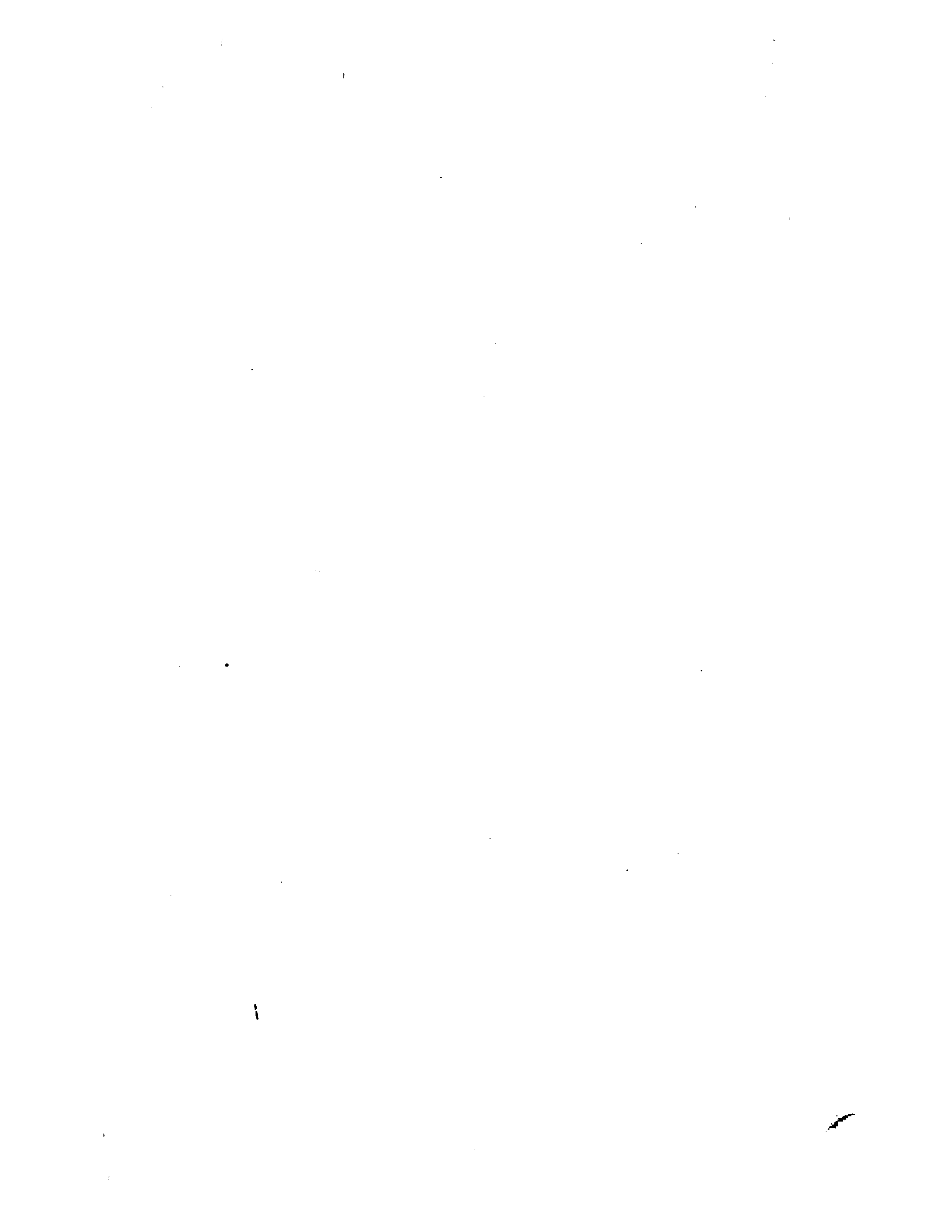


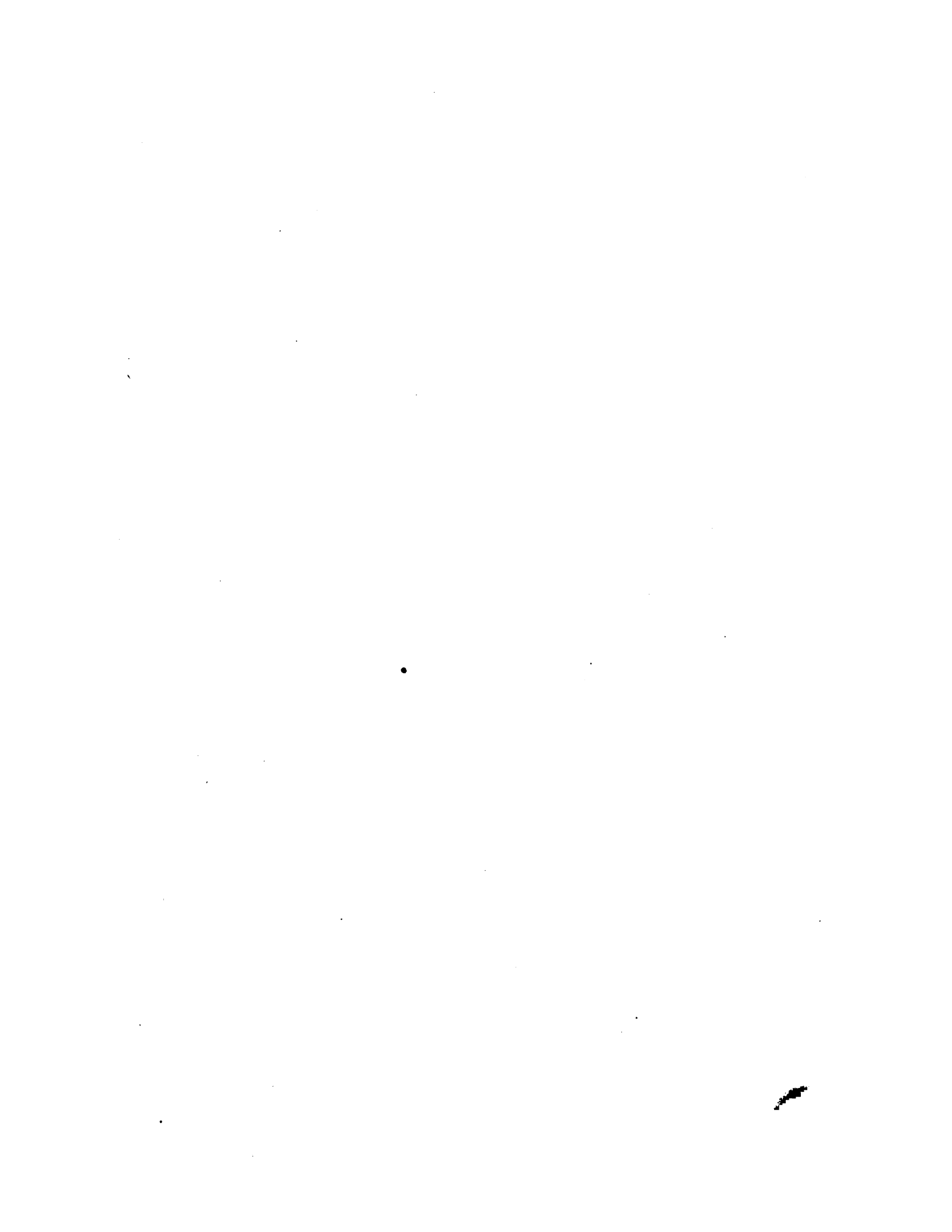


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CONTRIBUTORS TO VOLUME VII.

E. W. SEYMOUR, M. D., JUNCTION CITY, KANSAS.

WM. HARTSHORN, M. D., " "

G. C. HOWARD, M. D., " "

J. W. BROCK, M. D., LEAVENWORTH, KANSAS.

C. C. GODDARD, M. D., " "

A. BACCHANT, M. D.

WM. R. FISHER, M. D., NEW YORK.

W. W. CROOK, M. D., DONIPHAN, KANSAS.

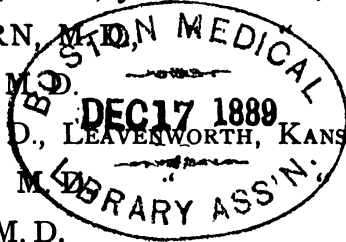
W. L. SCHENCK, M. D., OSAGE CITY, KANSAS.

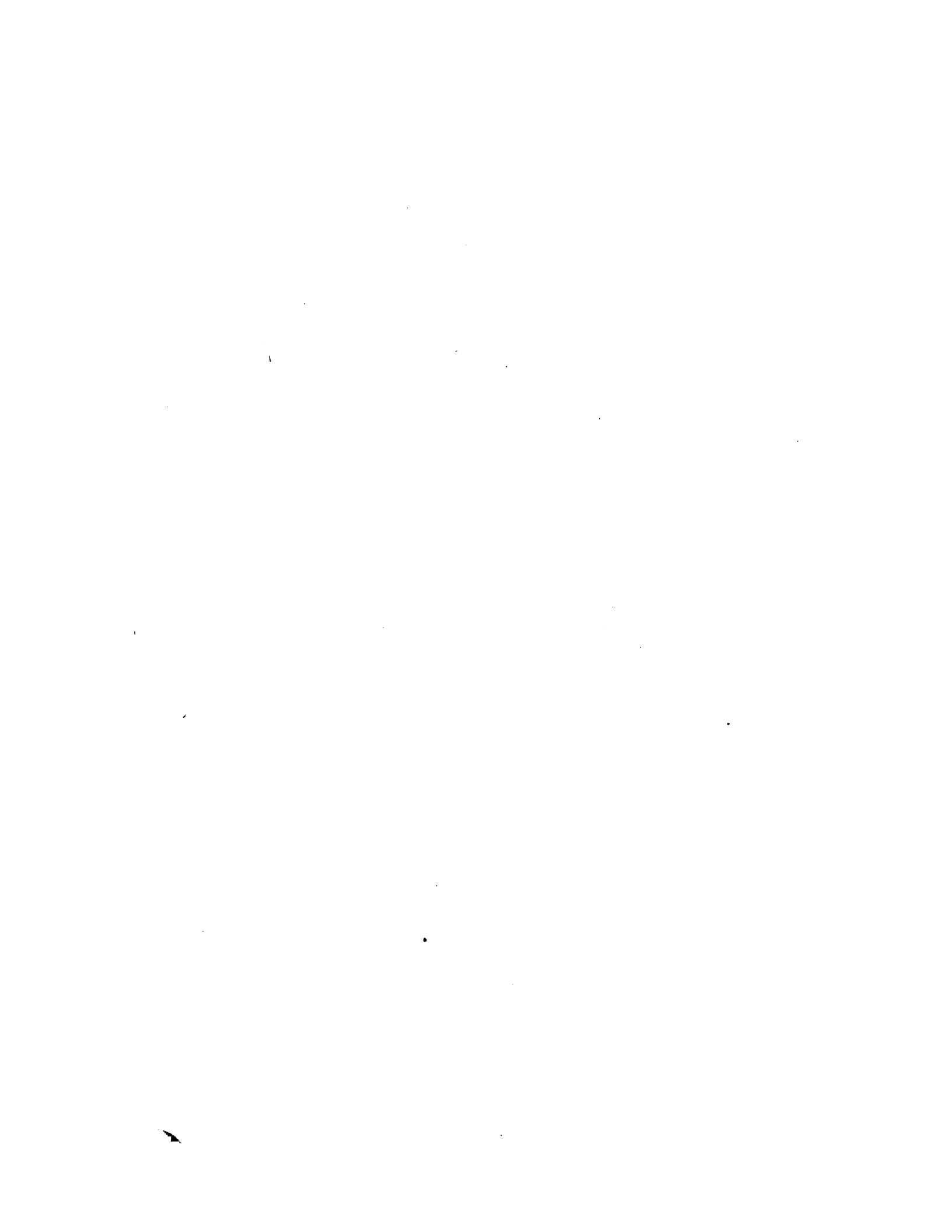
G. W. HOGEBROOM, M. D., OSKALOOSA, KANSAS.

S. W. BROOKE, M. D., SABBETHA, KANSAS.

T. G. HORN, M. D., JUNCTION CITY, KANSAS.

W. H. MOSSMAN, M. D., OSAGE CITY, KANSAS.





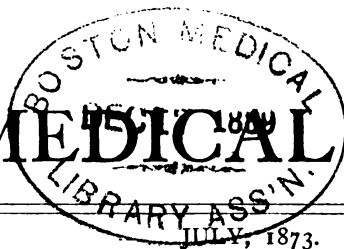
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THE MEDICAL HERALD.

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No. 1

Original Communications.

CRANIOTOMY.

By E. W. SEYMOUR, M. D.

The operation of Craniotomy on the Fœtus, at the hour of birth, is fortunately a very rare one in the experience of the general practitioner, especially in so sparsely settled a region as the one in which we, as physicians, exercise the healing art; indeed there are very many gentlemen who have maintained a large practice, through several years, who make it their boast that they have never performed it. It is to be hoped that they have been so lucky as never to have had occasion to do it, and have not through cowardice or timorous shrinkings of nature refused to do their duty, or have shirked the responsibility upon some more humane, courageous or resolute brother. The mutilation of a child in order to extract it from the pelvis of its mother, is a sight sufficiently dreadful in itself, and one upon which no person endowed with the ordinary feelings and sympathies of humanity, can look without a shudder; but that physician, who, when he sees that to a certainty there is no way of saving the child's life, and that the mother, from prolonged, ineffectual efforts at expulsion is becoming exhausted, and rapidly approaching a hopeless fate, then declines to accept this last alternative, by yielding to such feelings of timidity, is certainly guilty of the indirect murder of an adult and responsible fellow-creature, and must carry this stigma in his own heart, if not before the

eyes of the world, to his own dying hour.

It is not with the hope of teaching you anything now with regard to the operation of Craniotomy that I have chosen this as a subject, in the report on Obstetrics, assigned me at the last meeting, but simply to relate, in a concise manner, some of my own experience during the past two years, in order to illustrate some of the hazards and sudden emergencies that a country practitioner is liable to meet at any time, and in which he is called upon to take a decided stand, without the aids usually sought in such cases, for distance and no previous knowledge of the case precludes often the possibility of sending for a consulting physician to aid him, or even to obtain the proper perforators, vectes, crochets, etc.

I had been engaged in the practice of my profession for a period of thirteen years before I ever saw a case of this kind, and the cases I am about to relate briefly, are five in number, and have all occurred in the last two years.

The first case was a young, healthy and strong woman, primipara. Labor commenced and proceeded regularly, with the vertex to the left acetabulum, until the head became locked at the superior strait, when although the expulsive pains continued as vigorously as ever, no further advance was made. After waiting a sufficient time, and the os being fully dilated, I ruptured the membranes, and was surprised to find that only a very small quantity of amniotic fluid came away, while from the inordi

nate size of the patient's abdomen I had expected a profuse flow. Still there was no advance of the parturition when I attempted to apply the forceps, in which attempt I failed, but was enabled by the position of the handles of the instrument to judge of the great size of the foetal head. Now stating the facts of the case to the husband and friends, I sent a messenger to town for another physician and instruments; but as he failed to bring either, I proceeded immediately to work. Inserting the index and middle fingers of the left hand so as to place their tips on either side of the posterior fontanelle, I introduced the blade of a straight bistoury between them, and thus managed to remove the scalp for a considerable space around the fontanelle, so that I was enabled with a curved tooth forceps to crush the cranial bones, and again with the bistoury to pierce the meninges of the brain, which latter I removed with my fingers. Still with all this reduction of volume, it was fully a half hour before the labor was completed, and then I received into my hands a female child weighing sixteen pounds, and with an occipito-frontal of at least six inches as nearly as I could estimate in the mutilated state of the skull. The mother recovered as in the most ordinary obstetrical case, and has since given birth to a living child, of ordinary size, and with no untoward event whatever.

Case II—Multipara. Twelfth pregnancy. Has three children living, but has had the last six all removed by craniotomy by other physicians. After being in labor for fifteen hours, and her strength beginning to fail, although the expulsive pains still continued strong, I proceeded as in the first case, and extracted another female infant of eleven pounds weight. The mother had no

further trouble, not even an after pain, and in two weeks was able to resume her ordinary duties. This she informed me had been the case after all the previous operations.

Case III was the same subject, and thirteen months subsequent to the other. This time, both at her own and her husband's request, I allowed the labor to continue for twenty-six hours before interfering with instruments, as she said that she was willing to go to the utmost extremity to test the possibility of having another living child, but at the end of that time delay was no longer admissible on account of her rapidly failing strength, when I proceeded as before and with the same result. In this case, during its continuance and in the operation, I had the timely and kindly advice and assistance of our friend Dr. Kennedy.

Case IV—Primipara. Twelve miles in the country. The case had been attended by a midwife, but of this the husband did not inform me, but led me to think that his wife had received the first intimation of approaching labor at the time that he left home. Why he did so, I don't know, unless that he felt ashamed to acknowledge the presence of the midwife. When I arrived I found that she had been in labor for forty-five hours and was rapidly failing in strength and inclined to convulsions, and that craniotomy was imperatively demanded, but I had no instruments except my pocket case and obstetric forceps (which latter were useless), so I commenced a search for substitutes, and finally, in the stable, found an old hook which I thought would do. This time I was able to get at the anterior fontanelle. Proceeding with the bistoury as before, I was able with my finger and the hook to disarticulate entirely the parietal bones on

each side, remove the cerebrum and deliver the child. The patient made a very good recovery, but has complained of great weakness in the lower limbs, in consequence, as I suppose, from the long continued pressure upon the crural and sacral nerves. In removing the placenta, I found the diameter from the pubic arch to the sacral promontory to be only three and one-half inches.

Case V—Primipara. A terribly deformed woman. In her youth she had suffered with rachitis for a long time, so that the bodies of the dorsal vertebræ had been absorbed to a great extent, thereby producing a curvature of the spine and a great hump on the left side. The pelvis was also disturbed, so that the left hip was fully two inches higher than the right one. The superior strait seemed to be of an oblique, ovate form. The pubes and pudenda, as far as seen externally, were correct in position. The pregnant uterus was almost entirely to the right of a line drawn from the xiphoid cartilage to the symphysis pubis, as was also the umbilicus. In removing the placenta, and in the other manipulations, the hand and arm had to pass to the right at an angle of at least forty degrees. This case had been in labor for at least sixty hours, under the charge of a midwife, before my arrival. This was a footling case, and the child had been long dead, and the mother nearly exhausted and in convulsions, when I came. I immediately proceeded to deliver the body of the child as rapidly as circumstances would admit of, but when the head reached the strait, I found that it could not pass that distorted cavity. While I was balancing in my mind the feasibility of the cæsarian section, I decided to perform craniotomy here also; so sending every one from the room but

the midwife, I severed the body from the head of the child, and then, with my hand externally on the fundus of the womb as a point d' appui, I managed with the fingers of my right hand and a blunt hook, to rotate the head so as to reach the posterior fontanelle, when I proceeded as before and delivered the head. The patient immediately fell into a slumber, after which she seemed much refreshed and to be rallying, but she soon began to sink again, and continued to do so till the second day after delivery, when she died.

In the above cases it is not always practicable to obtain any measurements of the pelves, and, of course, it was utterly impossible with the fœtal heads, on account of their great mutilation.

Such has been my experience in craniotomy, and, though these reports are made in a hurried manner, still such as they are, they are submitted to your consideration.

Society Proceedings.

OBSTETRICAL SOCIETY OF LONDON.

Meeting, May 7, 1873. E. J. Tilt, M. D., President, in the chair.

Mr. Ross Jordan exhibited a fetus removed by gastrotomy—also part of the placenta removed from the wound, it having been left in the abdomen in the manner suggested by Kœberlê.

Dr. Barnes showed specimens of (1) procidentia uteri and (2) inversion of vagina with hypertrophic elongation of the cervix uteri.

Dr. Scott exhibited a cyst from a case of extra-uterine fetation.

Dr. Playfair exhibited a new pessary for antelexion of the uterus. It consists

of a double-limbed flexible pessary made on Hodge's principle.

Dr. Sell, of New York, showed some photographs of ossification of muscles in various parts of the body, including those of the pelvis.

The following papers were read :

Case of Extra-Uterine Pregnancy. Gastrotomy Successfully Performed. By W. ROSS JORDAN.

The woman, aged twenty-nine, was a patient in the Birmingham Hospital for Women. In April last she had inflammation of the bowels, which threatened her life. In July or August she first felt the child, and in September she expected and prepared for her confinement. From this time she for six weeks gradually became smaller in size, after which she fancied she was in labor, being in great pain for three or four days. After that she had frequent shivers and a cold sensation in the abdomen. On the 13th of December a swelling in the abdomen, not larger than in ordinary pregnancy at six months, was discovered, fluctuating a little toward the left side, and on deeper examination a round mass like the placenta between the umbilicus and pubis and a harder projection to the upper and left border of the tumor. The cervix uteri was pushed up to the right side. The sound penetrating three and a half inches pointed to the right groin and moved the round body felt in the abdominal examination. The recto-vaginal pouch was occupied by a hard rounded mass. On December 21st a puncture with the aspirator was decided upon, and a quantity of chocolate-colored fluid mixed with white flakes was drawn. Mr. Ross Jordan, from his examination on this occasion, came to the conclusion that the case was one of extra-uterine fetation. Two hours after complete collapse came on, and hemorrhage into the cyst or abdomen was suspected. Five hours after the use of the aspirator an incision four inches long was made in the abdominal wall down to the peritoneum, when the cyst with the placenta under it presented. A clot of blood having been removed, the cyst, with a

foot near the external opening, was drawn forward, but the wall of the cyst being thin, it ruptured, and through this opening the fetus was extracted. The placenta was left undisturbed, and the openings of the cyst and the abdominal wall were brought together by sutures of carbolized catgut, leaving an open wound about two and a half inches long, which was covered with a layer of tenax, &c. The patient progressed favorably, and on the 1st and 2d of January large fragments of placenta were discharged, and on the 10th of April she came to the hospital, looking well, with the wound quite closed.

Note on the Diagnosis of Extra-Uterine Pregnancy.
By LAWSON TAIT, F. R. C. S.

The author thought that in these cases very little confidence should be placed in the statements of patients if they were not in harmony with physical signs. He had, in consequence of the history of her case given by a patient, been led to make an erroneous diagnosis, mistaking a multilocular ovarian for a case extra-uterine fetation. There were two circumstances which invariably accompanied extra-uterine fetation that has gone past the period. The first was due to the general excitement and congestion of the organs involved, especially to the enlargement of the uterus, and the second to the absorption of the liquor amnii after the death of the child. The conditions with which extra-uterine pregnancy may be confused before the death of the child, were displacement of the normally pregnant uterus during the early months, pregnancy complicated with fibro-myoma or cystic disease of the uterus, and more rarely pregnancy of one-half of a double uterus. After the death of the child, diagnosis was more difficult, the two points in the history already mentioned were most important, auscultatory signs were of no use. The other conditions with which it might be confused were pelvic hemothecle, ovarian tumors, especially dermoid cysts, cancer, fibro-cystic disease of the uterus, hydatids of the uterus, and phantom pregnancy. The uterus in extra-uterine pregnancy was always intimately

associated with the tumor, and generally in front of it, movable to a certain extent and enlarged. The most important point was that the cervix is always patulous. Under such circumstances, if a fetal heart were audible, the case was clear. If the case were seen after the death of the child, the tumor would be soft, and besides obscure ballottement, possibly a part of the child, might be made out by internal or external examination. Of the three cases which the author had seen, two had been first pregnancies, and in neither had there been any troublesome pain, but the patient was seen during the false labor.

A Case of Gastrotomy for supposed Extra-Uterine Gestation. By ALFRED MEADOWS, M. D.

The patient, aged fifty-eight, was admitted to the Hospital for Women, and had passed through the climacteric period nine years ago. She had great pain in the abdomen, which was enlarged by the presence of a tumor. Sixteen years since she fancied herself pregnant, and in due time had pains like those she felt in her first confinement; these, however, gradually declined, and no child was born, and since that time she had considered herself to be carrying a dead child. On admission the abdomen was found to be occupied by a large tumor about the size of the uterus at term, tender to the touch, and apparently solid. The uterus was high up, and its cervix very small; the sound passed upward and forward two and a half inches. The balance of opinion among the author's colleagues being that this was a case of extra-uterine gestation, it was determined to clear up all doubts upon the matter by making an exploratory incision five inches in length between the pubis and the umbilicus. A white friable mass was then discovered, having all the characters of malignant disease; it broke down readily, and two ounces of a thick brownish fluid escaped. Finding it impossible to remove the mass, the abdominal wound was closed. Fifty-three hours after the operation the patient died, and, upon opening the abdomen, the mass of malignant disease was found

to be the omentum, which overlapped the tumor and was about an inch in thickness. The tumor itself, which was adherent in every direction, proved to be a large fibro-cystic tumor of the uterus. The author cited this case to show the difficulty of diagnosing abdominal tumors. Even with the aid of an exploratory incision a correct diagnosis of the character of tumor had not been arrived at previous to death. He believed it to be the moral duty of every one to record his failures as well as his successes.

Case of Extra-Uterine Fotation with Operation. By JOHN SCOTT, F. R. C. S.

The patient, aged thirty-two, was admitted into the Hospital for Women, complaining of pains in the right inguinal region. The uterus was found developed as in early pregnancy. This was April 17th. On May 15th a tumor could be distinctly felt above the pubes. June 5th the os could scarcely be reached, and the tumor felt more elastic. August 7th a feeling was communicated to the finger as if of fluid between it and the uterus; the fetal heart could be heard. January 6th the tumor extended two inches above the umbilicus, and felt per vaginam like the tense bag of membranes. No fetal heart could be heard, and a hard body like the uterus was felt in front of the abdominal tumor. January 15th the sound was passed four inches, its point being felt in the body just mentioned. On the 29th, sudden and violent pains in the epigastrium came on with restlessness, faintness, and sickness. The cyst was punctured by the aspirator, but no fluid could be withdrawn. On the 30th, in consequence of threatening symptoms, it was decided to make a free incision through the abdominal walls, when what appeared to be the enlarged uterus presented itself, but on extending the incision upwards, it proved to be an expansion of the uterine tissues. This was cut through, and on passing the hand into the cyst the fetus was found lying with its head in the upper part. It was removed, the cavity sponged out, and the placenta left untouched. The upper

part of the incision was closed by sutures, and the lower left open, the whole being dressed with carbolyzed oil. The patient died thirty-one hours after the operation. The author gave a minute report of the cyst and its appendages made by Dr. Snow Beck.

The President was not aware whether there was on record a case of primiparous extra-uterine pregnancy; but he was struck with the fact that it generally occurred in women of mature age. He considered it was easy to understand why it should be so, for puerperal pelviperitonitis sets up salpingitis, and inflammation so damages the delicate plicatures which line the oviducts that the fertilized ovum cannot slip through them, even if the uterine openings of the oviducts be not obliterated.

Dr. Edis. agreed that too much reliance should not be placed upon the subjective symptoms, the objective being by far the more trustworthy. In Dr. Meadows' case the latter were so obscure, and the former so precise, that the diagnosis arrived at was based principally upon them. In Mr. Lawson Tait's case the fact of both ovaries being implicated and menstruation suspended was a source of fallacy not usually met with, and no doubt increased considerably the difficulty of diagnosis.

Mr. Lawson Tait said that one point seemed, in Dr. Meadows' case, to have had its importance overlooked. He referred to the absence of retro-uterine fullness, or rather the absence of solid tumour there. It would be almost impossible to imagine a case of extra-uterine fetation without a retro-uterine tumour, giving to the finger a feeling of cystic ballottement previous to the absorption of the amniotic fluid, but after that feeling solid. In his own case, where the history had led him astray, he had not made it sufficiently clear that menstruation had ceased for eight months, and then was resumed. In two other cases where he had removed both ovaries menstruation was uninterfered with.

Mr. Spencer wells said he had only

seen one case of extra-uterine fetation. It was remarkable as being a twin pregnancy, an intra-uterine, and an extra-uterine fetus going on together up to the full time of pregnancy, and the intra-uterine fetus being delivered in usual manner. He had seen several supposed cases of extra-uterine pregnancy, but in nearly all the source of fallacy was extreme thinness of the uterus, and of the abdominal walls. He had not found irregularity or suppression of menstruation at all uncommon during the progress of ovarian disease; nor was it rare for disease of both ovaries to go on while menstruation continued with perfect regularity. In two cases after removal of both ovaries, menstruation (or a periodical sanguineous discharge from the uterus) had returned at several successive months.

Mr. Scott agreed with Mr. Lawson Tait, that a tumor in Douglas' space was a very important and constant diagnostic sign in extra-uterine fetation. He believes it to be more generally of a cystic than a solid character. Should the fetal head or nates lie in the pelvis, the presenting tumor would be solid.

Dr. Heywood Smith remarked that besides the solid or fluctuating swelling generally felt in the post-uterine region, there was the sensation of an intermediate consistency when the placenta itself occupied Douglas' pouch, and could be easily felt there.—*Obstetrical Journal*.

As indicating the growing attention the subject of hygiene is receiving, not only from the public but from the medical profession, we are glad to see that the *Practitioner* (Macmillan & Co., London and New York,) is to be enlarged by the addition of a department devoted to public health. The forthcoming number will contain, under this head, articles on sanitary organization in England; the health aspects of sewage irrigation; the propagation of typhoid fever by milk; international hygiene in relation to plague and cholera.

AN enterprising itinerant is offering stuffed cats for sale in the streets.

Selections.

CANINE MADNESS.

In a paper on the above subject, *British Medical Journal*, March 8, Dr. E. P. Philpots writes as follows concerning the diagnosis of true and false madness in dogs:

HYDROPHOBIA.

Definition.—A fatal form of madness communicable from the lower animals to man; characterized (as the name denotes) by an immense dread of water.

Synonyms.—None.

Premonitory Symptoms—Begin two days beforehand, loss of spirits, loss of appetite, general depression.

General Appearance During the Attack.—When let alone the dog lies sullenly as if "out of sorts" and depressed, notices little, but recognizes his master by wagging his tail. Violently insane only on the approximation of water.

Fits.—Absent.

Foam at the Lips.—Absent.

Water.—Sprinkled over or near him, causes violent convulsions.

Thirst.—Absent.

Desire for Water.—Absent on account of dread.

Appearance of Eyes.—Dull or heavy.

Howling and Barking.—Absent.

Muscular Affection of the Throat, causing Inability to swallow anything.—Absent, or not observable.

Causes.—None.

Prognosis.—Very bad, always fatal, no chance of recovery.

Terminations.—The symptoms do not vary to any great extent towards the termination.

Pathology.—Intense inflammation of the brain extending to the throat and lungs.

Prophylactic Treatment.—None.

DISTEMPER MADNESS.

Definition.—A form of rabid madness non-communicable to man; characterized by foaming at the mouth, impairment of deglutition, and a desire to vomit.

Synonyms.—Rabies.

Premonitory Symptoms—Loss of appetite, and slight husking in the throat.

General Appearance During the Attack.—The dog bites at any of its fellows, gnaws at his bed, or the wall, eats straw, snaps at his attendant.

Fits.—Present in a marked degree in most cases.

Foam at the Lips.—Very much; the dog leaves it on the water he vainly tries to drink (the foam is caused by futile efforts to drink or swallow.)

Thirst.—Intense, insatiable.

Desire for Water.—Very great.

Appearance of Eyes.—Dull and green in their reflection.

Howling and Barking.—Present.

Muscular Affection of the Throat, causing Inability to Swallow anything.—Well marked.

Causes.—Inflammatory action internally pervading the system.

Prognosis.—Good, or bad, according to the severity of the fits.

Terminations.—A Fit.

Pathology.—Inflammation of the brain, often extending to the throat, the lungs and the intestines.

Prophylactic Treatment—Vaccination is a certain preventive.

It will be noticed by this table that in hydrophobia there is a dread of water, and in distemper madness there is a longing for it. In the latter disease there is a spasm of the œsophagus which the dog tries to overcome by futile efforts to vomit.

The premonitory symptom of hydrophobia is a sullen depression; in distemper madness the throat symptoms are first observable. Regarding the general appearance during the attack, the hydrophobic dog is a sullen animal, merely appears much "out of humor," and is only actually mad at the approach of water; but in distemper madness the animal really is mad in every sense of the term. He bites, and gnaws and chews and snaps anything that he thinks will cause him to vomit. The hydrophobic dog has no fits (except on the approach of water), and he does not foam at the mouth; but with the dog mad with distemper there is a succession of fits, one of which may end his life; his saliva, some of it a frothy nature (foam), dribbles, and exudes from his mouth, and water sprinkled over him has no effect upon him. The hydrophobic dog hates the sound, the sight, the thought of water, and will fly from it madly; but the dog mad of distemper rushes to it to assuage his thirst, but this he cannot do, as spasm of the œsophagus will not allow his swallowing. The hydrophobic dog's eyes are "fishy," dull and sullen looking; the dog ill of distemper madness has bright green and savage-looking eyes, and he howls and barks. Dogs never recover from hydrophobia, but they do from distemper madness, if the fits be not severe. Vaccination does not prevent hydrophobia but it does distemper madness.—*Medical Times.*

A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

The interest that has been recently manifested in the profession on the subject of anæsthetics, induces us to take an early opportunity of directing our readers to an important paper, by Dr. A. Horvath of Keiff, published in the *Cen-*

trabblatt für die Medicinischen Wissenschaften, proposing a new method of producing local anæsthesia. It is a well known fact, that if the hand be immersed for a short time in ice-water, an intolerable pain is caused, and the hand has to be withdrawn. In the course of a series of experiments, made in reducing the temperature of frogs by means of cold alcohol, Dr. Horvath observed that no such pain was produced when the hand was immersed in cold alcohol, not even when the temperature of the alcohol was as low as 5°C. Pursuing the experiment still further, glycerine was found to possess a property similar in this respect to alcohol. Ether on the other hand, caused pain, the same as ice-water, while the pain produced by cold quicksilver was more acute, causing the speedy withdrawal of the finger when plunged into this liquid at a temperature of 3°. It was next ascertained that, when the finger was held for quite a long time in alcohol having a temperature of 5°C., no pain whatever was experienced, and what was a still more remarkable phenomenon, although the faintest touch was distinctly perceived in this finger, yet no pain whatever was experienced from sharp pricks, which in other fingers were sufficient to cause considerable pain. This experiment seemed to show that the application of cold alcohol has the effect of depriving the part of the special sensibility to pain, without, however, impairing the delicacy of the general tactile sensation, which, as is well known, resides in the superficial integument. This apparent possibility of the artificial separation of these two nervous functions, viz., the tactile sensation and the sensation of pain, and the temporary suspension of the latter, seemed important, in a physiological point of view, and also of no small practical utility in allaying certain forms of local pain, more especially that caused by burns, and surgical operations. With regard to burns, Dr. Horvath soon had an opportunity of testing the value of this application on his own person, as well as

upon others, and with the most satisfactory results. Not only was all pain instantly allayed, directly the part was immersed in alcohol, but it was found that the wound very speedily began to assume a more healthy appearance, the surrounding redness rapidly failing. The process of healing seemed also to be accelerated. If that theory is a correct one which ascribes the frequent fatal termination of burns to the result of the constitutional shock induced by the severity of the pain, in that case the application of cold alcohol, in that it affords the patient an immediate relief from his sufferings, will prove a powerful agent in such accidents in saving life. In like manner, this same application may be found valuable, it is thought, in cases of traumatic tetanus. The method of producing local anæsthesia by the aid of ice, ether and rhigolene has been perfectly understood for many years. These agents have never been extensively employed, however, inasmuch as it has been found by experience that the process of freezing that part is often productive of quite as serious pain as would have been experienced from the operation without the administration of any anæsthetic. The ether spray is found to be a source of embarrassment to the operator, for, if not carefully directed, it is liable to take effect upon his own fingers, bringing on a sudden numbness, which is more surprising than gratifying. It can, moreover, be applied to only a limited extent of surface at a time.

The extreme simplicity of this new anæsthetic, the ease with which it can be applied to any part of the body where pain is experienced, or when it is desired to make an incision—all these circumstances tend to make it highly probable that its employment will ultimately become general, thereby doing away, in a great measure, with the disagreeable and dangerous effects of ether and chloroform. — *Boston Medical and Surgical Journal*.

It's the little cuss in the cradle tha makes home howl.

MERCURY AND IODIDE OF POTASSIUM IN SYPHILIS.

Dr. Willard Parker of New York, in a recent clinical lecture reported in the *Medical Record*, sets forth the following views:

I am aware that I differ with many of my brethren in the treatment of syphilis, but I believe that the poison of syphilis can only be removed from the system in almost all cases by the judicious and wise use of mercury. This mercury is to be used wisely and in moderate doses, so as not to impair the vigor and health of the system. Very often it is important to make use of some tonic at the same time, such as quinine or the preparations of bark. These have been my convictions for a great many years, and I give them as the result of my own practical observation, and have never seen any reason to vary the conviction that iodide of potassium, alone, cannot overcome the syphilitic poison in the system. The iodide of potassium, however, is a very valuable remedy in the treatment of syphilis, but it comes in after we have accomplished our purpose with mercury, in order to remove any deleterious effects of the mercury which may be left in the system. Here its value cannot be over estimated. The powerful effect which the iodide of potassium has upon the system, especially where mercury has been employed pretty freely, is sometimes seen in the profuse ptyalism which it produces, and if the syphilis receives any benefit from the administration of iodide of potassium, I believe it is in those cases which have been heretofore treated with mercury and the iodide arouses the mercury to new action. You can remove mercury from the system by the use of iodide of potassium, but you can never remove syphilis by using it. At the same time we use iodide of potassium in order to get good results in the system, I almost always employ the iodide of iron, as you see in this case. The point is, as has been stated, to bring the system up to par. The usual formula which I employ consists in six drachms of the iodide of po-

tassium, one ounce of syrup iodide of iron, and make a six or eight ounce measure. * * * The plan which I adopt and recommend in the treatment of syphilis is as follows: Take a case of genuine Hunterian chancre. I commence with the administration of iodide of mercury in one-half grain doses twice in twenty-four hours, combined with something, perhaps hyoscyamus or lacticarium, to prevent irritation of the mucous membrane of the intestinal canal. Continue this, in connection with a true diet, consisting of simple, plain material and such as will produce healthy blood, embracing breadstuffs, eggs, milk, and meat twice a day, and cutting off entirely tobacco and all alcoholic drinks; continue the doses until the feeling of hardness about the chancre is all gone. Then stop the remedy and watch the patient. If the disease begins to come out in the system, manifesting itself by glandular enlargements, diseases of the skin, affections of the fauces, or any one of those evidences, which shows that the poison is still in the system, resume the mercury as before and continue it until the disease has again passed away. It will be necessary to watch these patients for a long time, at least for months, and perhaps for a couple of years or more.—*Pacific Medical and Surgical Journal*.

NEW METHOD OF PLUGGING THE POSTERIOR NARES.

Dr. A. Godrich, M. R. C. S., describes in the *British Medical Journal* a new means of dealing with cases of epistaxis:

The instrument consists of a small elastic bag stretched on the end of a hollow style, by means of which it is pushed through the nasal fossa into the pharynx. It is then dilated with ice-cold water by means of the ordinary ear syringe, the nozzle of which is inserted into a piece of India-rubber tubing tied to the other end of the style. A small piece of thread or twine tied round this prevents the water from escaping. The bag, thus dilated, is now to be drawn well forward into the posterior nares, into which, by its elasticity, it will accurately fit. The

anterior India-rubber plug is next to be slid along the style (this is more easily done if the style be previously wetted) into the anterior nares, which it fits like a cork. The cohesion between this plug and the style will, I think, be sufficient to hold both plugs in position; if not, a piece of string tied round the style in front of the anterior plug will insure perfect security.

When it is necessary to remove the plug, all that the surgeon has to do is to cut the string tied round the India-rubber tubing, when the water will be expelled by the elasticity of the bag, and the instrument may be removed without difficulty.

The instrument, even at its thickest end, where the elastic bag is stretched over the style, is not larger than a No. 6 catheter; and it can consequently be passed through the nasal fossa without the least difficulty, and with very little discomfort to the patient, as I have proved by frequently passing it through my own nose. The style being made of elastic material—in fact, a gum elastic catheter, and therefore capable of being bent to any curve required—also facilitates the introduction of the instrument. When once the instrument is in position, and quiet, it is almost impossible to tell by the sensations alone that there is any foreign body in the nasal fossa at all; the dilatation of the bag causing but little discomfort, being above the sensitive palate and fauces.—*New York Medical Journal*.

TREATMENT OF PUERPERAL ECLAMPSIA.

The simplest measures in puerperal eclampsia, said Dr. Barnes, is the best. That is, to puncture the membranes and leave the rest to Nature, at least, until we see she fails to carry on the process. And since even the gentlest examination is often enough to provoke a fit, I would advise the previous induction of anæsthesia by chloroform. Under the cover of this state, the catheter should first be passed to secure an empty bladder, and to procure a good specimen of urine for

testing. Then at the same sitting, the membranes should be punctured by a quill, stilet or other suitable instrument. The diminution of the volume of the uterus by the draining off of the liquor amnii, lessening the pressure upon the vessels and the vascular tension, gives sensible relief. But another good effect generally follows; one it is true not without occasional drawbacks, but still a risk which must be encountered. The good effect is this: the moment it is started a call is made upon the nervous centres for nerve force to be expended upon the uterus. This is its physiological destination; and if it can be kept steadily directed to this, its proper work, we may hope to obviate its diversion to convulsion or other morbid action. It is, indeed, a matter of observation that uterine action will often excite a convulsion. But, upon the whole, I am disposed to think that it acts beneficially; and we shall be the less afraid of calling it into operation if we reflect—first, that labor must take place, and that it cannot be effected without this uterine action; and, secondly, that we can greatly diminish the excess of irritability by the use of chloroform.

The expediency of inducing labor when there is albuminuria without convulsion is more doubtful. As we have seen, it is not certain that convulsions will break out.—*The Doctor, June 1, 1873—The Clinic*.

A NEW METHOD OF PERFORMING AMPUTATIONS.—At a surgical *clinique* at La Pitié, Prof. Verneuil advocated the following method of removing limbs, calculated, he thought, to do away with arterial compression, whether by fingers or tourniquet, which is frequently inefficient, and is an exciting cause of phlebitis and sloughing of the integument from pressure, especially in patients who are fat. Flexion of joints, in the case of the elbow and the knee, will frequently suffice to control hemorrhage when amputations are made below these points; but by the method advocated by Prof. Verneuil, in which the limb is treated as

a tumor would be, the hemorrhage is reduced to a minimum. When antero-posterior flaps are formed, a common bistoury is all that is required for incising the soft parts, which are divided in successive layers, the blood-vessels being ligated as they are met with, and before being divided. Veins as well as arteries are closed with ligatures. The bone is divided as in the usual methods. When the principal blood-vessels are so located that they can be included in one of the flaps, it is the practice with the Professor to divide the bone before forming this flap. Twenty-one cases are reported as having been operated on by him in this manner, viz.: Eight disarticulations at the shoulder, three amputations of the thigh, two amputations of the arm, six amputations of the leg, and two coxo-femoral disarticulations. He recommends this method as having the advantages: 1, of enabling the surgeon to operate with fewer assistants; 2, the avoidance of hemorrhage; 3, obviating the risk of phlebitis from the pressure necessary to control hemorrhage.—*Gaz. Med. de Paris*, March 29.

WHAT IS CINCHO-QUININE?

The chemical manipulation of the Cinchona or Peruvian barks, reveals the presence in them of quite a number of most remarkable, complex bodies. No vegetable production, except the poppy, affords such a marvellous combination of valuable medicinal principles as the *loxa* and *calisaya* barks, and no substances have been studied with greater care or more intense interest by chemists. Nothing short of the subtle chemical forces controlled by the Infinite One could construct from the elements of the earth and air a bitter principle like quinia, or those other agents associated in bark, so closely allied to it physically and chemically. A handful of the finely comminuted fibres of the yellow bark, which resembles physically a dozen other varieties, is made to yield by the chemist, when treated with aqueous and alcoholic liquids and acids, a dark, bitter solution, unattractive in taste and ap-

pearance. If the process is skillfully conducted, or exhaustive in its results, there remains, beside the solution, a portion of woody fibre, inert and almost tasteless. It holds considerable coloring and some waxy matter, together with a little tannin; but the active chemical or medicinal principles have been removed, and are held in the dark liquid. The exhausted bark is not entirely worthless, for it may be dried and used as fuel. But what of the dark liquid? From this the chemist obtains, besides other substances, a portion of beautiful, white, silky crystals; not wholly of one distinct kind, but of several, all of which possess about equal chemical and therapeutical importance. No wonder it seems to the uninitiated in chemical manipulation a difficult work to perform. It is, however, quite easy to the thoroughly instructed. The first principle isolated may be the quinia. This is not held in the bark in its naked alkaloidal condition, but locked up, in the form of a salt, with another principle called *kinic acid*. In the bark it is *kinate of quinine*. We isolate the quinia, tear it from its embrace with kinic acid, throw that away, force it into a kind of matrimonial alliance with sulphuric acid, and in this condition of *sulphate of quinia*, use it as a medicine. This kinic acid marries into several other families resident in the bark, prominent among which are *cinchonina*, *cinchonidia*, *quinidia*, etc. Precisely how many of these alkaloidal principles the different kinds of barks contain, is unknown; but it is safe to assume that there are as many as four others which, although not distinctly pointed out, are tolerably well recognized. These *kinates* are all *kindred* in nature, and all labor to the same end, when isolated and set to work as therapeutical agents in the human system.

In one hundred ounces of good yellow bark, we obtain about two and three-fourths ounces of quinia, and two ounces of cinchonina, with variable amounts of the other principles, but less than the two named. It is to be regretted that we cannot remove the different families of kinates from the bark in their natural

state of saline combination. It seems reasonable to suppose their action upon the system would be more salutary than in other forms. It is easy to isolate the kinic acid, and having the alkaloids, the the kinates of quinia, cinchonia, etc., can be re-formed; but in these chemical changes so much disturbance to natural organic combinations is made, that, practically, we realize no marked advantages. It seems unnatural to force a natural alkaloidal base out of its association with an organic acid, and re-combine it with a mineral acid. This we do in the preparation of the sulphate of quinia. However, as it has served so good a purpose for many years, it is not best to quarrel with the theory.

All the alkaloids of bark possess about equal febrifuge and tonic properties, when isolated and administered in that condition. This has been proved over and over again by all competent chemists and physicians, from Drs. Gomez, Duncan, Pelletier, Caventou, down to the time of Liebig's researches, a quarter of a century ago, and from that time to the present by a hundred careful chemical and medical observers.

How the one alkaloid, quinia, came to supercede the others, and drive them into the background, is easily understood, when we remember that it was about the first that was distinctly eliminated, studied, and experimented with; and the *eclat* it acquired caused everything else to be neglected. The natural bark, holding all the alkaloids, the quinia, cinchonia, quinidia, etc., has always been observed to produce more efficient and prompt results, both as a tonic and febrifuge, than the quinia, or either of the other principles in themselves; but holding also, as it does, tannin, gum, starch, fibrine, and coloring matter, all of which are medicinally interfering or inert, its use is rendered inconvenient and inadmissible in many cases. Besides, it is apt to produce disturbance of the gastric functions of an unpleasant character. Acting upon the idea that the natural alkaloidal principles of bark, in their simple, unchanged condition, separated

from the gross, woody, and other matters, would better subserve all therapeutical ends than the barks themselves, or *any one* of the alkaloids separately employed, Cincho-Quinine has been prepared.

Cincho-Quinine contains no external agents, as sugar, licorice, starch, magnesia, etc. *It is wholly composed of the bark alkaloids:* 1st, quinia; 2d, cinchonia; 3d, quinidia; 4th, cinchonidia; 5th, other alkaloidal principles present in barks, which have not been distinctly isolated, and the precise nature of which are not well understood. In the beautiful white amorphous scales of Cincho-Quinine, the whole of the active febrifuge and tonic principles of the cinchonia barks are secured without the inert, bulky lignin, gum, etc. It is believed to have these advantages over the sulphate of quinine:—

1st. It exerts the full therapeutic influence of sulphate of quinine, in the same doses, without oppressing the stomach or creating nausea. It does not produce cerebral distress, as sulphate of quinine is apt to do, and in the large number of cases in which it has been tried, it has been found to produce much less constitutional disturbance.

2d. *It has the great advantage of being nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly than sulphate of quinine. Like the sulphate of quinine, the price will fluctuate with the rise and fall of barks, but it will always be less than the lowest market price of that salt.

4th. It meets indications not met by that salt.—*Boston Journal of Chemistry.*

Bibliography.

Civil Malpractice. By M. A. McCLELLAND, M. D. Chicago: W. B. Keene, Cooke & Co. 1873. Price \$2.00.

Dr. McClelland has done the profession a great service by the publication in book form of his report on Surgery

to the Military Tract Society. He gives very fully both the medical and legal definitions of malpractice, and quotes a large number of cases, and the judgment of the courts therein. As all of us are liable to be sued by both the designing and the malevolent, it is well to know just how far we are liable, and what will be the probable result in a given case. The book is well worth the price.

The Mineral Springs of the United States and Canada, with analysis and notes on the prominent Spas of Europe, and a list of Sea-side Resorts. By GEO. E. WALTON, M. D., Lecturer on Materia Medica in the Miami Medical College, Cincinnati. New York: D. Appleton & Co. 1873.

Whatever opinions we may entertain in reference to the medicinal virtues of mineral waters, we cannot ignore the fact that they stand high in the popular estimate. It is our duty therefore to be familiar with the location and qualities of the various mineral springs in our own country, in order that we may give the proper advice when appealed to by our patients. The needed information is contained in Dr. Walton's book, and we do not hesitate to recommend it as just such a work as should be in every physician's library. The modest and unpretentious style of the author is worthy of all commendation. The publishers have presented it in most excellent style.

The Science and Art of Surgery. Being a treatise on Surgical Injuries, Diseases and Operations. By JOHN ERIC ERICHSON, Senior Surgeon to University College Hospital, and Holms, Professor of Clinical Surgery in University Hospital, London. A new edition, enlarged and revised by the author. Illustrated by upwards of seven hundred engravings on wood. Philadelphia: Henry C. Lea. 1873. Price, \$9.00; leather, \$11.00.

Prof. Erichsen is one of the foremost surgeons of the world. As an evidence of the estimate in which his treatise is held in England, we may mention that it has already passed through six editions. The increased size of the work required its division into two volumes.

A detailed description of a book with which all are familiar, is entirely unnecessary. Suffice it to say that additions and improvements are apparent throughout the entire work, and that it is acknowledged authority in the department of surgery, wherever the English language is spoken.

Editorial.

THE CHOLERA.

The prevalence of this disease in the very heart of the continent is no longer questioned. Its rapid progress from New Orleans to the valleys of the Tennessee and the Ohio rivers warrants the reasonable presumption that Kansas will be visited by this scourge. No epidemic and contagious disorder is so easily prevented as this, and none so hard to control after it has become developed in a community. It is one of those disorders that grows by the meat it feeds on. Like the rolling snow-ball it gathers force and weight and power in its progress. The plain duty of every community is to begin early, *and persist in* the most thorough system of purification, disinfection, and sanitary cleansing. It is useless to indulge in half way measures, as they will merely "scotch the snake, not kill it."

Thus far in the history of Leavenworth we have escaped the infliction of a wide-spread and malignant epidemic of any kind. The natural drainage is most excellent, and our city is a most healthy one, but the immunities of the past should not be permitted to lull us into a fancied security.

Our city authorities have already begun a system of sanitary inspection, for which they deserve great credit, but it lacks thoroughness, and should be promptly remedied. Furthermore every

citizen should lend his generous and hearty support and co-operation to the authorities in the execution of the measures adopted.

It is unnecessary to enter into any detailed plan of procedure. The recommendations of the American Public Health Association, which have already been published in our daily papers, contain all the information required. What we insist upon is the inauguration of a *thorough* system of sanitary regulations and its *rigid enforcement*. Many are too poor to provide the necessary disinfectants. In such cases the city should furnish them. It is good economy to prevent the advent of this dread disorder at any cost.

OUR NEW VOLUME.

We begin the seventh volume of the MEDICAL HERALD with renewed hope and assurance of successful progress. We take occasion to thank our patrons for their generous support and hearty co-operation in the past, and request a continuance of the same. As some of our subscribers are still in arrears, we wish to delicately hint that it is time to *pay up*. Never mind about the *hint*, but forward the greenbacks.

Miscellany.

SCRIBNER'S for July opens with Edward King's series of papers, "The Great South," profusely illustrated, from sketches by the celebrated *genre artist* Champney, drawn on wood by Shepard, Moran, and others, and engraved and printed in the highest style of art.

The story opens with "The New Route to the Gulf," and will be continued with papers on New Orleans, Texas, and the Southwestern Frontier, whence

it will proceed Northward; the whole will constitute one of the most brilliant series of illustrated papers on an American theme, ever presented to the American public, and will make a book equal to a thousand 12mo pages, with more than five hundred illustrations.

ECLECTIC MAGAZINE.—The *Eclectic* for July is on our table, and is probably the most brilliant number of any magazine that has been issued during the year. It has contributions from writers no less eminent than Professor Tyndall, who writes of "Niagara Falls;" Professor Huxley, who discusses the "Problems of the Deep Sea;" Prof. Max Müller, whose "Lectures on Mr. Darwin's Philosophy of Language" are the most important of recent attacks on "Darwinism;" and Mr. Tom Hughes, who treats in a most suggestive manner of the various "Problems of Civilization."

AMPUTATION OF THE ENTIRE UTERUS IN A CASE OF INVERSION.—Dr. Martino Barba, of Naples, reports a case of a woman, twenty-five years old, who suffered a complete inversion of her uterus following the delivery of her second child. Owing to the exhaustion of the patient by almost constant hemorrhage, Dr. Barba removed the uterus by means of an *ecraseur* followed by a metallic ligature. The woman recovered and was discharged from the hospital on the twenty-second day after the operation.

This, according to the reporter, makes the sixty-fourth case of ablation of the inverted uterus which has been recorded, forty-four of this number having recovered. A point considered by him worthy of remark is the fact, that the operation by means of the ligature has met with greater success than any of the other modes, the uterus coming away generally by the twentieth or thirtieth day, during which time the free use of disinfectant washes is requisite.—*Le Tribune Medicale*, March 30.

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Original Communications:

AGUE.

By WM. HARTSHORN, M. D.

[Read before the Central Kansas Medical Society.]

Ague is a disease accompanied by a fever of an intermittent character, the febrile symptoms returning in paroxysms, between which there is an entire intermission, and an interval, marking the time from the commencement of one paroxysm until the beginning of the next. The types of Ague most commonly coming under treatment are:

- The Quotidian,
- The Tertian, and
- The Quartan.

The Quotidian has an interval of twenty-four hours, the Tertian of forty-eight, and the Quartan of seventy-two hours.

The Tertian comes on every third day, and the Quartan every fourth day.

But besides these there are several other varieties, such as the Double Tertian, Double Quartan, Triple Tertian, etc., differing chiefly from the other forms of Ague in the frequency, duration and severity of the paroxysms.

The Double Tertian has a paroxysm every day, but the paroxysms on alternate days alone resemble each other.

Of the Agues the Tertian is by far the most frequent, and is accompanied by the most severe hot stage; the Quartan has the longest cold stage, and is the most difficult to cure.

Morning is the time in which the paroxysm comes in Quotidian.

The great predisposing cause of Ague is marsh miasmata, arising from the effluvia of decomposed vegetable matter, and attacks of this disease are most frequent in spring and autumn, the decomposition of vegetable matter being more active during these seasons, especially when the ground is drying after having been well soaked with rain. Low situations are more prone to generate this disease than higher places are. Marsh miasmata is much interrupted by trees, owing to the respiratory action of their leaves, and running streams also tend to lessen its accumulation; in fact it is mostly found in stagnant water in which vegetable matter has decayed, and the bubbles of this gas may be seen rising to the surface of the water.

Persons, when they first come to reside in low, marshy districts, are more liable to become the victims of an attack of this disease, than people who have for a long time dwelt there. Agues are prevalent in England especially in the Fenny Districts, and often the attacks prove very obstinate of cure.

An attack of Ague is ushered in (the patient having been out of sorts probably for some time) by a chill, and this is the commencement of the paroxysm. In its cold stage he has shivering and chillness till his teeth chatter, and the whole surface of the body becomes cold; the features are pinched, and the facial skin is contracted, frequent gaping and yawning bring on an oppression of the chest, and there is pain in the back and limbs; pulse small, weak and frequent, a white

fur on the tongue, and a dull headache. The urine is frequently made, and of a very pale color. These symptoms at length give place to others of a very opposite character, for the patient becomes flushed, and general heat prevails over the whole body; reaction has now taken place. The pulse changes, becoming fuller and stronger. Thirst comes on, patient is very restless and suffers from a throbbing headache, and at this time the urine is high colored and very little is passed.

After a while these hot symptoms subside, and the patient finds himself greatly relieved, for the skin, which was so hot and dry before, now has become moist with perspiration, the body cooled. The pulse falls and the thirst and headache go off, and at this time the desire for food returns. The urine becomes more in quantity, but is turbid, and a brick-dust sediment is deposited.

The effect a paroxysm of Ague has upon the system during its progress is that in the cold stage the blood is driven from the surface of the body and thus accumulates in the lungs, heart, spleen, liver and great internal vessels; then, during the hot stage, from the reaction of the circulation, the blood is forced again to the surface. But in order to effect this, the action of the heart has been much greater than ordinary, owing to the great accumulation of blood in its cavities, and therefore the heart has been compelled, as it were, to put on a great additional power, so that the blood is driven to the surface with too great force, and in consequence of this the secretions are completely checked. But in this dilemma the skin relieves by its action of sweating, and tones down the too great force of the circulation, and so restores its balance.

During the paroxysms from the frequency of the cold stages, internal congestions are liable to occur, such as enlargement of the spleen and liver, and the functions of the liver become disordered, and congestion of the lungs may take place, together with general derangement of the digestive system, the patient become emaciated, his abdomen tumid and swollen, and his bowels very sluggish.

In the treatment of Ague we must endeavor to abate the severity of the symptoms during the attack of the paroxysm, by palliative treatment. Guard against prostration by giving the patient nourishing warm fluids, as beef tea, etc., and keep him warm during the cold state, and if there is great debility, brandy and water may be given. During the hot stage keep the head cool, using cooling lotion if necessary.

For the curative treatment give Quinine in doses of two or three grains at intervals of time, all throughout the intermission, or a large dose of grains or grains viii about two hours before you anticipate the paroxysm. Also give a full purgative from time to time, and more especially if the bowels are constipated.

In some cases ℥j doses of Pulv. Cinchona in Port Wine is found more beneficial than Quinine, and may be given all throughout the intermission.

Tinct. Ferri Sesquichloride in doses of grains v, combined with Quinine and Infus Quassia is very useful in some cases, but it sometimes happens that Quinine does not answer, particularly in obstinate cases of Quartan Ague. The Liquor Arsenicalis may then be given in doses of m 10, three times a day. Still, in cases of Ague Cake, we must continue steadily, giving Quinine together

with a full purgative, and we must also attend to the diet of the patient.

And should complications arise in this disease, as congestion of the lungs, liver, etc., they must be treated according to the judgment of the physician.

The most severe case of Ague I have met with since I left England, came under my notice last autumn.

The patient was a young man, age twenty years; he had been living in the country, and came to this city for professional advice. After visiting him at the hotel where he was boarding, I found he had been suffering from Quartan Ague for some time, had lost a great deal of flesh. His countenance was very anxious, and his skin of an ashen, yellowish color; the eyes much sunken, pulse very small and weak; tongue coated with a brown fur, and the bowels very sluggish. There was also difficulty of breathing; he had had several attacks of delirium, and his whole appearance denoted great prostration. Upon sounding him I found he had congestion of the lungs. He kept his room.

I advised nourishing fluids as often as he would take them. Gave full purgatives from time to time as he would bear them, and prescribed Quinine combined with iron, and applied mustards to the chest; he continued, after a time, to improve slowly, but at the expiration of three weeks he exposed himself to cold, and the attack again returned.

Finding it more obstinate, if possible, than at first, I gave the Liquor Arsenicalis in Bitter Infusion, and Anodyne occasionally. The result was that his health gradually improved, and his former plight of body returned.

JONES says that courtship is bliss, but matrimony is blister.

Society Proceedings.

PROCEEDINGS OF THE OSAGE COUNTY MEDICAL ASSOCIATION.

OSAGE CITY, Kas., July 2, 1873.

The Osage County Association met at the residence of Dr. Schenck, and was called to order by George T. Brown, President. Drs. Bull, Schenck, Wilkinson, Ashby and Connor were present.

The minutes of the last meeting were read and approved. Dr. Brown delivered an inaugural address, for which the thanks of the Association were returned.

Dr. Schenck recommended for membership Drs. H. O. Hanawalt and H. S. Wilson, graduates of the Ohio Medical College, and practicing at Arvon. They were elected and became members of the Association.

The Association adjourned to dine with Dr. Schenck.

AFTERNOON SESSION.

Dr. Connor, of Lyndon, read a very carefully prepared essay on the Difference between Scientific Medicine and Quackery.

Dr. Wilkinson, of Burlingame, from the Committee on Cerebro-Spinal Meningitis, made a report which showed a careful and thorough investigation of the subject.

There was a very general and interesting discussion on Erysipelas. Dr. Bull found his cases to yield promptly to poultices made of the inner bark of the sumach root, bruised and boiled.

Dr. Wilkinson relied upon Iodine and Iodide of Potassium, internally and externally.

Dr. Schenck succeeded well with large and frequently repeated doses of Tinct. Fer. Mur., keeping the inflamed parts wet with the saturated solution of Bi-

Sulph. Soda. If the cases were sthenic, using the Bi-Sulphite internally and externally.

Dr. Brown used the Tinct. of Iron locally and internally.

Dr. Hanawalt used the Tinct. of Iron with lead wash.

Dr. Schenck made a report of the symptoms attending the death of Dr. Foulds.

