqueous solutions of benzoyl-acetyl-peroxide, I may add in closing that several interesting and satisfactory cases of treatment of tonsilitis, gonorrhœa, abscess, suppuration of the middle ear, and carious teeth have been reported. I would refer to the paper by Dr. Eugene Wasdin (*American Medicine*, Feb. 8, 1902,) on its application in 24 cases of typhoid fever, and to that of Dr. Hoff (*Dental Cosmos*, Feb., 1902). A complete report of the chemical portion of this research as far as it has progressed, together with a brief summary of the bacteriological work, will be found in the paper of Freer and Novy (*American Chem. Jour.* Vol. XXVII, No. 3, March, 1902). A complete report by Dr. Novy of the extensive bacteriological work is shortly to appear in the *Jour. of Experimental Medicine*.

Clinical reports from the members of the profession, in whose hands the future of Acetozone now rests, will be watched with interest.

Detroit, Mich.

Neuralgia.—

Peppermint oil.....	8 drachms
Aconite tincture.....	4 drachms
Chloroform	2 drachms

Label "Poison." Apply every half hour.

A Cry Against Immoral Advertising.—In a recent number of the *Medical News* appeared the following comment: We should suppose that the laws of the United States prohibiting the passage of any indecent or immoral publications through the mails, would be sufficient to exclude some of the newspapers of the day. There are newspapers of a certain type that do not hesitate to carry a line of advertisements that are grossly immoral. Commercialism has risen above all sense of decency with them, and they do not scruple to publish the covert advertisements of the abortionist and the pander. There is evident, however, among the better newspapers a tendency to guard their advertising columns. That the postal laws are not enforced against those that offend public decency, the responsibility lies largely upon the officers of the law, for where the law exists, the executive is to blame if the evil continues.

At a recent meeting the Kansas City Academy of Medicine passed a series of resolutions on this subject. It demands a censorship over the press, and calls the attention of the Post-Office Department to its broken and unenforced laws. We shall await developments, and keep our eyes on the Post-Office Department.

Don't Bathe Too Much.—Too much bathing is harmful, as it tends to maceration of the superficial part of the epidermis, which is too frequently removed, and occasions probably too rapid a proliferation of the cells of the malpighian (lowermost) layer.—(*London Lancet*.)

Snake Venom as a Stimulant.—Hem Chandra Sen considers the fresh venom obtained from strong, young black cobra (keuta variety) the most powerful stimulant in plague. Fortunately, it is an irritant to the bowels, and a hepatic stimulant, so that most of it is thrown out and the danger of poisoning is thus lessened. The author prefers its administration by the mouth, mixed with bile or arsenic, to giving it hypodermically, as in the latter case it is liable to cause disintegration of the red blood cells, which are already in danger of disintegration from the plague itself.—(*Indian Medical Record*.)

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

THE DETROIT MEDICAL JOURNAL CO.,

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DETROIT, MICH., JUNE, 1902.

A BUSINESS TALK.

Business is Business, whether we are interested in painting landscapes or manufacturing sausage, and the consideration of this fact urges us to say a few words at this time. Will every physician who knows that his subscription to the DETROIT MEDICAL JOURNAL has expired, please either send us another dollar for a renewal or else a notice to the effect that he doesn't want the JOURNAL sent to him any more? We shall receive either communication gladly, the former, of course, with more gladness.

If you are not a subscriber, doctor, let us hear from you, too. It only takes a minute of your time, but if we had to do correspondence with every one of our thousands of readers, we would have to multiply that time by several thousand, and it would mean much hard work for us. Help us out in this matter. We are doing our best to support what we believe are the proper principles for the medical profession to follow; take an interest in us, in turn. We don't ask much, either in time or money; and we think you are getting value received for your money every time.

We want to get a big batch of mail from our subscribers and our readers all over the country this month. Please do your share to see that our hopes are not disappointed.

ORGANIZATION AMONG PHYSICIANS.

Plans for the amendment of the constitution and the by-laws of the various state societies throughout the country so as to admit of their practical re-organization along the lines suggested by the American Medical Association are in many cases well advanced. Their completion will mean an enormous increase in the strength and effectiveness of that organization, for then every society in the country will be directly interested in the success and the advancement of the parent body, since each society will have representation in the House of Delegates in the state association, the latter body in turn being represented in the American.

And the ground is being carefully gone over. Each county in the state is urged to form a society, the membership to include all those who are legally qualified to practice medicine. Where there are too few physicians in a county to make the formation of such a society advisable, the men in the county are asked to join with those in an adjacent county and this process of combination is to be continued until the allied county societies have a membership that embraces all the eligibles in the district. The county societies are to be allowed one representative in the state association for every one hundred members, or fraction thereof; the object of this rule is to prevent the governing body of the state society from becoming too unwieldy and to prevent the legislative power from being entirely in the hands of large societies. Where two county societies exist, they are urged to join hands and later join the state society; where there are differences, the differing members are urged for the good of the profession and the benefit of the national association to work together in the interests of all. If the plans that have been made are properly carried out, America will have the best organized and the most efficient organization of medical men in the world.

Definiteness and system are as necessary to the success of a big medical association as they are to a manufacturing business. And it speaks well for the good hard common-sense of the doctors that they have gone after the matter of organization in so definite and systematic a way. The committee suggests that a council shall be formed within the state association, to be made up of men from the different county societies, chosen so that they shall represent every corner of the state. Here in Michigan the plan is to have one man from each of the congressional districts so that no city or town may feel that her interests are being neglected. It will be the duty of each member of this council to see that enthusiasm is kept up to the proper pitch and that work is being done all over his own particular territory. He will be held personally responsible for the conduct of matters pertaining to his corner of the state; naturally, a great deal depends upon the calibre of the men who are selected for membership in the council. Between them and the men of the house of delegates hangs the question of the success of the state society; and on its success hangs the success of the national organization.

Most advances are slowly made, but it seems strange that some concerted effort along the line of general organization has not been at least attempted earlier in the history of medical profession of America. Other countries have their associations of medical men, membership in which is to a large extent the hall-mark of respectability and ability. The same conditions no doubt obtain here, but there has up to the present been lacking the very general character of the organization among practitioners which must be the chief figure in its value to the profession as a whole. Now that effort is being made along this line, we may expect great things from the profession in societies.

The Michigan State Medical Society will take these questions up at its meeting in Port Huron, a copy of the programme of which is published elsewhere in this issue of the JOURNAL. It is an important time for the state society, and if it is finally decided to adopt the amendments and alterations of the governing rules, so as to admit of a joining with the national body, a very considerable increase in membership may be shortly looked for. Membership of the right stuff is what counts in a movement of this kind; and if it is made an acknowledged honor to belong to the newly organized association, we may be sure that the membership will be large, including all the reputable practitioners in the state—of whom, thank God, there are a great many. We shall watch with interest to see just what Michigan's representative medical men do with a question, the correct settlement of which means so much for the American Medical Association's future and its own future.

LIMITING THE SUPPLY.

It is entirely probable that few men in the profession of medicine would contradict a statement to the effect that the ranks of the practitioners are already crowded, while there is visible no let-up in the number of additions to the medical family which arrive with such pleasing regularity every June. The practice of medicine, healing mission though it is, is subject to the old and time-tried law of supply and demand; and when the supply of physicians is too large, the demand for their services is correspondingly small. As a general proposition there are just about so many patients. Each one has to go to some doctor and the chances are that he goes to the one that he believes to be the best. This simply means that there are going to be some doctors who have no patients in their

reception rooms, much like the briefless barrister of the English law courts.

