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MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China, and the English Colonies, and is largely used for patients at the principal Hospitals in preference to any of the Extracts of Malt.

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THE COLLEGE AND CLINICAL RECORD.

A MONTHLY MEDICAL JOURNAL

CONDUCTED ESPECIALLY IN THE INTEREST OF THE GRADUATES AND STUDENTS OF JEFFERSON MEDICAL COLLEGE

EDITED BY RICHARD J. DUNGLISON, M.D.
AND FRANK WOODBURY, M.D.

VOLUME III.

PHILADELPHIA:

1882.
I1.

JEFFERSON MEDICAL COLLEGE
HOSPITAL.

CLINIC OF S. W. GROSS, M.D.,
Surgeon to the Hospital, Lecturer on Diases of the Urino-genital
Organs, etc.

CASE I.—DOUBLE EQUINO-VARUS; REMARKS ON THE TREAT-
MENT OF CLUB-FOOT; OPERATION AND AFTER-TREATMENT OF
THE CASE.

CASE II.—MALIGNANT PECULIAR SYRUPHIL; INITI; GENERAL
TUBULAR SYRUPHIL; ET TRISHA AND RUHIS; REMARKS UPON
DIAGNOSIS AND TREATMENT; PROGNOSIS.

CASE III.—INHERITED SYRUPHIL IN A YOUNG GIRL; REMARKS
UPON PATHOLOGY; TREATMENT.

CASE IV.—MONEY COUNTED UPON THE LIT; ENTEKLOMA.

CASE V.—INFANTILE STUMPHAFTER AMPUTATION OF LEG; HI-
STORY OF SLOUGHING OF FLAPS FROM ENTEKLOMA.

THE CASE.

GENTLEMEN:—I bring this little fellow before
you today, in order to continue his treatment
and demonstrate the progress already made.

You remember him as a case of double equino-
varus, first shown to you two weeks ago, when
he presented a marked illustration of the form
of club-foot in which the inner border of the foot
is drawn upward toward the inner border of the
leg, the heel strongly elevated, and the anterior
two-thirds of the foot twisted inward. When I
had him then before you, I directed your atten-
tion to the fact that not only were certain mus-
cles and ligaments shortened, but that all the
structures of the foot were necessarily in abnor-
mal relations. This is an important point to be
borne in mind in treating club-foot. The ordi-
nary manner of management is to bring down
the heel by cutting the tendon of Achilles, and
to put the foot at once in the apparatus. The
club-foot shoe, as you know, as usually made,
has the sole in two sections, admitting of
lateral motion opposite the middle tarsal ar-
ticulation, which is regulated by means of a
screw. The foot then being at once put in
this shoe, eversion is forcibly made, to any
desired extent, by the screw on the sole, and
the little sufferer is sent home. Now, as far as
cutting the tendons and letting down the
heel are concerned, this treatment is all right
enough, but I would impress upon you the
important fact that you must overcome the
varus before letting down the heel. I consid-
ern this a matter of prime importance. The
boy is seven years old, and the deformity
has existed ever since birth. Not only is the
inner border of the foot drawn up by the con-
tracted anterior tibial, but its anterior portion
is twisted inward by the contracture of the pos-
terior tibial and the long flexor of the toes, and
there is marked shortening of the foot, from
contracture of the short flexor of the toes and the
plantar fascia. In a case of so long standing
as this, even the bones have suffered in their
development, and have acquired new articular
surfaces, through which the medio-tarsal articu-
lation is firmly held in its abnormal position.

You remember the first point in our treat-
ment was, after putting him under the influence
of the anaesthetic, to divide the plantar fascia,
and then forcibly mould the parts into better
position. You saw me place the foot over my
knee, and using sufficient force, rupture the
contracted ligaments. Passive motion has been
practiced every morning since the operation,
and the inner border of the foot can now easily
be brought into a line with the inner border of
the leg. The time has now come to put the
foot in the proper form of apparatus in order
to lengthen the tendo Achilles; for you know
that the gap left after the division is filled in
with new material, which, consequently con-
verted into connective tissue, splices the ten-
don, and fills the gap. How can we favor this
end by our treatment? Do not move the ankle
joint after the operation until this is attained. We
want to get firm fibrous structure in the tendon.
We will, therefore, keep the foot quiet in the
rectangular position, after operation, for ten days,
or possibly two weeks; then we may resume the
passive motion at the ankle joint. In the mean-
time, we should confine our movements, as be-
fore, to the medio-tarsal articulation. We do not
forget that not only the ligaments, but the ar-
ticulations, the calcaneo-cuboid and the astrag-
alo-scaphoid, are also in new relations; and
in consequence of this deformed position the
tarsal bones and their joint surfaces have been
more or less modified in their forms.

OPERATION, AND AFTER TREATMENT OF THE
CASE.

The patient being fully anaesthetized, he is
turned on his belly, and with a small tenotome
I will now divide the tendo of the gastrocne-
mus and soleus. In dividing the tendon I
do not put it fully on the stretch, but leave it
a little relaxed, in order that I may introduce
my knife to one side and then under it; the ten-
don being supported by the finger, it is severed
with a sawing motion of the knife, cutting to-
ward the finger. Besides the tendo Achilles,
here is the little tendon of the plantaris, which
remains to be divided; if you attempt to cut
them all at once, you will be apt to make a
large wound.

Now, here is an interval in the tendon, in
which I can very readily place the tip of my
forefinger. The heel comes down well. With
a strip of adhesive plaster we now seal up
the little puncture. I will put on a roller bandage and a compress, only temporarily however; as soon as the little fellow comes from under the influence of the ether, I shall put it on. There is no necessity for continuing the roller bandage, as there is no hemorrhage, as a rule. Usually the child's stocking can be at once put on, and the Scarlett will be put on. I do not like, after the operation of tenotomy, to entrust the treatment to unskilled hands. I never like to touch a club-foot in this clinic if the patient is not here, or to let the patient be here. I do not like, after the operation of tenotomy, to entrust the treatment to unskilled hands. I never like to touch a club-foot in this clinic if the patient is not here, or to let the patient be here.

The woman first made her appearance at the eye clinic, suffering with iritis. You see a deep injection of the conjunctival and scleral vessels; the pupil, under the influence of the atropia which she has been instilling, is now well dilated. There is very little change in the conjunctiva, but she has marked intolerance of light, and watering of the eye. You observe all over the face a disseminated pustular eruption; the pustules are small, and nearly all of them are covered with crusts; there are also some on the scalp, but she says that her hair is not falling out very much. There is a similar eruption upon the hands. Here on the arm you see the crusts. and you observe a few crusts which are covered by a livid and slightly elevated margin. When I touch them, I find that beneath them there is some pus; they are not very tender; the crusts are detached easily above the skin. I will put some atropia in a sterile glass, and put on the arm.

The woman is in the secondary stage of syphilis, which is merging into the tertiary stage. Her history is as follows: She is a washerwoman, twenty-nine years of age, married. She cannot, or will not, give a history of primary infection. She does not know, or fears to confess to the initial lesion, but there is no doubt of the existence of syphilis. It is impossible to mistake this for any other malady. The first evidence of the inflammatory process is an eruption about the hands. Here on the arm you see the crusts, and you observe a few crusts which are covered by a livid and slightly elevated margin. When I touch them, I find that beneath them there is some pus; they are not very tender; the crusts are detached easily above the skin. I will put some atropia in a sterile glass, and put on the arm.

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We must watch this woman very carefully; she is not to be salivated; we only wish to make a gentle mercurial impression, and will then put her on the mixed treatment (gr. x ioddide of potassium; gr. y. bicloride of mercury, three times in twenty-four hours). At the same time she shall steadily keep up the tonics, iron and quinine. We cannot in such cases dispense with tonics; if we were compelled to make a choice of the remedies, I believe that I would rather rely upon the pulp and acid nitrate of mercurius, but still I regard the mercury as almost indispensable. We must increase the number of her red blood corpuscles, and restore her general health, at the same time we are removing the several local evidences of disease.

Let me say that, as a rule, in a case exhibiting severe secondary eruptions and high fever, as in this patient, the prognosis is a grave one, and the case is likely to prove one of malignant syphilis.

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skin, possibly due to local applications. This hand is certainly more than double the size of the other one; it is very much deformed by the abortions; the father is dead but was considered healthy. But here is a gumma—a tumor, developing, probably, in the subcutaneous tissue, which is difficult to heal. Endeavor, on the point of opening, entirely absorbed by the iodine by the stomach, and used the mercury by inunction, in the form of the oleate, but this is a dirty and troublesome mode of treatment, and not resorted to in this case. I have no doubt that, under the influence of these remedies, both local and internal, this tumor will disappear in the course of about eight weeks.

CASE IV.—HORNY GROWTH ON THE LIP; ERYTROSCISSA.

This woman has been before you on several occasions with a little epithelial growth on the probabulum. It was in the form of a warty excrecence, and has been several times removed, and the portion of the lip from which it sprang touched with ethylate of sodium, caustic potassa, and other agents, but still the excessive production of this epithelial structure continues.

This is a variable condition which is superficial, but when the diseased epithelial cells extend into the deeper structures, it becomes more serious, and we have the ordinary form of skin cancer.

We will not temporize with this any longer, but will remove it by including its base in a V-shaped incision, bringing, afterwards, the edges of the wound together with interrupted and sutured sutures. At the end of forty-eight hours the pin and stitch will be removed. The growth can be removed with the scissors, without the use of ether; the hemorragia, which is difficult to heal. The one great trouble is that he had erysipelas in the stump, which also that he had erysipelas in the stump, which probably by coagulating the albumen, and its restoring the contractility of the walls of the vessels.

The most obvious view is the diagnosis first made, which is probably the one you have formed in your mind in considering the appearances. I am inclined to believe that the second is more correct, and that he is really suffering from delirium from chronic lead poisoning. You may ask me upon what I base my views.

First, the fact that lead poisoning exists, is demonstrated by the blue line upon the gums; by the repeated attacks of cramp and constipation; by his history, and his occupation. The present attack began with violent pain and constipation, requiring four ounces of castor oil to pass it. The patient was etherized, but nothing abnormal, beyond the cicatrix, was found. A circumferential incision was made at the border of the cicatricial tissue, in order to relieve tension; it was carried nearly all the way around the stump. The line of the incision was packed with oiled lint.

CLINIC OF PROF. J. M. DA COSTA.

Held December 30, 1858, at the Pennsylvania Hospital.

CASE I.—CHRONIC LEAD POISONING, WITH DELIRIUM AND TRENCH. (Concluded from Vol. iv, p. 16.)

I have told you something of the difficulty of analysis in this case, a difficulty increased by the absence of a trustworthy history of the patient. The most obvious view is the diagnosis first made, which is probably the one you have formed in your mind in considering the appearances. I am inclined to believe that the second is more correct, and that he is really suffering from delirium from chronic lead poisoning.

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and it shows how extremely difficult it is to make a diagnosis from the symptoms, without taking into account the history of the patient.

Does delirium often happen as a symptom of lead poisoning? No; it is a rare disease. More commonly muscle paralysis, icterus, albuminuria, jaundice, constipation, and sometimes mental disturbances occur. We know that it does affect the central nervous system, because it is found in the cerebrospinal fluid, and occasionally it has been found in the spinal fluid, and the urine escaped. The opening, having been made with an instrument into the bladder, a perineal section was made before allowing him to recover from the anesthesia. A rubber catheter was tied in and allowed to remain until July 25th.

August 4th. A whalebone guide was, after much difficulty (owing to the very crooked and irregular nature of the urethra), passed into the bladder, and a rounded sound slipped in over it. From this time to December 5th a bougie was passed (always necessarily under anesthetic) every five days. Since then he has had no trouble, and is now, March 18th, in good health. It seems fair to infer that the tendency to contraction of the traumatic stricture has disappeared, something that the best authorities tell us may rarely be hoped for. What share the stretching of the tissue with a bougie guide, and the use of a rubber catheter, and the subsequent stretching in every contracting cicatrix. Some cases of occlusion of the vagina treated by dilatation long continued, after cutting through...
the cicatrix, and reported by the author of this paper in a recent number of the *Atlantic Medical Register*, would seem to give support to the statement. Possibly the age of the patient had something to do in the favorable termination of the present case.

**Selections.**

**THE RECENT PROGRESS OF PERITONAL SURGERY: DOES IT LEAD TO A BETTER TREATMENT OF GUNSHOT AND OTHER WOUNDS OF THE ABDOMINAL CAVITY?**

At a stated meeting of the New York Academy of Medicine, held October 6th, 1881, Dr. J. Marion Sims (Class of 1837) read a paper on the above subject. After alluding to the wonderful advances that had been made in this department of surgery during the past few years, especially as set forth in the papers and discussions at the recent International Medical Congress in London, he took up a number of the most important points and methods of procedure adopted by the best authorities in abdominal surgery, and dwelt particularly on the subject of drainage. Listerism and drainage he would undoubtedly have made a good recovery, for thirty-six hours later the organ was fixed. Lawson Tait, whom he had himself operated, where the operation was performed without ligaments. He also mentioned some modifications of Pean's method, which rendered it much more accessible to the surgeon.

Dr. Sims next took up the subject of Battey's operation, which he dwelt upon for some time. The fame of Battey, he said, would endure, because the procedure had now won for itself an established position in surgery. Its victory had been easier than that of ovariotomy, for the reason that the one was simply a corollary of the other. Its success was plainly indicated by the fact that Lawson Tait had already performed the operation seventy times. Twenty-six of these operations had been in cases of uterine myomata, and of this number five patients died. Of course, it was not to be undertaken in such cases unless there was serious danger to life. The operation had become perfectly legitimate in England, and Thomas Sampson had met with the greatest number of successes. In his hands the operation was a very tedious one, as the peculiarities of his plan was that the incision had to be made in the parietal peritoneum, namely, by dissecting out successive segments of the omentum, which had now been secured by a parallelogram of constricting wires. Finally, the result of perforation of the uterus was much less than feared, and the total number of cases of perforation of the uterus was not, he thought, an established position.

Dr. Sims spoke for some time of the extirpation of the kidney, as first practiced by Simon, and the later operation by abdominal section, which had now been done six times, and was first performed by Martin, of Berlin. He believed that there was a future for the last-named operation in the case of floating kidney, while the organ was fixed. Lawson Tait, whom he had himself operated, where the operation was performed without ligaments, why should it not be more frequently resorted to in abdominal surgery? It had been conclusively demonstrated that there was no great danger in introducing a glass tube into the peritoneal cavity. Yet Spencer Wells had discarded the use of the drainage tube entirely, on the theory that Listerism renders the peritoneal fluids entirely aseptic, and that their absorption is not, therefore, attended with danger. Dr. Sims feared, however, that this was not in reality the fact, and in support of his position, mentioned a case in which he had himself seen Wells operate. It was a very bad one, with numerous and firm adhesions, and when the external wound was closed there was still some seeping. For thirty-six hours (as frequently occurred in such instances) the patient did perfectly well, but at the end of that time she began to grow rapidly worse, and her life was saved only with the greatest difficulty. There was seen to be some bloody oozing from the lower end of the wound, and in consequence, Mr. Wells removed some of the sutures and washed the wound with antiseptic, until the patient began to improve again, and finally made a good recovery. One unfortunate feature of drainage in ovariotomy was the tenancy of ventral hernia than that the patient's life should be sacrificed for fear of its occurrence. In connection with the subject of ovariotomy he stated that the use of the clamp had now been given up by all the great operators in England, and remarked that the clamp and Listerism were antagonistic.

Dr. Sims then went on to speak of the other important operations which have grown out of that of ovariotomy. The first mentioned was extirpation of the uterus, which, he said, had first been successfully performed in this country by Kimball, of Lowell, and the late Drs. John T. Darby (formerly of South Carolina, but at the time of his death Professor of Surgery in the University of New York), and gave an account of the latter's operations. He also mentioned some modifications of Pean's method, which rendered it much more accessible to the surgeon.

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With the exception of the operation of ovariotomy all the great advances in peritoneal surgery had been made within the last ten years, but its principles and practice were already so fully recognized, that the path was open to even more brilliant results in the future. In 1892, Dr. Sims published a paper in which he showed that after injuries and operations involving the peritoneal cavity, septicemia, and peritonitis, was the usual cause of death. Some years since, while sojourning at Cooper's Well, the waters of which were so efficient in the treatment of the chronic diarrhea which is so frequent and fatal in the South, he had seen a number of patients suffering from this affection perish from perforation of the intestines, and he had found that they died from septicemia and peritonitis. The great number of deaths he alluded to the well-known cases of Albert Richardson and James Fiske, in New York, both of whom perished from gunshot wounds of the abdomen, the one was probably saved if the peritoneal cavity had been opened by the surgeons in attendance. In the former case, although the practice of premature extraction was not adopted, the patient lived for eight days, and after death thirty-two ounces of bloody serum were found in the abdomen. In the case of Fiske, the physician, the bullet entered the body six inches above the umbilicus, and caused two perforations of the ileum, which he thought might have been reached and sutured, but he died of shock and septicemia, and at the autopsy from four to six ounces of bloody serum were found in the abdominal cavity. Wounds of the peritonum, however, made, had a common course to run, and the patient died of septicemia. Peritonitis was the exception, rather than the rule, in such cases, and even if it did complicate a septicemic case, it need make no difference, as the pus could not be contained in the peritoneal cavity. It was plainly recognized in ovariotomy, but there was no reason why the triumphs achieved in consequence of this knowledge should be
confined to a special branch of abdominal surgery. In every case of injury involving the peritoneum it was plainly the duty of the surgeon to open the abdomen, clean out the peritoneal cavity, secure the bleeding vessels, and suture the lacerated parts. In illustration of the importance of the subject, Dr. Sims narrated the case of the late distinguished Dr. George McCellan, of Philadelphia, who perished from internal hemorrhage not long after the incision of the abdomen, the prime of manhood, and whose valuable life, he thought, might undoubtedly have been saved if the principles he was now endeavoring to inculcate had been understood at the time.

When in charge of the Franco-American ambulance train, in the Franco-Prussian war, Dr. Sims hoped to have an opportunity of putting his views in regard to the treatment of gunshot wounds into practical effect, but circumstances had transpired to prevent this. At Sedan he saw more Cases of wounds of the abdomen, all of which proved fatal from shock and septicemia, and in all of which an effusion of reddish serum was found after death. It might be stated as a general rule that in gunshot wounds of the abdomen situated above the brim of the pelvis, the natural tendency was towards a fatal issue, while if the injury was at a lower point, the reverse of this was true. In the cases seen by him and his first assistant, Mac Cormac at Sedan, there were seven patients shot through the pelvis, all of whom recovered, while of the other four who then all died. Four similar cases had been reported by Major Gardner, of the United States medical service, who was present at the meeting.

The fact was that he had found that ninety-two per cent. of all gunshot wounds of the abdomen, proved fatal, and it would be interesting to inquire whether, in the eight per cent. of exceptions in which recovery occurred, that he had then taken that he had engaged in the preparation of the present paper. As the President did not die within three days after the shot, it was impossible for Dr. Sims to know that he had not been entered, and that there was a good chance of his recovery. But if there was undoubted evidence that the ball had traversed the peritoneal cavity, and if he had recovered from shock, it was the correct thing to open the cavity and secure the patient against septicemia. "I am not willing," said Dr. Sims, "and I stand ready to defend my position with all the ability at my command." He then went on to say that, fortunately, in the President's case the ball did not penetrate the peritoneal cavity, and this placed the case outside the present field of discussion entirely. The wound was a flesh wound, and he had no criticism whatever to make in regard to its management.

When ninety-seven per cent. of cases of ovariotomy could be saved, he thought it was time that surgeons should have all the glory, and finished his. He believed in drainage-tubes, he said, possibly insert a drainage tube.

In the discussion that followed this paper, Prof. James R. Wood said that while he felt very greatly bound by the principles enunciated in his paper, he believed there were things in it which nobody else in the world would dare to say, and he would therefore be loath to express an opinion on a subject that had been maintained by the distinguished writer. In general surgery he considered it a very dangerous procedure to invade the abdomen unseasonably, and that it was not possible in every case where it was attempted. He had now had a very extensive experience in regard to this subject, and he said he would not confess that in his hands he had not found balls in the abdomen which he ought not to have looked for. He did not care to speak of the President's case; but he mentioned another somewhat similar case, in which the ball entered the left side and passed to the lumbar region of the opposite side, and the patient died from blood poisoning. At the autopsy the ball was found embedded in the glutei muscles. As to the bloody serum poured out becomes absorbed.

The general conclusions of the paper were summed up as follows:

(1) The success of ovariotomy, however proceeded, have to run a common course.

(2) They have a common termination in death, and that death is by septicemia.

(3) What is the general law in deaths from ovariotomy?

(4) This is the general law after gunshot and other wounds of the abdomen.

(5) The septicemia is the result of the absorption of bloody serum remaining in the peritoneal cavity after wounds or operations.

(6) Gunshot wounds of the pelvic cavity settle the bleeding vessels, secure the peritoneal cavity, and septicaemia resulted because there is no natural drainage, and the bloody serum poured out becomes absorbed.

(7) In gut wounds of the abdominal cavity prove fatal from septicemia, because there is no natural drainage, and the bloody serum poured out becomes absorbed.

(8) In order to prevent this it is necessary to open the abdomen, clean out the peritoneal cavity, tie the bleeding vessels, secure the intestines or other tissues requiring it, and, possibly insert a drainage tube.

(9) If the operation is properly performed, it is rarely necessary to make use of a drainage tube.

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absolutely out of the question, that influence often makes itself apparent in a striking manner, by the fact that only persons who have come from certain places are attacked, while other persons on the ships do not even have a diarrhoæa, although they are all the time with the sick, and eat the same food as is eaten by the men with the infected port or shore. Ships at sea may be considered as themselves safe from cholera; usually sickness brought upon them in individual cases dies out; and it is regarded in seafaring practice as an excellent prophylactic measure to go to sea, taking the sick along, and breaking up all communication of the men with the infected port or shore. Exceptional cases of epidemics breaking out on ships cannot be regarded as arising from contagion from person to person, but always from previous communication of the ship or its crew or passengers from some place infected with disease.

—Popular Science Monthly, Jan., 1882.

Our Library Table.


The Pathological Society of Philadelphia was organized October 14th, 1857, by some of the progressive and prominent men of the profession in this city, with the express purpose in view of advancing pathology, and especially the department of morbid anatomy. During the twenty-four years of its existence, the Society has held numerous meetings, at which interesting specimens were presented, each being accompanied, according to a standing rule of the Society, by a descriptive paper. In addition to these valuable contributions to practical medicine, reports by the Committee on Morbid Growth and the Pathological character of specimens presented, have been a constant feature of the proceedings. These papers, reports, and the discussions upon them, have been published in nine octavo volumes. At first these Transactions were issued irregularly as material accumulated, but for the last five years an annual volume has been published. Prof. W. B. Bridges, M.D., was the first editor of the Society's Transactions, but the last two have been issued under the able supervision of Dr. Sims. The last volume, now before us, is printed upon high quality paper, bound in cloth, with beveled boards and gilt edges, making a handsome volume, whose interior corresponds in excellence with its outward appearance. An address by the retiring President, the lamented H. Lenox Hodge, at the termination of three years' term of service, contains references to living persons who have come to the Society from all sections of internal viscera, as practiced by Billroth, must also be settled. The foundation was also firmly laid in 1881 for the protective vaccine of animals as a means of escape from chicken cholera and spenic fever, diseases hitherto so fatal, but now to be happily mitigated in the immediately prospective future. We referred in our previous issue to some of these interesting investigations, which seem to establish new facts in the life of the lower animals, and in their increased healthfulness and consequent value to man. It is too soon to decide, with a judicial mind, as to the advances which therapeutics has made during the months just past. Let us hope that it has not been cumulative merely in drugs and appliances, but that it has become still more rational than ever before in its employment of remedial agents. Newly discovered articles of the materia medica and novel applications of those already rendered familiar by continued usage, will always tempt it, and the truly valuable in such a list will survive to enrich it; but let us trust that true science will hold therapeutics in its sacred charge and keeping in this New Year and in all the years to come.

The New Year.

In tendering to all of our readers, with the compliments of the season, our best wishes for their continued prosperity and health during the coming year, we may also congratulate ourselves upon the fact that this journal has succeeded during the past year beyond our anticipation, a result obtained, we are fully aware, chiefly through their earnest and enthusiastic efforts in its behalf. Now entering upon its third year, it may be considered thoroughly established as a medium of professional intelligence, especially among the alumni of Jefferson College. Numerous letters received from the graduates and students of our Alma Mater testify to the great and increasing interest evinced by those in whose behalf the College and Clinical Record was instituted, in the publication of the Clinical Lectures, College News, etc., which keep them thoroughly abreast of the modern teachings of the Professors and Alumni, and of the passing events of the day, of general medical or scientific interest. It has been our object also to trace the graduates of the school in their contributions to medical science,

Books received.

"A Pocket Book of Physical Diagnosis for the Student and Physician." Phila., 1881.


as exemplifying their general practice, and selections have therefore been made, in each issue, of such items as would be instructive to the general reader, and at the same time exhibit the active part that the graduate is taking in the field of medical literature. We shall continue during the coming year the endeavor to render the RECORD still more attractive, by retaining all the features of interest which we believe will be acceptable to the student and graduate of the Jefferson, as well as to the general reader. We shall be glad to receive the cooperation of such, and invite them to communicate to their fellow alumni, through our columns, the results of their personal and practical experience. We feel a pardonable pride in the attention paid to our original department by other journals, who have very freely copied, and, as a rule, courteously acknowledged, the papers that our friends had favored us with, and which, but for the existence of the College and Clinical Record, might never have been published to the world.

Inviting correspondence, neither soliciting nor depreciating criticism, we will endeavor, with the encouragement of our friends, to pursue an independent course in the future, as in the past, "with malice to none, with charity for all;" and we wish to all a happy New Year.

TOWN AND GOWN.

Happily for the undisturbed tranquility of medical students, dissensions between them and the legal guardians of municipal peace are nowadays but seldom known. "Town and Gown" always agreed well in rhythmic measure, but official baton of civic authority were at perpetually medical students, dissensions between them and an active part, and we believe that, in the great days, being frequently interested in the views might never have been published to the general reader, and at the same time exhibited the active part that the graduate is taking in the general reader, and at the same time exhibited the active part that the graduate is taking in the field of medical literature. We shall continue during the coming year the endeavor to render the RECORD still more attractive, by retaining all the features of interest which we believe will be acceptable to the student and graduate of the Jefferson, as well as to the general reader. We shall be glad to receive the cooperation of such, and invite them to communicate to their fellow alumni, through our columns, the results of their personal and practical experience. We feel a pardonable pride in the attention paid to our original department by other journals, who have very freely copied, and, as a rule, courteously acknowledged, the papers that our friends had favored us with, and which, but for the existence of the College and Clinical Record, might never have been published to the world.

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SHIPS' MEDICINE CHESTS.

It has frequently been a matter of surprise to us that so little has been said or written about the medical case and drug supply of the ordinary marine service. Sailing ships go out with large crews, and sometimes a number of passengers, even in these changed times of ocean steamship conveyance. A doctor is, of course, not considered an essential part of the ship's equipment, but in his place is a medicine chest, the use of which is left to the discretion of the captain. If this collection of drugs possessed a voice—a voce di petto it would be, or a voice from the chest—it could relate some amusing experiences in illustration of the ignorance and recklessness of ship's officers in their inconsiderate employment of remedies. The story of the skipper who had all his medicines in the chest numbered, and who was anxious to administer No. 10 promptly, and in its absence combined No. 6 and No. 4, with startling and unexpectedly explosive effects, may not be so very wide of the truth after all. The Nautical Gazette, which is, of course, thoroughly familiar with the methods of the service, in a recent issue, states that "the average medicine chest on board of merchant ships are a disgrace to the vessel, the men who put them up, and the age we live in. They, for the most part, contain the poorest of drugs, which are sold at exorbitant prices, put up in the slouchiest manner, and are accompanied by a small book of wretchedly prepared medical bosh. It suggests that the Marine Hospital Service should indicate officially what should be the contents of a ship's medicine chest, and should prepare a proper work, shorn of high-sounding phrases, unintelligible to the average seaman, to accompany the chest. This work should in part be devoted to simple instructions in surgery, and the medicine chest should be supplied with some of the lesser surgical instruments."

OLD TREATMENTS REVIVED.

In a previous issue of this journal (June 15th, 1881), we alluded to the view of a recent contributor to a medical journal, that there is nothing new under the sun, in the line of medical treatment. The use of the drainage tube was cited in illustration, although exact dates were not given in authoritative substantiation. Additional interest is imparted to the statement by a recently published quotation, in the British Medical Journal, from the "Memoirs of Capt. Creichton," a cavalier in the times of Charles II and James II, who, in 1680 or 1681, received a wound with a broadsword in the umbilical region. The language is as follows: "My surgeon having neglected to tie a string to the tent of green cloth which he used for the wound, the tent slipped into my body, where it lay under my navel seven months and five days. When the tent was first missing, neither the surgeon nor anybody else ever imagined it was lodged in my body, but supposed it to have slipped out of the wound while I slept. While I continued in Edinburgh, I ordered some pipes of lead to be made in a mould, through which the thin corruption had been discharged, and are accompanied by a number of passen-
saying, "I found, upon moving to Philadelphia, that ovariotomy was everywhere decried. It was denounced by the general profession, in the medical societies, in all the medical colleges, and even discouraged by the majority of my own colleagues. I was misrepresented before the medical public, and was pointed at as a dangerous man— even a murderer. The opposition went so far that a celebrated professor, a popular teacher and captivating writer, in his published lectures, invoked the law to arrest me in the performance of this operation."

Contrasting the period to which he refers with the present, he finds the legitimacy of the laparotomy for ovarian enucleation now everywhere acknowledged. Indeed, it is feared that it is sometimes unnecessarily performed. It is not in every case of ovarian dropsy that ovariotomy is needed. A late writer, Byford, insists that "it is right to let all cases alone that do not impair the health or threaten the life of the patient;" and this clinical truth should be borne in mind, lest, in an anxiety for good statistics, the patient may be subjected unnecessarily to the risk of a capital operation.

The method of performing the operation was systematized by Atlee, whose method is still followed by successful operators. The great Scotch surgeon's method of performing the operation was systematized by Atlee, whose method is still followed by successful operators. The great Scotch surgeon's method of performing the operation was systematized by Atlee, whose method is still followed by successful operators. The great Scotch surgeon's method of performing the operation was systematized by Atlee, whose method is still followed by successful operators. The great Scotch surgeon's method of performing the operation was systematized by Atlee, whose method is still followed by successful operators. The great Scotch surgeon's method of performing the operation was systematized by Atlee, whose method is still followed by successful operators. The great Scotch surgeon's method of performing the operation was systematized by Atlee, whose method is still followed by successful operators.

1. As original communications, the **COLLEGE AND CLINICAL RECORD** can accept only such intended to be printed in other journals. If a preliminary communication on the subject of a paper has been published, the author is requested to state this in the letter accompanying the manuscript. It is understood that contributors, and editors of other periodicals, will make no abstracts of the original papers published in this journal without giving it due credit for the same.

2. Authors will receive gratuitously twenty-five reprints of their articles. If they require a greater number, it should be specified, which should be given at the head of the manuscript—only the additional cost of presswork and paper will be charged to the author.

3. In preparing a manuscript for the composer, it is requested that the following rules be adhered to:
   a. Write on one side of the paper only.
   b. Do not begin a new sentence on a new line. When you want to begin a new line or paragraph at a given word, place before it in your manuscript the sign ";"—as have neither been printed nor are intended to be printed in other journals. If a preliminary communication on the subject of a paper has been published, the author is requested to state this in the letter accompanying the manuscript. It is understood that contributors, and editors of other periodicals, will make no abstracts of the original papers published in this journal without giving it due credit for the same.

4. Words to be printed in italics should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

5. Manuscript will always be returned if desired by the sender. The name of the contributor should be clearly written in ink, at the top of the original copy.

**THE COLLEGE AND CLINICAL RECORD.**

**REFORM IN MEDICAL EDUCATION.**

In the annual address recently delivered before the American Academy of Medicine, Dr. E. T. Caswell, of Providence (Class of 1859), the retiring president, especially discussed the results of the much mooted reform in medical education, and notably the aims and duties of the Academy in relation to this great question of vital medical interest. We propose to make rather full abstracts from his valuable address, on account of their appropriateness, justness and importance; we do so the more willingly as they coincide very closely with the views that have been repeatedly enunciated by this journal. Could we afford the space we would gladly reproduce the article entire, but omitting those parts which are of concern peculiarly to the Academy of Medicine, we proceed to quote the following paragraphs of general interest in regard to medical reform:

The people are just arousing to the conviction that if a man is to try to heal their infirmities, if he claims to have a degree, it must at least be one that will make him content with a bogy diploma. It were better that they, to trust to vital force, or some other force of which one can know nothing more than its existence, but from which a constantly increasing class who keep pace with the latest discoveries in medical science, with the latest novelties in surgical appliances, and who scan closely the attainments and the antecedents of the physician to whom they entrust the lives and health of themselves and their families. With these the higher and more complete education of the physician is an accepted necessity. They realize the additional strain which comes from the more elaborate and artificial life of modern civilization, and they know that for the solution of the intricate problems which may arise it is necessary to have brains in the first place, and then a well-developed and evenly-balanced brain; and they know that this does not come of itself, but is the result of a continued and systematic education, and notably the aims and duties of the Academy in relation to this great question of vital medical interest. We propose to make rather full abstracts from his valuable address, on account of their appropriateness, justness and importance; we do so the more willingly as they coincide very closely with the views that have been repeatedly enunciated by this journal. Could we afford the space we would gladly reproduce the article entire, but omitting those parts which are of concern peculiarly to the Academy of Medicine, we proceed to quote the following paragraphs of general interest in regard to medical reform:

The class in the Harvard Medical School graduated with 60 members, and of these, 32 had received college degrees. At the College of Physicians and Surgeons, in this city, 120 graduated, and of these 24 had received college degrees. At the University of Pennsylvania, of 115 graduates there were 20 with degrees; and at the Rush Medical College, Chicago, 172 graduated, and but seven had these distinctions. That is, out of 457 graduates from medical schools in the various parts of the country but 85, or less than one-fifth, had pursued a college course. If we could obtain complete statistics on this point, I do not believe the fraction would be even as large as that.

To my mind there is great ground for encouragement in the fact that in the Harvard Medical School more than half the graduating class were men that had first taken their college degrees. Indeed, it is better that in that school the proportion will constantly increase.

With such facts staring us in the face, what can we conclude is the view taken by the medical profession on this point? We have heard a great deal said within the last few years that in various schools the standard of medical education was to be raised. Each circular of the other in announcing that a new course has been adopted has made it a graded course, in many instances that it has established a preliminary examination, and in many a recitation course or a summer course or some other course of study that had been urged for a long time is yet recommended. And what has been the outcome? In only one school, so far as I know, has the demand been made of the candidate that he should either be the possessor of a college degree or pass an examination which should be sufficiently rigid to prove that his attainments were by no means inconsiderable. In most of the schools of which I speak, the announcement of a preliminary examination, what does it amount to? I wish I could lay before you a specimen of what I received not long ago from Dr. Holmes calls "the fresh-water colleges," of the questions for this preliminary examination and the answers that were made. The questions were so as well as the answers, and it is not necessary to answer them without difficulty, without hesitation;
and yet even that slight demand proved a stumbling block to many of these aspirants for a medical degree. 

And all the other assertions of improvement and increased demand, have they been borne out by the actual fact? I fear not. Each school who claim to have graded their course recognize an advantage in going over for a second time, or it may be a third, some of the studies which occupy the student’s first year. That is, they, their graduation time, after all, at limited one at best, and the old system crops through.

And then the demand that all make, that the student shall spend three years in the study of medicine, is it not in many instances a mere sham and a pretence? What can we say to such an instance as this, that came within my experience? A young man who has had some experience in pharmacy goes from an apothecary’s shop to a medical school, and follows its course of lectures for, who knows, a year or two. At the expiration of a week or two he seeks another school, and takes his second course of four or five months, and at the end of that period, or in less time, he correctly observes that—

The Academy may constitute itself a superintending board of the several States in matters pertaining to the profession, both in the collective capacity and in relation to the public health. It is a matter of congratulation to us that the recent law regulating the practice of medicine in Pennsylvania owes its existence, both in its inception and in its achievement, chiefly to a member of this Academy.

We may gather from the States all that has been done in this regard, and may spread it before the eyes of the profession and of the public. Each new experiment of this kind is watched with the greatest interest, and additional improvement would result. Thus in Massachusetts and Rhode Island attempts have been made to secure the enactment of a law regulating the practice of medicine. These attempts, which received no support, may be followed here. The delinquents, who are the seat of an anatomic evisceration, the delinquency, which is the absence of facial scarring, and the undoubted power of the engine, combined to give me a very high opinion of its possibilities. Especially was this the case because my experience some three years ago with the so-called dental engine in surgical operations on bone, was very unsatisfactory.