He was called to see the doctor at 6 A. M. His stentorous breathing had awakened his wife, who slept in an adjoining room, a short time before. She gave no previous history of the case, except that he was in his usual health at 11:30 the previous evening, when she retired, but had recently been somewhat annoyed by certain matters incident to life and business.

When called, the breathing was slow and stentorous, after a short time spasmodic, a few gasps with long intervals intervening, but for the last hour there were single gasps, with gradually increasing intervals, until respiration ceased.

The pulse was regular and moderately full, with seventy beats per minute, gradually changing, until at last thread-like and ceasing, with respiration. The countenance was suffused, this condition increasing until death.

The temperature of the skin was diminished, the head cool, the skin clammy.

The pupils were slightly contracted and immovable. There was a death-like insensibility to all external impressions. Cupping, blistering with strong liniments and the battery, were alike unnoticed. These conditions continued for three hours, when they ended in death. No autopsy was allowed.

Dr. A. C. Brown saw the patient with

Dr. S. What caused the apoplectic congestion? After some discussion of this question, the Censors were discharged from further consideration of the resolutions referred to them at the last meeting of the Association.

Dr. Bull reported several cases of obstinate gonorrhœa, and Dr. Hanawalt an interesting case of neuralgia in the os coccyx, which were commented upon by the members, and injections of Per Manganate of Potash recommended in the former, and Hypodermic injections of Morphia for the latter.

Dr. Hanawalt was elected Censor, filling the vacancy occasioned by the removal of Dr. Pine.

Dr. Hanawalt was appointed Essayist.

Drs. Bull, Schenck and Ashby, a Committee on the Bowel Affections of Children.

Asiatic Cholera was selected as the topic for general discussion. The Association adjourned to meet at Lyndon on the first Wednesday in October.

W. L. SCHENCK, *Secretary.*

Correspondence.

JUNCTION CITY, Kas., June 5, 1873.

Editor Herald:—The "Central Kansas Medical Society" held its Second Quarterly Meeting in this place on the 3d inst. But owing to the high water in every direction, but few of the members were present, yet we had a very interesting meeting, and from the many letters of regret received from those unable to be present, it is fair to presume that the medical gentlemen of the West are wide awake to their interests, and determined to make the "Central" a success.

Dr. E. W. Seymore, of this place, read an excellent paper on "Craniotomy," giving his experience in extraordinary

cases, when driven to the last resort and without other medical assistance. A vote of thanks was tendered him for his valuable production.

Dr. Wm. Hartshorn also read an interesting paper, setting forth the different forms of Intermittent, and the proper treatment. (Both referred to Publishing Committee.)

Dr. A. I. Bevon, of Council Grove, was examined by the Board and elected a member of this Society.

The next meeting will be held at this place on the first Tuesday (2d) of September. T. G. HORN, *Secretary*.

A CHAPTER ON CHOLERA.

Although the cholera has not yet invaded our State, there is wisdom in preparing for its possible advent. Notwithstanding the fact that by proper sanitary measures its advent may be prevented, or at least the material upon which it grows be destroyed, substantially nothing has been done by those to whom such matters are entrusted. In nine cases in ten Health Boards are composed of persons almost utterly ignorant of the first principles of sanitary science, and as a consequence communities are lulled into security by a great display in the removal of a few cart-loads of garbage and some conspicuous piles of manure. As nothing but the absolute existence of the disease will stimulate them into proper activity and effective action, we deem it futile to say anything farther upon the subject. We have, however, selected from various sources what seems to us best under the circumstances, and devote the greater portion of the HERALD to its publication, in order that there may be a unanimity of action by the profession in case we are called upon to contend with this most fatal of disorders.

As will be observed in the following selections, there is scarcely a shade of difference between the best authorities, both in this country and in Europe, in reference to the treatment of cholera, however widely they may differ in regard to its nature, cause and mode of propagation:

PREVENTION OF CHOLERA.—The following summary, by the highest authority on this subject, Dr. Parkes, will best conclude this account of cholera. The importance of the topics noticed, and the uncertainty that yet enshrouds many of them, may justify, it is hoped, the large amount of space which the subject has taken up.

“For the first time in the history of cholera a new system of prevention has been brought largely into play in Europe, viz., the addition to the discharge of a presumed disinfecting substance. This plan, of course, is based on the belief that the principal (perhaps the only) mode of spread is by means of the putrefying evacuations; and the results obtained by it give certainly some strong evidence in favor of this opinion.

“In this country the difficulty has been to make the public (and, in some cases, even the medical men) sensible of the importance of this plan, and of the necessity of giving it a complete trial. In some cases in which it has really been fairly tested, it appears to have arrested the spread of the disease, as at Bristol; and Dr. Budd's paper in the *British Medical Journal*, April 13, 1867, gives good evidence on this point. In Southampton also, I believe, the spread was limited in this way, though it was not arrested so perfectly as at Bristol. In London, and several provincial towns, the method was also tried more or less fully.

“In Germany, owing to the influence of Pettenkofer, the disinfecting plan was also brought into play, and the system followed has been described by that chemist.*

* Cholera Regulativ, von H. Griesinger, M. Pettenkofer, and C. A. Wunderlich. Zeitschrift fuer Biologie, Band II, p. 435.

"Without analyzing all the evidence, I proceed to give the most important practical rules.

"The dangerous period of the choleraic stools is supposed to be when they become very ammoniacal. This occurs sometimes immediately they are passed, but usually not to any extent for some time. It is thought (but of course exact scientific proof is not readily attainable) that anything which makes and keeps them acid prevents the changes which cause the poison.

"The three principal means of doing this are the use of *carbolic acid*, and *sulphate of iron* (with or without *permanganate of potassium*), and the *salts of zinc*. Each has its advantages, and all may be used. The *carbolic acid*, from its liquid form and from its volatility, is excellently adapted to purify air, and to be used when surfaces are to be washed. It is also useful for sewers and closets. The *sulphate of iron* in substance and strong solution is better adapted for being put in the utensils in a room, as it has no smell, but it may be equally used for sewers and for watering streets. The *sulphate of zinc* (for the *chloride* is too dear) is better adapted for being put on linen or on floors, as it does not iron-mould the linen like the *sulphate of iron*.

"The quantity in which these substances must be used is as follows: For each healthy person, daily, about three-quarters of an ounce of *sulphate of iron*, or one drachm of strong (but impure) *carbolic acid*, are sufficient. This amount will entirely prevent any decomposition of the *fæces* for several days. In a town, therefore, where sewers are used, the above amount of *sulphate of iron*, or *carbolic acid*, multiplied by the number of persons, should go into the sewers daily, and, if possible, should be passed in from the houses, so as to act on the house drains as well as on the main sewers. If the place is not sewered, then the disinfectants should be added to the cess-pools, middens, latrines, or whatever plans may be in use. If both *sulphate of iron* and *carbolic acid* are used, which is to be recommended, half the quantity of each should be employed. The iron

should be dissolved in a good deal of water.

"Dr. Kühne, who has made a great number of experiments on the action of various agents on fermenting substances, does not reckon the value of the *sulphate of iron* or of *carbolic acid* so highly as other observers. He states that neither arrest the various fermentations. Such an arrest is, however, attained with strong alkalies and strong acids; with *chlorine*, *chloride of lime*, *bromine*, *permanganate of potassium* and *sodium*, and *permanganic acid*. On the hypothesis, therefore (for it is nothing more), that the dangerous condition of the cholera discharges is one of 'fermentation,' he recommends any one of these substances rather than *carbolic acid*, and for common use prefers *permanganate of sodium*, to which (as a concession to Pettenkofer) he mixes some *sulphate of iron*. The proportions are two parts of *permanganate of sodium* (solution?), forty-five parts of *acid sulphate of iron*, and fifty-three parts of water in one hundred parts.

"It must be remembered, however, that such points as these must be decided by actual experience, and that arguments derived from the action of these substances on common ferments are not very satisfactory as regards the prevention of cholera.

"In Southampton, in 1866, carbolic acid was chiefly used; and the average amount was about twenty gallons daily for a town of 50,000 people; it certainly appeared useful.

"If an aerial disinfection is needed, *sulphurous acid* (obtained by burning sulphur) is perhaps the best. *Nitrous acid fumes* are certainly very powerful; and one or other of these substances should be used for half an hour daily in all privies or latrines.

"For washing clothes the iron salts are not applicable, as they stain linen. *Carbolic acid* gives a disagreeable smell. Either a watery solution of *sulphurous acid* or a solution of zinc salts should therefore be used. Baking the clothes, at a temperature of 250°, or boiling, should be used.

"In hospital wards, dead-houses, &c., it is a good plan to sprinkle sawdust on the floors, and to moisten it with weak *carbolic acid* (one part of crude acid in sixty or eighty of water).

"These measures should be commenced when cholera is apprehended. Every privy and sewer should have twice daily the mixed *carbolic acid* and *sulphate of iron* solution. If cholera is introduced, the amount should be doubled in the privies of all the adjacent houses, while the closet of the affected house should never act without a portion of the disinfecting liquid being placed in it. If the disease breaks out, a plan recommended by Dr. Budd is worthy of imitation—viz, to place a layer of *carbolic acid* powder (carbolic acid and lime) in the bed, under the breech of the patient.

"The disinfection in this way of the closets and privies of hotels, railways, and workshops, should be commenced very early.

"As a precaution against cholera, quarantines have only answered when they are absolute; and an absolute quarantine is not possible for a commercial people. The reason of the failure of partial quarantines is the fact that diarrhoeal stools will propagate the disease, and that the period of incubation, though usually short, may be prolonged even to twenty or twenty-five days. Restriction on movement must therefore be used or not, according to circumstances; but in all cases persons coming from infected districts ought to take measures for disinfecting their evacuations in the above manner."—*Aitkin's Practice of Medicine*.

CHOLERA.—Cholera, as at present accepted, is of the nature of organic matter, always in existence somewhere, and its history, contemporary with the history of India, of which country it is a native. The present doctrine of its pathology is that—*it essentially consists of a poison that has been absorbed or introduced into the blood of the living body; that this poisonous cholera seed there undergoes speedy and enormous multiplication, and produces all of the symptoms and changes which, in the aggregate, constitute a case*

of cholera. If it be true, and we believe it is, that with the progress of civilization the intellectual qualities of mankind at large are elevated as the health of the body is protected, and the physical frame invigorated, then surely much of the human advancement during the last fifty years is due to our better acquaintance with the nature of cholera. However lamentable the devastations of cholera since its exodus from India in 1831, the devotees of sanitary science have used well their opportunities; and, if the people at large have not profited by the truths which have been worked out, and which it is our present purpose to concisely reiterate, *the fault lies at their own doors*.

The general conclusions of experimental and other researches in regard to the origin and propagation of cholera, may be summarized as follows:

1. Cholera may be produced by the direct introduction of the poison into the blood.

2. *All of the evacuations of persons affected with cholera are dangerous*, and capable of communicating the disease; that this dangerous property of the evacuations is not only possessed by the discharges from the bowels, but, at least equally, by *the vomit and the urine*.

3. The infecting power of the discharges is in proportion to their freshness.

4. When the discharges have undergone decomposition—to which they are exceedingly prone,—or are allowed to dry on the clothing, to remain in the apartment, or are thrown out without disinfection, the disease is spread with more facility; but the symptoms are less distinct, being complicated with those of poisoning by the accompanying putrid materials.

5. After the introduction of cholera poison into the animal system, *two or three days* usually elapse before the characteristic symptoms are produced.

6. Cholera is distributed and diffused by *the neglected evacuations of persons affected with it*; by these discharges becoming mixed with the drinking water in rivers and wells; by cholera soiled

clothing, ships, and other vehicles of travel related to human intercourse, and by "*localizing conditions*"—which usually account for the apparently erratic course of cholera.

No truth is better established than that *dirt* and *impurity* are potent instrumentalities for the propagation of cholera. *Dirt, danger, disease* and *death*, form an alliterative series of consequences of momentous importance at the present time, to almost every populous community in the United States,—*The Sanitarian*.

ATROPIA SUBCUTANEOUSLY IN CHOLERA.

—Dr. Hodgen mentioned (Proceedings St. Louis Med. Society June 7, 1873) a plan of treatment pursued by him in a few cases at the close of the epidemic of 1866, with results considered sufficiently encouraging to merit further trial. In the *stage of collapse*, the doctor injected subcutaneously from a sixtieth to a thirtieth of a grain of sulphate of atropia, and injected freely into the bowels warm water with a little salt in it; reaction and convalescence followed in over half the cases without fever. The doctor also referred to the importance of promoting the action of the kidneys as early as possible, by diuretics and warm poultice or fomentation over the kidneys, not to eliminate the cholera-poison, but to obviate uremia.—*St. Louis Med. Journal*, July, 1873.

CHOLERA IN TENNESSEE — This disease has broken out in many parts of our country, and without the usual warning. Heretofore when it has prevailed notice was given of its approach. We have heard of it in all its previous visits as spreading out of India into Russia, then pursuing its march across Europe until it reached France and England, and thence from some of their ports being brought to our shores. This is the history that has been given of all the outbreaks of the disease on our continent up to this time; but now it seems to have broken out in one of our own cities before invading Western Europe. About two months ago cases of what bore a strong resemblance to maglignant cholera, in symptoms and termination, were

reported in New Orleans. A steamer leaving that city for Cincinnati lost a number of deck-hands or passengers on its way. Not long after it was announced in New Orleans cases of the disease made their appearance at Memphis, and at points on the river below. There was a difference in opinion among physicians as to the character of the malady, but all agreed that it terminated fatally in a few hours when suffered to run on unchecked, and that its subjects died in collapse, having had rice-water discharges and cramps.

The latest accounts from Memphis show that the disease is abating there, but after a month the mortality still exceeded ten a day. Nashville has suffered severely in all former visitations of the cholera, and the pestilence in the last few weeks has shown a malignity in that city not exhibited up to this time at any other point in the country. On June 20th seventy-three deaths were reported there from cholera, and the mortality ranged from forty to seventy during the week from the 15th to the 22d. The disease has also appeared at Gallatin, Hartsville, Lebanon, and Murfreesboro, in Tennessee, and at Paducah, Indianapolis, and Cincinnati; but in none of these places has it assumed an epidemic form. After Nashville, Gallatin, on the railroad twenty-six miles from that city, has been most seriously afflicted.

There has been a singular unwillingness among physicians to admit that the disease was cholera wherever it has appeared. The cases were first referred to cholera morbus, and set down to some indiscretion in diet. A few cases have occurred in Louisville, but a general skepticism prevails in the profession as to their having been cases of genuine cholera. We believe that it is true Asiatic or malignant cholera which is now spreading over the country, and which has been so fatal in a few places. We have no doubt that three or four sporadic cases have originated in Louisville; but a peculiarity of the disease exhibited at most points is that it shows no disposition to become epidemic. No new cases have followed those which more than a fort-

night ago terminated in death, after a few hours' illness, in this city.

In Nashville some very noteworthy facts have been brought out by the present epidemic. The disease has been limited to a few localities, and a very large proportion of the victims have been negroes. On one day forty-nine out of seventy-three were colored, and on another forty-eight out of fifty-nine. When the mortality exceeded seventy a day the city proper was comparatively healthy; hardly any citizens had the disease. The infected localities are creek-bottoms, subject to overflow, where the thrifless inhabitants live in crowded, badly-ventilated huts, and drink water from feeble springs or wells excavated in the limestone rock. In Memphis and in Gallatin too the mortality among the colored population has been quite out of proportion to that of the whites.

Physicians, wherever the disease has yet appeared, concur in the statement that it is entirely manageable if cases receive timely treatment. Negroes rarely apply for medical aid before cramps have supervened, when collapse is impending and the condition of things nearly hopeless. At the penitentiary in Nashville ninety of the convicts were reported ill at one time, most of them with cholera, but all in a promising condition.

When cholera is prevailing every case of diarrhea should be treated as the premonitory symptoms of the disease. An opiate will generally check it; but if the case is not of the mildest character, we should not be content with simply arresting the evacuations; we should not rest satisfied until we had brought about discharges of another kind by calomel. The indications of cure appear to us to be to check the watery discharges, keep up the vital powers of the patient, and secure dark, consistent evacuations.—*American Practitioner.*

VIENNA TREATMENT OF CHOLERA.—Dr. Melvin Rhorer, of this city, whose letters to the *American Practitioner* from Vienna will be remembered by our readers, has prepared the following as repre-

senting what is known as the "Vienna treatment" of cholera:

"During cholera times an ordinary diarrhea should be treated with great care. The following prescription I saw used with excellent effect:

R. Decot. salep. 10 grs. to water, $\bar{3}$ ij;
Laud, liquidi Sydenhami, gtt. xx
Aq. naphth., } $\bar{a}\bar{a}$ $\bar{3}$ ss;
Syr. diacodii, }

M.

Sig.—Tablespoonful every two hours.

"If the diarrhea continues notwithstanding the use of the medicine, give starch clysters—two drams to half an ounce of starch to one pound of fluid, with ten or fifteen drops tinc. opii—two or three times daily. Strict attention should be paid to diet. Nothing but beef or gruel-soup should be allowed; absolute rest; warm application to abdomen. This is absolutely necessary. In addition to this the treatment may be aided by strong aromatic teas; mucilaginous drinks made of salep or althæa; rice-water with syrup for slaking thirst. If after this treatment the disease continues we must have recourse to astringents; say

R. Argent. nit., gr. j;
Laud. pur., gtt. vj;
Acidi tannici., $\bar{3}$ ss;
Mucil., q. s.

M. ft. pil, No. xxx.

Sig—One pill every hour.

"The suppression of diarrhea in cholera is the thing most desired. Twenty or thirty drops of tinct. opii in six ounces decoc. salep is most active in securing this end, particularly in combination with the clyster. When complicated with vomiting give

R. Ext. nux vomic. æther, . gr. iij;
Tinct. opii, gtt. xx;
Aq. naphth., $\bar{5}$ ij.

M. Sig. Give ten drops every half hour together with small lumps of ice.

"In the event that this should not be sufficient to secure the desired result, opium with calomel or bismuth often act like a charm. Hypodermic injections of morphia into the linea alba are sometimes indicated in this stage of the dis-

ease. Thirst is best overcome by ice-water, pounded ice, Seltzer water, etc., given in small quantities and often repeated. For the cramps friction with flannel, inunction of ext. belladonna, extract opii, and of hyoscyamus. Hypodermic injections of morphia in calf of each leg. For the hiccough apply in succession the following: sinapisms, bladders of ice over the region of the stomach, one twentieth grain of sulph. strychn. every two hours, a few drops of chloroform in water or acetic ether on sugar, black coffee, etc. When we have great depression of the mental powers apply ice fomentations over the region of the heart. Where we have from the very beginning excessive vomiting, pulse imperceptible, coldness of the entire body, and cyanosis, an energetic stimulant is demanded; such as musk, gr. iv, or sulph. ether, ʒ ij; oil of peppermint, gtt. iij.

"In cases of syncope, and for the purpose of bringing about reaction, strong or weak stimulants are indicated, as the case may demand. To the class of remedies here applicable belong camphor, musk, acetic ether, cocoa (the first two named to be used hypodermically); Russian tea and Malaga or Madeira wine may be given to sustain strength. The greatest care should be taken to prevent the return of the diarrhea. We should also be careful to prevent the recurrence of any other depressing symptom. If reaction is not accompanied with any thing more serious than ordinary desquamation of epithelium, astringent drinks, such as lemonade, etc., may be given. Where the urine is secreted in small quantities mild diuretics should be given, such as lemon-juice, tinct. digitalis, drinks of Seltzer and soda-water. If the secretions of the mucous membrane are scanty after reaction is present, the urinary secretions are to be facilitated with care. The application of warm fomentations, frictions with oil juniper, ungt. digitalis, Venice turpentine, or tincture cantharides over the region of the kidneys are sometimes sufficient to meet the indications. The same may be effected by means of injection of one

drachm turpentine with yolk of egg and a pint of water. During convalescence supporting remedies are called for. In dyspeptic complications nux vomica, rhubarb, and magnesia stand at the head of the list."—*Am. Practitioner.*

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Treatment by antispasmodics and mild stimulants, in small doses at short intervals; with ice, and external frictions, etc. My experience with cholera has led me to give this mode of treatment the preference over all others. I first met with it in the practice of the late Prof. W. E. Horner, in 1849. Dr. Horner gave a mixture of chloroform, camphor, and laudanum, in small doses, every five minutes; each dose being followed by a piece of ice. I altered Prof. Horner's mixture to a tincture, for better preservation, adding some minor adjuvants. This recipe will be given directly. Frictions and sinapisms may also be used with advantage. The great merits of this plan are its antispasmodic nature, and the administration of small doses at very short intervals. This is eminently demanded in cholera. Phthisis may be a complaint of years; whooping cough of months; typhus of weeks; pneumonia of days; but cholera must be numbered by its hours, half hours, or even minutes.

Having reached, then, this conclusion, I may add that a *rationale* for such a treatment is discernible. I only follow many good authorities in the opinion that cholera is, symptomatically and pathologically, a poison-spasm, or tetanus of the ganglionic system. Taken early, that condition may be prevented, by mild opiates and stimulants, in the premonitory stage. Later, while any medicines will act, these will do the most. What is needed in confirmation of this explanation, more than is given by the action of quinine in preventing a chill, or, of the same, in full quinization, curing the paroxysmal disease (a toxæmia *neurosis*) of intermittent. An antagonistic influence against that which so perturbs innervation throughout the body; such is the whole definition that we can give of the remedial power shown in either case.

Let me be more specific in reference to treatment. Premonitory diarrhœa is very generally admitted to be present in a majority of cases of cholera. In the East Indies, many writers, of different dates (Lawrie, 1832, Stewart Clark, 1864, etc.), assert such a stage to be an exception instead of the rule. But in India they have a premonitory or incipient stage of another kind, characterized by great languor or depression, with restlessness, and sometimes ringing in the ears, occurring mostly in the night. Stewart Clark states that, in this stage a mild opiate, ("with a little calomel or blue pill"), with a cup of warm tea or a small dose of a diffusible stimulant, as a few grains of carbonate of ammonia, or a little weak warm brandy and water, will arrest the attack in a great portion of cases otherwise to become serious.

Such symptoms, as well as diarrhœa, should be noticed here, during a cholera epidemic; and I believe the same treatment will meet either. Rest, warmth, and mild, composing, but gently stimulating draughts; paregoric, aromatic spirit of ammonia, tincture of ginger, lavender, etc., with a mustard plaster over the abdomen, and a hot mustard foot-bath, if coldness of the body increase, or vomiting begin; such are safe, and I believe will be efficient remedies. The above may be called the first or prodromic stage.

The next has been well called, by Prof. A. Clark, the *rice-water* stage. For that, the treatment I have described as given to me by Prof. Horner is particularly adapted. My recipe, based upon his, is as follows:

℞—Chloroform. et
Tinct. Opii et
Sp. Camph. et
Sp. Ammon. Aromat., aa fʒjss;
Creasot., gtt. viij;
Ol. Cinnamom. gtt. viij;
Sp. Vin. Gall., fʒij.—M.

Dissolve a teaspoonful of this in a wineglassful of ice water, and give of that two teaspoonfuls every five minutes, followed each time by a lump of ice. Iced water, or rice water, to which common salt and carbonate of soda have

been added, may be given, a little at a time, as a drink. I would also give a tablespoonful of brandy every hour or two.

Friction of the limbs with brandy and red pepper will be, along with large mustard plasters on the back and pit of the stomach, useful to promote reaction.

The third stage is that of absolute collapse; blue, pulseless, shrunken, voiceless. Should a case go on, in spite of the abovementioned treatment, into this state, what else can be done? All now seems to be desperate experimentation. Let the ice-bags be *tried*, and judge them by the trial. I would also try belladonna internally, as an antagonist of vascular spasm. Leclerc, of Tours, introduced it in 1854; Barraut, of Mauritius, used it ($\frac{1}{4}$ grain every half hour), and reported success. He also employed hypodermic injections of sulphate of atropia. This should be tried again in bad cases. So might be, as was suggested by me in 1855, warm baths of infusion of stramonium (Jamestown weed) leaves, on the same indication. Also, the injection of hot liquids into the rectum; the warm bath (hot baths cause distress in the collapse), with carbonate of ammonia added, as used sometimes in malignant scarlet fever (West) in children; or, the warm mustard bath. Hot air bathing, if practicable, in the manner so praised of late by Erasmus Wilson and others, would be worth trying; and so would chlorine water, and the inhalation of nitrous oxide. Let us confess honestly, for it is wise to do so, our art is here very weak; fifty per cent. or more of collapsed cases die; shall we not endeavor to discover new resources? All honor to those who, at the risk of their own lives, contend yet with so forlorn a hope, and so little glory to be won. There is room yet for, and possibility of obtaining, a final triumph.—*Hartshorne's Essentials of Practical Medicine.*

TREATMENT OF CHOLERA.—To consider the host of remedies and therapeutical measures which have been advocated as more or less efficacious in the treatment of this disease would require

not a little space. There are but few articles in the materia medica which have not been tried, even including antimony and drastic purgatives. Much injury has doubtless been done by over-medication under the idea that the treatment, as regards activity, must be proportionate to the amount of danger from a disease. On the other hand, many of the remedies which have been employed exert little or no effect either for good or harm. During the epidemic of 1849, a writer in one of our medical journals gravely announced as a remedy, hog's bristles or the hair from a cow's tail burned to a cinder! It would be unprofitable to devote space to the consideration of the great variety of practice which the literature of cholera affords. There is no known remedy which is to be considered as a specific, yet there is reason to believe that the disease is frequently controlled by efficient treatment, and, when not arrested, the recovery may depend on the judicious employment of measures for that end. I shall limit myself to a brief statement of the principles of treatment which my own experience and reflections have led me to regard as most consistent with our present knowledge.

The treatment is to be considered as applicable to the different stages, viz., before collapse, during the collapsed stage, and after reaction. Prior to collapse, the paramount object is the arrest of the intestinal effusion. This effusion is the first appreciable link in the chain of morbid sequences, and, if promptly arrested before it has proceeded so far as to affect seriously the blood and circulation, the patient is usually safe. The remedy on which most dependence is to be placed in effecting this object is opium. Some form of opiate is to be given promptly in doses sufficient to effect the object. The form of opiate is to be chosen with reference to promptness of action and the probability of its being retained. Opium in substance is unsuitable from the comparative slowness with which it is absorbed. Laudanum, the acetated tincture, or an aqueous preparation, is to be preferred. But the article which I have been led to regard

as the most eligible is a salt of morphia, administered by placing it dry upon the tongue. In the endeavor to effect the object of treatment in this stage, moments are precious, for there is always danger that, if the object be not promptly effected, the patient will fall into the collapsed state. The opiate should, therefore, be given at once in a full dose. A grain of a salt of morphia is rarely, if ever, too large a dose for an adult. A physician should, if possible, remain with the patient. If the first dose be quickly rejected, a second should be instantly given. The doses are to be repeated at intervals of from half to three-fourths of an hour, until the dejections and borborygmi cease. If, owing to the occurrence of vomiting, the administration by the mouth be ineffectual, it should be given by the rectum; and in cases in which the symptoms are urgent, both modes of administration should be resorted to. The system, even in this stage of the disease, is not readily affected by opiates thus given. In view of the importance of the object, if it be necessary in order to effect it, some risk of inducing narcotism is justifiable; but if the administration be in the hands of the physician, and the effects of the doses watched with care, danger from this source may generally be avoided. The practical point is to employ the remedy freely and promptly so as to effect the object, bearing in mind the fact that the delay of half an hour or an hour is often fatal. Relying upon the opiate, it is best not to add other remedies, lest by increasing the bulk of the doses they will be more likely to be rejected. A full dose is preferable to small doses frequently repeated, because the effect within a short space of time is greater, and the remedy is more likely to be retained. Aside from the rejection of the remedy, vomiting is, if possible, to be prevented in view of its purgatory effects. The patient, in this stage, should be restricted to a very small quantity of water, or spirit and water, given at short intervals, or to small pieces of ice. Perfect quietude is important. He should not be permitted to get up to go to stool, and

he should be urged to resist, as much as possible, the desire to evacuate the bowels. Frictions, the warm bath, sinapisms, etc., in this stage, are of doubtful expediency.

I have repeatedly succeeded in arresting the disease by this plan of treatment, and when arrested before proceeding to the stage of collapse, the recovery is usually speedy. Regulated diet, rest, with perhaps a tonic remedy, suffice for the cure. The bowels should be allowed to remain constipated for several days, and then, if movements do not spontaneously occur, simple enemas will probably be sufficient; if not, a little rhubarb or some other mild laxative may be given. I believe no other plan of treatment promises more than this, but it is not to be expected that it will always prove successful. It will fail, or rather is not available, when, owing to the persistent vomiting and frequent purging, the remedy is not retained sufficiently long to exert its effect; and it is not available when, owing to the great rapidity of the transudation, the state of collapse occurs so quickly that there is not time enough to obtain a remedial effect. These difficulties are equally in the way of success from any remedies.

The foregoing remarks on the treatment prior to the phenomena of collapse were written before the hypodermic method of administering opiates and other remedies had come into vogue, and the inquiry has arisen whether, by means of this method, the opiate plan of treatment of cholera, in the first stage, may not be carried out more efficiently than by giving opiates by the mouth or rectum. Considering the vast importance of the promptness of the effect of opiates, and the uncertainty attending their administration by the mouth or rectum, owing to their rejection by vomiting or purging, and the difficulty of absorption if they be retained in the alimentary canal, the hypodermic method seems to offer a great advantage as regards speediness and reliability of effect. The hypodermic injection of Majendie's solution of morphia was employed in a large proportion of the cases which came

under my observation in 1866. The vomiting, purging, and cramps were generally arrested promptly by this measure; recovery, however, followed in a very small proportion of cases. So far as my experience goes, it affords evidence of the efficiency of the measure with regard to the immediate objects, viz., the arrest of the vomiting, purging, and cramps, but it does not afford proof of its curative efficacy. With regard to the latter, the character of the patients is to be borne in mind, nearly all who were seen in the first stage being inmates of the hospitals, and many being affected, when attacked with cholera, with some serious chronic disease such as phthisis, Bright's disease, etc. The value of the hypodermic method of employing the opiate plan of treatment, as a curative measure, remains to be ascertained by a more extended clinical experience embracing a more favorable class of cases. The hypodermic injection of a solution of morphia, in this disease, is to be employed with circumspection. Narcotism is sometimes induced by an amount much below that which might be given by the mouth without risk. I have known a little less than a grain, given in two injections, with an interval of two hours, to produce deep narcotism. The tolerance of opiates in large doses by the stomach or rectum is not a criterion of the quantity to be injected beneath the skin in epidemic cholera.

Injections of brandy and a strong tea-infusion were used considerably, with apparent efficacy in arresting the evacuations and preventing collapse. The proportions used were half an ounce of brandy and two ounces of the tea-infusion, the injections being repeated every half hour, every hour, or after longer intervals, according to circumstances.

In the stage of collapse, the plan of treatment indicated prior to this stage may prove not only ineffectual, but hurtful. It is still an object to arrest intestinal transudation, if it continue; but to employ opiates very largely for this object may not be judicious with reference to the recuperative efforts of the system. The symptoms in this stage are due,

mainly, to the damage which the blood has sustained in the loss of its constituents from the transudation which has already taken place. Opiates may be given, and, owing to the remarkable degree of tolerance under these circumstances, they may be given in considerable doses, but much care should be observed not to induce narcotism. They should be given by either the mouth or the rectum; never, in this stage, by the hypodermic method. Astringent remedies, if the stomach will retain them, may be added, such as tannic acid, the acetate of lead, bismuth, etc. If, however, these other remedies provoke vomiting, they will be likely to do more harm than good. Remedies to allay vomiting may be tried, viz., the hydrocyanic acid, creosote, and chloroform. Niemeyer extols the application to the abdomen of compresses wet with cold water.

In a large proportion of cases, after collapse has taken place little can be done with much hope of success. Even if the vomiting and purging cease, recovery may not follow. The blood may have been damaged irremediably. Under these circumstances it is plain that active treatment can effect nothing. Recovery, however, in a certain proportion of cases, takes place, and under a great variety of treatment. It may take place when no treatment is pursued. My first case of cholera, in 1849, illustrated the fact just stated. The patient was brought into hospital completely collapsed. I remained with him several hours, and resorted to various therapeutical measures. At length all measures were discontinued. He was allowed to drink abundantly of cold water, under the impression that the case was utterly hopeless, and, therefore, the indulgence could do no harm. Much to my surprise, after an absence of several hours, I found the vomiting and purging had ceased and reaction was coming on. He recovered rapidly. I have been led to doubt whether, in general, active treatment effects much for the advantage of the patient in the collapsed stage of cholera, and I cannot doubt it is often prejudicial. The object of treatment in this

stage, aside from the arrest of vomiting and purging, is to excite and aid the efforts of nature in restoring the circulation, together with the functions dependent thereon. The measures to be employed for this object are external heat, stimulating applications to the surface, diffusible and other stimulants, and alimentation.

The application of heat may be made by means of warm blankets or bottles of hot water placed near the body. The more active modes of applying heat are of doubtful propriety. I have never seen benefit from the warm bath, or the application of steam or hot air. It is not desirable to excite perspiration, and, if perspiration occur, it should be wiped away with warm dry cloths. Violent friction does more harm than good. The surface may be gently stimulated with sinapisms or the tincture of capsicum. Diffusible stimulants, in the form of spirits and water, should be given as freely as the stomach will bear, always recollecting the risk and the evils of inducing vomiting. It will be most apt to be retained, if given in small quantities at a time, and often repeated. If vomiting be provoked by either drinks, remedies, or aliment, more or less injury is done. Concentrated nourishment—essence of meat, chicken-broth, and milk—is to be given in small quantities at a time, provided the stomach will retain it. It is doubtless desirable to introduce liquid into the system as far as possible. The only objection to the free ingestion of water is the risk of provoking vomiting. Small lumps of ice should be freely allowed.

If the patient emerge from the collapsed state, the indications are to support the system by the moderate use of stimulants and by alimentation; to restore the function of the kidneys by diuretic remedies and mucilaginous drinks, bearing in mind that uræmia belongs among the dangers of this stage; to restrain diarrhœa, if it occur, by anodynes and astringents; to strengthen by tonics, and to palliate, by appropriate remedies, the various symptoms which may arise.—*Flint's Practice of Medicine.*

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Original Communications.

VARIOLOUS OPHTHALMIA.

By G. C. HOWARD, M. D.

Small-pox in itself is sufficiently revolting, but the long train of ills that follow is really more to be dreaded than the eruption itself. The disease may proceed regularly and favorably, but when both patient and physician are congratulating themselves upon a speedy convalescence, destructive inflammation sets in to dash the hopes and perhaps destroy the life of the patient.

Among the ills none are more to be deplored than the ophthalmæ which occur, especially in those of a scrofulous habit.

In the majority of cases pustules form on the external surfaces and on the margins of the lids. The eyelids swell and cannot be separated; the patient is practically blind, and remains so for several days, but when the swelling subsides the eye is found to be perfectly clear and uninjured. Drs. Marston and Gregory declare that variolous pustules never form on the conjunctiva—I have never seen one.

During the declining stage of the eruption, and after the scabs have all fallen off, ulcers form in the cornea, which are not only very refractory, but also very destructive. Authors upon diseases of the eye speak somewhat lightly upon this subject. McKenzie says, "the necessary variolous ophthalmiæ seldom leads to destruction of the cornea unless the case is altogether neg-

lected." My experience is just to the contrary.

The following cases occurred in my practice during the past winter:

Thomas Howard, æt 29, had confluent small-pox. Twelve days after the appearance of the eruption he complained of slight pain in the left eye. The lids were so swollen that I could not easily separate them, and therefore desisted from the attempt. The next day the eye was markedly protruded, and he complained of intense pain. After considerable trouble I succeeded in separating the lids sufficiently to see the cornea. It was conical in shape, and of a dirty white color. I made a liberal incision with a lancet which gave exit to at least an ounce of thick purulent matter, with almost entire relief from the pain. The peculiarity of this case consists in the rapidity of the destructive process. At the time he was upon a liberal supporting treatment, consisting of brandy, quinine, eggs, milk and beef tea.

Melissa Howard, æt 12 years, had a mild form of small-pox. The pustules were not numerous, and she was able to walk about the room during the entire progress of the disease. Sixteen days after the appearance of the eruption, and when the scabs had all fallen off, she complained of pain in the left eye, and intolerance of light. A careful examination revealed nothing abnormal in appearance, but suspecting incipient ulceration, I gave her fifteen drops of turpentine three times a day. The next day the symptoms were the same, though somewhat increased in severity.

An examination revealed a small, hazy spot on the lower margin of the cornea, seemingly situated in the central laminæ. This steadily increased in size, became yellow in appearance, and on the eighth day there was distinct hypopion, the ulcer having worked its way into the anterior chamber. A small incision was made in the cornea, and the purulent accumulation evacuated. From this time she steadily improved, the ulcer healed, the nebulosity disappeared, and, with the exception of a slight cicatrix, the eye is apparently as good as before.

John Samuels, negro, æt 23, had confluent small-pox. The case progressed favorably, but after the eruption had completed its course, and the scabs had all fallen off, a very minute ulcer formed in the conjunctival laminæ of the right cornea, accompanied by severe pain and intolerance of light. The ulcer, without enlarging its boundaries, but with a well-defined margin, penetrated the anterior chamber. The opening looked like it had been made with a sharp cutting instrument, and was about one line in diameter. A part of the aqueous humor escaped, whereupon the ulcer began to heal, and ten days afterward, when I last saw him, it was almost well.

Special Selections.

DIET.

[Dr. Radcliff, in his Croonian Lectures, delivered at the Royal College of Physicians, and published in the *London Lancet* for July, exhibits such good sense and sound philosophy, that we call the attention of our readers to his remarks upon the subject of diet:]

I confess to being a heretic in matters of diet. Do what I will, I cannot bring

myself to accept the current belief that butcher's meat is food *par excellence*, and that all other food is little more than "padding." On the contrary, I feel convinced that views and practices in this respect have changed infinitely for the worse during the last few years, and that herein, perhaps, may be found one main reason why nervous disorders are so numerous, and often so difficult to deal with.

Few persons with any practical experience, I think, will maintain that the diet of "training," which is relatively rich in lean meat and poor in the other constituents of diet, especially in the oleaginous, can be kept up for any length of time with absolute impunity. The fact, indeed, is simply this, that an extraordinary degree of muscular strength is got up, not by the diet simply, but by the whole plan of training, in six weeks or thereabouts, and that, afterwards, the man in training gets out of "condition," every day perceptibly losing muscular energy and firmness and pluck, and becoming headachy, feverish, and out of sorts in every way.

Few persons, also, will nowadays be prepared to contend uncompromisingly for Bantingism, which is practically the diet of training, carried still farther to extremes on the side of meat; and not a few, I take it, will have begun to suspect that there may even be something actually hurtful in the practice. For myself I will simply say that I have quite come to a conclusion on the subject, and that I very much doubt whether there ever was a fallacy which, to use a common phrase, has more effectually "played into the hands" of medical men—of those especially who are sought after by persons suffering from disorders of the nervous system,

There are extreme cases, but after all not so extreme as to be beside the purpose. Often, indeed, I meet with persons who are just in the state of those who have been over-training, who are not "up" to any work, bodily or mental, and who tell you that they cannot for the life of them tell why they are so, for they have not been taking it out of themselves by work of any kind, and they have been doing all they could to keep up their strength, drinking beef tea by the quart, eating meat three times a day, and so forth, and who get well with little else to help them when they begin to eat like other people, taking everything, and not too much of anything—and who do not get well until they begin so to do.

The idea which would seem to have had a good deal to do in introducing the habit in question into favor, is one which is now effectually exploded. It was that the amount of urea in the urine was the measure of tissue waste—of waste in muscular action especially—and that this waste *must* be met by a proportionate supply of nitrogenized food, of lean meat in particular, for it was natural to suppose that muscle was best fed by muscle. But a very different conclusion from this is necessitated by the laborious and accurate researches of Edward Smith, Parkes and others in this country, and of Voit and others abroad. In point of fact, it is not true that the amount of urea in the urine is the measure of work done of the system—of muscular work especially. "When," says Dr. Edward Smith, "the treadmill is worked for a short period—say one hour and a half—in the absence of food, there is no increase in the *elimination* of urea during that period. When the treadmill is worked with ordinary food, the increase of urea is not more than five per cent.

over the quantity which is eliminated by very light work, and with the same food; hence the direct efforts of violent exertion in the production and elimination of urea are not very great under any circumstances. When two different diets are provided, varying in nitrogen, but the exertion always remaining the same, there is the greatest excretion of urea with the diet richest in nitrogen. After an unusual dinner—a public dinner, for example—there is a large excretion of urea. In flesh-feeding animals the nitrogen in the urea represents the nitrogen in the food. When in the absence of food an unusual quantity of water is taken alone, there is an elimination of two or three times the amount of urea that would have occurred if no water had been drunk, and much more than if the ordinary food had been taken." What is influenced by the amount of work, as Dr. Edward Smith points out, is not the amount of urea, but the amount of carbonic acid. It is the amount of carbonic acid which is in direct proportion to the work done. Thus the quantity of air inspired, and of carbonic acid expired, are found to be:—

In the lying posture,	1
In the sitting posture,	1.18
When reading aloud or singing,	1.26
When standing,	1.33
When walking at 2 miles an hour,	3.10
When walking at 3 miles an hour,	3.76
When walking at 4 miles, and carrying 118 lb,	5
At the treadmill,	5.5
Running at 6 miles an hour,	7

The latter figure showing that the air inspired and the carbonic acid expired may be increased at least seven-fold for a short period. What is influenced by the amount of work, indeed, is not the quantity of urea, but the quantity of carbonic acid, the latter being directly pro-

portionate to the amount of work done; and this fact, I take it, is full of significance to those who would take upon themselves to say whether a particular diet is right or wrong—significant as showing, perhaps, that the hydrocarbonous elements of food are, to say the least, quite as indispensable as the nitrogenous.

And most assuredly the actual experience of different people is not to be appealed to in proof of a contrary conclusion. The strapping gillie of the Scotch highlands, the chief staple of whose food is oatmeal, with a little milk, is certainly not wanting in muscular strength and power of endurance; on the contrary, as everyone will admit who had to keep up with him in a hard day's deer-stalking, he is "all wind and limb," when his master for the time being is panting and staggering. Nor is the case of the gillie different from that of the Italian laborer, who is seen at work unloading the small coasting corn vessels on the beautiful shores of the Bay of Naples, whose food is made up chiefly of Indian corn pudding or polenta, with a little macaroni and a little oil. This man may be lazy enough, but when called to work he works well enough, as is sufficiently proved by the light way in which he dances from the vessel over the black sand with the heavy sack on his shoulders, and this not once or twice only, but for hour after hour, in the heat of the day even. Nor is it proved that either gillie or lazzarone is less strong than the South American prairie ranger, who eats pounds of meat in the course of the day (he can get little else), and who may even spend the greater part of his days in the saddle; nay, it may even be a question whether this man is more

active than the gillie or lazzarone. Left to himself, I suspect, he will sleep for days like a gorged deer-hound, or like the gillie who (as happens now and then) has come in for an unusual feast of venison. I remember once a set of these fellows, so fed, who slept through several days of bad weather, and who had to be kicked into a state of wakefulness when the weather changed for the better, and they were again wanted. Of course, whisky in this case complicated the matter a little; but still, as I thought then I still think, that the excess in meat had, to say the least, quite as much to do in promoting sleep as excess in drink. Their case was too evidently a repetition of that of the gorged deer-hound, or of any carnivorous animal who has had the chance of eating his fill; men and animals alike sleeping for days, if let alone—until they begin to be hungry again, in fact. And if the case of the South American prairie ranger were gone into fully, it would be found, I suspect, that the pounds of meat consumed by him have had the effect the very reverse of invigorating—even that which is seen in the gorged deer-hound or gillie.

It is certainly possible for people to enjoy excellent health upon the most different kinds of diet. No doubt, there are individuals who take kindly to animal food, and others who do not do so. Most probably a properly mixed diet is best for the generality of persons, in this country at least; but all the evidence, as I can read it, is against the notion that meat is to be looked upon as the food which must be had at any price. At all events, I cannot help but think that the present practice of urging persons at all weakly, especially children, to eat as much meat as they can, may have not a little to do in causing the development

of many nervous disorders, and in deranging the health in many other ways besides—perhaps (as the inquiries of Dr. Parkes would lead one to expect) in causing liver and kidney and other glandular diseases, by overtaxing the eliminating powers of these organs.

It is high time, I take it, now that meat of all kinds is only to be had at famine prices, that people, and especially the poor, should be taught to think that animal food is not so essential as they believe it to be. It is high time, for instance, that the English poor should be taught to imitate the French poor in their diet. But I must not dilate as I would fain do upon these matters, nor must I attempt to lay down any definite rules of diet. Indeed, all that I must allow myself to do is to reassert my belief that excess of animal food, relative or actual, is a very important cause of many disorders in the nervous system, and that in the prevention and treatment of these disorders it is all-important that the oleaginous and farinaceous articles of diet, rather than the nitrogenous, should be fully supplied. I maintain, indeed, as I have long done, that the nerve-tissue (which consists in a large measure of a kind of fat) is starved if the hydrocarbons are withheld, and that this withholding is one main reason for the speedy breaking-down in training and Bantingism; and I further believe that this is not the only way in which the want of hydrocarbons operates mischievously. Indeed, the fact that muscular work shows itself in the amount produced, not of urea, but of carbonic acid, convinces me that the hydrocarbons are necessary for action, as well as for nutrition in nerve and muscle—are necessary, perhaps, in keeping up the electrical charge of nerve and mus-

cle, which, as I believe, has so much to do in nervous action and muscular action. Possibly, also, these hydrocarbons may have some work to do as "floating fuel," though not much; for if, much work of this kind had been required of them, it is not so easy to believe that the natives of hot countries would have been so feady to stoke themselves with oily matter—the Hindoo with ghee, for example, and the Italian with olive oil.

Gleanings.

A CASE OF ACUTE CONGESTION OF THE LUNGS AFTER LABOR.

The following case occurred recently in my practice, which was full of interest and instruction to me, and I hope will be equally so to the members of this Society.

My patient, about 22 years of age, who had always enjoyed an exuberance of health, was taken in labor with her first child. Its progress was perfectly natural and easy. The lochia were free, but not as much as I could have desired. The womb contracted immediately and firmly. The urine was passed freely soon after confinement. During the day nothing occurred out of the ordinary course. She slept well during the night, and expressed herself as having had a delightful and refreshing sleep. I saw her again about 9 o'clock in the morning, when I found her somewhat agitated by something which had happened with her nurse. I left her a soothing draught, and saw her again in about three hours. I found her breathing with the greatest difficulty—her countenance purple, her features and extremities cold, her pulse feeble and oppressed. I at once saw that relief must be *prompt* and *efficient*, as she was evidently laboring under *acute congestion* or *apoplexy of the lungs*. I called for a bandage, intending to bleed her, when I was met by the surprise and outcry of some present at the idea of bleeding one *so weak*, and was

told that "doctors did not bleed any more." I resolutely held to my determination, and opened a vein in her right arm; it was small, and just at the orifice a small pouch of fat almost entirely closed the opening. The few drops of blood which escaped were more like molasses than blood. Immediately I called for hot water, and bathed the left arm, and after using gentle frictions opened a vein. The blood flowed at first drop by drop, and like that from the orifice on the right arm. By continued bathing with hot water, and frictions, I finally succeeded in securing a freer flow, until it came in a moderate stream; and I did not check the flow until it had assumed a bright color and I had taken about a quart of blood. The change in my patient's condition was visible to all around. The oppression had been relieved; the pulse rose; the face lost its dusky hue; warmth returned, and a good inspiration, with a sweet smile from my almost death-stricken patient, and a whisper of thanks for the relief I had afforded her, gave me assurance that the *present danger* was past. Her chest was then covered with cloths saturated with spirits of turpentine, which were soon replaced by the flaxseed-meal jacket.

At this time I called in Dr. I. Forsyth Meigs, who fully agreed with me in the propriety of my treatment, and congratulated me upon my resolution under such trying circumstances.

The question at once suggested itself, What was the cause of this sudden and frightful condition? During the course of her pregnancy I had examined the urine, both by heat and nitric acid, and no albumen had been found; in fact, only four or five days before her confinement I had done so, and none was present. Before the arrival of Dr. Meigs I had examined the urine by heat alone (not having acid at hand), and found none; but upon his arrival I again tested it both with heat and acid, and found an abundant precipitate of albumen. Our patient was now placed upon the ordinary treatment for congestion of the kid-

neys, and after a few days the urine gave no deposit. She progressed favorably until about a week afterwards, when her milk began to fail, and pain and swelling in the left leg developed itself, which was followed by acute phlebitis. This, however, soon yielded to treatment, and afterwards there was nothing to impede her rapid recovery.

A few thoughts naturally suggest themselves.

1st. What would I have done without my lancet? I always carry one, and advise all of you to do the same. I had not used mine before for five years; but I was prepared for the emergency.

2d. Was the congestion dependent upon the albuminuria? To answer this, observations should be made upon urine taken just before labor. In this case there was no albumen only a few days before labor.

3d. Does the effort of labor have an effect in producing congestion of the kidneys, as well as other organs of the body?

4th. If albuminuria is frequent during pregnancy, have we not gone too far in neglecting the use of the lancet and in relying too much on other means to restrain the plethoric condition of the system, especially in first pregnancies?—*Dr. Ludlow in Am. Jour. of Obstetrics.*

REMOVAL OF A FETUS FROM A HERNIAL SAC BY INCISION.

[In searching among the Sloane MSS. we found the following remarkable case. It is an extract from the fifth part of "La véritable Chirurgie établie sur l'expérience et la raison, par la Sieur Louis Leger de Gouey." Printed at Rouen in 1716. Gouey was a Parisian surgeon, who retired to Rouen, where he published his book on Surgery.—ED.]

"He says that in the year 1706, a young lady of about twenty-one years of age, came to consult him concerning a tumor in her right groin, which was about the size of a pullet's egg, and had begun to show itself but about a month before. Upon examining it, he took it for a Venereal *Bubo*. And what made

him the more readily conclude it to be such was that he knew the young lady had committed some familiarities with a young gentlemen who had been under his hands before for a complaint of the same kind.

"The tumor not being accompanied with pain, nor any other bad symptom, he applied nothing to it, and told his patient she needed not to be under any concern, it being a thing of no consequence.

"This tumor increased daily, but without the lady's perceiving such pain as usually precedes the formation of matter. Upon feeling it he perceived some unevennesses, and a pretty considerable pulsation of an artery. He was then at a loss what conjecture to make concerning the nature of this tumor. He was ready to conclude from the irregularities in it, that it was an *Epiplotele* or rupture caused by the falling down of the cawl; but the pulsation of the arteries made him fear some internal aneurism caused by a dilatation of the arteries of the cawl or of those which are dispersed upon the membranes of the muscles of the *abdomen*.

"At the end of two months and a half the tumor was grown to the size of a loaf of a pound weight, which made the young lady very uneasy, so that she insisted upon his doing something to relieve her. He proposed calling in other Chirurgeons to consult what to do. But as she was one of the best families in Rouen, it was feared her intrigue might be discovered thereby. Therefore, being obliged to do something alone, he resolved to perform the operation of the *Bubonocèle*, or the reduction of a rupture in the groin. Having cut through the integuments, he found a bag of a brown color, which at first sight he took to be a bag formed by a dilatation of the *peritonæum*, forced down by some part of the intestines. Having laid this bag bare, he saw a very manifest pulsation, which increased his fears. He ventured to make an incision into the bag in a place where no pulsation appeared; upon which there flowed out about one-

fourth of a pint of pretty clear water, and the tumor diminished much. Then he introduced a probe, by which he guided his scissors; and having laid the bag open found it to be double. The bag being thus opened, there was found in it a small *Fœtus* about six inches long, and every way big in proportion. It was a boy, and alive. He baptized it, and tied and cut the *funis umbilicalis*, as is usually done. The bag was really a production or dilatation of the *peritonæum* containing the usual membranes, and the water, in which the *fœtus* lay. The *fœtus* seemed to be about 3 months old, the mother having perceived the tumor for about 2½ months, and her menses ceasing about the same time.

"The inequalities and pulsations of the arteries, which our author had perceived at first in the tumor, he takes to be owing to the *funis umbilicalis* and the artery in it. He then took hold of the *funis umbilicalis*, in order to find where the *placenta* was fastened, but upon pulling it to him easily, the *placenta* came away without the least violence being used. It was fastened to the circumference of the ring of the *musculus obliquus externus* and the neighboring parts. Perceiving this ring had given way to the rupture, at first he scarified it and dressed it as is usual in the like cases.

"He supposes this Ovum, after impregnation, to have fallen into the *abdomen* upon one of the *ligamenta teretia* which pass through the above mentioned rings in the oblique muscles of the *abdomen*: where it found a dilatation of the *peritonæum*, and lodging in it, by the pressure of the bowels; and so forming a perfect hernia by itself, remained in this part, and grew to the size above mentioned."—*Obstetrical Journal*.

DELIVERY OF THE HEAD IN BREECH PRESENTATION.

Breech presentations occur once in sixty times, and the mortality to children is about one in three and a half. The dangers to the child are from compression of the cord, detachment of placenta, inertia of the uterus after the body is

born, etc. The remedy is *rapid* delivery. But you may not have the advised forceps at hand; you have, however, your fingers, which can be more promptly and successfully used than any instruments. This is the method of proceeding: The infant's body is delivered with its back superior, the patient lying on her back. First draw the cord down a little way; then, if the head has passed the superior strait, the face is in the hollow of the sacrum; if not, bring it down, according to the usual rules, as rapidly as possible. Then introduce the index finger of one hand into the mouth of the child, drawing the chin down; at the same time with the fingers of the other hand push the occiput up, thus securing perfect flexion. This accomplished, the face of the child will present at the vulva; and immediately withdraw the finger from the infant's mouth, and pass two fingers into the rectum of the patient, and you readily reach the vertex and use these fingers as a lever, lifting *upward* and *outward*, while a similar movement is communicated to the body of the child with the other hand placed below it. If you are on the patient's right side, your index and middle fingers of the right hand will be against the vertex of the child; if upon your left, those of your left hand. If unfortunately you have failed to deliver the body with the back superior, and you have the face toward the pubes, the same general steps are necessary, save that the finger of your right or left hand, as the case may be, should be *kept* in the child's mouth while the upward and outward movement is made with the fingers on the vertex. This method of delivery is applicable to all cases where the body of the child is born first. By it the head can be delivered in less time than required for the application of forceps, and it is much safer for the mother at least. Pursuing it, I have never lost a child in breech presentation, or in podalic version.—Dr. Langdon, in the *American Practitioner*.

THREE SISTERS IN WHOM THE UTERUS AND OVARIES WERE ABSENT.—In all

three subjects the vagina was short, and ended in a cul de sac; the mammæ were developed; and the marks of puberty generally existed, except that they had not menstruated. Their ages were 16, 18 and 26 years. No trace of uterus or ovaries could be felt. Dr. Phillips reported the case of two sisters. Dr. Rogers had examined three similarly affected subjects. The general opinion prevailed that the ovaries existed in all such cases (although they could not be felt), as there were the marks of womanhood in the general tastes and feelings of the cases, contour of the body, and sexual desires. Many instances are upon record of this peculiar malformation affecting two or more members of the same family, as there are also of other sexual deformities, such as hypospadias, etc.—*Squarey—Western Lancet*, August, 1873.

SPONTANEOUS REINVERSION OF AN OLD PUERPERAL INVERSION OF THE UTERUS.

The patient was normally delivered of her twelfth child, August 21, 1872; complete inversion of the uterus was produced by undue traction on the child and placenta; the attempted reposition did not succeed, and the woman refused any further trial; two months later, reduction was again ineffectually attempted. She was admitted to the clinic October 26th, and the usual condition of complete inversion ascertained by S. and his two assistants. No attempts at reduction were made, in order to keep the case for the beginning of the lectures, November 4. In consequence of an attack of diarrhœa, the patient was not presented to the class until November 14, during which time no examination or manipulation was made. On the latter day, to the astonishment of all present, the uterus was found completely reinverted, slightly retroverted, soft, nine centimeters in length by the sound. The patient had not had the least consciousness of the fact; the womb remained in place, and the patient was dismissed a week later.

Besides this case there are only nine others recorded: Leroux De la Barre, Baudelouque, Thatcher, C. D. Meigs (three cases), Rendu, and H. S. Shaw.

Spiegelberg's explanation, or rather the one given by Schatz in a communication to S., is as follows: During the horizontal position in bed, and in consequence of the diarrhœa, the uterus became less tumefied and more easily reducible; at the same time it ascended a little, and the round and broad ligaments naturally became shorter than they had been in the erect position; diarrhœa, with frequent tenesmus, supervened, whereby a strong pressure, mostly in the sitting posture, equal to one or one and a half meters of water, was exerted on and depressed the anterior and posterior vaginal wall; hereby the portio vaginalis was likewise pressed downward, the round and broad ligaments became too short for such a degree of descent of the uterus, and kept the fundus uteri in nearly its former situation, and thus gradually the portio vaginalis was pushed over the fundus of the organ, fixed near the outlet of the pelvis. The total reinversion was then accomplished of its own accord or by further prolapsus.—*American Journal of Obstetrics.*

ON THE TREATMENT OF HÆMORRHOIDS BY FUMING NITRIC ACID.

Mr. Curling, in his "Observations on Diseases of the Rectum," recommends, for the treatment of the so-called internal hæmorrhoids, to which the Germans give the name of hæmorrhoidal prolapse, the method carried into practice by Dr. Houston, of Dublin.

Prof. Billroth operated with good results in twenty-six cases of hæmorrhoidal tumors. Of these four were treated according to Langenbeck's plan by the actual cautery, ten by the galvano-caustic noose, and twelve by fuming nitric acid. All the cases ended in cure. Prof. Billroth has never practiced deligation and excision; the use of the ecraseur on account of the subsequent bleeding and stricture is now quite abandoned. The

galvano-caustic method frequently causes constrictions, which, however, disappear in the course of from three to five months. Such a result has not been observed after the application of the actual cautery, as the action of this agent upon the surrounding healthy tissues does not extend so deeply as is generally supposed. The action of the actual cautery may be obtained by a method simpler and not such a cause of terror and agitation to the patient. Prof. Billroth had previously used nitric acid in many cases of telanguetasis. After touching a red patch of this kind until it becomes of a gray color, a brown eschar is formed, which is detached in the course of ten or fourteen days, healing subsequently taking place with the formation of a soft smooth cicatrix. This method is only suited for quite flat angiomas, and for these it is much to be recommended.

During the last two years Prof. Billroth has treated in the following manner patients suffering from prolapsed hæmorrhoids: On the previous morning a dose of castor oil was administered, and on the morning of the operation a clyster. After the return of the latter, which causes protrusion of the piles, the patient is placed in bed with the knees and hips well flexed; the skin around having been thickly smeared with fat, he then applies a piece of stick dipped in freshly prepared fuming nitric acid to the whole of the projecting mucous membrane until it has become stiff and of a yellowish-gray color. The manipulation is seldom so painful as to demand narcosis. Dragging down the piles by means of sharp double hooks is if possible to be avoided, since this always gives rise to hemorrhage. Cauterization of the fold intervening between the skin and mucous membrane causes unnecessary pain. When the cauterization is completed, the protruded portion is smeared with oil and then returned. If the prolapse should again take place, which it may do, and the progress of the case be still satisfactory, lead lotion is to be applied. If pain continues after the reposition of the hæmorrhoids, which is rarely the

case, a morphia suppository will give relief. For a few days after the operation the patient takes simple diet. Febrile disturbance seldom occurs. Retention of urine frequently comes on after this, as after other operations on the rectum; then warm baths and fomentations are to be ordered; if these do not succeed a catheter must be passed with *very particular care*, as the retention depends upon spasm of vesical sphincter. In the worst cases it is necessary to administer chloroform before a catheter can be passed. For some days after the operation there generally is constipation. If four days have passed without a stool, Prof. Billroth administers a small dose of castor oil. The first motion is very painful, after the second or third the pain does not return; the bowel does not come down again, and in some cases the patient has not been kept to the house for more than six or eight days. None of Prof. Billroth's patients were kept to the house longer than fourteen days.

Sometimes the separation of the eschars is attended with hemorrhage. In no case was it necessary to repeat the cauterization. In no patients who had been operated upon twelve months previously, was any stricture or impairment of the rectum found.

RECENT THEORIES ON CONSUMPTION.

We learn through the *Medical Press and Circular*, that Dr. Jaccoud, of Paris, has published a work (*Lecons de Clinique Medicale*) in which he adopts the ideas of Niemeyer about phthisis. It has been thought by most medical men since the days of Lænnec that phthisis pulmonalis is a disease often hereditary, whose prognosis is almost always fatal, and against which, consequently, therapeutics are almost useless. Dr. Jaccoud says no: slow ulceration of the lung is what constitutes the chronic condition called phthisis. But there exist, he thinks, two very distinct kinds of phthisis:—1st, Pneumonia or cheesy phthisis, which arises without previous tuberculosis. 2d. A tubercular phthisis, due to pneu-

monic lesions secondary to the evolution of granulations. Thus, M. Jaccoud opposes duality to the unity of phthisis; and, in his eyes, if tubercular phthisis constantly, or nearly constantly, ends in death, this is not the same with pneumonic phthisis, which is curable at all periods of its evolution, that of excavation comprised. He admits, and without any contest, the statistics of Colberg and Slavjansky, who, of 100 phthisical patients, found the first 90, the second 88, cheesy pneumonias with tubercles, and he also professes, without giving the statistics, that pneumonic phthisis is far the most common kind.