It is usually the young doctor that goes patientless. You can't blame a physician for being young, of course. But you can find a little fault with him for coming into a profession that is already getting near to the point when the term "over-crowded" is not wholly inapplicable. The question of remedy is one of many aspects. The boards have done much in the way of getting men out of the profession after they have once been in it, when they are improperly prepared to do what they are undertaking to do. Now it remains for someone to suggest a means which will keep young men out of the profession to begin with, when they are not properly equipped. Many plans have been offered in solution of the question, but most of them at least seem to fall short of the requirements. One solution was a longer course. This immediately meets with the objection that such a regulation would effectually bar many a poor man who really had the strongest determination to become a physician but who could not go through the necessarily expensive course of preparation if it were to be made any longer than it is now.

Others suggest a more extended and more difficult curriculum, requiring graduation with a bachelor's degree before it is permitted the student to begin his studies for a doctor's sheep-skin. This is also open to objections. Some of the best practitioners to-day are men whose education outside of medical fields has been originally very scant and sparse.

We should like to hear from the profession on the line of suggestions as to how best to regulate the number of young men who shall study medicine.

TRAPS FOR THE PHYSICIAN.

Attention is being called to a somewhat novel method recently put into play

by some of the "ambulance chasers" among the legal fraternity, whereby they endeavor to secure the co-operation of the physician to assist them in securing the payment of damages for their client. Circulars have been written and widely circulated, calling the attention of the profession to the fact that by his line of work he is frequently apprised of some accident for which a corporation can be held responsible or some employer made to pay damages for. The physician addressed is told that it is his Christian duty to assist the client, who is presumably needy, to secure remuneration for his injuries; and he is delicately told that other men in the profession have been of service to the firm of attorneys along this line and that they have been handsomely "remembered" for their pains.

There is every chance that a carefully written circular of this kind will appeal to the physician. There are no doubt many cases in which a physician gives his services in an emergency call, afterwards having only the satisfaction of having done his duty as a reward for his trouble. There is a certain apparent air of justice about the proposition that is certainly attractive—and the circular always states that the "fee" of Dr. So-and-So, in return for merely mentioning the matter to the enterprising legal men, reached a very handsome figure. But the men of the profession who would care to make a collaboration with a gang of men who are in this sort of business, are, we believe, very few in number.

The circular states delicately that the physician will not be asked to appear in court. And herein is one of the features of the whole business that stamps it as being hole-and-corner. If a physician is justified by his own conscience in taking up a matter of this kind, he is certainly justified in going into court as a witness and giving his best help to his patient in

securing damages that are really due him. But that is just the trouble. The physician is hampered by his conscience and a sense of ethics. He knows that if he does go into the matter at all, he will be associated with some legal sharks who have no philanthropic motive, nor any mission of healing their client's lacerated feelings. They are in business for money and they stand in a different relation from that of the doctor in that they have voluntarily proffered their services to a client on a commission basis, while the doctor is importuned to relieve distress without any chance of remuneration except that which has its root in the gratitude of the patient. And the average patient in cases of this kind is prepared to give republics points on how to be ungrateful.

No, there is no really valid defense for a practitioner of medicine who lends himself to the prosecution of any such scheme as this. Its shoddy quality is readily recognized by the profession as a whole, which would be quick to make a physician feel that he had lowered himself in their estimation if he appeared in court as a party to any case of such lawyers' seeking. Of course, a physician has a right to be paid when the patient can pay him; and he is justified in going to court if other means fail, just as is any merchant who cannot collect his accounts when they are past due. But he must go in honorably and fairly, on the merits of his own case, and not in company with a collection of cheap lawyers, of whose probably trumped-up case he knows practically nothing.

It is largely to the young physician that this class of circular is addressed. And the unwary will do well to think carefully over the matter before they lend aid in such a cause. The fee is better uncollected if it comes only at the cost of a man's sense of honor and the respect of his fellow-practitioners.

EDITORIAL NOTES

As we go to press, the twelfth annual meeting of the national confederation of state medical examining and licensing boards is about to be inaugurated at Saratoga Springs, N. Y. Meetings are arranged for in the Y. M. C. A. hall and latest indications are that the promised attendance will be reached. The programme of the meeting, as officially sent out, is as follows: Invocation—Rev. Herbert Gesner, Saratoga Springs; Address of welcome—Mr. A. P. Knapp, president of Saratoga Springs; Address of welcome on behalf of the medical profession of Saratoga Springs—George T. Church; Address of welcome on behalf of the Regents of University of the State of New York—Albert Vander Veer, Ph. D., M. D., Albany; Address of welcome on behalf of the State Board of Medical Examiners of New York—William Warren Potter, Buffalo; Response—Vice-President Henry Beates, Jr.; Report of the Secretary-Treasurer; Annual address by the president "Uniformity in medical practice acts;" The work of the Regents of the University of the State of New York—James Russell Parsons, Jr., M. A., Secretary of the University; "Divided examination for license." Joseph H. Raymond, president of the Medical Council of New York; Discussion—to be opened by the following members: E. B. Harvey, Boston, Mass.; E. L. B. Godfrey, Camden, N. J.; "What can be done to regulate the number of young men studying medicine?"—R. S. Martin, Stuart, Va.; "The results of the medical law of Tennessee"—T. J. Happel, Trenton; "Should there be the same examination for old practitioners and for recent graduates when applying for a license to practice medicine?"—Maurice J. Lewi, New York; "The definition of the practice of

medicine in medical practice acts,"—Harold N. Moyer, Chicago, Ill.; "How may the topics in examinations for license be best arranged by examining boards?"—Henry Beates, Jr., Philadelphia, Pa.; Discussion—to be opened by the following members: William A. Spurgeon, Muncie, Ind.; Gardner T. Swarts, Providence, R. I.; Miscellaneous Business; Election of Officers; Adjournment.

Interesting topics, with plenty to be said on both sides, have been arranged for, and the meeting should give rise to a healthy discussion of live questions, of interest to every practitioner.

There are times when it seems to a free-born American that an iron-clad monarchical government is not such a very bad thing, after all. For example, the Kaiser of Germany has lately announced that he will severely deal with any member of the German army, court, state or church who joins the cult of Christian science. This is a radical improvement over the efforts of Rev. Dr. William Faber, the chamberlain at the court, who has been working toward the same end by means of sermons and pamphlets. But the Kaiser's threat of ostracism will undoubtedly have an effect. He has announced that he does not care whether people join the church for the purpose of being cured of disease or for the health of their souls; he doesn't like the Christian science business and he threatens trouble for those who join in making it easy for the promoters to make money. The leaders of the church at Berlin will come back to this country some time this month, unfortunately.

Charles M. Hackley, the Muskegon man of wealth, who has already done much to make him well thought of in the city in which he resides, has lately given further evidences that he is a liberal man whose liberality has a definite purpose.

On May 28 he presented the city with an endowment of about \$100,000, the money to be used in the purchase and maintenance of a hospital. It is expected that the building will cost in the neighborhood of \$75,000 and the site is a space of two and one-half blocks in the city's southeastern part. Mr. Hackley also intends to establish a school for the scientific training of professional nurses. This feature, taken in connection with the establishment of the hospital, with a generous endowment of \$50,000, marks Mr. Hackley as being the right kind of a man, who has the health interests of the city at heart. It is too bad that there are not more people like him.

It is announced that the fifteenth annual session of the Michigan College of Medicine and Surgery will open at the college auditorium on Wednesday, October 1st, 1902, at 10 o'clock a. m. Among the innovations introduced into the college curriculum this year, is to be a department of tropical diseases, devoted to their study and treatment. This department will be opened in response to a feeling that, in view of this country's constantly increasing interest in tropical countries, her physicians should know more of the diseases peculiar to hot climates.

Dispatches from Atlantic City, N. J., where the annual convention of the American Gynecological Society was held last month, announced the election of Dr. E. W. Jenks, of Detroit, as one of the vice-presidents of the organization. The other officers chosen at the election, which was held on May 28, are: President, Dr. J. E. Janvrin, New York; Vice-President, Dr. A. P. Dudley, New York; Secretary, Dr. W. J. Rickle Goff, New York; Treasurer, Dr. J. M. Baldy, Philadelphia.