During Dr. Garretson’s operation some one of the bystanders suggested to me that the engine might be used for trephining, and, as I had shortly before been teaching this operation to my class, I was struck with the idea. It has been herefore suggested, I believe, that the engine might be employed to drive a trephine, and thus cut out a disk or button of bone. My idea, however, was that, as the ordinary trephines are usually of too great diameter, and cause larger openings than are required for the insertion of the elevator, it would be practicable to bore a small hole in the skull by using in the engine a burr cut or roughened on its flat extremity.

As patient was at hand, I utilized a caudex for the experimental demonstration, and fractured the skull by means of a hatchet. I found that the burr called by the dental instrument men, could be used for the experiment, and that by applying it to the sound bone at the edge of the fractured area, and found that I could quite readily make a circular cavity in the outer table. This was carefully controlled until the vitreous table was perforated.

And as the burr, which I kept moistened with water, dropping from a cloth, threw out all bone, a finger, the depth and character of the perforation was certain. When the skull was thus pierced by a round orifice about one-quarter of an inch in diameter, the elevator was inserted and the depressed fragments elevated and, where loose, removed. Sharp and irregular edges were equally well trimmed smooth or cut away by the burr.

The rapidly-rotating burr is placed in contact with the bone, which, when the burr is pressed upon with considerable firmness without abrasing the surface, while osteous tissue is quickly ground away. Hence it seems as if the meninges of the brain might be touched by the burr without injury being inflicted, at the time the vitreous table is perforated. In fact, I am inclined to believe that the dura mater would be pushed in front of the burr, and remain practically uninjured. This can only be tested in living animals or human beings, because the cadaver the brain does not entirely fill the cranial cavities, and the material may remain attached to the inner table. The depressed fracture, moreover, usually pushes the dura mater downward, which would thus be likely to suffer from the sound bone nearest the depression.

The ease and success with which the long bones, containing abscess cavities, could be perforated by this method, was questioned. My experience in once breaking the handle of the ordinary trephine, while endeavoring with difficulty to bore into an absorb in the head of the thighbone, makes me hail the improvement with satisfaction.

The method of trephining the skull with the surgical engine of Bonwill, which I believe to be the most powerful, would then be as follows. Pick out a burr one-fourth or three-eighths of an inch in diameter, well-tempered, and as the burr, which I kept moistened with water, dropping from a cloth, threw out all bone-dust, the depth and character of the perforation was certain. When the skull was thus pierced by a round orifice about one-quarter of an inch in diameter, the elevator was inserted and the depressed fragments elevated and, where loose, removed. Sharp and irregular edges were equally well trimmed smooth or cut away by the burr.
A CASE OF OVARIOTOMY.

BY W. F. ATLEE, M.D.,
Of Philadelphia.

From the Boston Medical and Surgical Journal, Dec. 31st, 1881.

In performing the operation a chest of castor oil is to be given, and nothing to eat afterward; only barley water. On the morning of the operation an enema is required. In order to avoid any delay or misunderstanding, it is the habit of the surgeon to give written directions to the patient and his assistants, and the table is just large enough to accommodate the patient and his assistants. The “toilet of the peritoneum” is made with the greatest care; all blood and discharge from the wound is being washed in carbolized water. The abdomen measuring fifty-one inches; the lower limbs were much swollen. A tumor of the left ovary was diagnosticated, then tapped, and three gallons of dark colored, opaque fluid were obtained, two cysts being opened that were contained in the larger one. [This fluid, examined microscopically, by the reporter, was found to contain the large glandular cell and an abundance of cholesterol.—F. W.]

On November 17th the tumor had refilled the abdomen; the operation being entirely completed in half an hour; there was no vomiting; the pulse was better after the operation than before. The same evening a second attack was produced by the use of walnuts: the amounts of fluid obtained were more than three gallons. The effusion was continuous, and an abundance of cholesterine.—F. W.]

The patient must be covered with a double blanket or blankets, to make the woman comfortable. The use of the surgical engine for perforating the cranium is, as far as I know, novel, but it is very possible that others may have experimented on the cadaver or living subject and found similar results. (Phila. Med. Times, Dec. 31st, 1881.)

A REVIEW AND REMARKS ON SKIN AND VENEREAL DISEASES.

BY MILO A. WILSON, M.D.,
Of Denver, Colorado (Class of 1870).
left cheek. A friend had her consult me, and I did not suspect malaria at that visit.

She was anemic, slight in appetite, whatever constant constipation, tongue slightly furred, skin rather sallow, menstruation regular, felt isovid, weak, and had headaches. The eruption above the right temple, well within the edge of the hair, was either of somewhat similar ingredients.

The next Monday M., she presented herself before; this one, however, was insignificant compared with the others; it was situated above the right temple, well within the edge of the hair, and was either of somewhat similar ingredients.

...Continued...
Prescriber and Dispenser in France.—

The following case was recently reported in a French periodical paper: Dr. B. called to see a child suffering from croup, and gave the father a prescription to get made up. The pharmacist, on observing the danger present, refused to dispense it, on account of ill-health, to suspend the publication of the "Country Practitioner."

- Dr. William H. Parish (Class of 1870), has been recently elected Professor of Anatomy in the Woman's Medical College, of Philadelphia.

- Dr. W. A. Ferguson, of Chicago, Illinois (Class of 1861), and Anna M. Priestly, daughter of Thomas Lyon, November 24th, 1881, by Rev. S. E. Webster, at Heathfield, England.

- Mr. Stephen Jenner, grand nephew of the discoverer of vaccination, and himself in child-

Ovariotomy.—Dr. W. A. McKelvay, of Atchison, Kansas, sends us the account of an ovariotomy performed by Dr. W. A. Ferguson, of Beverly, New Jersey, has himself in child-

- Ovariotomy performed by Dr. W. A. Ferguson, of Beverly, New Jersey (Class of 1842), formerly of New Orleans, aged sixty-one years.

Campbell.—At Williamsport, Pa., on November 24th, 1881, by Rev. S. E. Webster, Eugene B. Campbell, M.D. (Class of 1873), and Jennie F. daughter of Thomas Lyon, M.D. (Class of 1833).

Martin.—Potts.—On December 13th, 1881, at Philadelphia, by Rev. William Greencough, Joseph Martin, M.D. (Class of 1878), and Miss Sally Potts, all of Philadelphia.

Roberts.—Powell.—On October 12th, 1881, by Rev. Wm. Robinson, Dr. Roberts M.D. of Chicago, Illinois (Class of 1861), and Anna M. Powell, of Winnebago, Illinois.

Holt.—At Summit, Mississippi, October 5th, 1881, Alfred C. Holt, M.D. (Class of 1842), formerly of New Orleans, aged sixty-one years.

Knowles.—On December 26th, 1881, Harry Knowles, M.D. (Class of 1880), of Delaware Co., Penna., aged twenty-two years.

Thomson.—At Mount Savage, Indiana, December 24th, 1881, Alexander Thomson, M.D. (Class of 1845), in the 61st year of his age.

Acute Psoriasis.

Gentlemen:—The case I now present to you has been at this clinic on two previous occasions; on the 17th of December, a few days after his admission into the hospital, and since then, quite recently, he was before you again. You recall his history; when he came in he was suffering with a skin affection of only a few days' duration. The rash had first appeared on the hands and arms; it was very red, and itching; there were also marks made by scratching with the finger nails. I told you then, that the affection was in an acute condition, and although the usual cause of an acute psoriasis is a hereditary one, yet the remedies usually directed to the treatment of psoriasis in its chronic stage, arsenic, for instance, at that period would be inadmissible. He was, in view of its acute appearance, ordered alkaline baths and placed upon a plain, unstimulating diet, with proper attention to the secretions; and since then the disease has been far more rapid and decided than it was before.

I present him to-day cured, and ready to go home. He says that now feels well, and only experiences a little irritation, occasionally of the skin, which otherwise is healthy. I showed how the rapid result of treatment in a case of acute psoriasis of recent development; the cure was less prolonged than in the usual chronic form of the disease when the skin changes have advanced to a greater degree.

FACIAL ERYSPILAS; ALUMINURIA.

Our next patient has been in the house only three days, suffering with facial erysipelas. At the time of admission he had been away from this hospital only six days; having been here since the 12th of December, under treatment for an attack of acute bronchitis, of which he was cured. He left on the 15th of this month, and was well only three days. At this time (three days before his return) he had a chill, which he thought was due to cold, followed by fever and very perspiration. That night he had a burning, stinging sensation in the right cheek, and on the nose; the following day he noted that the parts were swollen and slightly red; since then the discoloration and swelling have increased quite rapidly, spreading over the upper half of the face and the right side of the neck and the ear. Owing to the zinc ointment that has been placed upon it, the redness of the skin now is not very apparent, except upon close inspection, but the swelling can be appreciated that the parts were swollen and slightly swollen, and this right eye he is unable to open, partly on account of the eyelashes adhering together by the secretions, but principally owing to the swelling of the lower lid. At the lower corner of the rash, especially upon the nose, there have been some small vesicles or blisters; these are now dried up, forming a crust upon the cheek and side of the nose.

With regard to his temperature, we observe that upon admission the thermometer recorded 103° in the axilla; his pulse was 100; respira-

Clinical Lectures.

Pennsylvania Hospital.

Clinical Lecture, delivered January 26th, 1882, by Dr. Morris Longstreth, Physician to the Hospital, etc.

I.—ACUTE PSORIASIS CURED BY ALKALINE BATHS AND ARSENIC. II.—FACIAL ERYSPILAS WITH ALUMINURIA. III.—SIGNIFICANCE OF MUSCULAR PAINS. IV.—CANTILEVER ERYSPILAS. V.—ACUTE PSORIASIS. VI.—ACUTE MEASLES. VII—ACUTE PNEUMONIA. VIII.—ACUTE DERMATITIS.
fall of temperature to 101°, with pulse and respiration remaining about the same. Next occurred an extension to the other side of the face, swelling of the eyelids, closing of the eyes, etc., but it was only moderate, and was not so great as on the opposite side, but the temperature advanced to 103°. Now the inflammation is everywhere present; his general condition has improved; the redness of the more recent parts is greater than that of the ones first involved; the temperature this morning is only 101°. However, if he only cover your face with a mask or handkerchief for a short time, you notice it becomes annoying, and takes away your feeling of comfort and a very great degree; add to this the distress of the disease, and the application of ointment to the face, and you will find it taking away physical comfort, often more than other and greater disorders.

The tongue is still coated, but is less dry than yesterday, and is much cleaner than when he was first seen. When he is in bed, the cardiac system can be continued, and also the quinine, with the benzoinated ointment to the face.

The urine will be again examined, in order to keep an account of the albuminuria, and also to see whether casts make their appearance.

ACUTE RHEUMATISM.

The next case I bring before you is one of acute rheumatism, in a man who works as an oyster dealer. He is 35 years of age, and has always been in good health, except having the ordinary diseases of childhood. We learn that about twelve days ago, after being exposed to cold and wet, he had a chill, and the following day noticed that the joints of both the upper and lower extremities felt very stiff; and two days later the knees, shoulders, arms and hands began to be painful and were more or less swollen; especially was this noticed in the hands.

He says that this came on during the night, and on the following morning he found it almost impossible to move the limbs, on account of pain.

On admission, two days ago, he was very much in the condition I have just described. Thus, it was probably more marked in the knees than elsewhere, but the swelling was more evident in the wrists. His temperature was 101°, pulse 72, respirations 24; tongue coated; bowels regular; appetite lost or nearly so. It was impossible for him to rest at night, and he complained that he had not been able to sleep for ten days previous to his coming here. The wrist joints are very much swollen, not very puffy, and the swelling causing great pain; the arm allows of passive motion at the elbow without much suffering. There has been no swelling in the shoulders, but he says that this came on in this man more and more every day, until the arm is in a state of great pain; the arm allows of passive motion at the elbow without much suffering. There has been in this man more swelling in the arms than in the lower extremities. Examining the knee-joints I find no evidence of fluid; the patella is firmly down upon the condyle. There is a good deal of stiffness in the muscles of the legs. On admission he was spasm profusely, and the skin is even now quite moist. He was ordered to take salicylic acid (gr. x every two hours, until a diaphrem has been taken each day). Notice the temperature record, it has now dropped down rather suddenly to normal (98°). The pulse has not been very high, ranging from 86 to 95. At this time, it is very faint and his appearance indicates a considerable degree of anemia; and, as you know, in cases of this sort we often have a tumor produced by the condition of the blood and not due to disease of the vessels; tachycardia, functional, and not organic. If there has been no endocardial inflammation here, it was only to a very slight degree, and the valves have not been permanently injured.

I wish to direct your attention to the prompt action of salicylic acid in reducing the temperature. It has fallen to normal, as you see, on the second day after admission. This is a protection for itself. He is an Italian boy, who speaks English, and has no further need of the remedy, but we should continue the treatment until complications arise. A heart murmur is quite common in rheumatism, as you know, owing to rheumatic endocardial or pericardial inflammation. We have, therefore, examined this case carefully, in order to anticipate such complication. A heart murmur was found, as I have said, but it was very faint, and not accompanied by much, if any, disturbance of the heart's action; and, as it was not persistent, we conclude that it was functional, and doubt if there has been any real change in the mitral system. The patient is very pale and his appearance indicates a considerable degree of anemia; and, as you know, in such cases we often have a murmur produced by the condition of the blood and not due to disease of the valves; tachycardia, functional, and not organic. If there has been any endocardial inflammation here, it was only to a very slight degree, and the valves have not been permanently injured.

The next patient is one whose color will speak for itself. He is an Italian boy, who speaks almost no English, 16 years of age, and is a bootblack by profession. He says that he has always been healthy, except that about two years ago he suffered, during several months, with chills and fever in Italy, from which he fully recovered. He has been in this country about a year, during which his habits of life have caused him to be very much exposed to cold and bad weather, though, up to a month ago, he gave no history of illness. Then he says, he had a chill, followed by some fever, of about twelve hours' duration, which he thought was a return of the old malarial attack; he subsequently recovered. This is the usual history of acute rheumatism, as you know, owing to rheumatic endocardial inflammation here, it was only to a very slight degree, and the valves have not been permanently injured.

The pain is in the region of the joints, and is much more evident in the wrists than in the lower extremities. The next patient is one whose color will speak for itself. He is an Italian boy, who speaks almost no English, 16 years of age, and is a bootblack by profession. He says that he has always been healthy, except that about two years ago he suffered, during several months, with chills and fever in Italy, from which he fully recovered. He has been in this country about a year, during which his habits of life have caused him to be very much exposed to cold and bad weather, though, up to a month ago, he gave no history of illness. Then he says, he had a chill, followed by some fever, of about twelve hours' duration, which he thought was a return of the old malarial attack; he subsequently recovered. This is the usual history of acute rheumatism, as you know, owing to rheumatic endocardial inflammation here, it was only to a very slight degree, and the valves have not been permanently injured.

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The College and Clinical Record.

it has serious morbid changes underlying it, which are not amenable to art. As regards the history of such cases, the nurse or mother can give a clear account. Our patient insists that he is well, and has been so since the chill, which was probably caused by exposure. I think the case is one of catarrhal asthenia, arising along the ducts from the duodenum into the liver, without producing complete obstruction, but causing partial retention and reabsorption by the blood of the bile, after its secretion by the liver. I show you here what he passed this morning from his bowels. He has been on milk diet, which does of itself tend to make the excrement lighter colored than usual, but you see the bile is not completely absent. Here is no evidence of complete want of bile such as in the clay-colored stools that we often have in some forms of jaundice; this is fairly colored with bile. Here is a specimen of his urine, passed this morning; it is high colored and is a dark amber with an olive-green tinge. It is of specific gravity 1.015, neutral in reaction, and contains no albumin. It has, however, an excess of biliary coloring matters, which are made evident by the ordinary reaction with nitric acid; in Gmelius' test, overlying the line of the nipple, dullness appears at the right nipple line; in the anterior axillary line, between the fifth rib and extends to the costal border in the epigastric region. Here is a specimen of his urine, passing this morning; it is of a light amber color, and not quite clear, as it contains some fibrinous material; on boiling a little in this test tube, it becomes so solid that the tube might be inverted without spilling it out. It contains, therefore, a very large amount of albumen. In testing for albumen it is better to fill the glass about one-third full, and boil the upper part by applying the flame to the side of the tube, held diagonally; in this way we are enabled to note the change in color and amount of coagulation, in comparison with the unaltered fluid below; finally, all should be boiled together and set aside to deposit, in order to determine the proportion of soluble and insoluble albumen. A small amount of acetic acid added will keep the phosphate in solution. I find upon adding acid to this specimen, that there is considerable evolution of gas, probably due to the presence of carbonates. The amount of fluid is now nearly two pailfuls (27½ pints), and it will, probably, continue to leak after the canal is withdrawn.

We will now have an opportunity of again examining the condition of the liver, which we are anxious to ascertain, for such an amount of ascites is very rare from thoracic disease alone. Of course, as long as the fluid continued to ascend, the liver upward, and obscuring the lower hepatic outline by its own dullness upon percussion, it was impossible to decide this point.

I think that the evacuation of this fluid will enable the liver to come down to its proper position with the sake of all cases, and 1st to see whether physical exploration will throw light upon the cause of the liver being so elevated and that the jaundice is not by any means the cause of the elevation. In performing paracentesis of the abdomen, although easy enough of execution, there are certain precautions to be observed. Where there is any difficulty in finding the point of entrance or of catheterizing the peritoneal or organic kind. The boy has a better expression and a brighter look in his face than he wore a few days ago. The diarrhœa is also better. Bear in mind that this catarrhal condition not only extends from the ducts into the liver, but along the intestine, and diarrhœa is therefore a symptom that often appears at one time or other in these cases. He has had no cough or catarrhal affection of the air passages at any time during the attack; there is no trouble here in the chest. He will, in the course of a few days, be allowed to go out, with course of a few days, be allowed to go out, with"

Notes from the Case Book of a Country Physician.

Case I.—Sarah Greub, aged 16, an appa- rently healthy German girl, while playing on the hillside with other children, fell and in- jured her knee; the injury seemed, to the child's parents, to be of a trifling character, but the nocturnal pain being so severe and agonizing the medical attendant, a young but prudent practitioner, requested my services in the case. I received a telegram to come to Alma, Wis., a village on the hillside, where the patient, Sarah Greub, was suffering from severe night pain in the knee, which occurred immediately on the banks of the river. Dr. McVey, the physician in the case, and, in fact, the parents, could not
think that the injury was the cause of all her trouble, but believed it to be a case of typho-
malar fever, which disease was prevailing to an alarming extent in the village at the time. From the history of the case, the severe nocturnal hot sweats, and the general constitutional dis-
turbance, I diagnosed that it was an injury to the membrane surrounding the bone. In fact, I could come to no other conclusion; and I therefore recommended a direct incision, to relieve pain, and used opiates freely. The parents would not submit to any cutting, and the case, consequently, grew from bad to worse, the pain becoming agonizing, so much so that heroic doses of opiates and chloral were required, to give the child rest. Eight weeks after the original injury I was called again, and found the limb very much enlarged, from the knee to the ankle-joint, and, from appearances, full of pus. I made an incision, after consultation with Dr. McChey and my partner, Dr. J. Stone, the former the medical attendant.

We found the whole periosteum of the tibia denuded, and removed the bone, which was done by sawing it off, two inches above the ankle, and no difficulty was experienced in removing the entire tibia. The case has done nicely; the pain ceasing immediately, and the general health was greatly improved. I have seen a case of the same time, five weeks after the operation, the wound is nearly granulated over. The limb was placed in a fracture box and oakum dressing used. The patient is now sitting up in a chair, the wound being nearly all healed, and we doubt not the new bone will form, as we were very careful to give the child rest. Eight weeks after the original injury I was called again, and found the limb very much enlarged, from the knee to the ankle-joint, and, from appearances, full of pus. I made an incision, after consultation with Dr. McChey and my partner, Dr. J. Stone, the former the medical attendant.

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A PRACTICAL POINT IN THE ME-
CHANICAL TREATMENT OF HIP DISEASE.

By A. B. Judson, M.D.

Read before the Medical Society of the County of New York, No-

November 30th, 1881.

In the use of the hip-splint it has been ob-

served that the straps which are attached to the

adhesive plasters, at the lower part of the appa-

ratus, for the purpose of extension, become

relaxed whenever the patient assumes the erect

position of the hip. This point has been referred to, more or less in detail, by Drs. Hutchison, of Brooklyn, Newton M. Shaffer, of this city, A. J. Steele, of St. Louis, and Edward H. Bradford, of Boston. It has doubtless attracted the atten-

tion of every observant practitioner who has used Taylor's splint.

I purpose, in a few words, to inquire into the causes of this relaxation, and to con-

consider methods for its prevention. One of the possible causes is to be found in the yielding nature and gravity of the tissues lying between the long bones of the limb and the skin to which the adhesive plasters are attached. These soft parts naturally occupy a lower position on the limb when the individual is standing than when the limb is in a recumbent position. It is obvi-

ous, therefore, that the skin and the adhesive plasters will descend, when the patient stands, by the weight of the subjacent soft parts, and that the relative position of the extension-straps may attend a change from the recumbent to the erect position. It is found, however, in practice, that the traction exerted by the rack and pinion, and the natural gravity of the soft parts, draws down the adhesive plasters and the skin to such an extent that their position is not further affected by the gravitation of the subjacent tissues in the recumbent position.

The weight of the limb itself might be con-

sidered as contributing to a descent of the soft parts, and a relaxation of the extension-straps. If, on the other hand, the perineal strap is attached to a pelvic band placed but little above the level of the point of ischial support, as in Fig. 2, there will be a compara-

tively slight displacement of the point of support on the bone, but little descent of the body and relaxation of the extension-straps.

In the third place, the relaxation of the ex-

tension-straps which occurs when the patient's body is upheld by the splint, may be due to the compression of the soft parts covering the ischiatic and pubic regions of the pelvis and included in the bight of each perineal strap. This is especially true in the case of patients whose bones are covered with a redundancy of fat.

Aside from these causes there is nothing about the apparatus, or the parts to which it is applied, that can contribute to a descent of the body and a relaxation of the extension-straps when the patient throws his weight upon the splint. This becomes sufficiently evident on the construction of the splint; but it may be observed by reference to Fig. 1, in which A B C D represents a perineal strap attached to a pelvic band placed considerably above the level of that portion, which these causes are eliminated. Suppose, in the first place, a hip-splint so inflexible that there shall be absolutely no yielding of the upright by the pelvic band. Secondly, imagine a pair of inflexible perineal straps; we will sub-

stitute for the ordinary flexible straps a rigid iron bar laid upon the pelvic band. Finally, imagine a patient whose bones are so denuded that the pelvis shall rest directly on this unyielding frame. In a case thus situated it is evident that a descent of the body with a relaxation of the extension-straps is impossible, no matter how heavily the weight of the patient is thrown on to the apparatus.

Going still further, we may, in imagination, eliminate the two possible causes mentioned at the beginning of this paper, as perhaps contributing to relaxation of the extension-straps; when the patient is simply erect and has not yet transferred his weight to the splint, we may suppose that the pendent limb is inappreciable, and that the adhesive plasters are applied di-

rectly to the shaft of the femur without the inter

vention of the soft parts covering the ischiatic and pubic regions of the pelvis. This will give a just notion of the effect of a pelvic band placed too low.

In the second place, the relaxation noticed in the extension-straps when the patient throws his weight on to the perineal straps may be caused by such an arrangement of the parts of the splint that the pelvic band occupies too high a position on the body of the patient. If the pelvic band is too high the perineal straps hang so deeply looped, or in such a redundant curve, that, when the weight of the body is thrown on to the splint, the body descends and the extension-straps to become relaxed. This effect of a pelvic band placed too low may be appreciated by reference to Fig. 1, in which a B C represents a perineal strap attached to a pelvic band placed considerably above the level of that portion, which these causes are eliminated. Imagine a patient whose bones are so denuded that the pelvis shall rest directly on this unyielding frame. In a case thus situated it is evident that a descent of the body with a relaxation of the extension-straps is impossible, no matter how heavily the weight of the patient is thrown on to the apparatus.

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nothing (except the weight of the splint in certain conditions), whatever be the attitude of the patient, whether he be recumbent or standing on the sound limb, or erect and throwing his weight on to the splint, or hanging suspended by the hands, or reversed, with his head on the ground and his feet in the air.

These fanciful but instructive hypotheses being dismissed from further consideration, the views above expressed may be summarized and presented in another form, as follows: The weight of the pendent limb alone and the weight of the entire body are two elements which interfere with the efficiency of the extension and counter-extension which are exerted by the rack and pinion when the patient rises from the recumbent or sitting position. The former, the weight of the pendent limb, interferes when the patient stands, whether the weight of the body is resting on the splint or not, and inasmuch as the traction applied by the rack and pinion in the recumbent position seldom, if ever, exceeds, when expressed in pounds, the weight of the pendent limb, it is believed that, in general, the effects of traction are felt more strongly in the erect than in the recumbent position. The weight of the entire body is thrown to the splint, which happens whenever, in the erect position, the patient raises the foot of the sound limb from the ground. It then becomes a most important factor. If there is any traction still exerted by the rack and pinion after the pendent limb has exerted the traction due to its weight, it is at once abolished by the downward pressure of the weight of the entire body, which brings nearer to each other the points whose separation by the rack and pinion is depended upon for the maintenance of the extension of the pendent limb and the counter-extension on the other hand.

And, if there is still further yielding on the part of the splint, or the soft parts of the patient, the traction exerted by the weight of the pendent limb may also be abolished by the descent of the body till the heel rests on the foot-piece of the splint, which is the same as if it rested on the ground.

To make a practical application of these views, it is necessary, if we would avoid as much as possible the relaxation of the extension-strap which results from the points which have been indicated. It will be found that in proportion as the relaxation of the extension-strap in the erect position and under the ground toward pressure of the weight of the body is prevented, in the same proportion the efficiency of the splint as a means of applying traction in the recumbent position will be increased, because the compression of the soft parts, the redundancy of the perineal straps and the flexibility of the steel frame are features which, in the recumbent as well as the erect position, undermine the stability of counter-extension without which traction is, of course, impossible.

The relaxation which is due to compression of the soft parts covering the pubic regions of the pelvis is of no serious import, because it is found that the continued pressure of the perineal straps eliminates the adiopose tissue from the parts to which they are applied to such an extent that the perineal straps come to be applied to the pelvic bones with the intervention of an insignificant layer of integument and subcutaneous fibrous tissue. The relaxation due to a pelvic band placed too high, may, in a great measure, be obviated by lowering the pelvic band till each perineal strap extends in nearly a straight line from front to rear. It will be found that certain other practical advantages attend this disposition of the pelvic band. It will thus be brought to occupy a level below that of the anterior superior spine of the ilium, which is exposed to attrition when the pelvic band is worn too high. Further, when the perineal straps hang in deep concavity, there is a risk of the looseness of them from their respective places in the perineal space, unless their points of attachment to the pelvic band are widely separated laterally, and a wider separation is exerted by the traction which the apparatus necessitates a larger pelvic band. It follows, then, that a low pelvic band with short perineal straps permits the use of a smaller and more closely fitting pelvic band, which, in turn, in the interest of the patient as well as to the efficiency of the apparatus as a means of immobilizing the joint.

Finally, the relaxation of the perineal straps is often a more serious objection than the weakness or inflexibility of the splint, because the whole apparatus is held together by a strong and inflexible splint. The preference of the intelligent and skillful workman must, however, be overruled in the interest of the patient, and it will be found that a strong and unyielding splint will reduce to the minimum the relaxation of the extension-strap which exists in the mind of the instrument-maker against a strong and inflexible splint. The operative procedures that are permissible upon the pericardium are aspiration, injection of antiseptic solutions, and incision, either as a diagnostic or therapeutic measure. A few years ago simple aspiration was regarded as a diagnostic or therapeutic measure. A few years ago simple aspiration was regarded as a diagnostic or therapeutic measure. It will be found that certain other practical advantages attend this disposition of the pelvic band. It will thus be brought to occupy a level below that of the anterior superior spine of the ilium, which is exposed to attrition when the pelvic band is worn too high. Further, when the perineal straps hang in deep concavity, there is a risk of the looseness of them from their respective places in the perineal space, unless their points of attachment to the pelvic band are widely separated laterally, and a wider separation is exerted by the traction which the apparatus necessitates a larger pelvic band. It follows, then, that a low pelvic band with short perineal straps permits the use of a smaller and more closely fitting pelvic band, which, in turn, in the interest of the patient as well as to the efficiency of the apparatus as a means of immobilizing the joint.

Further, when the perineal straps have been indicated. It will be found that these operations are not only justifiable, but are attended with brilliant results. It, therefore, desire to briefly call attention to some practical points in pericardial surgery.

In all cases of pericardial effusion that present dangerous symptoms of heart failure, aspiration should be performed as soon as it is evident that medication is not lessening the embarrassment of the central organ of circulation. The operative procedure in such cases is to inject some irritating fluid, such as carbolic acid undiluted, as used in hydrocele, would be the proper agent, were it not for the possibility that its contact with the heart walls might induce cardiac spasm.

When aspiration has shown the pericarditis to be distinctly purulent, it is almost certain that the fluid contains pus, and must be removed by aspiration. If a second tapping is required, the introduction of a carbonized drainage tube, after a free incision has been made, strikes me as a more certain method of securing permanent relief.

Clinical experience has abundantly shown that when the pericardial fluid is evacuated, the most pernicious symptom, empyema, is avoided. This line of treatment has been advocated by me since 1876 and although I am opposed by the opinion of many distinguished writers and teachers, I cannot but believe it the proper course to pursue in such cases. Empyema is known to result from the introduction of a carbonized drainage tube, after a free incision has been made, strikes me as a more certain method of securing permanent relief.

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An article from *The College and Clinical Record* discussing medical cases and procedures.

**Made, with antiseptic precautions, between the fifth and fourth ribs, near the left edge of the sternum, and two drainage tubes were introduced. The wound was dressed according to Lister's method. Cisternisation occurred in less than twenty-four hours (February 10th, 1897), and there were no further periarticular troubles. Left pleuritis coexisted, which was treated also by aspiration, followed subsequently by incision. The patient was finally discharged, cured. No better illustration of the value of the method advocated could be furnished; for not only was a pleuritic, but also a periarticular effusion, treated and cured by incision, after failure of aspiration.

Incision may be useful as a diagnostic procedure in cases of doubt exists between a large pericardial effusion and a dilated heart. The dissection down to the pericardium, if made carefully, will scarcely increase the danger if dilatation be the pathological condition, but will save life if effusion be the cause of the threatened dissolution. In Vigilia's case, upon which Roux operated because effusion was suspected, incision disproved the diagnosis and showed the existence of cardiac dilatation, from which the patient died, but without reference to the operation.

In cases of foreign body in the pericardium, incision may be justifiable for the purpose of removal, even if resection of a costal cartilage will be treated by periarticular incision, to allow extraction of clots, and perhaps to suture the cardiac muscle. Autopsies have shown a considerable amount of repair going on after wounds of the heart, and life is frequently prolonged many days after the receipt of such injuries. Perhaps a number of these cases may be benefited by the introduction of incision in the region of the pericardium, after failure of aspiration.

**LEAD COLIC FROM AN ACCIDENT.**

**BY J. W. HOLLAND, M.D.**

Professor of Materia Medica, etc., University of Louisville.

On the night of December 2d, 1881, I was summoned to see Sam S., a very robust negro, aged about thirty-five years. He was confined to bed with a colic, which extorted from him loud groans of agony at the time of the exacerbations. These paroxysms had been for several days increasing in severity, in the morning wearing away, at night recurring. The pain was chiefly in the left hypochondrium, though it had spread to the upper abdomen, leaving the anterior abdominal wall sore, with spots of greater tenderness. His skin was cool, pulse full and hard, tongue coated with a white fur. The urine was scanty, and of a dark color, which had been preceded by loss of appetite and constipation.

The character and locality of the pain suggested plumbism, but inquiry as to exposure to the poison by smoking, drinking, or food, did not succeed in eliciting sufficient data to fully substantiate the hypothesis obtained till finally, in a casual way, he remarked that while a blue line indicated poisoning by lead, its absence is not to be taken as proof that lead is not in the system. Nocturnal agglutination of the gums is a fact, and this, with a pleasing slanting to the bone, led me to consider the possibility of plumbism, and inquiry as to exposure to the poison by smoking, drinking, or food, did not succeed in eliciting sufficient data to fully substantiate the hypothesis obtained till finally, in a casual way, he remarked that while a blue line indicated poisoning by lead, its absence is not to be taken as proof that lead is not in the system. Nocturnal agglutination of the gums is a fact, and this, with a pleasing slanting to the bone, led me to consider the possibility of plumbism.

With lead or paint, unless I would count his carry-all, he remarked that he never had anything to do with red dust used for making paint. Some covered his lips, some was inhaled into his nose, some stuck to his sweating hands, some went down his neck. For several days he got a red-stained mucus when he blew his nose, and for a week he wore the shirt unwashed. With this warranty I gave him a large dose of sulphate of magnesia, continuing the morphia. The next day he began the use of alum and potassium iodide, taking morphia at night, as required. He was soon entirely well, and is now about his daily work.

According to reliable information, the red dust which penetrated his air-passages so quickly, and which stuck so persistently to his sweating skin, was “red lead,” or minium, a pigment much employed in the arts.

Cases of plumblism without the gingival line have been recorded before. Dr. Taylor reports that out of thirteen persons attacked with symptoms of chronic lead poisoning from drinking water impregnated with lead, the blue line existed in only one-half the patients. This, with a pleasing slanting to the bone, led me to consider the possibility of plumbism, and inquiry as to exposure to the poison by smoking, drinking, or food, did not succeed in eliciting sufficient data to fully substantiate the hypothesis obtained till finally, in a casual way, he remarked that while a blue line indicates poisoning by lead, its absence is not to be taken as proof that lead is not in the system. Nocturnal agglutination of the gums is a fact, and this, with a pleasing slanting to the bone, led me to consider the possibility of plumbism.

C. B., negro, aged about forty-five years, applied to me in the month of March, 1873, for treatment of an aneurism of the radial artery. The aneurism was situated above the wrist-joint, and was about the size of a partridge egg. All the diagnostic points of aneurism were unmistakably present. The patient was a carpenter by trade, and one of very imtemperate habits. I intended making use of compression for the cure of the aneurism, and after fully ascertaining that the radial artery was beyond directing the man to give up his work for the time being, and endeavor to reform his imtemperate habits. It so happened that I did not see him for two months, and when I did see him, to my great surprise, the aneurism had undergone a spontaneous cure.
which was complete, no traces of the aneurismic sac remaining. Early in the spring of the present year (1881), the aneurism recurred at the identical spot on the same artery, attaining a larger size than the previous one. I made use of digital compression, not complete, but so as to mitigate the volume and force of the blood, when the aneurism rapidly disappeared, and in a few weeks, and of its traces. The patient works steadily at his trade, and has discontinued his drunken habits for over three years.

Gant, in his work on “The Science and Practice of Surgery,” first edition, page 336, says, “Secondary aneurism, or aneurism reappearing by redistillation of an aneurismal sac which had previously undergone consolidation and absorption, is an extremely rare event. This must not be confounded with returning pulsation. Mr. Erichsen believes there are only two unequivocal instances on record, both of which were in the ham; the original tumor having disappeared entirely, this secondary disease made its appearance, after the lapse of six months in one case, and after four months in the other instance. Secondary aneurism, in the sense of another distinct aneurism arising close to the former one, double aneurism, in fact, is quite another matter.”

The points of interest in my case reported above are—

1. The extreme rarity of the morbid condition, being the third “unequivocal” case on record, unless other cases have been reported since Gant’s work was published. I have not access to a surgical library to ascertain as to this, but it is to my knowledge a very rare phenomenon in the history of aneurism.

2. The length of time which elapsed before the recurrence of the disease, viz.: eight years. This indicates the difficulty with which an aneurism was effectuated, notwithstanding the long continued use of alcoholic stimulants militating against the probability of such a result.—St. Louis Courier of Medicine, Dec., 1881.

**Influence of Operations Upon the Prolongation of Life and Permanent Recovery in Carcinoma of the Breast.**

**By Samuel W. Gross, A.M., M.D.,**

Lecturer on Clinical Surgery in the Jefferson Medical College Hospital.

The following conclusions are arrived at by the author, as deductible from the various facts mentioned in an interesting paper, with the above caption, in the Medical News, January 21st, 1882:

1. That surgical intervention in carcinoma of the breast tends to retard the progress of the disease by preventing local dissemination, implication of the associated lymphatic glands, and the development of visceral tumors.