We are thus able to understand that M. Jaccoud insists on the differential characters which separate the two species of phthisis, and speaks much of the treatment of the pneumonia which produces the phthisis. But we must say that M. Jaccoud's statistics neither prove the non-fatality of simple phthisis, nor any other point advanced by him. He is even obliged to confess that even when cases of cheesy pneumonia are at first entirely independent of tuberculosis, those which produce phthisis are often complicated in a variable space of time with a secondary production of granulations. On the other hand, he admits that in true tuberculosis, the primary granulations may disappear up to the very last one, from necrobroses and ulceration; on this fact rests the argument that, although no granulations exist at present, they have existed. This is the argument of those who speak of the unity of phthisis.

The last works of M. M. Cornil, Graucher, and Thaon tend to prove that we may always, in cases of caseous pneumonia, ascertain the presence of tubercular granulations. M. Thaon, who has made a minute study of 250 autopsies of phthisical persons, has arrived at being quite doubtful as to the existence of essential cheesy pneumonia, and is still looking around for the first clear case of it.—*Med. and Surg. Reporter*.

EMULSION OF TURPENTINE.—I. Winchele Forbes commends highly (*Ameri-*

can Journal of Pharmacy) the following method:

First. Pour the turpentine into a two-ounce vial, and shaking so as to coat the inside of the vial with a film of turpentine; this is to prevent the action of the moisture usually present.

Secondly. I add one scruple powdered acacia, and mix thoroughly with the oil.

Lastly. Half a fluid ounce of water is added, and the whole is well shaken. A perfect emulsion is the result, requiring less time for its preparation than to read the foregoing directions. The bottle may then be filled up with mucilage, or, according to my experience, a better product is obtained with water simply.

The deviation from the letter of the law in regard to the gum strength of the emulsion needs no apology to the practical pharmacist, as the sole object in view is to emulse the oil, and it will be found that ten grains to the fluid ounce of emulsion will afford a product superior in all respects (especially in fluidity) to one containing more gum, and more nearly approaching the peculiar characteristics of that most perfect of all emulsions—cow's milk.—*New Remedies*.

CURIOUS WOUNDS.

As a matter of medico-legal interest, we quote the following from a daily paper:

A man was hanged the other day at San Francisco, for murder with a weapon of a peculiarly dangerous, and for a long time mysterious nature. This is a sand-club, formed by filling an eel-skin with sand. When this instrument was first brought into use, the authorities were greatly puzzled by deaths, apparently from violence, yet no marks could be found on the outside of the body. A burglar was finally captured with a sand club in his possession, made out of an eel-skin stuffed with sand. Being closely questioned, he explained its use. When the victim is struck, for instance, on the head, he drops insensible, and soon dies from congestion of the brain. Often the skull suffers no injury from

the stroke; and if the person struck recovers sensibility, he gradually relapses into a condition of idiocy. Sometimes a man struck in the body will be knocked down by the peculiar force of the blow, and feel no immediate results from it. In a few weeks, however, the flesh will begin to mortify under the line of the blow, and rot down to the bone. Heller, the celebrated pianist, is supposed to have met his death in Mexico from a stroke of this diabolical weapon.—*Med. and Surg. Reporter*.

PRESERVATION OF SUBJECTS FOR DISSECTION.—In the *Progreso Medico*, April 1, we see it stated that a certain Professor Gaillery has submitted to the approbation of the Royal Academy of Medicine of Belgium a very simple method of preserving *subjects*. He placed a dead body, brought from the hospital of St. Peter, on a table in the amphitheater, and covered it completely with a sheet wet with a solution of phenic acid in the proportion of two per cent.; afterward, every four or five days he pours over the body a certain quantity of the same solution. The first result was the absence of mephitic emanations; and in examining the body from time to time it was found to preserve almost the same appearance as it had at death. The walls of the abdomen gradually sank. The experiment has lasted six months, and the body remains in the same condition. This is a most important discovery.—*Med. Press and Circular*.

MEDICINE AT THE WORLD'S FAIR IN VIENNA.

Besides the preparations of Hyrtl those of Prof. Teichman of Krakau, who has now such a great reputation among anatomists, deserve notice. These preparations are placed in group XXVI, and are remarkable not only as specimens of workmanship, but also in that they contain so much that is new and hitherto unknown in science.

These Teichman preparations contain specimens of both human and comparative anatomy. Among the first, as most

striking, are two large tablets with sections of the human brain in every possible direction. Some specimens are brownish, moist and flexible; others, white, hard, and brittle, so that they can only be cut with a saw. Hitherto it has only been possible to prepare the brain in a moist state, and so far as we know Prof. Teichman is the first to have so far mummified the brain that its mushy, easily decomposed substance assumes the consistence or solidity of stone. The Italian physicians, who have busied themselves especially with mummifications have put many handsome specimens on exhibition here, but no one of them has ventured to expose a brain in mid-summer without a cover; and so the Krakau professor is the first to have completely mummified this organ without injury to its form. A piece of intestine prepared in the same way is likewise on exhibition. It is white and flexible, like a kid glove.

Most remarkable also is the specimen of a human lung with wonderfully beautifully injected lymph vessels. The other anatomical preparations are the organs of hearing. In one of these, the semi-circular canals, the labyrinth, the cochlea and the Fallopian canal are exquisitely exposed, and the bones of the ear, the muscles of the drum and its nerves, are all handsomely, though some of them artificially, exhibited.

In another preparation, the nerves running through the temporal bone are represented by threads; the two parts of the bone being skillfully united with hooks. Another preparation exhibits a section of the cranium parallel with and close beside the membrana tympani. A single glance at this specimen is worth pages of description. It is not only the accurate knowledge of the parts implied in these sections which command our admiration, but also the skillful manipulation of the saw; the fragile bones of the nasal fossæ having been divided obliquely, but not dislodged from their places.

But the Teichman collection is much richer in preparations of comparative

anatomy. The specimen of an alligator attracts perhaps the most attention. In this animal the arteries and veins, and, more especially, the lymph vessels are completely filled, even to the toes and tail, with solid injections of different colors. The whole neck, the chest and abdomen, the pelvis as well as the extremities, show a marvelous richness in lymph vessels, and the fullness of the injection exhibits a most wonderful skill. Beside the alligator, stand several small glasses containing our smallest animals, mice, moles, and others, with the thoracic duct injected. How the anatomist succeeded in filling these vessels, which are so minute as to be scarcely visible to the naked eye, it is difficult to understand, and we believe we are not going too far with the statement that so far as the injection of lymph vessels and capillaries is concerned, no living anatomist can compete with Prof. Teichman. On a pyramidal elevation in the middle of the table is a large number of the best known vertical and transverse section of the nasal cavities of the different animals. They are executed to perfection in both straight and curved sections, without the least injury to the thin and fragile nasal shells, and teach in their exquisite preparation a most instructive lesson. Although each individual piece is worthy of description, there is one specimen which deserves particular mention. It is a vertical section in four segments of the anterior nasal cavities of a sea-calf. The remarkable convolutions of the extremely delicate bones and the almost incredible manipulations of the saw in skillful hands, call alike for admiration.

A *schatulle* of microscopic preparations finishes the collection. As the catalogue states, they are microscopic injections of the blood and lymph vessels of different organs.

The arrangement of the whole is simple, but tasteful. It is only to be lamented that the place allotted to the preparations is somewhat dark, on which account the preparations on the top are seen with difficulty.

The recognition which Teichman's

preparations obtained in the Paris World's Fair brought their author the decoration of Master of the Red Cross of the Franz-Joseph Order; his ability displayed in the construction and arrangement of the anatomical theater in Krakau, one of the most beautiful in Austria and Germany, was rewarded with the title of Privy Councilor. Let us hope that the works and distinctions of this zealous man, now but in the prime of his life, are far from being ended.—
The Clinic.

Bibliography.

A Treatise on the Principles and Practice of Medicine; designed for the use of Practitioners and Students of Medicine. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Medical College. Fourth edition; carefully revised. Philadelphia: H. C. Lea, 1873. Price, \$7.00.

The medical profession, both in this country and in Europe, have rendered a unanimous verdict in favor of the superior excellence of Dr. Flint's treatise on practical medicine. We, therefore, have merely to say that the work has been thoroughly revised and enlarged, thus bringing it up to the present advanced state of the science.

Insanity in its Relations to Crime. A Text and Commentary. By WM. A. HAMMOND, M. D. & C. New York: D. Appleton & Co., 1873.

The author has selected three typical cases from French jurisprudence, and added a commentary full of sound sense and wise discrimination. We reprint the following from page 75, and ask our readers to jog their memories in reference to the author's testimony in the Richardson-McFarland case:

"It is no more possible for a person to be insane without other evidences of disease than mental derangement, than for pneumonia to exist with no other symptoms than disturbed respiration, or for valvular disease of the heart to be restricted in its manifestations to irregularity of the circulation of the blood. The doctrine that a man can be entirely

sane immediately before and after any particular act, and yet insane at the instant the act was committed, is contrary to every principle of sound psychological science. Even in the most striking instances of what is called transitory mania, or morbid impulse, the evidences of pre-existent and subsequent disease of the brain will be found, if they are looked for with skill and diligence and intelligence."

The Practice of Surgery. By THOMAS BRYANT, F. R. C. S., Surgeon to Guy's Hospital; with five hundred and seven illustrations. Philadelphia: H. C. Lea, 1873.

This manual of the practice of surgery is chiefly made up from the rich stores of information that have accumulated within the walls of Guy's Hospital, by one of the most accomplished surgeons of London. The illustrations are principally drawn from Guy's Museum, and present new faces that are very pleasant to look at. Consisting of but a single volume, it is a convenient book for reference, and we speak advisedly when we commend it as a work of decided merit.

Editorial.

EXTRAORDINARY FATALITY.

According to the report of the Board of Health of St. Louis, there were two hundred and ten deaths from *cholera morbus* in that city from June 21st to July 19th, inclusive. While extending our sympathies to the citizens of St. Louis, we would suggest to the Board of Health the propriety of importing a rural physician to give them a few lessons in diagnosis and treatment. Seriously speaking, we can conceive of no commercial reason of sufficient potency to warrant the publication of such a gross and palpable falsehood.

INFORMATION WANTED.

The attention of the profession of this

State is called to the following circular. The importance of such a work will be apparent to every physician. Drs. Toner and Butler are industriously engaged in its preparation, and any assistance given them will be gratefully received and fully appreciated:

"Circulars calling for information for the *Medical Register and Directory of the United States* are being rapidly sent out, and this portion of the labor will soon be completed. It is earnestly desired that the responses be as prompt and as full as possible. *It is important to physicians, who have any education or standing, that they appear properly on this record*, as the work will be one of permanent value, and will be constantly referred to. The forms containing the Directory of the first set of eleven States and Territories (Alabama to Georgia, alphabetically, inclusive), are now in the hands of the printer, and there are but a few days in which information can be inserted in those pages."

Officers of public medical institutions of *all kinds*, hospitals, asylums, dispensaries, colleges, medical societies, etc., are particularly requested to furnish us with lists, catalogues, announcements, etc., in order to give brief histories of these institutions, and for use in perfecting the *Register and Directory* in all its parts.

It is intended that the work shall be exhaustive, and as nearly *correct* as may be, and it will be issued as speedily as possible; but the labor is immense, and the work is delayed by the want of promptitude in receiving replies to circulars and letters.

S. W. BUTLER, M. D.,
115 S. Seventh St., Philadelphia, Pa.

Miscellany.

TREATMENT OF HOOPING-COUGH.—Dr. Charles Kelly, in the *Practitioner* for March, 1873, reports some experiments with belladonna in this disease. It was given in full doses, gtt. x to 3 ss. of the

tincture every two, three or four hours, for four or five days at a time; and the effect seemed to be to lessen the duration of the coughing spells.

Dr. Berry, of Lancaster, is quoted in the same journal as advocating the use of dilute nitric acid, gtt. v. to xv., given in simple syrup every three or four hours. He thinks it not only allayed the cough and spasm, but actually cut short the disease.—*South. Med. Record.*

The administration of twenty drops of rain-water every half-hour, night and day, for six months, will cure any case of hooping-cough.

DR. CHARLES T. JACKSON, the eminent chemist, of Boston, has been taken to the Insane Asylum, at Somerville, Massachusetts. Dr. Jackson was one of the most important experts in the celebrated trial of Prof. Webster for killing Dr. Parkman. It was he who suggested to Morton the use of sulphuric ether as an anæsthetic.

SCRIBNER'S MONTHLY is not only rapidly increasing its circulation, but is monthly becoming more entertaining and instructive. Scribner & Co. will soon commence the publication of a *Child's Magazine*. The extreme youth of the magazine—it being merely a conception—does not warrant the announcement of a name.

THE ECLECTIC MAGAZINE for September is embellished with a life-like and very finely engraved likeness of the late Chief-Justice Chase. The Lectures on Mr. Darwin's Philosophy of Language, by Prof. Max Müller, should be read by every physician, as they embody the matured opinions of one of Germany's first scholars and philosophers, upon a subject of transcendent interest.

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No. 4

NOTES OF AN INTERVIEW WITH BROWN, THE "MIND- READER."

By HENRY M. LYMAN, M. D., Chicago, Ill.

[Now that Spiritualism has almost entirely ceased to attract attention, and designing persons can no longer reap rich harvests from the ignorant and credulous on the plea of supernatural powers, we are beginning to get honest demonstrations from those possessed of peculiar nervous organizations, and also correct ideas of their powers. As it is through the medical profession the great public must be instructed in the mysteries of modern spiritualism, we invite the attention of our readers to the admirable report of Prof. Lyman. Mr. Brown has a peculiarly impressionable mental organization, simply this and nothing more. And we opine that robbed of all legerdemain, this is just what all spiritualists trance mediums, &c., &c., have been characterized by.

An individual may have what is called a genius for mathematics, or mechanics, or music or painting, or any other art or occupation, and though all may admire, no one specially wonders. Neither should we be astonished out of all reason when we come in contact with a person whose brain is peculiarly sensitive to physical or mental impressions.

The natural desire of all mortals to lift the impenetrable veil of the future makes many credulous fools.—ED. HERALD.]

At 5 o'clock P. M., August 13, 1873, a small party of physicians, clergymen, and gentlemen interested in scientific

studies, were assembled by invitation of the pastor, Rev. C. D. Helmer, in the parlors of the Union Park Church in this city, to meet the young gentleman whose peculiar endowments are attracting considerable attention at the present time. He soon appeared, with his mentor, Mr. Kelley, and proceeded at once to business.

Mr. Brown is a young man, twenty-one years of age; about five feet eight inches tall; would weigh not far from one hundred and twenty pounds; has dark hair, eyes and complexion; has a frank, open countenance; his manner is quick and alert; but there is about him nothing which would suggest the possession of any unusual endowment. His education has been that of a country boy in the public schools, and his occupation is that of a machinist. His companion, Mr. Kelley, an elderly gentleman, well and favorably known by some of the residents of this city, stated that from infancy Mr. Brown's mother considered him a strange child, rather peculiar in his ways; but it was only eight years ago that his singular nervous susceptibilities were discovered. At that time, while wrestling one day with another boy, his opponent happened to brush the back of his left hand across his forehead. Instantly flashes of light seemed to radiate from his head. A repetition of the conditions was followed in every instance by the same result. This arrested his attention, and led him to experiment in various ways relative to the effects of physical contact with other

persons, until he arrived at the discovery that if, when his eyes were closed, the back of the left hand of another were pressed against his forehead, his movements were subjected to the guidance of that person's will as long as such contact was maintained. To secure this subordination, the left hand must be used; and the limb must be a perfect member: arms that had ever been broken or seriously injured would not answer the purpose. Nor could this peculiar guidance be exercised by any one at all under the influence of liquor.

Having thus introduced his protege, Mr. Kelley stated that if any one of the party would conceal something, anywhere he pleased, Mr. Brown would conduct him to the spot. I therefore placed my lancet-case upon the projection of the middle hinge of a door on the right side of the lobby of the church, and returning to the parlor I determined to fix my thoughts, while being led by Mr. B., in the first place upon the white door-knob of the parlor door, then upon the knob of an opposite door, then upon the left-hand extremity of the lowest step of the stairs on the left side of the lobby, and finally upon the location of the lancet-case. I then gave my left hand to Mr. Brown, who had been carefully blindfolded. Requesting me to keep my arm fully extended, and grasping my left hand with his left hand, he placed the palm of his right hand for nearly a minute upon my forehead. At the first instant of contact his muscles were tranquil, but almost immediately his hand began to tremble, and to tremble more violently the longer the contact was maintained. Having thus touched my forehead, he placed the palm of his right hand upon his own forehead for about ten seconds, and then quickly applied

the back of my left hand to the same place. He at once began to move; and concentrating my thoughts as rapidly as possible upon the path which I had previously marked out in my own mind, I found myself speedily dragged along to the parlor door, where Mr. B. bowed his head to the white door-knob. Then raising himself he began to move towards the other door before I fairly knew what he was about. After taking two or three steps in that direction, he seemed to waver, and being now recovered from the mental confusion incident upon surprise, I concentrated my thoughts upon the stairs, and was immediately led to the left-hand extremity of the lowest step of the stair in the lobby. Here he stopped, and seeming inclined to bend his body downwards, I mentally addressed him the words, "Down! down! down there!" He immediately bowed his head till the forehead almost touched the step, and said, "It is there;" at the same time letting go my hand. We had not traversed the last stage of the route which I had planned, but it was evident that as long as physical contact was preserved, the direction of the course of his movements was largely under the control of my own will.

Returning to the parlor from which we had started, Dr. I. N. Danforth concealed his knife in a hymn-book, which was placed upon a pile of books in an adjoining room, and then gave his hand to Mr. Brown. After perfecting the contact by the usual manipulations, he started with the doctor upon a long and devious chase all around the interior of the building, but finally led him to the book which contained his knife. Dr. D. is a small man, with sandy hair, a slender frame, and a nervous-sanguine tem-

perament; and having failed in his intention to direct Mr. Brown by the *shortest possible course* to his knife, we decided to repeat this experiment with a person of different temperament—Dr. C. W. Earle, a large and powerful man, with dark hair and complexion.

Dr. Earle suspended his watch in a closet, and then surrendered his hand to Mr. B., who led him a wilder goose chase than he had led Dr. Danforth. After dragging him up stairs and all over the audience-room of the church, Mr. Brown gave up the search, saying that he must rest. He stated that if overheated his power was greatly diminished, and that it was greater in cool weather than in hot. While resting, we ascertained that his temperature was $98\frac{1}{2}^{\circ}$ F.; pulse normal. Temperature of the atmosphere, 75° F. Dr. Earle stated that during the experiment he had concentrated his thoughts upon the watch itself rather than upon the place of its concealment. Cautioning him to converge his attention upon the locality, Mr. Brown resumed the experiment, and immediately dragged the doctor, at top speed, to the place where his watch was hanging. During the time of his rest he had no communication with any one who knew where the article had been hidden.

The rapidity and certainty of his movements during these experiments were remarkable. His gait was almost a run; and he steered clear of every obstacle with the precision of ordinary eyesight. This, so long as his companion used his own eyes. We therefore proceeded to vary the experiment. Having arranged the blinder, one of our number placed a small watch-key upon the center of the mat before the parlor door. Then placing himself in commu-

nication with Mr. Brown, he kept his own eyes continuously closed. It was evident that there was no guiding impulse in action. The pair stumbled aimlessly around the room, over the chairs and against the partitions—the blind leading the blind—until Mr. B. exclaimed, "There is something very strange about this gentleman: I think you must be experimenting with me!" He then stopped, and removed the handkerchief from his eyes; but being assured that all was right, he renewed the search. His companion now kept his eyes open, and was soon taken to the place where he had deposited the key. He stated that while his eyes were closed he lost all idea of direction, and could not tell in what part of the room he was; but when his eyes were open, as soon as he addressed Mr. Brown, mentally, with the words, "Go there, go there!" he found himself instantly obeyed.

Another experiment proved that the voluntary impulse might be conveyed through the medium of a compound conductor. Let A represent Mr. Brown; let C represent the individual by whom he is to be guided; and let B represent a third person. Now if C with his left hand grasps the naked left arm of B, while the back of the left hand of B is applied to the forehead of A, he can guide the movements of A, even though both A and B are blindfolded and previously ignorant of the place to which C would direct A. This was demonstrated to our complete satisfaction.

The last experiment of the series was the following: Placing myself in communication with Mr. Brown, I requested him to point in the direction of the object upon which my thoughts were concentrated. I had fixed upon the top

of the church spire for the object ; but no sooner had we commenced the experiment than I became aware of a ludicrous uncertainty regarding the proper angle of elevation of the line which should lead my thoughts to the top of the spire. Mr. B. was whirling me rapidly round and round, so I hastily abandoned the attempt to soar so high, and endeavored to concentrate my will upon an imaginary line up and down the center of the eastern *façade* of the church. He at once ceased to turn around, and after wavering a few seconds, he pointed, not exactly east, towards the centre of the *façade*, but east-north-east, towards the center of the tower which supports the spire upon which my thoughts had been originally directed.

In answer to our inquiries, Mr. Brown stated that when placed in communication with another person, as previously described, his movements are guided by a light which seems to stream from his head in the direction of the object which he seeks. This light appears to him very much like a gas-light viewed through smoked glass. At the commencement of an experiment, or if it does not proceed in a satisfactory manner, the light seems broken up into numerous smaller lights, which flash distractingly in every direction ; but soon they all concentrate into a single flame, which seems to dart in the direction which he must follow. Sometimes the light beams without deviation from the right course ; but often it describes a zigzag path for his guidance.

He stated that his health was perfect, and that he seldom felt fatigued by his exhibitions, though it is necessary for him to rest often between the experiments in order to maintain the acute-

ness of his faculty. Sometimes, however, experiments with certain individuals are very exhausting, as, for instance, his experiment with Dr. Earle. The peculiarity of his case consists in the fact that his singular nervous susceptibility does not require the production of artificial somnambulism or *hypnotism* as the condition of its manifestation ; nor does it at all interfere with the integrity of his will. It is not in obedience to an irresistible impulse that he pursues the luminous apparitions which seem to proceed from his head, but he can always follow or refrain from following their guidance, precisely as a person in the dark can follow or refrain from following the movements of a lantern which flickers along the path before him.—*Chicago Medical Journal*.

Special Selections.

IMMEDIATE TRANSFUSION.

The following from the *Obstetrical Journal* is Dr. Aveling's description of his method of performing immediate transfusion :

This case, which is now for the first time published, occurred on the 5th of May, 1873. The lady (past middle age) was a patient of Dr. J. L. Propert, and by the advice of Dr. R. Barnes, who was called in in consultation, I was requested to operate. She was in an exceedingly exhausted condition, owing to repeated hemorrhages consequent upon uterine disease. The lips were blanched, and the face had the peculiar appearance which leads one to suspect malignant disease. The hemorrhage began on the 30th of April, but the patient being much engaged in consequence of her mother's illness, did not send for Dr. Propert un-

til May the 4th. He then found her in a very weak state, exhibiting all the symptoms of having lost blood enormously. The usual means of arresting bleeding having failed, Dr. Gustavus Murray was called in. He saw her very early on the morning of the 5th of May, thought her sinking, and prescribed suitable remedies. A few hours after, the patient becoming worse, Dr. Barnes was hurriedly summoned, and he agreeing with Dr. Propert that the only chance of saving the patient's life was to transfuse some blood into her, the operation was commenced about noon of the same day.

Two persons volunteered to supply the blood—the cook, who was rejected because her veins were hidden in fat, and because the blood of a woman coagulates before that of a man, and the butler, who was accepted because his veins were prominent and suitable for the operation. The india-rubber portion of the apparatus having been placed in a basin of water, filled and kept so by turning the stopcocks, a fold of skin in the bend of the patient's arm was raised, transfixed, and a vein brought into view. By means of a pair of fine forceps the proximal coat of this was seized, raised, and an incision made into it upwards and backwards, resulting in the formation of a V-shaped flap. A small quantity of blood oozed out immediately, obscuring the opening which had been made, but the apex of the flap being still held by the forceps, the bevel-pointed tube was easily glided along it, now acting as a director, into the vein. The tip of the thumb should be kept upon the larger opening of the tube, to prevent the water from running out.

Thus introduced, it was skillfully taken charge of by Dr. Barnes, whilst I attempted to introduce the blunt-pointed

tube into the butler's arm, through an ordinary incision, such as is made in blood-letting. This method, however, which answered so well in my last case, failed in this, and I was obliged to open a vein in the other arm, in the same way as I had opened the patient's. This done, the tube was readily introduced, and the india-rubber portion of the apparatus having been connected with the two tubes, the stopcocks were turned, and the process of transfusion commenced and proceeded easily and leisurely, until the receptacle in the middle of the india-rubber tube had been filled and emptied twenty-four times, representing a quantity of blood passed into the patient amounting to six ounces.

The patient, who before the operation was cold and pulseless, appeared to be much revived by the transfusion. Her temperature rose and the pulse became perceptible, and both Dr. Barnes and Dr. Propert expressed themselves satisfied with the result of the operation. To prevent further hemorrhage, Dr. Barnes applied two pieces of sponge saturated in the tincture of perchloride of iron to the os uteri.

At 8 P. M. the surface of the body was warm and the pulse 100. Dr. Murray, who saw her again at this time, distinctly recognized the change which transfusion had produced in the patient since he had seen her in the morning, and did not hesitate to attribute the improvement to it.

The next day the pulse was 84, and Dr. Propert wrote to me as follows: "You may certainly add this case to your list of successes, as up to the present time she is progressing most favorably, with a capital pulse."

The patient continued to improve until two o'clock of the third day after the

operation, when she was seized with sudden abdominal pain, became tympanitic, the pulse failed, and she died the same night. No hemorrhage had occurred since the application of the perchloride of iron. A post mortem was not allowed.

These seven cases are, I believe, the whole of the operations of immediate transfusion which have been performed in this country. On the Continent the direct method of operating has many adherents, but taking the whole of the recorded cases, we have still too few to enable us to speak confidently of the relative value of this mode compared with others. Transfusion, as a scientific operation, must still be considered to be in its infancy: doubt exists as to the best apparatus to use, and as to the blood, whether it should be man's or beast's, venous or arterial, normal, defibrinated, or chemically treated. Whatever method, however, may be ultimately adopted, there is, I believe, in store for the operation a brilliant and beneficent future. If no other than the immediate plan of transfusing blood existed, and no other than the experience of the seven cases now related were attainable, the favorable results which they present to us are such as to render it an imperative duty for every medical man to be prepared to give to his patient, sinking from loss of blood, the last and only hope of life.

The principal considerations which have led me to adopt the immediate method, are as follows:

1st. The exact quantity of blood is taken from the blood-donor, and no more.

2d. No delay is caused by previous complicated manipulations of the blood,

it being allowed to pass from vein to vein physiologically unchanged.

3d. The chances of coagulation are small, because the blood is removed from the action of the living vessels for only a few seconds, and glides smoothly through the india-rubber pipe without being exposed to the air.

4th. The apparatus is effective, simple, portable, inexpensive, and not likely to get out of order.

5th. The operation is safe, easy, uninterrupted, and a close imitation of nature.

Gleanings.

BLOODLESS AMPUTATIONS.

Esmarch's Method of Preventing Hemorrhage in Operations on the Extremities.

BY PROF. BILLROTH, Vienna.

On April 18th, of this year, at the occasion of the Second Congress of German Surgeons, Esmarch made a very short communication on a "Means of Avoiding Loss of Blood in Operations on the Extremities." He declared that according to his experience it was possible to render and maintain a limb exsanguine by firmly enveloping it in elastic bandages applied from the extremity towards the body. These bands force back all the blood from the limb, and as they exercise at the same time an energetic constriction (the limb is put into a strong tube of rubber, as it were) they prevent the accession of fresh blood when the first band is removed.

Esmarch claims that it is not only in amputations that is saved, in this way, much of the blood that is lost by the tourniquet; it has great advantages in resections, extraction of sequestra, difficult extirpation of tumors and other operations which may not be executed so rapidly as amputations. By the adoption of this method it is not necessary to use sponges to clear the field of operation; one may operate, dry, as upon the cadaver; this method has no injurious effect whatever upon recovery, even though the circulation may have been

interrupted in a whole extremity for a quarter of an hour.

Esmarch belongs to that class of German surgeons who imprint upon all their communications a special seal, upon which may be read, "*bien observé, bien exposé*" [well observed, well expressed]. This little invisible device (so easy to follow, apparently, followed in truth, however, by how very few), this secret sign has always led me to imitate their works without delay, while, after the manner of those whose personal experience is enriched by a great number of observations, I turn a deaf ear to the therapeutic recommendations proposed, by the hundreds, in the journals every day. I have thus, upon the recommendations of Esmarch, applied his method during the course of the past session to a certain number of operations on the extremities, and though I never doubted the exactitude of the observations of Esmarch, after his discreet exposé of his method, I certainly had not anticipated a local anæmia so complete, profound, I had almost said frightful, as ensued. I am sure that the numerous echoes to the words of Esmarch will soon amount to a powerful choir. The most extraordinary number of surgeons of all nations of the world, who have visited my clinic, during the exposition, have received a no less profound impression of this new acquisition to science and its practical importance than the hundreds of students in regular attendance on my course of clinical instruction. Though I am well assured that this method of Esmarch will attain the greatest publicity, and that it will blaze its way without my assistance, yet I regard it as a duty to hasten the adoption, as much as possible, by this report, of a method so simple and so easy of execution by every physician, that it may be utilized by the numbers of patients who have to submit to amputations of their limbs on account of either accident or disease.

I have applied this local anæmia in all to fourteen cases; two of extensive necrosis of the tibia, three resections and osseous extirpations of the foot, two resections of the elbow, two amputations

of Chopart, four amputations and one disarticulation of the thigh. In twelve cases success was complete, in two the results were incomplete for the following reasons: In one of these cases there was a non-extensible cicatrix from a burn on the posterior aspect of the knee, which held the knee in a flexed position; in consequence of which compression of the popliteal space could not be perfectly effected, so that the peripheric portions of the limb yielded a little blood. This might have been avoided by charpie or compresses applied to the angle of flexion beneath the elastic bandage. Other circumstances; it was so difficult to anæsthetise the patient that he was several times threatened with suffocation before entire relaxation of the muscles. The forcible stretching of the caoutchouc tube was not able to overcome the contraction of the muscles; the smaller arteries were well compressed, but the femoral should have been compressed separately below Poupert's ligament. Nevertheless, even in this unfavorable case, the escape of blood was infinitely less than in ordinary cases. The patient recovered very rapidly, and is now in full strength.

The second case in which this circular compression did not receive its perfect application was one of disarticulation of the hip under special conditions. A year ago I was forced to make an amputation of the thigh in a man aged 45, an anæmic drinker, affected with caries of the knee. The patient endured the operation well. Notwithstanding the fact that the amputation was made ten centimetres above the knee, through the sound tissues, a periostitis developed and caries of the stump, with fistulæ, which were only cured by numerous incisions, cauterisations and scrapings. Six months later I decided to remove a piece of the femur six centimetres in length. This time again the section was made in a sound part of the bone, and yet the wound did not heal properly; new caries formed, with fistulæ, extending very high. In the course of the six months following, the local condition grew worse, the anæmia persisting in spite of

the increased embonpoint of the patient. I now decided to split open the soft parts down to the bone on the outside of the stump as far as the trochanter, to detach the periosteum, which was but loosely adherent and strewed over with osteophytic plates, and then to extirpate the bony stump by opening the joint itself.

This operation was performed in the following way:

Having enveloped the stump with an elastic bandage, I applied the caoutchouc tube obliquely to the perineum from the anterior superior iliac spines backwards and downwards over the muscles of the buttocks, and from there over the perineum. Besides this, the aorta was compressed, a maneuver exceedingly difficult of execution on account of his embonpoint. This elastic bandage diminished, but did not completely prevent the effusion of blood.

For these cases, as difficult of control as exceptional of occurrence, cases which lie on the limits of probability there yet remains to be found some means of perfecting the adaptation of this method.

Of the fourteen patients operated on under this artificial local anæmia, eleven recovered, or are about to, which is the best proof that the maneuver does not interfere with recovery. Among the deaths are to be counted the above case of femoral disarticulation, as the patient succumbed in ten hours after the operation, and the cases of two women whose thighs were amputated, the one for gangrene of the leg incident to an extension of an ankylosis at an acute angle, followed, in effect, by a rupture of the vessels; the other on account of a pulsatile osteo-sarcoma of the tibia.

On the occasion of the amputation in consequence of gangrene, Dr. Stepain, of Mannheim, who was present, inquired if there was not reason to fear that the previous compression of the limb by the bandage might not force back septic elements from the mortified parts into the torrent of the circulation. There can be no doubt of the possibility of such an accident, and prudence should

be exercised as to the adoption of this procedure in analogous cases.

The fact of the suppression of the nervous circulation, as a consequence of suppression of circulation of the blood (often noticed in practice), induced me to attempt one operation without chloroform, but I observed that this artificial anæmia does not induce anæsthesia; still, other attempts may be essayed in this direction.

Esmarch has still another merit. He has taken the pains to unite his compressive bandage and caoutchouc tube into one small apparatus, being convinced that the preparations of art facilitate greatly the application of new methods.

Esmarch says nothing of history in this method. When I was assistant of Langenbeck in Berlin (1853-1854), the limb to be amputated was always enveloped in a wet roller to crowd back into the body and preserve the blood of the limb. The tourniquet was applied at the border of the bandage. This precaution was gradually neglected; the bandage was no longer applied, and the tourniquet was substituted by the fingers of the assistants. The constriction of the extremities at a point above the place selected for amputation, as practiced in the middle ages, is well known. The employment of caoutchouc to express and hold the blood back is new to all those who listened to Esmarch.

I read in a work by Vanzetti, which I have just received, that this method of envelopments and constriction with bandages of caoutchouc was published at Vicenza by Dr. Gandessa Silvestri, and that since this time it has been employed with success at Padua. The ignorance of this method among the surgeons about Vicenza and Padua, an ignorance which I am able to confirm myself, proves that it was but little known and less applied. It is possible that in the course of time other nations may claim the right of priority in the application of caoutchouc in this way; the principle is old, as are also the efforts at its execution in practice. In Germany, Esmarch possesses the incontestible right of priority.

To him is due the merit, moreover, of having used his authority in the simplification, perfection and practical execution of this method of operating upon the wounded without loss of blood.—*Wiener Medizinische Wochenschrift, July 19, '73.*—*Clinic.*

RULES FOR FEEDING BABIES.—The following excellent rules, on the feeding of babies in general, are extracted from an essay recently read by Prof. A. Jacobi, M. D., of this city, before the Public Health Association. The rules in question were prepared especially as a guide to the public, and coming from such a source, are more than ordinarily valuable. We wish they could be placed in the hands of every mother and every nurse in the land. Embodying as they do the results of the experience of one of our highest authorities on the subject, they are also of particular value to the general medical practitioner. They are as follows:

I. *Nursing Babies*—Overfeeding does more harm than anything else. Nurse a baby of a month or two every two or three hours. Nurse a baby of six months and over, five times in twenty-four hours, and no more. When a baby gets thirsty in the meantime, give it a drink of water, or barley-water. *No sugar.* In hot weather—but in the hottest days only—mix a few drops of whisky with either water or food, the whisky not to exceed a teaspoonful in twenty-four hours.

II. *Feeding Babies*—Boil a teaspoonful of powdered barley (grind it in a coffee grinder) and a gill of water, with a little salt, for fifteen minutes; strain it and mix it with half as much boiled milk, and a lump of white sugar. Give it lukewarm, through a nursing bottle. Keep bottle and mouth-piece in a bowl of water when not in use. Babies of five and six months, half barley-water and half boiled milk, with salt and white sugar. Older babies more milk in proportion. When babies are very costive, use oatmeal instead of barley. Cook and strain. When your breast-milk is half enough, change off between breast-milk and food. In hot summer weather

try the food with a small strip of blue litmus-paper. If the blue paper turns red, either make a fresh mess or add a small pinch of baking soda to the food. Infants of six months may have beef-tea or beef-soup once a day, by itself, or mixed with other food. Babies of ten or twelve months may have a crust of bread and a piece of rare beef to suck. No child under two years ought to eat at your table. Give no candies; in fact, nothing that is not contained in these rules, without a doctor's orders.

III. *Summer Complaint*—It comes from overfeeding and hot and foul air; never from teething. Keep doors and windows open; wash your children with cold water at least twice a day, and oftener in the very hot season. When babies vomit and purge, give nothing to eat or drink for four or six hours, but all the fresh air you can. After that time you give a few drops of whisky in a few drops of ice-water every ten minutes, but no more until the doctor comes. When there is vomiting and purging, give no milk. Give no laudanum, no paregoric, no soothing syrup, no teas.—*Medical Record.*

MOTHER'S MARKS.

The influence of the maternal mind on the fœtus in utero is denied by Dr. L. H. Ormsby, in a lecture printed in the *London Medical Press and Circular*. He says:

No doubt made use of for the want of a better reason, and in a remarkably able article on "Generation" in Todd's *Cyclopædia of Anatomy and Physiology*, "all the supposed mental impressions which have been considered as the cause of malformations took place, with a few exceptions, in the last stage of pregnancy, when, of course, the child was fully developed. But in opposition to this many mothers who have borne deformed children will always tell you of some circumstances which they are certain to ascribe as the cause of the malformation in their offspring. My friend, Dr. Scott, of Queenstown, who in his official capacity as emigration medical officer, inspects

many hundreds of emigrants in the year, mentioned to me he had inquired particularly as to the causes of nævi on the bodies of infants, and in every case he was able to come at some circumstance during pregnancy in the way of a maternal impression to account for the cause of such an occurrence.

There are, however, many scientific reasons for believing maternal impression of the mother acting on the foetus by nervous influence to be erroneous.

1. That malformations seldom, or perhaps never, agree with apprehensions or fears, *a priori*, of pregnant women, and in some cases where a woman has borne one deformed child she will therefore be continually in fear of bearing a second deformed, which, I may add, when it occurs, is the exception and not the rule.

2. That the foetus, even when a germ, is quite independent; transferred as it is from the ovary into the uterus, it needs for its development a material intercourse with a maternal body, but no *organic* connection, for which reason we find it can be developed as well without as within the uterus, as in *extra-uterine fe-tation*.

3. That malformations are very common in the lower animals, in which the development and physical life is very imperfect, and the oviparous generation, which of necessity precludes any chance of disordered maternal influence.

4. In the case of twins, one child may be deformed, and the other in perfect condition, notwithstanding they are both exposed to the same maternal influence.

It will not be necessary for our purpose to trace the subject of maternal impressions further, but I am not so sure that there is not some truth in the theory. We know that there is a great vascular connection between the mother and the foetus, and the same blood that supplies one helps to develop the other, and that where the mother is affected with syphilis the offspring is sure to become affected also. Scarlet fever, small-pox, and jaundice, have in like manner been communicated, and sudden death caused to the child by violent agitation

of the mother; but all this is different from maternal impressions. It is a material result easily conceived, and of which we need no further explanation.—*Medical and Surgical Reporter*.

SANITARY VALUE OF LIGHT.—Prof. W. A. Hammond, in *The Sanitarian* for May, argues strongly in favor of a freer admission of light to dwellings and school-rooms. After mentioning numerous illustrations of the effect of this agent upon normal and abnormal conditions of the body, he says:

“As has already been intimated, the management of the light in the sick chamber is rarely the subject of intelligent and scientific action. In anæmia, chlorosis, phthisis, and in general all diseases characterized by a deficiency of vital power, light should not be debarred. In convalescence from almost all diseases it acts, unless too intense or too long continued, as a most healthful stimulant, both to the mental and physical systems. The evil effects of keeping such patients in obscurity are frequently very decidedly shown, and cannot be too carefully guarded against by physicians. The delirium and weakness, which are by no means seldom met with in convalescents kept in darkness, disappear like magic when the rays of the sun are allowed to enter the chamber. I think I have noticed the wounds heal with greater rapidity when the solar rays are allowed to reach them, and when they are as far as possible exposed to diffused daylight, than when they are kept continually covered.

“In this country it is rarely the case that disease or injury is induced by excessive light. Occasionally, however, we meet with eye-affections due to excessive light, either coming directly from the sun, or reflected from water, snow, or sand, or resulting from the intense light of a flash of electricity passing near the individual. Bright artificial light may also cause derangement of the visual organs. A child of my acquaintance was rendered permanently amaurotic by looking intently at a bright object while her photograph was being taken.

"The practical application of these imperfect remarks is this, that care should be taken, both in health and disease, to insure a sufficient amount of light to the inmates of houses, and that it is impossible to rear well-formed, strong and robust children, unless attention is paid to these requirements. Sun-baths, or apartments in which the solar rays can fall upon the naked body, are doubtless highly advantageous to health, and rooms for this purpose could probably be easily constructed in or on most of our city houses. At present, a chief object of city families seems to be to devise means for keeping the sunlight out of their houses. That this is contrary to nature needs no argument. The world is said to be underfed; it is certainly underlit as we manage it. Let us then, to use the dying words of Humboldt, have '*Mehr Licht*,'"—*Med. Times*.

AIR AND LIGHT. (A DOCTOR'S STORY.)

BY W. M. CARLETON.

I.

Good folks ever will have their way—
Good folks ever for it must pay.

But we, who are here and everywhere,
The burden of their faults must bear.

We must shoulder others' shame—
Fight their follies and take their blame;

Purge the body, and humor the mind;
Doctor the eyes when the soul is blind;

Build the column of health erect
On the quicksands of neglect.

Always shouldering others' shame—
Bearing their faults and taking the blame.

II.

Deacon Rogers, he came to me;
"Wife is a-goin' to die," said he.

"Doctors great an' doctors small,
Haven't improved her any at all.

Physic and blister, powders and pills,
And nothing sure but the doctor's bills!

Twenty old women with remedies new,
Bother my wife the whole day through;

Sweet as honey, or bitter as gall—
Poor old woman, she takes 'em all.

Sour or sweet, whatever they choose,
Poor old woman, she daren't refuse.

So she pleases who'er may call,
An' death is suited the best of all.

Physic and blister, powder an' pill—
Bound to conquer, and sure to kill!"

III.

Mrs. Rogers lay in her bed,
Bandaged and blistered from foot to head.

Bandaged and blistered from head to toe,
Mrs. Rogers was very low

Bottle and saucer, spoon and cup,
On the table stood bravely up;

Physic of high and low degree;
Calomel, catnip, boneset tea:

Everything a body could bear
Excepting light and water and air.

IV.

I opened the blinds; the day was bright,
And God gave Mrs. Rogers some light.

I opened the window; the day was fair,
And God gave Mrs. Rogers some air.

Bottles and blisters, powders and pills,
Catnip, boneset, syrups and squills;

Drugs and medicines, high and low,
I threw them as far as I could throw.

"What are you doing," my patient cried
"Frightening Death," I coolly replied.

"You are crazy!" a visitor said;
I flung a bottle at her head.

V.

Deacon Rogers he came to me;
"Wife is a-comin' around," said he.

"I re'lly think she will worry through;
She scolds me just as she used to do.

All the people have poohed and slurred—
All the neighbors have had their word:

'Twas better to perish, some of 'em say,
Than be cured in such an irregular way."

VI.

"Your wife," said I, "had God's good care,
And His remedies—light and water and air.

All of the doctors, beyond a doubt,
Couldn't have cured Mrs. Rogers without."

VII.

The Deacon smiled, and bowed his head;
"Then your bill is nothing," he said.

"God's be the glory, as you say!
God bless you, Doctor! good day! good day!"

If ever I doctor that woman again,
I'll give her medicine made by men.

—*Maine Farmer.*

HYDRATE OF CHLORAL IN OBSTETRICS.

Dr. Dujardin-Baumetz has recorded, in the last number of the *Gazette Medicale de Paris*, several cases in which the use of hydrate of chloral was remarkably successful. In the first case (primipara, protracted cephalalgia, œdema of legs and eyelids, albumin in urine) a fit of eclampsia supervened two days before the labor, and lasted ten minutes. An enema with one drachm of chloral was administered, and the patient fell asleep. On the day of the accouchement, as a precaution and to avoid a recurrence of the fit, two enemata, with one drachm of chloral in each, were administered at two hours' interval. No fit occurred, and, furthermore, the contractions were quite painless, though they were even more intense and frequent than normal. In the second case, where albumen was found in the urine, there existed the usual conditions for eclampsia. Hydrate of chloral was administered as a preventive, and no fit occurred. Lastly, in several other cases, where the patients were excitable, nervous and weak, Dr. Dujardin-Baumetz gave chloral with the greatest benefit, in doses of from one-half to one drachm. It always had the effect of soothing the pain, and, moreover, of accelerating the process of labor. Dr. Baumetz much prefers chloral to chloroform in eclampsia, but recommends that it should be administered in sufficiently strong doses (two and even three drachms).—*Lancet*.

A NEW POISON.

There has lately been discovered a poison called *inaea*, which is said to be more subtle than digitaline. It is obtained by pressure from the seeds of *Strophanthus hispidus*, an apocynaceous plant, found in Gaboon, and from experiments made with samples of it, taken from arrows, upon which the natives place it, it appears that it acts more powerfully than digitaline or antiarine, and quickly paralyzes the heart. Three milligrams kill a frog, a sparrow, or a

dog, though the resistance of certain animals varies. A snail, for instance, requires five milligrams; a mouse has withstood three milligrams of the extract (obtained by macerating the seeds in alcohol), while the latter dose kills a dog nearly a thousand times heavier than the mouse. The heart comes to a complete standstill after a few irregular efforts.—*Journal of Applied Chemistry*.

SPECIALTIES —Dr. Robert Barnes says: "I have recently been honored by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumor of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Sequard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were entrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walshe had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of diseases of the umbilicus—the only region which, as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient."—*London Lancet*.

THE BRAIN AND EDUCATION.—M. Paul Broca publishes a series of researches he made some years ago upon the relative size of the heads of the infirmiers and of the internes of the Bicetre. He gives a series of comparative measurements, which he contrasts with those obtained some years ago by Parchappe; and he believes he has demonstrated that, on the one hand, the cultivation of the mind and intellectual work augment the size of the brain; and on the other hand that this increase chiefly affects the anterior lobes, which he regards as being the seat of the highest faculties of the mind. Education, he remarks, does not only render man better, and enables him to make the best use of the faculties with which he is endowed, but it possesses the wonderful power of making him superior to himself, of enlarging his brain and perfecting its form. Those

who insist that education should be given to all, have both social and national interest to support them; but if the brain really enlarges with education, there is an additional motive—the evolution of the human race.—*Lancet*.

LOCAL USE OF CHLORAL HYDRATE IN SOFT ULCERS AND ULCERATED BUBOES.—In an article published in the April number of *Giornale Italiano delle Malattie Veneree*, Dr. de Paoli gives his experience of the local action of chloral hydrate in the above cases, such as was exhibited in the Clinique for Venereal and Skin Diseases of Bologna. Four cases are related in which large ulcerated buboes were highly benefited in their last stage by the application of a solution of chloral hydrate (10 parts of chloral to 30 of water). The healing process was remarkably regulated and hastened by the application. The author thinks that in all sores with abundant suppuration and want of tone chloral is of the greatest use, and that its employment may be beneficially extended, as a slightly exciting and antiseptic agent, to suppurating wounds, and especially gunshot wounds. He states that Professor Gamberini has applied the same solution with marked results to the soft ulcers of prostitutes, especially during the later period of cicatrization, the virulent power and suppuration of the sores being considerably diminished, whilst auto-inoculation of the sores in other parts was not observed in the patients treated. He suggests that chloral hydrate may be a good substitute in certain cases for nitrate of silver and iodoform, and concludes, in summing up his paper, "that it diminishes the virulence of sores, has the advantage of not irritating the inguinal glands, and removes the offensive smell which proceeds from ulcers, especially those of the female genitals."—*Lancet*.

AT A recent meeting of the State Medical Society, the following resolution was adopted:

"Resolved, That it is the duty of, and we hereby recommend to, the Legisla-

ture of California to pass a law making it a misdemeanor for any person, for any purpose whatever, who is not a graduate of some institution of learning authorized by law to confer the degree of 'Doctor of Medicine,' who shall place before or after his or her name, in any manuscript, label, wrapper, card, handbill, circular, newspaper, pamphlet, magazine, book, or any advertisement, the word 'Doctor,' or the abbreviation M. D. or Dr., or any other signifying directly or constructively that the person is a graduate of such an institution, or who shall authorize or sanction the same by others in his or her interest; and that any person found guilty of such misdemeanor shall be punished by a fine of not less than _____ dollars, or imprisonment for not less than _____ years, or by both such fine and imprisonment.—*Western Lancet*.

Bibliography.

Report of Columbia Hospital for Women and Lying-in Asylum, Washington, D. C. By J. HARRY THOMPSON, A. M., M. D., Surgeon-in-chief, Washington. Government print. 1873.

This is a quarto volume of 430 pages, printed on extra-fine paper, and profusely illustrated with superb wood cuts. While claiming to be a mere report of the cases treated at the Columbia Hospital, it is really a treatise upon the surgical diseases peculiar to women. Like all the other medical publications emanating from the Government, it will attract attention and admiration both at home and abroad.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. By WILLIAM ROBERTS, M. D., Fellow of the Royal College of Physicians, London, &c., &c. Second American from the second revised and enlarged London edition. Philadelphia: Henry L. Lea. 1872.

The first edition of this work was issued in 1865. It immediately took a high rank among the various works on this subject, and the edition was exhausted three years ago. In the present edition the plan of the work remains unal-

tered, but each chapter has been carefully revised, and to many of them considerable additions have been made. For simplicity of style, clearness and conciseness of description, and candid expression of opinion, it has no superior. The author neither indulges in the "illusions of hope" nor denies to therapeutical measures their full power. As a safe guide, therefore, in the treatment of urinary disorders, the practitioner will find Dr. Roberts eminently worthy of confidence.

Clinical Electro-Therapeutics, Medical and Surgical
A hand-book for physicians in the treatment of nervous and other diseases. By ALLAN MCLANE HAMILTON, M. D., physician in charge of the New York State Hospital for diseases of the nervous system, with numerous illustrations. New York: D. Appleton & Company. 1873.

In the unpretending little volume before us we have an epitome of what is actually known and of real value in electro-therapeutics. However valuable electricity may be as a therapeutical means, but few practitioners can afford to keep the expensive apparatus necessary for its proper employment. It would be well for every one to have a copy of Dr. Hamilton's book, if for no other reason than to enable him to advise his patients judiciously, when to him it is apparent that electricity offers the only hope of relief.

Miscellany.

DR. THOMAS MILLER, of Washington, D. C., died suddenly on the 20th of September. He graduated at the University of Pennsylvania in 1829—practiced his profession for forty-four years—was a leading man in all measures for the advancement of his calling and the physical welfare of the community in which he lived—and when the mantle of death enveloped him, a genuinely profound

sorrow was expressed for the loss of a good and great man.

REPORTS show a rapid subsidence of the cholera in all the localities in which it has prevailed. With the exception of a few localities, the percentage of mortality has not been large. The danger for this year has passed, but we may reasonably expect a wide-spread diffusion of this fatal malady next summer.

THE severe epidemic of yellow fever at Shreveport shows no sign of abatement. The only hope for that apparently doomed locality rests in the early appearance of frosts.

DR. QUINN, of Cincinnati, and Dr. Bowling, of Nashville, are handling Dr. Peters, of New York, without gloves. From their statements it would seem that Dr. Peters and his theories of the spread of cholera are "petered out." The administration of moderate doses of *salt-peter* might modify their disposition to indulge in foul epithets. Our voice is for war! Let the column advance!

THE following is commended by those who have tried it for scrubbing and cleansing painted floors, washing dishes and other household purposes: Take two pounds of white olive soap and shave it in thin slices; add two ounces of borax and two quarts of cold water; stir all together in a stone or earthen jar, and let it set upon the back of the stove until the mass is dissolved. A very little heat is required, as the liquid need not simmer. When thoroughly mixed and cooled, it becomes of the consistence of a thick jelly, and a piece the size of a cubic inch will make a lather for a gallon of water.—*Boston Jour. of Chemistry*.

DR. FARR reports that the proportion of children raised has doubled within a hundred years. In London, the proportion of deaths under five years were: 1730 to 1749, 74.5 per cent.; 1770 to 1789, 51.5 per cent.; 1851 to 1870, 29.8 per cent.

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DIRECT INGUINAL HERNIA — RIGHT SIDE — STRANGULA- TION — OPERATION FOR SAME — FINAL TER- MINATION.

BY DR. J. W. BROCK, LEAVENWORTH, KANSAS.

August 17th, 1873, was called to see one William Steinbach—æet 45, German—and whose calling was that of saloon keeper. Upon examination found that he was suffering with "Inguinal Hernia-Direct." By gently manipulating the parts for nearly an hour, I succeeded in reducing them to their normal position, then ordered cold applications applied until I thought advisable to put on a truss, which was the third day after the accident. The patient was then cautioned against any efforts at straining. Not heeding the advise given him, the intestine again made its escape, occupying its former position in the scrotum. Manipulation was again instituted of somewhat longer duration, but with final success. Same after treatment was followed, same advice given, truss applied. September 10th, same difficulty; cause: truss left off for purpose of *sexual congress*. After working at least two hours, I again succeeded in reducing—same treatment, and precautions. Everything went on nicely until September 25th, when, upon lifting a keg of beer, truss slipped, and bowel again made its escape. Tried taxis again for two hours without success, then called in Dr. Van Duyn to assist me; administered chloroform and

manipulated as long as we deemed advisable. September 26th, tried three different times without accomplishing the desired result; 27th made efforts again during the day—failed. We then told the patient his situation, and advised an operation. He finally consented. 28th, 10 A. M.—Drs. Van Duyn, Jones, M. S. and D. W. Thomas, Wever and Houston met, with myself, for purpose of operating, but the patient obstinately refused the operation until the following day, 29th, when the same gentlemen again met me, and the patient consented to the operation. By this time there was great tenderness over stomach and bowels, with vomiting of stercoraceous matter. The patient being well under the influence of the anæsthetic, I proceeded to operate by carefully dividing in succession the integument—superficial fascia, with its adipose which was very abundant — intercolumnar fascia — conjoined tendon, transversalis fascia, and peritoneal sac. In making my incisions a branch of the superficial epigastric was divided necessitating the application of a ligature. After opening the peritoneal sac, I examined the protruded intestines and found them of a very dark color. Then introduced my finger into the ring and by aid of the hernia knife enlarged the opening and returned the gut. For two days after operation the vomiting of stercoraceous matter continued. We used enemata of lukewarm water, which produced copious operation from the bowel, after which pain and tympanitic condition of stomach and bowels somewhat

subsided. At the time of operation the pulse was 130 per minute, skin cool. Three days afterwards the pulse had fallen to 45—temperature in axilla 94°, under tongue 97°. One week after operation strong hopes of recovery were entertained, but very soon symptoms of septicemia supervened. The whole surface became cold; lower extremities were of a purple hue. The swelling of bowels entirely subsided. Although the surface was so cold, the patient complained of being hot, and it was with difficulty any clothing could be kept over him. The face was very red, but cold to the touch. There were two large ulcers of the cornea, one on each eye—only perceivable 48 hours after death. The patient lived two weeks after operation, autopsy two hours after death. But a small portion of the incision had united by first intention. An incision was made through the abdominal walls exposing the intestines. We found some adhesions close to the ring, but the peritoneal inflammation appeared to be limited to that point. A portion of the strangulated gut, about three inches, had sloughed, the slough being confined to one side of the intestine. We found that in addition to this condition of the ileum, several feet of the same gut was black and of an offensive odor.

FRACTURES OF THE LOWER EXTREMITIES.

By H. S. ROBERTS, M. D., Manhattan, Kansas.

[Read before the Central Kansas Medical Society.]

In giving my experience in fractures of the lower extremities, it is not my expectation to advance any ideas which are especially new or unique, and while in my practice modes have been adopted which differ from those which have the weight of great names for authority, yet

good authority, on the other hand, has always been followed.

The number of cases of fracture of the lower extremity treated by me are five, three of the femur, one of both tibia and fibula, and one of tibia alone.

Of the three cases of fracture of the femur one was a simple transverse fracture, one a compound oblique fracture, and the third a compound comminuted fracture; the fracture of both bones of the leg was compound, and that of the tibia a simple.

Case I—Transverse fracture of the right femur; a son of Mr. R. S., aged twelve years; was called December 25, 1866. The lad, while spending his Christmas holiday in riding down hill on a hand-sled, received the injury by the sled suddenly turning while under full headway, and the boy said he heard something snap, and on attempting to rise fell and had to be carried into the house.

On arrival I found the lad suffering but little, excepting when the limb was moved, the foot lying rotated outward, the thigh showing plainly the point of fracture at the middle third; a little careful manipulation gave the distinction crepitation. Being at a distance from town I took measurements of the limb, comparing with the sound one, and made a double inclined plane with lateral pieces attached to the thigh-piece; then having anæsthetised the boy, I reduced the fracture, and the patient being anæmic, its outlines were readily made out. Placing my hand under the thigh at the seat of fracture and lifting, a distinct rocking was obtained without shifting the parts, while the ends could be easily moved upon each other, showing that they were not dentated.

Having bandaged the limb from the toes to the hip, I fitted it to the splint,

bandaging the leg and foot firmly to the leg and foot pieces, obtaining extension thereby, and the thigh-piece fitting closely to the ischium, the thigh was carefully bandaged to it, counter-extension being obtained from the weight of the body.

The patient was anamic, and although he had "never been sick," yet there was unmistakable evidence of lack of perfect nutrition; to this, as cause, I ascribed the transverse rather than an oblique fracture, if, indeed, there would have been any, had nutrition been perfect. Having left a few doses of morphia sulph. to quiet pain and spasmodic action, should there be any, and given general directions for a generous diet, I left. My patient was seen frequently for a few days, and at the end of the third week I commenced and maintained passive motion of the leg, and at the end of the fourth week removed all dressings and discharged the case, having as a result no shortening.

Case II—Robert W., aged twenty-four years; a compound comminuted fracture of the lower third of the left thigh. This case was a prisoner brought to the Manhattan jail for safe keeping, July 22, 1871; had been shot, the ball entering about three inches above the external condyle; had fractured the femur at that point, and split it between the condyles, the ball lodging at the lower part of the popliteal space; the limb had already been dressed with a long external splint, which had been divided, and two curved iron bars put on to pass the point of wound. I regret that the name of the physician who dressed the limb has escaped my memory, it having been well performed. The man was brought to Manhattan about one week after he was shot; union had not taken place, nor the

wound healed; the ride irritated the parts, and the knee was badly swollen when he arrived. The bandages were re-adjusted and tinc. arnica and cold water applied to the knee for a short time, until the excessive inflammation was controlled. The wound was dressed with a cerate, composed of acid carbolic, gtt. xx, and ceratum adipis, ʒj, twice daily, and in a week was healed without suppuration; an occasional anodyne was given to control pain. On account of the peculiar character of the fracture, passive motion was delayed until the end of the fifth week, after which it was persistently kept up and rewarded by free motion of the leg from perfect extension to being at right angle to the thigh, beyond which it seemed impossible to carry it. Shortening took place to the extent of one and one-fourth inches.

Case III—August S., a German, aged forty-five years; on June 12, 1873, received a compound fracture at the middle third of the right thigh. While driving, his team became unmanageable, and jerking him to the ground, dragged him a distance; as his head was considerably contused, and being alone, he could not tell how the fracture was received. Venous blood was flowing freely from the wound, which seemed to have been made from without by something pointed, although the persons who found him stated that a point of bone was thrust through and went back as they straightened the limb. The femur was found to be fractured from above downward, and from within downward, the obliquity being considerable. A double inclined plane was made, having an internal lateral splint attached to the thigh-piece. Extension and counter extension were obtained as in Case I, space being left in bandaging the wound, which received

dressing with a compress. As the patient was suffering from other injuries, a full opiate was administered and directed to be repeated during the night.

Neither tr. arnica, cold water, nor any other application was made to the thigh during the treatment. The bowels were kept freely open, and light diet maintained for a number of days, when a free diet was bestowed. The case was closely watched, that excessive inflammation should not set in unaware. At the end of the third week passive motion of the leg was commenced, the bandages being still applied to the thigh, and on the twentieth day the splint was removed and four light binders board splints applied to the thigh, and the patient put on crutches. In a week more all dressings were removed. Union took place with shortening of only three-fourths of an inch.

Case IV—Compound fracture of both bones of left leg at lower third. A son of C. L. S., aged about ten or twelve years; was called in the evening of August 9, 1867; the fracture was produced by the kick of a horse, the hoof cutting through to the bones, the ends of which were readily felt through the opening.

A double inclined plane was made and the limb adjusted to it. Extension being obtained by attaching the foot to the foot-piece and counter-extension by bandaging the thigh to thigh-piece; adhesive strips were passed over the incision, and cold water was directed to be applied constantly to the leg.

The wound did not heal until between the fourth and fifth week, and union of the bones did not take place until between the eighth and ninth week, and with shortening of half an inch.

Case V—J. D. D., aged fifty-seven

years, on August 12, 1869, while working with a horse in a stall, the horse attempted to kick him and threw him against the stall, his entire weight coming upon the left foot, it at the same time being twisted. I saw him a few minutes afterward, found the foot lying somewhat extended and drawn inward. Having had him removed to his home, examination showed an oblique fracture of the inner malleolus, the fracture extending into the ankle-joint. Holding the malleolus between the thumb and fingers it was easily moved in every direction, crepitation being readily elicited. The limb was dressed, with the foot slightly extended and drawn slightly outward, so as to be in nearly a natural position, and firmly bandaged to the foot-piece of a splint, made by simply fastening a foot-piece obliquely to a board shaped to the leg.

After reduction, the malleolus was held in place by passing two adhesive strips, one inch in width, obliquely around the leg from opposite directions, and under the malleolus, which held it firmly in place.

My patient was informed that the leg would have to remain bandaged for about six weeks; that, on account of his age, it was very probable that there would be no bony union, and that, if there were, the ankle would most probably be ankylosed. With these comforting assurances he was left with an anodyne and his family. Careful attention was subsequently given, and between the third and fourth week the dressings were removed and the foot moved carefully, the motion being increased gradually until perfect flexion and extension were obtained, there being perfect bony union. He now tells

me that the ankle feels as perfect as before the fracture.