The fiftieth semi-annual meeting of the Northeastern Medical Society of Michigan will be held in Mt. Clemens the last week of July. Eight counties of Michigan are represented in the membership of the society, which numbers in the neighborhood of 100 physicians. Dr. Knight, who has recently removed from Utica to Mt. Clemens, is a charter member of the society and it is at his invitation that the society meets at the Bath Town. While the meeting is in progress, the members will be entertained by the Physicians' Protective Association.

At the last meeting of the Wayne County Medical Association it was announced that the following physicians will represent the association at the convention of the National Medical Association, to be held at Saratoga Springs beginning June 10: Dr. Leartus Connor, president of the State Medical Society; Samuel Bell, president of the Wayne County Society; Hal C. Wyman, E. B. Smith, E. W. Jenks and J. J. Mulheron.

Dr. Delos Parker, the retiring president of the Detroit Medical Society, gave an informal luncheon to about sixty of his friends in the profession on the evening of Wednesday, May 28. Short and informal speeches were made by several of the physicians present.

The management of this JOURNAL has knowledge of an assistantship in a physician's office in Port Huron, which is now vacant.

THE PORT HURON MEETING.

The following programme of the meeting of the Michigan State Medical Society, to be held at Port Huron on June 26 and 27, was furnished to the JOURNAL through the courtesy of Dr. Andrew P. Biddle, secretary of the society. It presents some most interesting features and

if the promises for attendance are lived up to, the meeting should have a good effect. The official programme is as follows:

GENERAL SESSION.

First Day, Thursday, June 26th,
8:30 A. M. Standard.
Auditorium.

- I. Call to order by the President.
Leartus Connor, Detroit
- II. Opening Prayer.
Rev. John Munday, Port Huron
- III. Address of Welcome by the Mayor.
Hon. Fred. T. Moore
- IV. Report of Executive Committee.
C. B. Stockwell, Port Huron, Chairman
- V. Annual Reports of Treasurer, Secretary and Chairman of Publication Committee.
- VI. First Report of Committee on Admissions.
G. W. Lowry, Hastings, Chairman
- VII. Annual Report of Committee on Necrology.
W. F. Breakey, Ann Arbor, Chairman
- VIII. Reports of Special Committees.
- IX. Annual Address of the President.
"The Michigan Medical Society." Its first eighty-three years. Suggestions for the Future.
Leartus Connor, Detroit
- X. Miscellaneous Business, including
 - (a) Report of Committee on Reorganization
 - (b) Report of the Michigan Representative in the House of Delegates of the A. M. A.
 - (c) Proposed Amendments to the Constitution.
 - (d) Nominations for President, Vice-President and Secretary.

First Day, Thursday, June 26th.
7:30 P. M. Standard.
The Oakland, St. Clair.

- I. Annual Address on Surgery.
Surgical Advantages.
Angus McLean, Detroit
 - II. Annual Address on Obstetrics and Gynecology.
Some Triumphs and Defeats.
W. H. Haughey, Battle Creek
 - III. Annual Address on General Medicine.
The Value of the Examination of the Blood to the General Practitioner.
William K. West, Calumet
- Adjournment to Informal Speeches.

Second Day, Friday, June 27th.
11 A. M. Standard.
Auditorium.

- I. Final Report of Executive Committee.
C. B. Stockwell, Port Huron, Chairman
- II. Further Report of Committee on Admissions.
Geo. W. Lowry, Hastings, Chairman
- III. Report of Committee on Finance.
M. W. Gray, Pontiac, Chairman
- IV. Report of Committee on Nominations.
Samuel Bell, Detroit, Chairman
- V. Unfinished and Miscellaneous Business.

At 12 o'clock Standard the result of the ballot for President, Vice-President and Secretary will be announced.
Adjournment.

SECTION ON GENERAL MEDICINE.

First Day, Thursday, June 26th.
2 P. M. Standard.
Baptist Church.

Diseases of the Kidneys.

- (a) Etiology. Mortimer Willson, Port Huron.
(b) Diagnosis. John E. Clark, Detroit.
(c) Complications:

Cardiac, Arterial and Portal.
Hugh McColl, Lapeer.
Uraemic. John McLurg, Bay City.
Ocular. Walter R. Parker, Detroit.
Cerebral. Irwin H. Neff, Pontiac.

(d) Treatment.

Joseph B. Whinery, Grand Rapids.

Discussion opened by George Dock, Ann Arbor, and J. H. Reed, Battle Creek.

II. Impetigo. Wm. F. Breakey, Ann Arbor.

III. The Management and Control of Syphilitics.

A. E. Carrier, Detroit.

Adjournment to Boat Ride.

Second Day, Friday, June 27th.
8:30 A. M. Standard.
Baptist Church.

- I. Enteroptosis and Pregnancy.
Charles D. Aaron, Detroit.
II. The Rest Cure: Its Limitations, Its Applications and Its Results.
George F. Butler, Alma.
III. Optimism and Pessimism in Medical Practice.
David Ingils, Detroit.
IV. Some Points in the Differential Diagnosis of Cancer of the Stomach.
Collins H. Johnson, Grand Rapids.
V. Malnutrition. Chas. Douglas, Detroit.
VI. The Cause and Treatment of Asthma.
Charles H. Baker, Bay City.
Adjournment to General Session in the Auditorium.

Second Day, Friday, June 27th.
2 P. M. Standard.
Baptist Church.

Election of Chairman and Orator of Section.

- I. Conservatism in the Treatment of the Inferior Turbinals.
J. V. White, Detroit.
II. Bacterial Poisons.
V. C. Vaughan, Ann Arbor.
III. Clinical Notes on Phthisis in Michigan.
Herbert M. King, Grand Rapids.
IV. Treatment of Apoplexy.
C. W. Hitchcock, Detroit.
V. The Diagnosis of Aortic Aneurism.
P. M. Hickey, Detroit.
VI. Nature and Treatment of Epilepsy.
Herman Ostrander, Kalamazoo.
VII. The Treatment of Typhoid Fever.
Geo. Duffield, Detroit.
VIII. The Administration of Normal Saline Solutions.
Alexander W. Campbell, Grand Rapids.

SECTION OF OBSTETRICS AND GYNECOLOGY.

First Day, Thursday, June 26th.
2 P. M. Standard.
Baptist Church.

- Abortion, Miscarriage and Premature Labor.
(a) "Etiology and Prophylaxis."
J. G. Lynds, Ann Arbor.
(b) Treatment.
H. Wellington Yates, Detroit.
(c) Complications.
A. H. Rockwell, Kalamazoo.
(d) Moral and Legal Aspect.
F. J. Welsh, L. L. D., Kalamazoo.

Discussion opened by

- (a) W. H. Haughey, Battle Creek.
(b) Geo. E. Ranney, Lansing.
(c) Collins H. Johnston, Grand Rapids.
(d) C. C. Clancy, Port Huron.

II. The Etiology of Pelvic Inflammatory Diseases.
Richard R. Smith, Grand Rapids.

III. The Treatment of Pelvic Inflammatory Diseases.

R. E. Balch, Kalamazoo.

IV. Senile Endometritis.

O. S. Phelps, Battle Creek.

Adjournment to Boat Ride.

Second Day, Friday, June 27th.
8:30 A. M. Standard.
Baptist Church.

- I. Pelvic Drainage relative to Gynecology.
O. H. Clark, Kalamazoo.
II. Appendicitis and Pelvic Diseases.
Reuben Peterson, Ann Arbor.
III. A Case of Congenital Malformation of the Rectum.
W. P. Manton, Detroit.
IV. The Technique of Symphysiotomy, with report of Case.
F. A. Grawn, Munising.
V. Broad Ligament Varicocele.
T. S. Burr, Ann Arbor.
Adjournment to General Session in the Auditorium.