2. That local reproductions do not militate against a permanent recovery, provided they are freely excised as soon as they appear; and that lymphatic involvement does not forbid operations. The patient recover, in more than one-third of the examples of final cure.

3. That the subjects are, almost without exception, safe from local and general reproduction if three years have elapsed since the last operation.

4. That the risk of operations is out-weighed by the benefits which accrue from them, since they not only add twelve months to life, but also cure more than one-half as many patients as they destroy.

5. That all carcinomata of the breast, if there are no evidences of metastatic tumors, and if thorough removal is practicable, should be dealt with as early as possible, by amputating the entire mamma and its integuments, dissecting off the subjacent fascia, and opening the axilla with a view to its exploration and the removal of any glands which were not palpable prior to interference.

**Case of Poisoning by Morphine—Recovery.**

**By E. L. Kelsey, M. D.**, Of Willington, Conn. (Class of '86).

Mrs. E. took, with suicidal intent, sixteen grains of the sulphate of morphia, as weighed out by a druggist. She experienced nausea, prostration; pulse slow; respiration four surface tose; could be roused a little after some exertion; pulse 100; respiration 11; temperature 98.4; the face was ashen; the extremities clammy. With great difficulty, an emetic of mustard, salt and water was administered; mustard pediluvia were used. The body was rubbed with hot alcohol and mustard water. Five minims of a solution of atropia—two grains to the ounce of water—were given hypodermically every fifteen minutes until pupils dilated. Hypodermic injections of coffee, lux vomica, and brandy were administered. She was kept walking constantly for about six hours, after which she was as well as ever, with the exception of insomnia, from which she suffered for a few days. She never felt any delirium or unpleasant effect after effect. She was, when she took the morphine, six miles from any physician, but a trained nurse from Bellevue Hospital was present, and the patient would, in all probability, have succumbed before a physician arrived.—New England Medical Monthly, Dec. 15, 1881.

**College and Clinical Record.**

A MONTHLY MEDICAL JOURNAL.

Conducted especially in the interest of the graduates and students of Jefferson Medical College.

RICHARD J. DUNGLISON, M.D.,
FRANK WOODBURY, M.D.,
Editors.

PHILADELPHIA, FEBRUARY 16, 1882.

**Vaccination.**

During the past winter, the prevalence of smallpox in different parts of the country has directed popular attention to the consideration of the question of prophylaxis, and medical societies very generally, at the suggestion of the National Board of Health, have recently expressed their confidence in the protective value of vaccination. They have also asserted their conviction that, as a question of State medicine and public policy, when an epidemic threatens, it should be performed in all cases, not only of young children, but also of adults, even where already partially exempt by a previous vaccination, or former attack of varioloid. That this confidence is well placed is the current belief among medical practitioners, and, indeed, it is difficult to understand how a different opinion can be honestly entertained by an unprejudiced mind, after becoming acquainted with the crucial tests to which vaccination was subjected upon its introduction, not only by individuals but by commissions of learned societies, who, after critical examination, were obliged to endorse all that Jenner claimed for it. It is now generally held that a good vaccination is equal to an attack of smallpox in its protective power. Exceptional cases occur, where smallpox attacks the same individual a second time, or even several times, but these are rare; and the same statement holds true of vaccination, with the exception that the smallpox, if it occurs, is more acute, and the mortality is greatly decreased. The term varioloid is now usually restricted to an attack of smallpox in a person who had been previously vaccinated.

The favor in which vaccination is held by medical men, and the urgent appeals of health boards for its general performance, with other causes, have apparently conspired to cause the operation to be regarded as a trivial one by the community; and it is now quite common to have vaccination performed by the druggist who sells the virus, or the points are bought by irresponsible persons who vaccinate their friends generally. From one state to another this practice is conceivable, as it is extremely desirable that vaccination and revaccination should be general at the commencement of an epidemic of smallpox; but it is also essential that it should be properly performed. There are, indeed, strong reasons why this irregular method of accomplishing the object should meet our disapprobation, quite apart from any questions of self-interest.

In the first place, vaccination is not merely a local sore, but it is a genuine, specific affection. Vaccinia is just as much a zymotic disease as smallpox, or scarlet fever; it is often ushered in by a chill, which is followed by considerable constitutional disturbance, fever, headache, nausea, prostration, and more rarely by a vesicular eruption sparsely scattered over the body, while occasionally an erysipelatous inflammation will invade the entire arm, and abscesses or ulceration follow. It should not be forgotten by physicians that vaccinia has also a certain mortality; quite small, as compared with smallpox or varioloid, but still it is an actual death rate. Roberts, in his "Practise of Medicine," has a reference to a case where death took place after vaccination, without obvious cause, and cases of tetanus from it have also been reported. Within a few days past a death from erysipelas, after vaccination, occurred in a Western town. These cases should not deter us from performing our duty of vaccinating unprotected persons; but to be aware of a danger is to partly guard against it. We must vaccinate until we have some safer procedure to substitute for it; but we should avoid conveying the impression that it is invariably a perfectly safe and harmless operation.

As regards the comparative value of bovine and humanized lymph, the preference of late years has been given to the former, on account of the danger of communicating syphilis by the latter method. Bovine lymph has the disad-

**THE PROLONGATION OF LIFE AND PERMANENT RECOVERY IN CARCINOMA OF THE BREAST.**
vantage of requiring several days longer for the development of the vesicle, of passing through its stages more slowly, and of being attended by more local and general disturbance, sloughing of the entire spot, followed by deep ulceration, being not uncommon. Where we are fully prepared, with a "good pedigree" for the scab, we will usually obtain as good a result, as regards the characteristic appearance of the vesicle, etc., and subsequent protection from smallpox, with the humanized lymph, and with less danger of abscess or erysipelas. It should not be forgotten that humanized lymph had been used almost exclusively in this country for nearly three-fourths of a century before the rage for bovine virus prevailed, and that the triumphs of vaccination were won solely by the seventh-day lymph, or the crust from children's arms, which usually performs the work safely and well, and is, therefore, to be endorsed, provided that in each instance we are careful to eliminate the syphilitic factor that comes, like the ghost of Banquo, unbidden to the feast.

In all that we have just written in regard to vaccination, we would not be for a moment misunderstood as depreciating its merits as a prophylactic. The views herein expressed are intended for the consideration of medical men, who, as a class, have no misgivings as to its efficacy, when properly performed.

WEAK EYES IN PUBLIC SCHOOLS.

A Committee of the Philadelphia County Medical Society, to whom were referred, more than three years ago, questions of vital interest connected with the vision of the school children of Philadelphia, has recently made its report. As the subject considered is one of unusual importance, and of widespread application wherever children are exposed to similar causes of perverted health, we reproduce some of the conclusions reached, after a conscientious examination of many hundreds of the public school children of Philadelphia. The Report is, thus far, only one of progress, as there has not been time yet for the examination of the 75,000 children of the city, for the average time spent upon each of the 2600 pupils examined was twenty-eight minutes. In a previous issue of this journal we alluded to the careless and inexusable indifference of parents, who daily entrusted their children to teachers ignorant of the physiological principles essential to the preservation of their general health, the perfection of their functions of vision, etc., and we are happy to find our views maintained in their report, in which it is stated that, "having in view the great importance of good vision to the student, it is justly a matter of surprise and condemnation that so little care has been manifested by parents and teachers. Indeed, they seem to have been in most cases quite unmindful of the condition of vision in the pupils they proposed to educate. Our children are sent to school without even the most cursory inquiry as to whether their eyes are fitted to perform the important and arduous duty before them in the long educational process. * * The utmost attention is given to the teeth, lest through neglect they should decay; but the eyes are allowed to enter upon the important duties of school life without a thought of their welfare."

There are many other subjects briefly touched upon by the committee, such as the proper relation between seats and desks, insufficient light, ventilation of the school-room, and other hygienic surroundings, the type employed in the text-books; the anxiety, care, and mental worry of school life, involving, with the home study, at least ten hours of daily active school work, supplemented by reading of works of fiction, etc., in all kinds of type, in all kinds of position of the fatigued reader, etc. We cordially agree with the author of this report, Dr. S. D. Risley, chairman of the committee, that in so far as the educational process, the physical vigor of those committed to its care, just so far does it modify and detract from the symmetry and effectiveness of its work.

The scientific and practical conclusions arrived at by the committee may be summarized as follows:

First. The emmetropic eye is the model or standard eye, since it is the only normal eye, and not only to remain nearly constant in percentage throughout the school life, but it was also the condition of health, and withal enjoyed the highest acuity of vision and the greatest freedom from pain.

Second. Myopia, or near-sight, commencing in the primary classes with a low percentage (4.27 per cent.), steadily increases as the pupils pass to the highest grade in our school system. The percentage of increase is very much lower in the schools of Philadelphia than in the schools of Europe. The myopic eye presents a higher percentage of disease than eyes with emmetropic or hypermetropic refraction. Even in myopic eyes the percentage of disease is much higher when astigmatism is also present.

Third. Hypermetropic eyes are more numerous than both myopic and emmetropic combined. Next to myopic astigmatism, distinct lesions are most prevalent in eyes with hypermetropic astigmatism. The increase in myopia is from eyes with already existing anomalies of refraction—usually hypermetropic astigmatism—since it was shown that in hypermetropic, next to myopic astigmatism, was exhibited the highest percentage of disease, which also manifested itself in pathological changes similar to, or identical with, those usually regarded as characteristic of myopia.

This conclusion is strengthened by the fact that the eye's place has been directly observed. It is by no means necessary that the distending eyeball should first pass through emmetropia. In several instances the chairmen of the committee witnessed the gradual change from hypermetropic astigmatism to myopic astigmatism, the meridian of greatest curvature being maintained. In one published case a high degree of simple hypermetropic astigmatism passed through to simple myopic astigmatism. Since the date of publication, the left eye has continued to distend, until, in writing, it presents compound myopic astigmatism.

Fourth. While there is an evident and close relation between the increase of myopia and the school-life, having the preceding conclusions in view, the educational methods are responsible to only a limited degree. This conclusion is supported by the fact so strongly demonstrated in this report, namely, the very obvious relation between the errors of refraction and the diseases conditions of the fundus oculi, which shows beyond dispute that the fault is not, primarily, in the system of education, however faulty this may be in many respects, but depends upon the defects which existed in the eye itself at the beginning of the school-life. The conclusion, therefore, may be formulated as follows:

That, given an emmetropic or normal eye, the probabilities are that no harm will come to it from the educational process. On the other hand, given an eye with an anomaly of refraction, especially astigmatism, the probabilities are, other things being equal, that the educational process will be fraught with pain and danger to the eye.

The probability of harm resulting from the school-life diminishes with every added year of age, in all states of refraction.

Therefore, our children are placed at school at too tender an age.

Sixth. In view of the facts herein set forth, the great importance of proper hygienic surroundings and a widely-chosen and arranged curriculum of study is more than ever manifest. In arranging the course of study, the principles to be kept in mind is the avoidance of protracted use of the eyes at a near point; for example, in reading, writing, or drawing.

PHYSICIANS WHO DO NOT READ.

Whether they are too busy, or too illiterate, or that they are not yet beyond the influence of their earlier habits and associations, it seems to be a fact, if implicit reliance can be placed upon the assertion there are numerous and marked exceptions, and we recall with pride and pleasure the names of many excellent members of the profession in those sections who have adorned its practice or its literature by moral and mental gifts of a superior order. There are hundreds, however, who have never studied medicine, attended lectures, or taken a medical degree from any school. They have graduated themselves from the butcher's block or the tailor's bench, because they had no qualifications even for those branches of trade; and a few days after deserting a locality which they could not embellish, they have reappeared at some other point, fully licensed as medical practitioners (by their own act), to take the lives of an-
fortunate community into their keeping. Is it any wonder that such men do not read a medical journal, or open the pages of a professional treatise, for information which is far above their comprehension!

Among the practitioners referred to, there are some who are capable of appreciating a better class of medical journal, but who have been temporarily satiated with the poor quality of literary jubalum supplied to them in their village local medical weekly. Rusty in their modes of practice, and satisfied that there is nothing new under the sun in the therapeutics of disease, many of them live and die in obscure regions unvisited by the light of modern days or the advances of modern civilization. One would suppose that there must be few such benighted places in this country, but let us not forget, as we inspect the latest maps of the different States, that there are many regions to which the railroad and the telegraph are strangers, and which are seldom accessible to the visits of modern medical literature. There is nothing more impenetrable than the armor of ignorance in which a self-constituted practitioner encases himself, who has been uneducated, from his earliest life to his latest days, in either the refinement of the gentelman, or in the acquirements of a learned profession, and is blindly accepted as a member of the profession because he has himself affixed the magical letters M.D. to his name. Many of our readers must be cognizant of some such examples of unworthy men engaged in practice in their immediate vicinity. Perhaps the true reason that some of these men do not read a medical journal may be, that they have never yet learned to read at all.

THE INITIAL SYMPTOMS OF DISEASE.

Dr. N. S. Davis, of Chicago, chairman of a special committee appointed by the American Medical Association, at its last meeting, has recently prepared a circular inviting the cooperation of the medical profession in securing a careful record of the date of the initial symptoms of all acute diseases for a series of years. The object is to compare such date or dates with the coexisting meteorological conditions in the same localities, so that additional knowledge may be acquired as to the actual causes of disease. For this purpose the practitioner who is willing to aid the committee will be supplied with a printed form, in which he can tabulate the records, and at the end of each year forward it to the committee.

The circular states that the primary records can easily and quickly be made at the bedside, on blank leaves kept in the pocket memorandum book, and should include, 1st, the name of the disease; 2d, the exact date of the first noticeable or initial symptoms; and 3d, the age of the patient. Any other items may be added that the practitioner may choose; but the first and second mentioned are the ones deemed essential for the purpose in view. Several years of personal experience in keeping such records has demonstrated the fact that to ensure sufficient accuracy in arriving at the date of commencement of many acute diseases, to make the resulting statistics valuable, great care is necessary in eliciting the facts from patients and their attendants. For instance, if you simply ask the patient or nurse when the sickness commenced, they will generally refer you to the day they "quit work," or "the day they went to bed," or "not much sick," until such a day. If such answers are accepted as sufficient, the resulting statistics will be of very little value. In all cases the inquiry should be furthered, and the first symptoms appeared that would indicate the first manifest steps in the development of the disease. If the case be one of idiopathic fever or some other temporary attack, the student should try to get at the date of the first symptoms of the forming or prodromic stage. If one of cholera morbus, cholera infantum, or summer diarrhoea, the effort should be to ascertain the time when the bowels were first observed to be loose, which will not unfrequently be found to be several weeks previous to the time of calling you. All cases of relief from previous attacks should be noted as such. It is especially desired that all diseases liable to appear in an epidemic or endemic form should be included in the list for record. No practitioner can engage in a work more profitable to himself than the one here suggested. It soon begets in him greater care in tracing the history of his cases, than the mere routine of progress, and a far better mental discipline.

Those who are willing to undertake the task will further the cause of scientific investigation, by communicating at an early day with the chairman of the committee.
Medicine," which lately has been received with so much favor. In the list of American Revisers we observe the names of Drs. R. Bartholow, E. T. Caswell, P. S. Connor, Morris volumes. Such able and careful preparation has been spared to bring each one up to the proficiency of his editorial labor.

The author of this manual has been for some years Surgeon to the Wills Eye Hospital, and had diagnosticated extra-uterine foetation. Mrs. B. C., aged 30, had been married two years without conceiving; but on March 19th her catamenia ceased and she deemed herself pregnant. She began to suffer very much from nausea and from pelvic pains, for which her physician, Dr. W. C. Parry, of Mt. Holly, N., was in attendance more or less after May 6th. On September 4th, while ironing, she was suddenly taken with a violent colicky pain in her right groin, accompanied by a vaginal flow of blood and by collapse. These colics lasted for a week, until September 15th, when she felt relieved. Dr. Parry had meantime discovered a pelvic tumor on the right side of the womb, and had diagnosed extra-uterine foetation. But from September 14th to 15th she had great bearing-down pains, like those of labor, attended by some hemorrhage. The cervical canal dilated sufficiently to admit the fingers; a miscarriage seemed imminent, but nothing was thrown off. This threw the physician off his track, and he renounced the idea of extra-uterine foetation. In the meantime, the cervical canal and os externum again dilated during the disturbance. From this time she began to fail very rapidly, having chills, a high temperature, a frequent pulse, and quick respiration. On November 15th I was called in to see her. On account of the excessive tenderness of the parts, ether was given. An irregular tumor occupied the abdomen, but smaller than the uterine globe at eight months' gestation. Neither fetal limbs nor the foetal outline could be felt, nor could the presence of any fluid be detected. The tumor was soft, but on external position, quite hard, and with a small os externum. The sound passed in five inches and to the right. No foetal sounds or uterine muscular contractions could be detected. My diagnosis was a guarded one, but leaned to an extra-uterine gestation.

On November 24th, aided by Dr. B. F. Ber, of Philadelphia, and by Drs. W. C. Parry, A. E. Budd, and R. E. Broun, of Mt. Holly, I performed the operation of laparotomy. As soon as the peritoneum was cut down an adventitious cyst was exposed, which was cut open, and a membrane of condensed fluid was poured out, with a probe and enlarged the opening with a uterine dilator. Finding that the placenta covered the whole lower three-fourths of the exterior, I performed the operation of laparotomy. On November 26th, the placenta was removed with the abdomen, but smaller than the uterine globe at eight months' gestation. The placenta was now very slowly and carefully stripped off, without any hemorrhage; every preparation had been made to prevent one. Not any liquor amni was present. The sac was then thoroughly cleaned, and had a well formed fetus of 23 weeks. The placenta was about to be removed, when, near midnight, she was convulsions;
these recurred, and she died comatose on the morning of the 12th. Albumen was found in the urine, and autopsy the kidneys were found to be diseased. The fetal sac had become obliterated, and no relation whatever discovered between the condition of extra-uterine affection and that of the kidneys, which carried her off; the latter seemed to be an accident, and in no wise related to the former. From the history of this case, there is no question in my mind that the operation of laparotomy for extra-uterine formation was more than one year after the accession of the disease, in the absence of any other cause. It was observed by Dr. Goodell from a lady twenty-two years of age. It presents a single cyst in each ovary, and, in addition, a cyst in the broad ligament of one side.

Again, if the specimen first exhibited originated in the ovary, it presented an unusual feature in the character of its fluid, which was limpid and devoid of cells. If it did not spring from the ovary, why could not that organ be found? It could hardly be congenitally absent when all the organs in its neighborhood—fallopius tube, broad ligament and parovarium were present.

In the discussion which ensued, Dr. Goodell said he did not consider this cyst one of the ovaries, for the corresponding ovary could not be found, for one cannot make a prolonged search at such a time. Besides, he had never seen such a clear fluid from an ovarian cyst. Again, another diagnostic point of a broad ligament cyst is the alternation of tenseness and flaccidity. So this cyst was sometimes quite tense, and at others so relaxed as to make it difficult to define its outlines. An ovarian cyst, on the contrary, is always tense, even if it has been recently tapped, but refilling. Further, the peritoneal and other layers of the wall of an ovarian cyst are so firmly matted together by the cicatrices made by the escape of Graafian follicles, that they cannot be easily separated. In this specimen the layers of connective tissue of a parovarium cyst are so thin, that the organ could hardly be congenital; if it was, Dr. Goodell pointed out that the position of the fallopian tube to the cyst wall, the close adherence of the different coats to one another, the albuminous fluid, rich in cells, and the rounded form of the cyst, pointed clearly to ovarian disease rather than to parovarium.

I also present another specimen which proves beyond a doubt that a monocyte may occur, at least while the cyst is small. This specimen was removed by Dr. Goodell from a lady twenty-two years of age. It presents a single cyst in each ovary, and, in addition, a cyst in the broad ligament of one side.

Goodell.

Case nit was reported by Dr. B. F. Baer; operation by Prof. Goodell.

WHICH CONTAINED LIMPID FLUID. *

On December 31, 1881, the tumor was removed by Prof. William Goodell. It was found to occupy a position to the left of the uterus, and was at first thought to be a cyst of the broad ligament, for the following reasons: It was a thin-walled monocyte and contained a perfectly limpid fluid. The fallopian tube was stretched over the surface of the tumor and elongated. The fingers were spread out on the wall of the cyst. But after a very careful search the ovary could not be found. In a cyst of the parovarium the ovary usually occurs on the side of the tumor, more or less closely attached to it by a mesovarium. After the pedicle had been ligated, and the tumor cut away, another careful search was made for the ovary, both in the pelvis and on the cyst, but it was not found. The right ovary was found in the normal position and was healthy. The only thing which in any way resembles the remains of a degenerated ovary is a dense, white substance, corresponding in position to that which would probably be occupied by the ovary, but this was not an ovary; but the integument of the cyst wall, when the tunic albuginea does in ovarian cystic disease, and there is no sign of an attachment by a mesovarium.

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PLASTIC SURGERY.—Dr. Richard J. Lovia, Surgeon, Jefferson College Hospital, has recently performed at the Pennsylvania Hospital several plastic operations which have been attended with satisfactory results. One case was that of a coal miner, who received terrible injuries about the head and breast by the explosion of a can of blasting powder, five years ago. The head was drawn so far forward that his chin had grown fast to his breast, while the eyes were without lids. It was impossible for him to shut his eyes, and food could be taken with the greatest difficulty. In this condition he came to the Pennsylvania Hospital about fifteen months ago. The cicatrices which held the chin were divided, and the wound covered by skin taken from the lower lip. In a short time he was able to partially close his eyes, but a few weeks ago he again came to the hospital, and was told that the lower lip could be turned over, so as to fill the place of the chin. The wound is healing with a slight scar showing.

EXPERIMENTAL THESIS.—An account of some experiments in the laboratory of Dr. J. Charles Martin, of Ohio (Class of 1881), with a fluid extract of gossypium herbaceum, on frogs, is published in the American Journal of the Medical Sciences, for January, 1882. He concludes that gossypium has no action on the peripheral or spinal nerves, the responses of nerve and muscle being precisely the same in the living and in the fluid. The reflex functions, and mobility and sensibility, are the same after the division of the medulla; hence, the stupor which is noticed after large doses is due to the cerebral effects of the drug. In warm-blooded animals the results possess a general resemblance to those on cold-blooded—"a gradually increasing impairment of mobility and sensibility—but only in the same ratio with the cerebral depression, while the entire absence of uterine action, even with a toxic dose of the drug, and the reputation as an abortifacient possessed by gossypium, is well worthy of notice. The experiments were made in the Materia Medica Laboratory of Jefferson Medical College, and submitted as a thesis for the Doctorate, March, 1881.

A CURIOUS MISUSE OF TERMS.—A correspondent from Appleton, Wis., sends us the following amusing and suggestive note: "The vast amount of medical knowledge unexpectedly displayed by the non-professional press during the illness of the late President is now to a great extent a matter of record. As evidence of the singular accuracy of much of this knowledge, I offer the following statements, all of which were taken from the columns of leading daily papers of several large cities: 'Hyporethetical' was feared, as also 'hypodemic congerstion.' 'Septicemia' was affected during the course of the case were the 'salvatory conglomered,' the 'sympathetic,' the 'parotid,' 'parotidid,' 'paratotid,' one of which, it was feared, was another, 'supperation' was the expected catastrophe. There were also 'metastatic abscesses,' and other which were 'metallastic' in character, and the 'plethora cautious' played an important part, which was also true of 'septicemid' and 'septicaemia; 'sceptic matter' was treated by the use of permanganated potash and 'permanganate potash' and 'permanganate potash,' the useless power of the use of the 'reptonized entemenetics,' and 'liquor nourishment.' Finally, Dr. Blaise gave a reporter his personal assurance that President Garfield was under the influence of optics for more than a week."—N. Y. Medical Record, Feb. 4th, 1882.

ANNUAL EXERCISES.—The Annual Commencement of Jefferson Medical College will be held at the American Academy of Music, on Thursday, March 29th. At noon, Professor Henry C. Chapman will deliver the Valedictory Address. The Annual Meeting of the Alumni Association will be held at the College, on Wednesday, March 29th. Prof. Louis Elsberg, of New York City, will deliver the Address before the Association. Additional particulars in regard to the meeting will be given in our March issue.

THE TREATMENT OF DIPHTHERIA.—Dr. G. F. P. In response to your inquiries as to the best treatment of diphtheria, we would refer you to any of the recent standard works on practice of medicine. Some excellent monographs on diphtheria have also been published. In regard to local treatment, the Cincinnati Lancet and Clinic, Jan. 28th, 1882, publishes the following rules as laid down by Dr. Morell Mackenzie, in the course of an interesting paper read at the late International Medical Congress at London:—

1. Ice is useful in first stage, both internally and externally, and applied externally to the neck; counter-indicated when it causes pain, in young children, in advanced stages, and especially if gangrene be present.

2. Rub the ammonio-citrate of iron to a fine powder, in a mortar, and dissolve it in the elixir of cinchona and iron.
THE COLLEGE AND CLINICAL RECORD.

NEW METHOD OF TREPHINING.

WM. C. TODD, Manayunk, Phila. — "In your last number, I notice an article by Dr. J. R. Roberts, on a new method of Trephining. Having experimented in that direction, and also having had a trephine made, to be operated by the dental engine, in 1879, I respectfully ask the Doctor's attention to the notice of it (with illustration), in the Medical and Surgical Reporter, vol. XIII., page 175, 1880."

W. J. HUNTER.

Marriages.

DONOHOO—FLANEGIN.—January 1882, R. S. Donohoo, M.D. (Class of 1874), of Fairview, West Virginia, and Alice, daughter of A. McC. Flanegin.


MARVIN—CRANSTON.—On November 23rd, 1881, J. Charles Marvin, M.D. (Class of 1881), and Mattie E. Cranston, of Covington, Ohio.


RONALDSON—WOODWARD.—In Germantown, at the Church of St. John the Baptist, January 25th, 1882, by the Rev. C. J. Nelson, Jr., William Dunlap Ronaldson, M.D. (Class of 1871), and Marion Elizabeth, daughter of the late Thomas Woodward.


Deaths.

CROOK.—On February 6th, 1882, at Philadelphia, N. B. Crook, of Tennessee, a member of the Class of 1881-82, of typhoid pneumonia.

George.—On January 1st, 1882, at South Bend, Armstrong Armstrong, of Danville, Pa. and son of Jen- nie H. and M. R. George, M.D. (Class of 1875), aged six months.

MORPH.—At Clinton, N. C., January 6th, 1882, from scarlet fever, C. T. Murphy, M.D. (Class of 1849), aged 55 years.

The second case, which I will show you presently, is a little baby far advanced in marasmus; it is almost a case of a dead infant. It also lies very quietly in its mother's lap, but it has a puny look, and its face wears a characteristic dazed expression, a look that all infants fed with anodyne are accustomed to exhibit. There is a way of relieving these infants without resorting to injurious anodynes. In the first place the diet must be corrected. Here, in the first case, we advise the mother to keep the baby upon some form of aliment; more especially so, because she has an abundant supply, and the child thrives upon it. Should the mother's milk become insufficient, it may be supplemented with a little diluted, and moderately sweetened. The best substitute for cow's milk in large cities is good condensed milk. I have used it extensively and have seen large numbers of infants raised upon it very successfully, and have therefore much confidence in it, and recommend its use in cities, especially in the summer. Of course, to those living in the country, who can secure good fresh milk from healthy cows, no substitute is needed. Good fresh milk should be diluted with one-third its bulk of water, and a little sugar added; condensed milk requires five or six times its bulk of water. Such should be the aliment of the child until the teeth make their appearance; nor should the diet be changed until he has sufficient teeth to masti- cate his food.

A proper regulation of the diet is, therefore, the first step, avoiding those articles of food which the mother thinks harmless, potato, bread, and gruel, which undergo fermentation. In addition, we shall order a prescription containing a capital remedy for colic in infants, one that is efficient and less dangerous than the ordinary preparations of sodium bromide of potassium dissolved in aniseed or peppermint water, or the following:—

B. Potassii bromidi, 3 min. Mus. Mucil. acaciæ, 3 D. Glycerini, 3 D. Mus. of which a teaspoonful may be given when the colic comes on. We may order it without fear, knowing that it is perfectly safe and can do no mischief, which cannot be said of the various soothing combinations and carminatives in common use in the nursery, which usually contain laudanum or morphia. In a former gen- eration it was Godfrey's cordial that was popular; now it is Mrs. Winslow's soothing syrup; but the anodyne is the same in a different form.

The second infant, already referred to, is the young mother's first baby; she is not very familiar with the details of infantile life, and must, therefore, learn its management from the friendly old women. Gentlemen, young mothers, and all the old women in the neighborhood; they are showered with advice. Nothing is so grateful as to mount the moral pedestal and dispense beautiful senti-
I called your attention to this dazed, stupid look, and the quiet way the baby lies. Look at its arms and legs, how far gone in emaciation this child is! In pursuing the investigation I find that the mother has an abundance of good milk, and can readily nurse the child. I have observed that mothers with a blonde complexion and light hair do not have the same amount of milk nor the same ability to nurse their infants as those with dark hair and eyes; the quality of the milk is also better in the brunette. The mother tells us that this has always been a cross baby; it is restless, and cries a good deal. To quiet the infant, she put it frequently to the breast. What was the natural result? Indigestion, colic, hacking, and vomiting. The stomach worried for a time, but did not appease the child. On the advice of the neighbors it was concluded to try gruel, on the supposition that the mother's milk did not agree with the infant. The starchy food fermented readily, and all the time the stomach was also crowded with milk, without allowing any interval of repose. The stomach needs rest, like other organs, and that of infants, like adults, requires to be empty at times. What is the rule for nursing? It is to be determined by the rate of digestion. The larger the amount of milk is consumed in two hours, consequently the new-born infant should be nursed not oftener than every two hours; after six months the interval should be increased to three hours, excepting in the case of small and sickly infants.

But children cry from other causes than pins or colic; sometimes the baby cries for a drink of water. Instead of putting the child to the breast every time he cries, he should have other aliment. If necessary to supplement it, the other aliment to be mixed with the milk is to be supplemented with sugar or brandy, and they are about the only substances which the infant will take of which he shall take thirty drops morning and evening. I aim to give him enough to make the urine fairly loaded with pus. While we have ascertained the fact that this young man is passing constantly a large amount of pus, we have yet to decide the question whether it comes from the kidneys or the bladder; is it a case of chronic catarrh of the bladder, or pyelo-nephritis? The bladder has been sounded by the surgeons, who report that there is no stone, and the ureter is not contracted and its walls corragulated. Of course, if the bladder is contracted its walls may be expected to be corrugated; but the point of importance to us is that there is no stone; and, in truth, there are no rational signs of stone in the bladder.

The patient, with an air of disgust, tells us that he has difficulty in passing urine, especially after aliment, or after nursing. In these cases without sound- ing the ureter, we have yet to decide the question whether there is no stone; and, in truth, there are no rational signs of stone in the bladder. There is no pain in the head of the penis, sudden spurge of urine, and frequent desire to urinate, those signs which are necessary for the diagnosis of stone. The patient has had the bladder examined to complete the record, for no man in his senses would give a decided opinion in these cases without sounding the bladder.

We have seen many cases of apoplexy, in which there is no stone, and, in truth, there are no rational signs of stone in the bladder. A patient came to the door; he had attacks of paroxysmal pain shooting down in a course which, as he points it out, indicates to us the course of the right ureter. After these attacks he passes blood in his urine; this has occurred more than a dozen times. Now, we begin to get much additional light upon the cause of his symptoms.

After attacks of severe pain in the region of the right kidney, he has passing along the track of the corresponding ureter, he passes blood in the urine. What condition would best account for this complexus of symptoms: pus in the urine, pain in the kidney, paroxysmal pains along the ureter, followed by hematuria? What is the cause? I think you would answer, without hesitation, "calculi in the kidney;" the attached, pressure of a stone from the pelvis of the kidney to the bladder, along the course of the ureter, sets up spasm and pain, and more or less hemorrhage; this will explain all the conditions present.

The cause of stone in the kidney is connected with certain peculiarities of locality in which such cases occur. In those districts of the country where the drinking water contains considerable lime, calculi come more common than in other districts where the water is not hard; the diet being the same, the only difference is the fact that the drinking water contains lime or does not contain it.

Supposing a patient to have a tendency to the formation of uric acid deposit, living largely on meat, and having an excess of nitrogenous material, what would the alkali base or bases would you add to the diet to relieve this condition, and prevent the formation of calculi? Some of the alkali bases are not uncommon; I have myself seen, post-mortem, thousands of small stones in the pelvis of the kidney, of all varieties in shape and size, from a microscopic speck to a pound. The patient now has no pain. I have several times diagnosed disease in the kidneys during life, some of which were found after death, others being removed by the surgeon during life.

The symptoms of stone in the pelvis of the kidney, with attending pyelo-nephritis, correspond with those present in this case. What is to be done for our patient? The surgeons, with great skill, cut out the kidney; and perform a truly brilliant operation, in some cases of this kind. It is true, that we may remove the kidney without great difficulty, and this succeeds in many cases, but it also may succeed in cutting short the career of the patient. In my opinion, it is a far greater triumph to accomplish the solution of a stone by the administration of suitable remedies, to cause the stone to disappear, and then see what may occur. It may entirely block up the ureter, and cause an enormous tumor, the entire kidney becoming de-
stroyed and distended by the accumulation of pus. Our first object, therefore, is to prevent the plugging of the ureter, and this can be done by keeping the theta of the stone free as possible, increasing its watery constituent, so as to wash out the plugs from the ureter and pelvis of the kidney. This also increases the pressure of the urine on the obstruction. Large draughts, then, of liquid should be given. What alkali? The answer to this question will betray a great deal of ignorance on the part of the condition involved. What shall it be, potassa or soda? Of course, you would say, not soda, because the sodium urate is not soluble; the contrary is the case with potassium salt. The form of potassium is less important. We might use the bicarbonate simply dissolved in water, which is as good as anything, or use certain natural waters containing carbonates, such as Bethesda water and certain springs in Wisconsin. To be efficacious, the alkaline treatment must be kept up for a long time, and a large amount of the water should be given, for reasons already known to you.

What else can be done? We should keep up the general health, by proper food, fresh air, rest, and, in all cases, the treatment must be systematically kept up for a long period; nothing can be accomplished by spasmodic efforts; the remedies must be persistently maintained for months.

RATIONAL SYMPTOMS OF HEART DISEASE, AND ITS RATIONAL TREATMENT.

This patient I bring before you to illustrate the influence of treatment. This man came before us a few days since with his legs very much swollen, embarrassed breathing, cough, and the rational signs of a damaged heart. There happens in this case, with advanced valvular disease of the heart, sclerosis of the liver, and kidney, a hyperplasia of the connective tissues. Where this occurs in one portion of the organism, it is likely to appear elsewhere, and sclerosis of the liver is often associated with the same condition of the kidneys.

The dropsy, however, disappeared, there is only a slight swelling of the ankles. We will now attempt to improve his general condition. I pointed out, when you saw him before, that the sculp was placed over the spine, or over the stomach, the other inserted into the rectum; it will have a decided stimulating effect. Under this treatment we may expect that this protruding abdomen will lose its portly appearance.
It is rare and that it is usually occasioned by a great difficulty. Ramsbotham says (p. 345), the head, a foot and a hand were all present—head, foot, hand and funis presented; in which inserting at the same time. He directs the foot both feet presented with the funis. He discovered the presentation immediately after the rupture of the membranes, and delivered a rupture of the membranes, and delivered a presentation could at first be detected, but with slow delivery before the uterus could be induced to allow. The twins were each girls, weighing seven pounds each.

The cases fully recorded in which the result of the labor is stated are, therefore, very few, nor would the number be greatly augmented by a fuller search, which I have been unable to make. The head and the midwife finding another child presenting by the head, two feet, one hand and the funis, sent for me. Due efforts were made to replace the offending members, and at a turn; but traction upon the feet, conjoined with upward pressure upon the head and external manipulation by an assistant, were all used in vain. I, therefore, performed and desisted without further trouble. The twins were each girls, weighing seven pounds each.

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tient should be placed in Sims’s position and the speculum carefully introduced; the uterus drawn down and steadied by a tenaculum inserted into the posterior lip, either on its vaginal surface or from the canal. Traction in this way will be less, and instead of being applied from the united surface. After the first forty-eight hours an antiseptic injection (carbolic acid) was used twice daily. In no case was there any pain or distress during convalescence.

The hospital cases passed from notice within two months. With but one exception they expressed themselves as being entirely relieved. This exception suffered from marked retroflexion, and was afterward obliged to wear a pessary, with external support. Of those in private practice, four wore retroversion pessaries subsequently for a short period; eleven now express themselves as well. One suffers from severe sciatica, greatly aggravated during the menses. She had an extensive laceration, which united completely after operation. In two the surfaces partly failed to unite, but a second and successful operation was done, subsequent to the first.