In the treatment of the five cases, it will have been observed that three were treated with the double-inclined plane, cases I, III and IV; and case II would have been, had it come under my charge immediately after the injury was received. Case V did not require the splint to extend above the knee. In the partially flexed position which the double inclined plane gives, the flexor and extensor muscles of the thigh are certainly at most perfect rest, and giving the least possible tension on the fractured parts, tending to tilt their ends out of place and project one upon the other, while at the same time there is less inducement of the muscles to spasmodic action, than where a portion of the muscles are tense.

It would extend the limit of this paper too far to discuss at length the relative value of the double-inclined plane and the long external splint. Hamilton is very decided in his opposition to the first, while on the other hand Mott says that if his own thigh were fractured, he would have it dressed upon the double-inclined plane.

Cold water dressing was used in only two of the cases, and in one of these, case II, for but a short time. To the continuous use of cold water in case IV was the protracted delay in union ascribed by me, and no condemnation of the treatment more severe than that given by myself, is possible. Since that time more of close attention and less cold water has been applied in all fractures coming under my care. The greatest wonder to me in that case was that amputation was not required or the life lost.

I am fully satisfied that many limbs,

and even lives, are lost by the careless use of cold water dressing. The nervous and circulatory systems are forced below a normal standard in the parts, and erysipelas or acute mortification of the parts takes place.

Of the results obtained in the different cases, it is my opinion that, all circumstances being considered, the best was in case V, where bony union of the inner malleolus was obtained without even incomplete ankylosis.

AMPUTATION OF THREE FINGERS.

By C. C. GODDARD, M. D., A. A., Surgeon U. S. A.

J. McD—, October 24—admitted to Field Hospital July 13th, 1873, with gunshot wound of the right hand, the ball passing through the first three fingers at site of second joints, completely severing the first two, and leaving the third hanging by a mere strip of skin and muscle. The latter was removed, and cold water dressing applied, with tinc. opii gtt xxv., administered every two hours, for the purpose of allaying pain. The parts were then allowed to rest until the morning of the 14th, when, upon examination, the parts were found to be badly burned by the action of the powder, and amputation was deemed necessary. The patient, at the time of injury, was laboring under valvular disease of the heart, and presented a very ænemic aspect. Dr. C. then proceeded to administer chloroform; but after a few inspirations the patient suddenly ceased breathing. The administration of chloroform was then abandoned, and ether substituted, under which complete anæsthesia was produced without further interruption.

Everything being now in readiness, we proceeded to operate by the flap method,

saving as much of the phalangeal bones as possible. By carefully removing most of the scorched portions of tissue, we were enabled to save the fingers midway of the shaft in all of the first row of the phalangeal bones. The flaps were then drawn together by means of silk sutures, covered with lint, and ice water dressing applied.

R. Tinc. opii, gtt xxv

Every two hours until pain is allayed. Considerable swelling supervened, and stitches gave way of themselves on the second day. It was then found necessary to interpose strips of well oiled lint between the different stumps, as they manifested a great tendency to adhere to one another. The cold water dressing was continued, as the stumps and hand remained very much inflamed and swollen.

As had been feared, pus made its appearance in the palm of the hand and in the vicinity of the metacarpo-phalangeal articulations, and established a vicarious opening for itself upon the ulnar side of the third finger, near the base of the first phalangeal bone; but the presence of pus being very decided in the palm of the hand, a free incision was made, and pus evacuated in considerable quantity, after which the swelling rapidly disappeared, and the vicarious and artificial openings speedily closed. Considerable sloughing at site of operation took place after the third day, and the fingers presented a very sorry appearance indeed; but healthy granulations rapidly formed, giving the stumps a good deal the aspect of miniature clubs. After the first two weeks, carbolized oil was constantly applied. A new cuticle made its appearance around the edges of the old, and formed with wonderful rapidity. Under its influence the superfluous granulations were speedily compressed and disap-

peared; the new cuticle soon covered the parts, leaving a magnificent cushion over the ends of the bones. The result was three as good and well formed stumps as could be desired. The tenth week found the parts completely healed, and the patient was discharged.

The amputation, on account of the condition of the parts, should have been performed at the metacarpo-phalangeal articulations; but the patient being solicitous to save as much as possible, and there being some chance of success, the experiment was tried, and, thanks to Nature, succeeded. There was no doubt in our minds that considerable sloughing would ensue, as the parts were so impregnated with the burnt powder that it was impossible to remove it entirely.

The case simply shows what good dame Nature will do to help the surgeon to success, when his nicely formed flaps and sutures have, as the common saying is, "gone back on him."

Gleanings.

NOTES OF PRACTICE AND PECULIARITIES IN TREATMENT, AT ROOSEVELT HOSPITAL.

THE TREATMENT OF ULCERS.

The luxuriant granulations in a specific ulcer receive nothing but firm strapping, with adhesive plaster, and over this a firm bandage. It is not deemed necessary to make any caustic application to the granulating surface, the stimulating pressure of the strap being considered sufficient.

The straps are changed as soon as pus commences to make its appearance under their edges. The constitutional treatment varies with the particular indications.

SPECIFIC OZÆNA.

Constitutional treatment consists mainly in the administration of iodide of po-

assium. As a local application the patients enjoy the luxury of a hand atomizer, using carbolic acid and bromochloralum.

PLASTER-OF-PARIS SPLINTS.

Plaster-of-paris is most commonly employed where a fixed apparatus for retention is required. In the application of these splints, rollers made of the ordinary mosquito netting are employed instead of the muslin bandages; the advantages claimed for the netting being, that more plaster can be carried in its meshes, hence a lighter and more delicately formed splint can be obtained, with equal firmness, than by the old-fashioned method. The netting also is sufficiently elastic to permit its perfect adaptation to the inequalities of the limb, without reverses or wrinkles in the bandage. This is a very elegant method of applying the plaster-of-paris splint.

FRACTURES.

In a case of fracture of the femur there was considerable inflammation during the first few days, and the patient was placed in bed and a Buck's extension apparatus applied, the foot of the bedstead elevated, thus securing counter-extension by the weight of the body. In this way the thigh was left free for inspection, free for such applications as may be desirable—a most convenient and satisfactory method of managing such cases. No retentive splints whatever were used, the limb simply lying upon a firm posterior plane surface.

SYNOVITIS.

The treatment for synovitis consists of rest, ice-bags, perhaps leeches, and anodynes if necessary. In subacute and chronic synovitis, with joint filled or partially filled with fluid, the best results are obtained by the use of sponges and a firm roller-bandage.

In this hospital, where constant pressure and fomentation are desired, the hot sponges are the agents most commonly employed, and they serve a most excellent purpose. This is also the usual method of treating sprains. Apply about the joint, as soon as possible, sponges which have been wet in hot water, and secure them by a snugly applied roller-

bandage. After they are firmly secured, they may be wet again. Change every twenty-four hours.

FROST-BITE.

An interesting case of frost-bite was seen, which afforded another example of the use of these sponges. The parts over the patella had been frozen, and when the slough came away it made an opening into the knee-joint. The limb was immediately placed upon a long posterior splint, and compression kept up steadily by the use of sponges, and not a single untoward symptom had manifested itself.

BURNS.

For these difficulties, in way of treatment, carron-oil—*ol. lini. et aquæ calcis, aa*—has the preference. If something can be added to correct the smell of the oil, and not detract from its virtues, it would be well.

EPITHELIOMI OF EYE.

A patient with this disease experienced great relief from the pain by the application of citric acid in moderately strong solution. The value of this remedy for this purpose has been known for some time, and this case demonstrated that it was yet virtuous.

NIGHT-SWEATS OF PHTHISIS.

When sulphuric acid, dilute or aromatic, has failed to give relief in these cases, the following is given every night in the form of pill. It sometimes acts very well:

R. Zinci ozid grs. ij.
Ext. hyoscyami grs. iij.

M.

For the diarrhoea of phthisis, when present, persulphate of iron or injections of *tr. opium* and starch are used.

ERYSIPELAS.

The good old-fashioned *liq. plumbi et opii* is relied upon as an external application. Internally, *tr. ferri muriatis* is administered regularly.

"If he live, he live; if he die, he die." But he usually gets well.

PNEUMONIA.

The plan of treatment generally adopted in the treatment of this disease consists in administering quinine in six-grain doses night and morning, plenty

of stimulants, and plenty of nourishment in the form of milk and beef-tea.

All the cases which have been admitted to the hospital have received this treatment, and almost all have done exceedingly well. This, it will be seen, is a substantial and vigorous treatment for an acute inflammatory affection, yet it receives the fairest of compliments.

SUBACUTE PLEURISY.

The diuretic ordinarily used is the iodide of potassium; the form of counter-irritation ordinarily employed is blisters, and lastly paracentesis.

Tapping is not resorted to until other remedies have failed.

Tonics do not appear to form any special part of the treatment; but it is fair to infer that they would be administered, at least in the advanced stages.

It is favorably received that tonics are to be regarded as an essential part of the treatment, and that they should be administered from the first, in connection with the diuretics and counter-irritation.

Quinine and iron are probably the most serviceable.

PARAPLEGIA.

A woman has been the subject of this infirmity for six or seven years, and has been taking medicine most constantly in the hope of obtaining relief. About six or seven weeks ago she began to receive hypodermic injections of strychnia. At first they were given in $\frac{1}{80}$ gr. doses night and morning. These doses have been gradually increased up to $\frac{1}{16}$ of a grain night and morning. Since the use of the strychnia the improvement in her case has been very marked. She is now able to draw her limbs up in bed quite well, one or both, as may be desired. Electricity, which has been employed in connection with the treatment she had previously been receiving, was continued in connection with the treatment by hypodermic injections of strychnia.

ACUTE ARTICULAR RHEUMATISM.

The constitutional treatment adopted in this hospital for this disease is essentially alkaline. Rochelle salts are very commonly employed. Effervescing draughts are also ordered, as being more

agreeable to some patients and equally efficacious. The local application ordinarily used is what is known as Fuller's lotion, which consists of bicarbonate of soda and laudanum, and over this cotton and oil-silk.

MORBUS BRIGHTII.

The chief elements entering into the treatment of this disease are tonics, diuretics, and diaphoretics. It is quite commonly the case that the patient is not seen by the physician until some dropsical symptoms have made their appearance, such as slight puffiness about the eyes, or slight swelling about the ankles. It is the "dropsy" that has alarmed the patient. In such cases quinine and tr. chloride of iron, associated with infusion of digitalis in combination with bitartrate or acetate or citrate of potassa, constitute the remedial measures ordinarily employed. If there is much œdema, the hot-air bath is called in to assist, and occasional doses of the triplex pill.

℞. Pil. hydrarg.,
Res. scammon.,
Pulv. aloes. aa grs. x.
M.

Div. in pill No. x.
are administered.

PURPURA.

A most marked, a classic case of this disease was present. It was one of those cases which physicians are inclined to call beautiful, sometimes much to the chagrin of the patient. The lower extremities, particularly, were covered with an eruption which made them model specimens. The treatment of the case consisted in the administration of citrate of iron and quinine and bicarb. potass., given in the form of effervescing draughts. The patient was also ordered to eat large quantities of cabbage and spinach.—*Medical Record.*

THE ANTICIPATION OF POST-PARTUM HEMORRHAGE.

The author, Dr. Whittle, long ago observed that post-partum hemorrhage was preceded by sharp and strong pains of short duration, with the intervals be-

ween the pains relatively very long. To prevent hemorrhage from taking place, the character of the pains must be altered, so as to make them longer and the intervals shorter. This was accomplished by giving a full dose of ergot as soon as the os uteri was fully dilated, if the soft parts were sufficiently lax and dilatable. Dr. Whittle generally gave the equivalent of two drachms of the liquid extract of the Pharmacopeia. If this did not act on the pains, he repeated it in an hour, but this he seldom found necessary. Great care was necessary in *primiparæ*, as the ergot sometimes acted with great energy; as a rule, it was better not to administer it in these cases until the head began to rest on the perineum, and the soft parts were well dilated; the dose also should be smaller, not more than thirty-five or forty minims, which could be repeated if necessary. The probable *rationale* of the phenomena was this. The uterus was contracting sharply, then relaxing suddenly and fully; the same habit continued after delivery, and the short-lived contraction was followed by complete relaxation and copious gushes of blood; but if the character of the pains became altered before delivery was completed, then the uterus maintained a firm contraction, and the patient was quite safe.

Dr. Desmond (Liverpool) maintained that no woman ought to be allowed to die of post-partum hemorrhage. Compression of the uterus during, and for some time after, expulsion of the child and placenta, was the main point to be observed.

Dr. Kidd believed that the timely application of the forceps was one of the best preventives of post-partum hemorrhage.

Dr. Tracy (Melbourne) was satisfied that chloroform was a frequent cause of flooding.

Dr. Playfair said that the best preventive against flooding was the proper management of the third stage of labor. He attached the utmost importance to the mode of removing the placenta—*i. e.*, to cause the uterus to expel it by its

own efforts, and on no account to draw upon the cord.

Dr. Wallace (Liverpool) believed that frequently flooding was the result of too much haste in removing the after-birth, and inculcated the advantage of waiting a sufficient time without any interference whatever.—*Obstetrical Journal*.

AN HERMAPHRODITE.

Virchow has communicated to the Medical Society of Berlin a very remarkable example of this deformity. The person, by name Catherine, and forty-eight years of age, is said to have menstruated, and to have produced a fluid which contained spermatozoa. The breasts were normally developed, and enlarged during the supposed menstruation, which had been many times observed by competent persons. There was no apparent vagina, but there were two vulvar folds. As regards the masculine part, Friederich is said to have observed spermatozoa. There was a testicle and a short imperforate penis resembling a clitoris. The urethral orifice opened behind a fold of skin.

The vagina was apparently wanting, but if a sound was passed into the urethra, which was too long for a female, it easily reached the bladder, but when carried along the floor of the bladder an obstacle was met with like a kind of *cul de sac*. With management the sound entered a second distinct canal, which Virchow considered to be the vagina. This vagina, very difficult to discover, short and straight, ended in a rudimentary uterus. Careful exploration by the rectum showed the absence of the prostate and *vesiculæ seminales*.—*Obstetrical Journal*.

ORIGIN OF NERVE FORCE.

In a paper by Dr. A. H. Garrod, the following ingenious hypothesis regarding the production of Nerve Force is advanced. Admitting that the force in question is either identical with, or closely allied to, electricity in its properties, he then asks, where does it originate? The existence of special organs

for its development in the torpedo and other creatures which exhibit external electrical phenomena, and the absence of any such organ in man and the higher animals, would seem to indicate that the production of electricity in animals requires some other form of apparatus than the nervous ganglia. In answer to this, the Doctor seeks to show that in the difference of temperature between the interior and surface of the living body, a source of energy is presented which, on thermo-electric principles, is capable of producing all the force required. The brain and minor ganglia, he adds, would then act as offices for the reception and transmission of currents in the required directions, being in fact the commutators of the system.

In support of this, the Doctor says: "There are several of the most important phenomena exhibited by the nervous system which are very satisfactorily explained on the above hypothesis. For instance, in cold weather the impulse to action is much more powerfully felt than in summer, when the air is hot; and therefore, the temperature of the surface is higher. It is well known that it is impossible to remain for more than a very short time in a hot-water bath of which the temperature is as high as, or a little higher than, that of the body, on account of the faintness which is sure to come on, and this may be reasonably supposed to be the result of the cessation of the nerve-current, which is consequent on the temperature of the surface of the body becoming the same as that of the interior. This faintness is immediately recovered from by the application of a cold douche. When great muscular exertion has to be sustained, as in swimming or rowing, it is always necessary to have the clothes very thin, and it is felt during the time that it is necessary for the continuance of the effort that the surface of the body must be kept cool."—*Scribner's Monthly*.

NEW METHOD OF PERFORMING THE OPERATION OF LITHOTOMY.—In the June number of the *Edinburgh Medical Four-*

nal, Dr. Davidson, Physician to the Queen of Madagascar, gives an interesting retrospect of the recent history of lithotomy, and describes a new mode of operation which he has adopted. The staff employed is a modification of Buchanan's rectangular one, the acute angle being replaced by a gentle curve, and grooved in its inner aspect. The form of the external wound is semi-lunar, curved somewhat lower and deeper upon the left side than on the right, in order to afford a freer drain in the side on which the prostatic wound is situated.

"Having exposed the membranous part of the urethra, this is opened, and a guide is introduced along the groove in the staff into the bladder. This guide, consisting of two parallel and connected bars or blades, capable of being separated by means of a screw, forms, when approximated, an instrument about five inches long, somewhat like a female catheter in size, straight, slightly flattened from above downwards, and grooved on the left side so as to permit the bottom point of the knife to slide along without escaping from it. When this guide has been fairly introduced into the bladder, the staff is withdrawn, and the blades are separated by the screw to such an extent as to render the tissues tense. The knife used has a button-shaped extremity to fit the groove in the guide. The blade is narrow throughout, but is slightly triangular, becoming a little broader towards the handle than at the point. This knife is then carried along the groove so as to divide the tense resisting structures, by its edge being brought into contact with them rather than by actual cutting. The blades of the guide are now expanded to a sufficient extent. Should it be found, however, that the required degree of separation cannot be effected without force, the knife may be passed along a second time to cut the structures that still resist. In no case should anything be incised, except what is found to oppose gentle dilatation. The size of the calculus determines the extent to which the knife is to be used and dilatation effected.

"The blades of the instrument having now been separated so far as the size of the stone seems to demand, it serves as a conductor for the forceps into the bladder. They slip along between the blades of the instrument. The stone is then extracted in the usual way. Should the calculus be very large, the knife may be applied in precisely the same manner to the right side of the prostrate, thus making a bilateral incision."

The chief advantages of this, as compared with other operations, are the following:

1st. The incision is an exact and *discriminating* one, and both the incision and the dilatation are in proportion to the size of the stone and the resistance of the tissues.

2nd. The introduction of the forceps is simplified, the guide for the knife serving at the same time as a conductor for the forceps.

3d. Some of the special accidents of lateral lithotomy are less likely to occur in this operation. Among these accidents may be enumerated troublesome and even fatal hemorrhage; inflammation of the neck of the bladder and pyæmia, caused by bruising; infiltration of urine and pelvic abscesses, the result of too extensive incisions.

Dr. Davidson concludes his valuable paper with the statistics of results thus far obtained in this operation, the patients operated upon showing a very small rate of mortality.

Forcible and Rapid Dilatation of the Cervix Uteri for the Cure of Dysmenorrhœa.

Dr. Ball gives the following account of the treatment which he has found satisfactory in cases of constrictions of the cervix uteri:

"The bowels are first thoroughly evacuated, the patient placed under the influence of an anæsthetic, the cervix seized with a tenaculum and drawn down, and a metal bougie as large as the case will admit introduced, followed in rapid succession by others of a larger size until No. 7 is reached, which repre-

sents the size of the dilator used by Dr. Ball, which is then introduced and the cervix stretched in every direction until large enough to admit a No. 16 bougie, which is all that is generally necessary. A hollow gum elastic uterine pessary of about that size is then introduced, and retained in position by a stem secured outside of the vulva, which is allowed to remain about a week. During this time the patient is kept in bed, usually on her back.

"The effects of this operation are threefold: first, by breaking up all adhesions, which are often very firm and unyielding, it relieves the constriction entirely, while, acting as a derivative, it cures the hyperemia of the cervix; and further, it establishes a radical change in the nutrition of the whole organ. For instance, I have operated upon patients who have suffered for years from chronic endocervicitis, when the gentlest touch of the finger would cause excessive pain, while in a few days after the operation the sensibility would disappear, sometimes even before the pessary was removed.

"In cases of flexion, the relief is obtained by the straightening of the canal, which is produced by a change of the muscular tissues of the cervix from an abnormal to a normal condition. In the rapid dilatation of the parts the constricting fibers are of course lacerated to some extent; and in healing up around the pessary, must necessarily conform to their new relation.

"This method of operating has this one great advantage, viz: the saving of time, as in my hands it will accomplish more in a less number of weeks than it would take months to do by the ordinary method. And according to my own experience, it causes much less constitutional disturbance than the use of tents, while I think it safer even than the metrotome, and free from some of the serious objections to the use of the latter, as, for instance, when incisions are made through the tissues of the cervix, unless carried deep enough to prevent reunion, they must of necessity form a cicatrix,

which will interfere more or less with the dilatation of the parts; while, if the operation does not succeed, the patient is left in a worse condition than before."

Dr. Ball then gives the histories of nine cases where this method of treatment had been pursued with great success.—*New York Medical Journal*, Oct. 1873.

GELATINE SUPPOSITORIES FOR THE RELIEF OF FECAL ACCUMULATIONS.—Dr. Nagel strongly recommends the use of gelatine suppositories for the relief of accumulations of hardened feces in the rectum and sigmoid flexure of the colon. The lower down in the intestines these accumulations descend, the harder and more bullet-like and more decomposed they become. They lose their plasticity, or in other words, their power of adapting themselves to the cylindrical shape of the bowel. They also become heavier, and sink downwards into the hollow of the ileum; they increase or even obliterate the normal Roman-S-like curve of the colon, elongate the rectum, extend behind the bladder, lie across the uterus, and push the bladder towards the left side. This is particularly the case in aged persons. Hence, perhaps, the surgical reason for making the incision on the left side in lithotomy, because it is easier in this way to reach the bladder, and to avoid wounding the rectum. These fecal accumulations may be induced by enlargement or retroversion and retroflexion of the uterus, or through the bladder being only partially emptied of its contents, or by hypertrophy of the prostate, or through the caliber of the rectum being diminished by internal hemorrhoids; defective innervation, atony, and want of due reflex irritability of the bowel, with thinning and atrophy of its muscular coat, may also set up coprostasis. These conditions are common in apoplectic and paralytic cases. The indications for treatment must therefore be to macerate and soften the fecal masses, since they constitute fresh hindrances to a due action of the bowels, giving rise to stretching

and paralysis of their muscular coat, and cause flatulence, prolapse of the rectum, involuntary emission of semen and urine, hernia, with venous congestion, and other similar inconveniences. After discussing various objections to eccoprotics, drastic purgatives, enemata of various kinds, and even to suppositories of cocoa butter, Dr. Nagel states that suppositories of brown gelatine have been found by him to be of the greatest service in cases of obstinate coprostasis. He finds that when these suppositories have been first soaked for twelve hours in cold water, so as to be moderately swollen and soft on their exterior, and are then pushed as far as possible into the rectum, they gradually break up and soften the hard, bullet-like masses, and make them so soft and slippery that, when the patient's diet and regimen are carefully regulated, we may confidently expect a copious natural evacuation of pultaceous consistence in the course of little more than twenty-four hours. The explanation of their *modus operandi* is to be sought in the hygroscopic property of the gelatine. The suppositories should be introduced in the morning.—*Allgemeine Wiener Med. Zeitung*, April 1, 1873.—*Amer. Jour. Med. Sciences*.

APPLICATION OF AUSCULTATION AS AN AID TO THE DIAGNOSIS OF STONE IN THE BLADDER.—Dr. Henry H. Head, Physician to the Adelaide Hospital, states (*Irish Hospital Gazette*, July 15, 1873) that he sounded a gentleman's bladder and was pretty sure that he detected a stone, but did not think the evidence absolutely conclusive, when it occurred to him to try auscultation, to see if it would assist his diagnosis. He accordingly applied one end of an India-rubber tube to the top of the catheter with which he was examining him, and the other to his ear, and at once heard, with the greatest distinctness, the instrument strike the stone. The evidence afforded was so conclusive, that there could no longer be any doubt on the subject.

He adds: "Since I saw the above case, I have performed many experi-

ments with substances of various sizes and degrees of hardness, placed in a bladder distended with water, and have never failed to discover them by the sense of hearing, which I have found much more delicate than that of touch. Even a small piece of soft chalk, not larger than a pea, can be most easily detected; the slightest touch of the catheter or sound being conveyed to the ear, when it could not be recognized by the hand.

"I feel confident this method of applying auscultation will afford most material aid to the surgeon in forming a diagnosis in doubtful cases."

The apparatus used by him consists of a small vulcanized India-rubber tube, about eighteen or twenty-four inches long, to one end of which an ivory ear-piece is attached, similar to that used for ear trumpets; and into the other end is inserted a metallic plug, with a tapering end protruding, which should be pressed tightly into the canal of the catheter; or, if a solid sound is used, the end of the tube, without the plug, may be fastened on it. — *Amer. Jour. Med. Sciences.*

EUCALYPTUS GLOBULUS IN MALARIAL FEVERS.—As the season for marsh fevers is now at its height, the following note from Dr. F. B. Schulz, of Grand Tower, Ill., giving his experience in the use of the eucalyptus, will be of interest:

"I have now used the tincture of the eucalyptus globulus with well-marked success in thirteen cases of intermittent fever of the several types usually presented by that affection. In one accompanied by enlargement of the spleen, besides giving the medicine internally, I applied it by means of cloths saturated with it directly over the enlarged organ. Whether this had anything to do with the cure I am not prepared to say, but the ague-cake had disappeared at the end of a couple of months. Ferruginous tonics, purgatives, etc., were given conjointly with the eucalyptus, as I am in the habit of administering them when using quinia. The dose of the tincture, as given by Lorinser, in Vienna, is a

dessert-spoonful, in water, taken four hours and again in two hours before the time of the expected paroxysm. In severe cases, or where the chill has returned, Dr. L. directs that the dose be increased a teaspoonful. I use the following:

Ry. Tinct. of eucalyp. glob., . . . ℥j;
Syrup of raspberries, . . . ℥ss;
Water, ℥iv.

M. Dose, a table-spoonful every two hours during apyrexia.

Patients made no complaint of the taste of the mixture, and it gave rise to no disagreeable symptoms. I think finally that the disease yielded about as readily as it does to the sulphate of quinine, and manifested no more tendency to return."—*American Practitioner.*

Bibliography.

Contributions to Practical Surgery. By GEORGE W. NORRIS, M. D., late Surgeon to the Pennsylvania Hospital, &c. Philadelphia: Lindsay & Blakiston. 1873.

This work consists of a report and collection, in book form, of a number of essays which appeared originally in the *American Journal of the Medical Sciences*, to which have been added a paper on Compound Fractures, and a large amount of new material on the Occurrence of False Joints.

Dr. Norris is entitled to the thanks of the profession for having put his admirable contributions in a convenient and available shape. Thirty years' service in one of the largest hospitals in the country gave him a large and valuable experience, and any one who will read his book will be abundantly recompensed.

A Manual of Midwifery; including the Pathology of Pregnancy and the Puerperal State. BY DR. CARL SCHROEDER; Professor of Midwifery and Director of the Lying-in Institution, in the University of Erlangen. Translated from the Third German Edition, by Charles H. Carter, B. A. M. D., with twenty-six engravings on wood. New York: D. Appleton & Co. 1873.

This is a remarkable book. Comprehensive, full and yet concise, clear and succinct in description, and wonderfully free from dogmatism. To each chapter is appended the full bibliography of the subject. In Germany it reached a third

edition in the short space of two years. It will, undoubtedly, be equally popular in this country, as it is a perfect treasure-house of knowledge, and from its size and arrangement peculiarly adapted to the wants of the busy practitioner.

Messrs. Appleton & Co. have presented the work in that elegant style for which their publications are noted.

Lectures on Diseases of the Ear: Delivered at St. George's Hospital. By W. B. DALBY, F. R. C. S.; M. B. CANTAB, Aural Surgeon to the Hospital. With twenty-one illustrations. Philadelphia: Lindsay & Blakiston, 1873.

Those who had the pleasure of reading an abstract of these lectures in the *London Lancet*, for 1872, will be pleased to learn that they have been published in full, and amply illustrated. While the series of eleven lectures constitute by no means an exhaustive treatise on the ear, they embrace most of the disorders we are called upon to treat, are fully up to the latest advance in aural surgery, and are most charming in style.

The Cerebral Convulsions of Man. Represented according to Original Observations, especially upon their Development in the Fœtus. Intended for the use of Physicians. By ALEXANDER ECKER, Professor of Anatomy in the University of Freiburg, Baden. Translated by ROBERT T. EDES, M. D. New York: D. Appleton & Company, 1873.

This pains-taking German has given us a series of maps of the convolutions of the brain, and endeavored to trace their development upon a harmonious plan and to explain the significance of each. Any facts in relation to this almost *terra incognita* will be received with a generous welcome. The work is merely designed as a guide to the study of this complex organ, and as such is worthy of careful study.

Lectures on Clinical Medicines. By A. TROUSSEAU, late Professor of Clinical Medicine in the Faculty of Medicine, Paris, etc., etc., etc. Translated from the Third Revised and Enlarged Edition, by Sir John Rose Cormack, M. D., F. R. S. E., and P. Victor Bazire, M. D. Complete in two volumes. Philadelphia: Lindsay & Blakiston, 1873. Price, cloth, \$10; leather, \$12.

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Miscellany.

DR. GARRATT has invented an electric disc, which is a very convenient and cleanly substitute for the efficient but disagreeable pitch plaster which has been used from time immemorial. It consists of a series of silver and zinc buttons connected by wires enclosed between two sheets of morocco leather. The acidity of the perspiration is sufficient to generate a mild but continuous current of electricity, which acts as a gentle counter irritant.

From personal experience, we can testify to the elegance, convenience and efficiency of this little contrivance. The cultivation of æsthetics in medicine is becoming quite necessary in this sugar-coating age.

THE ECLECTIC MAGAZINE for November is embellished with a splendid engraving of one of America's most cherished poets, J. G. Whittier. The contents are varied and of more than usual interest. The number opens with a delightful biographical sketch of the celebrated German poet, Schiller.

SCRIBNER'S MONTHLY for November contains Edward King's second article on the Great South, entitled: "Old and New Louisiana." Also, the first part of an article entitled: "Annals of an English Abbey," by James Anthony Froude. These articles alone are worth more than the price of the Magazine.

THE MEDICAL HERALD.

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CORRECTION.

By mistake, the following preface to the article on page 79, second column, was omitted:

DR. MARSDEN'S METHOD OF TREATING CANCER.

Dr. Fordyce Barker, in some remarks before the Medical Library and Journal Association, describes Dr. Marsden's method of treating Cancer, as follows: * * * * *

Also, the following preface to the article on page 81, second column:

A MERITED TRIBUTE.

Dr. Stephen Smith, of New York, in his address of welcome to the American Public Health Association, pays the following tribute to Health Boards:

him, and am, therefore, able to describe in detail the peculiar manifestations of his strange disorder. As a student, he was earnest, active, and often enthusiastic; in fact, it would not be exaggerating to say that he literally devoured his library. Possessing a vigorous constitution, he frequently ran extreme hazards by testing the therapeutic properties of various drugs upon his own person. Upon one occasion he took, in an experimental way, an excess of the juice of the *Vitis Labrusca*, and was sick several days in consequence. I mention the fact, for the reason that it may throw

trouble increased in the left side, but the right had become involved also. A new phase of the disorder now made its appearance, which consisted in an inability to distinctly pronounce certain words. This was the more notable from the fact, that he was a man of splendid diction and very clear articulation.

This aphasic symptom alarmed me, and I delicately hinted that he was ill, and had better go home.

He denied being or feeling ill, but on the contrary said he never felt better in his life, and insisted on completing his round of calls, to which I reluctantly

edition in the short space of two years. It will, undoubtedly, be equally popular in this country, as it is a perfect treasure-house of knowledge, and from its size and arrangement peculiarly adapted to the wants of the busy practitioner.

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Original Communications.

LOCOMOTOR ATAXIA, WITH APHASIA.

By A. BACCHANT, M. D.

William R—, æt. 23, in apparent good health, on the first of January, 1873, was afflicted with a train of symptoms which were so peculiar that I thought your readers would be interested in their recital. The family consisted of his parents, himself, two brothers, and three sisters, all in vigorous health, and entirely free from any hereditary disease or defect.

He had recently graduated in medicine, and purposed starting the next day for the village in which he intended to locate.

The day above mentioned was devoted to calling upon a number of his friends for the purpose of bidding them adieu. At his request I accompanied him, and am, therefore, able to describe in detail the peculiar manifestations of his strange disorder. As a student, he was earnest, active, and often enthusiastic; in fact, it would not be exaggerating to say that he literally devoured his library. Possessing a vigorous constitution, he frequently ran extreme hazards by testing the therapeutic properties of various drugs upon his own person. Upon one occasion he took, in an experimental way, an excess of the juice of the *Vitis Labrusca*, and was sick several days in consequence. I mention the fact, for the reason that it may throw

some light upon the peculiar symptoms manifested upon the occasion referred to.

During the forenoon he was cheerful and buoyant, conversed freely about his new home, his professional prospects and expectations, and the nobility of the calling in which he was to exercise his talents and expend his best efforts.

We began our farewell calls about twelve o'clock. For three hours he was in an unusual glow of spirits, and, being a man of fine personal appearance, pleasant address, keen wit, and of more than ordinary intelligence, the time flew rapidly by. About three o'clock, while passing along the street, I observed an irregularity in his gait, resulting, either from a misconception of distances, or an inability to lift the left foot as high as the right one. The difficulty, or the muscular derangement rather, appeared to be confined to the left side, but was so slight as to occasion no remark at the time. Within an hour, not only had the trouble increased in the left side, but the right had become involved also. A new phase of the disorder now made its appearance, which consisted in an inability to distinctly pronounce certain words. This was the more notable from the fact, that he was a man of splendid diction and very clear articulation.

This aphasic symptom alarmed me, and I delicately hinted that he was ill, and had better go home.

He denied being or feeling ill, but on the contrary said he never felt better in his life, and insisted on completing his round of calls, to which I reluctantly

consented. As he rapidly grew worse, both in his ataxic and aphasic symptoms, I procured a carriage, and took him home.

Upon our arrival, he had grown so much worse that he was not only unable to walk unsupported, but was also unable to speak, excepting in disjointed sentences.

I placed him in bed, and as he complained of great distress in his stomach, administered an emetic, which acted promptly and efficiently. He soon after became quiet and sank into a profound slumber, from which it was impossible to rouse him. His breathing became stertorous, and his skin assumed a purplish aspect, denoting either apoplexy, or, at least, profound congestion of the brain, but as his pulse was regular, soft, and full, I determined to await further manifestations before resorting to active interference.

He remained much the same during the entire night.

At eight o'clock the next morning, much to my surprise, he awoke from his protracted slumber, apparently perfectly rational, but manifested much surprise at the presence of his friends and their anxious expressions; was utterly ignorant of how or when he came to his room, and had no recollection of anything that had transpired after three o'clock the previous day. His speedy recovery from an apparently serious disorder was the subject of congratulations from myself and his friends; but as he was still quite weak, and exhibited a decided muscular tremulousness, I prescribed the following draught:

R.
Cortex Aurantii, ʒss.
Myristicæ Moschatæ, grs. x.

Tr. Cinchonæ Comp., gttss. xx.
Bourbon Ordinaire, ʒij.
Aquæ, qs.
M.

The draught gave him almost immediate relief. This, by the way, is a favorite prescription with me, and I can confidently recommend it in all cases, where there is great muscular prostration.

From this time forth he rapidly recovered, and has not had a repetition of the disorder since.

The peculiarity of this case consists in the rapid development of the locomotor ataxia and the accompanying aphasia, and the speedy recovery from an apparently serious, if not fatal disorder. I have been very careful and particular in detailing the history of this singular case, in the hope that there are others in the profession who may have had a similar experience, and will be induced to publish it. I was long in doubt as to the cause of the morbid train of symptoms manifested in this case, but from frequent conversations with him since, and a careful and thorough review of the subject, I am inclined to the opinion—am, in fact, quite confident—that it may be traced directly to his habit, before mentioned, of testing the effects of drugs upon his own person, particularly the extremely poisonous juice of the *Vitis Labrusca*.

CARBOLIC ACID IN HYDROCELE.

By GEO. W. HOGEBOM, M. D., Oskaloosa, Kansas.

I have used carbolic acid in solution in the treatment of hydrocele in three cases. Having seen no report of its use in this disease, therefore its use in these cases was a matter of trial, based upon its many curative properties. The first case occurred one and a half years ago; a young man, 24 years of age; hydrocele

of left side of one year's standing. Introduced a trocar and canula, drew off the fluid and injected four ounces of a solution of carbolic acid, fifteen grains to the ounce. In a few days the effusion returned; operated again, and as the former operation was nearly painless, I injected a solution, of two scruples to the ounce. This operation also was attended with little or no pain, and resulted in a radical cure.

The second case occurred fourteen months since; married man, 61 years of age, rather feeble health; hydrocele of left side of a number of years' standing, very large. Operated as in former case, using a forty grain solution of carbolic acid. Injected from four to six ounces. The operation produced no shock, and but very little pain, and resulted in a radical cure.

The third case occurred a few months since. Used same strength solution, with same results. The advantages of the use of the acid in this disease over any other method I have ever used, is the absence of pain, quick recovery, and radical cure.

Gleanings.

Case of Extra-Uterine and Intra-Peritoneal Pregnancy, with a Fœtus of Six Weeks.

The above interesting case occurred in the wards of Professor Béhier, Hotel Dieu, and was made the subject of a remarkable lecture by him, in which he pointed out the diagnostic difficulties of abdominal affections. The chief features of the case were briefly as follows: The patient, aged thirty-three, the mother of a child four years old, had just made a long voyage, and looked weak, thin and pale. On admittance she was anæmic, and complained of vague pains in the hypogastric region, and especially the iliac

fossa and back. Some days before she had had, independently of her menstrual time, a slight flow of blood, which lasted three days; constipation for more than a week; abdomen tense, slightly painful on pressure; and an accumulation of hardened fœcal matter was discovered by digital examination. Lungs sound; heart with an anæmic souffle; no albumen in the urine. Ordered an ounce of castor oil, with a purgative enema. Several motions followed, and procured relief, but the hypogastric pain persisted.

She was considered to be cured, and was about to be dismissed, when, on November 8th (nineteen days after admittance), repeated vomiting of greenish matter supervened, with complete constipation, increased hypogastric pain and hiccough; pulse 86. Ordered, blister to the epigastrium, Seidlitz water in a ptisan, enemata with Seltzer water.

November 10th—Continued vomiting; slight mucous stools; no appetite; abdomen swollen and tender; pulse 92; temperature 98.6° F.

11th.—Intense lumbar pains; slight motion; brownish, fœcaloid vomit, without any smell.

12th.—Same symptoms. Pulse filiform; eyes sunken; intense abdominal pain; abdomen extremely tender, and slightly swollen; cramps in the hands. In consequence of the pain, and notwithstanding the constipation—both indicative of internal strangulation—about two-thirds of a grain of muriate of morphia were injected, and procured some rest.

13th.—Persistency of yellowish vomit; no motion; abdomen puffy; manifest feeling of resistance on palpation in the right iliac and hypogastric region. At night, pulse 84, temperature 37° C. (98.6° F.) On examining the situation of the uterus with the finger, the following particulars were stated: Cervix directed backwards; uterus immovable, and as if solidly attached by adhesions; in the posterior vaginal cul-de-sac existence of a series of hard, roundish tumors, which were taken for gatherings of fœcal matter. Seidlitz water and a purgative enema were again ordered.

14th.—Face better; abundant watery stool of a dark color, and with a strong smell; greenish vomit; tongue dry; abdomen less painful; excessive thirst; frequent hiccough; voice weakened; pulse 80; temperature 36° C. (98.8° F.) At night, pulse 72; temperature 35° C. (95° F.)

15th.—Constant vomiting and hiccough; tongue cold; pulse 60; temperature 93.2° F. Evening: general collapse; great thirst; involuntary micturition; no action of bowels.

She died on the morning of the 16th.

The difficulties of diagnosis are shown by the above description of the case. From the beginning, Dr. Béhier and the other medical men who saw the patient believed the case to be one of peritonitis, with intestinal obstruction and arrest of fæcal matter—not a typical case, such as is described in books, but one of those undetermined instances frequently met with in practice. The constant vomiting, constipation, tenderness of the abdomen, and presence of tumors in the vaginal cul-de-sac evidently pointed to that diagnosis. The relief which took place, especially after the Seidlitz and enemata, was no positive objection, as in cases of intestinal obstruction the portion of bowel below may continue to act, especially after the exciting effects of purgative injections. The mechanism of the obstruction was thought to be an old circumscribed peritonitis with peritoneal adhesions, common enough among females. The symptoms of recent peritoneal inflammation evidently existed. The pulse was not frequent, and was generally about 80 to 90. The temperature never attained 100.4 F., and the condition presented by the patient during the last three days, with considerable fall of temperature, and a filiform pulse, fitted in well with Wunderlich's observations on the collapse of fatal cases of circumscribed peritonitis.

Results of post-mortem examination.—Bluish black coloring of the epilpoon and peritonitis; no smell; no putrefaction. In the small pelvis, on the left of the mesial line, there existed a brick-red

clot, as large as the fist, adhering to the uterine organs, the bowels, and the abdomen. It was formed by several sheets of hæmatic false membranes, consisting of successive layers of fibrin. Several filaments of a like formation extended from the mesentery to the intestines. The large bowel and ileum were full of a pasty matter; the remainder of the small intestine contained yellowish matter, similar to that which had been vomited. Size of uterus normal; external surface pale; internal reddish. Ovaries and tubes sound. The extremity of the left ovary was hidden by the tumor, and soaked in the clot of effused blood. Nothing was discovered to account for such an abundant hæmorrhage, the clots of which filled up the small pelvis. Ligaments sound. The left tube adhered to the large clot, and disappeared in its substance. Oviduct quite healthy, and without any traces of blood. On being divided, a small sound was introduced into the portion corresponding with the tumor, and easily reached the clot constituting the tumor. A bristle introduced into the uterine portion showed that neither in the tube nor in the uterus there existed any trace of hæmorrhagic clots. The tumor was half free, and adhered posteriorly to the rectum, and inwards to the pavilion. Its form was ovoid, and its free surface constituted by stratified clots. On incising it, it showed a thick, whitish, fibrinous wall or shell, in which small cells were discovered containing soft, blackish clots. In the central portion of the tumor was found a sort of pouch, with smooth, serous walls. Within the pouch was contained a reddish heap, of the size of a small nut, and looking like a clot, but on examination it turned out to be a well-developed foetus of about six weeks. The surface of the body was smooth and well-formed; from the umbilicus took rise a small fragment of funis. The nose, mouth and ears were quite distinct; the head was well formed. The bulb of the eyes and their bluish color could be easily distinguished. The upper limbs were well marked, and ended in small

hands with the fingers sticking together. The lower limbs were short, as if budding, and ended in palmate extremities. The search into the character of the clot was guided by Professor Béhier, who, on noticing the existence of the hæmorrhagic peritonitis, suspected the presence of a product of conception underneath. —*Lancet.*

THE PYHSIOLOGY OF MENSTRUATION.

It is probably the general belief among physiologists and the profession in general that during menstruation one or more ova reach the uterus, and there either become attached to the surface of the mucous membrane or disappear, according as fecundation has occurred or not. If an embryo is developed from the ovum it will correspond with the menstruation immediately preceding—or in other words menstruation will date from the menstruation which last occurred. Dr. Kundrat, of Vienna (Rokitansky's senior assistant), has just published an account of certain researches of his upon the anatomical condition of the uterine mucous membrane before, during, and after menstruation, which throws very grave doubts on the correctness of this belief (*Medizinische Jahrbücher*, 1873, No. 2, p. 135). Kundrat's investigations are all the more worthy of attention, that they were of a purely anatomical nature. He examined the mucous membrane of the human uterus in the intervals of menstruation, immediately before the hæmorrhage, during the hæmorrhage, and again after it had ceased, and the results which he obtained are certainly favorable to the considerable modifications which he would introduce into the physiology of ovulation and menstruation as at present received. The mucous membrane of the human uterus in a "state of rest" has certain peculiarities, as pointed out by the author. There is no sub-mucous tissue, and the mucosa comes into immediate union with the muscular layer. Its matrix is peculiarly rich in round or spindle-shaped cells. The glands, which it is known to possess in great numbers,

are lined, like the free mucous surface, with ciliated epithelium. This condition is markedly altered at the monthly period of uterine activity. The mucous membrane is swollen, thick, loose, and almost diffuent, covered with a whitish or bloody mucus, finely injected at spots, and in many cases uniformly colored of a deep red. A microscopical examination reveals increased abundance of the cellular matrix, especially at the surface, with great elongation and dilation of the glands. So far, there is nothing specially original in the description given by Kundrat, but new and important facts remain to be enumerated. He discovered, in the first place, that the condition of the uterus just described probably precedes the occurrence of the discharge of the ovum, and—what is perhaps more striking—the menstrual flow by "several days." The author considers that this observation goes far to prove that the uterus is prepared for the reception of the ovum a certain time before the rupture of the Graafian vesicle. Again, while the rough characters remain as described during the menstrual flow, with the addition of the oozing from the surface, and for a short time after it has ceased, careful examination reveals a very remarkable change in the microscopic appearances. The cells of the stroma and the vessels, as well as the epithelium of the glands and the surface, are dull in appearance, and filled with fat granules. The question occurs, What is the relation of the hæmorrhage to this fatty degeneration of the cells and vessels? Kundrat replies by stating his belief that the hæmorrhage does not cause the fatty change, but is caused by it. He refers to the fatty change which is known to occur at the end of pregnancy, and would consider the two phenomena homologous. He also points out the improbability of the cause of the flow being found in congestion, as this occurs so frequently without hæmorrhage. One fact he has ascertained is, that the fatty change is most abundant at the surface of the mucosa, where the bleeding takes place. The anatomical sequence of

events, therefore, according to Kundrat, at the monthly period of uterine activity is, swelling of the mucosa, fatty change in the cells and vessels, vascular rupture, and hæmorrhage. With the blood much altered, epithelium is thrown off, but not the whole mucosa, as some believe. It is a short time after the cessation of the menses before the mucous membrane has returned to a "conditon of rest."

In inquiring now into the physiological relations of the three processes—the swelling of the mucosa, the discharge of the ovum, and the flow of the menstrual blood—Kundrat insists strongly upon the ascertained chronology of the events. The first mentioned of the three is the first in the order of time, and it is almost certainly the preparation for the reception of the ovum. It is much more impossible that the uterus during the menstrual flow is in a conditon suitable for this function—with a retrogressive process going on in the mucosa, its vessels ruptured, and its surface discharging blood. It is even more improbable that the mucosa in this state of degeneration will on the descent of an ovum take on a totally opposite process, and become highly developed. The type of the impregnated uterus is seen in the active uterus when the mucosa is swollen and menstruation has not yet commenced. If the bleeding does commence, it is a sign that the ovum has perished, and that the mucosa is returning to a state of rest. Thus we arrive at the following highly important conclusions that a developing ovum, or growing embryo, belongs not to a menstrual period just passed, but to one just prevented by fecundation. Löwerhorst has already expressed this opinion, from a consideration of the clinical aspects of menstruation, and we believe that the method of calculating the duration of pregnancy suggested by the new facts is not altogether a new one among the gynæcologists and practitioners of this country.—*Medical Times and Gazette*.

READ the new advertisements in this issue.

EXPERIMENTAL RESEARCHES IN CEREBRAL PATHOLOGY.

The following is Profestor Ferrier's summary of his very important "Experimental Researches in Cerebral Physiology and Pathology," which appeared originally in the *British Medical Journal* for April 26, 1873, and subsequently with a full account of the experiments in the West Riding Lunatic Asylum Medical Reports, vol. iii. There is no doubt that those experiments open up a most important field and mode of research. To be able to stimulate directly limited portions of the brain in a living animal is a great advance of anything as yet attempted in investigation of cerebral function. It is not only what Professor Ferrier's experiments prove, but what they suggest, and will undoubtedly lead to, that gives them their superlative interest to all students of brain function.

1. The anterior portions of the cerebral hemispheres are the chief centers of voluntary motion and the active outward manifestations of intelligence.

2. The individual convolutions are separate and distinct centers; and in certain definite groups of convolutions (to some extent indicated by the researches of Fritsch and Hitzig) and in corresponding regions of non convoluted brains, are localised the centers for the various movements of the eyelids, the face, the mouth (and tongue), the ear, the neck, the hand, foot and tail. Striking differences corresponding with the habits of the animals are found in the differentiation of the centers. Thus the centers for the tail in dogs, the paw in cats, and the mouth in rabbits, are highly differentiated and pronounced.

3. The action of the hemispheres is in general crossed; but certain movements of the mouth, tongue and neck are bilaterally co-ordinated from each cerebral hemisphere.

4. The proximate causes of the different epilepsies are, as Dr. Hughlings Jackson supposes, discharging lesions of the different centers in the cerebral hemispheres. The affection may be limited artificially to one muscle, or group of

muscles, or may be made to involve all the muscles represented in the cerebral hemispheres, with foaming at the mouth, biting the tongue, and loss of consciousness. When induced artificially in animals, the affection as a rule first invades the muscles most in voluntary use, in striking harmony with the clinical observations of Dr. Hughlings Jackson.

5. Chorea is of the same nature as epilepsy, dependent on momentary (and successive) discharging lesions of the individual cerebral centers. In this respect Dr. Hughlings Jackson's views are again experimentally confirmed!

6. The corpora striata have crossed action and are centers for the muscles of the opposite side of the body. Powerful irritation of one causes rigid pleurostotonos, the flexors predominating over the extensors.

7. The optic thalamus, fornix, hippocampus major, and convolutions grouped around it, have no motor signification (and are probably connected by sensation).

8. The optic lobes or corpora quadrigemina, besides being concerned with vision and the movements of the iris, are centers for the extensor muscles of the head, trunk and legs. Irritation of these centers causes rigid opisthotonos (and trismus).

9. The cerebellum is the co-ordinating center for the muscles of the eyeball. Each separate lobule (in rabbits) is a distinct center for special alterations of the optic axes.

10. On the integrity of these centers depends the maintenance of the equilibrium of the body.

11. Nystagmus, or oscillation of the eyelids, is an epileptiform affection of the cerebellar oculo-motorial centers.

12. These results explain many hitherto obscure symptoms of cerebral disease, and enable us to localise with greater certainty many forms of cerebral lesion.—*The Clinic*.

REPLANTATION OF TEETH.—The manner of performing the operation is as follows: A tooth which is to be re-

planted should be carefully extracted, and as little as possible of the surrounding tissues lacerated; it should then, unless the operation be simply for the destruction of the dental pulp, and where the periosteum is healthy, be immersed in some antiseptic fluid, such as diluted carbolic acid or chloride of zinc (the latter from experience being preferred); the socket should then be swabbed out some half-dozen times with a strong solution of the same antiseptic employed. The tooth, if carious, should be plugged and returned to its place. If there is any thickening of periosteum, fibrous growth, sac of abscess, or absorption at the extremity of fang, it should be excised before replantation. Should patient complain of pain arising from the operation, prescribe poppy fomentations, although the pain is rarely more than what is due to the tenderness of parts from the laceration of soft tissues after the extraction of the tooth.

Out of twelve cases that I have operated on within the last four years, nine are successful and three have failed. The failures have but one significance, and that is, teeth to undergo replantation must be selected. In a cachectic patient the chances are against success; when a tooth has lost the support of its fellows on both sides, it cannot become firm. Nevertheless, the successful cases warrant a further trial of replantation, which would preserve many teeth otherwise sacrificed. The number of my cases during the last four years were twenty-seven, some of which cannot be traced; the remainder are too recent to be judged. The reason why they are so few arises from the difficulty of inducing patients to believe in such a remedy as replantation.—*Dr. Isidor I. Lyons, in London Lancet*.

CAUSES WHICH INDUCE CESSATION OF THE MENSES.

From the statistics which were furnished by the histories of 400 patients, who had passed the climacteric years of life, Dr. Cohnstein, of Berlin, has been

put in possession of some important facts which he has tabulated as follows:

1. The duration of the menstrual function varied between 10 and 44 years; the larger proportion menstruated through a period varying between 28 and 34 years, of which the average was consequently, 31 years.

2. In 76 per cent. of the cases cessation came on with premonitory symptoms; in 24 per cent., or the remainder of the cases, it occurred suddenly. The causes which produced a sudden arrest were such as are usually given, viz: mental excitement, physical shock, exhausting parturition, abortion and severe attacks of illness. If the first pregnancy occurred between the 36th and 40th years, it was not uncommon for menstruation to cease, and not recur, even if the labor were normal.

Certain effects are also alluded to by the author which influence the early or late appearance of the menopause.

1. The date of the first menstruation is important, for those who menstruated early (before 14 years of age) continued to menstruate 3 years longer than the average; while, on the other hand, those who began to menstruate later (at 18 years of age and after) ceased menstruating 3 years before the average.

2. The regularity or irregularity of the duration or recurrence of the periods was no indication of an early or late cessation.

3. Marriage exerted a very decided influence. It was found that 15.5 per cent. of the married women continued to menstruate for a period varying between 29 and 34 years, while only 9 per cent. of the unmarried women menstruated for an equal number of years.

4. The continuance of uterine activity seemed to depend on the number of births, for those women whose menstrual functions lasted from 26 to 32 years, had invariably borne more than 3 children.

5. The date of the last birth is also an important element. If this occurred between the ages of 38 and 42, and was at term, then the menopause occurred between the 24th and 32d years of men-

struation; if however, it fell between the 20th and 38th years, the menopause came between the 25th and 28th years of menstruation. If the last delivery was before term, then cessation often came on without much warning.

6. Lactation was found to be another important factor. In 40 women who had not nursed their children, the average duration of the menses was four years below the mean. From these data it was inferred that the longest continuance of the menses will occur in women who have menstruated early, have married, have borne more than three children, have been delivered at term, between the ages of 28 and 43, and have nursed their children themselves.—*Medical Record*.

AN IMPROVEMENT ON ESMARCH'S ELASTIC BANDAGE.

Esmarch's admirable suggestion of using an elastic bandage to exclude the blood before operating on limbs, and the complete success attending it, are now probably well known. The following is a simple modification of his arrangement, by which many yards of elastic bandage may be dispensed with, and it can be easily and quickly applied.

A short india-rubber tube is used, not only to prevent the blood from returning to the limb, but also for the purpose of removing it in the first place. The two ends of an india-rubber tube, twenty-one inches in length, and three-eighths of an inch thick, are bound together with a piece of twine, the whole thing forming an elastic ring seven inches in diameter. A grooved reel revolving between a double handle completes the necessary apparatus.

To apply this to the arm, three or four complete turns of the elastic ring are wound tightly around the hand in such a manner as to include the fingers and thumb, care being taken that the folds lie even and do not cross one another. The reel is then put under the free portion of the ring connecting the upper and lower coil. The reel is passed round and round the limb in an upward

direction; thus each coil is unwound from below as another is added above. This way four tight coils of rubber cord are carried up the limb to any distance required. The degree of tightness can be regulated with the greatest nicety by the distance the reel is drawn from the limb by the bandager.

This method of driving blood from the limb answers perfectly in the arm, and the lower part of the leg; but in carrying the bandage over the popliteal space the flexor tendons prevent the artery being effectually compressed. A firm pad in the space would probably answer the purpose.

To remove the bandage, it may either be unrolled by reversing the action of the reel, or the twine connecting the two ends may be cut with scissors.

A very neat little reel in a holder may be obtained at Ferguson's, in Giltspur street.—*Western Lancet*.

VAGINAL OVARIOTOMY.

Dr. Gilmore, of New Orleans, reports in a letter to Dr Thomas, of New York, a successful case of vaginal ovariectomy performed on the wife of a physician, with the following conclusion:

Peaslee does your operation great injustice, when he says it is not less hazardous than abdominal section. The vaginal tissues are possessed of a great degree of vitality, and there is not in the line of incision either fat or tendinous structures that are lowly organized to interfere with immediate union. Then again, there are no muscles in proximity, which, called into action, would interfere with union. All these obstacles to immediate union exist in the abdominal section. Indeed, I intend hereafter, in all the cases I meet, in which I suspect a unilocular cyst, and especially when it crowds down into the pelvis posterior to the uterus, to open the vagina and tap the tumor, and, if possible, drag it through the vaginal opening. If I fail in this, I hold in reserve the abdominal opening, and thereby free drainage would be obtained through the vagina. Peaslee objects to this, on the ground of

its being an operation difficult of execution. In a deep vagina it would be, and deep vaginæ are usually found in fat women, who are bad subjects for ovariectomy. But in the great majority of women, the operation is no more difficult of execution. In the case I operated on, I found the whole procedure extremely simple and easy. The whole operation was executed without a change of posture, and consumed only about ten minutes. Peaslee's third objection is fully answered by the fact that in my case the whole ovary was removed.—*New Orleans Med. and Surg. Four*.

ABOUT five years ago a lady consulted me with regard to a suspicious looking tumor in her right breast. She was under my observation for about two years, and received treatment, but I was never of the opinion that the growth was malignant. At the end of two years, it entirely disappeared. In February, 1873, that patient came back to me with a tumor in her left breast, which I regarded as true cancer of the breast. The tumor had been observed for more than a year, and when I saw it, the nature of the case seemed clear and positive. Its removal was recommended. Consultation was held, to satisfy the patient in regard to its nature, the propriety of its removal, and if decided to remove it, how it should be removed. It was decided to remove the tumor by Marsden's treatment, and the treatment was accordingly commenced on the first day of April. The amount of pain which the patient has suffered during the course of the treatment has been very insignificant indeed. She has been up most of the time, has been able to be out some of the time, and it is now eighteen days since the first application, and the slough is just come away. The treatment of the case thus far has been very pleasant. What the result of the case may be it is impossible at present to decide.

I will now describe the plan of treatment as given by Dr. Marsden—the plan which he professes to have derived great success from, not only in a very consid-

erable number of cases of cancer in the breast, but in the treatment of cancer of various parts of the body, and even cancer of the neck of the uterus.

This method of treatment is limited to cases in which the surface of the tumor does not extend over two inches. Care must be taken that the paste is of sufficient consistence, so as not to flow beyond the point to which it is applied. The general formula for the preparation of the caustic is to combine arsenious acid and mucilage in such quantities as to make a thick paste, and the formula usually employed for this purpose is—

R Arsenious Acid, . . . dr. ij.
Mucilage, dr. j.

This paste is spread over the surface of the tumor, and two or three layers of lint spread over that. The lint absorbs all the surplus paste and prevents further cauterization. The first application is left on for twenty-four or forty-eight hours, according to the extent of surface, and then removed by gently soaking it in warm water. After the old paste has been removed in this way, one judges from the impression made with regard to a further application of the caustic. These applications are to be continued until a line of demarcation entirely surrounding the diseased structure is shown. Then the lint is soaked and removed, and a bread-and-water poultice applied, and changed every few hours. At first there is sometimes considerable inflammatory action set up, but the amount of pain is very inconsiderable as compared with the use of the knife, and the process of cicatrization is equally painless and satisfactory.

The shock to the system, as a rule, is very much less. The constitutional effect of arsenic in this case was very slight, lasting only a few hours, and then passed away. Indeed, the moderate effect of arsenic I have long believed to have a certain positiveness in the treatment of cancer, in that it retards the proliferation of cancerous tissue. I mention these cases with the hope that it may contribute something to our knowledge of means by which we may meet this most terrific disease.

A CURE FOR DIABETES MELLITUS.

Professors Cantani and Primavera, of Naples, report the most extraordinary success in their treatment of this obstinate disease. Their statements are in brief, as follows :

1. Their patients have all, with rare exceptions, recovered.

2. Stout persons have lost but little weight during the treatment, while spare ones have sometimes gained as much as twenty-five pounds.

3. Though the urine has become rich in urea and urric and uric acid, patients have never shown symptoms of gout or urinary calculi.

4. The treatment was also successful in arresting some instances of albuminuria that accompanied the disease.

5. The cure consists in an exclusive meat diet, and by this term fish is also excluded; further at each meal is to be taken lactic acid ℥ij—iv in water ℥vj. As a substitute for wine at dinner, alcohol ℥ss. with water ℥vj is given.

Alcohol and lactic acid are designed to replace the saccharine and starchy elements of the food. To obtain a permanent cure it is necessary to persist in the treatment for several months after sugar has ceased in the urine. Then the patient may gradually return to a mixed diet.—*Allgemein Med. Central Zeitung*, 1873.

NATURE'S SCAVENGERS—A TINY HOST.—The stagnant and unsightly pool by the roadside furnishes a beautiful illustration of nature's workshop.

Ordinarily imperceptible agents, and apparently insignificant instruments, are producing changes and results of the utmost importance to man. To the superficial observer these creatures (we are speaking of animals) appear to have been created for no other purpose than the multiplication of their species. But the progress of science shows that their eggs are forever floating in the atmosphere, wafted here and there, until called into active life by conditions favorable to their development and maturity.

The stagnant waters on the roadside take up dust and organic matter from the air. With this dust spores and seeds are also taken up, which, under the exciting influence of moisture and heat, are soon developed into a dense mass of vegetation, consisting mainly of *confervæ*, *oscillatoræ*, *desmidiacæ*, etc. The rapid growth and the unlimited power of reproduction in these simple organizations is wonderful, and their colors and designs of great beauty. But death and decomposition soon take place, as a natural consequence of their simple organization. Poisonous gases are evolved, and such pools become sources of danger, poisoning the air.

Under certain special conditions, which are not yet quite clear, these effluvia may produce fever, and other diseases; or they may communicate a more malignant character to any existing disease.