Second Day, Friday, June 27th.
2 P. M. Standard.
Baptist Church.

- I. Ventro-Fixation by a new method with Maguire Fixation Sound.
Francis J. W. Maguire, Detroit.
II. Preliminary Report of some Observations on the Blood during Pregnancy and the Puerperium.
George R. Pray, Ann Arbor.
III. Curretting:—The Value and Necessity of Microscopic Examinations.
R. Grace Hendrick, Jackson.
IV. Puerperal Sepsis.
Wm. F. Metcalf, Detroit.
V. The Value of Plaster Casts in teaching differential diagnosis and for acute case records, with Demonstrations.
Reuben Peterson, Ann Arbor.
VI. Uraemia in the Course of Child Bearing.
Earl Bigham, Grand Rapids.
VII. Parotitis following Abdominal Section.
W. H. Morley, Ann Arbor.

SECTION OF SURGERY AND
OPHTHALMOLOGY.

First Day, Thursday, June 26th.
2 P. M. Standard.
Auditorium.

- I. Treatment of Obstruction by Section of the Rectal Valves.
J. A. MacMillan, Detroit.
- II. Prostatectomy.
H. O. Walker, Detroit.
- III. The Surgeon in Emergency: Methods and Precautions.
L. E. Best, Grand Rapids.
- IV. Rupture of Intestine. Operation and Recovery.
Frederick W. Robbins, Detroit.
- V. The Therapeutic Use of the X-Rays in Lupus and Malignant Growths.
Henry R. Varney, Detroit.
- VI. Sequelae of Ophthalmia Neonatorum.
Don M. Campbell, Detroit.
- Adjournment to Boat Ride.

Second Day, Friday, June 27th.
8:30 A. M. Standard.
Auditorium.

The Surgery of the Kidney.

- (a) Movable and Floating Kidneys
Eugene Boise, Grand Rapids.
- (b) Kindey and Ureteral Calculi.
T. A. McGraw, Detroit.
- (c) New Growths of the Kidney.
A. S. Warthin, Ann Arbor.
- (d) Acute Infections of the Kidney.
T. A. Felch, Ishpeming.
- (e) Nephrectomy in Tuberculous Conditions.
W. H. Haughey, Battle Creek.

Discussion opened by

- (a) C. B. Nancrede, Ann Arbor.
(b) H. O. Walker, Detroit.
(c) Heneage Gibbes, Detroit.
(d) S. C. Graves, Grand Rapids.
(e) T. A. McGraw, Detroit.

Adjournment to General Session in the Auditorium.

Second Day, Friday, June 27th.
2 P. M. Standard.
Auditorium.

Election of Chairman and Orator of Section.

- I. Aneurism of the Innominate Artery.
L. J. Hirschman, Detroit.
- II. A Case of Vicarious Macula.
O. A. Griffin, Ann Arbor.
- III. The Importance of the Early Diagnosis and Treatment of Ear Diseases in Infancy and Childhood.
A. E. Bulson, Jackson.
- IV. What is the Conservative Treatment of Mastoiditis?
Don. M. Campbell, Detroit.
- V. Some Remarks on Mastoid Diseases.
R. W. Gillman, Detroit.
- VI. Advisability of Early Surgical Interference in Mastoid Affections.
Emil Amberg, Detroit.
- VII. Sterilization of Catheters by Boiling.
W. H. Hutchins.

Practicing Medicine by Telephone.—

We heard a doctor complain recently that one of his patients, in order presumably to save his time, sometimes called up on the telephone when she wanted him to give advice about the baby. The good dame would sit at the other end of the wire, pencil in hand, and ask the unfortunate doctor to dictate his instructions while she took them down. This continued until one day she asked him to dictate his prescription. At this he rebelled. He was willing to take the baby's temperature and pulse by telephone, and even to inspect the character of the dejections; he was even willing to tell all he knew about babies in general and about that baby in particular; he did not even object for a while to give the lady the full benefit of a professional call and charge it as an office visit; but his conscience smote him when it came to dictating a Latin prescription by telephone and having a thrifty-minded housewife sign his name to it before her own initials.

Some physicians should write a chapter on the medical ethics of the telephone. We would do it ourselves if we felt capable. There are two sides to the question. The patient sometimes gets the better of the doctor, and saves a fee—but the doctor sometimes gets the better of the patient and saves himself a lot of trouble. It is obvious that in either case the patient should pay for it. But the question arises, what should he pay? Is it an office visit, or a house visit? The advice is given in the office, but is received in the house. This is somewhat of a metaphysical quandry. Should a doctor charge an office fee for giving advice that goes straight to the patient's bedside? On the other hand, should a patient be obliged to pay a house fee for advice which a doctor gives sitting comfortably in his office? The problem is full of difficulties. Perhaps it would be best to call it half-and-half, and charge accordingly.—(*Medical Review of Reviews.*)

Cleansing Nasal Wash.—

R Sodii bicarb.,
Sodii boratis.,
Sodii chloridi, of each, 1 ounce.

M. Sig.: One teaspoonful in a cupful of warm water as a gargle and insufflation.

—(*Oklahoma Medical Journal.*)

NEW INSTRUMENTS & DEVICES

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

three sections, the united length of which is sixty-five inches. The top is twenty-three inches from the floor. Movement is facilitated by two casters on the legs of the table and the lightness of construction makes it easily movable from place to place. The brightness of the metal makes the table an unusually attractive piece of office furniture and it is thoroughly up-to-date in all its points of excellence.

Of the three sections, the center one is not moved, but the two end ones are, and all desirable positions are easily secured.



Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

NEW SURGICAL TABLE.

This table will surely appeal to the surgeon or physician who has an eye to keeping his operating room in the best condition possible. The table is wholly made of nickle-plated steel, and is in

A feature that greatly facilitates the moving of the patient after he is once on the table is a band of heavy cotton which occupies the top of two sections and is easily moved by a crank on rollers at either end. By this means the patient can readily be moved from one end of the top to the other without the slightest discomfort, and exact positions are easily obtained. At the front is a step to facilitate the placing of the patient on the table, and this easily swings out of the way of

the operator. Two swinging shelves are located at the front of the table, handy for instruments and dressings, but promptly put out of the way and out of sight when they are no longer required. Upright rods for stirrups and leg-holders are placed conveniently at the front of the table for gynæcological examinations and straps for securing the patient in any position are easily passed through slots provided for them. A nickle-plated standard for holding an irrigator is also part of the outfit which goes with the table.

For handsome appearance, strength, durability and convenience, this table certainly has strong claims on the interest and attention of the profession. The ordinary size retails to the physician for \$87.00 and the hospital size for \$10.00 more.

INSTRUMENT CABINET.

For the physician who wants an attractively finished and modern cabinet for his instruments, which shall harmonize with his office fittings and at the same time always present an appearance of absolute asepsis, the cabinet illustrated by the accompanying cut is most heartily recommended. It is one of the best things of the kind that we have seen. The total height of the cabinet is seventy-five inches, the distance from the floor to the top of the lower section being thirty-six inches. The top portion is twelve inches deep and the lower portion fourteen, while the width of the entire cabinet is twenty-eight inches. It is handsomely finished outside in quarter-sawed golden oak, polished, and the entire interior is finished in hard white enamel.

In the upper portion are four adjustable glass shelves for holding instruments and the door of bevel plate glass closes tightly so as to perfectly exclude dust. There are six commodious drawers in the cabinet and in the lower compartment is a space containing a dressing pail, which

is furnished with the cabinet. Ball-bearing casters provide for the easy moving of the cabinet from place to place and for convenience and commodiousness the



MFG. BY
J. F. HARTZ CO.

piece of furniture is well-nigh ideal. The cut gives a good idea of the general appearance of the cabinet, but it must be seen to be appreciated. Its price is \$30.00, and it is certainly well worth it.