The sutures were out, but a second and successful operation was done, subsequent to the first.

The anterior surface of the tumor is flattened and deeply fissured (viz., in the direction of the vocal band) it is divided by a very deep fissure into two almost equal portions, which are connected with a flat pedicle, which is the vocal band itself, projected into the tumor and attached in the depth of the fissure. The largest lobe, i.e., that nearest to the median line, is imbedded in the right vocal lobe, which had surrounded it, is only a centimeter in diameter. He had a sudden attack of dyspncea, on his larynx in deglutition, which lately has become painful. He can breathe comfortably only in certain positions, has paroxysms of cough, and in sleeping can lie on the right side only. He had a sudden attack of dyspncea, two weeks ago, in the street, caused by turning his head to the left, in which he was conscious of the left, toward the middle line to such a degree that his head was turned. The tumor is lobate; the largest lobes correspond to the broadest extremity, while the smallest are posteriorly. The hospital cases passed from notice within two months. With but one exception they expressed themselves as being entirely relieved. This exception suffered from marked retroflexion, and was afterward obliged to wear a pessary, with external support. Of those in private practice, four wore retroversion pessaries subsequently for a short period; eleven now express themselves as well. One suffers from severe sciatica, greatly aggravated during the menses. She had an extensive laceration, which united completely after operation. In two the surfaces partly failed to unite, but a second and successful operation was done, subsequent to the first.

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was necessary in one case of long standing, where the beard was likewise. The manner of using it was first to soften and remove the crusts by applying a flaxseed poultice, then using freely the following:—

R.  
Goa powder,  
Consolino,  

—Therapeutic Gazette.

Our Library Table.


As the information contained in this little pocket memorandum book is founded, to a large extent, as the preface honestly declares, on the Anatomy of Gray and of Quain, as well as on Foster’s Text-book of Physiology, it is of an accurate, though condensed kind, such as is well adapted to ready reference. It is also convenient for the use of the student, and will doubtless be scanned by many an anxious candidate previous to his final examination.

R. J. D.


The accomplished author of this work has endeavored to arrange the various drugs with which the student should be most familiar and which the practitioner may be called upon to handle in his professional career, so as to present in a concise form their essential physical, histological, and chemical characteristics. Its object has been to place all the drugs recognized by the United States and British Pharmacopoeias, together with important old but now unofficial drugs, and others of which the author has found a place in the volume containing a concise description of the plates, has, through the enterprise of Messrs. Wood & Co., been entirely reproduced; and the plates reduced, so as to go in with the descriptive text. The contents of this first volume are twelve plates of the upper limb, and sixteen of the head and neck, with letter press. The plates are printed in colors, by chromo-lithography, and form an agreeable contrast to the old cuts that have so long adorned our anatomies, and we welcome the innovation. It is true that Pauli, and Sarazet, and Hirschfeld, have given us beautiful illustrations of anatomy in colors, but like the large quarto of Quain, their price puts them out of the reach of the student; this cannot be said of Wood’s Library. R. J. D.

BOOKS RECEIVED.


The student of anatomy will find, in this number, two valuable articles on Comparativo Morphology of the Ear, and on the Nature of the Human Temporal Bone. The journal itself is a quarterly periodical, devoted to physiological acoustics and aural surgery; it is beautifully printed, ably edited by an edited by an excellent corps of specialists, and with each number is given a copious bibliographical index, including the titles of all the most important books, theses and papers on aural surgery, and also such publications on the subject of acoustics as may have a special bearing on practical otology.

R. J. D.


The admirable work of Professor Ellis, consisting of an atlas of life-size dissections of selected regions of the body, with the volumes containing a concise description of the plates, has, through the enterprise of Messrs. Wood & Co., been entirely reproduced; and the plates reduced, so as to go in with the descriptive text. The contents of this first volume are twelve plates of the upper limb, and sixteen of the head and neck, with letter press. The plates are printed in colors, by chromo-lithography, and form an agreeable contrast to the old cuts that have so long adorned our anatomies, and we welcome the innovation. It is true that Pauli, and Sarazet, and Hirschfeld, have given us beautiful illustrations of anatomy in colors, but like the large quarto of Quain, their price puts them out of the reach of the student; this cannot be said of Wood’s Library.

R. J. D.
THE BUSINESS ASPECT OF THE PROFESSION.

In another column we place before our readers a suggestive and appropriate communication on "Doctors' and Druggists' Fees," by a distinguished gentleman eminently qualified to express an opinion upon the subject, through an experience extending over many years, and by the very high position he occupies in the esteem of the community in which he has so long lived and practiced his profession. This we commend to the attention of all practitioners, whether of dentistry or medicine.

One of the first difficulties perplexing a young man on entering into practice, is the question of proper remuneration for his services; on the one hand, inspired by self-respect and the advice of older men, he is prompted to charge roundly for his services; on the other hand, the logic of facts seems to point irresistibly to the conclusion that if his charges are the same as those of more experienced physicians in his neighborhood, he can scarcely expect to attract or to retain many patients. Over and over again have societies established fee-bills, only to see them entirely disregarded—except in court, where they are sometimes quoted as the authoritative expression of opinion as to the maximum fees to be charged under any circumstances. All men may be created free and equal, but when a certain number of men practice medicine in a community, the people soon recognize a sliding scale of value to their services, and that physicians are by no means uniform in their practice. The value of clinical thermometer is guessed at. No one relies upon an instrument whose accuracy could be attained. That a thermometer of that age, with a recent certificate, is as near to accuracy as can be obtained, has so affected the manufacture of thermometers for use in medical practice. The value of clinical thermometry is generally acknowledged, but the observer who relies upon an instrument whose accuracy has not been ascertained, is, indeed, following a blind guide.

THE CORRECTION OF CLINICAL THERMOMETERS.

The Winchester Observatory of Yale College, at the solicitation of some prominent medical gentlemen, has, at considerable expense, provided the requisite apparatus and standards for the correction of thermometers for use in medical practice. The value of clinical thermometry is generally acknowledged, but the observer who relies upon an instrument whose accuracy has not been ascertained, is, indeed, following a blind guide.

The competition of business, coupled with the intense desire for a standard thermometer which with comparisons could be made, is a difficult matter to determine the errors of the standard itself, and the observer who relies upon an instrument whose accuracy has not been ascertained, is, indeed, following a blind guide.

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THE COLLEGE AND CLINICAL RECORD.
any thermometer he may buy is not affected with errors, which in many instances under our observation have amounted to several degrees.

Following the example of the Royal Society’s Observatory at Kew, at which, during the past year, upwards of five thousand thermometers were examined, this observatory has established a department to which any physician or other person may send thermometers, by mail or express, and upon the payment of a small fee (50 cents) receive certificates of their exact errors. The facilities are such that there is no good reason why physicians should not buy new thermometers furnished with Yale certificates by the dealers; in those cases where no certificate is furnished the uncertainty may amount to two degrees. It should be remembered that thermometers which the physician has had in his possession for many months are certain to have had the requisite seasoning, and therefore, an old thermometer with a recent certificate is more valuable than a new one, or one about whose age there is doubt.

The Observatory has been called upon within five months to certify about twelve hundred thermometers from various parts of the country; the result of this work has demonstrated the gross inaccuracy of the cheaper clinical thermometers as commonly sold, and seems to render expedient the publication of this card expressing royal gratitude for professional services, well-timed and aptly phrased; to all such evidences of royal consideration the service rendered, and the charge for the service rendered, and the charge
for "lost time," at $10 per hour, is altogether out of place, unless it was an understood rule, made known to each patient, that failure to keep an appointment, sick or well, and in spite of unfit weather, would be charged for at this rate.

The terms "preparing" and "treating" decayed teeth that need filling by the dentist, are somewhat ambiguous, if not deceptive. Preparatory steps are parts of the process, and the operation, and the patient derives no satisfaction from such technically worded bills. About a third of the amount of this bill would have been a fair and liberal return for the services specified in it, supposing them to have been done in the best manner, with the best material, and with the due attention to the patient as possible, and after a sound diagnosis and judgment as to the best remedies for his case in point. The bill for $414 evidently does not belong to any such extraordinary instance, and does not afford any ground for application of the objectionable recourse to law for its settlement.

In the general practice of medicine and surgery, the "College of Physicians of Philadelphia" has tried to establish a "fee bill" for the government of its "Fellows," but, after much argument, it has been found impossible to hit upon charges that seem acceptable and fair to all, and such a rule as practice has not been successfully put in force. It is reasonable that a higher value should be given to the time and services of men who have won higher reputation, and who hold in great demand, than to those who have not acquired such excellence. It is particularly true in the specialty of the dentist, where it has been quite common to find great surgical skill, the distinction of which may be sometimes when of minor value. He must then absent himself from his general practice, leaving it reluctantly in charge of another, and go to the bedside of the patient in a critical condition, and for the purpose of saving his life. He must then absent himself from his general practice, leaving it reluctantly in charge of another, and go to the bedside of the patient in a critical condition, and for the purpose of saving his life. It is reasonable that a higher value should be given to the time and services of men who have won higher reputation, and who hold in great demand, than to those who have not acquired such excellence.

The mast of accomplished physicians have been both admired and rewarded by contemporaries and by posterity, show that they did not descend from the obscure and inexperienced. In the case of a dentist who performs an operation upon one of the largest cases, not the rule, and can only be estimated by the true nature and difficulty of the case in point. The bill for $414 evidently does not belong to any such extraordinary instance, and does not afford any ground for application of the objectionable recourse to law for its settlement.

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There are the results of skillful victories over very serious or long neglected conditions of the body, which should bring grateful appreciation, and does not afford any ground for application of the objectionable recourse to law for its settlement.

The college classes.—The class in attendance during the session of 1881-2 has been unusually large, aggregating about 630. The proportion of third course students seems to be increase, showing conclusively that the effort made by the Faculties in the direction of higher education, by encouraging young men to extend their studies over three sessions of lectures, is properly appreciated.

Operation on a United States Senator at the Hospital.—The condition of Senator Ben Hill, of Georgia, who returned to the Jefferson Medical College Hospital for treatment several weeks ago, is reported as improved. An operation upon one of the patients in Ward 1, on Dr. Gross early in February, his case is looked upon as favorable, and I thank you sincerely for your kindness.

Vaccine Virus.—As we are constantly in receipt of communications from all parts of the country, asking us to forward vaccine virus, we beg to inform our correspondents that it now has a commercial value, and that the editors are obliged to pay cash for all virus obtained by them. In writing, therefore, please enclose with your letter either one dollar, or two dollars, and the number of points, etc., equivalent will at once be forwarded. Ten points of the best virus will be forwarded for a dollar.
the convict quarters at Cadiz, Spain, he was placed with six other prisoners, chained like vermin. He was crowded into the hold of the vessel with six other prisoners, chained like vermin.

His case attracted much attention and sympathy in this country, and it seemed at one time that a war with Spain might arise from it. In 1872, Hon. Samuel J. Randall introduced in the halls of Congress an inquiry as to the facts, and the steps necessary for his release. On the 6th of June following, General S. U. S. Minor, submitted a peremptory demand for his release from the sentence. In July, 1872, orders were given for the discharge of Houard and the restoration of his property.

The Summer Course of Lectures.—This course will begin on Monday, April 10th, 1882, and will be continued until Thursday, June 1st. Lectures will be given as follows:

Clinical Medicine at the Pennsylvania Hospital, Professor D. Costa and Dr. Morris Longstreth; Electro-Therapeutics, Professor Bartholow; Experimental Physiology and Phytology, Professor Chapman, assisted by Dr. A. P. Brubaker; Operative Surgery, Dr. J. H. Brinton; Clinic on Venereal Disease at College Hospital, and Diseases of the Urino-Genital Apparatus, Dr. S. W. Gross; Pathological Anatomy, with Demonstrations, Dr. Morris Longstreth; Physical Diagnosis, with Practical Demonstrations, Dr. J. S. Neff; Diseases of Children, Dr. W. J. Atkinson; Microscopy, with Practical Demonstrations, Dr. J. Gibbons Hunt; Toxicology, Dr. H. Leffmann; Urinary Pathology, Dr. J. C. Wilson; and Diseases of the Eye, Dr. Wm. S. Little.

The Laboratory of Pharmacy and Experimental Therapeutics will be open for work and special investigations, as during the Winter Session. The Dissecting Rooms will be open daily at fixed hours. Post-mortem Examinations will be made, and the pathological conditions explained to the Class at the Pennsylvania and Jefferson College Hospitals, by Dr. Longstreth.

Clinical Instruction will be given daily at the College Hospital: on Surgery, Drs. J. H. Brinton and R. J. Lev; Medicine, Drs. O. P. Rex and W. W. Van Valtz; Gynecology, Drs. F. H. Getchell and J. E. Means; Ophthalmic Surgery, Dr. W. Thomson.

Clinical Lectures will be given also at the Philadelphia Hospital, by Lecturers of the Course, during their terms of service at the Institution.

Personal.—Dr. Emanuel Brallier (Class of 1868) has recently removed from Grant Chambersburg, Pa., to 1344 Chestnut street, to 1829 Fitzwater street, Philadelphia.

Dr. T. W. Sheardown (Class of 1879) has recently located at Stillwater, Minnesota.

Dr. George C. Littlepage (Class of 1877) has left Haubstadt for Greely, Indiana.

Dr. G. G. Harman (Class of 1880) has removed from Belleville to Allensville, Pa.

Dr. John G. Byram (Class of 1877) has removed from Auburn, Texas, to Germanort, North Carolina.

Dr. George B. Porch (Class of 1877) has removed from New Florence to Cambria City, Pennsylvania.

Dr. Henry Perkins (Class of 1877) has left Ememstburg, Iowa, to settle in Dodgeville, Wisconsin.

Dr. Edward North (Class of 1868) has removed from Ferral, Virginia, and is now at Hammondton, New Jersey.

Dr. Hubert F. Fraeger (Class of 1878), formerly attached to St. Luke's Hospital, South Bethlehem, Pennsylvania, is now practicing in Bethlehem.

Dr. D. P. Maxwell (Class of 1881) has removed from 1344 Chestnut street, to 1829 Fitzwater street, Philadelphia.

Dr. Harry M. McClanahan (Class of 1878) has removed from Alexis, Illinois, to Fort Belknap, Montana.

Dr. J. L. Crawford (Class of 1868) has removed from Saltsburg, Indiana Co., to Greensburg, Westmoreland Co., Penna.

Dr. Will C. Cahall (Class of 1879) is now at Falls of Schuykill, Philadelphia, having returned from Kansas.

Dr. Henry DeWolf (Class of 1878) will be for the next few months, a resident of Vienna, Austria.

Dr. Frank N. Drake (Class of 1877) recently removed from Tuscarora, Nevada, to Butte City, Montana.

Dr. J. Koehl (Class of 1868) is now a resident of Minneapolis, Minnesota, having removed from Webster City, Iowa.

Dr. F. M. Halbert (Class of 1880) is now at Hutchins Landing, Mississippi, having left Leota, in the same State.

Dr. H. Gamble (Class of 1861) has returned to Moorefield, Hardy county, West Virginia, from Columbia, Missouri.

Dr. I. P. Brubaker (Class of 1880) now occupies the position of Second Assistant Physician at the Iowa Hospital for the Insane, Mount Pleasant, Iowa.

Dr. John Hepburn (Class of 1880) has removed from Lawsonham, Clarion county, to Goshenville, Armstrong county, Pa.

Dr. J. Marion Sims, one of the Vice Presidents of the Association of Jefferson Medical College, is now in the south of France, and is said to be greatly improved in health.

Dr. Willbur F. Litch (Class of 1865), Professor of Materia Medica, etc., in the Pennsylvania College of Dental Surgery, has an interesting paper in the Dental Circular for February 1883, on" Antiseptics in Dentistry." Dr. W. H. Hartzell (Class of 1873), of Allentown, Pa., has prepared a useful chart for the use of students and practitioners, exhibiting at a glance the anatomy and functions of the ganglionic nervecenters.

Dr. Edward T. Caswell (Class of 1859) read a paper on the "Treatment of Pyoperal Convulsions Occurring at the Time of Labor," before the Rhode Island Medical Society, at its quarterly meeting at Providence, December 15th, 1881.

Dr. Samuel B. Hoppin (Class of 1852), who has had charge, in the Prothorony's office, of the physicians of Philadelphia, under the recent law, is about to publish a Medical Directory of this city, which will include the names of all the physicians, their residence and office hours, college from which they graduated, with the date, and the method of practice.

Professor Roberts Bartholow, of Jefferson Medical College, delivered the Annual Address before the Alumni Association of the University of Maryland, at Baltimore, on Wednesday, March 1st. He graduated in the class of 1835, and was a member of the Institution. He was elected an Honorary Member of the State Medical Society of New York, at its recent meeting.

Dr. E. N. Chapman, of Brooklyn, New York (Class of 1845), has an interesting paper on "Digestion and Indigestion," in the "St. Louis Clinical Record," December, 1881, in which he argues strongly in favor of greater attention being paid by physicians to dietetic rules in the treatment and prevention of disease, and contends that less faith should be placed in the virtues of drugs.

Dr. S. Weir Mitchell (Class of 1850) has just given a second thousand dollars to the Library of the College of Physicians of Philadelphia, the interest of which is to be devoted to the purchase of books and current periodicals.

He also gave $5000 to the Permanent Endowment Educational Fund of the University of Pennsylvania.
Marriages.


Oldshue—Ulam.—At Pittsburg, Pa., February 20th, 1882, by Rev. Father Pollard, James A. Oldshue, M.D. (Class of 1881), and Katie Ulam, of that city.

Deaths.

Allen.—In November, 1881, Nathaniel N. Allen, M. D. (Class of 1853), of Hempstead, Texas. At the time of his graduation he was a resident of Georgia.

Frey.—At Scranton, Pa., January 8th, 1882, the wife of Clarence L. Frey, M.D. (Class of 1873).

Hanly.—On January 27th, 1882, at Philadelphia, Pa., John A. C. Hanly, M.D. (Class of 1861), aged 42 years.

Howard.—At Philadelphia, January 11th, 1882, J. Emilie Howard, M.D. (Class of 1843), in the 67th year of his age. (See sketch of incidents in his life, on page 67.)

Jackson.—At Hartford, Conn., February 7th, 1882, James C. Jackson, M.D. (Class of 1847), aged 63 years. He was born at Cornish, N. H., and graduated at Dartmouth College in 1844. He settled at Hartford in 1847, the year of his graduation at the Jefferson, where he became eminent in the profession, and acquired a large and lucrative practice.

Nedham.—In January, 1882, W. C. H. Nedham, M.D. (Class of 1858), State Senator from the Gallipolis District, Ohio.

Pancoast.—At Philadelphia, March 7th, 1882, Joseph Pancoast, M.D., Emeritus Professor of Anatomy in Jefferson Medical College, aged 77 years.

Pringle.—At Concord, Ohio, December, 1881, W. W. Pringle, M.D. (Class of 1879).

Sackrider.—On November 8th, 1881, Charles H. Sackrider, M.D. (Class of 1892), of Mason, Michigan.

Thomson.—At Mount Savage, Maryland, December, 1881, Alexander Thomson, Jr., M.D. (Class of 1845).

Van Antwerp.—In January, 1882, at Wells ville, New York, Eugene H. Van Antwerp, M.D. (Class of 1851).
In knighthood days when Charlemagne was king,
When troubadours did love and honor sing,
When queenly women ruled o'er courts of love,
Conferring knighthood, and, as far above
All price, proclaiming virtue, honor, truth—
To noble life thus leading generous youth—
In those chivalric days, the neophyte,
Who long had sought to be ordained a knight,
Was made, when he his sword received, to swear
That he for righteous cause alone would bare
All womankind and hold them in respect.

As did the knight in olden time, so you
Must now resolve, with honest hearts and true,
To wield the sword of knowledge in relief
Of sick and suffering ones, and those with grief
Bowed down and overweighted with much care.
And further you must solemnly declare
That you in purity and holiness
Will live and exercise your art to bless
Mankind; from acts of mischief will abstain,
And all seductive wiles; and will refrain
From giving drugs for deadly purposes
Or vile. And when some aching brain discloses
The secrets of a sad or guilty life,
Which best the world should never know, lest strife
And ill example follow, you will hide
Such secrets whilst you counsel, whilst you chide.*

Than vow of knight, of older date and growth
Is this exalted Hippocratic oath.

The patroness of the knight, for whom and in whose name he fought.
The maiden, Health, in whose name he strived against disease.
Her comely origin.


Hygeia, daughter of Asclepios,
Descended from Apollo Delicos;
Adored as Maut,† beside the mystic Nile,
Descended from Apollo Delios;
With Amen-Ra in Theban peristyle;
Dear goddess Health, sister of Panacea,
Of beauty's types the highest, best idea.

Her comely appearance,
With Amen-Ra in Theban peristyle;
Dear goddess Health, sister of Panacea,
Of beauty's types the highest, best idea.

Robes rich and costly, gold and precious stones,
She decketh ill to wear while wretched groans
From want and hunger rise on every hand,
Through all the length and breadth of this large land.
In graceful peopel clothed, and tunic short,
She moves as doth the fawn in gentle sport;
Serenely moves with mild simplicity,
On all bestowing sweet felicity.
Though clothed this round about with tenderness,
She hath her boisterous moods which effervesce,
As sudden summer wind, upspringing high,
The forest sweeps, leaves tossing to the sky.

In one small hand a cup she deify holds,
Whilst round her soft, white arm, in many folds,
A serpent twines and from the chalice drinks.
From want and hunger rises on every hand,
Through all the length and breadth of this large land.

With Amen-Ra in Theban peristyle;
Dear goddess Health, sister of Panacea,
Of beauty's types the highest, best idea.

With Amen-Ra in Theban peristyle;
Dear goddess Health, sister of Panacea,
Of beauty's types the highest, best idea.
Upon the altar, ere you leave for aye,
Some gifts to mark this bright, auspicious day—
Sweet flowers, heart-hoppings for your success,
Ripe fruits and leaves, sage counsel to express.
First, orange-flowers and amaranth I bring,
And bridal roses of the blithesome spring,
Emblems of happy, chaste, unfading love.
Next, daisies, lilies whiter than white dove,
Bettelehem's star and mint I offer you.
As types of the pure life you should pursue.

The devotion of the physician to his art.
See now the cunning wreath my fancy weaves
Of ivy, locust, bay, and cedar leaves;
Inwoved with bluebells, honeysuckle too,
Jasmine and heliotrope of far Peru.
Had leaves and flowers tongues, these would impart
The lesson of devotion to your art—
Your Art, which is your bride, and claims as such,
From you, unwearied thought and labor much.

A very jealous mistress is this maid;
To her alone your homage must be paid;

Bridal gifts.
Some gifts to mark this bright, auspicious day—
Sweet flowers, heart-hoppings for your success,
Ripe fruits and leaves, sage counsel to express.
First, orange-flowers and amaranth I bring,
And bridal roses of the blithesome spring,
Emblems of happy, chaste, unfading love.
Next, daisies, lilies whiter than white dove,
Bettelehem's star and mint I offer you.

Floral offerings inculcating earnestness,
And a benevolent disposition.
Benevolence and solidarity.
Let this day's good resolves prove fruitful seeds,
Through life to blossom into kindly deeds;
With open hands and good advice still bless
The poor, afflicted, all who know distress;
The widowed hands and fatherless upstay,*
Be Perseus to these Andromedae.

The staff of prudence and the flower of silence.
Within your hands a staff of mountain-ash
I place, which seems to say be never rash,
Let prudence safety lend, and power too.
And this red belladonna flower you
I give, which floral language silence deems,
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Your Art, which is your bride, and claims as such,
From you, unwearied thought and labor much.

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A very jealous mistress is this maid;
To her alone your homage must be paid;

* Epistle of James, i. 27.
† Act 1, scene 7.
Which falters from the anxious, care-worn face;
To sad souls whispering, take heart of grace,
To-morrow shall be happier than to-day;"  

The captive comforting in his dismay,
The trodden-down uplifting from distress,
The daring beckoning to sure success.

"True hope is swift and flies with swallow's wings;
Kings it makes gods, and meaner creatures kings."

But hope, to be successful, must combine
With fixed resolve to win, which culminates,
This purple culminates, and mountain pink,
Which seeks the sun upon the topmost brink.
So well express.

As one with quickened heart
And panting breath, much toil and painful smart,
Through winding, tangled ways with rocks o'er-cast,
The sunlit mountain top finds out at last,

The daring beckoning to sure success.
The trodden-down uplifting from distress,
The captive comforting in his dismay,

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The captive comforting in his dismay,

Kings it makes gods, and meaner creatures kings.
really very simple, method of exploration—laryngoscopy—the introduction of which has determined the direction of my own professional life. Laryngoscopy is the method of inspecting, by means of a mirror, the larynx and adjacent parts of the throat, in living, working order, organs before veiled by adjacent parts. In rendering accessible to our view, investigation, To the enquirer in the fields of general science, of physiology, of oratory, and of vocal music, it has not only directly revealed an innumerable array of facts, but has opened sources of information previously unthought of. As an aid in diagnosis, to the physician, it has completely revolutionized laryngo-pathology. Previously, the diagnosis of laryngeal diseases was vague and uncertain; laryngoscopy was necessarily based upon symptoms by no means differentially pathognomonic; symptoms often confounded by their uniformity under dissimilar circumstances, and occasional presence or absence in apparently the same affection; so that, to admit the truth in plain words, personal, shrewd ratiocination and guessing, the only means of diagnosis—to the prosecution of pathological anatomy, to the investigation of related organs in health and disease, and to the application of improved medical and surgical measures—that laryngology has become a medical specialty, the exclusive pursuit of which completely fills a man's professional life.

I. SPONTANEOUS GENERATION.

Belief in spontaneous generation, i.e., in the origination of living out of inorganic or non-living matter without intervention of agency or means of diagnosis, was generally unsuccessful, and always erroneous, that does not in any way affect our part, thorough investigation, unprejudiced or consistent. It needs no excuse, and no reconciliation with human belief. It needs, on the contrary, promote the cause of religion and morals, of civilization and society. The early naturalists thought that animals of every complex organization, such as maggots, worms, moths, cells, etc., could arise spontaneously. The modern view is so much different from this that perhaps the term "spontaneous generation," which has given rise to no longer applicable. At the present day it is admitted by all that every assemblage of organic phenomena must have had, as its immediate antecedent, some other assemblage of phenomena capable of giving rise to it. In the case of all organisms except the lowest it has been demonstrated that the only antecedent phenomena capable of giving rise to the organism in question is some other organism, but in the case of the lowest organisms, simple specks of living matter, it is contended by some that the requisite antecedent may, in some instances, be an assemblage of non-living materials.

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boiling remained for indefinite periods of time, free from all traces of life. By placing a plug of cotton in the boiling liquid, the author prevented the entry of microorganisms from the air. The cotton plug also served as a barrier to the escape of the solution from the flask, ensuring that the sealed container remained sterile.

In his experiments, Pasteur also observed that when the flask was opened to the air, living organisms quickly appeared in the solution. This led him to conclude that the presence of such organisms was due to their entrance from the air. Pasteur's work provided evidence against the idea of spontaneous generation and confirmed the importance of aseptic techniques in scientific research.

The discovery of living organisms in boiling solutions demonstrated the possibility of life originating from inanimate matter under certain conditions. This finding had significant implications for the theory of evolution, as it supported the idea that life could arise through processes other than divine creation. The concept of spontaneous generation, which had been widely accepted until then, was gradually abandoned in favor of the theory of evolution.

Pasteur's work also had practical applications in the field of medicine. The development of aseptic techniques and the understanding of the role of microorganisms in disease prevention and treatment were important advancements in the field of public health and medicine.

In summary, Pasteur's experiments on boiling solutions were instrumental in establishing the importance of aseptic techniques and in supporting the theory of evolution. They also contributed to the development of modern medicine by providing a foundation for the understanding of the role of microorganisms in disease.
tion; or, the Preservation of Favored Races in the Struggle for Life." This whole volume is one long argument to prove the existence in nature, and the effectiveness, of a certain means of propagation. It is well known that the breeding of domestic animals and propagation of cultivated plants. The gardener, for example, who desires to produce a new form of a plant which is to be distinguished by the beautiful color of its flowers, will first of all make a selection from, perhaps, a great number of plants which are seedlings from one and the same parent; he will pick out those plants which exhibit most distinctly the color of flowers he desires. The color of flowers is a very variable thing, and plants which, as a rule, have only one color, may show deviations into blue or red. Now, supposing the gardener wishes to obtain a red color in a plant usually producing white flowers; he will carefully make a selection from the many different individuals which are the descendants of one and the same seed plant, select those which most distinctly show a reddish tint, and sow them especially to produce new individuals of the same kind. He will cast aside the seedlings showing a white or less distinctly red color, and sow only the seeds produced by those whose blossoms show the red most distinctly; from the seedlings of this second generation he will again carefully select those in which the red, which is now visible in the majority of their blossoms, is most distinctly marked; from the seedlings of the second generation he will again carefully select those in which the red, which is now visible in the majority of their blossoms, is most distinctly marked; and so on, until he has obtained the desired plant with flowers of a pure red.

The farmer, wishing to breed a special race of animals, follows a similar method. He chooses sheep distinguished by particularly fine wool, proceeds in a similar manner. He selects, with the greatest care and perseverance, from a whole flock of sheep, individuals with the finest wool; from these he breeds, and among their descendants those again which have the finest wool. If this careful selection is carried on through a series of generations, the selected breeding sheep are in the end distinguished by a wool which differs very strikingly from the wool of the original parent.

It is generally observed that similar modifications, which may be thus produced, are very profound. This is shown, for instance, in the numerous breeds of dogs which belong to the same species and which are not connected by any pronounced differences in size (the largest being, according to Cuvier, 100 times larger than the smallest), but in muscular, bony, and nervous development, in form, strength, fleetness, and variety of instinct and intelligence. Domestic pigeons afford another example of the great plasticity of the organic structure. Naturalists observe that from a single species, the wild rock pigeon, there have arisen no fewer than 150 different kinds that breed true. And it can be proved that several species have been produced, which are descended from cultivated pigeons, that all the different kinds are descendants of a single original wild species brought by man into a cultivated state.

The differences in the individuals that enter into consideration in artificial selection are sometimes extremely minute. The business of a breeder is not easy; it requires an exceedingly sharp eye, great patience, and very careful treatment of the organisms to be bred. In two succeeding generations even, the differences of individuals may be very insignificant, but by the accumulation of these minute differences during a series of generations, the deviation from the original form becomes, in the end, surprisingly great. The success of the breeder rests upon the two fundamental laws of the phenomena of all living beings, viz., the hereditary transmission and of hereditary transmission. Adaptation or variation denotes all modifications which result from the moment of its production to that of its death; it is essentially the consequence of the influences which the organism experiences from its surroundings, and is brought into being by the hereditary transmission preserves the progeny the constitution of the parental organisms as that constitution is at the time of the production of the progeny due to the continuity and partial identity of the productive and producing organisms. The breeder starts with the fact that all the individuals of one and the same species are, though to a very slight degree as to be recognized by the practiced eye only. The shepherd, for example, by accurately observing their features and noting each of the individuals of his herd apart, while the uninitiated are incapable of distinguishing one sheep from another in the flock. In a forest consisting of only a single species of tree, you will certainly not find two trees alike in the form of their branches, or in the arrangement of their leaves, blossoms, and fruits. There are no two men perfectly equal in size, in shape, in strength, in the complexion, and in the difference of man's power of artificial breeding would be at an end. But individuality is a universal quality of all organisms, because surrounding conditions of nutrition, are never absolutely identical in two individuals of a species; and by influencing nutrition we are able to produce striking individual differences.

After he has selected the individuals for propagation, the breeder avails himself of heredity to perpetuate and increase the characters he desires. A great many of the characteristics which a breed acquires during its life, through climate, nourishment, training, etc. etc. The principle of breeding is exceedingly simple, but its practical application is in detail difficult and immensely complex. A thoughtful breeder, acting according to a definite plan, must understand the art of correctly estimating, in every case, the interaction between heredity and mutability. This underlies his selection.

(To be Continued.)

Valedictory Address.

ADDRESS TO THE GRADUATING CLASS.

Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College.

Delivered at the Fifty-seventh Annual Commencement, held March 16, 1876, at the Academy of Music, Philadelphia.

On a bright spring morning just four centuries after the death of Girolamo Franco, an Italian doctor, we are assembled to meet the Florentine youth, Giovanni di Miranda, the fame of whose learning had spread far and wide throughout all Italy, appeared to challenge all Rome to dispute with him the knowledge of the day. History but imperfectly records the issue of this famous tournament, but at least we know that the motherly wings of the Church were extended to protect the bold young Florentine from the rage of the discomfited Roman doctors. Such a challenge at the present day, if not an impossibility, would be an absurdity. Supposing with his contemporaries that Miranda was master of the science of his day, of what did such science consist? Of almost nothing, as we understand the meaning of that word now. * * * The study of life was even then more than now in its infancy. What little the ancient Egyptians and Greeks knew had been lost, or was not credited. Of the structure of the human body almost nothing was known. In sixteen hundred years, during the period extending from the days in which the medical art reached its lowest ebb, to the zenith of its fame—from the times of Erasistratus and Hierophilus, the old Egyptian anatomists—down to those of the Italian Mondino in the fourteenth century, the human body had never been examined. When the science of the fourteenth century is thus considered, it is not surprising that any one student should then have offered to dispute on any and all branches. The vast development in the mathematical, physical and natural sciences, as well as in all other departments of knowledge, during the last three hundred years has made a Mirandula impossible. The most that one can hope to accomplish in addition to mastering any one science is to obtain an idea of the general principles of the remaining branches of knowledge; even in the days of Mirandula the change in the mode of thought had begun. In the discovery of America the faith and life of ten centuries had dissolved away, as in a dream. The earth itself, unfasted from its foundations by Copernicus and Galileo, was seen by but a speck in the awful vastness of the universe. The invention of printing not only enormously increased the sources of knowledge, but promoted the preservation of different habits of mind. The old doctrine of sympathy and of the present moment, the convictions and forms of the old world were soon to be effaced; merged into those of the new. In the crumbling ruins of the old one, a new one had forever passed away, and now it is all gone, like the baseless fabric of a vision, never to return. Enormous are the possibilities of modern life, and the nobler aspirations of the human mind.

The good physician of today is a man of science. He has chosen the most unselfish one; you go forth from this brilliant assembly to minister to poor humanity. One of the greatest difficulties you will experience in the beginning of your career will be to learn how to make the best use of your time, what to study and what not; the avoiding of mere dillenitism, and yet a thorough-going attention to the business at hand, never to pass away, and now it is all gone, like the baseless fabric of a vision, never to return. Enormous are the possibilities of modern life, and the nobler aspirations of the human mind.

With all your noble aspirations, do not for a moment lose sight of the main object of your life, the practice of your profession, lest, Ari-
adie-like, you lose the thread in the maze of modern knowledge. General information, however invaluable in itself, will be of little service unless you can apply it in your daily practice. Let medicine, then, be your queen, the allied sciences the handmaids. Observe and experiment for yourself, whenever and wherever the opportunity shall offer. A fact once substantiated, a phenomenon once well observed, however irrelevant or unimportant it at first sight may appear to be, sooner or later will take its proper place in its fitness of things. Little did Galileo think, while watching the swinging of the lamp in the cathedral at Pisa, that the first step was being taken in the development of the laws of the pendulum. Who could have foreseen that the twitching of the frog-legs noticed by Galvani would in a little more than half a century develop into the telegraph, or that the lines observed by Fraunhofer in the spectrum would soon tell the physical constitution of the sun, and give to chemists the most delicate means of analysis? Study nature; books are only means to an end. 'Gray is all theory, but green is the golden tree of life.' The importance of taking broad general views of medicine cannot be too much emphasized and yet the necessity of devoting yourself especially to some one branch is equally manifest. The difficulty experienced by all is to learn how much time can be devoted to the one that takes too much from the other. It is a privilege granted to but few to make grand and brilliant discoveries. Each age may have an Aristotle, a Ptolemy, and a Galileo, and yet we may live in an age in which the young man who will be the greatest scientist of the century is not yet born. The man who will open the road for another Archimedes may never come. So it is with the art and science of healing. Let your ideal be high; it is a privilege only to a few to stand in the front line of knowledge and do the world good. Let the young man open the road for others to follow. Let us be the pioneers in the profession of medicine. It is only by the work of the earlier that we can hope to learn from the later. Let the younger generation accept the challenge and the responsibility of the call of the profession. Let the older generation take the burden of service to you, unless you can apply it in your daily practice.

Original Communications.

TWO INTERESTING CASES OF ASTHMA.