But here nature steps in to remedy the evil—supplies her own antidote. The eggs of *animalculæ* which have been absorbed by the same water simultaneously with the vegetable spores, have hitherto lain dormant; but now, that by the growth and multiplication of vegetable matter, sufficient food is provided, these eggs begin to develop. Every drop of this water rendered offensive by the decaying vegetable matter is now swarming with *cyclops*, *daphniæ*, *rotatoriæ*, *vibrioniæ*, and myriads of other living animals. These minute creatures are nature's scavengers. Their infusion is to destroy the offensive and otherwise poisonous emanations of vegetable decay. They know of no pleasure, of no sleep, of no rest, until they have done their full duty. They keep on feasting and eating and gorging themselves, without gaining either in weight or size. The green scum gradually gets paler, the water shows a cloudy appearance, begins to settle and clear gradually; and with the returning clearness of the pool these *animalculæ* give up their lives. Microscopic shells only remain as monuments of their beneficent existence.—*The Sanitarian.*

It is only within the last seven years that New York has had even the presence of a sanitary government. And great as are the reforms which have within that time been effected, you have no need to be informed that sanitary works do not appeal to the age for recognition and admiration. The truth is, the field of sanitary labor is so much out of sight, so far removed from common observation, that the kind and amount of service it performs, and the real value of its labors, are known but to comparatively few. Probably not a score of the best informed citizens of New York know the fact, that as a result of the direct work of the Board of Health among low lodging-houses, cellars and unventilated tenement houses, in the years 1868-9-70, 2,500 lives are now annually saved, and 60,000 cases of sickness prevented! How few realize that during the same period two epidemics—small pox and relapsing fever—which have taxed London, Liverpool and other European cities to their utmost in giving proper care to the destitute sick, have by the most persistent efforts of the Board of Health, been prevented from gaining such prevalence in New York, as to cause even public alarm, or to create any considerable tax for their care. Unfortunately for the popular reputation of a Board of Health, as compared with the other departments of the municipal government, the results of its most successful labors appear only in lives saved, and sickness prevented, among the lowly and unknown. It constructs no costly and imposing docks: it builds no elegant and attractive school-houses; it controls no islands covered with charitable institutions; it plans no magnificent public parks; in a word, it does nothing to excite the admiration of the public, or gain its applause. It has not generally even the poor privilege of cleaning the streets, and thereby appealing through the public eye to the public heart. It simply seeks to save human life. Its work is in the haunts of poverty, which are so low that they are neglected even by public and private charity. Its officers are found at every

hour of the day in the by-ways of the city, and in pest-stricken districts, which all other ministers of mercy scrupulously shun; removing the wretched occupants of cellar to sun-lighted and well-ordered apartments, and opening to the sun and air the dark and noisome recesses of tenant houses, and caring for the poor victim of disease, from whom all others flee. The reward of the laborer in the field of preventive medicine is little more than a consciousness of having contributed to the health and happiness of his fellow-man.

Editorial.

MEDICAL RANK IN THE ARMY.

At the last meeting of the American Medical Association, some resolutions were passed in reference to the grade of medical staff of the army.

We desire, therefore, to call the attention of our Senators and Representatives in Congress to the propriety, justice and importance of changing the present arrangement, and passing a law more in accordance with the requirements of the age. According to the report of the Surgeon General for the last fiscal year, there were 59 vacancies in the medical corps of the army, and no prospect of their being filled, for the reason that the rank and pay now allowed were insufficient to induce young men to apply for positions in the service.

According to the present regulations, in order to be admitted to the medical corps, a man must possess both a first-class literary and medical education. Upon admission he takes the rank and pay of a first lieutenant of cavalry. After ten years of service, he is entitled to the rank and pay of a captain of cavalry. Subsequently, he must depend upon the death of his seniors for promotion, and may grow gray in the service before he attains to a full surgeoncy.

There is no branch of the service more necessary, or that demands a fuller exercise of the highest intellectual faculties, or that involves greater labor, devotion and responsibility, than the medical branch; and, therefore, it should, at least, be placed on an equality with the other branches, in regard to attainable rank.

The Surgeon General has the rank and pay of a Brigadier General, and beyond this he cannot now advance.

When all incentive to exertion is removed, no one labors, and the narrow limits within which the medical corps of our army is circumscribed, ought to, if it does not, tend to make mere drones in the hive. Let the qualification for admission be fixed as high as the highest, but at the same time make the rank and pay commensurate with the labor required to obtain this qualification.

The rank and pay of the lowest medical officer in the army should, at least be that of a major of cavalry, and that of the highest, as high as any in any other department.

We respectfully request our Senators and members of Congress from Kansas to advocate the passage of a law, that will in this respect do simple justice to the medical profession.

THE AMERICAN MEDICAL COLLEGE.

This is an Eclectic concern, and is located in St. Louis, Mo. We have in our possession a blank scholarship, and a circular, of which the following is a true copy. We will furnish the scholarship to any one who may be silly enough to desire it:

Dear Sir: With a view to more fully carrying out the object for which the "American Medical College," of St. Louis, was founded, viz: "The establish-

ment at this point of a Representative School of Progressive Medical Science, and of aiding those who are desirous of obtaining a thorough Medical Education," the Board of Trustees have decided to issue to one worthy person in each Congressional District of the United States a Beneficiary Scholarship in this Institution. In furtherance of this object, you are hereby respectfully authorized to appoint one such person in your District. Please fill out accompanying blank certificates, and hand one to the person selected, and return the other to the Dean of the Faculty. It is desirable that such appointment be made before January 1st, 1874, to enable the holder to attend the Spring Term, commencing February 9th, 1874. Respectfully, &c.,

JACOB S. MERRILL, *Pres't.*

M. F. TAYLOR, *Sec'y.*

The Professor of Surgery in this institution was for several years a resident of this city. While here he had no reputation as a surgeon or a scholar, but was chiefly noted for abandoning his wife and children, for fraudulently procuring a decree of divorce in Chicago, which was subsequently reversed, and for certain other infractions of the Decalogue, which we decline to mention. He was tried therefor by the Odd Fellows in this city, and expelled from the body. If the other members of the faculty are composed of the same kind of material, we pity the poor dupes who are induced to attend this institution. A course of lectures that is worth listening to, is worth paying for, and to resort to such tricks to obtain a class is *primâ facie* evidence of the utter worthlessness of any individual or institution that indulges in them.

We are inflexibly and uncompromisingly opposed to anything that perverts, misrepresents, or detracts from the dignity and honor of a noble and exalted profession, and have therefore devoted

thus much space to an institution, that we otherwise would not have mentioned. Furthermore, we deem it the duty of the medical press to expose and denounce all piratical crafts sailing under the colors of our profession.

A charitable disposition is one of the noblest qualities of human nature, and a free education is none the less thorough, because it is gratuitous; but when ostensible charity is exercised with a selfish or sinister motive, it is the rank-est hypocrisy; and the education derived from such a source is not only meager and malign, but is also subversive of the very objects and purposes of education.

THE KANSAS MEDICAL COLLEGE.

We have before us the *Annual Announcement of the Kansas Medical College. Session of 1873-4.*

It announces a full Board of Trustees, and the following

FACULTY:

- D. J. FUGATE, M. D.,
Professor of Theory and Practice of Medicine.
- J. MOON, M. D.,
Professor of Obstetrics and Diseases of Women and Children.
- B. F. MASTERMAN, M. D.,
Professor of Surgery.
- W. A. MCCULLY, M. D.,
Professor of Physiology and Pathological Anatomy.
- J. C. FRAZIER, M. D.,
Professor of Materia Medica and Therapeutics.
- E. L. CAMPBELL, M. D.,
Professor of Medical Jurisprudence.
- JOHN GRASS, M. D.,
Professor of Anatomy.
- C. S. MOORE, M. D.,
Professor of Chemistry and Toxicology.

The announcement is printed in clear type, on tinted paper, and presents a handsome appearance.

We should be inclined to pronounce the whole concern mere FUDGE and MOONSHINE, were it not for the fact that

in this State any persons who so desire can organize under the "General Incorporating Act," with any title they choose to select, and without any regard to qualification. In all probability, the title of M. D., attached to the names of the members of the faculty, is in most cases not intended to mean *Medical Doctor* but *Mere Device*.

The College is located at Independence, a flourishing town in Montgomery county, containing a population of about 1,500. Independence is chiefly noted as being the residence of Hon. A. M. York, who in the Kansas Legislature last winter had some financial connection with the ex-Honorable S. C. Pomeroy. Besides, it is only about ten miles distant from Cherryvale, the former residence of the noted Bender family.

The surrounding country is chiefly prairie, and consequently, there is abundant room for the extension of the incipient city—the erection of a massive and commodious Medical College building—and the full and free expansion of the lungs of each and every member of the faculty. As one finger per year will be about all the anatomical material required by this institution, the Bender graveyard will furnish an abundant supply for a number of years.

The absence of everything usually considered necessary for the success of a Medical College, with the exception of mere names and self-imposed titles, is no reason why the faculty of the Kansas Medical College should not deliver a course of lectures. We hope they will, but with our present information, we should not feel justified in advising any one to listen to them.

There is nothing in the Constitution or the statutes of the State, which prohibits a man from tooting his own horn, providing he does not annoy his neighbors thereby. Neither is it an indictable offense for a person by unreasonable presumption to make himself ridiculous in the estimation of his fellow citizens. We therefore have no words of condemna-

tion for the faculty of the Kansas Medical College; but on the contrary, we think they are justified in their action by the following declaration, which may be found in the 15th chapter of the Book of Proverbs:

"Folly is joy to him that is destitute of wisdom."

Bibliography.

Lacerations of the Female Perineum, and Vesico-Vaginal Fistula: Their History and Treatment. By D. HAYES AGNEW, M. D., Professor of Surgery in the University of Pennsylvania; with numerous illustrations. Philadelphia: Lindsay & Blackiston. 1873.

The monographs constituting the present volume appeared several years ago in the *Pennsylvania Hospital Reports* and in the *Medical and Surgical Reporter*. The frequent applications for them, and their inaccessibility, induced the author to put them in book form. The profession will thank Dr. Agnew for having placed these admirable papers within their reach.

On the Mechanical Treatment of Diseases of the Hip-joint. By CHARLES FAYETTE TAYLOR, M. D., Surgeon to the New York Orthopædic Dispensary and Hospital, &c., &c. New York: William Woods. 1873.

For a number of years Dr. Taylor has occupied the first rank in Orthopædic Surgery in the country.

The present monograph is an exposition of his method of treating disease of the hip-joint. It is amply illustrated, and is just what any surgeon needs as a guide in the management of this disease, and the deformities resulting therefrom.

Lindsay & Blackiston's Physicians' Visiting List for 1874,

Is on our table. For more than twenty years, it has maintained its reputation against all competitors, for compactness, convenience and superior excellence.

WEBSTER'S UNABRIDGED DICTIONARY is acknowledged authority wherever the English language is spoken. The only serious objection ever urged against it was, "that it lacked an index." For particulars, price, &c., we refer to our advertising columns.

THE MEDICAL HERALD.

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No. 7

Original Communications.

TWO CASES OF OVARIOTOMY, BOTH RESULTING FATALLY.

By DR. J. W. BROCK, M. D., Leavenworth, Kansas.

In May, 1873, I was consulted by Mr. Shaw, of Brown county, Kansas, relative to his wife. He gave me an intelligent history of the case at that time. I told him that I thought it was an ovarian tumor. In October I received a letter from my friend Dr. Thos. C. Shreve, of White Cloud, the attending physician, asking me to see the case with him. This was about the 10th of October. I did not see the case until about the middle of November, at which time I met Drs. Shreve and Bowson at the patient's house. I examined the case, and we diagnosed it an ovarian tumor. With the consent of the attending physicians I tapped the tumor for the purpose of relieving the patient, and also for the purpose of more fully establishing the diagnosis. I used a medium sized trochar at the point usually selected. We were surprised to find the liquid so thick that it would not run through the canula. It was of a gelatinous consistence, which at once led me to believe that it was a polycystic ovarian cystoma.

Peaslee, in his valuable work, says that "it is in polycysts alone that this firm jelly is met with." Here I will state that I am not altogether confident but that it would have been better to have operated at once after learning the consistence of the liquid; but as I was not prepared to

operate, I deferred the operation until the 25th of November, about ten or twelve days after tapping.

I placed the patient in the usual position, and with the kind assistance of Drs. Shreve, Bowson, M. S. Thomas, and Brooke, I proceeded to operate, by making a free incision into the walls of the abdomen in the medium line, commencing above the pubes, and ending about two inches above and to the left of the umbilicus. I then introduced my hand and turned out the contents of the sac until I could explore for adhesions, which I found to be very extensive to the liver, bowels and omentum. The whole inside of the abdominal cavity was lined with this gelatinous matter; in some places small cysts, with pedicles, were attached to the bowels and peritonæum. These were destroyed by the most careful handling; but it was with much difficulty that the gelatinous matter could be separated from its attachment.

The pedicle was short and easily secured. I used the silk ligature, and brought one end out through the lower end of the incision.

The usual dressings were used; stitches about one inch apart; deep, but peritonæum not included; adhesive strips braced and numerous, and flannel bandages. The tumor and contents weighed about seventy pounds. After placing her in a comfortable bed in a good room well ventilated, she appeared to recover from the effects of the ether and chloroform, as both were used, but separately. Reac-

tion was not gone, and she died of exhaustion and shock in about thirty hours after the operation.

This lady was a large, robust woman, about fifty years of age; had ceased to menstruate for four or five years. She dated the first symptoms of the difficulty about November, 1872; but there was no perceptible swelling or enlargement until March, 1873, when the attention of her physician was called to it.

The tumor grew very rapidly after it was first discovered. The abdomen was enormously distended; the umbilicus looked as though it would burst; the gelatine was closely adherent to the umbilicus on the inside. I am at a loss to know whether the sac had ruptured and its contents escaped into the peritoneal sac before the tapping, or afterward, as there was a constant running of the liquid after the tapping until the tumor was removed. Could these small cysts, attached to the bowels, have formed in the time intervening between the tapping and the removal of the tumor?

October 8, 1872, I was called to see Anna Green, colored, aged thirty-two years, who was suffering with pain in the region of the left ovary and other portions of the body. I examined the party, and found a tumor about the size of an orange; examined the womb, and found it in its natural position; introduced the sound, and found the uterus of normal length. I diagnosed the case as a solid ovarian tumor. I examined the case from time to time, and did not have any reason for changing my diagnosis—save the tenderness felt over the region of tumor at subsequent examinations. This excessive tenderness is not generally felt in solid ovarian tumors, but generally in uterine fibroids. Its growth was steady, but not rapid.

The patient was a stout, robust woman; lost some flesh, but not a great amount; had no living children, but had frequently aborted. The menses appeared regularly, but were attended with a great amount of pain. She was anxious to have the operation performed. December 1, 1873, I removed the tumor, assisted by Drs. M. S. & D. W. Thomas, Sinks, Neeley, Wever, Houston, Phillips, VanDuyn and Jones. I made the incision in the usual place, about seven or eight inches long. The tumor was movable from the time I first noticed it until its removal. When I introduced my hand for the purpose of exploring the parts, I found it closely adherent to the bowels and omentum in several places. These attachments I removed, and turned out the tumor. I found it to be an ovarian fibroid, with six smaller tumors growing from the pedicle. The pedicle was of the same fibrinous consistence as the large and smaller tumors, and about two inches in diameter.

I used strong silk ligature, but had considerable difficulty in securing the vessels, as the ligature slipped after cutting the pedicle.

After the operation the patient rallied from the effects of the anesthetic, and appeared to do well for twenty-four hours, but at the end of that time the pulse increased in frequency, and the pain in the bowels became intense, and the patient died of peritonitis, forty-eight hours after the operation. I did not expect to find a fibroid tumor, although it was hard to the touch externally. The pedicle was much larger than I expected to find it, and I was still more surprised to find so many smaller tumors—two of the six as large as a hen egg—growing from the pedicle. I am more satisfied that the case was one of that class that is

often abandoned after opening the abdomen and finding the character of the tumor. I am also satisfied that patients with an undue quantity of adipose tissue are not the most desirable ones for ovariectomy.

Correspondence.

WYANDOTTE, KAN., Dec. 17, 1873.

EDITOR HERALD: Permit me to thank you for your very pertinent remarks in your editorial of this month, entitled, "Medical Rank in the Army."

It is a burning shame that the rank and pay of medical officers in the army and navy of the United States have been and are so inferior to those of other officers whose education and responsibilities are not greater, and are usually far less than those indispensable to the officers of the medical corps.

From my stand point during the recent war, it was plainly to be seen that had the military struggles continued for a short time longer under the regulations then governing the medical department, it would have been impossible to have obtained anything like the number of medical officers needed. As it was, some of us can most distinctly remember how some medical officers were unable to visit their families—even though they had not been seen for more than two years—simply because such "absence" from the active labors in the field would leave the service without its absolutely needed medical assistance. And such were the needs of the sick and wounded soldiers, and the scarcity of surgeons, that as we can also distinctly remember, medical officers, whose terms of service had expired, were officially notified that whether they so desired or not, their resignations nor the expirations of their

terms would be recognized. They must stay and labor irrespective of promise, being forced by a "military necessity which knows no law" to remain in field or hospital until the war closed. And this was solely due to the fact that rank, pay, &c., were not properly given to medical officers. I personally knew *officers of the line* who could neither read nor write (not from this State, however), yes, who could not sign their own names, who drew as much pay, and sometimes more, than some finely educated medical officers. And the same thing might occur again, and, as before, the service suffer greatly in its efficiency, to say nothing of the outrage to humanity caused thereby.

I trust other medical journals may follow your example, and in the interest of justice and humanity press this matter, until our politicians and statesmen shall so arrange our army and navy that equal brains, equal intelligence and bravery, equal danger and responsibilities, shall receive equal reward. Those, if there are any, who claim that there is less danger to the medical officer, should know that the reverse is true.

J. P. ROOT.

Gleanings.

THE ELASTIC LIGATURE.

Our readers will probably remember a note in *The Clinic* several weeks ago calling attention to Prof. Dittel's introduction into surgery of the elastic ligature, in place of the ecraseur, galvanocaustic wire, etc. The following editorial and hospital report, from the *British Medical Journal*, November 29, 1873, gives a more detailed account of the *modus operandi*, with some new cases in London:

Our hospital reports contain an account of an interesting operation performed at

University College Hospital by Sir Henry Thompson, in which that surgeon used, for the removal of a mammary tumor, the elastic ligature, as recommended by Dr. Dittel of Vienna. The proceeding is one of those which indicate the tendency of modern surgery to endeavor to obtain complete results by bloodless means. In the hands of Dr. Dittel, who has made extensive application of the India-rubber thread, the use of this material as a substitute for the knife has proved very successful; and this proceeding is one which, although of limited application, will doubtless find favor in many cases with surgeons, and no less so with patients.

To the accounts of the operation given by Sir Henry Thompson and our reporter, we have to add a few words on the history of the subject. While to Dr. Dittel is unquestionably due the merit of having made a most ingenious application of the result of an unfortunate accident, and of having called the attention of surgeons to a mode of operation which may prove to be of much value, it would be an error to suppose that he is the first surgeon who has used the elastic ligature in the way recommended by him. More than three years ago, Mr. Henry Lee read a paper before the Royal Medical and Chirurgical Society, in which he described an operation that he had practised for the removal of nævi by the use of elastic ligatures (*British Medical Journal*, vol. 2, 1870, p. 99). A Professor Vanvetti of Padua, in an article in the *Gazetta Medica Italiana (Provincia Venete)*, for June 7, while he speaks in complimentary terms of Dr. Dittel, points out that, as long ago as 1862, Dr. Grandesso Silvestri of that city published in the above named journal an essay on the use of the elastic ligature, in which he recommended its use for the removal of tumors, and described cases of nævus, vaginal polypus, and scirrhus of the breast, on which he had thus operated. In a second paper, published in the same Italian journal in 1871, Dr. Silvestri repeats his advocacy of the elastic ligature, and describes additional cases of

nævus, uterine fibroid, and tumor of the vulva, in which he had used it with success. He was also aware of the fact that it would cut through bone. Dr. Vanzetti further directs attention to Mr. Henry Lee's paper above mentioned, and to the fact that, in 1863, M. Richard of Paris, at the suggestion of M. Trousseau, used the elastic ligature in several cases for the removal of pedunculated tumors. Dr. Dittel has since written to Dr. Vanzetti a letter, in which he honorably states that "he has no doubt but that the priority of using the elastic ligature belongs to Dr. Grandesso Silvestri; and he has no hesitation in acknowledging this, although he was quite independently led by an accident to his discovery." The use of the elastic ligature has, therefore, already a good amount of evidence in its favor, and it is well deserving the attention of surgeons.

On the 21st instant, Sir Henry Thompson demonstrated, for the first time in England, a surgical procedure, which has been practised for some time past by Professor Dittel, of Vienna. It consists in substituting an innocent-looking elastic thread for the formidable array of knives, tourniquets, artery-forceps, and other paraphernalia with which the surgeon ordinarily approaches the patient. Before proceeding to perform the operation, Sir Henry related the curious accident by which Professor Dittel was first led to appreciate the extraordinary results which may be produced by the slight, yet continuous, pressure of a simple elastic thread. He was called to see a girl about 11 years of age, who was suffering from acute and severe, but somewhat anomalous brain symptoms. The case was altogether obscure; the girl seemed in other respects healthy, but could give no account of herself—she was, in fact, at the point of death—nor could any satisfactory history be obtained from her friends. The attack soon proved fatal, and Professor Dittel made a necropsy. It was then found that the India-rubber band of the hair-net which she was wearing had ulcerated through the whole thickness of the calvarium,

and had set up meningitis. On further inquiry, it was ascertained that the girl, having been constantly scolded by her stepmother on account of the untidy state of her hair, had, about three weeks before her illness, purchased an ordinary hair-net, and the elastic thread of this net, tied around the head and worn day and night, cut through skin and bone and penetrated to the brain; and this apparently without causing any pain to the patient.

Professor Dittel at once proceeded to reduce to practice the ideas suggested to him by this unfortunate accident. He first applied it to a case of nævus of the scalp in a child; then, finding that the plan quite answered his expectations, he applied it to the removal of the testicle, penis, etc., and finally to the amputation of limbs. He has now performed, by means of the elastic ligature, a large number of operations of all kinds, including five amputations of limbs. It is not understood, however, that he proposes to apply his method to the performance of the larger amputations; these were done rather with the view of testing the capabilities of the process. The time required for the completion of an operation varies according to the amount and density of the tissues which have to be divided, *e. g.*, for the separation of the mamma from eight to twelve days.

The chief advantage which Dr. Dittel asserts this to possess is, that patients so operated on are less liable to pyæmia than those treated in the ordinary way. He bases this assertion on the experience of the numerous cases referred to above. Remembering also what a morbid dread of the knife many nervous patients have, the depressing mental effects of an operation may often be greatly diminished. Lastly, the operation itself is absolutely bloodless.

Among the operations for which it is admirably adapted may be specially mentioned *fistula in ano*, which Dr. Dittel now invariably treats in this way. One end of the India-rubber thread is passed in the eye of a probe up the sinus into the bowel, then caught, brought out

at the anus, and tied; it cuts out in a few days.

The patient on whom Sir Henry Thompson operated was a stout, middle-aged woman, who was suffering from an ulcerating fibro cystic tumor (cystic sarcoma) of the right breast. She had had a lump in the breast for twenty years, but it caused her little inconvenience till two years ago, when it began to enlarge rapidly, and finally the skin over it gave way. At the time of the operation, the tumor was of the size of a large orange, and somewhat pendulous, the breast itself being wasted; it was crowned by a large, sloughy, fungating ulcer. The ligature used was tubular, about one-twelfth of an inch in diameter, the caliber of the tube being about one-third of this. A large nævus needle was threaded with this and with a piece of twine (the use of which was explained afterwards), and passed under the base of the tumor; the elastic was then cut, the needle withdrawn, and the halves of the pedicle tied separately.

Sir Henry Thompson remarked, after the operation, that, although this was a very suitable case for the method adopted, it was not a severe test. The only accident that could happen was the snapping of the elastic when stretched; in that case, another length was tied to the twine, which had been passed under the tumor with the elastic and drawn by it along the track of the needle; otherwise, the twine was removed as soon as the ligatures had been properly tied. The best way to avoid the occurrence of this accident was always to use freshly-prepared elastic; if kept only a month, it was very liable to become brittle.

The skin over the tumor should be tightened just before tying, so that as little as possible might be included. Sir Henry added that, as that was the first time he had operated by that method, he had been anxious to conform in all respects to the practice of Dr. Dittel; but he thought that, another time, he should be disposed to make a superficial incision through the skin along the course of the ligature, so that it would be in a groove,

and would not be liable to slip. He thought also that this would obviate the pain which Dr. Dittel said that patients sometimes experienced during the first two or three hours after the operation; in most cases, however, the pain was slight. This patient complained of pain, apparently not very severe, for about twenty minutes after she recovered from the chloroform. Dr. Dittel's paper in the *Allgemeine Wiener Medizinische Zeitung*, 1873, has furnished very full details respecting this mode of treatment.—*The Clinic*.

NEW OPERATION FOR ANEURISM.

A novel operation was performed very recently at the Pennsylvania Hospital of Philadelphia, by Dr. R. Levis, and the result, if the case turns out favorably, will be a very decided advance in surgery. The case was one of subclavian aneurism, involving possibly the innominate. As ligation of the artery was deemed inexpedient by the surgeons who examined the case, Dr. Levis determined to carry out a plan of his own, which is a modification of that adopted by Dr. Moore, of the Middlesex Hospital, and since followed by Dr. Donville and Mr. Murray, of England. The plan of these latter gentlemen was to introduce fine wire into aneurisms, to afford a nucleus about which clots could form. Dr. Levis conceived the idea of using horse-hair, believing that it would offer sufficient obstacle to the blood-current to produce coagulation, and also, being animal in its nature, would act like the catgut ligature and not give rise to suppuration. The horse-hair was introduced through a fine sharp needle canula, which was plunged into the sac. No difficulty was experienced in its introduction, and twenty-four feet nine inches were safely stowed away in the aneurism. A marked diminution in the force of the pulsation of the aneurism, and of the pulse of the wrist, was at once produced. This has increased since the operation, the tumor has also gained in solidity, the pain has lessened very much, and no un-

favorable symptoms have resulted. At last accounts the case was still progressing favorably.—*Philadelphia Medical Times*.

THE MEDICAL VALUE OF ARTERIAL PRESSURE.

The following deductions were made by me some years ago, when experimenting with the sphygmograph. As I have found their practical application in diseases of the chest so valuable, I feel myself no longer justified in withholding them from the criticism of the profession.

Let us assume that pressure be applied to both axillary and femoral arteries; then, roughly speaking, about half the blood in the systemic or greater circulation is withheld. The remainder returns to fill the left ventricle of the heart, which either contracts upon half its normal amount of blood or *delays* its contraction until sufficient blood has returned from the unobstructed vessels to distend it to its normal contracting volume. If the latter of these two alternatives were the case the pulse would be diminished in frequency and its fullness greatly increased. It may at once be ascertained, by pressure on a femoral artery, that there is no alteration in frequency, and the sphygmograph shows that there is no increased tension in the radial pulse when the femorals are compressed. Hence, it follows that the left ventricle contracts upon half its normal quantity of blood, and that the right ventricle contracts upon half its normal amount of blood, and that, the area of the pulmonary or lesser circulation being undiminished, the pulmonary artery contains but half its normal amount of blood; and thus it follows that the blood speeds through it less rapidly, and pressure within its walls is greatly diminished.

I determined to apply this theory in three different sets of cases:

1. (a) Hæmoptysis in consumptive cases; (b) hæmorrhage from wound of lung.

2. On the supposition that damming

back venous blood from the lungs would diminish the necessity of oxygenation; (a) spasmodic asthma; (b) emphysematous and cardiac dyspnoea.

3. As a direct *dry cupping* of the lung in inflammatory diseases.

Of Class 1 I have had but little experience. We have but little hæmoptysis in South Africa. In the case of a Kaffir with a bullet-wound of the left lung, pneumothorax and hæmothorax present in great degree, axillary pressure gave immediate relief to the dyspnoea.

Of Class 2 I have applied pressure in five cases, and afforded immediate relief to dyspnoea in all.

Miss S— has spasmodic asthma every month. She came to my consulting-room in great distress. I applied my thumbs to both axillary arteries, and she expressed herself immediately relieved. Pressure was continued for about five minutes. Upon removing it the dyspnoea did not return for about ten minutes, when pressure was again applied. She left with her breathing nearly natural, the dyspnoea this time not returning for some hours. Her friends by my directions compressed her arteries, each time affording her relief. She states that this was the severest, but shortest attack she has had, and that less bronchitis was left than usual.

W. S—, an old missionary, aged seventy-six, has been failing since I first saw him one year ago. Has chronic bronchitis, emphysema, and dilatation of the right ventricle, besides other complications. One evening in May last I was summoned to him in haste, as his friends feared he was dying. I found him sitting up in bed; orthopnoea extreme; face livid; hands plucking at the bedclothes; cough incessant. He had had every door and window thrown open, and permitted no one to stand at his bedside. He just managed to gasp out that "I was too late this time." I applied my fingers to his axillaries alone, and in less than half a minute he expressed himself relieved. In less than two minutes he was thanking me in his old manner, and inquiring into the *modus*

operandi of the means I had used. The pressure was removed after ten minutes, but the dyspnoea did not return. He began to cough up mucus more freely, and in a quarter of an hour fell asleep: On subsequent occasions, if pressure was removed too soon, he would start up, and cry out that "It was coming back," but was again tranquil upon its reapplication.

The sequel of this case is interesting, as bearing upon this treatment. The following morning, whilst Mr. S— was turning in bed, he fractured a rib on the left side. I was sent for, and found him in great agony, the crepitation being audible to those around on each labored inspiration. Strapping and subcutaneous injection of morphia relieved him.

The following evening I was again sent for, this time to find him in a state of extreme cardiac apnoea; face deadly pale; pulse rapid and exceedingly compressible; respiration rapid; air entering freely into all parts of the lungs. Complained of a death-like feeling over præcordial region. Axillary pressure gave scarcely any relief. In fear and trembling, and feeling my way with small doses, I gave morphia, and this relieved the dyspnoea and procured sleep.

Subsequent experience in this patient's case, which ended fatally a few days after, convinced me that cardiac dyspnoea was not to be relieved in nearly the same degree as that of pulmonary origin, but in the latter relief was immediate and un-failing.

I will not occupy space by enumerating other cases; suffice it to say that mine, although few, have all been most unequivocal. And although I cannot imagine but that the principle and practice have been recognized before, yet, as I have never hitherto met a medical man to whom the effect of arterial stoppage upon the circulation has not been a novelty, I earnestly beg the profession to adapt it to treatment, and trust all may give the same relief to suffering that I have been enabled to do.

With respect to Class 3, where there is active inflammation of lung tissue, I

cannot from want of experience, speak with conviction. I think that gentle pressure of the femorals (it need not be complete) might be serviceable in the intractable catarrhs at the apex of the lung in phthisical people. I can speak from personal experience of the relief that pressure on one or both femorals gives to those irritating coughs that destroy the rest of those with consumptive disease. It might be well to remind experimenters that pneumonia predisposes to the formation of a pulmonary clot, and that it might be dangerous to slacken the pulmonary current in that disease.

Stoppage of epistaxis by elevating the arms may be due to the same cause by compressing the axillary arteries. This would act, I imagine, by facilitating the return of blood through the superior vena cava. If so, digital compression would be better. This is rendered probable by the arrest of hæmoptysis by tying up the arms of consumptives. My friend, Dr. Grabham, of Madeira, whose experience is large, told me he often treated hæmoptysis in this way with success.

Lest I should override my hobby, I will only suggest the probability of lowered temperature in lungs whose bloodstream is much diminished, and the possibility of inflammation resulting, as after great amputations.—*E. De Morgan, in The Lancet.*

NÆVUS TREATED BY CROTON OIL.

It appears, from the *London Medical Times and Gazette*, that Dr. De Smet communicates to the *Presse Medicale Belge* an account of a case of nævus which he has successfully treated by means of croton oil. He observes that when the nævus is visible, vaccination is objectionable on account of the cicatrices which are left; and moreover, as in his own case, the child has frequently been already vaccinated. In this case the girl, five years of age, had a small nævus, which was situated immediately below the lower eyelid. Numerous small superficial vessels also converged towards it, the nævus including these vessels, be-

ing a little larger in size than a half-franc piece, and having a slightly projecting center. After perchloride of iron had been tried without avail, the croton oil was resorted to. Fifteen sewing needles were passed through a cork so as to allow their points to project for about two millimetres, and the points were so disposed as to represent as nearly as possible the form of the nævus and the direction of its chief vessels. The cork was then dipped in croton oil, and having been applied exactly over the nævus, the points of the needles were quickly forced into the part. Painful at the moment, this inoculation only left after it a slight sense of heat and pricking. A little wadding constituted the dressing. Next day there was some swelling and a little vesication, but no pain. On two occasions, at intervals of two or three days, the part was slightly painted with the croton oil. The success was complete, the nævus completely disappearing, and the vessels becoming obliterated, so that no trace of the malady remains.

The advantages of the plan of treatment consists in the entire absence of cicatrix, its easy application, the little pain caused, and the rapid effect produced, the patient in this case being cured in a week. Of course it would not be applicable when the nævus is deep seated and its vessels are voluminous, but it is well suited for cases where the nævus and vessels are superficial, and especially when the child has been vaccinated. Probably in some cases repeated frictions with the oil might suffice, but when the vessels have attained a certain magnitude their obliteration requires the punctures.—*Medical and Surgical Reporter.*

THE ATTAINABLE LIMITS OF OPERATIVE SURGERY.

In his introductory lecture at University College, Mr. Erichsen made the remarkable assertion that the attainable limit of manipulative and operative surgery had been nearly reached, if not quite. Coming as it does from one greatly experienced in the operative depart-

ment of surgery, the statement is very significant and demands attention. The term "attainable limit," or "finality," as the lecturer called it, must, however, be accepted with a certain amount of reservation, less by prematurely arrogating perfection to hinder further progress and retard a noble art. But it is only reasonable to assume that any merely manipulative art can be elaborated only to a certain degree, and that in time a point will be reached beyond which it is impossible to go. Varying conditions may suggest endless modifications, but the principles of the practice, so to speak, remain the same. If we remember that almost every artery in the body up to the aorta itself has been ligatured, that almost every articulation has been excised, that large bones have been removed, that organs previously considered vital have been extirpated, it must be acknowledged that something like finality has been attained. It is true that new methods of accomplishing a particular object in manipulative and operative surgery are constantly being devised; but in all these there is rarely little more than the elaboration of some old principle. The valuable method lately adopted by Esmarch of performing bloodless operations on the distal portions of the extremities, is sufficient proof that progress is still being made; but even this recent plan is not new, for the same object had been previously attempted by similar but less perfect means.

That the practice of surgery may become of still greater service to the community, it is therefore necessary now to turn the surgical mind in another direction, and, by developing the science, to remove the necessity of what has been called to opprobrium, but which is nevertheless the glory of the art—operative surgery. Scientific surgery must be cultivated with greater diligence and zeal, for from it must come any fresh achievements and new conquests. At the same time that we perfect the use of the knife, we must strive for its substitution by means more subtle but equally potent and effectual. It is true that in many

cases, as in accidents and injuries, the knife cannot be dispensed with, but it is the province of scientific surgery to find out what will prevent diseases attaining the magnitude that entails the horrid necessity of operative interference.

It is, however, a serious fact, that notwithstanding the perfection in the manufacture and mechanism of instruments and the methods of using them, the results of operations, as regards life, remain about the same as when they were more rudely performed and instruments less ingenious. The results of a given operation as regards the individual are better, but the mortality of all operations has certainly not diminished in anything like a proportion corresponding to the progressive perfection of surgical manipulations. All the causes of this are not evident, but some are sufficiently obvious to be traced out and dealt with. We shall find, for instance, that there has been very little improvement in the external hygienic conditions by which the patient is surrounded before and after the operation. He is placed in the same wards, most of which are ventilated in the same rude manner as formerly, and little has been done to diminish the risks attendant on surgical wounds in the wards of the hospital. The fact is, that what is often regarded as the result of an operation is the effect of hospitalism; and although a certain mortality may be necessarily associated with the system of hospitalism, it is equally certain that the number of deaths may be greatly diminished by attention to a strict hygiene. It is this part of the subject of scientific surgery that calls for a closer study and promises greater results than perhaps any other department.—*Lancet*.

RECENT THERAPEUTICS.

Professor Prosser James, M. D., in a lecture reported in the *Medical Press and Circular*, has the following summary:

No greater shock to ancient prejudices could well have been given than the proposal to keep fever patients in cold baths for hours; but it has been done, and the improvement has been

measured by the thermometer. By cold baths it is to be understood that the water is to be a little cooler than the body of the patient, not that the contrast is too violent or the shock great. Here it is singular to note that the system called hydropathy has, after all, a rational foundation, though the excess to which it has been carried by ignorant charlatans has been as injurious as it was unscientific. The rational use of cool water in febrile diseases has been fairly tried in the London Hospital, and it is to be hoped that the Profession will not abandon it to pretenders. I may add that where, as too often happens in private practice, there are many obstacles to the employment of prolonged baths, similar results may be obtained by assiduously and regularly sponging the surface.

Recent observations also go to prove that quinine possesses considerable power of reducing the temperature in pyrexia, and the discovery enables us to see why it is sometimes so useful a remedy, and to measure its effect.

Another agent which recent research tends to prove possesses like properties is alcohol. In all its forms this has long been employed as a stimulant, and it will, perhaps, require further investigation to convince many that their sensations mislead them when they fancy it warms them. As to the medical use of alcohol, we have seen it go through a complete cycle of change, a circumstance that might well persuade us that it has not always been rationally employed, and that may also suggest doubts whether we even yet understand and appreciate its properties. Physiological experiment is probably leading us to the true method of employing it, and its power of reducing the temperature is an objective fact that may shortly receive its true interpretation.

The next remedy I cite is electricity. Assuredly we have lately made great strides in applying electrical influences to the cure of disease. The galvanocautery is in many cases taking the place of the knife or of the hot iron. The silent, painless, continuous current is

made to effect what was vainly hoped for from the more obvious and painful shocks. We remove pain, get rid of effusions, nay, disperse solids by the galvanic current. No greater triumph of treatment can be mentioned than that involved in the removal of tumors by electrolysis. On the discovery of the great power thus placed in our hands, I applied it at once in cases of bronchocele, of large size, that had resisted all other treatment, and I am glad to be able to state that it was very successful.—*Medical and Surgical Reporter.*

A HEART WITH FIVE CAVITIES.

An inquest was held in London, September 16th, on the body of Maria Smith, aged thirty, who died under the following peculiar circumstances: It appeared from the evidence that deceased, whose real name was Phillips, resided at 12 Union Court, Westminster. On Friday last, deceased, who had long complained of her heart, called a neighbor to her room, who, seeing deceased was evidently in a dying state, called for further assistance, and sent for a medical man, but before his arrival she exclaimed, "I am dying!" and fell on her right side, dead. Mr. George Fenton, 28 Great Smith street, Westminster, remarked to the coroner that this was a case of peculiar interest, as there was only one other similar case recorded in medical annals known to him. On Friday he was called to see deceased, whom he had known by sight for about twelve months, and found her lying on the bed, warm, but dead. He had since made a *post mortem*. On examining the thorax he found the lungs slightly congested, and on separating the heart from the lungs he found the pericardium adherent over the whole surface. In carefully dissecting it off, he found a most extraordinary formation—viz: five cavities. The extra cavity was anterior to the left ventricle, and communicating with it by two small holes. One was just below the semilunar valves, and was tendinous all round, and smooth and shining; the other was

more at the apex of the ventricle, rather larger than the superior one, and was covered with a valve somewhat similar to the other valves of the heart. The heart was in a most abnormal condition, being almost three times the ordinary size, weighing twenty-three ounces. There was a small fibrinous clot in the extra cavity, and the valves on the right side were inflamed and thickened. The liver was soft, and weighed one pound heavier than it ought to have done. The kidneys were small and much congested, and the capsule was very loose. No doubt the condition of the heart had caused death. The jury, after a few remarks, returned a verdict of death from natural causes. In a note received from Mr. Fenton, he adds: "I have no doubt at some time or other it was a true aneurism of the heart, but the woman having had acute inflammation of both pericardium and endocardium, and the former being adherent at the time the walls of the ventricle were ruptured, saved the life of the woman. I may further state that the size of the cavity was somewhat larger than the ventricle, and the anterior wall was wholly tendinous and smooth.—*Medical Times and Gazette*.—*New York Medical Journal*.

MULTIPLE MAMMÆ.

Among certain peoples of the ancient times there was represented a divinity in a form of a female literally covered with mammary glands. Statues of this kind are still to be seen in the ancient villas about Rome. Is this creation due to a caprice of imagination on the part of the artist, or has nature herself furnished the model in a case of such deformity, varieties of which are so common as to be innumerable, and, indeed, little surprising in our day. If it be true that there is *nil sub sole novum*, we may accept the last hypothesis, which finds additional support in the report of an analogous case quite recently, which we extract from the *Medicina Chirurgia ed Igiene* at Rome.

In a little work about to appear, Prof. François Scalzy describes the case of a

woman well advanced in life, who was received at the hospital *Consolation* to be treated for a wound in the head. This woman presented the strange anomaly of four mammæ, of which one was accessory and a little below the left normal breast, and one was on the right side on the shoulder near the axilla. This last breast was sound, and like the left accessory mammæ, could be used in lactation. The author notes, as a proof of the hereditary of these anomalies, that this woman had a daughter with three breasts, all of which furnished milk.

This anomaly, however, is not peculiar to the people of the South. The annals of medicine in France have furnished analogous cases. Champion (de-Bar-le-Duc) speaks of a woman who had four mammæ; the two supplementary breasts being placed under the axilla and furnishing milk like the others. Another case, cited by Jean Borel, is that of a woman with three breasts, all giving milk. The supplementary mammæ was on the left side above the normal breast. Percy attributes the disgrace of Anne Boleyn, wife of Henry VIII, partly to the fact that she concealed from her husband one of these supplementary breasts. Quite recently a very interesting case has been published in the *Revue Photographique des Hôpitaux*. Thus, when we collect together all the recorded cases of teratological mammæ, we observe that nature has not been at all avaricious in the production of such monstrosities.

We have spoken of anomalies in number. There have been recorded, also, anomalies in position, form, volume, etc. Sometimes the breast is seated on the back. Dr. Robert, of Masceilles, reports the case of a woman who carried upon the left thigh a supplementary breast, with which she nourished several infants. Man, himself, in whom this gland is not normally developed, is exposed to these deformities. François and Blandin cite two cases of four breasts in man; one of these individuals was an artillery surgeon, the other was an army lieutenant.—*Aubeau: Le Mouvement Medical*, Oct. 25, '73.—*The Clinic*.

NEW VIEWS ON DIABETES.

M. Lecorche has submitted to the Academy of Medicine of Paris the following opinions respecting the nature of diabetes: 1. The current theories touching the pathology of diabetes refer only to certain varieties of glycosuria which have nothing to do with diabetes. They do not explain diabetic glycosuria. 2. Glycosuria, in diabetes, is only a secondary circumstance; the principal phenomenon is a tendency to disassimilation of protein substances. Diabetes may, in fact, be called azoturia. This disassimilation is the very essence of diabetes, and is characterized by the enormous quantity of urea which the patient is daily losing. 3. This protein disassimilation is the primary cause of glycosuria, which latter is simply an unimportant sequel of that cause. Protein disassimilation requires combustion, and during this combustion the oxygen leaves unattacked any glycosic substance formed in the economy; hence the existence in the urine of a quantity of sugar, which quantity increases with the amount of urea. 4. These views of the pathology of diabetes are of capital importance as regards the treatment, for they pave the way to a rational mode of treating the disease. The theories hitherto offered do not admit of such a course, as they refer only to glycosuria.

In viewing diabetes as M. Lecorché proposes (i. e., as azoturia, of which the glycosuria is the consequence) there is, he says, only one way of contending with the disease, namely: to endeavor, by every means in our power, to stop the loss of urea experienced by the patient. To attain this end we have only one mode of treatment at our command—the administration of cumulative remedies. Among these the principal are opium, arsenic, valerian, and perhaps bromide of potassium.

M. Lecorché promulgated these opinions before the Academy at the meeting of June 10th last, and promises to give further developments (and it is to be hoped experimental proofs) in the pub-

lication of lectures on diabetes delivered by him at the Faculty.—*Lancet*.

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On the Question of the Transmission of Syphilitic Contagion in the rite of Circumcision.—A series of suspected cases were referred by the New York Board of Health to Dr. Taylor, who carefully examined the children, and presented the result of his investigations in the form of an extended report to that body. His conclusions are:

1st. That in the Jewish rite of circumcision there is a possibility of the occurrence of syphilis.

2d. That the contagion is most likely to be communicated in the act of sucking the wound, the mouth containing styptic liquid, and that perhaps it may occur by means of instruments soiled by syphilitic blood.

3d. That the chances of such contagion are rendered greater by the performance of the operation by irresponsible, non-professional persons.

4th. That the operation of sucking should be wholly abolished, and that if a styptic solution of any kind is used, it should be poured from a vessel in the wound rather than squirted upon in from the mouth of the operator.

5th. That in no instance should two or more children be operated on consecutively without a thorough cleaning of the instruments and utensils used after operation, and that in every instance the greatest care should be taken in cleaning the instruments.

6th. That the performance of the rite should be absolutely confined to responsible and educated persons; either a physician alone being selected, or a physician assisting an officiating rabbi, or a circumciser of recognized merit.

7th. That under these circumstances accidents of any kind are reduced to a minimum.

Attention to these points will, under any circumstances, be of great benefit, and will render a rite which has useful sanitary bearings less liable to fall into disrepute among those upon whom it is obligatory.—*New York Medical Journal*.

MIDWIFERY.

Delivery of a Four Months' Fetus, and a Live Child at Maturity.—The patient was in labor with her third child when first seen by Dr. J. S. Hunter. The pains were not very strong, and the presenting part could not be recognized with certainty. A four months' fetus was first expelled, with the cord unbroken and the membranes and placenta entire, and in a state of perfect preservation. The uterine surface of the placenta was hard, and had the appearance of a cicatrix. After the lapse of an hour labor-pains again commenced, and a child at term was soon expelled, which, although at first apparently asphyxiated, was resuscitated without any great difficulty. The delivery of the placenta belonging to this child soon followed. The mother stated that when she was four months advanced in pregnancy she was standing at the door of her house, with one of her children in her arms. She slipped and fell, and to save the child from injury, held on to it, falling at full length upon her abdomen on the ground. She experienced some pain, but after resting some days was again able to resume her duties. She is sure there was no hemorrhage at this time, and none at any subsequent period. She continued her daily work up to the time of her confinement, and on that day did a half day's washing, besides other household duties. — *Nashville Journal of Medicine and Surgery.*

CAUSTICS IN FATTY TUMORS.

The *British Medical Journal* says: "A very interesting discussion took place at the Société de Chirurgie of Paris, on the occasion of two cures of fatty tumors by the application of the Vienna paste. The two cases were described by Dubreuil, and this gave rise to a discussion on the comparative merits of treating tumors with a caustic or with the knife. The adversaries on this occasion were MM. Dubreuil, Després, Chassagnac, Marjolin, and Tillaux, who were in favor of the caustic treatment; the partisans of

the knife were MM. Trélat, Blot and Larrey. The three latter surgeons related a great number of cures effected with the knife, which are certainly in favor of this method. Baron Larrey states that he has obtained, in a case of fatty tumor of the size of the head of an adult, a cure by the first intention in thirty-six hours. The other two surgeons named have removed fatty and other tumors of various sizes with the knife, from the head and different parts of the body, by the aid of linear incisions and methodic compression, and in nearly every case the wound was healed by the first intention in from twenty-four to thirty-six hours. But the partisans of the caustic method brought forward instances in which the use of the knife was attended with disastrous results, and in some cases proving fatal. When union by the first intention does not take place, the most serious consequences are apt to result, such as erysipelas and purulent infection, whereas, by the use of the caustic, the patients are less exposed to such dangers. Such was the opinion of these gentlemen, and M. Tillaux added that, among the working classes, this method had the advantage of not compelling the patient to lay up. M. Marjolin, moreover, remarked that it was necessary, for the obliteration of the sac of certain sebaceous cysts, that they should suppurate, and this was best effected by the use of caustics.

Miscellany.

Mr. Panmieri has received directions from the Empress of Russia to construct for her use a thermometer which will give signals of changes of temperature. He has succeeded in making this instrument, which is now exhibited at the Academy of Science in Naples. The apparatus is so sensitive that the indicator is in constant motion; the moment a change of temperature attains any marked degree, a little chime of bells rings, and warning is thus given of the

change of temperature. The instrument is suspended in the Empress' traveling carriage, so as to insure the attainment of an equable temperature.

A writer in the Cincinnati *Lancet and Observer* recommends the following formula: R. Fresh eggs, No. iv; lemon juice, q. s. Place the eggs in a suitable vessel, and pour over them sufficient lemon juice to cover them, and let them remain for 24 or 48 hours. Then pass the whole through a strainer, and add, with agitation, the following, and in the order given: To the lemon juice and eggs add an equal volume of glycerine or honey, cod-liver oil, and brandy or whisky. The whole forms a permanent emulsion, and will keep good during the summer months for a month, and longer in cooler weather. The taste of the oil can be completely covered by the addition of a few drops of oil of wintergreen, or oil of bitter almonds. This mixture is pleasant to take, and a valuable therapeutic agent.

ABSORBING POWER OF THE HUMAN SKIN.—Dr. Thompson, of Edinburgh, gave some experiments, which he tried on his own person, to ascertain the truth of the statements made as to the curative power of mineral water baths, depending on the absorption by the skin of certain salts and other substances which they hold in solution; and, further, to ascertain whether certain substances applied in the form of ointments, etc., pass through the skin and reach the blood before they produce any beneficial effect. His conclusions are, that not only has absorption by the skin been greatly exaggerated, but in the case of substances of aqueous solution it seems to be the exception, not the rule, for absorption to take place; and that in the case of ointments, etc., some of the substances so applied seem to be absorbed and others not.—*Western Lancet*.

A NEW DESTROYER OF THE HAIR.—Under the above title, Dr. Boëtger, in the *Memorabilien*, says that we possess a new

material for destruction of hair, of a most suitable description, in a mixture of one part of crystalized sulphhydrate of sodium with three parts of fine carbonate of lime mixed and reduced to a very fine powder. This mixture may be kept any length of time without alteration in well-closed bottles. When moistened with a drop of water and laid, by means of the back of a knife, on the part of the skin covered with hair, we in a few minutes find the thickest hair turned into a soft mass, easily removed by means of water. If it remain on the part long it will cause a slight irritation of the skin.—*London Medical Record*.

DR. NEPVUE (*Gazette Méd.*) has found some service in using chloral in cases of cholera in doses of four grammes (sixty grains) in a cup of tea. He cites two or three cases as evidence of this. Opium, he says, acts slowly; chloral rapidly, and in fifteen or twenty minutes, produces a sound sleep. When it is rejected by the mouth, it may be subcutaneously injected in very concentrated solutions.—*The Doctor*.

PRUSSIA has one physician for every 3,200 inhabitants, Austria one in every 5,355, Hungary one in 5,492, while Russia has but one for 14,166 people. In the United States, according to the census of 1870, there is one "doctor" to about every six hundred of population! Enough, one would think, to justify their being placed under some uniform national regulation.

A PETRIFIED child has been exhumed at Cheyenne, Wyoming Territory, according to a writer in the *Cincinnati Lancet and Observer*. It had been dead for two years, and is described as absolutely perfect and statue like.

ANY one who visits Chilwald, England, can read in the cemetery the following epitaph:

"Here lies me and my three daughters,
Brought here by using Siedlitz waters.
If we had stuck to Epsom salts,
We wouldn't have been in these here vanlts."

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A SPRAINED ANKLE TREATED BY MANIPULATIONS, WITH COMMENTS.

By WM. R. FISHER, M. D., New York.

On the 19th of last June, Prof. T. G. Thomas sent a young woman to me, who gave the following history of her case: On September 5, 1872, she fell from the top of a high step-ladder and struck the floor upon both feet, in a standing position. The shock and pain together were so severe that she fainted at once. Dr. Metcalfe was called to see her, in the absence of Drs. Thomas and Walker, and prescribed the local application of ice, with other antiphlogistic treatment. Both ankles were painful and swollen, but the right was felt to be more seriously injured than the left, and time showed that this was really the case, for by the end of ten days the patient recovered the use of the left foot, and, with the aid of crutches, was able to undertake a journey from New York to her home on the coast of New Jersey. By the time she arrived there the swelling in her right foot and ankle had become greatly increased, and the pain was intense; but a few days of rest, with cold applications, were sufficient to subdue this inflammatory exacerbation. During the following three months her foot improved slightly, the chief treatment having consisted in liberal applications of stimulating liniments, so that she was beginning to make a little use of it while walking upon her crutches; but, in going down stairs one day, her right heel caught, she lost her balance, and fell

down eight steps. The ankle at once became hot, swollen, and painful, and she felt that the little which had been gained since the original injury had been entirely lost by this unfortunate accident. The treatment which she received after this did not seem to accomplish much; and, becoming dissatisfied, she returned from the country to New York in January of the present year, and was placed under Dr. Henry F. Walker's charge. There was an immediate and decided improvement from the use of frictions with camphorated oil, and of the tincture of iodine, which he prescribed. The pain and swelling throughout the foot were diminished and motion increased somewhat at the ankle-joint; but this articulation remained weak and painful whenever use was attempted, and a point just below the external malleolus was exquisitely sensitive to pressure or upon motion. Still, with an effort, she could limp across the room without her crutches, though suffering a good deal of pain at each step. On the 5th of February, at Dr. Walker's suggestion, she entered one of our hospitals for further treatment. At first absolute rest in bed was enforced for two months; but when she got up at the end of this tedious confinement, although the swelling and pain had temporarily diminished, her foot and ankle proved to be as useless as before, and her general health had become decidedly impaired. Then galvanization was employed, and this was followed by repeated blisters, with some benefit as regards the pain; but still the efforts to

use the limb in locomotion, which were attempted from time to time, invariably increased the swelling of the ankle and foot, and were attended by so much pain that they had to be abandoned. An attempt to master the difficulty by a uniform pressure with wet sponges had to be given up in less than twenty-four hours, on account of the unendurable pain which it produced. Meanwhile her health continued to suffer greatly from the combined influences of pain, disappointment, and confinement in a hospital ward. Her appetite was lost, her bowels became constipated, and she had neuralgic twinges in the right leg, darting up and down between the great toe and the knee. All local treatment was abandoned by her physicians, and quinine, iron, and other remedies of a like nature were prescribed. But, as nothing did any permanent good, she was finally set down as an hysterical girl, who might do much better in the way of getting well if she would. Finding that no improvement was likely to be gained by a longer stay under general treatment, she left the hospital on the 17th of June, after a trial of more than four months, of all the means which could be suggested for her cure, and with her mind made up to remain a cripple for life. In this plight she was once more sent by her friends to consult Dr. Walker, but, in his absence, Dr. Thomas examined her ankle, and sent her to me for treatment by manipulation.

She walked into the room upon crutches, using the left foot alone to receive her weight, but resting the right foot lightly upon the ground as she progressed. Her face and lips showed that she was markedly anæmic, although she was quite stout. Her expression was sad and beseeching. Upon examination

many marked differences between the foot and ankle on the two sides were evident. On the right there was œdematous puffiness, which was sufficient to round off all the proper inequalities of outline in the foot, and almost to obliterate the malleoli. The foot had a bluish, dusky hue throughout, arising from a want of active circulation, and around the external malleolus there was a faint yellowish discoloration, like that which is left after an extravasation of blood in the cellular tissue. To the touch the temperature of the right leg and foot was much lower than that of the left, the difference being more marked from the knee downward. Pressure along the arch of the foot caused a "soreness;" when applied along the skin below the outer malleolus, it gave rise to a sharp, darting, "sticking" pain. Passive movement at the ankle, even slight, in the direction of flexion or extension, and especially in that of lateral motion inward, excited the same sharp pain; lateral motion outward, however, was not painful. The toes could be moved passively in any direction without causing special suffering. Voluntary movement was confined to the toes, and even there required considerable effort for its performance. At the ankle joint flexion and extension could not even be attempted, for fear of the "sticking" pain below the external malleolus. In addition to the rational symptoms which we have already referred to, she said that for several weeks she had noticed that about half-past three o'clock in the afternoon there would be an increase in the general discomfort of the foot, and that a severe aching of the instep and great toe would at the same time set in and remain for several hours, gradually diminishing in severity. During the past few

days this ache had given place to a feeling of numbness, which followed a similar course. She had suffered from intermittent fever during childhood, but had had no chills for several years, until she entered the hospital, where she had three, for which she received a special treatment.

It seemed probable that the long duration of the lameness in this case had been determined in a great measure by the repeated attacks of acute inflammation which followed at intervals after the original injury. As a result, both the amount of plastic exudation and the formation of fibrinous adhesions had been usually large; the local nutrition had suffered severely after each new inflammatory attack, until the foot was reduced to a blue, cold, numb, and aching appendage, and the whole limb had become useless. The general health had failed, as a natural sequence to the local conditions, modified, perhaps, by the existence of miasmatic blood-poisoning. The case seemed in every way to be suitable for a successful treatment by manipulation: for, although involving general as well as local defects in nutrition, the indications pointed strongly to the sluggish circulation in the ankle and foot as the chief obstacle to improvement. Accordingly, on the 23d of June, it was commenced; but it was thought best not to begin the local treatment at once, and so a general kneading and champooining of the limbs and body were used for a few days, until the patient had become accustomed to the process and to the manipulator. The actual treatment, therefore, did not commence until the 27th of June, when the following manipulations were performed: The whole limb, from the knee down, was first rubbed and kneaded for twenty minutes—

lightly where the parts were tender, and forcibly where the pressure was well borne. The skin was sponged with water and dried with a towel whenever the epidermis became dry and heated by the friction, and was in danger of being rubbed off (it may here be remarked that oil is sometimes applied to the skin to prevent this accident). Then the manipulator passively exercised the toes in various directions, and very gently moved the ankle joint in the direction of extension and flexion. The extent of movement in the latter was governed by the amount of pain which it produced, care being taken to avoid giving rise to more than slight twinges, which could be borne without suffering. These manoeuvres occupied about five minutes, and were followed by the kneading and frictions a little more forcibly administered, which in turn gave way to the passive movements, alternating until the whole treatment had continued for an hour and twenty minutes. At its termination not only was there a decided increase of motion in the direction indicated, but the pain which movement and friction produced was very greatly diminished, and the patient said that her foot felt more natural than it had done since it was first hurt.

The next day, on her arrival, she hastened to tell me that she had waited in vain on the preceding afternoon for the usual attack of numbness, and that her foot had remained warm. The dusky blueness of the skin, however, was still present. This day the treatment was repeated for the same length of time, but the movements were given with more vigor, and rotation was added to flexion and extension of the ankle. These exercises were gradually increased each day in force and length of application,

while the kneading and frictions were discontinued; so that, after the first two days, the manipulations of each morning consumed about three-quarters of an hour. The correctness of the diagnosis was fully confirmed. On the seventh day of treatment, passive motion of the ankle-joint was free in every direction, and entirely painless except when the foot was bent laterally inward to its fullest extent; the adhesions had all given way as the force of the manipulations had been increased, snapping audibly one after the other; the foot was warm, and had a natural appearance, the puffiness being nearly all gone, and the superficial veins once more showing themselves; she was able to wear the same sized shoe on the right as on the left foot; the discoloration which had been noticed around the external malleolus when the treatment was begun had altogether disappeared. A mechanical support was now applied to the ankle, to prevent accident and give confidence, and she began to learn to stand and to walk with her right leg. At first the knee could not be bent without considerable effort—an inability which is usual whenever a joint has been for a long time kept idle—and a few lessons in flexing and extending it became necessary. But progress was rapid, and by the 17th of July, after twenty-one days of treatment, she gave up the crutches altogether, and walked with a cane. Four days later her treatment was at an end, and she went to the sea-shore for the benefit of the bathing. On the 11th of September she visited me again, to report her progress during the summer. Her countenance bore every sign of a marked improvement in bodily health. She no longer used any kind of artificial support, and walked without a limp.

The right leg was still weak, of course, and her gait was therefore slow; but she was able to go about the house without difficulty, and to walk half a mile in the street without growing much fatigued. In fact, she was practically cured, although time, use, and caution against accident, will be needful to remove the remaining vestiges of her injury.

If this case had fallen into the hands of a "bone setter," its treatment would have been varied somewhat in method, but the ultimate result would probably have been as satisfactory to the patient. Instead of requiring a week to break up the fibrinous adhesions, and put an end to the pain in the foot and about the ankle, he would, with a single dexterous but violent twist, have ruptured all the bands at once, and, after an instant of agony, have brought complete relief to his patient. The gentler passive manipulations would have come afterwards, and their influence upon the local circulation would have been reinforced by efforts at walking, which the bone-setter would have taken care to insist upon. His method never fails to impress the patient with his prowess as an operator; while the contrast of his confident, bold and successful treatment, with the changing and unsatisfactory means which the "regular doctor" has, perhaps, been trying for months, without effect, impresses the ignorant with a sense of mystery and magic, which is apt to be an important element in their admiration of medical skill. In this case, a violent and sudden rupture of the adhesions was not attempted, because they were not of sufficient strength to require it; they yielded readily enough to the passive movements which have been described. When such is not the case, however, the more active method should

be employed, either with or without an anæsthetic.

In reporting this example, my object is not to show it as a result in an exceptional instance, but, on the contrary, to point out that, in the treatment which was used, we have a means that is capable of accomplishing the cure of chronic sprains with more ease and uniform success than any other method with which I am acquainted. It may be objected by the busy practitioner, that it takes too much time for its application; but, on the other hand, when it is thoroughly and properly used, it is capable of subduing with astonishing rapidity the effects of an injury which, under the plans of treatment that are in common use, would linger on for days or weeks. The time which is lost by the manipulator is more than made up by that which the patient gains. With its employment in the treatment of recent sprains, I am not so familiar, and cannot speak from personal knowledge; but the evidence of many distinguished surgeons in Europe has been unreservedly given in its favor.