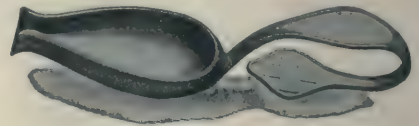
THELMA DEODORIZING LAMP.

Formaldehyde is so generally recognized by the profession as a disinfectant that appliances for producing the gas are usually interesting to the physician and

to his patient. The lamp, a cut of which is herewith presented, is claimed by its manufacturers to be the most simple and economical device of the kind on the market. It is certainly simple and safe. A few seconds suffice for setting it in operation and a simple turning down of the wick of the lamp stops the supply of gas. The physician will readily think of numerous occasions in which the possession of a simple and inexpensive and at

RED CROSS MEDICINE SPOON.

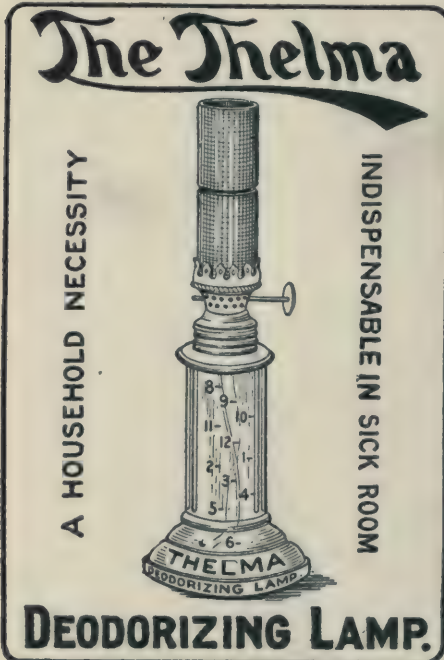
For those who believe in individual cleanliness, especially in the case of sickness in the family, this spoon is just the thing. It is designed exclusively for the administration of medicine. Made of sterling silver, it is not affected by any of the acids commonly administered in medication and when it is stained by medicine the spot is easily removed. It is an individual spoon, for the use of a sick person only, and with this end in view it is made so as to contain exactly one druggist's drachm. When medicine that measures more than this is put in it the excess runs out at the tip of the spoon. The rounded sides and the lips at the tip of the spoon do away with the possibility of spilling



medicine and when a patient is weak or refractory, one hand can be used to assist or restrain him, while an exact dose is administered with the other. The high sides protect the teeth from the action of any acid contained in the medicament and the handle admits of a firm grip, so that the person administering the dose may place the dose well back in the patient's mouth. Accuracy and cleanliness are assured and the spoon should meet with the approval of the profession and of nurses. It retails for the sum of \$2.00.

GLASS VACCINE POINTS A NEW AND ORIGINAL IDEA.

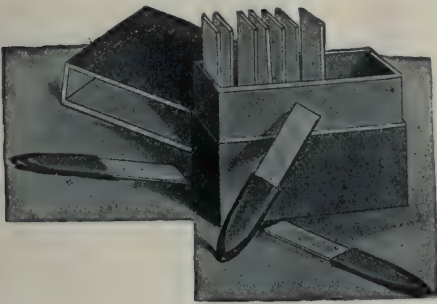
One of the most interesting developments in vaccine points is that recently placed upon the market in the form of a fine glass point, similar in size and shape to that of the ivory point. Every propagator of vaccine as well as user, has recognized the limitations of the ivory or bone point, inas-



the same time efficient disinfectant would be of great convenience, while the installation of such a device in the homes of his patients would make his own work easier in many cases. Travelers, whether on train or boat or at hotels, will find this little device handy enough, as it takes up but little space and can be easily carried, while its use gives a sense of security to the owner, against the presence of germs deleterious to health. The non-poisonous properties of formaldehyde render its use by the laity safer than is that of the majority of other disinfectants. The device costs 50 cents, or 60 cents by mail.

much as it could not be properly sterilized either by dry heating, which chars it, or by the use of antiseptic solutions or powders, which would be absorbed in the bone and destroy the vaccine virus itself, and for this reason experiments have been carried on covering a period of years, to secure a proper substitute in glass, which from the start has been recognized as the ideal, if it could be properly produced. The manufacturers have succeeded in doing this, having under their management a large and completely equipped glass plant, on their vaccine farms, for the manufacture of such glass-ware as they use in connection with antitoxin and vaccine.

The glass point permits of thorough



scarification, it is easily and thoroughly sterilized, and is supplied either in form of dry points, or what is superior to these dry points, the glycerinized form of vaccine. This is the same vaccine as employed in the glycerinized tubes and is thoroughly tested and free from pathogenic organisms.

The glass point is first sterilized, then tipped with glycerinized vaccine, which has been carefully tested bacteriologically and physiologically, to prove its activity and purity; after that it is encased in sterile glass capsule, which is then hermetically sealed, thus permitting handling of the point without any possible contamination; and it is in point of fact, the ideal form of vaccine, representing the purest and most active.

There is no advanced charge made for

the glass glycerinized points and we endorse them as being the most advanced step forward in the marketing of a pure and aseptic vaccine.

THERAPEUTIC BREVITIES

Small-Pox Remedies.—There is no specific remedy for small-pox. Hygienic measures are very important. A warm bath should be given at the beginning of the disease and the patient thoroughly cleansed; if the case be mild this bath should be repeated daily; if severe a sponging all over the body should be given daily. If the eruption threaten to be severe the hair and beard should be clipped in the beginning. If the case be mild, however, young women need not be asked to sacrifice their hair. For the headache an icebag or cold cloth frequently renewed may be placed on the head and will give great relief. This will not suppress the eruption as has been frequently said. Warm applications are most suitable for the relief of lumbar pains; mustard poultices should not be used, however, as they serve only to make the patient uncomfortable and do no good. They bring out a good crop of lesions on the back, but the theory that the more lesions there are elsewhere, the more the face will be spared is not true. For the sore throat so commonly an early symptom in small-pox, cold milk and ice are good. After the eruption comes out patients usually feel so much more comfortable that they are apt to go about their business as if well. Local treatment of the lesions does not arrest them nor prevent pitting. The use of a mercurial plaster, so often recommended, is more uncomfortable than beneficial.—*(Medical News.)*

French Philosophy.—“Life is a railway track; the years are the stations; death is the destination of the travelers, and physicians are—the engineers.”—(Trans. from *Montréal Médical.*)

NOTES & COMMENT

Static Machine Stimulants.—The man with a static machine, usually, and in fact nearly always, has troubles of his own, especially during the hot, moist weather of the months of July and August, and along rivers, lakes and coast.

Static machines are variable and fickle, but are governed by certain laws which must be obeyed. Moisture and dust are the greatest troubles to contend with. No matter how tight the case may be, dust and moisture will get into it. Some machines are less susceptible to the atmospheric conditions than others, and notwithstanding the claims made by makers, there is no machine that can be depended upon to generate always under every circumstance and condition. We may so alter the circumstances and modify the conditions that we can be reasonably sure of our machine working, but never be absolutely certain of it.

Some machines have a smaller machine, or charger, inside the case, in order to start the current and charge the larger plates, but even then they sometimes fail to work. The glass and mica plates should be covered with a coating of shellac. Hard rubber plates are left bare. Various methods have been tried to keep the air inside the cases free from moisture, such as lamps, incandescent lights, electric coil heaters, jars of sulphuric acid, common lime and chloride of calcium, but lamps, lights and coils heat too much, acid gives off destructive fumes, lime dust flies. The most generally used and probably the most satisfactory, when all else is considered, is fused calcium chloride. This is not the ordinary chloride of lime of the stores, which is chlorinated lime, or bleaching powder, which gives off the fumes of chlorine gas, which will ruin the metal parts, but the fused chloride of calcium which comes in rough, hard lumps. It should be thoroughly baked, bone dry, in a deep, flat granite or earthen vessel and kept inside the case all the time. Being very hygroscopic, it quickly absorbs all the moisture in the case, and keeps the air within quite dry.