By DR. HENRY C. BOENING,

CASE 1.—J. F. L., 24 years old, a draughtsman, came under my observation September, 1880. When five years old, while at Bedford Springs, he contracted pneumonia, of which he was cured. Some months after arriving in Philadelphia, he developed asthma, its attacks occurring at 3 o'clock, A.M., and lasting several hours to two days. Soon he was pronounced a chronic case. Asthma was always of the day time variety, but was accompanied by an attack of night asthma, the first paroxysm occurring about 3 o'clock, A.M., and the second at 3 or 4 a.m. In 1879 he had pneumonia, which apparently insignificant, in future ages may form a bud and unfold and bloom into a tree of life. The importance of taking such discoveries. Each age may have an Aristotle, a Ptolemy, and a Galileo, and yet we may live in an age in which the young man who will be the greatest scientist of the century is not yet born. The man who will open the road for another Archimedes may never come. So it is with the art and science of healing. Let your ideal be high; it is a privilege only to a few to stand in the front line of knowledge and do the world good. Let the young man open the road for others to follow. Let us be the pioneers in the profession of medicine. It is only by the work of the earlier that we can hope to learn from the later. Let the younger generation accept the challenge and the responsibility of the call of the profession. Let the older generation take the burden of service to you, unless you can apply it in your daily practice.

Endowment of Jefferson.—A movement is on foot to secure a permanent endowment fund for the College. The subject was proposed at the Alumni meeting and referred to the Executive Committee. At the Alumni supper one member pledged himself to raise $1000, before the next meeting of the Association.

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A CASE OF GUNSHOT WOUND OF THE LEFT LUNG.

By JNO. C. M'GULLEN, M.D.,
Of St. Augustine, Pennsylvania (Class of 1879).

I was sent for in a great hurry, on December 30, 1881, to attend William D., we had shot himself in the breast with a shot gun. The messenger could tell me nothing more than that the injured man had the gun in his own hands at the time of the accident, and that he was spitting blood at an alarming rate. After a ride of about four miles, as rapidly as possible through mud and rain, I found my patient lying prostrate, with his clothes torn up and blood flowing from his mouth. He was conscious and in great pain. I tried to put him on his back, but he could not bear the position. He was breathing fast and the blood was spurting from his mouth. He was examined by a surgeon, who stated that he had a shot wound in the chest, and that he would have to be operated on. The patient was then taken to a nearby hospital, where he was operated on by a surgeon. The bullet was removed from the chest, and the patient was allowed to recover. He was discharged from the hospital two weeks later, and was able to return to work.

I was then called upon to examine the patient, and found that he had a shot wound in the chest, with a bullet lodging in the lung. The patient was immediately taken to the hospital, where he was operated on by a surgeon. The bullet was removed from the lung, and the patient was allowed to recover. He was discharged from the hospital two weeks later, and was able to return to work.

The patient was then called upon to examine the patient, and found that he had a shot wound in the chest, with a bullet lodging in the lung. The patient was immediately taken to the hospital, where he was operated on by a surgeon. The bullet was removed from the lung, and the patient was allowed to recover. He was discharged from the hospital two weeks later, and was able to return to work.

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pens, their conduct is obtrusive. It has long

It is difficult to treat these men with ordinary

thoroughly flooded. The inventors of these

remedies and pharmaceutical and chemical

connection with the endorsement of secret

me this morning, of writing a note to the editor

" DEAR DOCTOR SWAYZE :—

"I am, dear Doctor, very truly yours,

ST., PHILADELPHIA,

GROSS.

"PHILADELPHIA, March 20, 1882.

PHILADELPHIA, March 13, 1882.

"DEAR DOCTOR SAAYE :—I enclose to your inquiry, whether I have given any certificates in support of any proprietary or patent medicines, I beg to say that I have uniformly refrained. If I have appealed to such, it has been so placed without my sanc-

tion. I have not only refused to lend my name, but I have strongly opposed the princi-

ple in my public lectures. Very truly,

ROBERTS BARTHOLOW.

"If, while so ambitiously straining language for great effect, Dr. Bigelow has so signaliy misrepresented my sentiments, the inference must be that his reference to professors of other colleges is equally groundless:

1826 Columbia Ave., Philadelphia.

PHILADELPHIA, March 27, 1882.

PHILADELPHIA, March 25th, 1882.

"My dear Doctor, BAYE :—I enclose to your inquiry, whether I have given any certificates in support of any proprietary or patent medicines, I beg to say that I have uniformly refrained. If I have appealed to such, it has been so placed without my sanc-

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regret that he did not follow out the often-repeated suggestion of his colleagues and write a systematic work on surgery. It is to be hoped, however, that his literary executors may be able to supply from his case-books and scattered notes a memorial volume worthy of his reputation.

The fame of Prof. Pancoast was as great in Europe as in this country, and he was a member of a number of learned societies in different parts of the world. The memory of the banquet given in 1866, by the profession in this city, to Prof. Pancoast and Gross, on their return from a tour in Europe, which had been an extended ovation, is still fresh in the minds of the profession. Of the surgical achievements of Prof. Pancoast we need not speak. They belong to the history of American surgery. A fluent speaker, he possessed the gift of inspiring his hearers with some of his own zeal and enthusiasm, and his students, recognizing his genius, gave him their esteem and affection. Indeed, his clinical lectures had a peculiar charm, which only those who heard him in the fullness of his powers can now appreciate; they can also recall the fact that he was always greeted with applause, and his teachings were received with rapt attention. A man of great and diversified endowments, his moderate salary did not affect the growth of his mind. A diligent student, a perfect anatomist, a dextrous and skillful surgeon, he certainly was; but the paintings that he made also shine in other paths had not his special pinnacle reached.

The resignation of Professor Gross, to which we allude more fully in our department of "College News," will be unexpected intelligence to many of our readers. We trust that the rest from active labor in the lecture room and the clinic, which will thus be ensured him, will preserve for many years to come the profession which he has so long honored, and which never tires in the effort to honor him with the proofs of its elevated and sincere appreciation.

A SECOND JEFFERSON MEDICAL COLLEGE.

We presume the new school recently started in Louisville, Kentucky, under this name, was so called because that city is in Jefferson county, but the title is too close a copy of that of its illustrious predecessor. A more original name would have been in better taste, to say the least that can be said in condemnation of such an unjustifiable appropriation of a title that belongs rightfully to another. If it was supposed that some of the lustre that attached to the old Jefferson Medical College, would glow with the name, time will show the futility of such an assumption, and the fable of the "Ass in the Lion's Skin" will be fully verified.

The Degree of Doctor of Medicine was conferred upon the following gentlemen, by E. B. Gardette, M. D., President of the Institution:—

Benediction.

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Benediction.

College News and Miscellany.

Annual Commencement of Jefferson Medical College.—The anniversary exercises of the College were held at the Academy of Music, March 30th, 1882, at twelve o'clock. The Academy was densely packed in every part, with the friends of the graduating class and of the institution.

The Trustees, Henry C. Stimpson, Henry B. Penn's, John B. Warme, Charles D. Cohn, R. J. McQueen, Charles A. S., Can't...

Music by the Germania Orchestra.

1. Overture—Robespierre
2. Waltz—Hanszewski
3. Mediation—Waldteufel
4. Selection—Ponzi
5. Mazurka

Prayer—By the Rev. L. L. Nicholson

Awards of Prizes.

Rhapsodie Norvégienne, No. 3—Svenden

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In 1845, the first class (1826)

The following prizes were awarded:


A Gold Medal, for the best Anatomical Preparation, to John Sebastian Miller, of Pennsylvania.

A Case of Instruments, for the best original research in the Chemical Laboratory, to Chas. H. Ballentine, of Pennsylvania; with honorable mention of the Essays of Horace B. Scott, of Connecticut; and Justin D. Lisle, of Ohio.

A Case of Instruments, for the best original research in the Materia Medica Laboratory, to Charles A. Koder, of Pennsylvania; with honorable mention of the researches of A. W. Ropal, of Wisconsin; Jason H. Moore, of Kansas; Isaac E. Clark, of Texas; and Charles A. Service, of Pennsylvania.

A Case of Instruments, for the best Essay on a subject pertaining to Obstetrics, etc., to Joseph Franklin Foulkes, of Pennsylvania; with honorable mention of the Theses of John B. Mahon, of Wisconsin; and Luigi M. de Jesi, of Italy.

A Gold Medal, for the best Essay on a subject pertaining to the Practice of Medicine, to Herbert M. Seem, of Pennsylvania; with honorable mention of the Theses of Louis W. Ailte, of Pennsylvania; and Frank E. Wilson, of New York.

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Flagg; Colorado, Dr. W. F. McClelland; D. C., Dr. J. M. Toner; Montana, Dr. J. Thompson; Cal., Dr. R. Beverly Cole; Ark., Dr. F. O. Hoover; Dakota, Dr. J. F. Ferguson; Ill., Dr. F. B. Hailer; Iowa, Dr. W. S. Robertson; Ky., Dr. P. O. Hooper; Dakota, Dr. J. B. Ferguson; Ohio, Dr. P. S. Conner; Oregon, Dr. O. P. S. Plummer; Va., Dr. Robert T. Coleman; W. Va., Dr. R. W. H. Hazlett; Coba, Dr. J. J. Cassaday; Wash., Dr. A. C. Gorgas; U. S. Navy, Dr. Charles T. Alexander.

Orator for 1883—Dr. Marion Sims.

On motion of Dr. Hewson, the election of Professor Gross as President of the Association was made by acclamation, and he expressed his high appreciation of the compliment paid him. The other officers were chosen in due time.

New business being in order, the President announced, that in accordance with the provisions of the amended constitution, it became his duty to appoint a Board of Censors. He accordingly appointed the following gentlemen as Censors for the ensuing year: Dr. James C. Wilson, Dr. William Coffin, and Dr. W. R. Showman. Professor then alluded to the death of Dr. Richard O. Cowling (Class of 1867), of Louisville, Kentucky, who, at the meeting of the Association, was chosen Orator for the year 1884. Dr. Cowling died about a month after his appointment. On motion, the Corresponding Secretary was instructed to communicate to the widow of Dr. Cowling the expression of sympathy and regret of the Association. To the widow of Dr. Cowling the expression of condemnation of such an unwar rantable act. He hoped that the Association would exhibit a very lively and continued interest in the welfare of the medical college, whose growth and prosperity would be just as the society itself.

The invited guests were Prof. L. Elsberg, the Orator of the occasion, and Col. A. K. McClure, of the Times.

The table was tastefully decked with smixla and cut flowers, and presented an attractive appearance. A large number of the various medical journals of the country were collected in one place, and the Journal of the American Medical Association was placed in front, as a symbol of the standing and preeminent usefulness of our Alma Mater. In alluding to the trials and triumphs of her past career, his feelings choked him. The medical journal not merely gives the current medical news, but holds up the mirror to professional opinion and reflects medical progress. The medical press has always been in favor of higher medical education. The physician who does not read falls rapidly behind; the character of a practitioner may, indeed, be inferred from the kind of journals he habitually reads. The professional standing and reputation of a physician is considered as an important element in the status of a nation in medicine and the collateral sciences may be gauged very closely by the scientific attainments of its medical press.

In responding, upon invitation of the President, to the toast, "The Press," Col. McClure discovered the want of appropriateness of the topic, inasmuch as the doctors are the only ones that the press is unable to cope with. He thought that his own experience would warrant him in saying that the profession had improved during the last twenty-five years and that the press is only as much as the Press. When he was younger, the doctors used calomel and quinine, and little else; now they give quinine and calomel, and a good deal besides. The professions, as a rule, are much more heroic now than formerly, probably because the people now are less willing to take them. He praised physicians for standing by each other; if one gets in a scrape he calls in a consultant, who approves of the treatment and the patient is not subjected to the same treatment a second time. In alluding to the trials and triumphs of her past career, his feelings choked him.

Account was taken of the selection of the names for the various medical journals, the American Journal of the Medical Press claiming for the medical press a position by the public, and the abstract from the medical press. The medical journal is the only kind of journals he is interested in. The medical press is the only kind of journals he is interested in. The medical journal is the only kind of journals he is interested in.

The chairman called upon Dr. Hatfield, after briefly referring to the subject of the address, "The Changes in Biological Doctrines during the Past Twenty-five Years." (See page 31.) This period included the quarter of a century that has elapsed since his graduation. A vote of thanks was tendered the Orator.

The Alumni Address.—Professor Louis Elsberg, of New York City, delivered the annual address before the Alumni Association of Jefferson Medical College, in the Lecture room of the Hospital, on Tuesday evening, March 28th, at eight o'clock. The orator was introduced by Professor Gross, President of the Association, who alluded to the present position of the professional career of Dr. Elsberg. The subject of the address was, "The Changes in Biological Doctrines during the Past Twenty-five Years." (See page 31.) This period included the quarter of a century that has elapsed since his graduation. A vote of thanks was tendered the Orator.
the treatment; in conclusion, he congratulated physicians for never making mistakes; or, at least, having the wit to cover them up, and for not getting caught; even successfully eluding the vigilance of the Press.

The regular toasts having been concluded, calls were made for speeches by Dr. Jacob DuCosta, who gracefully acceded, pleading surprise and the shock to his digestion, but expressing his willingness to go through life a martyr to dyspepsia, if it would add to the pleasure of the evening's entertainment. After alluding to the growth and activity of the Alumni Association, he suggested that a proper object of its enterprise would be the endowment of the College.

Calls for Drs. Brinton, Atkinson and Andrews were heard, but they begged to be excused. Dr. Warder, in a short address, re-echoed Dr. DuCosta's sentiments and added that the fiftieth anniversary of his graduation, his golden wedding, which was received with cheers and prolonged applause. He gave some most interesting reminiscences of the Old Faculty, all of whom have passed away, especially eulogizing Prof. Chas. Drake, the discoverer of the real explanation of dew, and the author of one of the greatest works on medicine that ever has been written, the "Diseases of the Interior Valley of North America."

In response to the sentiment, "Our President," proposed by Dr. Addinell Hewson, Prof. Gross made a few remarks, expressing his gratification at the interest shown in the Association which he had been instrumental in forming seven years before, and declared his conviction that the younger men in the profession were worthily preparing themselves to take up the privileges and duties of their seniors, who are now passing from the active scenes of life to enjoy well-earned quietude and rest after labor, in comparative retirement.

Prof. Sam'l W. Gross, in response to numerous requests that he could not make a speech, but heardly seconded a vote of thanks to Dr. Thos. H. Andrews, which had just been made by Prof. Rogers. The vote was taken, and the Chairman declared that it unanimously passed, and great applause.

The exercises closed at an early hour in the morning, and the guests separated with expressions of satisfaction at the agreeable entertain-
the reputation and increase the usefulness of the school to the classes and to the community. Under his administration he maintained a prominent position before the world, which his later colleagues and successors have enabled it to maintain.

As Alumni we thus refer to the successes of our Alma Mater, because they were interwoven with the efforts and the teachings of him whose death has deprived us of a husband and whose presence was a continual blessing. This Board, as a mark of respect to the memory of their late Professor, will attend the funeral in a body.

Attest —

E. B. Gardette, President.

GEORGE W. FAIRMAN, Secretary.

MEETING OF THE CLASS.—A class meeting was held at Jefferson Medical College on Thursday, March 9th, Mr. Jacob R. Lehman in the chair. The object of this meeting was the appointment of a committee to draw up resolutions in memory of the late Professor of Anatomy, Dr. Joseph Pancost. Upon nomination, the following gentlemen were appointed as constituting the committee: S. R. M. Scollard, J. C. Markeo, J. J. Crawford, W. H. Fox.

On motion, the meeting adjourned to meet again, Saturday, March 11th, 1882, when the committee read the following resolutions:

Resolved, That the alumni of Jefferson Medical College have heard with deep sorrow of the death of Professor Joseph Pancost, Emeritus Professor of Anatomy, who for more than a third of a century had honored this institution with his eminent services as professor and clinical teacher, and who, in the retirement of advancing years, during which his valued name was retained as Emeritus Professor, carried with him the respect and affection of many thousands of his former pupils, and of the profession which he adorned.

That the advances with which practical surgery has been enriched by his bold and skillful operations, and by his ingenious and brilliant surgical procedures are matters of permanent record, subjects of local pride to the profession of Philadelphia, the place of his greatest surgical triumphs, and of honored mention in all parts of the world; for they were known and appreciated wherever suffering humanity appealed to the educated surgeon's helping hand.

Resolved, That a copy be also furnished to the medical and secular press for publication.

Resolutions by the Trustees.—The following minute in memoriam was unanimously adopted by the Trustees of Jefferson Medical College, at a special meeting, held March 9, 1882:

The Trustees of Jefferson Medical College, being informed of the death of Dr. Joseph Pancost, late Professor of Anatomy in this institution, desire to record in this minute their testimony to the exalted worth of Dr. Pancost as a physician, anatomist, teacher, and man.

For forty years this institution and its students enjoyed the advantages derived from his instruction, while the sufferings of multitudes of people were alleviated and many valuable lives saved or greatly prolonged by the consummate skill of this distinguished surgeon.

In the death of such a man the profession and humanity alike have suffered a serious loss. We tender to the widow and children of Dr. Pancost our sincere sympathy in this bereavement, which has deprived them of a husband and father whose reputation is their just pride and whose presence was a continual blessing.

This Board, as a mark of respect to the memory of their late Professor, will attend the funeral in a body.

A MEMORABLE CASE OF SELF-MEDICATION.—The following, copied from an old book, says "Died, at Heckington, aged 65 years, on May 17, 1845, Mr. Samuel Jessup, an opulent grazier, of pill-taking memory. He lived in a very eccentric way, as a bachelor, without known relatives, and at his decease possessed of a good estate, notwithstanding his inordinate craving for physic, by which he was distinguished for his.botany; and his bill, the deceased lived to attain the age of 65 years."

To OUR READERS.—On account of the pressure upon our columns from the voluminous reports of the Anniversary Exercises of the College and of the Alumni Association, we are compelled to defer until our May issue a large number of other valuable matter. We omit in the present number the usual Clinical Lectures, Book Notices, and several Editorials and Original Communications. Among other features of the May issue of the COLLEGE AND CLINICAL RECORD we shall publish the original poem by the late Professor Joseph Pancost, and the Alumni address, on "Changes in Biological Doctrines During the Past Twenty Years," by Prof. Louis Elsberg (concluded).

THE AMENDED CONSTITUTION OF THE ALUMNI ASSOCIATION.—Copies of the new Constitution and By-Laws of this Association may be had by addressing the Corresponding Secretary, Dr. Richard J. Dunglison, P. O. Box 2386, Philadelphia, enclosing a three-cent stamp.

To OUR READERS.—On account of the pressure upon our columns from the voluminous reports of the Anniversary Exercises of the College and of the Alumni Association, we are compelled to defer until our May issue a large number of other valuable matter. We omit in the present number the usual Clinical Lectures, Book Notices, and several Editorials and Original Communications. Among other features of the May issue of the COLLEGE AND CLINICAL RECORD we shall publish the original poem by the late Professor Joseph Pancost, and the Alumni address, on "Changes in Biological Doctrines During the Past Twenty Years," by Prof. Louis Elsberg (concluded).

PERSONAL.—Dr. C. C. Gratior (Class of 1880), formerly of California, is now at Shullsburg, Wisconsin.

—Dr. G. G. Harman (Class of 1888) has removed to Reedsville, Millfield Co., Pennsylvania.

—Dr. S. Parson (Class of 1873), formerly of Hanover, York Co., Pennsylvania, is now at Ashland, Oregon.

—Dr. John A. Postlewait (Class of 1878), formerly of Ohio, Illinois, is now practicing at Tarkio, Missouri.

—Dr. Eugene Way (Class of 1879), has removed from S. Seaville to Dennisville, Cape May County, New Jersey.

—Dr. Seely Wallen (Class of 1879), has removed from 1831 Hamilton street to 2327 N. Sixth street, Philadelphia.

—Dr. Joseph H. Bittinger (Class of 1878), formerly of Hanover, Penn., is now at 708 N. Fifth street, Philadelphia.

—Dr. Hamilton K. Beatty (Class of 1871), formerly at Millerton, Butler Co., is now at Allegheny city, Pennsylvania.

—Dr. Clarence L. Frey (Class of 1872), formerly of York, Pennsylvania, is now practicing in Scranton, in the same State.

—Dr. Gaston Armstrong (Class of 1868).
of Macon, Georgia, is now at Hines-
ton, Rapides Parish, Louisiana.

—Dr. J. W. Morrow (Class of 1873) has re-
moved from Atwood, Armstrong Co., to
Tionesta, Forest Co., Pennsylvania.

—Dr. Thomas J. Whitten (Class of 1867),
recently at Irving, Illinois, is now at Nokomis,
Montgomery Co., in the same State.

—Dr. G. C. B. Jarrett (Class of 1870) is
now at Woodville, Allegheny Co., Penna.; he
was formerly at Livermore, California.

—Dr. Walter A. M. Huebener (Class of 1870),
recently at Druma, Luzerne Co., Penna.,
is now at St. John’s, in the same county.

—Dr. Howard Y. Neiman (Class of 1879),
formerly of Norristown, Penna., has removed
to Little Oley, Berks Co., in the same State.

—Dr. James A. Maxwell (Class of 1867) has
removed from Marion, Crittenden Co., Ken-
tucky, to Princeton, Caldwell Co., in the same
State.

—J. M. Taylor, of Corinth, Mississippi
(Class of 1831), reported three cases of herni-
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Mississippi Medical Monthly, February, 1882.

—Dr. Dan. E. Hughes (Class of 1878), of
Philadelphia, has been appointed Professor of
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Medico Monthly, February, 1882.

—Dr. Frank Woodbury (Class of 1873) read
a paper entitled “Remarks upon Rational
Treatment of Pulmonary Consumption,” be-
fore the Philadelphia County Medical Society,
on Wednesday evening, March 22d.

—Dr. Dr. Robert Battey, of Georgia (Class of
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1831), has been given to the University of
Virginia, formerly at Livermore, California.
Some words of warning.

Not obstacles seen clearly constitute
The foes most dangerous to the resolute,
Who such opponents justly recognize
As friendly helpers in a rough disguise;
But rather those temptations manifold
Which dangers hide, as thickets dense some bold,
Deceitful precipice shut in from view
And lure with leaves and flowers, bright of hue,
Unguarded ways to sudden fall and death,
Amidst the cruel rocks concealed beneath.
Against some hidden dangers you to warn,
The physician must not make friends of all his patients indiscriminately.
Though bright as aspersions on the eye they be.
The Graces sometimes with the Sirens clasp hands,
Behind the Sirens of some Fury stands.

Disease is cosmopolitan and makes no nice distinctions, but its victims take from every place and from all ranks alike, all sick, in time, will come to seek your aid; the rich, the poor, people of every grade, some clad in innocence, some filled with guile; and others stupid to the last degree.

All sick, whether good or bad, must be succored.

Disease is no respecter of persons.

Hidden dangers.

Disease is cosmopolitan and makes no nice distinctions, but its victims take from every place and from all ranks alike, all sick, in time, will come to seek your aid; the rich, the poor, people of every grade, some clad in innocence, some filled with guile; and others stupid to the last degree.

To these, all these, must you extend the hand of healing. This your conscience doth command, and this humanity enjoins. Herein lies danger, for your sympathy will win you many friends, who, being folk of worth, will much advance your credit with the world; but being vicious—as the bee close curled within the flower oft stings him whose sense inhales the sweet perfume—with much pretence and outward show of good, will wound your fame. Is reached, what if your hopes are wrecked and strewn? Daphne, by Phoebus chased, was changed in form; she clasped a bay-tree, not the goddess warm.

The law of assimilation.

Good leads to good, evils to evil draw. The soul is nourished through the eye which looks up to the good and true, for these are books of wisdom. He who often contemplates ill deeds too oft his soul contaminates.


†The Duchess of Malfi, Act iv, scene 1; see also The White Devil, or Vittoria Corombona.

‡Against the forms of quackery above indicated an emphatic cry of warning has

Ostentation and charlatanism to be avoided.
They degrade the profession. If all or any of these things you do,
Then will you soil the wreath, and rend in two
The veil of your fair bride, and make her name
And mild, sweet face a mockery and shame.

The bay-wreath of merit. Again my basket I explore, and find
Another wreath of leaves with flowers twined;
A bay wreath, merit's coveted reward,
Besprigged with rue and pine, which well accord
As types of reason and philosophy;
With salvia decked, and white pimpernel,
Who worthy is this simple wreath to wear?
Not you, oh not yet you, who just have donned
Again my basket I explore, and find
Your armor bright, and for your mistress blonde
Have stricken no blow.

For him alone this wreath,
Who soon will put his armor off, and sheath
The sword which more than fifty years hath warred
With direst foes of man, and hath restored
To blessed liberty of health and ease
Unnumbered many captives of disease.
Your hearts and thoughts, my heart and mind unite,
And turn to him who sits upon my right.

From him whose armor still is bravely worn,
I pass, in sadness and with heart forlorn,
In memory of our brother who is dead,
To all who suffer and are sore distressed.
And let the groom exalt his bride so high,
As bride and bridegroom hand in hand advance—
Sing, Muses, sing the hymeneal lay,
And let them with blessings numberless be crowned,
And make them havens sure of peaceful rest,
And while they others bless without surcease,
And make them havens sure of peaceful rest.

The invocation. And now, O Hymen, hear my earnest prayer;
Thou Ambrose Pare of the present day;
Thou whom thy brethren all delight to praise,
This chaplet now upon thy head I lay,
Thou good friend of my early, struggling days.
Thou whom thy brethren all delight to praise,
Amongst the foremost of our ancient guild;
Thou noble, learned lover of learning,
Whom Oxford honored with just discerning;
Thou whom thy brethren all delight to praise,
Thou friend of my early, struggling days.

And for your classmates fallen in life's Spring,*
And to his ashes everlasting peace.
This is to give them length of days and peace,
Enable them to bring profound relief
To all who suffer and are sore distressed.
And to his ashes everlasting peace.
And for your classmates fallen in life's Spring,*
And to his ashes everlasting peace.
And for your classmates fallen in life's Spring,*
And to his ashes everlasting peace.

Ye mighty powers, hither haste, draw near,
And kindly look upon these bridegrooms here;
And to his ashes everlasting peace.
And for your classmates fallen in life's Spring,*
And to his ashes everlasting peace.
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And for your classmates fallen in life's Spring,*
And to his ashes everlasting peace.
Shall cry, in tender, burning words and strong—
Behold how fair thou art, behold how fair,
Thy voice how sweet, thy face beyond compare;
How fair thy love, how better far than wine,
As honeycombs how drop thy lips divine;
How smell thy garments like to Lebanon,
Thou pleasant dove, thou fair to look upon,
Thou garden closed of spices sweet, thou well
Of living waters cool, thou soft gazelle.
How beautiful thy feet within thy shoes,
How cunningly are wrought thy joints and thews.
Thou art all fair, there is no spot in thee.
Thy neck is as a tower of ivory,
Thy voice how sweet, thy face beyond compare;
As honeycombs how drop thy lips divine;
How fair thy love, how better far than wine,
Thou pleasant dove, thou fair to look upon,
How smell thy garments like to Lebanon,
Thou garden closed of spices sweet, thou well
Of living waters cool, thou soft gazelle.
How beautiful thy feet within thy shoes,
How cunningly are wrought thy joints and thews.
Thou art all fair, there is no spot in thee.
Thy neck is as a tower of ivory,
Thy voice how sweet, thy face beyond compare;
As honeycombs how drop thy lips divine;
How fair thy love, how better far than wine,
Thou pleasant dove, thou fair to look upon,
How smell thy garments like to Lebanon,
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of sodium; the total quantity of urine was reduced, but the sugar and the specific gravity were relatively unchanged. The blood sugar, however, was varied by itself; the amount of sugar remained about the same, but the sugar was increased.

Now that you have heard the history, I shall first examine the case before you, then make a few tests for sugar, and conclude with some remarks upon the therapeutics of this disease.

His cough has entirely left him; his breathing, as you see, is full and not embarrassed. There is a little want of expansion at the apex, which, however, he had from the beginning, and which we attributed, on account of the history, to the slight attack of pleurisy. At the lower part of the lung, also, there is imperfect expansion, and relative feeble respiration in front, which are probably some pleurisy.

His eyesight, he says, has failed very much of late; the eye ground is lucent, but not exactly clear; of a pale, straw color, slightly acid or neutral in reaction, with a specific gravity of 1.048; of this he passes about seven pints a day. I will test this before the tests. This blue solution is freshly prepared and containing a grain of sugar will precipitate the copper contained in i 1. x ccm. of the solution. The change of color, when a few drops of the urine are added to the boiling blue solution, is very pronounced, and announces the presence of sugar. I like the ordinary Moore's test, by simply boiling the urine and similar preparations, will aid in

I tell you, therefore, that the best diet is white bread. I have not taken a sufficient quantity to fairly test the treatment. While he had the pleurisy he was taking Dover's powder. In moderate doses, which we will now order for him. I have seen good results from this treatment, although it is not so good as the salicylic treatment—now nearly eighteen months—he has been entirely free from gout. The connection may not be very clear, but I state the fact for what it is worth.

Now what in regard to the other remedies used here? Opium is undoubtedly a powerful agent in the treatment of diabetes; but it should be held in reserve, for fear of making the patient an opium eater; for in order to be curative it must be kept up for a long time. It would be a remedy that I would otherwise fully recommend to you, for, allowing for the good results I have obtained from the other salicylates, I would say that opium must be placed in the first rank, for its effect upon the nervous system especially. Now, gentlemen, our patient has not yet been a remitter without obtaining as good results as those obtained from the other drugs just mentioned; while taking his urine was not much reduced; but this may be attributed to the fact that he has only been taking the opium in half-grain doses. He has not taken a sufficient quantity to fairly test the treatment. While he had the pleurisy he was taking Dover's powder. In moderate doses, which we will now order for him. I have seen good results from this treatment, although it is not so good as the salicylic treatment—now nearly eighteen months—he has been entirely free from gout. The connection may not be very clear, but I state the fact for what it is worth. Now, the question was: Does there exist in nature a process which is the equivalent of human agency in breeding? Is there among wild animals and plants a tendency producing a natural selection? Darwin discovered such a process and showed its results. The factor which in nature infers its attributes to the species, selecting and transforming them in a manner similar to the artificial selection practiced by the breeder, Darwin calls the "Struggle for Existence," while Heidicke describes it, perhaps more accurately, as "Competition for the means of Subsistence." Darwin says, in a letter, addressed to Huxley: "When I began my preparatory studies, the idea of natural selection struck me on him while reading Malthus' book "On the Annual Address before the Alumni Association of Jefferson Medical College."

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veniences in the human community, which cause among men a continual competition to obtain the necessary means of life. Darwin applied this idea to the animal and vegetable kingdoms. Every organism, from the commencement of its existence, has to struggle with a number of hostile influences; it is exposed to the action of other living beings which feed on it, against animals of prey and parasites; it struggles against inorganic influences of the most varied kind, against temperature, weather and other circumstances; and it also struggles against organisms most like and akin to itself. Every organism is endowed with enormous powers of increase, so that any one of these conditions of life, will have a better chance of obtaining the means of subsistence if it be naturally selected.

From the strong principle of inheritance, any selected variety will tend to propagate its new and modified form. The strongest, the most perfect, the best adapted to the condition around it, will live and multiply, while the less fit will disappear. At the present day no one denies that the "survival of the fittest", the struggle for existence, is the necessary consequence of the competitive struggle for the indispensable supplies of life; multitudes perish, and comparatively few survive.

In the frequently recurring struggle for existence, any being that varies, however slightly, in any manner of advantage in the struggle, under the complex and sometimes varying conditions of life, will have a better chance of obtaining the means of subsistence if it be naturally selected.

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fact that each contains the plastidules (molecules or bundles of force) of its own individual line of ancestors.

I propose a primitive pair—Adam and Eve. Their children came from germ wholesly derived from their bodies. The germ of the children of these children contained, mixtures of their plastidules, and so in the immediate progenitors, some of the plastidules of the first parental pair; and so on for succeeding generations. The further removed from the first ancestor, the smaller is, of course, the quantity of the share in the constitution of the germ of the progeny. To express the idea arithmetically: in each succeeding generation, the numerator remaining the same, the denominator of the fraction of the set of plastidules from a particular ancestor increases.

Plastidules, though incomprehensibly small, nevertheless have actual dimensions, and it may well be conceived that after a certain vast number of generations the plastidules of a particular ancestor may exist very sparsely, or even not at all, in the germ of the progeny. This does not prevent, however, that the influence of these ancestral plastidules persists for a long time, since the plastidules of the succeeding ancestors have been mixed with them, and the plastidules of those ancestors are, to a certain extent, bodily, mentally, and in every other respect, born again in their descendants, predispositions to disease, atavism, and in every other respect, born again in their descendants, predispositions to disease, atavism.

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The theory of evolution consonant with these views is as follows:—

All living beings have been originally produced by conversion of inorganic matter into the simplest organic being, protoplasson. This conversion, or (if you choose so to call it) "special creation," has been many times repeated since then. But it must not be assumed that the fossil fish of the Silurian age is the ancestor of any fish now living; on the contrary, if any of its progeny have survived, it probably belongs now to a different class of vertebrates. The fish of the present day comes from protoplasson which has originated later in time than that from which the Silurian fish sprang.

Man has not been most recently created, but earliest. We are really the descendants, or ascendants, of the oldest inhabitant of our globe.

III. BIOPASSON.

About the time of our graduation, the Cell Theory was believed to be true. In the course of the year 1858 Virchow promulgated his celebrated lectures on cellular pathology, which reached and deeply impressed the medical profession in every portion of the globe; in this it was maintained as a fact "that the cell is the ultimate morphological element in the body, and in which there is any manifestation of life, and that we must not transfer the seat of real action to any point beyond the cell." But at that time little was known of the living tissues common to all animals; and as the word "cell" itself suggests an organism which contains living matter, the biological view of the cell is in every portion of the globe; in this it was maintained as a fact "that the cell is the ultimate morphological element in the body, and in which there is any manifestation of life, and that we must not transfer the seat of real action to any point beyond the cell." But at that time little was known of the living tissues common to all animals; and as the word "cell" itself suggests an organism which contains living matter, the biological view of the cell is simpler and more exact than the word which has been used in other senses, as well as to designate merely elementary living matter; I therefore think that "bioplasson" is to be preferred. Of course, dead bioplasson is a contradiction in terms; bioplasson deprived of vitality is an empty term, and merely the chemical remains of what once was bioplasson. If this be remembered, there will be no confusion, even if the word be used in doing away with the superfluous mixing being done, and therefore in every portion of the globe; in this it was maintained as a fact "that the cell is the ultimate morphological element in the body, and in which there is any manifestation of life, and that we must not transfer the seat of real action to any point beyond the cell." But at that time little was known of the living tissues common to all animals; and as the word "cell" itself suggests an organism which contains living matter, the biological view of the cell is simpler and more exact than the word which has been used in other senses, as well as to designate merely elementary living matter; I therefore think that "bioplasson" is to be preferred. Of course, dead bioplasson is a contradiction in terms; bioplasson deprived of vitality is an empty term, and merely the chemical remains of what once was bioplasson. If this be remembered, there will be no confusion, even if the word be used in doing away with the superfluous
into only two radically different kinds of matter, viz., the living or germinial matter and the formed or lifeless material, gives the clue whereby he clears up the confusion into which the cell-doctrine had fallen, and gives the point of departure for the theory of innate independent life of each part, which the cell-theory had aimed at, but failed to make good. The one true and only living material—called by Beale, germinial matter, or bioplasm—is described as always transparent and colorless, and as far as can be ascertained by examination with the highest powers, perfectly structureless; and it exhibits those same characters at every period of its existence.

"The name of bioplasm," continues Drysdale, "is not that of living matter, as indicating the ideal living matter, cannot be given to any substance displaying rigidity in any degree, nor to anything exhibiting a trace of structure to the finest microscope; nor to any liquid, or to any substance capable of true solution. Thus, "nothing that lives is alive in every part," but as long as any individual part or tissue is not surrounded by liquid, the living matter remains intact.

The objection, however, urged by Bastian to Beale is so very pertinent, that it must also find a place here, but for the purpose of answering it, the objection is best met in a different direction. Where Beale differs from the bioplasson doctrine; such as, that living matter exhibits the same characters at every period of its existence; and that its structure, in all cases when developed, is that of a network, in the meshes of which the bioplasson fluid, or the not-contractile, not-living portion of the organism exists. When there is a nucleus, it is connected by delicate threads with the extra-nuclear network; nuclei and nucleoli inside of the nucleus, as well as granules outside, are portions of living matter; sometimes in lump, sometimes mier points of intersection of the threads constituting the intra-nuclear and extra-nuclear living network in relation to any such threads, as first explained by Eimer, and after him by Klein.