The following extracts, from an excellent work upon the subject of manipulation, as a means of treatment, state with great clearness its relation to acute as well as chronic sprains:

"In all the preceding articles I have invariably remarked that manipulations should be avoided whenever there were indications of existing inflammation; but this is not so with reference to sprains. Indeed, according to the opinion of MM. Bagin, Bonnet, Brulet, Eleaume, Girard, Lebatard, Magne, Mery, Quesnoy, Ribes, Bizet, etc., etc., who had recently published their observations upon sprains cured by manipulation, these affections should be treated from the commencement by this proce-

dure. The pain, ecchymosis and swelling disappear, as if by enchantment. Some, pushing matters still further, make use of manipulation even when a laceration of a malleolus exists, satisfied that they have advanced one step toward cure, by removing the pain and swelling, and by restoring the displaced tendons.

"I admit that, if the distinguished physicians who have reported these facts had not persuaded me, by their complete accord, that manipulations were not injurious in such instances, I should have been very guarded in venturing to suggest them; but the facts are unquestionable; however strange they may be, we must admit them, and, as M. Bizet says, in his monograph upon the treatment of recent sprains by manipulation, impressed by Bauden's remark at the Academy of Sciences, that, in seventy-eight amputations of the leg and foot, performed by army surgeons, sixty arose from sprains as their starting-point, we ought to seize with eagerness each opportunity to try a means which, far from disappointing us, will give us unlooked-for success.

"From the observations which he presents, M. Bizet draws the following conclusions:

"1. The cure by manipulation is the more prompt and certain in proportion as the remedy follows, so to speak, upon the accident.

"2. The cure by manipulation may be wrought both in simple and in complicated sprains, except in the case of fracture of the articular extremities.'

"It is evident, from these conclusions, that M. Bizet does not prohibit the use of manipulations in the case of sprains, which are complicated by fracture of the articular extremities.

"I add a third conclusion, which M. Bizet has not drawn, and which, thera-

peutically considered, is very important: that is, that of all the means which are recommended for sprains, manipulation is the simplest, the easiest of application and the most efficacious; for it cures a simple sprain at the first sitting, and seldom is its frequent repetition necessary.

* * * * *

"Such are the surprising results which manipulation exhibits in the treatment of sprains—results which put manipulation far above all other methods of treating them.

"Pouteau had already recognized this, when he said: 'Sprains may be instantaneously cured by this means (manipulation), and I cannot understand why our surgeons ordinarily are unsuccessful with this little procedure, which they give up to uneducated persons, who, notwithstanding, accomplish the end by rubbing the part, well oiled, with the thumb alone, or with the whole hand. I sometimes have this operation done at the beginning, and almost always with success.'

"At the present day, those physicians who have it in their power to bring this method into use are unwilling even to make a trial of it, or to do as much as those of Pouteau's time; and they suffer their patients to go to bone-setters, charlatans, fortune-tellers and sprain-blowers, who accompany their manipulations with certain mysterious signs. But we ought not, as M. Nelaton says: 'systematically to reject a useful means, merely because it has been discovered and is employed by men who are unskilled in medical art.' The use of manipulation dates from the earliest times; it has been known in all ages: at the present day, physicians of the highest respectability employ it, recommend it, and publish the results from its employment in the

journals. Why, then, reject a therapeutic means whose effects are so striking?"
—*N. Y. Med. Jour.*

Gleanings.

PRACTICE OF SCOPTZI IN ROUMANIA.

In an address before the Georgia Medical Association, at its last session, in Atlanta, upon the subject of Normal Ovariectomy, published in the April and May numbers of the current year, the writer used the following language:

"Allusion is also made in *Appleton's Journal*, of September 21st, 1872, to the same operation, practiced among the Scoptz, a religious sect among the Roumanians, as a religious rite, as circumcision is among the Jews. It appears that a fatal case had aroused the authorities to take cognizance of their doings, and as they are represented to have long practiced the rite, it would seem that it had been attended, probably, with no great degree of fatality, or attention would have been earlier drawn to the subject."

A careful search of the sources of information within reach of the writer, including the older edition of the voluminous *Edinburgh Encyclopædia* in quarto, and the recent editions of *Appleton* and *Chambers*, has entirely failed to shed any light upon the subject. Indeed, the dictionaries at hand do not even contain the word Scoptet, or its congener.

Believing that valuable information might be elicited from the Scoptz themselves, which would possibly have an important bearing upon the operation in question, the writer took steps, at once, to procure such definite knowledge upon the subject as could be drawn from authentic and reliable sources.

Through the courtesy of Hon. Hamilton Fish, Secretary of State, inquiry was instituted through the representative of our Government at Bucharest, in Roumania, at St. Petersburg, and at Moscow, in Russia.

From Benjamin F. Peixotto, Esq.,

Consul of the United States at Bucharest, Roumania, the following communication has been received, namely:

Memorandum on the Practice of Sceptzi or Castration, by the Males and Females of the Religious Sect known in Roumania as Scopetii or Sceptis.

There is a religious sect in Roumania known as Sceptzi, and numbering in all, in the provinces of Wallachia, Moldavia and Roumanian Bessarabia, five hundred and thirty-three persons. They originally came from Russia, where the largest number still continue to reside.

This sect must not be confounded with the Lipovans proper, whose population in Roumania is over fifteen thousand; as the Lipovans have no such practice as Sceptzi or castration in their creed.

Castration of the Males—Sceptzi, or castration, consisted, with the old Scopetz, in cutting off the testicles, which they called the "twin members." It was done by cauterizing the petty sack with a red-hot iron; an operation known as the "baptism of fire." Later, the separation was performed with razors, knives, or other sharp instruments, with which the *petit sac* was cut off, after it had previously been strongly tied with a string. Subsequently, cauterization is sometimes employed, as a means of stopping the flowing of blood.

But fanaticism did not rest here. According to the declaration of the Scopetz themselves, the absence of the testicles does not destroy altogether the bodily concupiscency, and those castrated in this way do not lose the faculty of cohabitation, although the act is performed without the ejection of sperma, and is effected with great effort and extreme fatigue. To arrive, then, at perfect chastity, and the utter extinction of passion, the fanatics decided to remove even the member (penis) which is called *cheia abyzulin* (clince bezduy) the "key of the abyss." This operation, which sometimes takes place several years after the removal of the testicles, and sometimes together with the first operation, is called *botexu deplinu, i. e.*, the perfect baptism, or *pecetei impera-*

texi, i. e., the "imperial seal;" and is effected with an axe or hatchet. This operation appears to be of more recent date, and was first introduced about the year 1816. This produced a schism in the sect, whose vestiges are still existing. The old Scopex, who followed the first operation only, consider the "imperial seal" as a criminal innovation originated with the Scopetz across the Doseon, whom they call "dogs."

Besides the principal forms of castration, there are also others. There is a sect called "Perevertysii," or Twisters, principally in the province of Tamboonlu. These do not cut off the members, but from childhood twist the *funiculi spermatici*, and thus stop every organic communication between them and the body, which prevents the formation of the sperma within them, and produces the same effect as castration. In 1841-'42 another sect was discovered, founded by a peasant—Kutkin, who is suspected to castrate by splitting or piercing the *funiculi*, which has the same result as the twisting of the Perevertysii. Physicians believe this to be a very difficult operation, as the cutting of the veins must produce a flowing of blood, to the imminent peril of life. If successfully done, the castration cannot be recognized.

Castration of Women.—Not men only are submitted to this operation, but also women, who take the name of *Scopcichi*. The operation with women applies to the breasts and to the genitals. Sometimes their breasts are entirely cut off, sometimes only the nipples are cut, burned or corroded; sometimes they cut out only the glands from under the breasts, especially from under the left breast.

At the genital parts they cut the clitoris, the labia minor, and sometimes the labia major. Such mutilations, however, do not in reality produce the same effect as the removal of the testicles of the male. *The real castration with women could be effected only by the removal of the ovaries;* but this operation is considered by modern physicians, if not altogether impossible, at least dubious,

Learned medical men, however, affirm that the cutting of both breasts is almost equal to real castration; for, the breasts being in close connection with the womb, their absence must deprive women of the faculty of conception and concupiscency at the time of cohabitation.

This is said to be confirmed by the fact that the so mutilated women are commonly distinguished in their outward appearance by the same deformity, faded complexion, and want of elasticity and spirit, in the very bloom of their lives, as with the male castrated. All other mutilations of women are not real castrations if they leave them the faculty of cohabitation and pregnancy.

Generally the mutilated women have a yellow, wrinkled complexion, small breasts, &c. This cannot be explained by their abstinence; there have been observed cases of great corruption of these women; none of them, however, gave birth to children. It is, therefore, to be suspected that they cohabit with the Scopetz who have not the "imperial seal," and from this unnatural and unsatisfied irritation springs their state of weakness and infirmity.

Old Scopetzi affirm that the castration of women is a novelty of Moscow, introduced at St. Petersburg at the time of the second "seal" for men in 1816. Budilin asserts that the castration of women has two degrees; the first being the injury of the womb, and the cutting of the clitoris; the second, the removal of the breasts, which is done by instruments having the shape of a knife and fork.

In Bucharest there are two hundred Scopetz, who are principally engaged in driving public vehicles which they own. They appear to love horses, having the best and swiftest, driving like demons. They have also a passion for hoarding money. They are all well-to-do. They are of a pale yellow complexion, and grave-like visages. A short time after their castration, their beards fall out and their voices change to the thinnest feminine key. They are all of Russian birth or extraction, and as their numbers die

out, they appear to import others in their places.

I have not yet been successful in discovering whether they now castrate their women; they will not speak upon the subject for love or money. In Jassy, however, there was recently a case before the courts, prosecuting some of the sect for cutting off the breasts of a young woman, whom it was claimed they had converted. Before they are castrated they are permitted to marry and have one child; then they are worked upon by the fervor of religious zeal until the act is performed.—*Robert Battey, in the Atlantic Med. & Surg. Jour.*

VIRCHOW ON PHTHISIS, TUBERCLE AND SCROFULA.

Prof. Virchow opened the discussion (Wiesbaden Congress of German Physicians and Physicists) in an exhaustive lecture in which he announced his views in every particular, and reviewed with thorough criticism all the later works upon tuberculosis.

The speaker began by clearing up the subject of tuberculous inoculation. The results of these experiments teach us in the most positive manner the non-specificity of tuberculosis and the local origin of tubercle as the consequences of different processes. The results of experimentation have established two facts in our knowledge of a tuberculosis at its present stand.

In the first place we must surrender our former premise which always maintained the constitutional basis of tuberculosis. In this regard tuberculosis differs most essentially from scrofula, which, under all circumstances, denotes a constitutional condition.

Secondly, we are no longer justified, from finding a zone of miliary eruption about a caseous deposition, in concluding upon the originally tuberculous nature of this deposit. The speaker has seen, not frequently, nodular tuberculous eruptions even in the circumference of certain carcinomatous processes, especially in carcinoma of the œsophagus, upon the pleura. He can therefore no

longer maintain his former view that caseous supra-renal capsules in morbus Addisonii were primarily of tuberculous nature. The occurrence of miliary tubercles in scrofulous glands will not justify the doctrine, recently held, that the scrofulous glandular swelling is of tuberculous nature. The scrofulous gland is originally a purely irritative hyperplastic product; a cellular hyperplasia forms its basis. The newly formed cells are of lymphoid nature, and are distinguished from the cells of the lymph gland by their proneness to destruction (caducity), their diminished vitality. They perish easily, and hence arise the caseous masses, which, however, never assume the nodular form, the accumulation of granules. They are thus, always to be distinguished from tuberculous caseous deposits.

So also the almost constant presence of miliary tubercles in carious bones (Koster) does not establish the bone disease as tuberculous. The speaker has certainly seen cases of pure (primary) tuberculosis of bones, but most of the cases of bone caries, spondylarthrocacia, are of inflammatory nature, *osteo-myelitis suppurativa*. They may be scrofulous, of constitutional nature thus, but they do not develop on the basis of a tuberculous constitution.

Our knowledge of the "individuality of the histologic elements," the significance of the very varying number, size, etc., is still too limited to permit us to penetrate closer into the nature of the scrofulous diathesis; but the speaker is firmly convinced that there are "scrofulous cells" which possess a distinct (as yet unknown) character, while we cannot in the same sense speak of tuberculous cells, but only of the "cells of tubercle." The "scrofulous cell" belongs to the organism, but is predisposed, from birth, by its conditions to further changes, while the cells of tubercle are newly formed products. So we may speak, in the strongest sense of the term, of a "scrofulous inflammation," but not of a "tuberculous inflammation." Tuberculous pericarditis, for instance, begins as

a simple, inflammatory pericarditis, in the products of which arise, secondarily, the tuberculous eruption, while the scrofulous inflammation is a peculiar inflammation from the start, not as dependent upon any virus circulating in the body, but upon a histological disposition.

In this manner scrofula is congenital, but congenital tuberculous does not exist.

Passing now to pulmonary phthisis, it is to be remarked, in the first place, that it is well that the later investigations do not make use of the term employed by Rindfleisch, "Laennec granulations," as it in no way corresponds to the characteristic submiliary deposit in the lungs, *a priori*, as tubercle. The speaker reserves judgment as to the changes, described by Rindfleisch, in the prominences between the pulmonary acini. But it is certain that the most frequent phenomenon of pulmonary phthisis is inflammatory, and not, as Rindfleisch holds with Laennec, a tubercular process. Phthisis has several anatomical forms, and among these the originally tuberculous is the rarer. Every deposit, in or about which real tubercles exist, is not on this account to be considered tuberculous. The deposit may have developed from a very different process, and the tuberculosis of the circumference may be only of secondary formation.

Caseous hepatisation is the most important and most frequent phenomenon of pulmonary phthisis. This hepatisation is not only the consequence of a catarrhal or desquamative pneumonia, it may be very similar to the usual hepatisation of pneumonia. It differs essentially from pneumonia, however, by the absence of the initial stage of hemorrhage, and by quickly assuming a perfectly pale or more gray or yellow color. The cheesy product is seated, positively, in the alveolæ. It may be deposited here in the form of multiple, miliary granules, but does not consist, on this account, of tubercles. Whether or not the infiltration of the interacinous prominences, described by Rindfleisch, is al-

ways present in caseous hepatisation, is to be subjected to further investigation. Nevertheless, the primary affection, in all cases, is intra-alveolar, that is *exudative*.

As to scrofula, the entity of the disease, according to Rindfleisch's view of it, would be lost. Besides caseous pneumonia and bronchitis, there are other simpler inflammatory forms belonging to scrofula, as, for instance, the simple, chronic catarrh of scrofulous children, which shows neither cheesy products, nor tubercle, nor ulceration, but at most only thickening of the bronchial mucous membrane. In these cases the bronchial glands enlarge and become caseous, and while the catarrhal affection disappears, the scrofulous gland tumors—which may not be regarded as tuberculous—remain. On the basis of these simple inflammatory forms bronchiectatic conditions may also develop.

This whole series of changes, the cheesy pneumonia and bronchitis, the simple bronchitis with cheesy bronchial glands, the bronchiectatic conditions are to be separated from tuberculosis, even though tubercles may be secondarily developed in them. The field of genuine tuberculosis is very limited; the majority of our cases of phthisis depend essentially upon caseous hepatisation.

Virchow does not accept the so extensively maintained specific relation—advocated also by Rindfleisch—between tubercle and the blood-vessels. In the omentum every developmental process, even the formation of fat bodies, follows the course of the vessels, because the conveyance of material is most favorable in their vicinity. In the lungs, which are poor in tissues, the vicinity of blood-vessels would certainly seem the most favorable seat of development; but the speaker believes that the development of tubercles here is rather connected with the bronchia, in their mucous membrane. Yet this statement is still open to discussion. The principal point is: while Rindfleisch considers phthisis an essentially tuberculous process, Virchow holds it as chiefly inflammatory, and the asso-

ciate tuberculosis is mostly of secondary development.

[The report of the discussion which preceded and followed these remarks, participated in by Rindfleisch, Virchow, Koester, Birch-Hirschfeld, Waldenburg, Zenker, etc., concludes as follows:]

If we take the points from this discussion we shall find them of the very highest significance. It has exposed to us the ground views of the highest authorities, reconciled, in many points, opposite statements, established certain data, fixed the points of difference, accurately defined the fields for future investigation, and finally, and not least important, warned from false directions.

They are as follows:

1. Virchow not only sustains all his former doctrines, but recognizes all the consequences of further experimental investigations.

2. There is the most perfect unanimity as to the fact that miliary tuberculosis is usually of secondary development.

3. There is full accord—at least among all the speakers present—in the opinion that tuberculosis is not spread by a specific virus.

4. The histological form, as recently described, cannot be considered as sole criterion of tubercle. The giant cell, quite lately considered as pathognomic in the histology of tubercle, is called to halt by the most competent authorities. May it now germinate, and yield better fruit. May further investigation, also, hesitate to introduce any new terminology for new confusion.

5. The parenchymatous inflammatory nature of primary phthisis, maintained by Rindfleisch, and especially by Buhl, is the next important task for investigation. Whether the parenchymatous affection be confirmed or not, Virchow emphatically urges anew that the deposits in caseous or desquamative pneumonia (Buhl) consist, for the most part, of inter-alveolar exudation, especially of cheesy degenerated pus, and that the parenchymatous processes, when present, are of secondary origin. On the other hand, Rindfleisch maintains (with Buhl)

the primary character of the parenchymatous change of the small bronchi and alveolar walls; he acknowledges, however, that there is also an intra-alveolar exudation, which consists not only (as Buhl holds) of desquamated epithelium, but also of inspissated pus; this exudation he regards as secondary.

The decision of these important questions remains for further investigations.

—*Clinic.*

SPEECH WITHOUT A TONGUE.

The tongue is popularly considered the organ of speech in the same sense as the eye is the organ of sight. The very word tongue, in many languages, has become the synonym of speech. We talk of our tongue, the English tongue, and the like; and our word *language* comes through the French from the Latin *lingua*, which means both tongue and speech. The Greek *glossa* or *glotta*, which we have in the English *polyglot*, *glossary*, etc., is used in the same double sense. But though the unruly member in question is an important auxiliary to the articulation of certain letters, it is a well established fact that there may be very tolerable utterance without its aid and an Englishman, the Hon. Edward Twistleton, has recently published a book with the title "The Tongue not Essential to Speech." We have not seen it, but from reference to it in foreign reviews, its main purpose would appear to be theological rather than physiological. It is an elaborate examination of the credibility of the supposed miraculous restoration of speech in the case of certain persons known as the African confessors, who at Tiposa in the Roman province of Mauritania Cæsariensis, at the end of the fifth century, to the number of fifty or sixty, suffered amputation of the tongue, as a punishment for resisting the authority of Arian bishop. The alleged miracle is one which is recorded by Gibbon, who states the irresistible evidence in favor of its having occurred, but offers no explanation of it. It is one of the nine miracles selected by Dr. Newman, in an essay published in 1843, as being

true miracles, while spurious miracles were admitted by him to have been palmed upon the church both in apostolic times and in early and late post-apostolic periods. The miracle of the African confessors is the only one of the nine which is supported by the evidence of eye witnesses, or by any other evidence that is at all conclusive. Various attempts have been made to explain it away, but none have been thoroughly successful. Mr. Twistleton disposes of it in a very simple way by admitting the facts, but denying that they involve a miracle. The confessors doubtless did lose their tongues and did recover their speech, but so have a good many other people, and the notion of there being any miracle about it is wholly gratuitous. We do not know what cases Mr. Twistleton cites in his book, but as long ago as 1630, M. Roland, of Saumur, France, in his "Aglossostomographie," described the case of a child, six years old, who lost the tongue in small-pox, and yet could speak, chew, swallow, and taste. In 1718 Dr. Jussieu exhibited to the Academy of Sciences in Paris a Portuguese girl, born without a tongue, but not destitute of speech and taste. In our own day, Huxley has given an account of his personal examination of a man "whose tongue had been removed as completely as a skillful surgeon could perform the operation," and whose conversation was "perfectly intelligible." The peculiarities of his speech are thus described:

"In fact, only the pronunciation of those letters the formation of which requires the use of the tongue was affected; and, of these, only the two which involve the employment of its tip were absolutely beyond Mr. R.'s power. He converted all *t's* and *d's* into *f' p's. v's*, or *th's*. *Th* was fairly given in all cases; *s* and *sh, l* and *r*, with more or less of a lisp. Initial *g's* and *k's* were good; but final *g's* were all more or less guttural. In the former case, the imperfect stoppage of the current of air by the root of the tongue was of no moment, as the sound ran on into that of the following vowel;

while, when the letter was terminal, the defect at once became apparent."

The Shahs of Persia are in the habit of cutting out the tongues of their subjects as a punishment for sundry offenses, and it is well known in that country that the power of speech is retained after the loss of the tongue. It is a curious fact that speech is often less impaired by the removal of a large portion of the tongue than by merely cutting away the tip; and persons in the east who have been clumsily operated upon by the public executioner actually resort to a kind of homœopathic cure for the impediment to speech, which such an operation produces: they have the tongue cut a second time.—*Journal of Chemistry.*

HOW TO USE THE ACTUAL CAUTERY.

Dr. J. S. Camden, in a communication to the *Medical Times and Gazette*, makes some practical observations on the use of the actual cautery. He says: "I see in Dr. Fayrer's work on the 'Thanatophidia of India' that the actual cautery was used unsuccessfully (which in another place he calls a *red-hot iron*). This is not what I was always taught and had seen as actual cautery. I consulted 'Cooper's Surgical Dictionary,' edited by Lane. There it is called an iron in a state of incandescence, which is, according to Maunder, incipient white heat. Prof. Symes in his lecture calls it a red-hot iron. I also made many inquiries of medical friends, and all spoke of it as a red hot iron. Having twice assisted in using and once used actual cautery, I hope I know something on the subject. When actual cautery is to be used, the iron must be heated till it is really of a white heat, and looks almost as white as white paper. If then applied, it destroys the part instantaneously, giving no pain; but it must be removed quickly on the heat decreasing, and then another iron applied. Several irons are required for use, and a fierce fire kept up by bellows, till your object is attained; but, if a red-hot iron only is used, the

agony is intense, as we all know who have touched it. The first time I saw it used, on a girl of fourteen years, no pain was given, to my great astonishment; the second time, on an elderly person (both for fungus in the upper maxillary), her screeching was fearful, till I told the operator his irons were not half hot enough. He then requested me to heat them properly, which being done, not a murmur was heard. The irons were being used only red-hot. The last time was opening four or five sinuses in a favorite horse's shoulder. He never flinched, and scarcely seemed aware of what was being done. The only thing he noticed—for he never moved—was the hissing made by the destruction of the skin. Actual cautery is painless. I would suggest using—to obtain the white heat for actual cautery—a large spirit blow-pipe."

THIRTY CHILDREN POISONED.—The *London Chemist and Druggist* gives an account of a singular case of wholesale poisoning at Blackburn, England. At a coroner's inquest, held on account of the sudden death of a child three years old, it was proved that on the previous Wednesday a quantity of ashes had been carted from the extensive manufactory of Messrs. Jackson Brothers, George Street West. With these ashes there had been intermingled a quantity of arsenical soda, which had been supplied to the Messrs. Jackson for manufacturing purposes. The deceased and twenty-nine others had picked up the soda in question, under the impression, from its crystalized appearance, that it was alum, and had sucked it. The deceased died from its effects, and all the others had been attacked with sudden illness, but only one other case proved to be fatal.—*Boston Journal of Chemistry.*

"You ought to let me pass free of charge, considering the benevolent nature of my profession," said a physician to a tollgate keeper.

"Not so," was the reply. "You send too many deadheads through here now."

Bibliography.

A Hand-Book of the Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M. D., B. Sc., M. R. C. P., &c., &c. Philadelphia: Lindsay & Blakiston. 1874.

The object of the author was to prepare a work chiefly for the use of students, and present in one volume such information upon the Principles and Practice of Medicine as should be sufficient, not only to enable them to prepare for their examinations, but also to guide them in the acquisition of that clinical knowledge which is absolutely essential to all who would do credit to the profession they represent. The modesty of his design is at great variance with the result of his labors; for he has produced a book that is full of excellences, and peculiarly adapted to the wants of the busy practitioner, as it is concise and comprehensive, compact and voluminous. The chapter on the Physical Examination of the Chest is a perfect model. We are not in the habit of indulging in panegyrics, but this work is deserving of all the praise that can be bestowed upon it.

The Sphygmograph: Its Physiological and Pathological Indications. The Essay to which was awarded the Stevens Triennial Prize. By EDGAR HOLDEN, A. M., M. D. Philadelphia: Lindsay & Blakiston. 1874. Price, \$3.00.

To those who desire to pursue the study of Sphygmographic Hieroglyphics this Essay is almost a necessity. It is abundantly and handsomely illustrated, and is presented in that style of mechanical excellence for which the publications of Lindsay & Blakiston are celebrated.

Editorial.

BOSTON has had a death from ether, used as an anæsthetic, and consequently the "Hub" is in a great hubbub. The gyrations and contortions of our medical

confreres in that center would do credit to the most accomplished acrobat. In spite of all the theories, hypotheses, explanations, arguments, and circumlocutory polemics, the fact remains patent that ether was the direct cause of the death, and the coroner's jury so reported. In September last a death occurred in England from the use of a small quantity of ether. There is nothing surprising in the facts themselves. At times death will and must result from the use of any and every anæsthetic. The question to be determined by the profession is, as to what particular anæsthetic is the most convenient, effectual and safe. The onslaught made by our Massachusetts brethren upon chloroform, and their unqualified declaration that ether was absolutely safe, were unreasonable; and they now must relax a little of their rigidity. We have a kindly sympathy for them in their bereavement, and indulge the hope that in the hereafter they will not center their affections upon any particular *pet*. Chloroform is undoubtedly far superior to ether as an anæsthetic, and it is extremely probable that if ether were used as extensively as chloroform, the deaths resulting therefrom would be quite as numerous. At all events, we shall continue to use chloroform until we are more enlightened upon the subject.

DR. SAMUEL W. BUTLER died at his residence in Philadelphia, on the 6th of January, ult. He was the originator, proprietor, and, until recently, the sole editor of the Philadelphia *Medical and Surgical Reporter*. He was an earnest, honest, active and zealous member of the profession, and an enlightened and patriotic citizen.

Dr. D. G. BRINTON, who for several months has so ably conducted the *Reporter*, will continue its publication.

THROUGH the kindness of Geo. S. Rowley, U. S. signal officer at this station, we are enabled to present our readers with a yearly weather report, which has been carefully tabulated. It is certainly worth preserving, and will be found valuable for future reference:

YEARLY WEATHER REPORT.

War Department, Signal Service U. S. A., Divisions of Telegrams and Reports for the benefit of Commerce and Agriculture.

LEAVENWORTH, KANSAS, January 1, 1874.

Table showing the monthly mean of barometer and thermometer; average monthly amount of rain or snowfall, and the prevailing direction of the wind for the year ending December 31, 1873.

MONTHS.	BAROMETER.				THERMOMETER.				No. of rainy days,-----	Amount of rain or snowfall,	Prevailing wind,-----
	Highest,-----	Lowest,-----	Range,-----	Mean,-----	Highest,-----	Lowest,-----	Range,-----	Mean,-----			
January,-----	30.843	29.545	1.298	30.116	48	-29	77	19.2	9	3.02	N
February,-----	30.834	29.389	1.445	30.036	62	-9	71	30.0	5	1.03	NW
March,-----	30.677	29.470	1.207	30.015	73	5	68	42.1	6	1.75	S
April,-----	30.262	29.315	.947	29.851	85	26	59	48.6	12	5.07	N
May,-----	30.194	29.450	.744	29.794	85	43	42	63.0	14	5.38	S
June,-----	30.107	29.540	.567	29.840	97	57	40	75.5	10	3.15	S
July,-----	30.243	29.604	.639	29.915	94	55	39	77.5	7	2.04	S
August,-----	30.187	29.732	.455	29.951	99	55	44	79.2	6	2.40	S
September,-----	30.459	29.563	.896	29.977	91	38	53	65.4	11	3.64	S
October,-----	30.461	29.542	.919	30.054	80	19	61	56.9	7	1.56	S
November,-----	30.530	29.330	1.200	30.024	75	12	63	41.8	4	.89	N
December,-----	30.629	29.511	1.118	30.128	67	8	59	31.9	13	5.24	N
Yearly mean,-----	30.452	29.499	.953	29.975	79.7	23.3	56.3	52.6	9	2.93	S

For the year the highest barometer was 30.843; the lowest, 29.315, giving a yearly range of 1.528. The highest thermometer was 99°; the lowest, -29°, giving a yearly range of 128°. The total number of days on which rain or snow fell was 104, although on several the rain or snow fall was too light to measure. The total rainfall was 35.17 inches. The river opened on the 6th of March, and did not close again during the year. Frost was first seen in the city on the 19th of September. The first snow of the season fell on the 26th of October.

GEO. S. ROWLEY, Observer.

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Original Communications.

DISEASES OF THE EYE:

AN ESSAY READ BEFORE THE DONIPHAN COUNTY MEDICAL SOCIETY.

By W. W. CROOK, M.D.

In offering an Essay on some of the diseases peculiar to the Eye, I am not inclined to have you expect anything not hitherto understood; neither do I expect to startle your wonder by reporting cases cured, and operations performed of unusual merit; but, on the contrary, I desire to present a few well understood facts, that we may study some of the Diseases of the Eye with profit. My object in writing this paper, gentlemen, is not only to fulfill my appointment, made at your last session, but I hope to awaken an interest in this neglected branch of our medical study.

Diagnosis is, beyond question, the "*ultima thule*" of our success in the management of our cases; and before a correct and proper diagnosis can be had, we should adopt a system of examination of all parts of the globe and appendages. It is better to make a personal inspection of the eye, scrutinizing closely the lids, conjunctive globe, &c., of the patient before we question him on the subject. By doing so, we avoid inculcating the preconceived views of the patient with his own better judgment. I have, a few times in my life, noticed a gentleman claiming to be an oculist, examine a "sore eye;" and he would open the lids, gaze into the eye, lower

their heads, apparently rapidly arriving at wise conclusions. He observed the conjunctival membrane inflamed, and stated to the patients they were suffering with "the red sore eyes;" and now comes the sheet-anchor to all red sore eyes. He would shake up two grains of nitrate silver in ℥iv of water, and dismiss his patient with as much self-satisfaction as if he had studied the nature of the case in its true light, and for hours. And why not? He has made this same prescription for other sore eyes that looked like this one, and in a reasonable time the eye got well; thus justifying himself in prescribing for a malady the true pathology of which he had not the least conception.

I am much inclined to the opinion that nitrate of silver has for several years been too indiscriminately prescribed and used. I have abandoned it from my list of collyria. That eminent ophthalmologist, Henry W. Williams, M.D., of Massachusetts, in speaking of the nitrate of silver, on page 17 of his valuable treatise on the Eye, says: "The abuse of strong solutions of nitrate of silver is another evil to which I feel bound to call attention. It is apparently considered by some a specific for all the ills which eyes are heir to, and is so lavishly employed that we not only observe, as results, a disagreeable olive stain of the conjunctiva, but in some instances, destruction of the folds of this membrane and adhesions between the lid and the globe, where solutions approaching to saturations have been incautiously applied. It

frequently aggravates the symptoms, and I can assert, as the result of many comparative trials, where the nitrate, in solutions of different strength, has been used for one eye, and solutions of sulphate of zinc, with perhaps the crayon of sulph. copper for the other equally diseased eye of the same person, that I have always found recovery slower in the eye to which the silver was applied; and have often been compelled to abandon its use, and substitute the treatment under which *the other eye had already recovered.*"

I do not say that the nitrate of silver should never be used in ophthalmic practice; but as an eye water I believe it unfit for use in a condition of the eye where collyria are useful. Acetate of lead is another agent sometimes made use of as collyria. To say that the acetate of lead is injurious to the eye, would not express my condemnation of that drug. It is one of those agents, when put into the eye, if there should be a slight slough on the globe, it would be absorbed, and a total opacity would occur.

It would not be expected, in a circumscribed paper like this, to enter into any great number of special diseases. I will, however, call your attention to a few maladies, to which the eye is most prone, the most prominent of which is

CONJUNCTIVITIS.

Conjunctivitis is divided into simple, muco-purulent, and catarrhal. The milder forms of conjunctivitis usually yield readily to mild antiphlogistic remedies. For instance, cold applications, in connection with a mild solution of sulph. of zinc and water. But in catarrhal conjunctivitis, where it becomes chronic, and the lids become dotted with granulations, you have a case requiring close study and great skill to effect a cure.

The first object in view, when such a case comes into our hands, is to get rid¹ of the granulations. There are several modes and agents used for that purpose; but I ask, What is the surest plan of procedure to rid the membrane of its foreign bodies or granulations? We will at once take the liberty and responsibility of answering that question directly.

I take a piece of sulphate of copper, and smooth the part used on the lid. I rub the granulations off the conjunctiva about once a day; and just as sure as this is persisted in a sufficient length of time, success will crown the effort. Of course, this is not anything new; but it is not persisted in, as a general thing, by most practitioners long enough to arrive at a just value of the crayon. This, therefore, is my object, to impress this procedure on my brethren in the medical profession.

The next most valuable agent that calls for praise in tones of pealing thunder, is the sulphate of zinc. This agent is invaluable in chronic conjunctivitis. I generally use it in the proportion of two grains to the ℥ of water. In simple inflammation of the membrane, I generally use about five grains to the ℥ of water; of course, also being governed by the case to be treated.

I will not detain your valuable time in discoursing on special diseases, but will speak in general terms.

The next thing calling our attention is the varieties of pain complained of in the different affections of the eye. In conjunctivitis, the patient complains of smarting, or as if sticks or sand were in the eye, and is evidently superficial; while in inflammation of the deeper structures of the eye, the pain is not so acute, but amounting to what we term

an ache, extending deeply into the organ, and frequently affects the circum-orbital branches of the fifth pair of the cranial nerves. The pain, the injections and the secretions, are also characteristic of certain affections, and should never be forgotten; as a due appreciation of these may materially aid in forming a correct diagnosis of many shades of disease.

In ophthalmic literature, we are often called upon to consult the lexicon to find out their meaning; and while this literature may seem superfluous, yet it is certainly commendable in the scientific world, that so much labor has been spent in studying the great organ of vision; that organ of light, which illuminates our pathway, and fills our lives with pleasurable pursuits and happy emotions; that organ, the use of which brings our senses into activity, gives a just appreciation of the beautiful, and ennobles human nature to the highest estate of man.

The various surgical operations required in ophthalmia are so accurately described, and so generally successful, that I am not aware of any new grounds to be profitably assumed. I might speak of operating for cataract by excision. I have seen just as good results from breaking up the film and getting rid of it by absorption; while there is certainly greater risk in making an incision thro' the cornea, of sufficient dimensions to pull the false membrane through it, and sniff it off with a pair of scissors. Here, in this operation, we have a double injury: 1st. An injury in the deeper structures; and, 2d. An incision in the cornea; while, in the needle operation, or the absorption question, we have only a slight puncture, and that entirely without pain.

One of the reasons why the needle operation does not always succeed, is the

want of breaking up of false membrane, and completely dividing the lens, so that a sufficient inflammatory action will ensue to carry away the cause of the difficulty. I have often wondered if we who practice the healing art in Doniphan county will not become efficient oculists, that we may perform the operations on the eye, and not be compelled to accompany our eye patients to the depot, and wish them successful in finding a good oculist and a speedy recovery, and an early return to their homes from the city afar off, where men of science dwell and deal out cures to the awaiting multitude of foreign patients.

I have now come to that part of my text that gave rise to this article, and on this subject; I mean, How shall we prevent this mania of the people to seek for aid, other than among their own physicians? Is it really a truth, that we are incompetent to do the work in a workmanlike manner? or, have we taken up with the same idea of our patients, and fallen in line with them, virtually acknowledging our inability to practice the profession we profess to adorn?

Gentlemen, in this enlightened and advanced age, where science is free to all, where talent is given without stint, we are inexcusable in this matter. The remedy is at our doors; if we will bid it enter, we have that evil corrected. The people must be educated to know that we are connoisseurs in our profession, and fully competent to take charge of patients and treat them intelligently.

The people, too, are frequently imposed upon by imposters or itinerant oculists, that are industrious in blowing long and loud their own wonderful skill in treating the eye. They are enabled thus to practice their vile deceptions upon the public; and when we ask ourselves why

the people patronize these blatant charlatans, we have but the one answer to give. And now, gentlemen, that answer is already in your own mouths. It is our own lack of skill. We have not a sufficient knowledge of the ills and ails of that wonderful organ of vision, to instill confidence in us to undertake the treatment, both medical and surgical, of its multitude of diseases.

Then, let us this day begin anew the study of ophthalmology. Let us seek and obtain more reliable text-books, and obtain subjects for anatomical investigation, and, in a word, become efficient oculists.

Gleanings.

REMARKS ON LIMITED CONVULSIVE SEIZURES, AND ON THE AFTER-EFFECTS OF STRONG NERVOUS DISCHARGES.

BY DR. HUGHLINGS JACKSON.

As observed by Dr. Hughlings Jackson, in a paper in this journal for 1873, "On the Anatomical and Physiological Localization of Movements in the Brain," we shall, by the double method of studying the effects of destroying and discharging lesions (paralysis and convulsions) "not only discover the particular parts of the nervous system where certain groups of movements are most represented (anatomical localization), but, what is of equal importance, we shall also learn the order of action (physiological localization) in which those movements are therein represented." We must not only note the region affected by spasm, but also the sequence of spasm in that region. Such cases as those we are about to notice have their interest much increased by the brilliant researches of Fritsche, Hitzig and Ferrier.

The following quotation from Ferrier's masterly article in vol. iii. of Dr. Crichton Browne's West Riding Asylum Reports (pp. 88-9) will show how his experiments

bear clinically. After speaking of certain of his experiments, Ferrier says: "The bearing of these facts on the diagnosis of the exact seat of discharging lesions in the hemispheres, such as tumors, is evident. When epilepsy begins in the hand, and particularly if it frequently occurs in the same manner, and more especially if it sometimes remains localized in the hand and arm, we have every reason for diagnosing a discharging lesion of some part of the superior frontal convolution of the opposite hemisphere. If, in like manner, it has a tendency to begin and localize itself in the leg, the probability is that the lesion is in the homologue, in man, of the leg center of the superior external convolution in cats and dogs. A tendency for the spasms to localize themselves in the eyelids and face would in like manner, in my opinion, point to some lesion of the middle frontal convolution, or its homologue, in man. If, on the other hand, it affects primarily the mouth and tongue, leading to disorders of articulation, it is in one or other lower frontal convolution, in the region of the fissure of Sylvius. The simultaneous discharge of all the centers will, of course, indicate nothing as to the seat of the lesion, for it need not depend on localized irritation."

The first case we have to note is one of paralysis after convulsion, affecting chiefly the hand and forearm. The patient was a man forty-eight years of age, who, when in the hospital, had many attacks, several of which were witnessed by Dr. Hughlings Jackson, Dr. Stephen Mackenzie and Mr. Kibbler. The man said he first felt a pricking sensation (he located it over the dorsal surface of the carpo-metacarpal articulation of the right index finger). This feeling went to the fingers, and by the time it had reached them, movements began. At first there was seen a general stiffening of the hand and fingers, but there was also a slight tremulousness; it was chiefly tonic spasm. Then the index finger straightened, but remained slightly flexed at its metacarpo-phalangeal articulation. The thumb drew in stiffly toward this finger;

the other fingers were then curved inward toward the palm. Later the spasm was clonic; and it must be mentioned that the two very good observers whose names are mentioned above are not certain, as Dr. Jackson declared himself, that an earlier stage of tonic spasm could be observed. Afterward the forearm became pronated, and flexed on the arm. The upper arm was scarcely affected. There was, with these movements, a pain in the right knee, and the knee was seen to be spasmodically moved to a slight extent. There was no twitching in the face nor affection of speech, and no trace of loss of consciousness. With the spasm there was severe pain (cramp) in the hand.

This case shows, as other similar cases do, that clonic spasm can occur without any obstruction of respiration.

When all the movements had ceased, it was found that the right hand and fore arm were almost entirely powerless. There was no obvious alteration of sensation, and the electric irritability (faradism) was not diminished. The man was asked to get up and walk, and then it was seen, by critical observation, that the right leg dragged a little. There was no loss of sensation in the leg.

Fits beginning as the one above mentioned did, are, Dr. Hughlings Jackson says, often described by patients. They may be limited, or they may go on to universal convulsion. In Dr. Hughlings Jackson's case-book for 1862, is the following note of a father's account of his son's fits; "In the beginning of the fit, the index finger of the left hand is pointed straight out, the thumb is approximated to it, and the other fingers are curled in, these fingers being twitched convulsively," &c.

The following is an extract from an account which an hospital patient wrote of his first fit: "I was taken with a sudden sensation in my right hand, commencing in my right (index) finger and thumb, which were drawn up together; from the hand it proceeded through the arm, until it reached the head, the right jaws (lips?) being drawn

together, and my speech was quite gone; but I was still sensible to hear [what] was going on. It soon got down the side, dragging my ribs with the same kind of twittering, passing down the leg, and out at the toes."

Although Dr. Hughlings Jackson observed that in these remarks we are only concerned with the paroxysms, it may be mentioned that the last mentioned patient died, and that atrophy of both sides of the brain was found. There was no local *gross* disease. Had the experiments of Fritsche, Hitzig and Ferrier (*vide supra*) then appeared, Dr. Hughlings Jackson might have known which convolution to search for minute changes. Since this patient has died, he has recorded a case of fits beginning in the left thumb, in which a mass of tubercle in the hinder part of the third right frontal convolution was found post mortem.

We shall give next a note of a fit from a note written by another patient: "I went to sleep in a chair, and was waked by great pain in the first and second fingers. Then the thumb became stiff, then came 'convulsions not to be seen at first.' After a few moments they became very strong, extending up the arm to the left side of the face," &c. The expression, "convulsions not to be seen," no doubt applies to some kind of sensation preceding the spasm. A queer feeling is often experienced before the spasm starts; a patient will even believe that his face, when really still, is moving on one side, until looking in a glass shows him that it is not moving. That is, we may say, "nascent movement" from the incipient discharge of the nervous center. There are, indeed, to be seen in different cases all degrees of movement of one side of the face, from what is little more marked than "live blood" to severe convulsion.

We will now quote the report of a fit which Dr. Hughlings Jackson witnessed, and has reported (St. Andrews Medical Graduates' Association Report, vol. iii., 1870). The absolute palsy of the arm

after a fit, in which there was no trace of loss of consciousness, is an interesting feature:

"December 4th, 1868, a man 48 years of age, was admitted for convulsive attacks, which he described very minutely. They were, by his description, like that on which the following observation was made: One day, when waiting his turn to be seen by the physician, his right hand began to twitch, the thumb and index finger taking the lead. The fingers were soon partially flexed in a curve, except the index, which was straight, but flexed at its metacarpal joint; the thumb was straight, too, but flexed also at its metacarpal joint, and lay with the palmar surface of its terminal segment against the side of the index finger. Next, the whole arm twitched, but it did not rise; the exact sequence of involvement of its several parts was not ascertained, as the man was dressed.

"About two minutes from the first, the right side of the face began to twitch, but before movement of it was discernible, the patient said he felt 'it' in his face. The right eye was closed, the right cheek was drawn up, and both jaws came together. The mouth was drawn to the right (but whether before or after the meeting of the jaws was not noted), and its opening was ovoid, the wider end of the ovoid being to the right. The right ocular aperture was a little closer than the other, but both were narrowed. Both sides of the forehead were wrinkled upwards. There was no deviation of the head, nor of the eyes; the leg was not affected, and the patient could talk in any part of the fit. He begged me to let the porter take hold of his hand—to unclench it—as the porter could manage it better. The fit ceased very suddenly. After the attack the arm, which was weak before the fit, was completely paralyzed, quite limp, and fell forward when he stooped, and it had not recovered completely when he left the hospital fourteen days later. The patient's speech was not distinct before the fit, but it was worse after. It is not possible to say anything more definite about his speech

than this, as the patient was a foreigner; what he said could be made out."

The attack lasted some ten minutes.

The mode of onset above described was like what had been previously observed by the very intelligent porter of the patient's ward. The following is one of the porter's notes: "Nov. 16th—Partial attack, commencing in thumb and forefinger (right hand), after which the hand and arm became strongly convulsed, followed by the right cheek and eyelid; lower jaw slightly drawn to the right; did not lose his senses. Attack lasted ten minutes."

Speaking of the first fit observed by Dr. Hughlings Jackson, we may note that the *sequence* of movements in the face is interesting. There was at one time a contention betwixt the unilateral muscles of the right side and the bilateral muscles of both sides, well exemplified by the ovoid mouth. (By unilateral we mean the muscles which *can* act independently, in great degree at least, of their fellows, and similarly for bilateral.) These facts accord with Broadbent's Hypothesis, which is also confirmed by Ferrier (*op. cit.* p. 80). In this case the face was not paralyzed after the fit; the palsy was of the part (arm) which had been most convulsed.

Dr. Hughlings Jackson believes that when the face is affected *after* the arm, the orbicularis palpebrarum is the part of the face which the spasm attacks first—illustrating Donders' remark on the orbicularis palpebrarum (protecting the eyeball) in cases of an "effort." He thinks that when the fit begins in the face, the orbicularis oris all round, or the cheek, is the part first in action. He does not state this positively. As is well known, the paralysis of the face in cases of hemiplegia from *destroying lesions* of the corpus striatum is always very imperfect. Dr. Jackson has, however, recorded a case of facial paralysis from disease of the convolutions *near* to this center, nearly as complete as we ever see it from disease of the trunk of the portio dura nerve; but the disease in that case was of convolutions and *permitted dis-*

charge; the palsy followed spasm beginning in the face (orbicularis oris).

The above facts as to *paralysis after discharge*, have very important bearings. There is, Dr. Hughlings Jackson thinks, a definite relation betwixt the spasm and the palsy; the palsy is not the result of palsy of the brain, nor of extravasations from stoppage of respiration: it is, he thinks, the result of the discharge itself. In epileptic hemiplegia, for example, he believes the strong discharge of convulsions has left the corpus striatum (the part discharged through) temporarily *hors du combat*.—*Lancet*.

TUBERCULOUS AND STRUMOUS DIATHESES.

BY DR. WILKS.

In commenting on a case of well marked tuberculosis, Dr. Wilks recently made some important remarks on the subject of the tubercular and strumous diatheses. It will be seen that he completely avoided all reference to the vexed question of the nature and varieties of phthisis, but confined himself solely to the consideration of the prevention and treatment of the disease. He said that two different outward conditions have been included under the term "strumous" so that a person unacquainted with the fact would naturally be at a loss to understand how the small, ill-developed child, with pot-belly, crooked legs, inflamed eyes, enlarged lymphatic glands, and decayed teeth, should ever be developed into a tall, well-made, and finely-formed young man or woman, who dies of pulmonary consumption. If, however, it be fully realized that the two classes of persons belong to different diatheses, the difficulty at once vanishes. The fact is, that tubercular patients, the persons who most frequently die of phthisis, are well made, have a good skeleton framework, straight limbs, a good chest (a little flattened, perhaps), good teeth, and an active, intelligent mind. These patients, moreover, as a rule, dislike fermented and alcoholic beverages and fats, but are fond of active bodily exercise. But these proclivities, if greatly indulg-

ed in, tend to accelerate the onset of pulmonary consumption; for, be it observed, tubercular disease of the lungs shows itself at that period of life when the respiratory apparatus comes into more active employment. This statement may seem somewhat theoretical, but it will be found a matter of great importance in actual practice. Unfortunately, many erroneous views of the nature of tuberculosis are entertained by some members of the medical profession, but more especially by the extra-professional practitioners of the healing art. These erroneous opinions are that tubercular subjects are underbred, small, and have ill-formed chests, which require to be developed by active exercise and the respiration of over-oxygenated air.

From these Dr. Wilks entirely dissents, and asserts that the tubercular patient has not ill-developed lungs, which need extra physical exertion to bring them into a normal state; but agrees with the late Dr. Barlow, who held the opinion that tubercle was developed in an organ according to its functional and vascular activity. This opinion is confirmed by the observations of Rokitansky, who has found that cyanotic patients—that is, those persons in whom there is a habitual preponderance of venous blood—are remarkably free from tubercular disease of the lungs, and that persons who have disease of the heart, or any malformation of the chest which entails a deficient arterialization of the blood, possess a similar immunity from this affection. He even says: "Nay, it is an important fact that with the establishment of a deformity of the spine, in the shape of a gibbosity, even when owing to tuberculosis caries of the vertebræ, the tubercular crisis is forever rooted out, in consequence of the narrowing of the thoracic spaces."

Notwithstanding this, and the well known fact that many persons who have indulged in great physical exercise, as boating men and athletes, frequently die of acute phthisis, many writers advise physical exertion for tubercular patients. Quite recently, a physician has advanced

the hypothesis that tubercle is unconsumed carbon, and recommends physical exercise for its oxygenation and consequent removal. On the other hand, other observers have endeavored to show that consumptive diseases are aggravated by an excess of oxygen. Whatever may be the value of these theoretical speculations, it will be found, as a matter of fact, that persons suffering from tuberculous disease of the lungs are benefited by rest, and injured by severe exercise. Rest, combined with nutritious diet, will be found to be the best for consumptive patients. It is not necessary to put the patient's chest in a tight jacket, nor to prevent all movement by strappings and plasters, for ordinary repose is sufficient. The beneficial influence of rest to a diseased lung may often be observed in cases where an abscess of the pulmonary tissue has perforated the visceral pleura, and evacuated itself into the pleural cavity, giving rise to collapse of the lung and consequent repose. Rest is, indeed, of more importance than climate, and the determination of this fact is more pressing than the discussion of all the theoretical questions of the intimate pathology of the disease.—*Lancet*.

THE BRAIN OF AGASSIZ.

Agassiz expressed a wish that his brain should be carefully examined after death. An autopsy was accordingly performed by Dr. Maurice Wyman, which revealed the following anomalous condition:

Cranium brachycephalic, falling off abruptly from the middle of the sagittal suture. Greatest antero-posterior diameter, 198 mill. met.; greatest lateral diameter, 163 mill. met.; these measurements made before the removal of the skin. Depth of frontal bone, measured externally at the median line, $5\frac{1}{2}$ inches = 135 m. m.; length of sagittal suture, 5 inches = 128 m. m. The walls of the skull were thick and heavy; the dura mater exceedingly adherent to the bone, and remarkably thick. The pia mater moderately transparent. Along the arachnoid veins

were white lines, indicating chronic thickening; the veins themselves rather more injected than usual. The cerebral sulci were deep and wide. On each side of the median line, near the anterior ascending convolution on the left and the posterior ascending convolution on the right, was a depression which might have held a prune-stone, or a little more. The brain tissue around was diminished, without evidence of disease. The arteries at the base of the brain showed evidence of extensive chronic disease of their lining membrane, with narrowing of the caliber of the carotids. The basilar was apparently a continuation of the left vertebral alone, the right vertebral being represented by an exceedingly small vessel, which united the basilar with the inferior cerebellar, the latter being merely the prolongation of the exceedingly small right vertebral. The left vertebral was larger than usual—larger even than the basilar. In these unusually arranged arteries were many important changes. Commencing at an inch below the anterior edge of the Pons Varolii, and extending downward, the walls of the left vertebral artery were stiff, in part calcified, and its linings loose. At half an inch from the point just mentioned, immediately over the left olivary body, was a reddish-yellow, opaque, friable plug (thrombus) completely obstructing the vessel; still lower was another more recent, but probably ante-mortem plug. The first was one-quarter of an inch long, the second four inches long. A third plug, an inch long, was above the first, and touching it. Opposite the middle of the pons there was atheromatous degeneration of the basilar artery.

The walls of the internal carotids were also in part calcified. The posterior part of the right cerebellar lobe (the side on which the vertebral artery was exceedingly small) was softer than usual, the corresponding foliations swollen and indistinctly defined, indicating disease of this part—probably consequences of the changes in the arteries.

The weight of the entire brain was

53.4 avoirdupois ounces—1495 grammes; allowing a diminution in the weight of the brain from the age of 35-40 years, at the rate of one ounce avoirdupois for each ten years elapsed, the greatest weight of the brain may be estimated at 56.5 avoirdupois ounces.

Weight of the right anterior lobe (separated with the fissure of Orlando for a guide), 234 grammes; weight of left anterior lobe, 233 grammes.—*Med. & Surg. Reporter.*

DISEASES OF CHILDREN.

A CASE OF ACARDIA.—Prof. Wm. T. Lusk, M.D., reports a case of acardia. The patient, a primipara, had already given birth to a male child, but the abdomen had not diminished greatly in size. The second child presented by the breech, as was supposed, and version attempted, which was impossible; but the delivery was finally accomplished unaided, and the monstrosity was readily recognized as an acardia. The weight was three pounds and nine ounces. There were but two toes on the right foot; on the left foot there were two toes completely formed, and a small appendix composed of skin, which was evidently the rudiment of a third toe. Scrotum and penis were well developed. A loop of intestines protruded through the umbilicus. The upper portion of the fetus consisted two globular sacs composed of skin, through which a distinct fluctuation could be made out. There was a small bunch of hair just at the upper junction of the sacs. Upon opening the tumor, it was found to be filled with gelatinous matter, partly free and partly contained in cysts. In the anterior portions were situated the vestiges of the trunk. The cervical, dorsal and lumbar vertebræ and ribs were complete. There was a pyramidal bit of bone loosely connected with the upper cervical vertebræ, which constituted the sole representative of the skull. As usual, there was complete absence of the sternum. The kidneys were well developed; the right kidney, owing to the absence of the liver, was situated somewhat higher than the left. The

ureters were both present, and opened into a small-sized bladder. Two bodies, supposed to be the testicles, were found near the internal abdominal ring. There were no traces to be found of either heart, lungs, stomach, pancreas, liver or spleen. The communication between the two umbilical veins was situated just at the insertion of the two cords into the placenta. A thrombus had formed in the communicating branch, which nearly closed the umbilical vein coming from the acardia; while the circulation in the umbilical vein of the well-formed child was undisturbed. A communication between the umbilical arteries was not detected.

The accepted theory of the origin of this monstrosity may be briefly stated, as follows: The acardia is always one of twins. Both children are developed from the same ovum, are of the same sex, and are contained in the same chorion. Each fetus has, however, usually its own amnion. There is a single placenta, but two capillary systems, which communicate. Sometimes it happens that by means of large communicating vessels the two fetal circulations in the placenta form a more intimate union with one another. Then, in case each fetal heart beats with equal intensity, the result would be an arrest of the circulation in the communicating branches, with formation of thrombi. When the heart's action in one fetus more than counterbalances that of the other, the stronger blood-current in the placenta would push back the weaker one, at first impeding the circulation of the less favored fetus, then arresting it, and finally causing it to take an inverse direction. The heart then atrophies. The acardia then becomes simply an appendage to the healthy fetus, the circulation then going on as follows: venous blood of the healthy fetus is conveyed by the umbilical arteries to the placenta; the force of the healthy fetus's heart then carries it through the communicating branches to the umbilical arteries of the less favored twin; this force is insufficient, however, to carry the current to the upper parts of

the body, which therefore are not developed. The favorable position of the lower extremities for receiving the blood from the umbilical and pelvic organs explains their further though imperfect growth and development. The blood carried to the fetus by the umbilical arteries is returned by the umbilical vein.

The mother made a good recovery.—*N. Y. Med. Journal.*

DISSECTION OF A DOUBLE MONSTER LIKE THE SIAMESE TWINS.

The recent death of the Siamese Twins, Eng and Chang, in North Carolina, recalls attention to this famous monster. These persons were born in Siam, and brought to this country, while children, for exhibition. They were connected by a band attached to the mesial line, and extending from the umbilicus to about the lower end of the sternum. By their continuous efforts to avoid the inconvenient face-to-face position, they had gradually stretched the connecting tissue into a band long enough to allow them to stand side by side.

The newspaper account of their death is, that one of them was attacked by pneumonia, which proved fatal, and that the other, after great alarm and agitation, died two hours and a half later, of causes not clearly definable. The statement is also made that no *post mortem* examination was allowed, but that the bodies were packed in charcoal, where, by last accounts, they were rapidly decomposing.

Some years ago, Prof. E. Andrews, at that time Professor of comparative, and demonstrator of human, anatomy, in the University of Michigan, received, from a physician of that State, a double monster, almost exactly like the Siamese Twins, which had recently been delivered under his care. The woman presented at the *os uteri* the cephalic extremities of two children, which seemed to be attached to each other in some mysterious way, so that the physician was unable to separate them enough to allow them to come down one at a time.

After he had used his best endeavors in vain, by introducing his hand, the woman, by some tremendous uterine contractions, expelled them both together. The cord was still pulsating, but no respiration occurred, and the monster soon died. On examination of the uterus for the placenta, a third child was found present, which was dead when delivered.

Prof. Andrews carefully examined the bodies, so far as the connected parts were concerned. The attachment was, apparently, precisely like that of the Siamese Twins, commencing at the common umbilicus, and extending upward to near the point of sternum. On opening the parts, the livers were found to be firmly attached to each other, so that it might be correctly said that there was one common double liver extending across from one body to the other. Below the connecting mass of hepatic tissue, the two abdominal cavities were separated by a thin peritoneal septum, which, however, had an oval opening of considerable size through it, so that the two cavities communicated freely with each other. The stomach and intestines had no connection; and the hearts and lungs were, in like manner, entirely separate.

If the Siamese Twins were united like this pair, it is evident that any attempt to separate them must have proved fatal, a conclusion which accords with that of the European surgeons, who investigated the case of Chang and Eng.

The specimen dissected by Prof. Andrews was placed in the museum of the medical department of the University of Michigan, where it may still be seen, unless it has since been removed.—*Med. Examiner.*

The following, from the *Medical and Surgical Reporter*, is the latest information we have in relation to these interesting Twins:

The examination of the bodies was conducted at the College of Physicians, February 18th, by Drs. Pancoast and Allen. They were pronounced to belong to that species of monstrosities

technically called *Omphelopagus Xiphodidymus*.

The band which united them was four inches long, and eight inches in circumference. Processes of the peritoneum ran up to the median line of this band, but there was a complete separation of the peritoneal cavities at this line. The hypogastric arteries under the anterior walls of the abdomen distributed branches from each body into the band. The ensiform appendices of the sternum were united in the median line by a continuity of cartilaginous structure, but not by any true articulation. A vascular connection between the two bodies was demonstrated by injecting colored plaster into the portal circulation of Chang, which appeared in the portal circulation of Eng. The track of this injection passed beneath the peritoneal prolongation of Chang, and above that of Eng; and although little parenchymatous structure was present, no reasonable doubt existed but that the communication between the two circulatory systems was quite free. Doubtless, the peritoneal pouches referred to contained, when in the fetal condition, true liver tissue, which, in process of growth, diminished and retracted, so as to leave the pouches empty.

The physical condition of the Twins was contrasted. Eng was well nourished, while Chang was emaciated. It was the opinion of Dr. Allen that Chang died of cerebral clot, and Eng probably of fright.

The band itself was composed of interlacing muscular and aponeurotic fibers passing across the median line, and inserted into the ensiform cartilage of the opposite twin.

Such is a brief description of the nature of the connecting band of the Twins. It shows that while a separation in life would not have been necessarily fatal, it would have been extremely perilous, and they did wisely in refusing to submit to it.

SPIRITUALISM is a comet with a small body of natural fact and an enormous tail of guessing, of sensation, of super-

stitious and ignorant fear, and of conscious and interested imposture.—*John Hall, D. D.*

MODIFICATION OF PIROGOFF'S OPERATION.

Prof. William Pirrie, of Aberdeen, describes as follows, in his late work on surgery, his own modification of Pirogoff's operation:

"The surgeon, standing on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the soft parts, and drawn them a little backward, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upward to the corresponding point, just at the front and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the calcaneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off from the rest of the bone, the section being from below upward and a little backward, so that the portion remaining in the flap will be a little longer from behind forward, below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semilunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife, and two sets of movements of the saw."

CROTON-CHLORAL HYDRATE.

This new remedy is thus described by Dr. Oscar Liebreich, in the *British Medical Journal*:

When chlorine gas acts on aldehyde, croton-chloral is formed, as has been demonstrated by Dr. Krämer and Dr. Tinner. In order to avoid a mistake which is apt to be caused by the name, I must here remark that this body possesses no relation whatever to croton-oil, although its chemical constitution proves it to be the chlorated aldehyde of crotonic acid. Croton-chloral differs in its outward appearance from hydrate of chloral, by its being dissolved with difficulty in water, and by its crystalizing in small glittering tablets. Its action, though similar to that of hydrate of chloral, differs widely from the latter with regard to its physiological effects. Four *grammes*, or a drachm, of this substance, dissolved in water, and introduced into the stomach, produce in the course of from fifteen to twenty minutes a deep sleep, accompanied by anæsthesia of the head. Whilst the eyeball has lost its irritability, and the nervous trigeminus shows no reaction whatever on being irritated, the tone of the muscles remains unaltered.

I have experimented with this remedy on maniacs during an attack of mania. They remained quietly sitting on their chairs in a deep sleep, their pulse and respiration being unchanged for two whole hours together. If anæsthesia had reached so high a degree in consequence of the application of hydrate of chloral, the patients would have dropped from their chairs, and both their pulse and respiration would have been considerably retarded. I have seen croton-chloral acting in the same way on healthy individuals. In some cases of tic douloureux, the remarkable phenomenon is exhibited that pain ceases before sleep sets in. I am sorry to say, however, that this remedy acts only as a palliative in this dreadful disease. I, nevertheless, prefer its action to that of morphia, because it has effects as good as the latter remedy, without being so detrimental to the constitution in gen-

eral. I have never observed any unfavorable effects of croton-chloral on the stomach or any other organ, although I have made frequent experiments with it.

The indications for the use of this remedy are to be found—1. In cases where hydrate of chloral is inapplicable on account of heart disease; 2. In cases of neuralgia in the district of the nervous trigeminus; 3. In cases where very large doses of chloral are necessary to produce sleep. I there recommend the addition of croton-chloral to hydrate of chloral.