As it gets wet it becomes soft and sticky, and should then be removed and again thoroughly dried or baked. Do not allow it to get on the stove or metal part, as it will ruin it, but when carefully handled it is safe and reasonably sure. The same calcium can be used over and over indefinitely. Probably the safest, quickest and cheapest way of drying the case is the jar of cracked ice and rock salt. Do not use snow or common salt, or forget the saucer, but use as follows: Take a one-quart glass fruit jar with screw top, fill with a mixture of powdered ice and rock salt, screw down the cover and wipe the moisture from the outside of the jar; place the jar in a saucer or bowl inside the case of static machine, close the door and set the machine in motion, keeping the plates moving until the machine begins to generate at its best. After, say an hour, when the ice is fairly melted, remove the jar and quickly close the end door so as to prevent the outside air from getting into the case. This simple remedy will dry the air within the case in from five to twenty minutes. Materials for this experiment are accessible to every physician at all seasons of the year, and the application of this remedy is entirely free from the danger of corrosion of the metal parts of the machine and the annoying care and labor of frequent drying and baking of chloride of calcium.

Apply the remedy when next your machine refuses to generate, and it will insure the very best results in the operation of your machine on any and every day in the year.

Simply holding a pledget of absorbent cotton against the revolving plate while in motion will often cause the machine to generate at once, especially the rubber plate machine.—(*Electro-Therapeutist.*)

Coffee Cigarettes.—An exchange prints the following: They are reported to cure a person of the tobacco smoking habit. The cigarette is made of the leaf of the tree, not a compound of the ground bean. Coffee-leaf smoking is said to possess the property of imparting to tobacco smokers an intense dislike for the flavor of tobacco.—(That's a good idea. Now we want to know what the coffee-leaf smokers can use to impart to themselves an intense dislike for the flavor of coffee.—Ed.)

BOOK REVIEWS

Quain's Dictionary of Medicine. By Various Writers. Third Edition, Largely Re-written and Revised Throughout. With Fourteen Colored Plates and Numerous Other Illustrations. Edited by H. Montague Murray, M. D., F. R. C. P. Assisted by John Harold, M. B., B. Ch., B. A. O., and W. Cecil Bosanquet, M. A., M. D., M. R. C. P. Pages 1892. Size, 6½ x 9 inches. Cloth, \$10.00. D. Appleton & Co., Publishers, New York, 1902.

This well known aid to the practitioner has enjoyed three editions in twenty years, the first one being issued in 1882 by the late Sir Richard Quain, M. D. The fact that both of the first two editions have been successful must argue well for the practicability and general value of the form in which the work is now placed before us, in one simple but handsome cloth-bound volume. Dr. Murray takes occasion in the preface to extend his hearty thanks to both his assistants and to the publishers, and an inspection of the book leads one to the impression that his encomiums are well deserved in both quarters. The whole work was produced within eighteen months, surely a feat of no mean order, when one considers the amount of editing that is invariably necessary in the fulfilling of a work of this kind.

Diagnosis and treatment are the primary objects of the work and this is in accord with the plans of the dictionary's first editor. Pathology and ætiology are given their due, but it is to determining the nature of disease and then treating it that the subject matter of the dictionary is chiefly addressed. Along these lines the seeker after information may find that which is helpful and practical, while a system of easy cross reference makes

everything in the book that bears upon a particular subject, of easy access. This system of cross reference also has the effect of doing away with much useless repetition, so that the dictionary is in reality more compact than one might suppose, in view of the fact that it contains so much reading matter.

The work is by no means confined to the subject of diseases, their diagnosis and treatment. There is a well written article on Public Health and another on Personal Health; both of them are full of practical ideas on the subject of rational living. The Law of Lunacy is treated of, and this article, in connection with those on Civil Incapacity and Crime, gives a broad view of the subject of lunacy in its legal aspect, as it affects the physician.

Among the colored plates are two illustrating the several forms of urinary deposits, which are of great interest and serve to mark several able articles on the urine in general. The general topic of the ophthalmoscope is illustrated with eight plates, showing the various aspects of the eye in health and under morbid conditions. There are some interesting half-tones of the brain and the illustrations in general are well chosen and well executed.

An interesting feature of the work, written without prejudice, is the brief mention throughout its pages of the various watering-places of this country and Europe. Considerable attention is paid to the question of the therapeutic action of the medicinal waters and the name of each place is followed by a description of the principal waters and their properties.

The book is thoroughly well published and should form a valuable adjunct to the library of the physician and the surgeon.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Spec-

ially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, Pa. With Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. Copiously Illustrated with Half-Tones and Colored Plates. Vol. I, Twelfth Series. Cloth, \$2.50. Pages, 302. Size, 6 x 9½ inches. J. B. Lippincott & Co., Publishers, Philadelphia, Pa., 1902.

In this book Dr. Cattell has enjoyed the collaboration of some of the best known physicians and surgeons in the country. The list of collaborators includes John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D., of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt, M. D., of Paris; Thomas G. Morton, M. D., of Philadelphia; James J. Walsh, M. D., of New York; J. W. Ballantyne, M. D., of Edinburgh; and John Harold, M. D., of London. The arrangement of subject matter is well calculated for ease in finding a desired note and some subjects of interest to the profession, though not necessarily a part of the practice of medicine and surgery, are to be found. Guy Hinsdale, A. M., M. D., contributes biographical sketches of S. Weir Mitchell and John A. Wyeth, which are illustrated with portraits of the subjects.

Under the head of Therapeutics Dr. Arthur V. Meigs contributes a paper on the use of opium in daily practice and finds much to recommend in this narcotic as a medicament. Prof. Hallopeau has an interesting paper on Acne and its treatment, and under the special head of Medicine Charles E. Simon treats of the occurrence of basophilic granules in chronic lead poisoning, while John C. Hemmeter is the author of a valuable paper on autointoxication.

Surgery is represented by six contributions, among which are a report of one of William L. Rodman's clinics, especially interesting to students, and a paper from Frederick Griffith's pen, dealing with the care necessary in handling syphilitics. A. Boissard, accoucheur at the Tenon hospital, Paris, gives his view of the contest between the advocates of symphyseotomy and the partisans of Caesarean section. He lays it down as his opinion that when the mother is at full term and the length of the minimum diameter is less than seven centimetres, the tendency is toward the Caesarean section rather than section of the symphysis pubis. He cites several Caesarean sections, done by himself, in which both mother and child were saved.

Under the head of diseases of the ear B. Alex. Randall has an article on deposit of chalk in the tympanic membrane, following an attack of small-pox, which is of great interest.

Edward Willard Watson writes of the progress in medicine in the year 1901, citing the discoveries made along the lines of treatment for small-pox, tuberculosis and other diseases, and touching upon the present status of the X-rays in practice. A number of new instruments and devices are illustrated and described.

The publishers have dressed the book attractively and the press-work is excellent.

The International Text-Book of Surgery by American and British Authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School; Surgeon to the Massachusetts General Hospital; and A. Pearce Gould, M. S., F. R. C. S., Surgeon to Middlesex Hospital; Lecturer on Practical Surgery and Teacher of Operative Surgery, Middlesex Hospital Medical School; Member of Court of Examiners of the Royal College of Surgeons, England. Vol. I. General and

Operative Surgery. With 458 Illustrations in the Text and 9 Full-Page Plates in Colors. Pages, 918. Size, 6 x 9½. Cloth, \$5.00 net, per volume; Calf or half morocco, \$6.00 net, per volume. W. B. Saunders & Co., Publishers, 925 Walnut St., Philadelphia, Pa.