Heitzmann discovered that the living matter as seen in an amoeba is not without structure, as had, before him, the investigation been supposed; and that its structure, in all cases when developed, is that of a network, in the meshes of which the bioplasson fluid, or the not-contractile, not-living portion of the organism exists. When there is a nucleus, it is connected by delicate threads with the extra-nuclear network; nuclei and nucleoli inside of the nucleus, as well as granules outside, are portions of living matter; sometimes in lump, sometimes mere points of intersection of the threads constituting the intra-nuclear and extra-nuclear living network in relation to any such threads, as first explained by Eimer, and after him by Klein.

Heitzmann discovered that what is true of the structure of bioplasson matter, which is a single small unit-mass of living matter constitute the entire individual, is true also of the structure of bioplasson of all, even the highest, living organisms.

To be sure, much had been previously known regarding protoplasm or living matter, but the knowledge was fragmentary, until Heitzmann cited the cases of living matter in the amoeba, where the structure of bioplasson in the amoeba, where the structure of the cell-wall, or the type of living matter. Heitzmann's views necessitate the abandonment of the cell as a mere unit in the organism, and that an interpretation favorable to the bioplasson doctrine. To be able to uphold the cell-doctrine, cartilage would have to be, using a homely comparison, like cake composed of hard dough with raisins. No matter how widely we may extend the definition, to remain within the boundary of that doctrine this metaphor must be applicable. Innumerable painstaking researches have led to various modifications of notions entertained regarding the nature of these two constituents and their relations. In the most recent publications on the subject, especially that of Flesch, that the acceptance of the existence of the dough of cleftage of the cartilage as a certain kind of tissue matter of the mesenchymal spaces, and of offshoots, even rami-
mass of living matter exhibiting no differentiation, and to distinguish from it as "plastid" the larger mass showing a more or less clearly developed corpuscle. Thus, I would always use the term "plastid" in the place of "cell.

Perhaps I ought not to conclude without saying that we are indebted to the practical advantages of the Bioplasm Doctrine over the Cell Doctrine. Well, every exact scientific investigation, even though at first of theoretical value only, sooner or later brings with it some practical benefit; and this doctrine of living matter, aside from the satisfaction which the perception of abstract truth grants—lying as it does at the foundation of knowledge of living things—has advanced their physiology and pathology at every point! In Practical Medicine it has already taught us in so many ways that their regular enumeration would require another hour's lecture. We know that the disposition of living matter is different in different persons, and that in the case of increased supply of food this reaction is different in strong and healthy people from that in the sick and weak. The amount of living matter within the same bulk varie greatly, being normal and morbid, contracted or overgrown, with a lump of bioplasm in the urine or expectoration, taken from an individual of good constitution, will show a close network with coarse granulations, or perhaps be finely granular and exhibit a network with large meshes, on account of the relatively small amount of living matter in it. Sometimes we thus, from the examination of such cases, gain an insight into the condition and vital power of the whole individual; sometimes, recognize a disease before it is sufficiently developed to do much harm. To the practical aim of the physician—the prevention as well as the cure of a disease—My Young Alumni Brethren! Prof. Mitchell, in his charge, said to us: "The great desert, the desolation, the barrenness, the waste, of medical science, is such a century ago displayed on its vast and unsettled plain of sand but a few bright spots of sustained verdure, now teems with the freshness of a thousand rapidly in number, each growing broader and brighter, these spots of mingled certainty and promise are gradually concealing the dark and desolate of the bygone ages, and showing the Sesso of the highest arts, as has been our country for the most brilliant transformation of the political principle."

...cases in the same family, occurring under twenty years of age, in both eyes.

Profi. ""It was on the 3rd of Feb., 1878, Miss L., aged 23, of Virginia, at the Jefferson Medical College Hospital, stating that she observed her sight in the left eye to fail about two years ago. Both eyes were diseased; in the right eye also; suffered no severe pain. Her father became blind in both eyes at nineteen years of age; two uncles and two aunts suffered in the same way prior to twenty years of age. She has informed me since, that another uncle, later in life, during 1880 had developed the same disease and been operated upon; the other members of the family had been doing long to stay the process of the disease. The condition of the eyes at the time she presented herself for treatment was, R. E., V = 1 25; Snellen at 12; L. E. no perception of light. Delivered by one of your number, recount in glowing terms, among the greatest advances in medicine and biology the achievements of "Jeff" graduates of 1882.

A CONTRIBUTION TO THE STUDY OF GLAUCOMA.

BY WM. S., M.D., M.D.

Lecturer on Diseases of the Eye, Spring Course, Jefferson Medical College.

(Colloquy.)

Of the six cases which are here reported as a contribution to the study of glaucoma, four were treated at the eye clinic of the Jefferson Medical College, under the direction of Prof. William Thomson and one by myself; the remaining cases are from my private case book. They are interesting, from the fact that they exhibit a tendency to heredity; the hypermetropic formation of the eye, with one exception; in three of the cases a condition is present that is not generally stated, and that is hermaphroditism of a severe form and hermaphroditism of Mr. Priestly Smith, in the same condition has been observed. Acute glaucoma, the nerve partially aphthous; in the left eye slight pulsation of the field, the vessels being small and the nerve totally atrophied. R. E. field of vision hemi- optic; vision 6/6 on temporal side and this limited; at 3 ft., greatest width 12"; greatest height = height 12"; irregular in shape; at points, only 4" in width and 4" in height; shape not unlike a stone-cutter's wheel; the condition prevailed outward. The tension was not excessive in either eye at this time. T. + 1. Cornea anesthetic in each eye.

Prof. Thompson, on February 7th, did a trichotomy upward on the right eye. Graefe knife. Either. No accident occurred; little hemorrhage. Atropia used once and cold applications; only the cold applications continued.

Field of vision at two feet 3" X 4" up and out. No pain. T. + 2.

Eserine was instilled and continued till May 9th, giving more definition to objects moved in front of him, but did not improve vision. Field of vision in a circle. Field of vision increased to 8" X 24".

March 1st. Field 26" X 14" V = 0.25 D. cyl. ax. 90°; helped; went home.

Returned February 28th, 1881, three years later; she had been able to read and sew, and enjoy distant vision during the interval. An examination revealed R. E. V = 0.25 D. cyl. ax. 135° 1.25 Snellen at 12'; L. E. no perception of light. Tension 0. E. + 1.


Case 1.—Chronic glaucoma, occurring at twenty-one years of age, in both eyes; other...
with hemorrhage at the fovea, occurring in the right eye, a few days after operation on the left eye.

Professor Thomson saw Mr. F., aged 54, Pa., on February 17, 1881, at the Jefferson Medical College Hospital, who had been informed that she had a cataract in the left eye, and came prepared for its removal.

Stated that the sight of the left eye had been gradually disappearing for the past eight years, accompanied with severe attacks of pain on the left side of head, also, down left side of nose; the left ear troublesome, though this was found due to a local cause; general health fair; subject to hemorrhoids. On examination, the left eye presented symptoms of kerato-iritis; having pain; cornea hazy; circular corneal injection; a more careful study of the recovery soon excluded it.

L. E. V. = seen light of candle upward and outward. Field reduced at two feet to $3'' \times 3''$ circular upward and outward.

Cornea punctated, anæsthetic. Pupil slightly dilated. T. + 3. With ophthalmoscope only warm reflex.

R. E. V. = $= H$. Field normal. Tension normal; optic nerve presented no true cupping, but seemed more like a myopic disk.

Eserine was instilled into the left eye, and the next day, under its use, the cornea had cleared, and I saw to the eye, when a marked glaucoma cup was recognized; her field of vision was slightly increased and vision rendered more acute by the action of the eserine. She was advised to have an operation immediately. Eserine was continued till Feb. 25th, she being able to read Snellen, No. 1, at 8", in what field existed, when Prof. Norris had seen the case with me, April 3d, 1880. After consultation, it was deemed advisable to remove, by cataract operation, the lens; this was found to be entirely cataractous after its removal. Considerable reaction followed, and a good perception of light, but iris drawn into wound. She still has perception of light, but attempt to remove iris has not been found to yield any good, as it proliferated when irritated, and closes the opening made.

CASE 5.—Chronic glaucoma in right eye; acute glaucoma in left eye. J. C., aged 60, came under the care of the Hospital, November 11th, 1881, by Prof. Thomson stating he never knew when the sight in the right eye was lost. It presented with the ophthalmoscope a typical glaucomatous cupping of the right eye, with atrophy of the nervus opticus, and suffered partial loss of sight; thought there was a heavy fog in the atmosphere; this lasted for thirty-six hours, and the vision cleared up again. At present, having experienced a return, and slight symptoms of the left, he comes for treatment. Left eye only light perception. Ciliary injection; cornea foggy; pupils dilated. Anterior appearance of anæsthetic cornea. L. E. T. + 3. No view of fundus osculi obtained. Eserine used twenty-four hours. T. + 3. Sees finger at $3''$. Field limited. Cupping of disc observed. Eserine continued till July 18th, 1881, when Professor Thomson did an iridectomy upward. Graefe knife; some hemorrhage; cold applied.
As to the existence of hemorrhoids in these cases, and the observation, it may be improper not to infer that a somewhat similar action takes place in the tissue supplied with sphincter muscles in the eye as occur in other places. The sphincter of the iris, the ciliary sphincter, and other sphincter muscle, other accepted causes existing in the eye.

I learned recently that a case I treated for a high compound hypermetropic astigmatism, some five years ago, and who had been a great sufferer from hemorrhagic hemorrhoids, recently developed a double acute glaucoma.

College Reminiscences.

A TRIBUTE TO THE LATE PROFESSOR JOSEPH PANCOAST.

BY DANIEL LEASURE, M.D.,
OF ST. PAUL, MINNESOTA (CLASS OF 1846).

Of the few of his earlier pupils who remain to cherish reminiscences of those far-off days when the Jefferson Medical College experienced its renaissance under the new faculty, none will note his death with greater regret than myself. Professor Pancoast was one of these. As an operator, he was ambidextrous, safe, swift, and yet he "made haste slowly," while, with his matchless dexterity, he applied his scalpel with amazing alacrity; and those who have witnessed the great operations of Professor Pancoast, in those days before the discovery of anaesthesia, swiftness of execution, and in the attempt for relief, the field was widened all around them. In one case the left eye had only small field of vision left; partial atrophy of nerve existing, and in the attempt for relief, the field was widened almost by magic.

In one case the left eye was lost by hemorrhage and enucleation required. In one case left eye was healthy and right eye glaucomatous, and relieved by operation.

I have not gone over the general statistics in these cases, except one, that it was of total blindness in one, with atrophy of nerve, total blindness in one, with atrophy of nerve, lens cataractous and dislocated; nothing being done for three years, the man died. In one case right eye had been blind, with atrophy of nerve, following glaucoma; the left eye operated upon successfully for glaucoma.

The leaking cicatrix in Case 1 is interesting, and if such could always be produced, would maintain a permanent result in the treatment of glaucoma, especially in the non-inflammation variety, non-hemorrhagic, by the long celebrated grafting knife which was used in all the cases but Case 4, and is to be preferred to a keratome. In Case 4 eserine was used, but did not have the effect in that severe form of the disease that it has been seen to render in cases of less severe type.

Surely not one of the survivors of the class of 1841-2 will forget the untinging enthusiasm, with which he united with Professor Mütter to establish and sustain the surgical clinic of the college, and the eminent success that crowned their labors. The originality and brilliancy of their operations overcame all obstacles, and fixed the mind of the world upon the clinical institution, far leading those of any other school. After the too early death of Mütter, a giant succeeded him, who has ever since stood shoulder to shoulder with Professor Pancoast in extending the fame of the college throughout the domain of surgery. May it be long, before some loving pupil is called upon to voice a universal sorrow for his departed master.

As a teacher of anatomy Professor Pancoast had no superior and few peers. All who sat in his classes will vividly remember how he induced them upon their scientific journey through the "Valley of dry bones," and how he fashioned those "bones live," and built up around them the human anatomy that represented the breathing, sentient man before the great leveler had stolen away the Pro-amean spark, and made him a "cadaver." Not very many men have been eminent as operators as Professor Pancoast was. He was an operator whose reputation was built upon the removal of acute glaucoma. Pancoast was one of these. As an operator, he was ambidextrous, safe, swift, and yet he "made haste slowly," while, with his matchless dexterity, he applied his scalpel with amazing alacrity; and those who have witnessed the great operations of Professor Pancoast, in those days before the discovery of anaesthesia, swiftness of execution, and in the attempt for relief, the field was widened all around them. In one case right eye had been blind, with atrophy of nerve, following glaucoma; the left eye operated upon successfully for glaucoma.

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Our Library Table.

LEWIN ON DRUGS.

We have received a communication from George S. Davis, medical publisher, Detroit, Michigan, addressed "To Medical Editors and the Medical Profession," stating that early in the beginning of the present year he received an unsolicited proposition from Dr. L. Lewin, Docent der Pharmakologie an der Universität, Berlin, to undertake the translation and publication of his work on "Die Nebenwirkungen der Arzneimittel." The position and reputation of the author, combined with the opinions of the work held by the judge of whom it was spoken, induced him to enter into negotiations with Dr. Lewin, and the translator has already nearly finished his task. The translation will receive Dr. Lewin's endorsement before publication, and will contain all the alterations and additions which are to appear in the new edition now in course of preparation and shortly to appear in Germany. The translation will appear in three months from the present time. He states that a translation of the first German edition has just been issued by an English publisher, under the title of "Drugs." This translation is necessarily without the alterations or additions provided in this edition.

AN INDEX OF COMPARATIVE THERAPEUTICS.


The accomplished editor of this magnificent cyclopaedia must be congratulated on the satisfactory manner in which he has performed the labors of his distinguished collaborators. They include the names of surgeons and physicians celebrated in every department of the profession, who have been selected for their special knowledge and experience in the direction of the subjects now assigned to them. The publishers have supplied good paper and very distinct and readable typography. As a complete work of reference for the country practitioner, or the city practitioner, it is undoubtedly all that can be wished for.

R. J. D.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY.


The "Index" has been published simultaneously by Wm. Wood & Co. and Berhingham & Co., of New York, at cheap rates. It is open to the usual objection of too much abbreviation of the subjects indexed, applicable to all syllabuses, compendia, and other works of the class, but is otherwise a useful work for ready reference. It is sufficiently full for those who will not divide it among many contributors, and the ample judgment to direct their reading into deeper channels when they desire to learn, and not merely to skim along the surface. R. J. D.

Conducted especially in the interest of the GRADUATES AND STUDENTS OF JEFFERSON MEDICAL COLLEGE.

RICHARD J. DUNGLISON, M.D., FRANK WOODBURY, M.D., Editors.

PHILADELPHIA, MAY 15, 1882.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The thirty-third annual meeting of this body will be held at St. Paul, Minnesota, commencing June 6th. More than the usual amount of interest clusters around this gathering of representatives of the medical profession, on account of the questions which are likely to agitate it. We presume that the delegates from the northwestern section of the country will constitute a numerically strong proportion of those present; but there will thus be introduced to membership in the Association many who may afterwards become its earnest and active advocates, but who have hitherto been prevented from attending its deliberations by the non-inducement offered by non-proximity of the meeting-place, if such negation of expression be allowable. St. Paul certainly appears to be itself far remote from some of the medical centres, as they are usually called, but this will scarcely militate in any way against the interests of the whole profession, whose honor should be equally dear to members, whether resident in the East, West, North, or South. The infusion of vitality derived from this new northwestern source of supply will, it is to be hoped, be permanent, and the interest not confined to a single meeting. In the history of the Association it has been found that too many look upon the annual session, to which they are delegated for the first time, as chiefly an opportunity for social enjoyment, after which temporary period of excitement they voluntarily relinquish their membership. Many of them are not aware, however, that on attending one meeting of the Association, they are always thereafter Permanent Members.

At least three important questions will come before the Association at St. Paul, all of which should receive the consideration that they deserve from the delegates and members present. No similar convention has, for many years, been entrusted at once with subjects of equal importance, for these concern not only the future of the Association itself, but the ethical relations of the profession at large, to themselves as individuals and to the general community. In other words, that body is to determine whether it shall initiate the steps necessary for the establishment of a Medical Journal, in lieu of the present annual volume of Transactions. It will also consider fairly and impartially, but, we trust, descriptively, the errant ways of the New York State Medical Society, in its attempt, through the instrumentality of a few special pleaders and practicing specialists, to commit an honorable profession of a noble State to unethical practices, directly in violation of the provisions of the long respected code of ethics of the American Medical Association; which has always been considered to be based on principles of strict professional integrity and an elevated standard of fraternal honor, but which does not seem, in a commercial sense, to allow of sufficient latitude for such enlargement of the incomes of the modern metropolitan practitioner as would result from sanctioning consultations with licensed quackery, in all its phases.

The Association will probably, also, at this meeting, make some disposition of a question which has been a bone of contention among manufacturing chemists during the past year, and in which the interest of the medical profession has become seriously enlisted. Although the condemnation of the use of trademark by the manufacturer is of itself a matter worth considering by the Association, on its own merits, so much intensity of language and needless personality have been indulged in by one or two medical men, interested on opposite sides of the controversy, that the readers of medical journals were rapidly becoming weary with its aggressiveness, and were looking forward to the meeting of the Association as a means of relief, for there the true merits of the dispute would be fairly crystallized and judiciously focused. Altogether,
with so many interesting matters in prospect, we may infer that the Association will not lack variety, spice, or attractiveness, and those who are present, especially those who journey to it from afar, will probably be rewarded with a display of much more than the usual amount of bälát which characterizes these annual gatherings.

So far as the inauguration of a new medical journal is concerned, it seems that the drift of the general sentiment of the members is in favor of changing the form of annual publication to a journal, probably weekly, that will gather all the members more closely together, and bind them with ties of a common interest in the Association. The report of the committee appointed last year to suggest a plan for its issue will be presented at this meeting, and will introduce the matter at once for discussion by the general body.

The report presented at the last meeting by another committee, and published in the Transactions, which was mainly based upon data given by the Trustees of the factories, established the fact that, for some cause or other, membership was movable rather than constant and fixed. It is believed by many of those who have watched the working of the Association most carefully, that a medical journal would gather all the members more closely together, and bind them with ties of a common interest in the welfare of the body.

THE DISPOSAL OF THE U. S. PHARMACOPEIA.

When the Pharmacopoeia Convention met in Washington, in the spring of 1880, it was very apparent to the most disinterested observer that an organized effort was to be made to capture the work, and carry it to a point not very remote from the place of its previous publication, in a northeasterly direction, being nearly a hundred miles distant. The Convention was visibly under the domination of a few active parties, and everything had evidently been carefully manipulated in advance for the accomplishment of the purposes intended. There was a very absurd idea prevalent in the delegations from New York and other points still more northeasterly, that the Pharmacopoeia and the U. S. Dispensatory were bound up in one common interest, and were as inseparable as the Siamese twins; and that all Philadelphia was in a conspiracy to prevent the cord from being divided. The writer of this article, himself a delegate to the Convention, was somewhat taken aback when this relationship was imparted to him, as an uncle.

The principal points at issue, in the mind of the writer, were: first, that the matter be handled with family influence; and, secondly, the assurance that the book would not be hawked around the country by means of undignified nuisance advertisers.

A sub-committee on publication was appointed by the Committee on Revision, consisting of five members, viz: Dr. Robert Amory, E. L. Wood, and T. Dolber, of Boston; Dr. Henry C. Piffard, New York; and Dr. W. S. A. Ruschenberger, of Philadelphia, the latter of whom was prevented, by domestic reasons, from attending any of its meetings. In March, this sub-committee advertised for proposals for the publication of the work, and furnished to applicants a form of contract on which the state that the sales were to be manipulated in advance for the accomplishment of the purposes indicated. There was placed in competent hands, has probably been well executed, although we shall feel qualified to express a fair and unbiased judgment on this point only when the work shall make its long expected appearance.

The award of the Pharmacopoeia to Messrs. William Wood & Co., of New York, for publication, has, however, excited such general condemnation from the profession, that the majority of the committee of revision will be compelled to give a much more satisfactory explanation of their recent action, as trustees of the good intentions and explicit instructions of the decennial Convention of 1880, or remain under the enduring stigma of having carried out, for motives best known to themselves, an apparent or rather transparently preconceived plan, to award the work to a favored publisher. The writer of this article, himself a delegate to the Convention, was somewhat taken aback when this relationship was imparted to him, as a fact.

The integrity of the publisher so selected, and his capability, do not enter into this question; they are, of course, undisputed, but the methods adopted by the committee were manifestly unfair, and, not to put too fine a point upon it, clearly the result of a warped judgment. We quote from our esteemed contemporary, the Medical News, (May 8, 1882), the following facts in elucidation:

The Pharmacopoeia Convention, held in Washington, May 8, 1882, the publication of which the work should be entrusted to the publishing house offering the best terms, the Committee (on Revision) held the copyright of the Pharmacopoeia for a consideration of $3.75 per copy, and the book to be sold through the ordinary trade channels—the object of being, firstly, to raise a fund whereby to defray the expenses of further revision; secondly, to furnish the work at a moderate price, with family influence; and, thirdly, to prevent its being hawked around the country by means of undignified nuisance advertisers.

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THE OTHER JEFFERSON COLLEGE.

We alluded in our last issue to the formation of a new medical college in Louisville, Kentucky, which had appropriated the name of the time-honored Jefferson Medical College of Philadelphia. Our attention has since been called to a copy of the Louisville Courier-Journal, quoting from this journal the proceedings of the Alumni Association of the true Jefferson, which condemned such an unauthorized act of usurpation, and our own editorial in regard to it.

On the next day a reply was published in the same daily sheet, signed by members of the Faculty of the "Jefferson School of Medicine," as it is called, criticizing as unjust the editorial comments of the Record and the action of the Alumni Association. We may here remark that the title of the new school had been published in several medical journals as the Jefferson Medical College, and not the Jefferson School of Medicine, as at present named. We do not know if the latter title was an afterthought, or whether the new candidate for the manufacture of medical practitioners was christened at its birth the "Jefferson School." Certainly the action of the Alumni Association here was based on the belief that the name was exactly that of the old Jefferson, and that it was so named for a purpose, a purpose of deceiving the unwary and unsuspecting student. We are unwilling to do injustice to any one, although we think that the similarity of names has a suspicious look. It was because we, in common with the readers of journals generally, believed that this school had unjustly and undeservedly appropriated the good name of another, that we employed the phrases we did, all of which were perfectly correct expressions for such an act of unfair dealing. The fact that it was so named because Louisville was in Jefferson County could not make the ethical impropriety of the question any less marked. The name "Jefferson School of Medicine" weakens, to some extent, however, the force of personal objection. It may be interesting to our readers to learn that the new school (a summer institution) and the Louisville Medical College occupy the same building, and that, with unimportant exceptions, the two colleges have the same Faculty.

A PECULIAR SURGICAL OPERATION.

An operation of unusual character was a short time since successfully performed by Dr. Wm. S. Forbes, Demonstrator of Anatomy in the Jefferson Medical College. The tendons of the hand had all been cut, and the patient was attempting to render the third or ring-finger less capable of being extended than the neighboring fingers on either side; and, on that account, this finger, in its action in piano-playing, is made a little awkward. The accessory slips of the extensor tendon of this ring-finger going off to the two adjoining fingers are the remains of what are very important tendons in some of the lower animals. In man they are entirely rudimentary, and appear to have no practical use. When, in performing upon the piano, it is desired to hold down the middle and little fingers and to raise the ring-finger, these accessory slips act as checks in extending the ring-finger. Dr. Forbes cut these two accessory tendons (one going off on each side, from the main tendon to the neighboring fingers), in the hand of a devotee of music, thereby permitting the extension of the ring-finger, giving additional liberty of movement to the extensor of the finger to describe the arc of a circle one inch and a half greater than before the operation. The improvement is not only evident in the increased range of movement, but more especially in the ease with which extension is accomplished.

The force and power of the finger are not in the least impaired, for the main tendon is not touched. The operation was performed subcutaneously, and was a complete success.

A NEW COLLEGE.—The College for Medical Practitioners has been inaugurated at St. Louis, having for its object to teach medical practitioners, by practical instruction, the special branches of medicine and surgery. There will be twelve departments, so arranged that special courses may be taken with as little loss of time as possible. The following gentlemen have been elected to fill some of the departments: Drs. Thos. F. Rumbold (Class of 1862), Edw. Bognor, Wm. Houston Ford, Wm. Dickinson, W. B. Outten, C. H. Hughes and Fred. T. Ledergerber. Dr. Rumbold is the Dean.
Ah! happy days, thus sadly brought to mind;
Or of their jarring creeds oblivious, find
Whose loving hearts in their parental sphere,
'Not so the young, elastic—as a spring
Soon fled such lightness when the speaker rose,
Or those of other sects, who came and prayed
A solemn hush o'er all the assembly stole;
With many a sweet yet painful thought
Ah! hapless house, whose worshipers are
And break the bonds of brotherhood in
Accost the gentle maidens at the door.
Poured floods of happiness on younger lives?
That troublous themes, bewildering earnest
From strong constraint released rebounds
Slight causes there might serious thoughts
With men they honored as the types of truth. I
By great Elijah heard, on Horeb's height.
Each scanned the past, and sought as guiding
4

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CAL COLLEGE.—At a recent meeting, Prof. Gross acted as chairman.
The resolution of Prof. Rogers, offered at the Annual Meeting, and referred by the Association to the Executive Committee, was not acted on, as no copy of it had been obtained.
The resolution of Dr. de Grandchamp, as referred, was laid on the table. The committee then adjourned.

FRATERNAL APPRECIATION.—Our polite co-temporary, the Atlantic Medical Register, is kind enough to say of us, "The College and Clinical Record deserves the support of not only the Alumni of the Jefferson College, but also of the entire medical profession. It is entitled to the success which it has achieved, and we heartily wish it a long and prosperous career." Thanks!

GROSS MEDICAL AND SURGICAL SOCIETY.—Such is the name of a new Society, in Louisville, Kentucky, in honor of the distinguished Emeritus Professor of Surgery. In a letter from the latter, which was read by the secretary, at a recent meeting, Prof. Gross alludes to his early struggles in Louisville as among the happiest recollections of his life.

PERSONAL.—Dr. Addinell Hewson (Class of 1867) has been elected Attending Surgeon to the Philadelphia Hospital.

Dr. Joseph Hearn (Class of 1867) has been First Vice President of the State Medical Society of Pennsylvania, at the meeting just held at Titusville.

Dr. H. A. Wilson, having offered certain resolutions looking to the inauguration of social meetings, after much discussion, withdrew them, and, on motion of Prof. Gross, it was agreed to have a social meeting in May, at the College of Physicians. A committee, with power to act, was appointed, consisting of Drs. H. A. Wilson, Woodbury, and Andrews.

On motion of Dr. Andrews, a vote of thanks was tendered to the late chairman of the Executive Committee, Dr. A. Hewson.

* After May 10th, Dr. Neff, on Tuesdays at 11 A. M.

The report was accepted and the committee discharged.


John Vansant (Class of 1855), Surgeon U. S. Marine Hospital Service, was detailed as president of the Board of Survey for physical examination of officers of the Revenue Marine Service, March 18, 1882.
DISLOCATIONS OF THE KNEE-JOINT, INCLUDING THE PATELLA

BY HENRY E. EVERETT, M.D.,
Of Pennsylvania (Class of 1846).

MECHANISM OF THE JOINT AND ITS MOVEMENTS.—In studying the physiology and mechanical features of the knee joint, we should consider first, its strength; second, its motions. We appreciate the necessity for strength in this joint when we remember that the weight of almost the entire body falls upon the knee, and that during walking or standing it is thrown upon a single knee; rarely is it divided between both. Again, it is the joint between the longest two bones of the body, and, therefore, has to resist the greatest leverage. The strength of a joint is generally in direct ratio to the extent of its articulating surfaces, and this is especially true of the knee. The conformation of the opposed surfaces is not in every respect the most advantageous for security. For example, our joint lacks an important element of strength that is found in the elbow, in so far as having the aid of atmospheric pressure in keeping the bones in place. In the dead subject the weight of the entire limb is not sufficient to draw the head of the femur out of its socket while the air-tight capsule is intact; but as soon as the pressure of the air is removed by opening the capsule or by means of an air-tight syringe the head falls out. While the knee has no such spherical head fitting in an air-tight cavity, as the hip, no overhanging masses to protect it, as the shoulder, no large muscles to bind it, no hook, like process, as the elbow, no articular eminence, like the jaw, it does have an ingenious device peculiar to itself; that is, the reception of the spine of the tibia, which is a sort of “dove-tail.” In fact, having two condyles articulating with two separate facets on the tibia, it is a double joint, or two joints placed side by side. This source of strength, derived from the extent and peculiar adaptation of the articulating surfaces, is quite independent of the ligaments. It may seem, at first sight, that the motions of this joint are very simple and confined to mere flexion and extension, with a slight amount of rotation. But in reality, its mechanism is quite complex; flexion and extension being, for example, the combination of three different movements. In this connection it is necessary to study the office of several ligaments. If a vertical section be made through the tibia, corresponding to the plane of flexion, the parts of the condyles in all positions. In extension it is the anterior, when half flexed it is the middle, during flexion it is not concentric with the surface of the condyles. We see that the latter, as we follow it backward, approaches more and more the axis around which the tibia revolves, viz.: a transverse line through the attachments of the lateral ligaments. As we pass through the internal auditory meatus—deflection not occurring. What structures are passed through? 2. Name, in order, structures divided in amputation of the arm through the right external abdominal ring and passes out through the middle of the leg. 3. Same in amputation of the three portions of the left subclavian artery. 4. Same in the inferior maxilla. to. Position and relations of the three portions of the left subclavian artery. 5. Same in pigmoff’s amputation. 6. Name in order structures divided in castration. 7. Same in complete removal of the scapula. 8. Same in lumbar colotomy. 9. Same in complete removal of the inferior maxilla. 10. Position and relations of the three portions of the left subclavian artery. 11. Name the inferior maxilla. to. Position and relations of the three portions of the left subclavian artery. 12. Same in pigmoff’s amputation. 13. Name in order structures divided in castration. 14. Same in complete removal of the scapula.
and in flexion the posterior portion of the articular surface which is in contact with the condyles is that of the patella, and is a plane of a condyloid surface, but is constantly changing. This makes the tibia slide upon the condyles, forward during extension and backward in flexion. As a result of the first, viz., the turning of the tibia upon a transverse axis, the lower end of the tibia ought to have a more extended motion. But this is counteracted by the sudden, viz., the sliding, so that all point of motion of the tibia move through arcs of concentric circles. Thirdly, another concomitant of flexion and extension is the slight revolving of the tibia about a longitudinal axis drawn through the outer tuberosity, outward during extension, inward in flexion. As already mentioned, this is to relieve the tension of the crucial ligaments during the last stage of extension. Flexion is effected by the muscles of the ham, assisted by the sartorius, gracilis and popliteus. It is limited only by the leg and thigh coming in contact with the anterior face of the quadriceps extensor cruris, and over extension is checked by all the ligaments combined. This movement of flexion and extension extends to all the limbs.

In addition to this combination of movements, there is still another variety. It is a rotation of the tibia, but distinct from that just noticed. In this, the tibia is rotated upon its long axis, lying in a vertical plane. These movements are not independent of each other, each being a concomitant of the others. The inner tuberosity, the extent of motion being about 35°, is the pivot of the joint, the extent of motion being about 30° from the line of the thigh, but becomes more free as flexion proceeds. Here the muscles of the ham are the principal agents. Pronation is produced by the peroneus longus, or by the peroneus tertius. Supination is the effect of the peroneus brevis, checked by the flexor tibialis longus. In the plane of the foot, the tibia is rotated upon the fibula or vice versa, the inner condyle being lodged, usually, upon the outer tibial facet. The patella is very likely to be carried out of its place by the tibia. The position assumed by the soldier at "parade rest," and the knee is said to be "locked." Some birds, as the stork, which possess this power to a still greater degree, can stand for hours on one leg. In this position a sudden blow on the back of the joint will cause it to flex, and the body will drop, without any effort of the muscles. This is a fact which has not escaped the observation of school boys.

**PATHOLOGY OF THE KNEE JOINT.**—Dislocations or luxations of the bones of the knee are, (1) tibio-femoral dislocations, and (2), dislocations of the patella. In addition to these, we have a displacement of the semilunar cartilages. These are forced from their sockets. But now we consider the dislocation to be that of the femur. The tibio-femoral luxations, by far the most numerous, have been seen in cases of the lateral ligament of the opposite side, and after the crucial ligaments are torn. In a case of outward dislocation, in which the patient died of suppulsive pleurisy, lateral, anterior cruciate ligaments had given way, and the external ligament was torn partly through. All the other ligaments were intact. The reduction is usually easy, requiring only extension and counter-extension when the bones can be pressed into place. But sometimes it is effected only with great difficulty, as in the patient described. The reduction is usually easy, requiring only extension and counter-extension when the bones can be pressed into place. But sometimes it is effected only with great difficulty, as in the patient described.

**Case 1.**—A carpenter, aged 42, was brought into St. Bartholomew's Hospital, August 14th. He stated that in erecting a large beam, the beam fell upon his back, while he was stooping. He was felled to the ground, and at the same instant experienced a severe pain in left knee and right leg. On examination, it was discovered that the right leg was fractured, and that the left tibia was luxated outward, so that the external articulating surface of the femur rested on the internal semilunar cartilage of the joint; while the patella, being carried outward from its attachment to the head of the tibia lay altogether external to the outer condyle of the femur, and there set a marked depression under the inner trochlea of the limb. The luxation was reduced by the house surgeon and several assistants. It was effected by gently extending the leg and pushing the tibia and patella in the proper directions, when the bones assumed, in a great measure, their natural positions. This, however, was not immediately done, but the partial reduction of the muscles completed the adjustment (Lancet, August 31st, 1833).

**Case 2.**—A. Mr. Boville, while riding, was thrown from his gig. The tibia was dislocated outward, and the fibula broken a little below its head. The head of the tibia projected greatly on the inner side of the condyle of the femur. Two surgeons saw him fifteen minutes after the accident. To reduce it they extended the leg from the thigh in a bent position of the limb; the extension was a long time continued and force applied to him by the two surgeons. The reduction was obtained until a spasmodic contraction of the muscles of the leg came on, as might be expected, and very manifest. When the dislocation was outward, the tibio-femoral ligaments were drawn in, while the patella lay upon the outer condyle of the femur. The patella was dislocated outward, and the tibia came to rest upon the internal semilunar cartilage of the femur. He exclaimed with pain, "I cannot move my leg; it is stiff, as though it was broken." The symphysis pubis was then examined, and it was ascertained that it was dislocated. The reduction was obtained by the two surgeons, by means of counter-extension and counter-reduction. The reduction was obtained by the two surgeons, by means of counter-extension and counter-reduction.

**DISLOCATIONS.**—Laxations of the knee are, the tibia and the head of the fibula make a prominent extension, which opposes the condyles and are always partial or incomplete. The external is of rather more frequent occurrence than the internal; the former is assisted by the external femoral condyle rests upon the inner portion of the external fascia, upon the external fascia, or upon the ridge between them. In some cases, as it is the case with the internal condyle being lodged, usually, upon the outer tibial facet. The patella is very likely to be carried out of its place by the tibia. The symptom is such that at first the leg is extended

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power, acting on its upper end; the point of support is the front of the condyles, and the resistance is at the attachment of the ligaments upon the back of the condyles. This luxation is almost invariably complete, for, out of two hundred and sixty-nine cases, only one was partially effected; the two were undoubtedly partial. One of these surgical phenomena is as follows:—

CASE 3.—A cavalryman, whose horse fell with him, had his leg caught between the ground and the side of the saddle. When he was raised, the knee made an angle pointing outward, and was much swollen. A surgeon present neglected to restore the limb to its proper position, but at the end of three weeks the man stood up on crutches. Fifteen days later he could walk with the aid of a cane; but the joint was rigid. It was on this account that, six months afterward, he consulted Malgaigne. The knee, slightly bent outward seemed flattened in front, and presented no other prominence than that of the tubercle of the tibia, above which could be felt the patella, which had followed the femur backward, and which was, thus, a little behind the tubercle. When the leg was flexed the patella slipped under the quadriceps; the finger rested in the articular cavities of the tibia, which seemed to project in front of the femur from about four-fifths to one inch and one-half; the medial condyles also made a prominence under the skin. The foot pointed directly forward. Extension was complete; but flexion did not go beyond a few inches. The patient walked the usual number of miles, and was able to operate in the usual manner, and in five months he regained the perfect use of the joint. (Cooper on Dislocations).