Whilst examining the difference between the action of hydrate of chloral and that of croton-chloral, I have discovered the remarkable fact that it is not the first, but the second product of decomposition of the latter substance which is brought into action, on account of the first being too rapidly destroyed. Croton-chloral, when subjected to the influence of an alkali, first forms allyl-chloroform, a trichlorated body, which is rapidly decomposed into a bichlorated substance called bichlorallylene. Now, both chloroform and trichlorated substances act, as I have shown, in their first stage on the brain, in the second on the spinal cord, and in the third on the heart. The retardation of respiration is to be explained by the agency of these substances on the last mentioned organ. Bichlorated substances act differently, as is proved by bichloride of ethylene. Even if the circulation of the blood in an animal has been stopped by this latter agent for one minute, life may be restored by artificial respiration, which is impossible whenever trichlorated substances have produced this effect, in which case the muscles of the heart remain paralyzed. Well, in animals poisoned by croton-chloral to such a degree that both circulation and respiration are stopped entirely, artificial respiration is able to restore the action of the heart immediately, and the life of the animal may thus be saved. Bichlorallylene, inhaled by the lungs, produces the same effect on animals as croton-chloral. We thus see these bichlorated substances

acting on the brain, spinal cord, and medulla oblongata, but not on the heart, which explains the fact that both respiration and circulation remain unaltered in medicinal doses.—*Medical and Surgical Reporter*.

A HINT IN GIVING IODIDE OF POTASSIUM.

A useful hint is revived in the *British Medical Journal*, by Mr. Joseph P. McSweeney. He writes:

Sir James Paget was the first to call the attention of the medical profession to the following interesting fact, viz: that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way. The following case is a good example:

John ———, aged fifty, consulted me about a sore, situated on his left arm. There was a profuse discharge from it, and the smell was intolerable. On asking him a few questions, I got the following history: He had been a married man, his wife having died a short time ago; he had no children. Some years ago he had contracted syphilis, and was treated by mercury, pushed to excessive salivation. The secondary symptoms had been well marked, and the sore about which he consulted me was of eight months' standing. He consulted several surgeons, and could get no relief. I ordered him five-grain doses of iodide of potassium, combined with three grains of carbonate of ammonia. After taking a few tablespoonfuls of the bottle, the bad smell altogether disappeared, as a man told me who was sleeping in the same room; at first he could not bear the smell, but after taking a few tablespoonfuls of the bottle he could detect no smell.

The man remained under my care for about a month, and in that short time

was perfectly cured, and in very good health and spirits. I could publish five cases with almost similar results. I have also found it of the greatest service in the treatment of internal aneurism, by relieving the pain and helping to consolidate the tumor.—*Medical & Surgical Reporter*.

Bibliography.

A Practical Treatise on the Diseases of Children. By J. FORSYTH MEIGS, M. D., and WILLIAM PEPPER, M. D., Fifth Edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1874. pp. 1008. Price \$6.

This popular text-book has again undergone a thorough revision, although but four years have elapsed since the former edition was issued.

Several articles have been entirely rewritten, and a number of additional ones supplied. The number of illustrated cases has been increased, and that the bulk of the volume should not be unduly increased, they have been placed in smaller type. With enlarged experience comes increased knowledge, provided we properly apply it. The most notable improvement in this edition is in the department of therapeutics. There is no better American work upon diseases of children than this one, now that it has been made to embrace all the diseases incident to childhood.

The Puerperal Diseases. Clinical Lectures delivered at Bellevue Hospital. By FORDYCE BARKER, M. D., Clinical Professor of Midwifery and the Diseases of Women in Bellevue Hospital Medical College, etc., etc. New York: D. Appleton and Company. 1874.

For twenty years Dr. Barker has been clinical lecturer at Bellevue Hospital upon midwifery and diseases of women. The present work is an embodiment of these lectures as far as they relate to the puerperal state. It is the first American work devoted exclusively to the diseases peculiar to the puerperal state, and un-

doubtedly will be cordially received by the profession.

After a careful perusal we do not hesitate to accord it a high meed of praise, and to recommend it to the profession as a work richly deserving their investigation. It is printed in large, clear type, on superior paper, and is both substantially and elegantly bound.

The Nature of Gunshot Wounds of the Abdomen, and their Treatment, based on the review of the case of the late James Fisk, jr., in its Medico-Legal aspects. By EUGENE PENGNET, M. D. New York: William Wood & Co, 1874.

This monograph, which was read before the Medico-Legal Society of New York, consists of the medical history of the late James Fisk, Jr., a dissertation upon the nature of shock, and of gunshot wounds, and the physiological and toxicological action of morphine, with a running commentary upon the treatment of the case, and upon the prosecution of his murderer.

Although we dissent in toto from the opinion of the author, that Fisk died from the toxic action of morphine and not from the effects of the wounds inflicted, we nevertheless must commend him for having produced a very readable essay, evincing extensive research and a pretty thorough acquaintance with criminal jurisprudence.

Editorial.

THE Cincinnati *Clinic*, under the caption of "How Diplomas are Sold in this City," presents the *fac simile* of a note to one of the students of the Medical College of Ohio, by the executive officer of a medical college in that city, the language of which is as follows:

"When you come you pass yourself off as a practitioner of four years' standing, so that other students will know nothing of your attendance."

Give us the name of the college, Brother Whittaker, that we may give it the benefit of a liberal advertisement.

WE acknowledge the receipt of a copy of the printed and bound *Catalogue of the Library of the Surgeon-General's Office* in two large quarto volumes.

The Library now contains about twenty-five thousand volumes and fifteen thousand pamphlets, to which accessions are constantly being made.

We are pleased to note, in this connection, that the House Committee on Appropriations have reconsidered their determination to reduce the appropriation for the Surgeon-General's Office. The National Medical Museum and Library should receive the generous support of Congress, as well as the liberal assistance of the profession throughout the country.

THE SANITARIAN for March contains the Report of the Committee on Hygiene of the Medical Society of the State of New York, on *Defective Drainage*. Some of the statements of this Report are of a startling character, and go to show that the progress of public works, as hitherto pursued in New York and Brooklyn, is among the chief causes of the excessive mortality that obtains. It would be well for all persons who care for the preservation of their health, to examine the maps with which this number of the *Sanitarian* is illustrated, in order that they may have a clear comprehension of the sources of disease and death under their houses and at their doors.

THE Kansas City *Medical Journal* has been changed from an octavo to a quarto, and from a bi-monthly to a monthly. Please accept our congratulations, friend Schaffler, upon the handsome appearance of your reconstructed journal.

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Original Communications.

VESICO-VAGINAL FISTULA.

By W. L. SCHENCK, M. D., Osage City, Kansas.

December 2, 1873, at 7 P. M., I was called to see Mrs. J., æt. 28, and 4 feet 2 inches in height. Found her in labor, and that Dr. M. had been with her since 1 A. M. Was informed *by the Doctor* that the bowels and bladder had been emptied *quite recently*, and upon examination found the head presenting, vertex left, and slightly wedged beneath the pubal arch. After a few words of encouragement, the pains were of normal expulsion force, and the head descended slowly but steadily down the curve, and a favorable termination seemed at hand, when progress ceased. At midnight I attempted to deliver with forceps, but they would not lock, and were hence unavailing. At daylight, there being extreme exhaustion, with delirium, I performed embryulcia, and an hour after left the patient doing well, with this single suggestion to the physician in charge, that as the bladder had not been emptied since my arrival, he should not wait long for nature to relieve it.

On the 27th of December, Mr. J. came for me again, saying Dr. M. had abandoned his wife. On calling I received the following history of the case: The bladder *had not been emptied*, as I was informed, just before my arrival on the evening of the 2d, nor after the arrival of Dr. M., eighteen hours before. The next day the patient informed him she had made no water, except a little that

had dribbled from the urethra. He prescribed sweet spirits of nitre. The second, third and fourth days the same information was given, and the same prescription continued. On the 5th day Mr. J. requested him to bring a catheter and empty the bladder, as his wife could not endure the suffering longer. He did so, but did not return again until sent for three days later, when, after exploring the bladder an hour or two, he said he thought there was a fistula. Not calling the next day, Mr. J. went for him again. He came the morning after and informed the lady nothing more could be done for her as she had fistula.

Upon examination I found a vesico-vaginal fistula, a little over an inch in length, extending transversely across the bladder and vagina, just above the urethra and pubic bone. Sending immediately to St. Louis for the necessary instruments, upon the 10th of January, assisted by Dr. Sweazy, of Olivet, and Dr. Haller, of Burlingame, I performed Sim's operation. On the 22d I removed the sutures and found all well united but the eighth of an inch, at the right edge of the fistula. Giving the cicatrice time to become firm, and the patient time to recover from the effects of her opiates, constipation, cracker diet and confinement, on the 19th of February, assisted by Dr. Hanawalt, of Arvon, I performed Bozeman's operation, and removing the sutures on the 29th was gratified to find the operation a complete success, and without an untoward symptom from first to last, largely due to the fortitude

and patience with which our little woman obeyed every direction.

Unless my experience differs widely from others, vesico-vaginal fistula is of rather rare occurrence. In twenty-five years' practice, this is the first case I have seen, and this ought not to have been.

♦♦♦♦♦

AMPUTATION OF PRINCIPAL PART OF OS CALSIS WITH RESTORATION OF COM- PLETE MOTION OF FOOT.

By GEO. W. HOGEBOOM, M. D., Oskaloosa, Kansas

August 6th, 1873, I was called to Springdale, Leavenworth county, to amputate Mr. B.'s foot for an injury received in a mowing machine. In company with Dr. W. H. Buckmaster, I arrived at B.'s residence about 11 o'clock P. M., and found an injury of the right heel as follows: To relieve his sickle of grass, Mr. B. stepped in front of the bar, without throwing the sickle out of gear, and while there the team started, and he attempted to avoid the sickle by throwing himself backward over the bar, but his right heel was caught in the guards and the os calcis was shaven off in slices of one-quarter to one-half inch in thickness up close to its articulation with the astragalus, and the tendo-achilles cut off in small portions for the space of two to three inches.

Upon careful examination of the wound, I concluded to endeavor to save the foot, and, therefore, applied the saw as close as possible to the articulating surface without opening the joint, and removed the roughened surface of bone, made a flap principally of the integuments of the heel that were left attached, put the foot on as much extension as possible, and dressed with solution of carbolic acid. Nearly all the union was by first

intention. There appeared to be a little exfoliation at one point only, which by application of carbolic acid soon ceased suppurating, and the wound entirely healed. The foot was kept on extension splint for several weeks after the cicatrix had become firm. I have examined the case recently and find complete motion of ankle joint, adventitious tissue forming rapidly about the heel, much or all of the tendo-achilles reproduced, considerable ability to extend the foot, which is rapidly improving. The patient is enabled to walk with but a slight limp at any ordinary gait, and does not now use a cane.

This case goes far to prove that nature is ever ready to aid very much in the restoration and reproduction of injured and lost parts, if not interfered with too much by intermeddling art.

Gleanings.

EFFECTS OF THE INTRO- DUCTION OF AIR INTO THE CIRCULATION.

It is well known that in operations about the lower part of the neck, care must be exercised to avoid wounding the larger veins; since, on various occasions, where such an accident has occurred, a rushing or hissing sound has been heard, due to the entry of air into the vessel, which, being borne along to the heart, has almost instantly produced violent tremors and convulsions, quickly followed by death. It has been observed that the veins in which this has happened are destitute of valves; and physiologists have long been aware that in these veins, situated near the heart, the blood flows under negative pressure—or, in other words, that the heart acts as an aspirator, especially when its diastole coincides with inspiration. The precise cause of death, and the post mortem appearances, have never been very accurately given; but it has been generally supposed to be

due to arrest of the heart's action consequent upon the ventricles being filled with foamy blood.

From some recent researches undertaken by MM. Laborde and Muron, it appears that the symptoms are in some measure dependent upon the quantity sucked in, and upon the rapidity with which it enters the circulation. They state, as the result of a number of experiments they have made together, that if from 20 to 60 cc. of air be introduced into the peripheric extremity of a divided carotid artery in a dog of medium size, tetanic rigidity takes place throughout the whole body, and the animal gives one or two shrieks and dies, the breathing ceasing in full inspiration. If an examination of the body be made immediately, the heart is found to be spheroidal in shape, moderately dilated, and still contracting feebly; in the right ventricle, dark fluid blood; in the left, clear, foamy blood; in the coronary arteries, air-vesicles; the lungs are emphysematous at the margins, with small ecchymoses; the vessels on the surface of the brain are strongly injected; and all the arteries, and especially those of the circulus Willisii, contain a mixture of blood and air; the veins, however, contain but little air.

When a smaller quantity of air, as from 5 to 15 cc., has been injected, the animals in some instances live for twenty-four hours, and exhibit the following symptoms: Pitiful cries, tetanic rigidity, retching, complete paralysis, especially upon the side on which the injection has been performed, coma, cramps, and ultimately asphyxia. After death, signs of softening are found in various glands, or capillary hemorrhages, mesencephalon, medulla oblongata, and sometimes in the posterior lobes of the cerebrum, in the region of the choroid, plexus, and in the hippocampus major. Sugar may almost always be found either in the urine or kidneys, and always in the liver. As Majendie showed long ago, large quantities of air may be injected into the veins without harm, if it be done slowly. MM. Laborde and Muron have injected as much as 1,120 cc., in the course of an

hour and a half, into the external jugular vein, without death occurring. If, however, from 100 to 200 cc. are injected suddenly into the central end of the external jugular, the animal becomes restless, the pupils dilate to the uttermost, a slight convulsion occurs, the respiration stops, and the animal is dead. On examination, air-bubbles are found in the opposite external jugular, which move to and fro till death occur. The action of the heart is quickly arrested. The right ventricle is found widely dilated and filled with foamy blood, while the left contains a little dark blood without air-bubbles. The coronary veins, and all the neighboring venous trunks, contain air-bubbles, as do also sometimes those of the liver. The lungs present emphysematous margins and capillary apoplexies; and in the brain the vessels are found to be congested, with air-bubbles in the veins, and occasionally, though rarely, in the arteries. The same phenomena are presented, even if the vagi have been previously divided.

The cause of death, when air is injected into the arteries, is anæmia of the medulla, caused by air embolies, which occur suddenly or slowly according to the rapidity of the injection. When air has been injected into the veins, the cause of death is the arrest of the heart's action through mechanical interference with its movements, providing a sufficient quantity has been suddenly injected.—*London Lancet.*

THE TREATMENT OF NON-PARASITIC SYCOSIS.

No disease, I take it, is more unsatisfactory to treat than the common inflammation of the hair-follicles of the beard and whiskers, to which the term sycosis non-parasitica is applied. On the continent, especially in Germany, the practitioner is advised to adopt epilation, and to apply some simple astringent ointment; and there is a great disposition nowadays to regard epilation as *the* remedy for the disease under notice. The reason for epilating is variously stated. Some affirm that the inflammation in

sycosis is caused by a premature development of a new hair in the follicle, and that it is necessary to its cure to rid the follicle of the old hair. Others think that suppuration extends to the root of the hair, and that epilation relieves the tension of the parts, and permits the exit of the pus. The first explanation will not bear examination. The second is true in part. In non-parasitic sycosis, inflammation travels downward, and may reach the bottom of the follicle, the root of the hair being bathed in pus, while the hair is loosened from its surrounding connections, and lies, as it were, a dead piece of tissue in the follicle. In such cases, epilation does but get rid of the loosened hair, and its extraction allows the escape of pus that would otherwise be pent up. But in many cases the inflammation does not proceed to the extent of causing suppuration in the deep part of the follicle, the hairs are not loosened in the follicles, and their extraction gives great pain, and can do no good. Epilation is, therefore, a fit procedure only at a certain stage of sycosis—if the skin is much inflamed, the follicles freely suppurating, and the hairs are thereby loosening or loosened in them.

The treatment which I have found most successful may be summed up as follows: In the early stage, when the follicles are very hyperæmic, saline aperients in persons of full habit; or aperient tonics, such as sulphate of magnesia with sulphate of iron, in those who are debilitated; together with hot fomentations, and simple, soothing applications, which exclude the air, locally. When there is free suppuration, the same internal remedies, together with the removal, by epilation, of the loosened hairs from freely suppurating follicles, and the application of mild astringents, such as zinc lotions and ointment; and lastly, in the sub-acute or chronic stage, where there is only a suppurating follicle here and there, but mostly a number of indurated tubercles—i. e., follicles thickened by the hyperplastic growth of the connective tissue—a course of Donovan's solution, together with, locally, hot fomentation

and the application of a weak nitrate of mercury ointment (a drachm and a half to an ounce) night and morning. Of course, for persons of scrofulous constitutions, cod liver oil and iron are to be given in combination with alterative remedies. I fully admit that the exhibition of Donovan's solution is in great part an empirical proceeding; but I prefer it to any other remedy, and have reason to speak with confidence as to its efficacy in sycosis, when applied in the way and at the particular stage above indicated.

Lastly, I may add that it is an easy matter to do harm in sycosis, by the injudicious use of local irritants, which intensify the hyperæmia and the hyperplastic thickening; and I believe this to be the radical fault in the treatment of sycosis.—*Tilbury Fox, in the Lancet.*

THE BATTLE OF LIFE.

We extract the following gems from the address (*Chemist and Druggist*) of Lord Derby to the students of the Liverpool College:

Put it at the lowest, a man who has the habit of reading, to whom his books are the best company, finds in them a distraction from anxiety, a comfort in petty troubles, a protection against weariness and *ennui*, a society which he can take up when he will and leave without giving offense, and, above all, an escape from the vulgar interests and the mean details of private life, into the healthier air of thought and ideas which concern mankind in general. Isolation and indifference are impossible to us. We could not, if we were foolish enough to wish it, remain absolutely and exclusively absorbed in our own affairs; but we have the choice in our own power whether we will participate in them only as lookers-on in the great intellectual movements which influence our race, or whether our interest in that which is external to ourselves shall be confined to the petty gossip of the parish or the town where we live. More than that, every age and every profession has its characteristic merits and defects; and

what we read may be and ought to be a kind of preventive of the one-sidedness which grows upon us from what we have to do. You live, let me suppose, in a town surrounded with the works of man only; all the more reason why you should keep up some study or pursuit that gives you an insight into the marvelous laws of animate or inanimate nature. You follow, say, a profession or business where your minds are necessarily for the most part conversant with the means by which money may be made—legitimately and honorably made, of course, but still, where the great prize set before you is pecuniary gain. I think a man so circumstanced, unless he is one of a thousand, will be a little apt to look at most things in their material aspect, which is not always their real aspect; that those three familiar letters, "L.S.D." will get rather deeply impressed on his brain; that he will be inclined to let his thoughts run too much on interests and too little on ideas; and for that very natural and excusable bias he may find a corrective, either in the speculations of great thinkers, in the historical documents which bring it home to him, how microscopically small are his own concerns in comparison to those of the world in general; or, better still, as I should say, in the records left by those eminent men, of whatever country and age—for, happily they have existed in most countries and in most ages—by whom wealth and comfort, and life itself, were accounted as nothing where public duty or private honor, or even the last infirmity of noble minds, the desire of being remembered after death, drew them in an opposite direction. I speak, as in this place I hold myself justified in doing, mainly to those who are going out into the world to earn their own living by more or less intellectual employment. If there be any here upon whom that necessity does not press, who will be the masters of their own time and pursuits—to such I say, they enjoy an exceptional privilege, but one which brings with it also exceptional temptations. **Self is a hard master. Pleasure comes**

most surely to those who do not make it an object, who have an object beyond and independent of it, and who are content to take the rough with the smooth. Those who, being so circumstanced, do not make work for themselves, feel the want of it; and those who do, feel the want of external pressure to keep them to it. Leisure unbounded ought to bring to those who have it power to do more and to think more than others; but I am afraid, as a rule, they are generally apt both to do less and to think less.

I do not talk to you on the duties which, apart from professional occupation, you owe to the community of which you are members. In these days of active and awakened thought, the responsibilities of citizenship are brought home to us all. You will interest yourselves, and as educated men you ought to interest yourselves, in public affairs. All I ask of you to bear in mind is, what young men do not always think of, that if indifference in such matters is a fault, which I should be the last person to deny, it is equally a dereliction of duty to jump to conclusions upon which, without the same degree of care and thoughtfulness which you would feel bound to exercise in regard to your private concerns. Think, read, discuss, speculate as much as you please, but recollect that strong convictions may go together with very limited knowledge; that to have got hold of a truth in connection with any subject, is a very different thing from having got possession of the whole truth; that scarcely any man sees things at forty as he saw them at twenty; and that it is not only your interest, as a matter of self-culture, but your duty toward the community of which you are members, to keep your minds open to reasoning, and your judgments free on the great questions of public concern until you are satisfied, not indeed that you have attained to the knowledge of what is absolutely true and right—for any man must be presumptuous who feels sure that he can do that—but that you have come to the decision which deliberately appears to you the soundest, and which is most in har-

mony with your permanent and habitual convictions.

There are graver subjects, which I will barely touch. You live in an age of inquiry, of doubt, of mental restlessness, when more than ever men are unwilling to accept traditional solutions of the great mysteries which surround our life, and when many brains are bewildered, and many hearts are made to ache, by the vain effort to solve problems impenetrable to human reason. You cannot escape the common destiny. Those of you who reflect—and I hope they will be many—will inevitably have times of mental perplexity, when the very purpose of existence seems obscure and doubtful; when traditions appear to fail and reason is baffled, and when men ask in bewilderment "What does it all mean?" I am not here to deal with these high matters; it is not my duty, nor is this the place. Only so much I tell you—I believe that there are ideas implanted in us, which, in a sound mind, no merely intellectual disturbance will long affect, and of which, in the deepest darkness, we may always, if we will, keep hold. Right and wrong; honor, duty, and country, benevolence towards men and a responsibility towards the unseen Power by which human actions are guided and controlled—these are not idle phrases. In all countries and ages they have retained their meaning. They are realities which correspond with the deepest wants and feelings of our nature, and no man will feel himself utterly cast down who can say in his heart what the wisest and best of the human race have proclaimed in the whole tenor of their lives: Whether I am happy or unhappy is not my chief affair; what most and first concerns me is to find my work in life, to recognize it, and to do it.

CAN A PERSON BE ANÆSTHETIZED DURING SLEEP?

This is a very important medico-legal question, and it is ably discussed, though not conclusively settled, by Prof. Dolbeau, in the January number of the *Annales d'Hygiene*. The case was that of

a young woman, who claimed that she had been chloroformed during sleep and then violated. Prof. Dolbeau performed several experiments, and found that sleeping animals were readily aroused by the presence of even small quantities of chloroform in their immediate vicinity. The cases of three patients are also given, who while sleeping were readily aroused by applying small quantities of chloroform at no great distance from the nostrils.

In a second series of experiments, made on ten patients, ten drops of chloroform were poured on a napkin folded in four, which was gradually brought to the vicinity of the air passages, so that all air inspired had traversed it. In all these cases the patients were suddenly aroused from their sleep—some immediately, and one only after the eleventh inspiration.

A third group of cases, consisting of twenty-nine patients, was next experimented upon, furnishing different results. These are given in some detail, but it will suffice to say that it was found that in ten out of the number—that is, in more than a third—complete anæsthesia could be induced without awakening them. Dexterity in the mode of procedure seemed to have something to do with the proportion thus obtained, for this increased progressiveness with the number of cases experimented upon.

New researches will still be required, in order to establish the influence which may be excited on the results by the age of the subjects, their sex, their prior condition of health, personal habits, &c. The purity of the chloroform employed is also a matter of importance. While thus appealing to future researches, your reporter, making certain reserves, still feels that he is authorized in drawing a somewhat positive conclusion. Scientifically it is difficult, but often possible, to render persons insensible by means of chloroform who are in a state of natural sleep. Certain precautions, the employment of a very pure article, and great practice, are conditions that favor the success of the attempt. It is probable

that certain subjects are absolutely refractory; that is, it is impossible to anæsthetize them, in spite of every precaution that can be taken. Others, on the contrary, and especially young children, easily undergo anæsthesia without being roused from their sleep by the irritation which the anæsthetic produces in the air passages. Under the criminal aspect, it is certain that chloroform administered to sleeping persons may facilitate the commission of certain crimes. It is, however, probable that the conditions favorable for anæsthesia will be rarely combined on the occasion of criminal attempt. But before the tribunals the expert should declare that it is possible, if not easy, to render a sleeping person sufficiently insensible by chloroform to allow of his becoming the victim of a criminal attempt.—*Medical & Surgical Reporter.*

ESMARCH'S BLOODLESS OPERATION FOR A CIRCUMSCRIBED TRAUMATIC ANEURISM BY D. W. YANDELL, M. D.—A young man was stabbed on the outer side of the left fore-arm, with a pocket knife, on the 20th of December, 1873, the blade puncturing the radial artery at the point where the long supinator muscle overlaps that vessel. The hemorrhage was represented to have been alarming at the time and with great difficulty arrested. When the compresses and bandages used for that purpose were removed a tumor about the size of a guinea-egg was observed immediately over the radial artery, near the seat of the wound. The patient presented himself at the surgical clinic of the University of Louisville on the 10th of February. The external aperture of the wound had scabbed over. About one inch from this, on the inside of the fore-arm, there was a well-defined tumor of moderately firm consistency throughout its larger part, while a small portion was still compressible and spongy. It pulsated and afforded a distinct bruit. Compression of the brachial artery cut off both these and diminished somewhat the size of the tumor. A fair trial, extending through five days, was

given to the "Dublin method," relays of students making digital compression both upon the brachial artery and immediately over the tumor itself, but without other effect than to weary the patient. "Manipulation" after the method proposed by Sir William Ferguson, and successfully executed in a case of popliteal aneurism by Mr. Teale, was also attempted with no better results.

On the 16th of February the patient was brought before the class, chloroformed, and Esmarch's elastic bandage applied by my friend, Dr. Kastenbine, from the fingers to the mid-arm. Immediately above the bandage a rubber cord was wound tightly several times around the limb to compress the afferent vessels, and tied. The bandage was now removed and the usual incisions made. Not a drop of blood followed. The operation was in all respects as easy and as quick of execution as though done on the cadaver. The tissues were almost of a waxy whiteness. The sac was exposed, opened, and its contents turned out; the wound in the artery was brought clearly into view, the vessel itself being entirely empty; a ligature was thrown above and below the puncture, and all without so much as soiling my fingers or the knife. The rubber cord was now removed, when the limb, before completely blanched, quickly flushed, and blood began to ooze from the cut surfaces. The torsion of a few vessels, the elevation of the limb, and a cold sponge or two quickly stanching the blood. The ligatures used being carbolized and their ends cut short, the edges of the wound were sealed with the view of securing immediate union. This, however, did not take place, but whether this was due to the operation or to other causes I do not know. The sac was dense and lined by several layers of fibrin. The extravasated blood was firmly coagulated. The opening in the vessel was about the size of a darning-needle. It was my wish to apply the bandage, allow it to remain for some minutes, remove it, and note the effects on the aneurism; but to this the patient

positively refused to consent. I shall certainly try it on the first suitable case. The patient left for his home, in a distant part of the State, the third day after the operation, with a healthy suppurating wound.—*Am. Practitioner, March, 1874.*

BELLADONNA PLASTERS IN VOMITING.—The *Medical Times and Gazette*, October 11, 1873, states that, at a recent meeting of the Paris Therapeutical Society, Dr. Gueneau de Mussy read a communication on the good effect of belladonna plaster in the symptom of vomiting, whatever the nature of this may be. Bretonneau strongly recommended belladonna in the obstinate vomiting of pregnancy. He prescribed frictions of the extract diluted with water, which was rubbed into the epigastrium during several minutes two or three times a day. In many instances, this treatment relieved the vomiting when all other means had failed. For more than twenty-five years Gueneau de Mussy has extended Bretonneau's treatment to all descriptions of vomiting, whatever the cause may be; but he has found that a plaster is a better excipient of the extract, allowing of its continuous application being conveniently made. It consists of a diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimetres in diameter. It may remain applied to the epigastrium twelve or fifteen days without being removed. It had succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it. Dr. G. de Mussy entertains great hopes of the benefit to be derived in the use of the belladonna plaster as a prophylactic and curative in sea-sickness.

CARBOLIC ACID IN TAPEWORM.—In a recent issue of your valuable journal I noticed a letter from Dr. Bills, of the army, recommending the use of carbolic acid in the treatment of tapeworm.

Having a case on hand at the time, which had resisted the use of oil of tur-

pentine and bepo for a month or six weeks, I immediately administered to him the following prescription: \mathcal{R} . Acid. carbolic cryst., gr. ij.; glycyr. pulv., gr. iv. Ft. pil. No. 2. To be taken every three hours, beginning at 9 A. M. and continued until 9 P. M. This followed in the morning by jalap and rhubarb, ten grains each. On the first day a few joints were passed, on the second a great number, and on the third the head and narrow portion came away, with a great number of small sections from one to three inches long. On the fourth day, treatment being kept up without further result, the medicine was discontinued.

The only sensation created in the stomach by the administration of such large quantities of the drug was a slight burning, not sufficient to inconvenience the patient. I look upon this as a perfect cure, and therefore report the case to you.—S. AUSTINE BROWN, M. D., U. S. N., in *Medical Record*.

SURGERY OF THE LUNGS.—A novel and daring therapeutical procedure, addressed to pulmonic cavities, is reported in the Berlin *Klinische Wochenschrift*, by Dr. Mosler. He injected a disinfecting fluid through the thoracic walls in two cases where cavities could be distinctly recognized. The operation was not followed by pain or constitutional disturbances, and the results were favorable.

In a third case of phthisis of long standing, complicated with amyloid degeneration of the kidneys, a cavity was opened through the thoracic walls by means of an incision, in order to allow the free escape of the purulent contents. A tube was left in the cavity, and attached to the chest by means of strips of adhesive plaster.

A large quantity of purulent substance escaped through the tube, the cough gradually diminished, and the constitutional symptoms also began to ameliorate as much as could reasonably be expected where the disease had gone so far. Inhalations through the tube of carbolic acid and iodine greatly diminished the quantity of the secretion, which

now became good pus. The kidney-disease, however, made rapid strides, and the case proved fatal a few months after the operation. On *post-mortem* examination, it was found that granulations had begun to spring up from the walls of the cavity.—*Med. and Surg. Reporter*.

SYME, DICKENS, AND FORSTER.—Dr. John Brown, the genial author of "Rab and his Friends," comes to the rescue of his old friend and master, Syme, against the caricature drawn of him in Forster's "Life of Dickens," vol. iii., p. 217. Dickens, it seems, while giving readings in Edinburgh, had occasion to consult Syme for a painful affection of the left foot. The Professor, according to Mr. Forster, warned his distinguished patient against over-fatigue, but otherwise reported him in "*joost pairfactly* splendid condition." With care Syme thought the pain might be got rid of, but said often, "*Wa'at mad*" Thompson think it was *goot*?"—a diagnosis he did not at all approve. Before leaving Edinburgh, Dickens again consulted Syme, who once more condemned the gout diagnosis, and declared it to be an affection of the nerves and muscles, due to cold. "*Noo I'll joost swear*," Syme is made to say, "that *ayond* the fatigue o' the readings, *ye'd been tramping i' th' snaw* within *tw*a or three days." On Dickens admitting he had, "*Wa'll*," quoth Syme, triumphantly, "and *hoo* did it first begin? *I' th' snaw? Goot? Bah!*" Thompson knew no other name for it, and just *ca'd* it *goot*. Bah!" For this Syme "took two guineas," continues Dickens' biographer. Now, with Dr. John Brown, we appeal to any of our readers who were pupils or friends of Syme, if that thorough gentleman and surgeon ever expressed himself in the pithecoïd gibberish quoted in italics? "Mr. Syme," says Dr. John Brown, "spoke, as he wrote, English as few do—the English of his master, Cobbett—pure, clear, strong, and to the point. He knew well and relished our own rich vernacular, but he never spoke it; not that our italics are it, or anything else human." Broad Scotch, we may add, the nearest to the Icelandic

tongue of any in these islands, and graphic and racy accordingly, is, when spoken by men like Sir Walter Scott and the late Lord Cockburn, or, better still, by women like Mary Somerville, one of the most musical of languages, as, indeed, is proved by its lyric poetry, unsurpassed for range and richness in the literature of the world.—*London Lancet*, Feb. 14, '74.

DISTINGUISHING MAMMALIAN FROM REPTILIAN BLOOD.—R. M. Bertolet, M. D., Microscopist to the Philadelphia Hospital, refers to the great difficulty which is experienced in determining the kind of blood, by the ordinary methods of examination in medico-legal cases.

If examined with the microscope, as it is ordinarily found in the dried state, the corpuscles are shriveled and deformed. The addition of water extracts the coloring matter, and though it causes them to swell up, does not restore them to their original condition. It causes the red corpuscles to lose their bi-concave shape and approach the spherical. The oval discs of reptiles, birds, etc., lose something of their peculiar shape, and become more like mammalian blood.

In moistening such blood he uses a solution of sulphate of soda, or, better still, slightly acidulated, pure glycerine. This preparation "is carefully irrigated with a properly prepared alcoholic solution of guaiacum resin; then, when a very small quantity of the ethereal solution of the peroxide of hydrogen (ozonic ether) is introduced beneath the glass cover," the red corpuscles are changed to an uniform color, which varies in the different corpuscles, "from a light sapphire to a deep indigo blue."

In the nucleated corpuscles of birds, reptiles, etc., however, "the nucleus is seen as a sharply-defined, dark blue body, while the protoplasm surrounding it assumes a more delicate violet hue." The distinction between the two kinds of blood, by this means, is so plain as to be evident, even to an ordinary gentleman of the jury.—*Amer. Jour. Medical Sciences*, January.

EXTIRPATION OF THE ENTIRE LARYNX. This operation, which is probably the first that has ever been performed by any surgeon, was successfully carried out by Billroth, on the 31st of December, 1873.

The patient, a man forty years of age, had repeatedly consulted Dr. Stoerk, of Vienna, for cancerous growths within the larynx. By the aid of the laryngoscope, portions were removed from time to time, and the patient was greatly relieved. In the commencement of last November, the mass had extended so rapidly that further operations from above were regarded as useless; and after consultation, it was decided to open the larynx from without. The cavity was exposed, the growths removed, and the base thoroughly cauterized.

The patient recovered rapidly, and for a time the prospects were encouraging. Before, however, a month had elapsed, new growths were detected by the laryngoscope, and suffocative attacks became so frequent that all further operative procedure was abandoned as hopeless, and the canula was introduced, with the hope of prolonging the patient's life for a few months. At this time the vocal cords were entirely destroyed, and the larynx was entirely filled with cancerous masses. As the glands, however, were not involved, the possibility of removing the entire larynx then suggested itself to Billroth; and he felt himself further justified by the fact, that experiments made upon dogs by Czerny had proved the practicability of the operation. It was accordingly done, and at the latest dates the patient was doing well. He breathes easily through a canula, which was passed into the trachea. There had been little fever, and the wound was contracting and healing favorably.

If the case continues to progress well, it is proposed to substitute a larynx of vulcanized rubber in place of the one removed.—*Wien. Med. Woch.*, 2, 1874. *Medical Record*.

TREATMENT OF ANGINA PECTORIS.—Dr. Hueber, of Lioland, believes that

the only permanent relief for angina pectoris is to be obtained through the galvanic battery. In most cases of this kind, where auscultation and percussion reveal no material change in the heart, the phenomena are so characteristic of nervous affections that the disease should be regarded as a nervous one. The cardiac plexus is the seat of the difficulty, and hyperæsthesia provokes the alarming train of symptoms.

In an obstinate case which came under his care, Dr. Hueber employed a number of remedies without success, and finally had recourse to the galvanic current.

He employed Stohrer's battery with thirty elements. The cord was found intact, but on applying the current over the sympathetic, only four elements were borne on the left side, and six on the right. After the first sitting, the attacks ceased, and never returned. The patient was soon able to bear six elements on the left side, and eight on the right; and finally, an equal number could be applied on both sides. Thirteen applications in all were made. It is proper to add that the valerianate of quinine was continued without interruption at the same time, though from previous experiences it was not believed to have effected the permanent cure.—*Deutsche Archiv f. Klin. Med., Allg. Wien. Med. Ztg.*, 2, 1874.

Bibliography.

Lacerations of the Female Perineum, and Vesico-Vaginal Fistula: Their History and Treatment. By D. HAYES AGNEW, M.D., Professor of Surgery in the University of Pennsylvania. Philadelphia: Lindsay & Blakiston.

Dr. Agnew's articles on the above subjects appeared several years ago: the first in the *Pennsylvania Hospital Reports*, and the second in the *Medical & Surgical Reporter*. The profession will hail with pleasure their appearance in their present more convenient and permanent form.

No one but an extremely modest man

would have permitted such excellent papers to remain hidden in such inaccessible places, until frequent demands for them compelled him to present them in their present desirable shape.

The Physician's Dose and Symptom Book. By JOSEPH H. WYTHES, A.M., M.D. Eleventh edition, revised. Philadelphia: Lindsay & Blakiston. 1874.

This book contains the doses and uses of all the principal articles of the *Materia Medica* and Official Preparations; tables of weights and measures, rules to proportion doses, abbreviations used in writing prescriptions, tables of poisons and antidotes, index of diseases and treatment, pharmaceutical preparations, table of symptomatology, and outlines of general pathology and therapeutics.

The present edition has been carefully revised, and compared with the new U. S. Dispensatory, so as to embody the recent additions to the *Materia Medica*, as well as every article likely to be useful.

Lectures on the Clinical Uses of Electricity: Delivered in the University College Hospital. By J. RUSSELL REYNOLDS, M.D., F.R.S., &c. Philadelphia: Lindsay & Blakiston. 1874.

Now that electricity has been rescued from the hands of charlatans who, to the disgust of the profession, monopolized it for a time and exaggerated its value, we are beginning to obtain accurate and important information in reference to its true value, and the best methods of its application.

This is the most thoroughly practical little volume upon electro-therapeutics that we have had the pleasure of reading. The following is the last sentence of the last lecture, and may be taken as an honest criticism upon all that precedes it:

“Electricity is one of the most powerful agents that you can employ in the treatment of disease; but it is useful, useless, or mischievous, according to the

manner in which it is applied; and my endeavor has been to furnish you, by means of these lectures, with the information which shall enable you to derive help from it in diagnosis, and confer real advantage upon your patients by rightly directing its therapeutic powers.”

Editorial.

THE INFLUENCE OF ALTITUDE ON HEALTH AND DISEASE.

One of the most industrious men in our profession, is Dr. J. M. TONER, of Washington, D. C. His latest production is entitled, “*A Dictionary of Altitudes, and Climatic Register of the United States;*” which contains, in addition to altitude, the latitude, mean annual temperature, and the total annual rainfall, of all the cities, towns and localities in the United States, concerning which the requisite data were attainable.

Any one who has taken the trouble to compile statistics, can appreciate the magnitude of the labor Dr. Toner has performed. We observe that he has given the annual rain-fall at Leavenworth as 53.94 inches; which is a mistake of the printer, undoubtedly, as the correct amount is 33.94 inches.

To all who are interested in the study of the influence of climate upon health, this practical contribution will prove of immense value and interest.

We most heartily concur in the following expression, by the author, in his Introduction:

“We feel hopeful that, as the knowledge and means multiply for improving the sanitary conditions of cities and rural habitations, and of contrasting the birth rate and death rate of different localities with each other, increased longevity will be more and more marked.”

THE Army Bill recently passed by the lower house of Congress provides for the re-opening of the staff corps to promotion. If this action is confirmed by the Senate, it is possible that the depleted ranks of the medical staff may be filled; but the medical department of the army never will be what it should be until government is willing to pay an adequate price for the qualification desired. It is notoriously poor economy to invest in cheap talent, and it is idle to expect that the medical staff will ever be filled by first-class physicians until the reward offered is equal to that presented by any and every community to such persons. The Army Medical Museum, that magnificent monument to the industry, zeal, and intelligence of the medical department of the army, has made this department famous abroad, and should shame Congress into a more generous and liberal policy toward a notoriously liberal profession.

There is perhaps not a single member of Congress who will not admit the propriety and justness of the claim made by the army medical corps, and yet, in their ostensible efforts in reference to economy, they deny the mere pittance asked for, while they quietly ignore the squandering of ten thousand times more in order to perpetuate their political power. The maintenance of the sixty odd customless custom houses, with their corps of salaried officers, the entire receipts from which are not equivalent to the pay of one first lieutenant, is merely one specimen of the kind of economy so loudly proclaimed to the people. A little less ostensible economy and a larger measure of true honesty would make a material reduction in the annual expenses of the Government.

STATE MEDICAL SOCIETY.

The next annual meeting of the State Medical Society will be held in Lawrence, on Wednesday, the 20th day of May. Reports are expected from the following

SPECIAL COMMITTEES:

Practical Medicine, Dr. D. C. Jones, Chairman; Surgery, Dr. J. W. Brock, Chairman; Obstetrics, Dr. M. S. Thomas, Chairman; Materia Medica, Dr. W. B. Carpenter, Chairman.

SPECIAL COMMITTEES.

Recent Advances in Physiology, Dr. A. Newman; Recent Advances in Chemistry, Dr. T. Sinks; Infantile Diseases, Dr. S. F. Neeley; Indigenous Remedies, Dr. J. V. Bryning; Concentrated Remedies, Dr. R. Morris; Venereal Diseases, Dr. J. W. Brock; Uterine Hemorrhage, Dr. A. W. Wilder.

D. W. STORMONT, *Sec.*

HEREAFTER the *Archives of Ophthalmology and Otology* will be published quarterly, instead of semi-annually.

About four-fifths of the space will be devoted to original articles, and the remainder to reviews of current literature on these special subjects. In our opinion, the change will be a wholesome one, and the interest and value of the journal much increased thereby.

WE neglected an acknowledgment, at the proper time, of the receipt of *Lindsay & Blakiston's Physician's Visiting List for 1874*. However, it is so well known and so indispensable to every physician, that an apology is hardly necessary.

OUR BOARD OF HEALTH.

The Knights of Pythias have discovered that a member of their Order who died in this city disappeared from all

knowledge of the world thereafter, and, now that his friends are making search for what may remain of him, there is nothing to be found. We trust the case will be followed up with determination, for it is of importance to many others than the society which has bestirred itself in this matter. We have a well-paid organization called a Board of Health, and they are entrusted with the enforcement of the very stringent regulations concerning the certificates of death and permits of burial, and there is reason to doubt whether they do anything more than copy down eight or ten names in a book every day, and draw their various salaries every month. The mere fact that in a city which claims four hundred thousand people the number of deaths is given year after year as something in the neighborhood of eight thousand annually, is proof sufficient of the farcical character of the pretensions of their returns to any authority. We have pointed this fact out more than once, but, like the mud in the streets, it seems to be taken for granted by the municipal authorities, and the gentlemen who take such good care of our morals care as little for the accuracy of our health statistics as they do for the cleanliness of our thoroughfares.

If it will be proved in this case that the Board of Health have neglected a plain and easy duty, it will be worth while to find out how we have been tricked and cheated on the other hand by an assumption of authority which the board have indulged in whenever it suited them. It is asserted that, not satisfied with limiting themselves to functions defined by law, they have taken the liberty of amending and correcting the returns of the physicians, and, when their fastidious sense of propriety was offended by any reported cause of death, they quietly changed it for another. We have accordingly under this gentle regime not only been fed with the delusion that the city was impossibly healthy, but the terrors of epidemics which have threatened us by day and by night have been mitigated by the

kindly forethought which falsified the returns.

If this is the kind of a Board of Health which the people of St. Louis prefer, and if they enjoy the amusement of paying the salaries of officials who entertain such peculiar notions of their functions, we have nothing to say. It seems to be a part of the system which gives us an unlimited floating debt, and liquid streets, and which displays vigor only in the enforcement of those ordinances which are alike opposed to good morals and to the will of the people. But we very much doubt whether the tax-payers of St. Louis would not prefer officials who would tell nothing but the truth, and who would bestir themselves a little, so as to make their statements approximate to the whole truth. The Board of Health assumed not long ago the responsibility of denying to the public access to the public records of their office, and there is every reason to believe that before doing so they had falsified these records; if, in addition to these grave offenses, they shall be exposed in their daily neglect of ascertaining the number of deaths, they will have done enough to warrant us in dispensing with their services altogether.

We copy the foregoing from the *St. Louis Globe* of March 5th. The charges are very grave ones, and, if true, the perpetrators of the fraud are deserving of the highest condemnation. Newspaper editors are notoriously careless in their statements, and we should have paid no attention to this article but for the fact that when the cholera was prevalent in St. Louis last year the daily reports of the health-board telegraphed abroad exhibited an unheard of mortality among those afflicted with cholera-morbus, and but few deaths from cholera. If any of the members of the health-board are afflicted with the "highjinnicks" it is the duty of the medical press of that city to expose their ignorance.

Miscellany.

THE LATEST YANKEE NOTION.—A "Baby-Washer" has just been patented, which is thus described by the inventor: "You simply insert the begrimed and molasses-coated infant in an orifice which can be made of any required size by turning for ten minutes a cog-wheel with electric attachments. The child glides gently down a highly-polished inclined plane; his lips are met at its terminance by an india-rubber tube, from which the infant can draw lacteal nourishment of the purest and most invigorating character, secured for the special purpose at great expense from a choice breed of Alderney kine raised on the estate of Her Majesty Queen Victoria in the Isle of Wight. While in this compartment, which is lined with plate-glass mirrors, the perturbed spirits of the infant are soothed by its frantic efforts to demolish its own image, reflected in the glass, with a nickel-plated combined tooth-cutter, nail-knife, rattle, and tack hammer, which is thrust into the baby's hand by an automaton monkey. Fatigued by its destructive efforts, the infant falls to sleep, while the organ attachment plays softly the ravishing melody of 'Put me in my little bed.' Then it slips into the third compartment. Here the baby is washed. Another small tube administers a dose of soothing-syrup, and the infant glides from the machine, its nails pared, its hair combed, if it has any, ready for the habiliments rendered necessary by the fall of our first parents."

A DISCRIMINATING PHYSICIAN.—The following characteristic story is going the rounds of the Parisian press, at the expense of Dr. Bouvart, a close observer of human nature:

One morning, on entering the chamber of a French marquis, whom he had attended through a very dangerous illness, the doctor was thus accosted: "Good day to you, Dr. Bouvart; I feel quite in spirits to-day, and think my fever has left me." "I am sure it has," replied Bouvart, dryly. "The very first expression you used convinced me of it."

"Pray explain yourself." "Nothing is easier. In the first day of your illness, when your life was in danger, I was your dearest friend; as you began to get better, I was your good Bouvart; and now I am Dr. Bouvart. Depend upon it, you are quite recovered."

A GENERAL IN THE LANCERS.—Sir Philip Crampton, besides being one of the most genial of men, was one of the finest looking. At the king's levee in Dublin, in 1821, he appeared in the uniform of surgeon-general, which was completely military. The king, struck by his noble appearance, said to Lord Norbury, "Fine man! General officer? in what branch of the service?" Norbury, being too much of a courtier to allow that royalty could be mistaken, and too inveterate a punster to omit an opportunity, replied, "may it please your Majesty, that is Crampton, a general in the *Lancers*."

A NATIONAL BOARD OF HEALTH.—The Congressional House Committee have reported a bill to prevent the importation of contagious or infectious diseases into the United States.

It provides that the surgeon-generals of the army and navy, and the supervising surgeons of marine hospitals, of the Treasury, shall constitute a board of health, with the power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases, and that the regulations, when approved by the President, shall have the force of law. It does not allow any interference with State or municipal regulations.

STEPHEN GIRARD'S will prohibited clergymen from ever entering the doors of Girard College. At a recent visit of the Knights Templar of Boston to the institution, as one of the knights, a well known physician, who wears a white neck-tie, was passing in, the janitor accosted him, saying, "You can't pass in here, sir; the rule forbids it." "The h—ll I can't," replied the physician. "All right, sir," rejoined the janitor, "pass right in."

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Original Communications.

EPIDEMIC BRONCHITIS.

By S. W. BROOKE, M. D., Sabetha, Kas.

THE prevalence of an epidemic Bronchitis in the counties of Nemaha, Brown, Jackson and Doniphan, has constituted on an average twenty-five per cent. of practice from the 1st of February to the 1st of April.

So far as my experience goes, I find it to be in a majority of cases, a symptomatic affection or a constitutional sequence rather than a localized state of disease as of an idiopathic character; but in exceptional cases it has occurred with all the grave local and constitutional peculiarities of *capillary bronchitis*; and again, it has been marked by those peculiarities which differentiate *acute bronchitis*.

The latter, in my judgment, has occurred solely among children, and the same rule holds good so far as colleagues have informed me, unless it is in one or two exceptions where it attacked adults. We concluded it to have been the changes and career of a chronic bronchitis which preceded it.

In whatever form bronchitis has occurred, whether in a *catarrhal* (influenza), *capillary* or *acute*, the career has often been peculiarly susceptible of modifications and complications incident to age, temperament, location, previous disease, etc., which seem to have obscured the affection so much, that some who practice duplicity instead of medicine, have reported large numbers of cases of

pneumonitis, pleura-pneumonia, pneumothorax, pleura-pneumohydrothorax, typho-pneumonitis, and even a complication of typhoid-pneumonia and cerebro-spinal-Jesus-come-and-get-us; but one noticeable feature which marked such grave cases, was that such patients generally convalesced within a few days from the attack, unless they were depleted *ad nauseum* and "physicked" *secundum artem, ad modum*, A. D. 1800.

Of the two affections, I judge that the simple *acute* form has, in unskillful hands, been regarded as of a more serious nature than the *capillary*, partly from the fact that the former has usually involved but one side which attracts attention, perhaps, when a bi-lateral *capillary* inflammation might not.

CAPILLARY BRONCHITIS

has been characterized by the usual and distinctive symptoms of invasion, the small bronchiæ being essentially affected, inflamed and obstructed; respiration impeded and irregular, with a tendency to apnœa. Just where the inflammation terminates in the bronchiodes as capillary bronchitis, or why it does not extend to the air cells and occasion pneumonitis, I do not pretend to answer; but suffice it to say, that a true capillary bronchitis has not been followed by a pneumonitis to my knowledge, although without doubt, cases might have undergone the transition so far as the power of treatment to prevent it was concerned.

The characteristic symptoms of an established capillary inflammation are excitability and restlessness accompanying

the febrile paroxysm, which reaches its acme about daylight or dark, at which time there is a noticeable facial expression of fullness or congestion, which is much increased as the respiration becomes difficult—even to lividity. The pulse ranges from 120 to 150 in young children, and the temperature from 99 to 103; and the temperature may remain at 102 for 48 hours, with a pulse at 115, the case ending in recovery, with no such disparity of symptoms in other respects; and in one case under my own observation, I found a temperature of 104½ with a pulse of 128.

Auscultation reveals a sub-crepitant rale, moist or dry in proportion to the amount of catarrhal or mucus fluid in the small branches. There is a clear marked resonance on percussion, which with the sub-crepitant rale, existing together and being well marked, will be found somewhat reliable pathognomonic, even though a cough exists and mucus or purulent matter be expectorated; and unless this *rale* be *preceded* by the *crepitant* there is no need of apprehension that it will follow incident to pneumonitis.

But three deaths have been reported among adults, which I suppose to have occurred from capillary bronchitis, and they were undoubtedly treated for "lung fever." As well might an ephemeral fever from verminous irritation be treated for typhoid as to make the gross mistake in the former case.

The mortality among young children has been greater than should have been the case, admitting the gravity of the affection and even the vicissitudes and exposures of the poorer classes, and the bruited question again arises, as to who are responsible, the *quacks* or those who uphold them?

A fatal termination occurs within a week; favorable cases have seldom been discharged within a fortnight. The treatment adopted has varied and embraced everything from

"R. Chamber lie and molases equale parts give A Tablespoon every 2 hours until i come agane yours Dr. ———"

P. S.—dont be afrade. It is a dedner on lung feavor,"

to the more voluminous, ponderous and gilt edged exhibition of science, viz:

R. Chloroformium, - - - - f3f.
 Morphiae Sulphatis, - - - gr. v.
 Spts. Am. Aromatic, - - - f3j.
 Spts. Camphora, - - - f3j.
 Syr. Scil. Simplex, - - - f3ij.
 Spts. Vini Gallici, - - - f3ij.
 Oleum Amygd. Am., - - -
 Oleum Cinnamoni, - - - aaf3ss
 Misce et fiat Slutio,
 Sigs Coch, parva, ter die."

My experience has been, aside from extra hazards to inclement weather, that the affection prevails among young children and enfeebled adults, and for this reason should deprecate depletion, active blisterings, venesection, or any therapeutical measure which tended to debilitate and prostrate. Fatality, if pending, must be due to a vitiation of the circulating medium from insufficient and proper aeration, and the mechanical obstruction and changes of air tubes which precludes the benefit of a wholesome and natural respiration. The seat of inflammation must be regarded here as fully localized, and the chief object seems to be, to allow the affection to run its course and to sustain vital power until the work of resolution and reparation takes place. My treatment is briefly, to assist expectoration, palliate and nourish.

ACUTE BRONCHITIS

has been more fatal than the former, for

the reason that the real pathological condition seemed to be poorly understood; its occurrence was much more frequent and consequently a greater number of complications were presented.

It has been characterized by an active bronchial irritation, coryza, suffused eyes, frontal and occipital pain, febrile paroxysms of considerable intensity occurring periodically. Although the lung may seem to be involved, and present some complication thereby, yet, the chain of symptoms preponderate in favor of a simple bronchial affection; and though I believe that, in an active form the inflammation may extend to the lobules of the lung, I still think it uncommon, and conclude that the principal danger exists, as in capillary bronchitis, in the obstruction of respiration. When the bronchiæ become almost impacted with a muco-purulent matter, in consistence and shape like hardened cones, the inspiratory act is so imperfect that nothing but a violent aspiration, as an act of coughing or movement occasioned by an active emetic, can dislodge or force up the pointed and branching wedges or cones, in order that pure air may enter the lung and inflate the air cells. If the patient be so enfeebled or so young that nothing but emesis can assist, then one after another of the lung lobules must collapse and death take place from apnoea. This, on the living subject, is, in forming a diagnosis, somewhat speculative as to the extent of collapse, but may be concluded upon to a greater or less degree, judging from the acts of respiration. There is usually marked dullness, which becomes increased as the collapse progresses.

The general course of treatment should be similar to that before mentioned; promote expectoration, palliate

and nourish. Revulsions are useful.

As I have had no important complications, that matter can be disposed of by saying that many have been reported, but not upon authority or such as will warrant reference here.

The common catarrhal form, or influenza, has prevailed among all classes, without reference to age, sex, color or previous condition of servitude, until about ten out of nine and a hold hold de ehd, but the recent ethereal mildness of April suns are banishing foot tubs and mustard plasters and affords ye Æsculapius time to survey the field.

I have mentioned bronchitis not as a most important event of practice in this portion of the State, but as one of the least important, and one which by maltreatment may assume a gravity which adds to our professional responsibility, whether neglect occurs in our hands or among those who profess and call themselves *what* they are not.

Special Selections.

NEUROTOMY.

By S. WEIR MITCHELL, M. D.

THE state of medical opinion as to the results of nerve-sections has undergone some strange reversals from time to time, until of late, owing chiefly to imperfect observation on the part of certain eminent surgeons, we are told that a large nerve can reunite within a few days, after having been divided, and can thus early reassume its lost functions. Upon this point, as has often happened, the physiologists and clinicians were on opposite sides. Nerve-sections in the laboratory, even in young animals, gave no such result as the presence of feeling a few hours after the division of a nerve. It is most interesting to observe what

occasioned this conflict of opinion, and to see how both sides were somewhat astray, and how the truth—a most useful and practical one—has at last come out of it.

In 1864, the usual physiological belief was that a nerve having been cut, some definite region to which it was distributed would lose all sense of feeling, and that certain muscles would act no longer until after many months, when, in fortunate cases, the nerve ends reunited and the sensory and motor functions became partially or fully restored. In the same year, 1864, Langier brought the ends of a cut nerve together by suture, and saw that the parts involved had some feeling and motion *the very same day*. As strange results were obtained by Nelaton and Paget. But soon after Verneuil pointed out that in cases where no reunion could have taken place, where, in fact, a post-mortem section showed absence of union, motion had been seen and sensation noted in the parts concerned; so that some of the cases proved too much. In 1867 Letievant, after dividing the median nerve in man, satisfied himself that both feeling and motion remained, where according to the ordinary notions, none should have been found. A careful study, however, showed that each muscle fed by the cut nerve was really palsied, and that the motions seen were due to muscles supplied with nerve force by the ulnar and radial. As to this there can be no doubt; and my own study of a recent case has on this point satisfied me thoroughly. The seeming presence of feeling was more of a puzzle. It was found that feeling was vastly lessened in the median area, but not lost, except in a very limited space. Now, this state of things existed within a few hours after

the section, when not even the wildest believer in regeneration of the nerve could dream it had already taken place. The explanation in this especial case lies in the existence of branches from the ulnar, which entered the median nerve below the point of section, and also in the intimate plexus it forms with other nerves at the finger-ends. The anatomists are, in part, responsible for the clinical difficulty. Take, for instance, Flower's Atlas, or most of the anatomies, and you will see that the median innervates this area and the ulnar that, and so on, while in truth this whole surface anatomy is a fiction and has to be studied anew by closer dissections and by utilizing such nerve-sections as are made in man. In fact, I believe it will be found that the regions of skin made sensitive by but one nerve-branch are very limited, and that throughout the whole surface, and not merely at the extremities, division of several nerve-stems will be needed to extinguish feeling of all forms in any one part of the skin. Strange, then, as it may seem, there is yet room for a careful monograph on the anastomoses of the main nerves. As regards the hand, some of these are pointed out in certain anatomies, and not in others. In Hilton on "Rest and Pain," there are interesting facts in this direction, and so, also, in Hirschfeld; while Letievant has described at least one hitherto unnoticed anastomatic branch between the ulnar and median. Yet later, Arloing and Tripier have shown that in cats and dogs these communications are so complete that to annihilate feeling in any one part of the paw all its nerves must be cut.

I was amazed of late to see how difficult it is in man utterly to destroy feeling in the arm. In a notable case, Dr.

Maury divided the whole brachial plexus in the neck. At first the posterior and inner cords were cut, and the patient was allowed to become free of the effects of ether. To my surprise, he still had touch sense in the palm and dorsal surface of the hand, forearm and arch, and on the inner face of the arm. The inner face of the forearm I think I did not examine. As to the rest, I am positive that partial feeling remained until the external cord being divided, the whole sensibility was lost save at the upper part of the arm, where there was, and still is, some tactile sense, due, I presume, to filaments given off from the plexus above the point of section. I do not dwell on the case, as it will be fully related at another time. It went far towards justifying the extreme opinion I have mentioned as that likely to become a future medical belief. I had certainly believed, with others, that in the brachial plexus the interchange of fibers was notable, but I had not supposed it to be so perfect. M. Letievant* and myself have pointed out some of the fallacies which arise from want of care in studying the true areas of lost feeling; but it is needless to dwell further on this.

I may add that his views as to surface anatomy of nerves are well illustrated by cases of my own, and that the lapping over, so to speak, of nerve territories is to be seen in the face as well as in the extremities. Careful study of his facts and of my own, which I am about to publish, has shown that the nerve distribution in the hand is subject to certain variations, so that sometimes the median, for example, innervates the palmar surface of the thumb, the index and half of the second finger, sometimes

extends over the whole surface of the latter, and very often reaches the line given in Flower's plates, which carry it up to the middle of the face of the third finger. Also, in my case it gives scarcely any surface feeling to the palm, while in Letievant's it largely supplies the palm on one side, according to the commonly received anatomy. It also greatly damages feeling on the dorsal aspect of the thumb, the index and second finger, but the area affected is not the same in his cases and in mine. Like variety exists as to the ulnar distributions, and, as I shall show in future, the radial nerve has been cut and has left, in one case, so large a degree of feeling on the dorsal face of the hand, that neither the patient nor the physician could perceive that there was any loss at all.

It is to be hoped that a few years will give us a large number of careful maps of the regions in which feeling is lost after nerve-sections. If they are made by observers as careful as Letievant, we shall have, by-and-by, a new and reliable surface anatomy. It is greatly needed. Nor do we require to know alone the ordinary distributions; we desire also to have sketches of the variations which seem to be frequent, for while as yet nerve supply to muscles seems to be very definite and constant, that to the skin-spaces appears to vary strangely and frequently.

I have said there was practical value in this knowledge, as thus: a year ago if a surgeon had been asked to cut a nerve to relieve a local injury on the extremity of the dorsum of the index-finger, he would, without doubt, have cut the radial; and yet, as we now know, the median may have been equally or more to blame. Doubts of like nature

*Traite des Sections Nerveuses, Paris 1872.

would arise if the cause to be quarantined by nerve-section lay in the third finger, because sometimes that part is fed by the median, sometimes by the ulnar, at times by both. In these facts lies, as I believe, the true blame for many of the failures to relieve by nerve-sections epilepsy or tetanus when these are due to an eccentric cause. The knowledge I am seeking becomes, from this point of view, of inestimable value.

I have asked myself again and again how it is possible to know just where a given nerve is distributed—whether it chances to be normal or one of those cases of variety which occur so often that we may well call them normal variations. There are, I think, three ways. If we freeze the ulnar, it is not difficult, as a rule, to determine by the lost feeling its area of distribution. The process is very painful, as I know to my cost. Pressure may also be used and is more generally applicable. We can compress any of the arm nerves until they lose power to transmit impressions, and then the area of lost feeling may be studied. This also is not a painless process, and it is not always or everywhere of easy application. In my own case I can easily trace out the distributions by passing a faradic or galvanic current through two or three inches of the nerve to be studied. I think the plan will usually answer. It gives very clear replies. Thus, a current of moderate intensity is felt only in the usual ulnar region, *i. e.*, up to the middle of the third finger, but most sharply in the ulnar palm and the little finger; made more severe, it is felt also in the third finger and even beyond it; but a mild current, surely placed in the ulnar or median, gives clearly a sense of vibratory tingling in certain spaces. As to the interpretation of very

severe currents I am not so sure; they seem to affect nearly all of the hand; but as to this I shall probably have more to say in future.