Massachusetts and Middlesex have joined forces for the editing of this work and the result of the collaboration has been most successful. Prefatory attention is called to the large number of works on surgery already in existence and the editors state that in spite of there being so many there is still room for a work of reference untrammelled by many of the traditions of the past and presenting the results of modern progress discriminatingly. With this end in view the editors have gone carefully to work on the subject in hand, aiming to be clear and to the point, and laying most emphasis on the profession's present knowledge of surgical pathology, symptomatology and diagnosis, with a sufficiently detailed account of treatment to make the work of practical value. Dr. F. B. Lund, of Boston, assisted materially in the work of editing.

The work is the first volume, and deals entirely with general surgery, leaving the consideration of special surgery to a second volume, which is promised shortly. Twenty-seven writers of authority have contributed to the volume in hand and as all of them are modern practitioners of surgery the old and traditional has been left out of their writings, only practical modern ideas receiving their attention.

There are twenty-seven chapters in the book, each written by one or more specialists in the special topic under discussion. For example, the technic of aseptic surgery is written of by Charles McBurney, of New York; Howard D. Collins, of Columbia University; and Frank Oastler, of the Roosevelt Hospital. Surgery

of the Spine is contributed by C. H. Golding Bird, Surgeon to Guy's Hospital, London, assisted by Guy Bellingham Smith, registrar of the hospital. J. Collins Warren writes on Hospital Gangrene and Tetanus and Minor Surgery is handled by Prof. DaCosta, of Philadelphia.

Evidences of careful editing are to be found in the clearness of language and concept that is everywhere evident and the arrangement of subject matter in order is also a feature of the work of contributor and editor alike. The illustrations are remarkably well chosen, many of them being taken specially for the written articles, and including a large number of interesting photographs of specimens from some of the best known hospitals. The writers of the book naturally have a great interest in the mechanical apparatus of surgery and there are numerous illustrations of material of this kind. The color plates are handsomely printed and careful publishing is a characteristic of the book. We shall watch with interest for the second volume.

The Neuroses of the Genito-Urinary System in the Male, with Sterility and Impotence. By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Second Edition, Revised, with notes and a supplementary article on Nervous Impotence by the translator, Gardner W. Allen, M. D., Surgeon in the Genito-Urinary Department of the Boston Dispensary; Instructor in Genito-Urinary Surgery in Tuft's Medical College. Illustrated. Pages, 198. 12mo. Price, extra cloth, delivered, \$1.00 net. Philadelphia; F. A. Davis Co., Publishers, 1914-1916 Cherry St.

It is now twelve years since Dr. Allen issued the first edition of Ultzmann's monographs on the subject in which he was so well versed. Practically the only

charge that has been made in the work is the addition of the translator's own article on nervous forms of impotence. The addition of a few notes serve to make clear the text of Ultzmann and the article on nervous impotence brings the consideration of the general subject down to date. The fact that the two monographs originally written by Ultzmann deal with subjects closely allied give rise to a good many repetitions, which the translator has done away with to a large extent by omitting duplications. Whenever the same topic comes up for consideration the reader is referred to the first part of the book, where the special subject is treated at some length.

The interest of the profession is naturally directed toward cases of impotence and sterility in the male, and any work that deals helpfully with these subjects is valuable to the general practitioner and the specialist alike. As a matter of course, the surgical side of treatment receives the most attention, Dr. Allen being greatly interested in that branch of his profession.

Local treatment is advocated as the best method of treatment and suggestions are made for the stimulation of the sphincter vesicae through the rectum by means of the electric current. Speaking of the treatment of disorders of the class already mentioned, in children, the use of a metallic pin 7 cm. long and of the diameter of a lead pencil is suggested. This forms one pole of the induced current and the other pole consists of the ordinary sponge-holder. In the treatment of boys the sponge-holder is placed on the raphe of the perinæum; in girls it is placed in the crease of the buttock. The current, it is noted, must be very weak for the first applications, as children are easily frightened. The sittings are to last from five to ten minutes, and the treatments are continued through the course of four or five weeks.

Numerous illustrations, chiefly of the urinary conditions that obtain in diseased conditions of the genito-urinary system, are scattered throughout the book. The work, though small and compact, contains a great deal that is of benefit to the practitioner, and the discussion of nervous impotence by Dr. Allen is a valuable addition to a book that has already enjoyed a popularity with its readers in keeping with its capacity for instruction.