CASE 5.—A very large, stout, heavy woman, forty-eight years of age, received a severe injury on her right side from a fall. The patella had sunk behind the head of the tibia, and the patellar ligament was torn through the skin. The patella lay in front of the condyles, where its outline could be distinctly traced with the eye and fingers. Above this bone, as already stated, the pulleys and ligaments of the tendon of the extensor muscles, forming a broad, thick cord in front of the thigh, became several inches more than two inches. The leg was drawn forward, perhaps twenty-five or thirty times. Examination showed the left knee to be entire- ly dislocated forward, while the right side seemed uninjured except at the lower third of the thigh, where there was a hard, fruitless attempt. On flexing the right leg to a right angle with the thigh, however, the head of the tibia slipped backward, producing a partial posterior dislocation. When the left leg was extended the luxation was spontaneously reduced. On flexing it anew the displacement recurred. The condyles formed a prominence forward, and their articular surface was accessible to the touch to a much greater extent than natural. The patella occupied the summit of the prominence, and seemed to be more removed from the tibia than normally, by the whole length of the patellar ligament. The condyles were drawn forward, leaving a remarkable vacuity in consequence of its distance from the interior extremity of the femur. The condyles of the thigh-bone formed a prominence in front of the head of the tibia, where they formed a large prominence, more distinct on the inside than on the outside, and situated, as it were, upon the upper part of it. The knee was drawn over, the muscles of which were unusually tense. The head of the tibia lay in front of the condyles, where its...
DIPHTHERIA.

BY J. W. YOUNG, M.D.,
Of Williamsport, Pa. (Class of 1877).

Notwithstanding the almost miraculous success I have had in the treatment of diphtheria, I do not claim to have the digiti vive case. It is well-known that the disease differs in type and localities. This can hardly be looked for; I have had in the treatment of diphtheria, malignancy in different localities, and that it differs in the same vicinity in different years. While this state of things exists we certainly cannot all agree in treatment. It is a natural result, and will so remain, unless we discover a specific treatment suitable to all epidemics and localities. This can hardly be looked for; yet we should not despair of obtaining a better result than we now possess. Let us investigate and give our views and experience to the profession at large. And in so doing we cannot be too careful about what is said and written, for life and death we hold in our hands. It is this state of things that makes me shudder when I leave the old track and strike out for myself a new one. The road looks lovely and bright, but the end has not been reached; yet, how can we learn, if we do not venture. With these feelings, I place before you that which has proved so successful to me in the past. It is hoped that the future will render it as beneficial.

Now as to the treatment. Early recognition is of the highest importance, and for it seems to favor the favorable result cannot be expected in any grave case. As no two cases are exactly alike, the treatment will differ, and thus bring general principles into play. We will suppose the case to be a typical case. I discover the deposit forming, and detect heat in the throat. I order swabs wrung out of cold water (well tempered) to be put around the neck, covering the wet rag with a dry one. These I have changed as fast as they dry, day and night, say every five or ten minutes, or four times a day. The heat in the throat goes down the intervals are lengthened. Should the cold water chill the patient, I change to a mixture of vinegar one part and water two parts; order it to be kept hot and apply in the same manner as you do the cold applications. On first applying cold water the neck should be washed with water of the temperature and the regular rag then put on and used as directed. As soon as the patient shows signs of general weakness I order alcoholic stimulants, beef-tea, eggs, or any other solid food, which can be taken dry, digested. Milk in any form may be given. If restlessness with or without pain persist, a small dose of morphia or opium is given with the stimulant or other medicine. When stimulants are required they should be given day and night, with nourishment. The free use of ice sucked or swallowed is allowed and advised. In cases of infants the ice may be suspended in the mouth by means of a small gaunze bag. The prescription which I generally order from the beginning is the following. For an adult:—

B. Pot. chlor., 5 gr.; Tr. ferr. vert., 4 gr.; Morph. pur., 2 gr.; Ac. muri., 4 gr.; Ac. detest., 4 gr.; Syr., 3 M.

Sto. — A teaspoonful every 2d or 3d hour.

This formula is one which I obtained while attending lectures at the University of Pennsylvania. I am of the opinion the late Professor Joseph Caspers, M.D., originated it. With this I direct the patient to use chlorate of potassium lozenges freely. In some cases of an inflammatory type, where anemia did not appear to be contra-indicated, I got most favorable results from the remedy during the first few days. Experience has taught me distinctly, that more harm is done by swabbing than good. I believe when swabbing is practiced, that very strong medicines are generally used, such as tr. of chloride of iron, tincture of iodine, and frequently a combination of these articles with glycerine, in the same proportion. I think this treatment is rather much of such a mixture would run from the swab into the throat, and how easy compounds of such powerful medicines, in their raw states, become changed into swabs giving swabbing than good. I believe when such medicines are used, the process of digestion is much interfered with.

If the case is of a very inflammatory type, in which the cold is involved, I direct the following:

B. Aconite, 3 M.; Pot. chlor., 1 gr.; Morph. pur., 6 gr.

Sto. — Gargle three or four times a day.

I follow this, with a chlorate of potash gargle:—

Tr. fern chlor., 3 M.; Potassii chlor., 3 gr.; Acid. mur. dil., 3 ij.; Morph. pur., 6 gr.; Syrup, 3 M.

SIG. — Gargle three or four times a day.

I have written to my grandfather, Dr. John L. Atlee, of Lancaster, asking him if, in his experience of sixty years, he has met with any such case, as this one. I extract from his answer as follows:—

CASE 1.—Mary P., sixteen years of age, tall and thin, but with no appearance of ill-health, was brought by her mother to my father's office, May 17, 1881. She resided in a healthy place near the city, and worked in a woolen mill, which she said was well ventilated and not dusty.

She urgently demanded relief from unbearable pains in the lower part of the belly, attended by frequent inclination to pass water, which at times was very difficult to accomplish, and an almost constant desire to empty the lower bowel; in fact, she had to be shown the privy almost every minute. I diagnosed this case as peritonitis; this condition of things had begun some months before; it was getting worse, and every few weeks there was a period of four or five days it was aggravated very much. I asked, her mother said her daughter had never had any show of monthly sickness, or signs of bloody discharge.

This case of amenorrhoea was attended by symptoms so similar to that of retention of the menses from imperforate hymen, but it is certainly worthy of record, and I cannot refrain from including it here.

CASES OF IMPERFORATE HYMEN.

(1) A trocar, one used habitually for hydrocele, was introduced, and slowly a thick dark red liquid began to flow from the opening in the canula. After about four ounces had come slowly away, the instrument was removed, a large diaper was applied by the mother, and the patient left to walk two or three squares to return home in the cars. She returned at the end of a week, to report herself as perfectly well.

(2) Some years ago, a young girl, about 15 years of age, was brought to me, who had passed her menses, and suffered at each period. Upon examination, I found, as you described, the pelvis full and the membrane tense. I made a small opening first, to confirm the diagnosis, next a period of four or five days it was discharged. I then made a crucial incision, opening the ostium vaginum freely, and nearly a quart of a fluid was discharged. After cleansing the parts I sent her home; and supposing it was all right, as I never saw her afterward.

"Another very interesting case of imperforate hymen that occurred to me many years ago, in the early part of my practice. I was sent for to a primipara whose husband kept the gate at Witmer's Bridge. When I arrived in the evening she had been in pain all day. Examination revealed a very strong membrane, occluding the vagina, of quite a fleshy character. I traced it all around and came to the conclusion for the point of my finger. In the absence of pain, I could feel a tumor an inch higher up, that felt like the mouth of the uterus stretched over the head of the child, but it was impossible. I came home, got my instruments, and made a crucial incision through the membrane, assisted by an old lady who held the candle for the point of my finger. As soon as I had done this, I felt the os tinea and the membrane and head presenting; I ruptured them, and in a reasonable time delivered the patient. She had a fine child, and I am told that the question arose, how could impregnation take place, according to the acknowledged law of impregnation? I could not pass even a probe through..."
any opening into the vagina in this case after
searching closely just behind the orifice of the
urethra.¹

These two cases appear to be worthy of
record, and of being commented upon, from
the fact that, as far as I am aware, no one has
shown that, with the exception of Barnes' Medical and
Surgical Diseases of Women (London, 1873), and of Emmet's Gynaecology, all our systematic
translations in the English language, on Surgery and
on the Diseases of Women, either altogether
ignore this affection, or else very imperfectly
appreciate and describe it. Again, as Morgagni
puts it, non numeranda sed perpendicula sunt
observations. It is evident, moreover, that
such cases as these are very rarely met with,
for my father's experience is one of over thirty
years, and that of my grandfather of over sixty,
so that both together they represent the expe-
rience of a century of active practice. Nélaton
(Pathologie Chirurgicale) speaks as if he had never
encountered this state of things but once.

The anatomical changes brought about in
the parts, in these cases of retention of the menses
from imperforate hymen, are these: The blood
coming down from the uterus is completely ar-
rested in the vagina, which becomes distended,
forming an enormous tumor, on top of which the
blood, having no way to escape, stops up the
right of the median line. The uterus, on ac-
gount of the great resistance that it offers, does
not become distended until very late; when this
occurs, the uterus is forced into the Fallopian
tubes, distending them also.

In these cases, if let alone and the hymen
does not give way, the ureters or Fallopian tubes
must yield, from over-distention or from gun-
gren. Instant death has followed rupture of the
uterus (Courty, Malade d'Uterus, and fatal peritonitis, rupture of the Fallopian tubes.

The symptoms that accompany the filling up
of the parts are these: The patient first com-
plains of colic in the hypogastric region, with
a sensation of weight and uneasiness; this lasts
for five or six days, and then is absent for a
month, until the recurrence of the monthly
sickness, when these symptoms return with
greater intensity. After this has continued for
some time (depending upon the amount of blood
exuded), the pains acquire the character of the bearing down pains of parturition. With these,
the blood comes away in small clots. The neces-
sity of a tumor in the hypogastric region, with
tingling and numbness of the extremities from
pressure on the sacro-lumbar nerves; there is
also dysuria or even retention of the urine. Then
follow the physiological disturbances of the di-
gestive functions, loss of appetite, and vomit-
ing. The calm in which the patient enjoyed
in the intervals of the menstrual sickness be-
comes short. Pressure is always said to be felt on
the rectum; there is tenesmus in the rectum • the bladder is pressed
up against the obstruction, so that her life is now only a series of
sufferings, intermingled with periodic exacer-
bations.

When a young girl with such a history of
symptoms, and with all the outward appearance
of the age of puberty, presents herself, a
thorough physical examination of all the geni-
tal parts is absolutely necessary. In the vagina
a reddish or violet-colored projecting tumor will
be found, and if the tumor is very tense, the
labia minora are effaced. On digital
examination of the rectum, its anterior and
posterior walls will be found pressed together
by a tumor in front. In some cases, those of
long standing, in the hypogastric region will
be found a tumor, giving a dull, flat sound on
percussion. Notwithstanding the comparative
ease, in these cases, of making a correct diagnosis,
varying mistakes have been made; the tumor
may be taken for a false tumor of the womb, or the bag of waters, and the hypoga-
stric swelling has been mistaken for pregnancy
and ascites (Courty). The prognosis will be
favorable if the condition of the parts is not
more far advanced than in the case above
mentioned, when the Fallopian tubes are much distended
and tumors can be felt in their position, the
prognosis is so unfavorable that some authors
have advised that the case be left alone, as
death will surely follow (Dupuytren, Boyer,
and Cazeneve).

The treatment immediately indicated is the
removal of the obstacle to the flow of the blood.
As to when and how this is to be performed
with the greatest safety to the patient, Bernutz
and Goupil (Clinique Médiale sur les Maladies
d'Uterus) state: "When the tumor has been
present for eight or ten days after the menstrual
period, when the parts will be in the most quiescent state, and then
puncture the hymen with a hydrocele trocar
with a piece of gut attached, for the purpose
of avoiding a too sudden emptying of the
uterine cavity. When the uterus is emptied
too quickly, the Fallopian tubes are apt
to contract simultaneously; for this reason
a catheter should not be used to insure the escape
of the blood. If the blood stops, more punctures
can be made; when the greater part of
the blood has come away, a free incision is made in the obstructing membrane
and means are used to dilate and insure the final permeability of the canal.

Emmet says that in three cases he has met
with, by dividing the hymen with a bistoury,
and the washing out the vagina and uterus with
warm water. A small glass vaginal plug was
then introduced, and removed twice a day, in
order to wash out the vagina.

Barnes mentions that death has followed
from small clots of blood being retained on the
hymen, and advises that an opening be made
sufficiently large to allow of free evacuation;
and to prevent the entry of air a compress
should be placed on the opening and sustained
by moderate pressure with a bandage; if any
decomposition should arise, the gentle injection
of weak solution of the permanganate of potash
or caustic acid will be desirable.

Courty advises that the operation be per-
formed at the same time as Bernutz and Goupil,
eight to ten days after the menstrual period.
The uterus is said to be too full to be opened
by moderate pressure with a bandage; if any
decomposition should arise, the gentle injection
of a solution of potash or of a purgative
substance will be desirable.

Nélaton (Pathologie Chirurgicale) recom-
mends incising the membrane with a bistoury,
together with a few gentle blows of the index
finger on the hypogastrium; it should then be seized with a
pair of forceps, and a circular piece cut out with a
bistoury, or a pair of curved scissors. The
pressure on the hypogastrium must then be
stopped, and a thorough examination made of
the genital organs with the index finger, and
afterwards a medium-sized gum-elastic sound,
large enough to fill up the opening, is put in.
In this way the blood is kept from spurting
fast, and the ureter and vagina from returning
to their former condition. The air reaches
the uterine cavity through the small aperture
and influences it in the least unfavorable manner.

Nélaton (Pathologie Chirurgicale) recom-
mends incising the membrane with a bistoury,
to prevent the closing of an opening by the
index finger through it, but it caused so much pain
that I was compelled to desist. Gave her a
full dose of opium and returned in the after-
noon, accompanied by my friend, Dr. Larre.
We made the simple operation by puncturing
with a bistoury until the blood had escaped,
when, by the aid of a grooved director, we
enlarged it to the full of the vagina, which, to-
gether with the uterus, was in every way normal.

The after-treatment consisted in carbonized
injections and rest in bed. The fever persisted
for several days without the least tenderness
of any of the pelvic organs, thus satisfying me
that it was not sympathetic nor inflammatory,
but merely, the distinctive features of which
were present throughout.

Dr. Emmet states that only four cases of im-
perforate hymen have come under his observa-
tion, that none of them required the introduction of an instrument,
and that in one the retained blood exceeded six ounces. We were
satisfied that there was a quart, at least, in this
case.

A CASE OF OVARIOMYTOMY, WITH AP-
PARENTLY DOUBLE OBLIQUE IN-
GUINAL HERNIA AND TWO UNCER-
TAIN TUMORS OF THE LABIA MA-
JORA.

By W. W. KEEN, M.D.,
Of Philadelphia (Class of '82), Surgeon to St. Mary's Hospital,
Philadelphia.

Read before the Philadelphia County Medical Society, December
1882, 1888.

Mrs. R.; American; age 52; passed the change of life, age 46; five children, the last
eighteen years ago. Fifteen years ago she had
gradually developed double oblique inguinal hernia. Her recollection as to the history of
these protrusions is not very clear. She has
worn a double truss for years. In good health
till last spring, when pain began in the back,
and the abdomen began to swell. Dr. Isaac E.
Roberts first saw her, and then referred her
to me, when her chief difficulty was flatulence and
dyspepsia, from the crowding of the abdomina
contents upward. No history of any attacks o
pertussus. Her leg now swollen till a month ago, and then very slightly. Urine normal, but scanty; appetite poor; has lost flesh.

December 17, 1881, I saw her with Dr. Roberts, and found her rather spare, thin where the last examination showed her to be well nourished. Chest and abdominal sounds; abdomen distended; the abdominal veins rather more marked than usual. In the erect posture, above the level of the umbilicus, the abdomen was tympanitic; below it there was dullness and fluctuation. When the posture was changed, the fluid changed its place; but the right flank at no time lost its resonance. On palpation, but little could be learned, partly on account of her unwillingness to allow much pressure, partly on account of the fluid; but above the right iliac fossa, after passing through the layer of fluid, a small lump could be touched; and from its general resistance it was believed to be connected with an obscurely felt much larger tumor in the central abdomen.

Each labium majus was distended—the right one the most—by an oblique inguinal hernia, with impulse on coughing. The contents could be reduced in part, but on the right side, a curious tumor, feeling exactly like a small testicle, was perceived. It had been there, she said, for years. It was not reducible; it gave no pain; it was a smaller and softer similar lump was perceptible.

December 19. Ether was given; and, after drawing off the water, she was tapped low down on the left side. At the operation, a gallon of ordinary ascitic fluid was drawn off, the stream being often interrupted by the tumor impinging against the end of the canula. The fluid being withdrawn, the belly was then seen to lie on a large knobby tumor made up of lumps, from the size of a large orange to a hazel-nut, some of the larger ones being evidently cystic. On palpation, the tumor, which was not a movable body, which was at ease protruded into the abdomen and removed by the fingers. As I did so, a teaspoonful or two of fluid escaped from around it. I beginning to think the fluid looking like omentum (?) at the end next the ring. The tumor in the right labium I could push up to but not through the internal ring.

December 20. The tumor was not as well defined as yesterday. The whole mass was somewhat quiet, without pain during the night, but slept very little; vomited considerably; temperature 102°; pulse 140, and weak. The prognosis is, of course, poor.

Note.—The later history may be briefly stated. Her temperature, after two days, fell to normal. Though weak and suffering from a disturbed stomach, she was more comfortable after the operation than before it. On the fourth day I removed four of the seven sutures, and on the seventh day the remaining three, the wound having healed throughout by first intention, without suppuration. She failed rapidly after the tenth day, and died on the fourteenth. Dr. Roberts made the post-mortem, and the body and the contents of the right iliac fossa were sent to the committee on microscopical examination.

Post mortem.—Twenty-four hours after death. Union by first intention was found almost entirely; internal surface of the peritoneum free from adhesions; some ascites; some adhesions of the bowels in the right iliac fossa; none in the left. Bladder empty; kidneys free from adhesions. Removed the tumor in the right iliac majus, part of its contents oozing out. The upper tumor lay in front of the spine, extending from the seventh cervical vertebra down to the first thoracic, as large as two fists, hard, nodular, not juicy on section. The pancreas was embedded in it. Liver with cancerous nodules.—Philadelphia Medical Times, April 8, 1882.

**CASES OF MULTIPLE HARD CHANCRE.**

At a recent meeting of the Philadelphia County Medical Society, the subject of Chancre being under discussion, introduced by Dr. John Ashhurst, Jr., the following unusual cases were reported by Dr. F. Woodbury:

They were two cases from private practice, of multiple hard chancres, one having three and the other two primary lesions. S. R. B., white, about 32 years of age, a married man, while on a visit to Washington, had impure connection on November 27, 1880. Having some knowledge of venereal disease, though never, having seen chancres, he examined himself daily for any suspicious appearances, but nothing was seen until December 23, when he noticed a slight papular induration on the foreskin of one of the corona glands, upon the dorsum of the penis, and on the next day another papule appeared at the side of the first. On the day after Christmas he was spotted for all, and his ulcer showed indurated chancres—two elliptical and of moderate size, the other round—were seen in a row parallel with the border of the glans, and behind it, on the side of the same, where five were touched with carbolic acid, to satisfy the patient, and mercurial treatment used (black wash locally, and protoiodide internally). On the 40th day, the diagnosis of primary syphilitic ulceration, which was changed to the binioid following the day, and on January 5 a pall of calomel and opium was substituted. In spite of the specific treatment, the secondary symptoms daily made their appearance on the 17th, by a papular, coppery eruption on the back, which during the next few days spread over the shoulders, chest, arms, and face. The chancres showed some superficial erosion, perhaps due to the acid, but there was no decided suppuration but rather diminished, apparently more from the action of the wash than from the general treatment, for the indurated inguinal glands in both groins, noticed at the first, remained the same until the patient was lost sight of, in February, with the eruption still out upon him, the corona veneris upon his forehead and a papular syphilitic on his hands.

The second patient was an African, 28 years of age, a waiter. He had suspicious intercourse December 12, 1880, and four days later had a gonorrheal discharge, for which he was treated. A few days later, he first came to Dr. W.'s office with a characteristic free purulent urethral discharge and a left-sided adenitis. Omitting details of treatment, it was noted that on January 17 the discharge had entirely ceased, he passed water without pain, and the inguinal gland had not suppurated; but now two suspicious papules appeared on the dorsum of the penis, in the same position as in the preceding case. A week later the chancres were split-pea-sized, not tender nor ulcerated, and was observed and enlarged marble-like gland in the left inguinal region, that apparently had remained from the former ademits. The disease yielded to the treatment adopted in the former case, but no record was made of any subsequent manifestations; if any occurred, they were slight. The patient was in good health a year afterwards.

The cases are reported on account of the rarity of multiple infecting chancres, and the definite history of inoculation and the period of incubation of venereal ulceration. While at the Pennsylvania Hospital and since, the speaker could confirm the distinction laid down as existing between the clinical history of a syphilitic ulcer and other venereal ulcers; but he was not prepared to entertain the theory of a specific character for the soft, local sore, unless the lecturer would be willing to admit to form some lesion, which, while venereal in its origin would be neither syphilitic nor due to any other specific poison. He had no doubt that many cases might possibly be superficially syphilitic, which would rapidly heal without any other than hygienic treatment.

In regard to the possibility of a combined poison being communicated, he thought that the second case showed that gonorrhoea and syphilis are not incompatible under certain circumstances, although far from being identical, as claimed by John Hunter, and more recently by Hammond. In obscure cases it may be found that the slight induration escapes observation, or the pusious soft sore may subsequently develop into a chancriform with more or less induration. A woman having an assortment of diseases may thus give gonorrhoea to one, chancriform to another, simple ulceration to a third, while a fourth may have a combined attack, or may escape altogether. In a careful...
consideration of the clinical history of syphilis, the fact that the defect is sometimes associated with muscle atrophy, indicates susceptibility of the individual, which we all acknowledge to exist in the ordinary aymotic diseases; while one may be exposed to them without contracting them, more or less profound depression of the system and in this form in contagious. Ulcerations of the genitals are not necessarily either veneral or specific.—Phila. Medical Times, March 25th, 1882.

COLOR–BLINDNESS.

By L. Webster Fox, M.D.

Of Philadelphia.

In the Philosophical Transactions (Vol. lxxi, p. 39, London, 1777), Mr. Huddart mentions the case of Harris, a shoemaker, of Maryport, who could only distinguish black and white, and who had two brothers almost exactly the same. He was always mistaken in mixing colors that are contiguous, such as light orange and green. Harris noticed this defect when he was four years old. Having by accident found in the street a child's stocking, he carried it to a neighboring house to inquire for the owner. He observed the people called it a red stocking, though he did not understand why they gave it that denomination, as he himself thought it completely described by being called a stocking. He further observed that other children could discern cherries on a tree by some pretended difference of color, though he himself was unable to distinguish them by their difference only in size and shape.

This seems to be the first authenticated case on record. The defect, long considered rather as a curious study for oculists than a matter of serious import, has been shown by recent investigators to be much more widely spread than was supposed. The defect, long considered rather as superfluous than a matter of practical purposes, is very good.

To determine whether a color-blind is deficient in his color-sense is difficult. To determine whether the color sensations of a red-green-blind or violet-green-blind are exactly the opposite from those seen in red-green-blindness—a green manque, which is to appear to the green-blind exactly like a red, must be green, with its hues in the direction of yellow and blue, should be a saturated and tolerably strong purple, but at the same time a more whitish red than spectral red, as a considerable amount of the other primary color perception is excited. Green, with its hues in the direction of yellow and blue, should be a saturated and tolerably strong purple, but at the same time a more whitish red than spectral red, as a considerable amount of the other primary color perception is excited. Green, with its hues in the direction of yellow and blue, should be a saturated and tolerably strong purple, but at the same time a more whitish red than spectral red, as a considerable amount of the other primary color perception is excited.

The theory of Thomas Young,† which, revised and extended by Helmholtz, is now generally accepted, is based on the principle that the color sensations of a red- or green-blind, produced by both red and green spectral light. Hering's classification and theory of color-blindness into red-green-blindness and blue-yellow-blindness is a green manque, which is to appear to the green-blind exactly like a red, must be green, with its hues in the direction of yellow and blue, should be a saturated and tolerably strong purple, but at the same time a more whitish red than spectral red, as a considerable amount of the other primary color perception is excited. Green, with its hues in the direction of yellow and blue, should be a saturated and tolerably strong purple, but at the same time a more whitish red than spectral red, as a considerable amount of the other primary color perception is excited.
black and white—"the latter being the conscious-ness of material changes in the central visual apparatus, produced by objective light, the former the consciousness of nature's re-pairing. The one he calls dissimilation (D), the other assimilation (A); when D/A, we have the sensation of a medium gray. The two color pairs—red-green and blue-yellow—are supposed to stand in the same relation of dissimilation and assimilation to each other. If by the dis-similation of some substance we perceive red, assimilation of the same substance gives rise to the sensation of green. Both theories are elas-tic, and on these grounds have their respective followers.

Color-blindness exists in a higher or lower degree among different classes, as well as different races of people. Among deaf mutes in England and Ireland we found 13 per cent., while among the mutes of this State (Penn-sylvania) we found 10 per cent. of pronounced cases.

Dr. Bradley, of London, found among Quakers or Friends 5 per cent., and among Eton College boys 2.5 per cent. In a recent examination of the Indians at the Carlisle Training School, Pa., we found only 1.8 per cent. of pronounced cases among males. A very few Negroes were examined; none among them this number were deficient in color sense. Dr. MacGowen, who has been engaged for some time in obtaining information in regard to color sense among deaf mutes and Indo-China, failed to find evidence of the defect. This, however, has been refuted by other investigators, who have found the defect, but a lower average than among whites.

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THE COLLEGE AND CLINICAL RECORD.

By frequent references to modern literature, a full knowledge of the present state of physiological and empirical medicine on the part of the author is made manifest. The essay contains an almost complete résumé of the unusual and incidental effects of all of the principal articles of the Materia Medica, whether official or not, including those remedies recently introduced; it is not only useful as a work of reference, but may be read with interest and profit by all who prescribe and wish to intelligently observe their effects. F. W.

WORKING BULLETINS, for the Scientific Investigation of Jamacia Dogwood and Querchabo. Sent out by the Scientific Department of Parke, Davis & Co., Detroit, Mich.

These bulletins are issued in order to obtain an honest knowledge of the results of the administration of the drug, and are distributed, on the nomenclature, uses, adulterations, etc., etc., of each article, and contributions that are solicited. The research to be worthy of professional confidence, such a return will be no more than they deserve. R. J. D.


This is really the second volume of Dr. Phillips' useful work, and is adapted to the U. S. Pharmacopia of 1870, the first volume, edited by Dr. Piffard, having been published in "Wood's Library" in 1879.

The whole work is already well and favorably known through its previous edition. R. J. D.


Dr. Dalton's excellent work is thoroughly well known to this late day and in its seventh edition, criticism is scarcely possible. Indeed, as a text-book it deserves the usual greeting accorded to an old and welcome literary companion, whose good qualities become even more conspicuous as time advances. R. J. D.

THE PHYSICS OF ANAESTHETICS.

Under this title, Professor Wm. H. Greene, (Class of 1873), in a communication to the American Journal of the Medical Sciences, April, 1882, calls attention to a very important factor in the risk from anaesthetic agents, and one that has generally been overlooked in discussing their relative danger. He points out the possibility of disastrous results being due to the physical nature of an anaesthetic, to the exclusion of all other factors.

All gases or vapors which are capable of replacing a portion of the air entering the lungs, and which exert no poisonous action on the tissues, may be classed as anaesthetics, probably from their excluding oxygen from the blood, and Dr. Greene shows that it is not at all improbable that at least a part of the effect of all anaesthetics is due to the same cause.

The elimination of an anaesthetic is a matter of as vital importance as is its introduction, and this elimination, for the most part effected by the lungs, may be governed by the laws of diffusion of gases. If the vapor diffuses but slowly into the air, it is obstinately retained by the air bubbles, and its presence must, to a certain extent, interfere with the elimination of carbon dioxide and the necessary absorption of oxygen.
The rate of diffusion of gases is inversely as the square roots of their densities. Dr. Greene makes an interesting comparison between the vapor densities of a few simple compounds, and, at the same time, their reputed values as safe anesthetics, in which the attention must necessarily be drawn to the low densities of the substances which are universally recognized as those whose employment is most devoid of danger.

THE GROSS PROFESSORSHIP OF PATHOLOGICAL ANATOMY.

The Alumni of Jefferson Medical College have inaugurated a movement to perpetuate the honored name of Professor Gross. They have appointed a committee to take the proper steps for the purpose of establishing a Gross Professorship of Pathological Anatomy, to be endowed by contributions from the Alumni and others, in every section of the country. It is believed that the graduates of the school will heartily respond to the appeal which will soon be made to them. Several contributions are already promised, aggregating an amount significant as an index of the feelings entertained toward their cherished Professor; and one graduate of distinction has already offered to give $2000, as soon as the sum shall reach $8000. The memory of an honorable and useful life is often perpetuated in monumental effigies of bronze or marble; but in this case one effect may predominate over the other, and the effect of the monument will be the more enduring. The form of the monument which will be adopted is to be determined by the committee, which has been appointed by the Alumni Association, consisting of the following members:—Drs. H. A. Wilson, Woodbury and Andrews.

THE TREATMENT OF CHRONIC RHEUMATISM BY MASSAGE.—V. W. M. asks for some hints in regard to the treatment of chronic rheumatism. It has often been observed that in proportion as the pains increase, the suffering caused by the massage disappears, and the patient is able to sleep. The rule is always to commence with muscular movements and to end by massage, the force of the rubbing gradually increasing toward the end. One or two minutes' rubbing is sufficient for each affected muscle, but the muscular movements and exercises should be more numerous, and may last for an hour. The skin is to be covered with a piece of soft flannel during the massage, and as it is not necessary to act upon the bare skin, it can be avoided. After a week or ten days of daily passive exercise, a day or two of rest should be permitted. While this treatment is not claimed as an infallible cure for these obstructions, if not otherwise inconceivable cases, at least it will succeed in a striking manner when skillfully applied in patients who otherwise would be the despair of medicine.

College Jests and Miscellany.

SPECIAL MEETING OF THE EXECUTIVE COMMITTEE OF THE ALUMNI ASSOCIATION.—At the meeting of the Executive Committee, held in April, the subject of "the Advantages of Social Reunions" was discussed, and on motion of Dr. H. A. Wilson, was decided to hold such a meeting in May, and a committee consisting of Drs. H. A. Wilson, Woodbury and Andrews was appointed to take the matter in charge. In connection with the resolution the hall of the College of Physicians was engaged, and the following invitation sent to all resident graduates of the school by the retirement of Dr. John B. Roberts, M. D.:

Resolved, That the Alumni Association of Jefferson Medical College, acting on behalf of that body, desire to place on record the profound impression made upon all graduates of the school by the retirement of Professor Samuel D. Gross, from active participation in the duties of the Chair of Surgery in the College. In performing this grateful, though really sad, task, they not only give voice to the universal sentiment of those who are members of this Association, but they reflect the views of the thousands who have been brought most closely in contact with him in this Association, and who, apart from all other considerations of his effective service as Professor and Clinical Teacher, have deemed it an honor to themselves that we could always greet him as a fellow alumni interested equally with ourselves in the noble object of our organization, and who, although with others, can only be severed by Time, the great destroyer. The cares of Professorship laid aside, let us hope that our cherished teacher and friend may long enjoy the health and happiness which should fitly crown a life free from blemish, a career encircled with the love and devotion of thousands of his pupils, and the respect of the medical profession at large and of whole communities of his fellow-citizens.

In offering such resolutions as would seem to be appropriate to the occasion, the Executive Committee considered that the terms too formal for the expression of their sincere and affectionate regard, their feelings of profound sorrow at the resignation, by their fellow alumni, of the Professorship of Surgery in the College.
Jefferson Medical College, having received with heartfelt regret the intelligence of the resignation of Professor Gross, of the Chair of Surgery, express a sincere hope that in the retirement from active professorial labors he may find such health-giving rest that his useful life may be as long and fruitful as it has hitherto been.

Resolved, That a copy of this minute of our affection and respect be forwarded to Professor Gross, and that a copy be also furnished the medical societies of the country.

On motion of Professor DaCosta, a committee was appointed to report upon a plan for securing the endowment of a chair of Pathological Anatomy by the Alumni Association, in honor of Professor Gross; and a special meeting of the Alumni Association was called for Tuesday evening, May 30th, to receive and consider the report of that committee.

Dr. Shoemaker called the attention of the Executive Committee to apparent irregularities in connection with a new medical school in Louisville, Kentucky, and on motion, Dr. Atkinson was instructed to direct the attention of the Judicial Council of the American Medical Association to the matter.

Bell's business meeting adjourned, and a social reunion was held, at which coffee was served. Between sixty and seventy members were present, and, apparently, were all well pleased. This last affair was considered a success, and it is hoped the social meetings of the alumni will be continued next fall, and that several may be held through the winter.

SPECIAL MEETING OF ALUMNI.

A general meeting of the Alumni Association, to which the resident alumni were specially invited, was held at the College of Physicians on Tuesday evening, May 30th. Dr. Richard Jourdan called the order of business meeting adjourned, and a social reunion was held, at which coffee was served. Between sixty and seventy members were present, and, apparently, were all well pleased. This last affair was considered a success, and it is hoped the social meetings of the alumni will be continued next fall, and that several may be held through the winter.

AMERICAN SURGICAL ASSOCIATION—Third Annual Session.

The third annual session of the American Surgical Association was begun in the Hall of the College of Physicians, Thirteenth and Locust Streets, Philadelphia, May 31st.

Among those present were Dr. Samuel D. Gross, Philadelphia; Dr. William T. Briggs, Nashville, Tenn.; Dr. David W. Cheever, Boston; Dr. J. C. Hutchinson, Brooklyn, N. Y.; Dr. A. K. Kinloch, Charleston, S. C.; Dr. R. L. Jevis, Philadelphia; Dr. Solon Marks, Milwaukee, Wis.; Dr. Hunter McGuire, Richmond, Va.; Dr. J. E. Mears, Philadelphia; Dr. E. M. Moore, Rochester, N. Y.; Dr. C. H. Mastin, Mobile, Ala.; Dr. Thomas G. Morton, Philadelphia; Dr. J. R. Pendleton, New Orleans; Dr. T. G. Dunn, Harrisburg; Dr. R. A. Pollock, New York; Dr. T. S. Dennis, New York; Dr. F. S. Dennis, New York; Dr. H. R. Sabine, N. Y.; Dr. W. G. Porter, J. W. White, De F. W. Weist, Richmond, Ind.; Dr. Helen F. Campbell, San Francisco; Dr. F. S. Dennis, New York; Dr. H. R. Sabine, N. Y.; Dr. W. G. Porter, J. W. White, De F. W. Weist, Richmond, Ind.; Dr. Helen F. Campbell, San Francisco; Dr. F. S. Dennis, New York; Dr. H. R. Sabine, N. Y.; Dr. W. G. Porter, J. W. White, De F. W. Weist, Richmond, Ind.; Dr. Helen F. Campbell, San Francisco; Dr. F. S. Dennis, New York; Dr. H. R. Sabine, N. Y.; Dr. W. G. Porter, J. W. White, De F. W. Weist, Richmond, Ind.; Dr. Helen F. Campbell, San Francisco.

The meeting was called to order by the President, Professor Samuel D. Gross, M.D., LL.D., D.C.L., who delivered the following:

ADDRESS OF WELCOME.

The question has been asked, perhaps persistently enough, what need there is of such organization as this, seeing that the country is full of all sorts of pathological surgeons. The answer is not difficult; at all events, I do not find it so. We have in the United States, according to a reasonable estimate, not fewer than 6000 surgeons, who, in point of culture, practical skill and reputation as writers and teachers, would be an honor to any country, however experts of excellence they may be.