M. Letievant discusses in his excellent treatise the question of neurotomy for cancer, ulcers, tetanus, neuralgia and epilepsy, but says no word as to its use in local spasm, as blepharo-spasm, in which I have seen brilliant successes and as remarkable failures. As regards neuralgia, I have had to counsel in favor of neurotomy where the pain had a traumatic cause, but in what I may fairly call a vast experience I have never been driven to cut a nerve for common neuralgia. Anstie does not even discuss the question; and it is to be remembered that galvanism has succeeded after neural section has failed. And yet I should not hesitate to use it, because I believe that even when the case is of known centric origin there may be good reasons why neurotomy may cure. Indeed, we ought not to fail to remember that galvanism is a peripheral application and does win successes, even where the malady is surely centric.

As regards the influence of nerve-section on the thermal condition of a limb, the clinical observers tell us that there is always a fall of temperature, while the physiologists say there is a rise of the thermometer; but the latter observers experimented immediately after section, the others, as a rule, only after weeks or months, so that I felt free to predict that when the clinician would put himself into the same position as the physiologist, nature would make him the same answer; and this is just what my own cases have lately taught me. First, the temperature rises, and then, after a time, it falls. These constant conflicts of opinion always end in this fashion.

Somewhere there has been a defect of observation, or else the standpoint whence the facts were seen has been different, and so the facts have been made to seem to vary. The case of neurotomy of the brachial plexus by Sands and Sequin is, I suspect, the first example of this operation. It is admirably related, with scarcely any defects, which cannot be said of the European cases of neural section. In fact, as I have said, the horrible confusion as to results of neurotomy, which has so long embarrassed us, is due to observations so clumsy and imperfect that they cannot be too severely criticised.—*Philadelphia Medical Times*.

Gleanings.

THE BRAIN POWER OF MAN.

HAS HE TWO BRAINS? OR HAS HE ONLY ONE?

A very large and intelligent audience of ladies and gentlemen assembled last night in the Congregational church, corner Tenth and G streets, to hear the distinguished physician, Dr. Brown-Sequard, of Boston, discuss the question, "Have we two brains or only one? and if two, why not educate both?"

The lecturer was appropriately introduced by Professor Henry, who stated that the lecture was one of a series generously provided for by Dr. J. M. Toner for the discovery of new facts in medicine.

Dr. Sequard commenced by saying that his views, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was

the side affording volition to the brain, and *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we only use one side, and, therefore, leave out of account one half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition when fully awake; and when in the latter condition he knew what occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London that the right side of the base of the brain is the center of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the center. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one half of the brain. Notable cases were given in which parties had

seen but one half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough, to show that the theory should be rejected. Disease of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration in any portion of the nervous system, acting on the parts, can produce disease in that part. Injury to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. Any injury in one half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobes of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. This shows that the power of will does not control the entire action of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did not affect the feeling. Passing these facts in review we find vast differences owing to the fact that one-half of the brain was developed for certain things and the

other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental; the other, to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also upon disturbances in the lungs, liver and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain; out of 120 cases of paralysis that came under the lecturer's observation there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently through diseases of this side of the brain. Out of 69 cases of convulsions of the eyes 47 were due to diseases of the right side. Death occurs much more frequently by disease of the right side of the brain, and in case where patients do not die it will produce more extensive and enduring paralysis.

All this shows, not that the two sides of the brain differed originally, but that

there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right-handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and the left side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half the brain they got along just as well.

This proved that the right side could be educated, with the left hand for execution. The third point was, that four out of every hundred left-handed persons learned to write with the left hand; therefore the left side of brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it would only be understood by medical men.

If the lecturer had established that we

had two brains then they should be developed. If we could develop the legs and the arms of both sides we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain could regain the power of cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.

At the close of the lecture, Prof. Henry read a telegram which he had just received, announcing the discovery of a new comet at Berlin.—*National Republican*.

CASE OF DOUBLE DIAPHRAGMATIC RUPTURE & HERNIA.

By JOHN M. WOODWORTH, M.D., Supervising Surgeon, United States Marine Hospital Service.

The following case was reported to the Marine Hospital Bureau by the attending physician, Dr. Thomas T. Minor, Surgeon U. S. M. H. S., who accompanied his report with a preparation of the diaphragm, portions of the transverse colon, small intestines and omentum, together with a photograph of the preparation from which the heliotype herewith presented was made:

On the morning of June 28th, was called to see James Testor, seaman on board the United States revenue cutter Reliance. Found him suffering severe pain, of a colicky nature, in the region of the umbilicus, exacerbating at intervals. The pain had come on suddenly. His pulse was slightly accelerated. There was no vomiting.

Administered from my pocket-case two grains sulphate of quinia, with one-

fourth grain sulphate of morphia, and in a few minutes he was apparently much better.

On the evening of the same day he was brought to the hospital. His symptoms of colic had entirely disappeared and were replaced by those of an acute attack of pleurisy. Sharp pain, located in the left side, about the eighth rib, impaired respiration, accompanied with that "catching" of breath peculiar to every well-marked case of acute pleurisy. There was but little cough, the pulse was rapid and full, and his skin covered with perspiration. He was put to bed, and one-fourth grain sulphate of morphia injected hypodermically. After getting quiet, he received:

R̄ Hyd. sub. mur.,
 Jalapa pulv., aa gr. x.
 Pulv. ipecac. co., gr. v.
 M.

During the night he received, at intervals of three to four hours, a powder consisting of camphor, opium and ipecac, each one grain.

The next day, June 29th, he felt better. In the morning he received one-half ounce of Rochelle salts, and at noon one half ounce castor oil. In the afternoon he had a copious discharge from the bowels, after which he breathed more easily, but the severe pain continued.

On the 30th, Monday, he seemed to be better. Upon auscultating and percussing the left side of the chest, resonance on percussion was readily obtained over the seat of pain, while almost all other portions of the corresponding cavity gave extreme dullness, and throughout the entire (left) lung the respiratory murmur was absent. During the day the respirations became more regular, but the pain still remained. The powders of camphor, opium and ipecac. were still continued. Upon visiting him in the evening he was found lying upon his well side, and seemed to be more comfortable in that position than any other.

About one o'clock on Tuesday morning, July 1st, he was suddenly seized with nausea, and vomited slightly for the first time. He got on his feet for a few

minutes, then lay down, and was soon after discovered to be dead.

Post mortem examination sixteen hours after death. The right lung and right pleural cavity were found to be in a healthy condition, as was also the heart, except that it was displaced considerably to the right. The left lung was completely collapsed; pieces cut from different portions would not float in water. The corresponding pleural cavity contained about five pints of sero-sanguineous fluid. There was a *double rupture of the diaphragm to the left of the œsophageal opening, and double hernia of intestine and omentum*. Anteriorly the large intestine and a portion of the greater omentum were projected through the wall of the diaphragm into the left pleural cavity. Strangulation of this hernia had occurred, and perforation of the intestine. Posteriorly, through another entirely distinct rupture of the diaphragm, was a hernia of small intestine and omentum.

The abdominal viscera were examined. The liver was enlarged; the greater omentum was drawn far above its usual position, and there were signs of inflammation, particularly along the large intestine.

DISLOCATION OF THE SHOULDER.

Prof. J. W. Hamilton, of Columbus, Ohio, gives (*Lancet and Observer*) the following directions for the reduction of dislocation of the shoulder:

Carry the right or injured arm from the side on the table, first, till, with the body, it makes a right angle; thence still farther, till, with the axis of the body projecting upward, it makes an angle of forty-five degrees. At this stage flex the forearm to a right angle with the arm. In a state of medium rotation, the forearm will, at this stage, be in a direction perpendicular to the table. Keeping the forearm in this state of flexion, and for the present the arm in this state of rotation, let the member be grasped by an assistant. If the pectoral and latissimus muscles are found to be

tense, wait and divert the patient's mind for a few minutes until they become relaxed.

Now let the surgeon take his position at the end of the table, between the patient's arm and head. He will now be able to place the tips of the two thumbs on the tip of the acromion process, and the tips of all the fingers on the displaced head of the humerus. Everything being thus made ready, direct the assistant to pull steadily, but slightly. At the same time the surgeon presses in opposite directions upon the tip of the acromion, and the head of the humerus, or, in other words, gently presses them toward each other. With the most insignificant expenditure of force the bones will probably fall into position almost instantly. If they do not, rotate the arm, so that the forearm will be carried from a perpendicular inward to an angle of forty-five degrees more or less, and then repeat the movement. The rotation in the same direction may be still further increased if there is still resistance; or, this failing, rotation outward may be tried.

THE NATURE OF CANCER.

Mr. DeMorgan lately maintained the following theses regarding cancer, before the London Pathological Society:

That the disease, while presenting certain special characters, does not differ essentially in its mode of origin from many or most other morbid growths.

That there is no evidence of the disease being caused by, or dependent on, a special condition of either the fluid or solid portions of the blood.

That while the actual growth is local in its origin, there may be, and possibly always is, an antecedent of the part or of the system which favors its production.

That possibly the germs of the disease may be present from the earliest period of development.

That before a tumor is formed we have no reason to suspect or anticipate the occurrence of the disease, unless, as at times is the case, some local condi-

tion be present, which we recognize as often preceding the development of cancer.

That when a tumor is formed we can explain its spread and recurrence without reference to an antecedent diseased condition of either the fluids or solids of the body.

That the structure of cancer specially favors the recurrence; but that most morbid growths show more or less of the same tendency, and some to as great or greater extent than so-called cancer.

That if a special state of the blood be a factor in the formation of cancer, we must also believe it to be so in most or all tumors.

That development of local disease, determined by an antecedent condition of the system, is seen in the simplest forms of tumor, as warts, for example, and may be merely in obedience to the same law which governs the bodily and mental configuration of the individual.

That the fact of retrogression of cancer, while it gives a hope that in discovering its cause we may find a remedy for the disease, does not prove a special blood origin of the disease any more than would a local degeneration of a natural tissue. This is borne out by the fact sometimes seen of retrogression of cancer growth in one part, while in other parts active growth goes on.—*Medical and Surgical Reporter*.

THE Twin Monster of American descent, called Millie-Christine, recently received a visit, in Paris, from Professors Tardieu and Robin, in the interest of anatomical science. Though provided with a written order from the Prefect of Police, the gentlemen succeeded only partially in accomplishing the object of their call, inasmuch as the "nightingale" declined to submit to examination below the waist. The visitors determined the existence of two hearts, whose beats were not isochronous. Prof. Tardieu facetiously stated to the Academy of Medicine that he had demonstrated two wills also; for while in response to his request, one of the intellects consented

to an examination of the pelvic parts, the other intellect stoutly protested against it, with expressions of anger. The attendant of the twins said that the bond of union was at the sacrum, and that there was a single anus and one vulva.

It is stated in the newspaper that a French railway company has entered a suit against the twins for attempting to evade the payment of fare by purchasing only one ticket instead of two for transportation. In this instance, Prof. Tardieu would not be able to prove the existence of two volitions with the same facility as in the first case, for both intellects would probably think alike with regard to the number of seats to be paid for; and the company itself will find in the result of the suit another illustration of the adage that "two heads are better than one," in such delicate matters.

THE CAUSE OF SIMILARITY IN TWINS.—
Dr. J. F. Bird, of Philadelphia, writes:

"It has long since been my purpose to call the attention of physiologists and medical practitioners to the consideration of the probable causes of the facsimile representation of twins. It is a question of considerable interest that twins should so frequently be so much alike that even their parents cannot at all determine which is 'Minnie' and which is 'Bessie.' In my experience, and that extends to a number of well marked cases during a period of over thirty years, I have invariably found that when twins are contained in the same sac, and sustained by the same placenta, they have always had a slavish resemblance to each other; while those contained in different sacs, and sustained by different placentæ, are as unlike as children born of the same parents at different periods, however remote. This hypothesis is sustained, not only by actual and positive and repeated observations, but by inquiries made of other observers. In one family there are two cases of twins. The first pair were contained in the same sac of waters, and are exactly alike; the other pair were delivered from different

sacs, and are no more alike than are the other children. I delivered a case also of triplets. Each child was in a separate sac, and neither resembled the other particularly. Let these observations go to the curious or speculative members of the profession for what they are worth. I am satisfied with the theory, and believe that close observation will establish it beyond contradiction."—*Lancet and Observer*.

DESTRUCTION OF BRAIN SUBSTANCE WITHOUT FUNCTIONAL LESION.—Professor Porta, of Pavia, gives an account (*Archivio Italiano*, Nov., 1873; abstr. in *Psychiatr. Centralblatt*) of the case of a man who had received an injury of the skull, causing, as nearly as could be estimated, the complete disorganization of the upper right hemisphere. In spite of this extensive lesion, no measurable psychic or sensorial disturbance was observed: and at the end of eighteen months a partial hemiplegia of the left side only remained. This was apparently somewhat improved by electrical treatment.

The same author reports another case of the *post-mortem* of a woman who had died of fever, without stupor, somnolence, or delirium, in whom the whole right side of the brain was found disorganized by suppuration, the only part remaining intact being the cerebellum, the pores, the crus cerebelli, and the intraventricular portion.

From these facts, Prof. Porta holds that the brain is a double organ, consisting of two similar halves, one of which can do the duty of both; that is, that it is physiologically, as well as anatomically, double.—*Chicago Journal Nervous Disease*.

THE LAST CAMP-FOLLOWER OF THE REVOLUTION.—Dr. S. R. Huniston, of Smithville, Monroe county, Ind, sends us some particulars of William Ross, now one hundred and fourteen years old. He was born in Maryland, and served in the Revolutionary war as a waiter boy, and in the war of 1812 as a private soldier. At its close he moved

to Indiana. He has ridden to town on horseback, a distance of three miles, several times this winter. He secured his second eyesight about twenty-five years ago. For a number of years he was bald, but a year ago his whole scalp became covered with a new crop of fine gray hair. He has chewed tobacco from boyhood, and is still physically quite active.—*Med. and Surg. Reporter.*

THE ARECA OR BETEL NUT.—This nut is the best known as a dentifrice, masticatory, very popular with the Orientals. In Bombay it is said to be used also with good effect as an anthelmintic.

The natives pick it off the tree, and grate it on an ordinary nutmeg grater. About a teaspoonful is administered, after the patient has fasted twelve to fourteen hours, either made up into a bolus with ghee (clarified butter), or floating on milk, the latter being the favorite method. It generally acts (without any other medicine being given) in about an hour after administration, and is efficacious for round as well as tape worms. It is used both for the human subject and dogs, in the same manner and dose.

A SAFE METHOD OF INDUCING PREMATURE LABOR.—Under this caption, Dr. B. R. Morris, (*British Medical Journal*, September 6, 1873) speaks of the great success he has had with electricity. A metallic sound, covered, except at the point, with a non-conducting substance, is inserted within the os uteri, while the other pole is placed upon the abdomen; they are then connected with the battery, and a slight continuous current passed through the uterus for ten minutes. This process is repeated several times, and is invariably followed by delivery in two or three days. Gaiffe's small pocket battery is the most convenient instrument for this purpose.

Bibliography.

Galvano Therapeutics. By DANIEL PRINCE, M. D., Jacksonville, Ills. Philadelphia: Lindsay & Blakiston. 1874.

This is a revised reprint of a Report

made to the Illinois Medical Society in 1873. It is a brief but admirable resume of our knowledge of the subject, with reports of cases occurring in the author's practice.

Annual Report of the Supervising Surgeon of the Marine Hospital Service of the U. S., for the fiscal year 1873. By JOHN M. WOODWORTH, M. D.

This is the second Annual Report by Dr. Woodworth, and from its completeness demonstrates the fact that Government wisely selected a most accomplished, efficient officer for the position. The article on "Hospitals and Hospital Construction," should be read by every one who is concerned in the erection of such structures.

Among the articles contained in the Appendix, is one on the Natural History of the Yellow Fever in the United States, by Dr. Toner, of Washington, which is made especially valuable by reason of the recent severe epidemic of that disease at Shreveport and Memphis.

Treatment of Nervous and Rheumatic Affections by Static Electricity. By Dr. A. ARTHIUS. Translated from the French by J. H. Etheridge, M. D. Chicago: W. B. Keen, Cook & Co. 1874.

This book is exceedingly Frenchy, exceedingly ridiculous, and exceedingly worthless. It is printed in clear type on heavy tinted paper, and is handsomely bound. The publishers are blameless, except for having published it at all.

Editorial.

JUST now physiologists are actively studying the brain and nervous system, and are developing some important facts which will materially modify our present opinions. The remarks of Dr. Hughlings Jackson in the March number, on limited convulsive seizures, and those of S. Weir Mitchell upon Neurotomy, as well as those of Brown-Sequard upon the duality of the brain, published in the

present number, are worthy our most careful consideration. Gall and his pupil, Spurzheim, began a careful study of the brain, and attempted to localize the mental processes, but were allured from the correct road by a disposition to generalize upon insufficient data, which resulted in the construction of their so-called science of Phrenology.

The whole subject rapidly passed into the hands of "traveling phrenologists, who wandered around with plaster heads of Schiller, Napoleon, and some celebrated rascals, and ciphered out a character from a number of bumps on the skull, without ever having seen a brain," much less devoting any time to its study.

Anatomists and physiologists turned away from the subject in disgust, and as a result, it has not been advanced beyond its starting point. As will be seen from the articles above referred to, earnest, honest and intelligent inquirers are again turning their attention to the localization of the brain functions, and we may expect the rapid development of important facts and valuable information.

PRESIDENT GRANT has issued the executive pardon in favor of Leander Fox and Byron Fox, father and son, of the firm of B. Fox & Co, No. 391 Canal street, New York, who, at the instance of Anthony Comstock, were prosecuted and convicted last year of sending obscene books through the mails. They claimed at the time that they had bought the books as purely scientific medical works, and were not aware of their containing anything that could be construed into mere obscenity. They were, nevertheless, found guilty, and sentenced to one year's imprisonment and a fine of \$500 each. The President, in consideration of the possibility of their being

deceived as to the character of the books, now remits the term of imprisonment and orders their discharge, on condition of their paying the fine and the costs of the prosecution.

THE Twenty-fifth Annual Session of the American Medical Association will be held in the city of Detroit, Mich., on Tuesday, June 2d, 1874, at 11 A. M.

Secretaries of all medical organizations that have adopted the Code of Ethics are respectfully requested to forward to the undersigned a complete list of their officers, with their postoffice addresses, and the number of their members in good standing. This is the only guide for the Committee of Arrangements in determining as to the reception of delegates.

It will also enable the Permanent Secretary to present a correct report of the Medical organizations in fellowship with the Association.

WM. B. ATKINSON, M.D.,
Permanent Secretary.

THE old and well known firm of E. Fougera & Co. has been dissolved by limitation. Mr. E. Fougera retires from the firm but will continue the manufacture of his preparations, and has appointed his successors, F. V. Heydenreich and Wm. P. Woodward, his *sole agents*. The old firm name will for the present be retained.

WE again call the attention of the profession to the meeting of the State Medical Society, at Lawrence, on the 20th inst., and indulge the hope that there will be a large attendance and important work done. This is not a mere vague hope, but it is based upon conversations with, and letters from, various members of the profession throughout the State.

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Original Communications.

STRABISMUS—OPERATION FOR.

By C. C. GODDARD, M.D., Leavenworth, Kan.

Modern research has shown that the affection known as convergent strabismus, or squint, is, in the great majority of cases, an indicator of some other disease of the eye; the most common of which is hypermetropia, or far-sightedness. It is, therefore, in many instances the symptom, and not the original disease itself. Squint is not regarded merely as a deformity, but as also having intimate relations with the functions of the eye as regards vision. In monocular squint, caused by hypermetropia, the deformity is produced as follows: Taking the ground that we have one eye normal, and the other hypermetropic, the diseased eye cannot fix for the same object, at the same distance, with a like amount of accommodation; for, should it do so, the two eyes would not receive the same image of the object at that distance; as the parallel rays which would naturally come to a focus upon the retina of the sound eye, would focus at some point behind the retina of the hypermetropic eye, its antero-posterior diameter being shortened, according to the degree of shortening; and the image in that eye would be blurred and out of proportion, thereby producing diplopia.

Now, the only way that this double vision can be obviated is, for the unsound eye to *not receive any image at all*; and the only way it can do this, is by getting out of the line of vision—in other words,

to squint. And this expedient being resorted to so often, the internal rectus must gradually become more powerful, and the external correspondingly weakened, and a permanent squint is ultimately produced.

And now, this can only be corrected by an operation, and a convex glass applied, of suitable strength for neutralizing the hypermetropia.

We give appended a case of monocular squint, in which the operation has been performed with successful results.

April 11th, C. F., æt., 27; has converging squint of right eye, four lines in extent; commenced at six years of age, without any appreciable cause, and has gradually become worse up to the present time. Has hypermetropia of $\frac{1}{8}$ in right eye; and to this error in refraction we assign the cause of the strabismus. Fixes for objects at certain distances with the left eye only, and at such times the squint of right becomes more pronounced.

After thoroughly investigating the cause, to the best of our ability, and feeling convinced in our own mind that it was a favorable case for an operation, we advised the patient to have one performed, to which he consented; and 3 o'clock, P. M., was the time appointed.

OPERATION.—Patient took the chloroform very kindly; and when thoroughly under its influence, we proceeded to divide the tendon of the internal rectus of right eye. Upon its division, the eye immediately *over-corrected* itself about $1\frac{1}{2}$ lines. As soon as the anæsthesia

passed off, the eye re-corrected to a perfectly straight position, which it steadily maintained.

12th.—Eye still maintains the last position assumed by it the day before.

Had slight pain for about two hours during the night, but obtained very good rest after 10, P. M. Eye now perfectly easy, except when he attempts to look to the left, when a feeling of soreness takes place. Considerable ecchymosis about the site of operation, although no more than would naturally be expected. Begins to see objects double at certain distances. The two objects make themselves manifest when the object is eight or ten feet distant, and the eyes assume a nearly central axis; which proves conclusively to our mind that the patient's vision has heretofore been almost entirely monocular at that distance; and he now has diplopia, because the eye operated on is compelled to receive the impression of the object; and the vision never having been binocular, each eye sees the object separately, and refers it to the brain regard less of its fellow-optic. The treatment is to bathe the eye four or five times a day in moderately warm water, and keep within the house for at least twenty-four hours longer.

13th.—To-day the patient very injudiciously visited the office, as it is raining; and in all probability he will catch cold, and have trouble with the eye.

At time of visit, eye doing nicely. Ecchymosis about the same. Vision same as before the operation, viz: right, $\frac{2}{8}$; left, $\frac{2}{8}$. No actual pain, though still uncomfortable to look toward the left. Patient very highly pleased, so far, with the result. Advised him to return home, and wear shade over eye for a day or two; also, to practice, while in the house, looking as much as possible

to the right, and to look at any objects which appear double persistently, and try and assimilate the two objects.

Have no glass of proper strength, with which to correct the hypermetropia.

14th.—Effects of walk in the rain very apparent. The ecchymosis has extended completely around the cornea, over the whole globe, elevating the conjunctiva, which is swollen and in a state of what is called chemosis. Has no pain in eye whatever. ℞ Goulard's solution, twice diluted; apply to outside of eye, by means of compress.

15th.—Eye looks slightly better to-day. Chemosis beginning to recede. Still use lotion.

16th.—Improving, though not so rapidly as we could wish. Stop lotion, and use: ℞ Sp. æther, nit., ℥i; acidi acet. aromat., gtt. vi.; aqua rosæ, ℥vi. MS.

Sponge outside of eye for five minutes, three times a day.

17th.—Decidedly improved, coloring matter of effused blood being rapidly absorbed. Small nodule of inflamed sub-conjunctival tissue at point of operation, touched with pencil of cupri sulphas. Eye still maintains the straight position; soreness upon looking to the left, of which he previously complained, has entirely disappeared. Advised weak solution of alum, twice a day, for bathing eyes. Now wears green shade while out in the air.

20th.—Doing nicely. Discontinue use of shade. Bathe eyes with cold water only.

27th.—Effects of operation barely noticeable. Eye perfectly straight, and patient highly pleased with the result. Discharged cured.

RENEW your subscriptions to THE MEDICAL HERALD.

Correspondence.

EDITOR MEDICAL HERALD: In the MEDICAL HERALD of April, 1874, appeared an article from the pen of Dr. Schenck, of Osage City, Kansas, reporting a case of vesico-vaginal fistula, and I think it is but just that his erroneous and willfully misrepresented report be corrected, especially as it is calculated to mislead the public.

Dr. S. says: "I was informed by the Doctor that the bowels and bladder had been emptied quite recently;" which information was quite correct, according to the report of the patient. I invited him to examine, and satisfy himself; he did so at the time, and said he was satisfied the bladder was not in the way.

After giving a brief history of the progress and termination of the labor, which is in the main correct, he says: "On the 27th of December, Mr. J. came for me again, saying Dr. M. had abandoned his wife. On calling, I received the following history of the case: The bladder had not been emptied, as I was informed, just before my arrival on the evening of the 2d, nor after the arrival of Dr. M., eighteen hours before," &c. And yet, upon examination, at my request, he pronounced himself satisfied *that the bladder was not in the way!*

I will pass by the remaining part of the history he *says* he received, and which, like the part mentioned, he must have known to be incorrect, and ask any respectable physician if, having been called in in consultation in a case as perplexing and difficult as the one reported, or in any case, if, to obtain information from the source mentioned by the Doctor, after prejudicing them by insinuations, and privately publishing a report

reflecting on the attending physician, is the part of a gentleman?

I will now give a history of the case, while under my care: Was called at 1, A. M., December 2d, to attend Mrs. J., then in labor. Upon examination, found foetal occiput presenting, first position. Labor progressed slowly until evening, when, becoming convinced that a termination of labor by instruments would be necessary, at my request Dr. Schenck was called in consultation. He arrived at 7, P. M. Dr. S. desired to postpone instrumental aid, which was done, until midnight; when he made *repeated* but ineffectual efforts to deliver with forceps, trying two different styles. At daylight he again tried the forceps, with no better success; when, with my consent, he delivered by craniotomy.

Called in the evening, and next day. Found patient in good spirits, and doing well. She reported perfect control of her bladder, but that the discharge was scanty. Upon pressure over the region of that organ, she complained of no pain, nor was there any discernible tumor, as would be produced by a distended bladder. Diagnosed suppression *not* retention of urine, and prescribed a diuretic.

After giving the usual directions in regard to care, &c., I told them that, being very busy, I should not call again unless sent for.

On the 6th Mr. J. came for me, saying his wife was unable to void her urine. Went with him, introduced the catheter, and obtained not more than twelve ounces of urine. Twelve hours after, I again visited her. She informed me she had passed her water with ease; and, as the case appeared favorable in every particular, I again discontinued my visits.

On the 14th Mr. J. came to me, and said his wife was troubled with inconti-

nence of urine. I was just leaving to visit another patient, and gave him a prescription, telling him to call the next day, and if she was no better, I would visit her. Called on the 15th, introduced the catheter, and drew off a small quantity of urine.

On the 18th, the patient still complaining of incontinence, I made a thorough examination, and discovered a fistula, which I reported to Mr. and Mrs. J., adding, that I desired them to call another physician, as I had not the necessary instruments to operate, and did not wish to be at the expense of purchasing them, as such cases are very rare, and I might never need them again; but that I would render any assistance in my power, if desired; and I took my leave with that understanding.

Dr. Schenck, in his report, intimates that the cause of this accident was retention of urine, through my neglect; and the report has been extensively circulated in this community, for the evident purpose of injuring me. Intelligent physicians know this would not cause such an accident, but inexperienced persons do not understand this. But if they will take the trouble to consult the best authorities on the diseases of women; for instance, Thomas, Sims, Baker Brown, and others, they will find the cause to be long-continued pressure by the foetal head, careless or improper use of instruments, stone in the bladder, &c., but *not* retention of urine. Therefore, I claim that the report is false, because, 1st. Retention of urine is not a cause of vesico-vaginal fistula; 2d. That I did not neglect my patient, in that or any other respect; and, 3d. That impaction of the foetal head for so long a time, the pain being active, or the repeated efforts to introduce and lock the forceps, or

both, so bruised and lacerated the parts, that sloughing was induced, which in this case resulted in a fistula.

Special Selections.

TREATMENT OF NÆVI WITH THE GALVANIC CAUTERY.

By B. F. DAWSON, M.D., &c., of New York.

In Vol. IV., No. 3, November, 1871, of this journal (*American Journal of Obstetrics and Diseases of Women and Children*), I published a paper on the "Treatment of Vascular Nævi with the Actual Cautery," and related therein several cases in which the most satisfactory results followed that method of removal, or rather destruction; and having since operated many times in like manner, I still adhere to the views therein expressed of its advantages and gratifying results.

During the last two years, however, I have had opportunities of witnessing the use of, as well as using myself, the galvanic cautery in various operations, when it is "par excellence" the best means at the command of the surgeon. Having possessed myself of an apparatus, I have used it many times for the destruction of nævi—in some of which other methods, excepting the actual cautery, had proved unsatisfactory—with unfailing success and most gratifying results.

As many surgeons still seem undecided as to the best means for removing not uncommon congenital disease, many still adhering to the oldest and most unsatisfactory methods, I deem it not inadvisable to add my testimony in favor of a method that at least one high authority, Dr. Maas, of Breslau,* pronounces to be

*Archiv sur Klinische Chirurgie. Vol. IIX. 1871.

followed by the best results, and is much safer than the injection of iron or other coagulating fluid. This opinion he arrived at after having used the galvanic cautery in one hundred and twelve cases with the following results: *Capillary nævus*—cured, 22; improved, 1. *Cavernous or venous nævus*—cured, 72; improved, 8; died, 3. *Arterial or racemose nævus*—cured, 2; improved, 1. *Nævus combined with other tumors*—cured, 6; improved, 1; result unknown, 2.

The galvanic cautery differs from the actual cautery in the means and facility for heating the needles, while it is superior to the latter from the fact that the degree and duration of the heat is wholly under the control of the operator, and consequently it admits of being used with greater care and deliberation; while the actual cautery needles, readily parting with their heat, necessitate their hurried use. These advantages, combined with the admissibility of using very fine needles, are the only advantages the galvanic can claim over the actual, for the effects of the two methods are precisely similar—destruction of the diseased parts by heat. Both methods have the advantage of allowing the destruction of nævi in parts of the body where it would be either unsafe or impossible to apply other means, as was the case in the third of the following cases, which I have selected as best illustrating the advantages claimed for the galvanic cautery.

CASE I.—Mary O'Neil, one year and eight months, was brought to me February 17, 1873, with an irregular capillary nævus, the size of a bird's egg, situated immediately below the lower left eyelid. The history was as usual—that it was a small spot at birth, but had grown rapidly to its present size, and was a source

of annoyance to the parents, as well as considerably disfiguring the child's face. The parents wishing its removal, the following day (18th) I singed it carefully, but thoroughly, with the galvanic cautery, throughout its whole extent, but not deeper than the cutis, so as to guard against unnecessary destruction of tissue, and consequently cicatricial contraction. Cold compresses were then applied and kept in place by a bandage. The next day there was slight consecutive inflammation of the adjacent tissue, very little swelling, and but slight sympathetic congestion of the conjunctivæ. In a week after, all signs of congestion had subsided, and a thin scab covered the site of nævus, which fell off on the twelfth day after the operation, leaving a healthy dark pink and soft eschar, showing no trace of the nævus, and not in the slightest contracting or impairing the mobility of the lower lid. Several weeks after, a slight discoloration was the only mark visible.

CASE II.—Jessie B——, two years old, a fine healthy child, was brought to me from Flushing, November 21, 1873, by previous arrangement, to be operated on for a subcutaneous venous nævus, situated over the right eyebrow. Compression, collodion, and argent. nit. had been used by different physicians without result, as the disease continued to grow to its present size of about half an inch long by one-quarter wide. As in the preceding case, I singed the nævus thoroughly with the platinum needle at a red heat; a wet compress was applied, and the child taken home to Fushing the same afternoon. Five days after, I saw it in my office, and found a firm black scab covering the seat of the nævus. In a few days this scab fell off, leaving a healthy pink cuticle beneath, but at the

lower right angle a small dark spot showed that a portion of the nævus had escaped destruction. This was destroyed, in like manner, on December 21st—one month after the first operation. The result in this case has been perfectly satisfactory; for, when seen on February 24th, last, the seat of the nævus could only be recognized by a small mark scarcely noticeable, and which the parents have recently informed me is getting fainter each week. In this case I was assisted by my friends, Drs. Rankin, Porter and Hanks.

CASE III.—Sarah Hawley, fourteen months old, was brought to me February 21, 1874, at the Dispensary for Sick Children, with a subcutaneous venous nævus in the lower portion of the upper right eyelid, and considerably disfiguring the child. The history was one of rapid growth to its present size of a large pea.

The mother stated that she had taken the child to the Eye Infirmary, in this city, but that she was advised to have nothing done. On close examination, I resolved to operate on the tumor, as from its very rapid growth it was evident that the whole lid would before long be involved, and its function being thus impaired, the eye itself would suffer. From the location and deep character of this nævus, I could judge of no safe means of removing it except the galvanic cautery. Certainly it would have exposed the eye itself to injury, to have attempted its removal by the potential caustics, vaccination, or coagulating injections; for the reason that the effects of these methods would extend beyond the actual site of the nævus, as their action is not wholly under control; the opposite is the case in using the galvanic cautery needle, with which it is possible to de-

stroy slowly and cautiously, and only to the extent deemed safe in view of the consecutive inflammation.

On February 24th, assisted by three of my students, I operated on the case, entering the nævus with the red hot platinum needle at the lower border of the nævus, which was held by forceps, and thus destroying it subcutaneously by working the point of the needle cautiously to the right and left, avoiding going too deeply. The whole operation was completed within three minutes, and the child, on recovering from the chloroform, was removed to its home, a wet compress being previously applied.

I saw the child again on the 27th, when a firm scab covered the site of the nævus; there was also some congestion of the conjunctivæ, but nothing very marked, and but little swelling of the lid. On the 30th I saw the case again, and found the scab removed, and a slight cicatrix remaining. The eye in all other respects looked healthy. When last seen, April 2d, nothing except a small scar showed where the nævus had been; there was no contraction of the lid, and the mother expressed herself highly pleased at the result. Certainly no better result could have been obtained by other methods of treatment.

These three cases may be considered as fully illustrating the superiority of the galvanic cautery over other means for destroying nævi, and I feel confident that it will before long be universally considered the safest and most reliable means in the majority of cases for removing this so often disfiguring and sometimes dangerous congenital disease.

THIS number completes the Seventh Volume. Renew your subscriptions, and pay in advance.

Gleanings.

THE REMAINS OF DR. LIVINGSTONE.

When the remains of the eminent traveler reached London, Sir William Fergusson was appointed to verify them. His report appears in the late English journals, and the following extracts from it will doubtless be read with interest:

"From what I have seen I am much impressed with the ingenious manner in which those who have contrived to secure that the body should be carried through the long distance from where Livingstone died until it could reach a place where transit was comparatively easy, accomplished their task. The lower limbs were so severed from the trunk that the length of the package was reduced to a little over four feet. The soft tissues seem to have been removed to a great extent from the bones, and these latter were so disposed that, by doubling and otherwise, the shortening was accomplished. The abdominal viscera were absent, and so were those of the chest, including, of course, heart and lungs. There had been made a large opening in front of the abdomen, and through that the native operators had ingeniously contrived to remove the contents of the chest as well as of the abdomen. The skin over the chest, sternum and ribs had been untouched:

"The skin of the trunk, from the pelvis to the crown of the head, had been untouched. Everywhere was that shriveling which might have been expected after salting, baking in the sun, and eleven months of time. The features of the face could not be recognized. The hair on the head was plentiful, and much longer than he wore it when last in England. A moustache could not be recognized, but whiskers were in abundance. The forehead was in shape such as we are familiar with from memory, and from the pictures and busts now extant. The circumference of the cranium, from the occiput to the brow, was twenty-three and seven-eighths inches, which was

recognized by some present to be in accordance with such measurements when alive.

"In particular, the arms attracted attention. They lay as if placed in ordinary fashion, each down by the side. The skin and tissues under were on each side shrunk almost to skeleton bulk, and at a glance, to practiced eyes (there were five, I may say six, professional men present), the state of the left arm was such as to convince every one present who had examined it during life, that the limb was Livingstone's. Exactly in the region of the attachment of the deltoid to the humerus there were the indications of an oblique fracture. On moving the arm, there were the indications of the ununited fracture. A closer examination and dissection displayed the false joint which had so long ago been so well recognized by those who had examined the arm in former days. The Rev. Dr. Moffat, and in particular, Dr. Kirk, late of Zanzibar, and Dr. Loudon, of Hamilton, Scotland, at once recognized the condition. Having myself been consulted regarding the state of the limb when Livingstone was last in London, I was convinced that the remains of the great traveler lay before me. Thousands of heads with a like circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life, it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fracture in this locality is exceedingly rare. I say this from my personal professional experience; and that such a specimen should have turned up in London from the center of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authorities to have existed, is beyond human credibility. It must not be supposed by those who are not professionally acquainted with this kind of lesion, which often causes so much interest to the practical surgeon, that a fracture and new joint of the kind now

referred to could have been of recent date or made for a purpose. There were, in reality, all the indications which the experienced pathologist recognizes as infallible, such as the attenuated condition of the two great fragments (common under such circumstances), and the semblance of a new joint; but actually there was a small fragment detached from the others, which bore out Livingstone's own view, that the bones had been 'crunched into splinters.' Having had ample opportunity of examining the arm during life, and conversing with Livingstone on the subject, and being one of those who entertained hopes that the last report of Livingstone's death might, like others, prove false, I approached the examination with an anxious feeling regarding this great and most peculiar crucial test. The first glance at the left arm set my mind at rest, and that, with the further examination, made me as positive as to the identity of these remains as that there has been among us in modern times one of the greatest men of the human race."—*Medical & Surgical Reporter*.

COMMERCIAL ELIXIRS.

We extract the following from the "Proceedings of the American Pharmaceutical Association." As the testimony in reference to the unreliability of many of the commercial elixirs comes from leading pharmacutists, it deserves our consideration:

Mr. Ottmar Eberbach read an essay on the Quality of Some Commercial Elixirs, in answer to Query 38.

MR. SHINN—Physicians are led to the adoption of these elixirs for two or three reasons: one is, they like to have a very nice formula presented to them, to save the trouble of making one out. Then, again, they are not familiar with pharmacy sufficiently to be enabled to compose a nice preparation. If we had an official aromatic tincture, as we have an aromatic powder, they could much more readily contrive formulas direct for

each case, the exact amount of alkaloids and other articles they want, and have as nice an article as any manufactured. It is a malicious falsehood for some manufacturers to represent that their preparations contain such an amount of the various ingredients. It is calculated to mislead the physician, and might endanger the life or well-being of the patient. I think the physicians are inexcusable for adopting them. Another great reason is, the ignorance and inefficiency of the great mass of pharmacists, who cannot make these preparations themselves, or who buy them instead of making them.

PROF. MOORE—I don't know that it is altogether ignorance on the part of the pharmacists. The manufacturers canvass the country, visit every physician, make him a present of samples, and give him to understand that the preparation is to be had at every respectable drug store. The consequence is, the physicians prescribe them, and although the pharmacist may have a better article, and all the talent to make what is necessary, he is compelled to keep a dozen kinds of the same elixir, sometimes articles that he knows to be worthless, to fill physicians' prescriptions. It is the result of the tremendous drumming on the part of the manufacturers, and ignorance on the part of the physicians.

DR. SQUIBB—One little element my friend Moore has left out—the profit to the dispenser; because, if he did not make a good profit on these things, he would not keep them at all. We are after a living, and we would not sell elixirs or anything else, if we did not make money on them. I was told by one gentleman, if the angel Gabriel came down, made a preparation, and put his own stamp on the bottle, he would not deal in it unless he could make a fair profit on it. The paper that has been read is an important one, and if the pharmacists will take up its spirit and pursue it, they will do a great deal of good. Physicians are ignorant enough; they are liable enough to go on the ready-made clothing store principle; they will take anything that is compounded, and save

themselves the trouble of compounding; but while I am speaking of a large class of physicians, fortunately there is another class, and to those pharmacists would do well to address themselves. There are no two patients whose conditions are right for the same preparation of these elixirs, and therefore it is really a ready-made clothing system. When you put a definite portion of strychnia, cinchona and iron into a preparation, you foreshadow a case which requires exactly that preparation. Some require no iron, some a little more strychnia, some no cinchona, and so the physician puts a good many shot into his gun, or is induced to do so by drummers, in the hope of hitting something somewhere. The result of this is, it has become reduced to what is little better than fashionable tipping. It is a fashionable way of getting stimulants into the stomachs of women and children, and as such it deserves the serious reprobation of this Association. There is no way we can do more good, and place it in a better condition with physicians and the community at large, than by setting our faces against this elixir swindle, as it is properly called in this paper.

MR. GARDNER—When these preparations are made, although originally all the articles mentioned in the labels may have been put into them, when completed they may not contain more than half the number they pretend to. In the preparation of pepsin, bismuth and strychnia, they make the preparation acid, with a view of assisting the action of the pepsin. Putting in the acid causes the ammonio-citrate of bismuth to be precipitated. If they make it alkaline, then the pepsin is altered.

PROF. SCHEFFER—I have stated in the August number of the *American Journal of Pharmacy*, that the alkali does not precipitate the pepsin, but it brings it into a modified state where it has no action on fresh coagulated albumen. I have found in late experiments, that the bismuth salt acts in the same way as neutral alkali salts, like chloride of sodium, sulphate of soda, and so on; that at least

the greatest part of the pepsin is precipitated from its solution, when mixed with a solution of bismuth salt. I have found that notwithstanding it may contain the same digestive power (I have found that in one instance), in most cases it loses all its power. All the pepsin had been precipitated, and it did not act on albumen. I might here remark, that what I call modified pepsin, I found to be somewhat similar to the pancreatic juice, as it dissolves partly digested albumen as well in an alkaline as in an acidulated state. The pancreatic juice dissolves albuminous and fibrinous substances, which have escaped digestion in the stomach; so, it may be that the modified pepsin acts in the same way.

MR. BEDFORD—In spending a day with Mr. King, at Middletown, last week, we were talking of the effect of pepsin and bismuth, and his results, as published in the September number of the *American Journal of Pharmacy*." He gave me a sample of his elixir for Mr. Schaffer, and says that after thirty days no precipitation occurs. It still acts on coagulated albumen, and contains the quantities given in that paper.

THE PRESIDENT—The results of Mr. King, I think, will shortly be sustained. It is due, very likely, to a small quantity of bitartrate of potassa in the sherry wine, that prevents the precipitation of bismuth, as we found by a number of experiments made at my store. I would also state how I have overcome this elixir swindle. I have taken rather a peculiar stand in this matter. I have obtained samples of all those manufacturers who have drummers around the country to get physicians to use their elixirs. From their specimen books, or their labels, I write down their formulas, and I prepare a simple elixir which is composed of cardamom and orange-peel, and when prescriptions come into my store, I put in exactly the ingredients which these men claim. I have once or twice had physicians come to me and complain that my elixirs were not as pleasant. I said, no, I did not expect they were; but they contained the ingre-

dients that the manufacturers claimed for their elixirs, and since I considered myself quite as competent to make them, I should prepare them when prescribed. Some of you may think that is losing money, because the physician will not send any more prescriptions there; but I have not lost any since I have taken that stand-point and adhered to it.

CREMATION.

Considerable attention is being directed to the question of returning to the ancient custom of burning the dead, and notwithstanding the prejudices of sentimental writers in the daily papers, it appears to be making visible progress. Burial is certainly attended with serious inconveniences, the air is infected by unwholesome and mephitic vapors, water highly charged with organic matter filters into wells, springs and streams used for drinking purposes. Contagion and death have many a time been shown to be due to the infiltration of grave-yard water.

The importance of the movement recently begun in regard to the burning of the dead, is indicated by the enthusiasm shown at a public meeting recently held in the lecture-room of the Young Men's Christian Association, in New York City. Letters were read from Rev. O. B. Frothingham, C. A. Dana and Henry Bergh; addresses were delivered by Prof. Bruneth, Dr. J. W. S. Arnold, and others, and measures were taken to form a Society to introduce cremation.

On the 20th of April, Mr. Fish, on behalf of Mr. Wagstaff, introduced a bill in the New York Assembly, incorporating the New York Cremation Society. The incorporators are Edward A. Caswell, Henry Stone, H. W. Poor, James F. Dwight, F. C. Bowman, Henry George Lorillard, J. W. S. Arnold and F. M. Wild. The property of the Society is to be exempted from taxation, and the capital stock \$50,000, in \$10 shares.

Mr. P. de P. Ricketts, E. M. of Columbia College School of Mines, read a paper before the Lyceum of Natural

History, on the 13th of April, upon the results of some experiments on cremation. Mr. Ricketts, having charge of the assay laboratory in the School of Mines, tried the effect of burning animal bodies in muffles placed in the assay furnace. A mouse, weighing 5.370 grams, was consumed in twenty minutes, and left 0.290 grams in ash; a rat weighing 181.25 grams, was consumed in thirty minutes, the ash weighing 5.57 grams; a cat weighing 5 pounds 4.8 ounces, was consumed in 1½ hours, and left 3.6 ounces of ash; a dog weighing 54 lbs., required 7½ hours' burning, the ash weighing 2 pounds 2.3 ounces. In every case the ash was perfectly white, and no odor whatever was produced.

Cremation may, however, possess some disadvantages, especially in the practical details of its application. In a recent number of *Iron*, we find some facts likely to prove of more interest than volumes of theorizing. The first case described was the funereal rite of an Indian prince, the Rajah of Kellapore, performed at Florence, Italy. "At the hour of midnight the mortal remains of the Indian prince were carried to the banks of the Arno. The funereal pile consisted of a heap of wood about five feet square, firmly fixed and secured to the ground by seven bars of iron. A second heap of wood was thrown loosely around. After certain religious ceremonies, the pile was powdered with camphor and other aromatic substances, and the dead Rajah was laid upon it. The body was anointed with pure naphtha, the features covered by a mask of some greasy substance, and all the limbs covered with some resinous matter, betel leaves, perfumes and powdered sandalwood. The corpse was then covered with more layers of wood, alternated with inflammable substances, and the next of kin to the prince set fire to the pile. Although the flame was fanned by a strong wind, the body was barely consumed at seven o'clock the next morning. At ten, when the fire had almost entirely burned out, nothing remained but a heap of ashes. An Indian priest

collected a small quantity from the center of the heap. The remainder was thrown to the wind, in the direction of the current of the Arno. Although attended with the success constantly witnessed in India, it must be admitted that it proved not only tedious but expensive." A highly sensational description has been published of the experience of Byron and Trelawyn in burning the bodies of Shelley and Williams. In this case a furnace was employed, made of iron bars and strong sheet-iron, and supported on a stand; it seems to have done its work well, when aided by a large quantity of excessively dry and resinous fuel. Oil appears to have been freely used; but even with all these appliances, the operation lasted for a considerable time.

At the Milan gas-works, Dr. Polli made an experiment by burning the body of a poodle-dog, weighing $22\frac{1}{2}$ lbs., in a cylindrical retort of refractory clay. The apparatus was heated with coal gas, mixed with air, on the principle of the Bunsen burner. The cremation lasted several hours, and produced a thick smoke, with an odor of roast meat. The ashes weighed 1 pound $14\frac{1}{2}$ ounces. In a second and more complete experiment the body of a dog weighing $42\frac{3}{4}$ pounds was incinerated in a couple of hours, the solid residue weighing only two pounds three ounces.

The process of Dr. Gorini, which has been tried at Lodi, differs materially from all the others. A substance, the composition of which is still a secret, but which is probably a mixture of caustic soda and niter, or chlorate of potash, was melted in a crucible at a very high temperature. On the liquid attaining the proper degree of ebullition, portions of a human body (legs, arms, &c.), were thrown into it. The moment the limb touched the incandescent liquid, it was enveloped in flames, and in the space of twenty minutes was completely destroyed, without any disagreeable crackling sound or unpleasant odor.

Prof. Brunetti, after five experiments upon human bodies, records his conviction

that the total incineration of a corpse and the calcination of bones by fire is, under ordinary circumstances, impossible. He has devised an ingenious furnace, in which he is able to consume a human body in four and one-half hours, by the use of one hundred and sixty to one hundred and eighty pounds wood.

Of all these processes, it seems as if Gorini's, if not too expensive, would be the best—because the quickest. At present the combustion of a single body costs nearly \$15, gold.

The Royal Institute of Lombardy has offered for 1877 the Secco-Comneno prize to the advocates of cremation in the following terms: "Indicate a method of cremation of dead bodies, such as may be substituted for the present method of inhumation, in order to prepare the way for this hygienic reform. The object is to demonstrate by arguments, supported by experiments upon animals, that the method is free from inconvenience, that it is expeditious and economical, and of a nature to respect civil usages and customs and the proprieties of social life." It is sincerely to be hoped that this prize may lead to some better method of cremation than any yet tried.—*Four. Applied Chemistry.*

REMARKS ON THE METHOD OF REMOVING GROWTHS, &C., BY THE ELASTIC LIGATURE.

By Sir HENRY THOMPSON, F. R. C. S.

I have been asked by so many persons to state anything I may chance to know relative to this object, that it seem necessary to comply briefly with the suggestion. I confess, however, I would much rather have waited for a longer personal experience than the observation of a few cases in Vienna and the management of one case here, can afford me. But, as in making experiments—and no doubt many of my brethren will be inclined to try the plan—it is certainly desirable to be first provided with a hint or two relative to the procedure, I see no objection to writing a few lines for the purpose.

Of the woman whose right breast I removed by means of the india-rubber ligature, I may say that she has made an excellent recovery. The progress of the case was unsatisfactory at first, owing to two circumstances. The first was an attack of erysipelas, prolonged rather than severe, which appeared two or three days after the application of the ligature, and which affected the right arm, shoulder, and most of the back.

Erysipelas has been very prevalent of late. Thus, I operated by lateral lithotomy this day fortnight, on a man in the hospital, aged seventy-three years, who has been attacked by it in the perineum, buttock and scrotum, but who is, nevertheless, doing remarkably well, and will soon recover. So that I see no special reason to suppose that any special liability to erysipelas arises from the peculiar nature of the operation on the breast.

The second unfavorable circumstance is that, being my first case, the elastic thread was not tied tightly enough, as I now think. In fact, I was afraid of snapping it at the time of the operation.

At the end of eight or ten days the ligature was evidently not embracing the still undivided portion so firmly as it ought to have done. I therefore made it tighter, which was very easily done, by pulling out the loop from the wound as far as possible without much hurting the patient, and tying round it a fine ligature, so as to diminish, perhaps by one-half, the encircling noose. Certainly the mass was larger than I at first suspected it to be; and it is not to be overlooked that the whole breast was, of course, extirpated.

The cord on one side gave way about the second day. I therefore did not re-apply it until the other half of the breast had been divided; and on this occasion the process was more rapid, and no more erysipelas appeared as the result of the fresh pressure from the ligature on the skin. The whole mass was removed about ten or twelve days since, and nothing can be better than the appearance of the wound now, which began to di-

minish rapidly after the tumor came away.

I am satisfied that the fine india-rubber tube which I used, and which was the only material then attainable, was not sufficiently strong. I have therefore had some *solid* cord manufactured for me, which is much more powerful, and which I believe will divide the tissues in at least one-half the time which was occupied in this case by the tube. Its superiority is very manifest; for, being much stronger, it may be drawn at least twice as tight as the tube, and the consequence is, that not only is the tension on the tumor greater, but the cord itself by the same process becomes finer, and therefore cuts more rapidly. In fact, there is no comparison between the two.

A small quantity of this cord could not be made, as no such product is required for any other purpose; and I have, therefore, deposited the whole lot with Messrs. Weiss & Son, from whom it may be obtained.

I also think it must be better, as Prof. Dittel now does, to apply the ligature to one-half of the breast at a time—the lower side—and not to use the second for the upper half until the first has separated. This was what actually did occur in my case, only the upper ligature, having remained some thirty-six hours or so before giving way, strangled the whole mass, and produced a far more offensive result than would have occurred had only one been at first employed.

No doubt, the principal objection to the plan is, the smell which necessarily arises from the sphacelated portion. This was much controlled by constant irrigation with carbolic acid and water, from a bottle placed above the level of the patient's head; a small current flowing through a tube, the lower extremity of which rested on the breast as the patient lay in bed, the part being isolated by means of a macintosh cloth, and the solution running into a receptacle below. All this was admirably arranged, and attended to by the house-surgeon, Mr. Buckston Browne.

No doubt, a breast is a rather severe

test for a ligature, although I do not hesitate to anticipate a very much better result with a more powerful cord. For the removal of the testicle, and for division of fistula in ano, I think it will be found admirable.

The cord itself ought to be more accurately described. Its size before use is the following: When applied, it should be strained until it is a mere thread—say, like this: .

It would be very easy to devise a simple apparatus to tighten it subsequently; but it is so easy to accomplish this, by pulling it out, if loose, and tying a bit of fine ligature round the portion so drawn out, that it seems unnecessary to employ any other means. But, with the new cord, it is very probable that no such re-adjustment will be required.—*London Lancet.*

Editorial.

OUR State Medical Society held its Annual Session in Lawrence on the 20th and 21st of May, ult.

The attendance was quite large, embracing delegates from all parts of the State. The session was a pleasant, profitable and harmonious one, and betokened a future of great prosperity.

The members of the profession in Lawrence did all that a generous hospitality and a professional *esprit du corps* could suggest, to render the visit of strangers pleasant and agreeable. On Wednesday afternoon the Society, by invitation of Dr. Newman, visited the State University, and were escorted through it "from turret to foundation stone." The cabinet of Natural History, collected and presided over by Professor Snow, was of especial interest, and from which we reluctantly retired. Any one who is fond of bugs—carniverous, herbivorous, and pestiferous; blood-thirsty, amiable, domestic, beautiful, musical, or dutiful—should call upon that industri-

ous and untiring enthusiast, Prof. Frank Snow, and listen to his disquisitions on his pets, of high and low degree.

From the elevated tower of the University, the extensive panorama of the Kansas and Wakarusa valleys, surrounded by the undulating prairies of Douglas and Johnson counties, spread out before our entranced vision, in all their quiet beauty and varied loveliness.

We were pleased to meet and join the right hand of fellowship with Drs. Porter, Todd, Taylor, Bigger and Woodson, of Kansas City, who did our Society the honor of attending its meeting.

This last meeting of our State Medical Society will be embalmed in our memory, and will ever be treasured among our most delightful recollections.

The Secretary was unable to prepare the minutes in time for this issue; but they will appear in full in the July number.

THE present number completes the Seventh Volume of THE HERALD.

Laboring, as we now do, under a severe attack of "Spring fever," produced and sustained by a temperature of 92° Fahrenheit, with free perspiration oozing from every pore, we do not feel inclined to indulge in any vigorous and enthusiastic promises in reference to the next Volume, but are willing to permit the past to serve as an index of the future.

A careful investigation of the financial exhibit of the fiscal year just closed, reveals a relaxed condition of the exchequer, quite in consonance with our physical status. We therefore feel justified in mildly suggesting, that those of our patrons in arrears who can conveniently contribute a little of the universal panacea commonly denominated greenbacks, will, by so doing, materially relieve our present state of enervation.

OUR old friend Dr. Logan, present Minister to Chili, has been selected as arbitrator in the settlement of some financial difficulties between Chili and Peru, growing out of their late naval war with Spain. We congratulate the Doctor upon this distinguished mark of appreciation, and feel satisfied that the two governments will never have cause to regret the choice made.

THE practical difficulty in the way of the successful introduction of cremation as a substitute for inhumation, consists in the expense involved, a large quantity of fuel being required to consume each body.

It has occurred to us—and we make the suggestion for the benefit of the N. York Cremation Society—that this method of disposing of carcasses, would be peculiarly applicable to the class of persons known as whisky-bloats. All that would be necessary, would be to apply a lighted match, and the contained alcohol would be sufficient to consume the body entirely. The economic ideas of Sir Henry Thompson would, in these cases, find their fullest expression and realization. If the New York Society will provide for a large honorary membership of this class, for practical purposes, they will be enabled at the end of a year to present some attractive statistics. In furtherance of the economical problem, we would suggest the utilization of these bodies for steam purposes, by substituting them for coal as fuel. In these times of financial embarrassment, the suggestion is worthy of profound consideration; for, in this city alone, thousands of dollars could be saved annually, and applied to the support of the families of those who, while living, did little

in the way of supporting anything save lamp-posts.

There is nothing revolting in this utilitarian scheme; for, according to the orthodox doctrine, all such persons must burn anyhow, and if we choose to scorch them a little in advance, no particular harm can result.

DR. B. F. DAWSON, the founder and late editor of the *American Journal of Obstetrics*, on account of pressing duties in other directions, has dissolved his connection with that journal.

The *Journal* is now owned by William Wood & Co., and will be edited by Dr. Dawson's former associate, Dr. Paul F. Munde. While we regret to lose Dr. Dawson from among the active members of the editorial corps, we are assured that he will continue to be a liberal contributor. The following announcement speaks for itself:

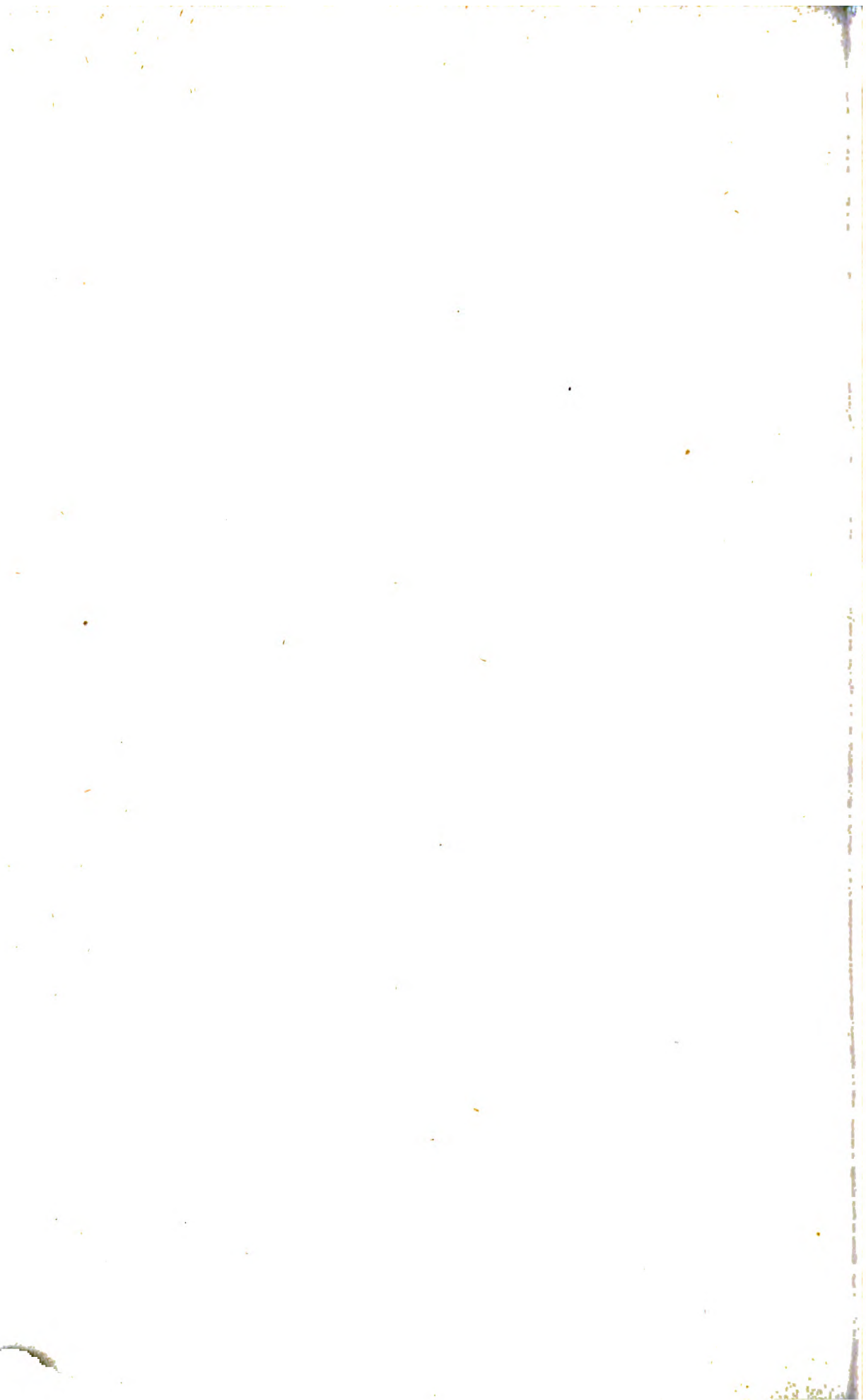
Annual Prize of the *American Journal of Obstetrics and Diseases of Women and Children*. Dr. B. F. Dawson, the founder and late editor of the above journal, offers the following prize for the best essay on the subjoined subject: One hundred and fifty dollars (in gold) for the best essay on "Congenital Deformities, and Diseases depending on Maladies of the Uterus or Membranes."

The competing essays must be sent to the publishers (Wm. Wood & Co., 27 Great Jones street, New York) of the *Journal*, on or before the 15th of April, 1875. The names of the authors must accompany the manuscripts, in sealed envelopes, as usual with prize papers.

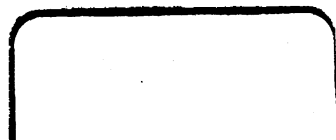
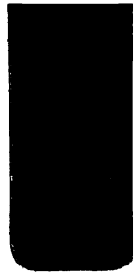
The essays may be written in the English, French or German language; and that one to which the prize may be awarded by the censors, whose names will accompany and vouch for their verdict, is claimed for first publication in the *Journal*.

The subject for the second year will be announced in the *Journal* for May, 1875.





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