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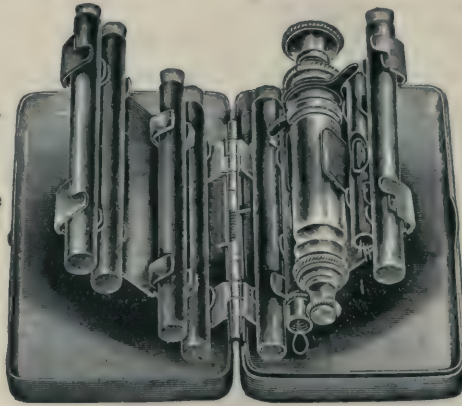
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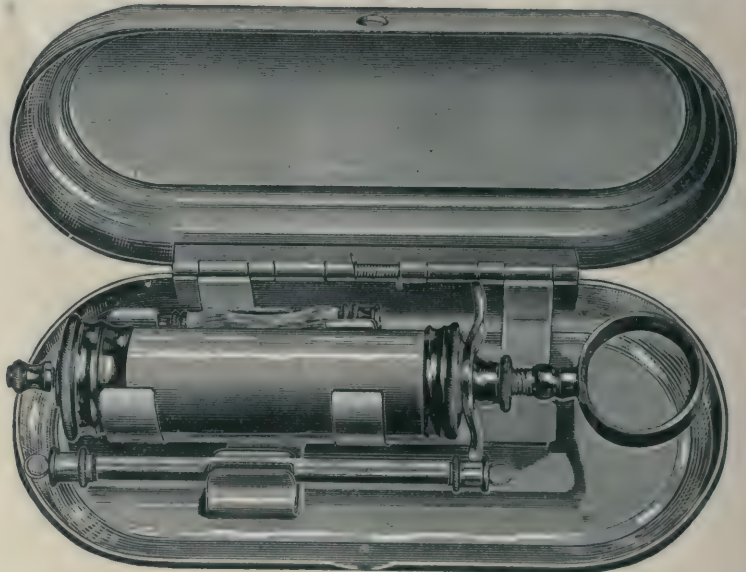
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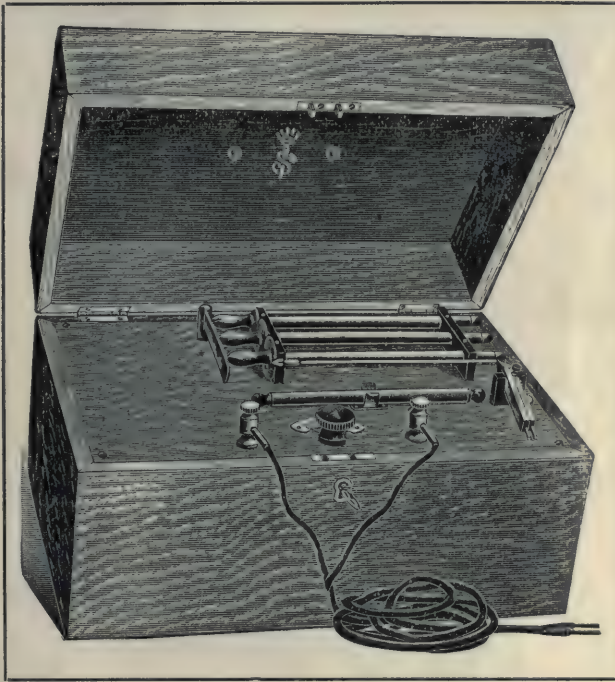
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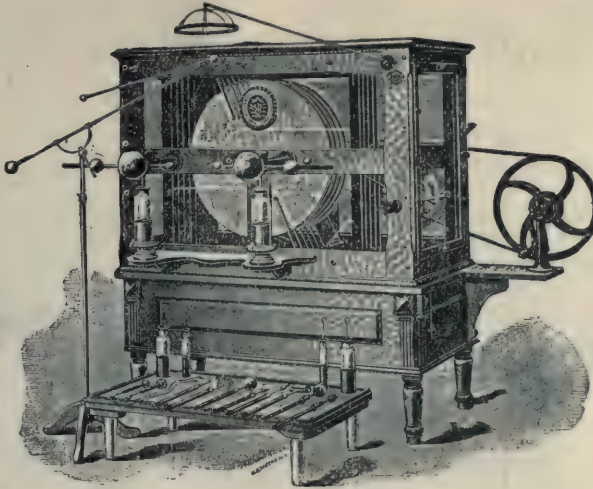
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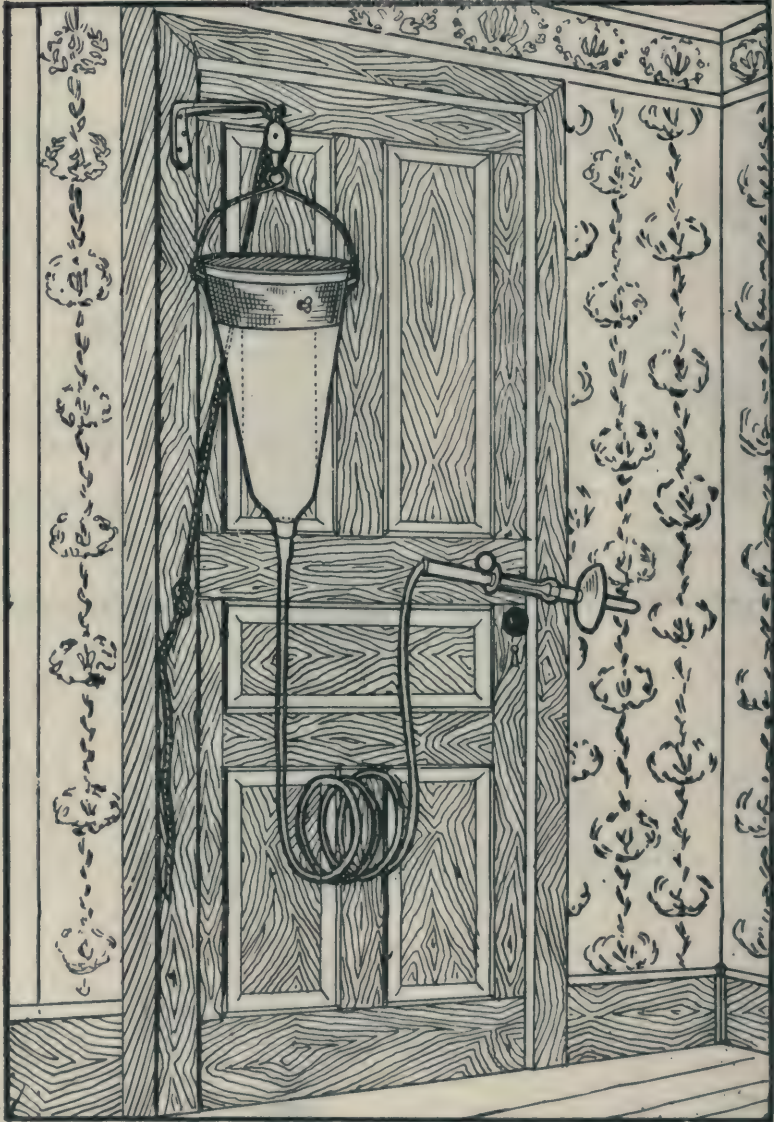
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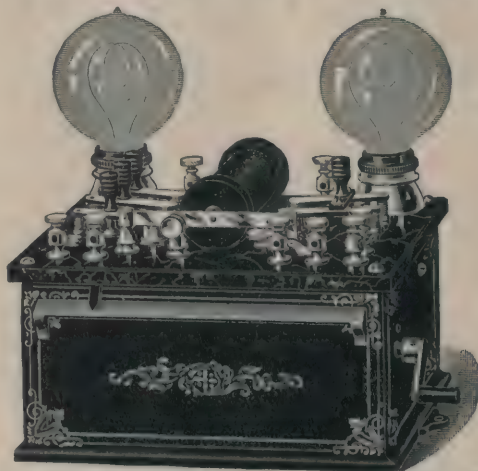
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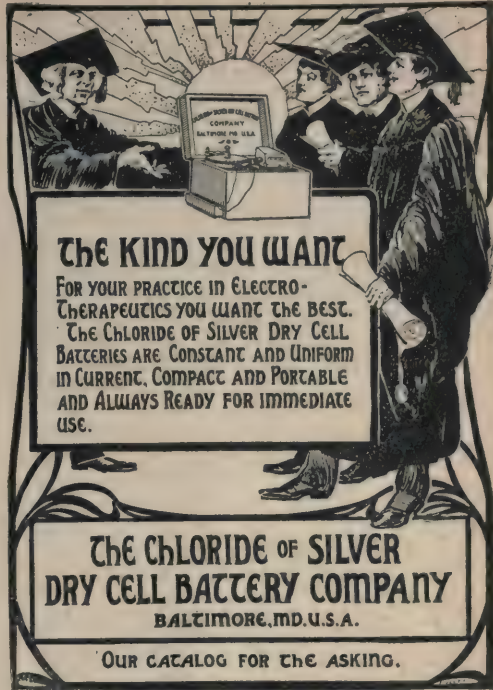
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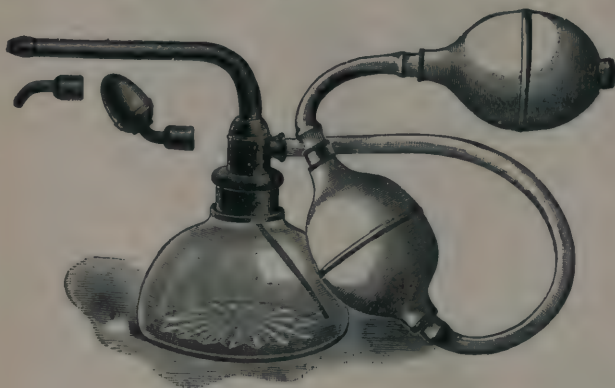
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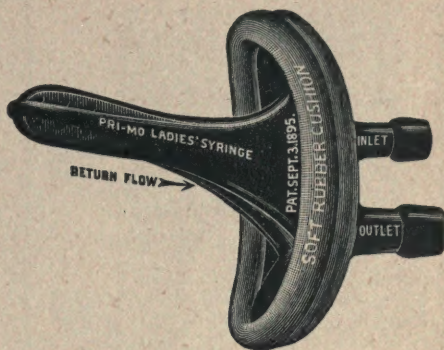
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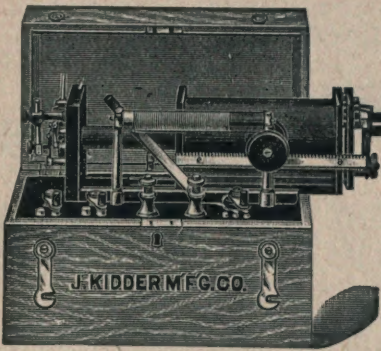
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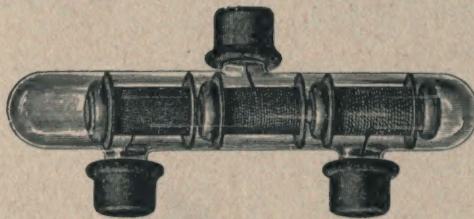
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