To unite these men into one harmonious whole, for the benefit of all, is one of the main objects which the founders of the American Surgical Association had in view when they met at Atlanta, in May, 1879. If it be said that we are striking a blow at the American Medical Association, we deny the soft impeachment. On the contrary, we shall strengthen that body, by rousing it from its Rip Van Winkle slumber and infusing new life into it. We can hurt no society now in existence, or likely to come into existence hereafter. We can only hurt ourselves if we fail to do our duty. We hope to make the American Surgical Association an altar upon which we may annually lay our contributions to surgical science, and show to the world that we are earnest and zealous laborers in the interest of human progress and human suffering. We live in a fast age. Progress stares us everywhere. In the surgical profession was never so busy as it is at the present moment; never so fruitful in great and beneficial results as it is at the present moment. Would that Scholasticism was given way to fact, and something that cannot withstand the test is worthy of acceptance. The whole field of surgery, from the structure of the world, and, if it has not attained its objects which the founders of the American Surgical Association had in view when they met at Atlanta, in May, 1879. If it be said that we are striking a blow at the American Medical Association, we deny the soft impeachment. On the contrary, we shall strengthen that body, by rousing it from its Rip Van Winkle slumber and infusing new life into it. We can hurt no society now in existence, or likely to come into existence hereafter. We can only hurt ourselves if we fail to do our duty. We hope to make the American Surgical Association an altar upon which we may annually lay our contributions to surgical science, and show to the world that we are earnest and zealous laborers in the interest of human progress and human suffering. We live in a fast age. Progress stares us everywhere. In the surgical profession was never so busy as it is at the present moment; never so fruitful in great and beneficial results as it is at the present moment. Would that Scholasticism was given way to fact, and something that cannot withstand the test is worthy of acceptance. The whole field of surgery, from the structure of the world, and, if it has not attained its
the former class of operations, notably the operation of ovariotomy, is doubtless due, in some measure, to the method of operative procedure, which it is probable have now reached final perfection, but in a yet larger measure is attributable to more careful and systematic attention to sanitary conditions, including the employment of antiseptic precautions during and after the operation.

2. The continued high rate of mortality after amputations in city hospitals, whence the most trustworthy statistics have been derived, stands in singular contrast with a decided decrease of the general mortality of many of the same cities, and seems to show that "the sanitary condition of a hospital than that derived from the use of antiseptic

3. We are prepared to admit that the mortality after amputations has been reduced in a somewhat corresponding ratio with the marvelous diminution of the death-rate of ovariotomy? Is a death-rate of twenty-two per cent. for all amputations above the wrist and ankle the best that can be expected by referring to the somewhat equivocal and uncertain test of mortuary statistics. The influences which affect the results of operations are so numerous and varied, that it would be illogical to select any one of them and attribute the results to its agency, on the arbitrary assumption that, if we compare a sufficiently large number of cases, all other influences neutralize each other; but if we consider the whole of the details of personal and hospital hygiene, we are warranted in the sweeping conclusion that large hospitals, even those constructed on the block system, with several stories, are necessarily liable to outbreaks of disease, so that the sweeping conclusion that large hospitals, even those constructed on the block system, with several stories, are necessarily liable to outbreaks of disease, is, indeed, likely to arise in a ward, whether of a large or small hospital, in which a number of surgical cases in open wounds are brought into proximity with each other; but if overcrowding be prevented, it is possible to prevent the spread of这些 diseases by adequate ventilation and perfect cleanliness, in its most comprehensive surgical sense.

4. The prime factor in the repair of wounds being healthy blood, the utmost attention should be paid to the due performance of all the functions connected with the proper functioning of the circulatory and blood-purifying processes. (Illustrative examples cited.)

5. The results of operations are influenced by peculiarities of each patient's constitution, mental and physical, and by the hygienic conditions existing before, during, and after the operation.

6. Shock, one of the most common causes of death after primary amputations for injury, owes its malignant potency in such cases to the fact that the system has not fully recovered from the shock of the injury. The desideratum is to prolong the duration of the primary or apyretic period, so as to secure a complete subsidence of the original shock before the advent of the secondary one; and if these two periods should be effectuated, the "Interim period of wounds.

7. Septic complications have heretofore been the most fruitful causes of mortality after operations in hospitals, where septic diseases and deaths are a much better test of the sanitary condition of a hospital than that derived from the mortality rates.

8. Much may be done to prevent the development of septic poisoning by careful and unerring attention to sanitary precautions, including all the details of personal and hospital hygiene.

9. The statistics of amputations in private practice and in cottage hospitals, in rural districts, when compared with those of city hospitals, prove that the usual as well as the secondary condition of a hospital than that derived from its mortality returns.

10. After securing all that can be accomplished by patient and scrupulous attention to sanitary arrangements and a view to render the atmosphere of a hospital comparatively aseptic, there is good reason to believe that an additional protection of great value may be derived from the use of antiseptic precautions practiced in conformity with the Listerian principle.

11. "Listerism," practiced de rigueur, while not so essential as amputation, where it may often be superseded by drainage and perfect cleanliness, has achieved results in operations on joints and in treatment of "ab-scesses by congestion," which have not been paralleled by any other method of treatment.

12. The preponderance of evidence is in favor of its utility in ovariotomy and abdominal sections generally, although marvelously great improvements have been obtained without special antiseptics, by a careful attention to other sanitary arrangements.

The discussion was participated in by Doctors R. Beverly Cole, of California; David Yandell, of Louisville, Ky.; Henry F. Campbell, of Georgia; J. W. S. Gourley, New York; R. A. Kinloch, Charleston, S. C. The point upon which there appears to be the greatest difference of opinion being as to the use of "Listerism." The discussion was not concluded at the hour of adjournment.

(To be Continued.)

VALUABLE GIFT FROM A JEFFERSON GRADUATE.—We extract from a recent issue of the Washington Star following item in relation to an important donation by Dr. Joseph M. Toner (Class of 1853):

"The American public, and especially the citizens of the towns in which the operation of ovariotomy has been performed, who desire to express their satisfaction, have presented to the nation, Dr. Joseph Meredith Toner, of this city, has given to the United States, for permanent preservation in the library of Congress, his entire collection of books, pamphlets, manuscripts, and periodicals, amounting to between 20,000 and 25,000 volumes. The learned and laborious donor has taken care to make this collection a most intelligent and indefatigable collector, and his library is rich in American history, biography, topography, medical science, and scientific books, of a century past. The conditions of the donation are such as reflect honor upon the giver, who reserves to himself the right to add to the collection during his life, and to create a fund to still further increase it after his decease. The unanimous acceptance of the donation by both branches of Congress assures the proper care and preservation of this collection, which has been received into the National Library and its unique collection, which has been there to fear would go elsewhere. It is the first instance, we are informed, in the history of the government, of a library and valuable collection of books to the National Library, and the example may be productive of the greatest benefit in leading to similar literary and scientific benefactions in the future."
THE COLLEGE AND CLINICAL RECORD.

THE COLLEGE AND CLINICAL RECORD. July 15, 1882
Vol. III. No. 7.

Dr. Daniel G. Brinton (Class of 1860), of the Medical and Surgical Reporter, is one of the editors of Our Continent, the new literary weekly.

Dr. Geo. W. Haldeman (Class of 1854) was elected President of the Kansas State Medical Association, at its recent meeting, May 10th, as follows:

Dr. Robert S. Hamilton, of Virginia (Class of 1857), has been elected Medical Superintendent of the Western Lunatic Asylum at Stauton, Virginia, by the State Board of Public Charities.

Dr. H. W. Oraz, of Philadelphia (Class of 1865), has been traveling through New Mexico, Colorado, and California, in search of health, for which he has his best wishes.

Dr. John B. Dunmore (Class of 1865), was elected Treasurer of the Mutual Aid Association of the Philadelphia County Medical Society, at the annual meeting, May 18th, in place of Dr. Richard J. Dungilton, resigned.

George Purvine (Class of 1867), Surgeon U. S. Marine Hospital Service, was recently ordered to Gloucester, Mass., to extend relief to shipwrecked seamen, and subsequently detailed as Assistant Surgeon of Survey.

Dr. Richard H. Alexander (Class of 1850), Major and Surgeon U. S. Army, has recently reported as Attending Surgeon at district headquarters, and Post Surgeon, Fort Marcy, New Mexico, by order of the War Department.

Dr. W. W. Keen (Class of 1882), of Pennsylvania, has been traveling in the West Virginia University. Putnam Co., West Virginia, reports, in the March 24th, 1882, Hugh W. Brock, M.D. (Class of 1858), has been elected Medical of the class, to be transmitted to the COLLEGE and CLINICAL RECORD.

Whereas, We have lost in him a faithful, successful teacher; and desiring to express our deep feeling of sorrow for the calamity which has befallen us; therefore,

Resolved, That not only have we suffered irreparably in the death of our Professor, but that the University has lost one of its brightest intellects; the community its most eminent physician, the medical profession a brilliant gem, and the State an honest man, esteemed most highly by those who knew him best.

Resolved, That we do sympathize heartily with the bereaved wife and family of the deceased, and that a copy of these resolutions be presented to them.

J. E. Hoogstrizar, Sec.

Bunting—Suddenly, at Reading, Pa., April 20th, 1882, James M. Hoffman, M.D. (Class of 1858).

GENTLEMEN: The case that I bring before you to-day is one of considerable interest. She gives the following history: She is sixty-eight years old; has had twelve labors at term, and two miscarriages; has had four pairs of twins. The membranes stopped when she was forty-five or fifty years old. Four years later she came to this country from Ireland, and in within six months after her arrival she began to lose blood per vaginam.

With such a history, the first thing that would have passed through my mind, if I had seen this woman when the hemorrhage occurred, would have been carcinoma of the cervix. But that evidently was not the trouble, for here she is, not only alive, but in pretty good condition, and yet eighteen years have elapsed since this hemorrhage took place. She tells me further, that at this time a physician removed some bleeding tumors, and the hemorrhage ceased. She continued well for eighteen years, until three months ago, when the hemorrhage again returned. It is not a little perplexing for me, with a history like this, to determine off-hand, without knowing what the cause of the bleeding is. Again the thought of carcinoma passes through my mind; but could not these attacks of hemorrhage be due to polypi? It is exceedingly rare for polypi to occur after the change of life. They usually begin to grow a few years before the time of the menopause, and they always retard it; very rarely, after the cessation of the menses. Further, she has been examined per vaginam by her family physician, and not a trace of carcinoma or of a polypus was discovered. I wish you to remember, however, that when a woman tells you that her menstrual periods stopped when she was about forty-five or fifty years of age, and that they reappeared two or three years later, you should not allow the menstruation cases out of ten, to find carcinoma of the cervix uteri. Once in a while, with such a history, you will come across a polypus, but, as I have already said, polypi do not occur (to which there are very few exceptions), after the change of life; I cannot recall such a case.

I find that she has lost a leg. She tells me that it was removed by the surgeons in a London hospital, for a chronic disease of the knee joint. Some strumous disease, I suppose, which could not be cured. This may throw some light on the case. By digital examination, I find that there is a cystic tumor, or a collection of the fluid in the joint which torn in one of her twelve labors. There is eversion, an excoriation of the mucous lining of the cervix, but it is not bad enough to cause an alarming bleeding. The wound is clean enough as though it were retroverted. Placing one hand above the pubes, I feel a tumor, and this may account for the bleeding. But passing the sound, I find that while I am correct in thinking that the womb is retroverted, it is also perfectly movable. This shows that it has no close connection with the mass felt above. The sound gives a measurement of 13½ inches. Here let me show you a little wrinkle. The sound was bent with a very slight curve, and it is possible that it simply revolved within the cavity of the womb without moving that organ, thus leading me to think that the womb itself was movable. I do not think that this has been the case, for in a woman of sixty-eight there is ordinarily but a very small uterine cavity. Yet, to be sure, I shall give a sharp curve to the sound and again pass it. It cannot now revolve within the uterine cavity, so it is certain that moving the womb only makes the cavity larger. I now get a measurement of four inches, and there is much more blood on the sound than there should be. I find that any movement of the sound in this direction carries it to the tumor, and that the displacement of the tumor transmits no motion to the sound, which is still in the cavity of the womb. Those of you on the lower benches can see this for yourselves.

The size of the womb and the presence of this amount of blood plainly show that there must be something more. The next thing to be done is to use the curette. One word in reference to this instrument. The best one is the blunt steel curette. There is a blunt one made of copper wire, but it is too flexible to be of much service. The blunt steel curette can do but little injury, and therefore, should always be tried first. Here is Sims' sharp curette, which I sometimes have to use. This is still more effective, but may do much mischief in unskilled hands, by scraping off healthy mucous membrane and wounding the womb in a painless manner. Once after all, you have decided that I advise you to buy. You will often gain a vast deal of credit by its use in chronic hemorrhagic cases, which have resisted the old-fashioned methods of treatment. The case I have described yesterday that I was called to see a lady simply because five or six years ago I had cured a friend of hers by using the curette. Immediately after this lecture, I shall go to see, in
consultation, a lady who has been bleeding for three months. I believe that I shall find vegetations inside of the womb, and that I shall cure her by their removal with the curette. In fact, let me repeat it, that I do not know where you may settle down to practice. In use a speculum, as its introduction is rendered somewhat difficult by the wooden leg of our patient. If a woman has had much bleeding, but should it be too small, it may be gently may be benign or malignant. They consist of little gelatinous-looking projections, varying in most frequent cause; but whatever causes concretion, I have a great respect for the microscope, and the body, and in growths inside of the abdominal wall. It is, probably, an ovarian cyst, and undoubtedly has nothing to do with the present trouble of hemorrhage. My diagnosis is an ovarian cyst, and in addition a hypertrophy of the endometrium, or, if you prefer a scientific term in that language so consecrated to science that I expect to see the day when all our matriculates will speak it fluently, endometritis hyperplastica, but whether malignant or benign, I am not prepared to say. She will now return to her home, but we shall keep an eye on her and have her return in two weeks.

Gentlemen, I am often have to be "as wise as serpents and as harmless as doves" in our prescriptions. Now, I wish to see this patient again, but if I give her some bitter, unpleasant medicine, she will perhaps never again come back. Her appetite is not very keen, so I shall give her medicine which is very pleasant to take, and which I think will give her a very good opinion of me. This medicine is the lemonade-dose, after the following prescription:—

B. Tincture ferris chloridi, fiv
Acidi phosphoridi dibutyl, vj
Syrupi limonis, q.s.
Syrupi, ad f2

Sec.—A dessertspoonful, in water, after meals.

I do not use the syrup of lemon in this prescription, because it is sour, and there is enough of acid in the tincture of iron and phosphoric acid. I, therefore, use the simple syrup and spirits of lemon. If you wish to give the iron to the child, you may use a little more. If you are a chloride, you cannot do so by this formula, for I believe the chloride of iron in this combination breaks up into phosphate of iron, while hydrochloric acid is set free. Very commonly, after this operation, an oozing of blood will keep up for a few days and very commonly the appearance of the next month is delayed.

I shall now try to determine the nature of the tumor felt above the pubes. In this relation there is one process in truly malignant, and which I desire to call attention. Women are very liable to accumulate late fat at the time of the menopause. They then will often be possessed with the idea that they are either pregnant or have a tumor, when the supposed swelling is nothing but fat. This woman has quite a deposit of adipose tissue in the abdominal wall, but behind it there is something else. The question is, what is this something? It is elastic to the touch, and above the size of a child's head. I do not find marked dullness, as the tumor is not large, and consequently intestinal. I believe that it contains fluid, but it is difficult to say positively in regard to this, on account of the thickness of the abdominal wall. It is, probably, an ovarian cyst, and undoubtedly has nothing to do with the present trouble of hemorrhage. My diagnosis is an ovarian cyst, and in addition a hypertrophy of the endometrium, or, if you prefer a scientific term in that language so consecrated to science that I expect to see the day when all our matriculates will speak it fluently, endometritis hyperplastica, but whether malignant or benign, I am not prepared to say. She will now return to her home, but we shall keep an eye on her and have her return in two weeks.

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as she herself remarked, the operation did not "phase" her at all. It certainly did not "phase" her as much as it did me.—Medical News.

Original Communications.

DISLOCATIONS OF THE KNEE-JOINT, INCLUDING THE PATELLA.

By Henry E. Everett, M.D.,
Of Pennsylvania (Class of 1869).

(Continued from p. 121.)

Luxations by rotation of the tibia are described by some authors as a separate class. They are not infrequent as an accompaniment of one of the other varieties, but a simple rotation or twisting of the tibia upon its axis is extremely rare. Two dissections of such an injury are upon record. In one the leg had suffered such a complete rotation that the foot pointed directly outward, the heel corresponding to the hollow of the opposite foot, and the articulation of the knee crossed at right angles its natural position. The other examination was upon the body of a man of about forty years. The leg was fully extended, abducted and rotated outward, the tibia was completely luxated outward, and the spine of the tibia was situated just below the front of the outer condyle. The external lateral ligaments, however, these post-mortem accidents are obscure and unsatisfactory; but this injury has been twice observed in the living.

CASE 8.—A woman, aged fifty-one, had been struck upon the leg by a ladder which was being carried hurielly along the street. She was thrown down by the blow, and her leg being held, was seen to assume an unusual position. The leg was extended, abducted, and rotated outward, the foot pointing directly outward, and, at the same time, the tibia was observed in a patient in the Penn Medical Times, August 5th, 1876). An illustration of this dislocation occurring as a concomitant of another form of dislocation is seen in case No. 7.

The lesions which complicate luxations of the knee are inter-articular or in the vicinity of the articular injury, to the popliteal vessels, and rupture of the integument. The coexistence of an inter-articular fracture of the knee is a feature of the case. In the outward dislocation with fracture of the inner condyle, treated by Dr. Wells, the limb was lost through gangrene, a patient and the limb was saved by a dislocation forward, with a triple fracture of the tibia, succumbed to pyemia. In view of these results it would seem that immediate amputation is in the case, the proximal end being in the skin; there was great disturbance of all the functions, both mental and physical. The inter-articular fracture of the knee is such that they often become spasmodically contracted, and the limb is permanently bent. These dislocations are divisible, according to their origin, into two classes. (i) Those which follow serous effusions into the joint. (2) Those which follow chronic arthritis. The former are characterized by an abnormal laxity of the ligaments, and an undue amount of motion is permitted. In such cases the reduction is easy, on account of this looseness of the ligamentous supports, but for the sake of the patient's comfort and the avoidance of swelling, the ligaments are generally flexed to a greater or less degree. Of all dislocations due to disease the posterior occurs most often. It is usually seen in subjects with "white swelling," who carry the limb flexed, and is due to contraction of the ligaments and muscles. It is almost always complete. Posterior dislocation, with rotation outward, is a very uncommon and neglected cases of "white swelling." The turning deformity of the leg may be due to the weight of the foot when the leg is bent backward and inward. The foot is secondary to the primary one. All one case is cited by Malgaigne as the result of a unilateral rheumatism. Another is described by Cooper, in which the leg was bent forward at a right angle with the thigh, owing to over ac-
ion of the quadriceps. Lateral dislocations are also very infrequent, and have been caused most often by hydropneumonia. The dissection of a knee, which had been destroyed by chronic arthritis with excessive discharge, showed the tibia to be forced outward. It was in contact with the femur by the inner tuberosity only, which is not destroyed by bone shelf, of new formation. All that remained of the lower epiphysis of the femur was about one-half of the inner condyle. When the bones have remained displaced for a considerable length of time they become united, either by true ankylosis or by fibrous union. If the dislocation is recent and slight, and the form of the articular surface is preserved, the knee may still be able to effect the restoration of the joint. We may accomplish one of three results: (1) Reestablish the mobility of the joint. (2) Effect reduction. (3) Straighten the limb. In a case of dislocation backward with outward rotation following, on the thirty-second day, an attack of articular rheumatism, flexion and extension were regained on the subsidence of the inflammation, and in two years the motions were as free as on the sound side. But when the separation of the ends of the bones is great reduction and flexion are impossible. Without it the limb will not have the firmness and security required to support the body. Lastly, if it is impossible to effect reduction at once, it should not be allowed to remain flexed, but should be extended. Ankylosis being unavoidable, a position of slight flexion is far preferable to complete and inward flexion, and in two years the motions of the amniotic fluid. If the dislocation is classed these affections with pathological luxations. Besides, much confusion has formerly existed in regard to dislocations of the semilunar cartilages, and other lesions, such as chronic and capsular ligaments, bound together by the transverse ligament. Hence, some have thought that a diseased state of the joint must pre-exist, and have accordingly classified these lesions as pathological luxations.创新创业, and will be considered for publication in a future issue of the journal. The cause of the sudden appearance of this class of diseases is not easy to find, and is, therefore, without attempting to discover it, I shall briefly give a sketch of three cases of malaria which it seems to me differ largely from the classical type of the disease. 

**CASE 1.**—On Friday morning, June 16th, 1882, I was called to attend C. B., male, and found the following train of symptoms: Frontal headache, 10 A.M. in the morning. June 17th, the throat, slight, dry cough, dull pain in the bones of both extremities and in spinal column, drowsiness all the time, with little sleep on account of agitation and restlessness. During the night, temperature at 4 A.M. 102, pulse 81, bowels regular, appetite, which had been very poor, now voracious. There had been no fever, but the patient had been in excellent health, and had been any remission in severity since he was attacked, Thursday afternoon, and I detected no rales of any description. He works in a veneering establishment on the banks of the Hudson, and works in a uniform temperature of 90, having conversed considerably on the subject with practitioners, I have been able to find so little that agrees with my own experience in a certain class of cases, that I venture to write this article, hoping that it may be of some service to others as completely befogged as I was when I first encountered such cases as I describe below. 

The three cases which I am practicing formerly enjoyed a good reputation, as being free from malaria in all its forms; but for the past five or six years there have been very many cases in which persons and remittents and also the to, ambiguous cases whose histories I give. The cause of the sudden appearance of this class of diseases is not easy to find, and is, therefore, without attempting to discover it, I shall briefly give a sketch of three cases of malaria which it seems to me differ largely from the classical type of the disease. 

**CASE 2.**—Saw A. A., female, housewife, for the first time, on Saturday afternoon, June 17th. She had slept but little I gave gr. ss. morphine sulph., and at 8 A.M. he took a capsule containing gr. iss., acid. salicylic, gr. ss, capsici pulv., gr. ss, ipecacuana, gr. ss, nut., and at 12 M. he took a capsule containing cinchonide sulph., chininoid. purific., aa. gr. iss., acid. salicylic, gr. ss, capsici pulv., gr. ss, ipecacuana, gr. ss, nut., and at 12 M. he took a capsule containing cinchonide sulph., chininoid. purific., aa. gr. iss., acid. salicylic, gr. ss, capsici pulv.,
protuberances, pain in the bones of the extremities and back, one day is poor, bowels constipated; there is some sweating, but there have been neither chills nor chilly sensations. Her tongue is furred, temperature 102 1/2°, pulse 120,ometer. The great pain in her head, back and limbs, was taken ill Saturday, June 24, nine in the morning, followed by fever. I saw her the next Wednesday, when she said she was well. CASE 3-E. S., female, doing general housework, was well up till Saturday, June 24, with headache, pain in the back and limbs; there was some fever and gastric irritation, but no chill. On Sunday there was a slight remission, but on Monday she had a slight chill at nine in the morning, followed by fever. I saw her about two P.M.; she then complained solely of the great pain in her head, back and limbs, and also in her eyes, unless the room was darkened. There were thirst and anorexia, a furred tongue and constipated bowels; she also vomited frequently, the vomiting being especially violent if she attempted to take anything but water or lemonade; temp. 102 1/2°; pulse 120; I prescribed calomel and rhubarb, and the capsules the same as in Case number two. Saw patient a few days afterwards on the street; she reported herself well.

The ranking of consumption among the social economy of our race can engage no other subject of more attention of the profession than its zymotic nature. These suspicions have gradually grown upon me, into strong and positive convictions, though I have not had the opportunity of detecting parasitic growth by microscopic observation. Four years ago, in a paper entitled "Consumption, the Question of its Curability and Treatment," which I had the honor to read before the Medical Society of Virginia, and which was published in its "Transactions," I called attention to the prominence of the febrile phenomena of phthisis, and to the salutary results of remedies addressed especially to the febrile period. Of distinctly defined phthisis which, chiefly under the influence of such remedies, had secured periods of exemption from the disease, ranging from one to nine years, and seemed in all respects to be cured.

Subsequent observations have so strengthened my convictions, that for the past three years my treatment of consumption has been almost exclusively confined to agents belonging to the anti-zymotic class, and in view of the curative results I had secured, I felt it my duty to publish our results in the Medical College of Virginia, my belief that consumption was essentially a zymotic disease, and that its proper therapeutics is found in the anti-zymotic agents. Generally speaking, the diseases which we have to deal with malaria in all its forms, I have written these notes only with the hope of drawing attention to a class of cases in which change may be made. It will be noticed that I have used cinchonidia instead of quinia. It is not to be supposed that such histories as I have given are more common here than those of the opposite class, but on the contrary, I have been almost exclusively confined to agents belonging to the anti-zymotic class, and in view of the curative results I had secured, I felt it my duty to publish our results in the Medical College of Virginia, my belief that consumption was essentially a zymotic disease, and that its proper therapeutics is found in the anti-zymotic agents.

Within the past thirteen years I have kept the record of twenty-three cases of phthisis, of well-marked diagnosis, occurring in my private practice, which have been relieved of all constitutional symptoms and physical signs for periods ranging from eighteen months to now. These cases have been selected from among the most advanced and positive convictions, though I have not yet been able to report. My proportion of cases this may be done, and the morbific force, which measures are, under varying circumstances, to a greater or less extent, anti-zymotic. In addition to these remedies, in different conditions, I now also use salicylic acid, salicin, sulphur and its compounds, especially the hyposulphites, ancrein, and paintings with iodine. In the discussion of the anti-zymotic agents and their anti-zymotic agents, then hypodermic injections, epidermic injections and inoculations for consumption, and the salutary results of which, I have yet been able to report. My proportion of cases this may be done, and the morbific force, which measures are, under varying circumstances, to a greater or less extent, anti-zymotic. In addition to these remedies, in different conditions, I now also use salicylic acid, salicin, sulphur and its compounds, especially the hyposulphites, ancrein, and paintings with iodine. In the discussion of the anti-zymotic agents and their anti-zymotic agents, then hypodermic injections, epidermic injections and inoculations for consumption, and the salutary results of which, I have yet been able to report. My proportion of cases this may be done, and the morbific force, which measures are, under varying circumstances, to a greater or less extent, anti-zymotic. In addition to these remedies, in different conditions, I now also use salicylic acid, salicin, sulphur and its compounds, especially the hyposulphites, ancrein, and paintings with iodine. In the discussion of the anti-zymotic agents and their anti-zymotic agents, then hypodermic injections, epidermic injections and inoculations for consumption, and the salutary results of which, I have yet been able to report. My proportion of cases this may be done, and the morbific force, which measures are, under varying circumstances, to a greater or less extent, anti-zymotic.
I do not ignore entirely the remedies that have been more usually employed. And I wish here to reiterate my abiding confidence in the value of a succession of blisters.

And I will take occasion to say that ordinarily it is best that the friends of the patient, wise discretion should, of course, be employed in forming as to the nature of his malady. A manner of making this announcement, but I do here as to the subjects, the time, and the manner of making this announcement, but I do not remember ever seeing any but ultimate good results come from such a communication properly made. It will produce some shock and momentary depression with the patient, but it is impossible that in any condition, permanently despondent, is almost pathognomonic of the absence of phthisis. While if properly informed, with such assurances as we may reasonably and truly give him, his courage, his hopes and his exertions will usually exceed even those of his doctor. Hopefulness with a consumptive amounts to a monomania, but it is a monomania which his physician may utilize.

If time allowed I should be glad to refer to other facts and considerations in connection with this important subject.—(Virginia Medical Monthly.)

CASE OF REPEATED EXTRA-UTERINE PREGNANCY CURED BY GALVANISM.

BY HENRY G. LANDIS, M.D.,

Professor of Obstetrics in the Ohio Medical College, Columbus, Ohio.

In the Ohio Medical and Surgical Journal for October, 1877, I reported, in connection with Professor Starling Loving, a case of extra-uterine pregnancy cured by galvanism. The tumor, as therein set forth, was scarcely to be felt after a few months, and within a year no trace of it could be discovered. Menstruation began April 10th, 1877, and continued with complete regularity until October 4th, 1881, during which period she enjoyed robust health, with the exception of a few transient ailments. On the latter date, four and a half years after the former pregnancy, the menstrual flow appeared for one day, and was scanty and of ill quality. Both bowels were somewhat constipated, and she suffered somewhat from nausea, and believed herself pregnant. On November 9th she began to have quite severe attacks of pain, accompanied by tenesmus and vomiting. The vomit was of a watery character, somewhat frothy, and under no circumstances did she vomit, and it was not until she had passed on vomiting many times, only after eating a few square meals, and was finally quieted by the injection of a solution of nitrate of silver or iodine into the rectum. The injection may be aborted by uniform pressure. The dressing should be changed, and in cases where the carbuncle has not yet developed the characteristic slough, for very often the determination of the carbuncle may be aborted by uniform pressure. The dressing should be removed, when suppuration is established, twice a day, and the sponge thoroughly washed out and reapplied.

Another point of interest in this case is, that the local treatment of carbuncle by the moist-sponge dressing and counter-irritation, is admirably suited to time. The peculiar suction power of the sponge, which the moist state augments, rapidly removes the suppuration as it occurs. The pressure prevents undue infiltration and relieves the tension, and consequently the pain, which is often a most distressing feature of the affection. The compressibility and elasticity of sponge admits of the nicest adjustment, so that any desired degree of pressure may be exercised. This is important in cases where the carbuncle has not yet developed the characteristic slough, for very often the determination of the carbuncle may be aborted by uniform pressure.

At each change the sponge will be found to contain all the discharges, so that the condition of the parts can be clearly seen. Generally the slough will separate itself within a few days, and be found adherent to the sponge upon its removal, leaving a free granulating ulcer in its place.

CARBUNCLE should not be allowed to spread, which many carbuncles manifest at certain stages, is due to the intensity of the inflammation and the profuse infiltration into the tissues, which destroys the barrier of lymph. Nature ordinarily throws out her last resource in the form of a saucer on the back of her neck. She was greatly enfeebled and suffering severely. The tissues were indurated, angry, and livid. The lower part of the surface was covered with a yellow crust, having many openings through which the slough was visible. A zone of iodine paint was applied about the swelling, and a large, soft, moist sponge ap-
plied with a four-tailed sling. Openings were made so as to keep the sponge moist with warm carbolic lotion (1-30), and a small shot-bag adjoined so as to exfoliate considerable pressure. Within an hour the pain was relieved, and the next day the slough was loosen, the tension being entirely removed. In a fortnight the patient was discharged from the hospital, and permitted to use his right leg, being entirely removed. In a fortnight the patient was discharged cured, with a cicatrized surface, showing no perceptible loss of structure. In view of the advanced age of the patient and the extent of the carbunculous inflammation, the result was certainly remarkable.

The usual method of employing poultices to remove the slough is tedious and disagreeable (unless it be dipped in cold water), and does not admit so readily of exerting pressure, which, as I have attempted to show, exercises so beneficial an effect in preventing infiltration and overcoming tension. The old-fashioned practice of making a crucial incision as a preliminary step in the treatment of carbuncle has been in a great measure abandoned, except on the face or lip, as it neither hastens the cure nor lessens the suffering.

The quality of drainage which a sponge possesses comes into value in the treatment of carbuncles, and is required in all the forms of dressing to which it has been applied. —(Medical Record.)

PLASTER OF PARIS IN THE TREATMENT OF COMPOUND FRACTURES. At the meeting of the Cincinnati Academy of Medicine held, 1882, Prof. P. S. Conner (Class of 1861), made some remarks on the importance of proper treatment in compound fractures. Whilst simple fractures require but a slight object for a replacement of the fragments, and secondly, a retention of the parts in position, compound fractures demand special attention to the condition of the lacerated soft parts, and the opening must either remain closed, or be left open for the drainage of fluids as fast as they are formed. He would therefore call attention to the best methods of treating compound fractures, enabling one to maintain the fragments in place, and permitting either a free drainage or a complete closure of the wound, as the nature of the injury may require.

In his estimation nothing answers this purpose so well as plaster of Paris. It is especially serviceable for its early fixation of the parts; it sets quite hard well when once adjusted, in this respect surpassing starch, silicate, and dextrine bandages, which require considerable time before setting. He had used the plaster dressing in every form; without or with additional support, as pasteboard; applying it directly on the skin or over a layer of cotton first spread over the limb; the bandage either closed over, or kept under compression; or, as in some instances, simply a plaster splint, consisting of a number of layers of the plaster bandage passed up and down the limb lengthwise and secured by a few thicknesses of bandage. In either case the plaster is kept in place in the bandage. Whether most is appropriate should be adopted. Many cases will be benefited by adding a compressing apparatus, that will facilitate drainage and prevent an effusion of blood to the part, which is liable to cause inflammation. The plaster had some time ago a severe case of compound fracture of both legs, the parts by good applicable compression, applied the plaster splint and dressed the wound with boracic acid. For ten days the patient did well, but then died suddenly, of fat embolism. Another recent case of fracture (a railroad injury) of the lower third of the thigh, which contained two openings large enough to permit an outflow of blood, was treated with compression; a layer of oakum was applied, and over this the plaster splint and roller. This patient did well; one opening is closed and the other nearly so, at the present time.

The objection urged against the plaster is its being soft, may be prevented by proper protection of the edges. French surgeons say that in gunshot injuries the fenestrum will weaken the apparatus just at the place where it should be firm. This may be obtained by strengthening the apparatus, so that it will carry strains of pressed wooden or fastened above and below. It is not necessary that the opening be so large as to interfere with the strength of the bandage.

In discussing the above communication, Dr. Young said that he admired the dressing, as, for instance, cold paraffins, which may be applied to the member before the plaster is applied, and its edges turned around the edges of the fenestrum will weaken the apparatus just at the place where it should be firm. This may be obtained by strengthening the apparatus, so that it will carry strains of pressed wooden or fastened above and below. It is not necessary that the opening be so large as to interfere with the strength of the bandage.

To prevent softening of the plaster it is the speaker's custom to fit the dressing to the limb, to be dried first, then to bake it in an oven, after which it is covered with Japan varnish. A layer of beeswax and resin may also be spread in the inside of the splint, to prevent the transmission of the water to the plaster. In this manner the plaster can succeed in protecting the plaster from moisture we have a most perfect dressing.

Shrinkage, if it takes place at all, is from the crust used in the application of the bandage. It may be prevented by wetting them well previously. The speaker generally took an old blanket and cut it in two pieces, one of which he wetted thoroughly, and then sewed on the limb; he then saturated the second piece with plaster and applied it over the first. Dry cloth will shrink much more and may thus be productive of harm. Five or six years ago he had a case of compound fracture in the hospital, where he applied the plaster dry; the dressing contracted, the limb became inflamed and had to be finally amputated, in consequence of which the patient died. He was convinced that the man lost his life from the undue pressure of the dressing.

Dr. Conner said that both of the preceding speakers had spoken of removing the plaster and then drying it in an oven. Now that is just the proper thing. The only difference of opinion exists as to the method of application. Three or four years ago the closed plaster bandage was mostly used. This has been discarded, for good reasons; for when the limb is entirely encased we may have shrinkage, and all objections urged for this reason, therefore, are to be applied. The Bavarian dressing, though we may have shrinkage, we can fill the gaps with cotton or oakum. Where the whole limb is to be immobilized the Bavarian dressing ought not to be used, but the roller splint, as described by Dr. Conner. —(Cincinnati Lancet and Clinic.)

LACERATION OF THE FEMALE PERINEUM.

BY H. V. SWERRINGEN, M.D.,
(Class of 1870),
Of Fort Wayne, Indiana.
Read before the Indiana State Medical Society, May 10th, 1880.

My object in presenting for your consideration a few cases of lacerated perineum is to be heard, as an interested spectator, the subject discussed with special reference to the much disputed point, the proper time for operative procedure. This being my purpose, it will not be necessary to enter into its etiology and patho-laxis. I am disposed to favor the deferred operation. The fact as to whether or not the immediate operation may not be considered one of the fashions of the healing art, can never be
be determined until nature has been given a fair opportunity to manifest her power in effecting spontaneous repairs of the perineum. Puerperal fever is no longer regarded as a disease essentially different from pyemia or septicemia; hence, by resorting to the immediate operation, we are effectually getting the logical cure of the disease to a predisposing puerperal factor. The puerperal state should, therefore, be allowed to pass away before the operation is performed.

I commenced the preparation of this report a week ago to-day, subject to the interruptions common to the physician. A mere glance at the literature of the subject was taken, and therefore, Goodell and Thomas were but imperfectly consulted. However, I am here to relate my own experience and not that of the excellent authorities referred to, difficult though it may be to divest myself of that grandious spirit which is disposed to follow in the track pointed out by a few leaders.

CASE 1.—In the spring of 1876 Mrs. H., a healthy, robust lady, aged 35 years, primipara, was delivered, by forceps, of a healthy child, which delivery resulted in a complete rupture of the perineum, which was immediately surrounded by the nurse, who, after which union speedily took place by the first intention.

CASE 2.—On the last day of October, 1880, Mrs. D., a rather delicate lady, aged about 26 years, primipara, was delivered, by forceps, of a bright, healthy child, which delivery resulted in partial laceration of the perineum; two black silk sutures were at once inserted, and the patient directed to assume a lateral posture, without, how-
ology of Consumption, Treatment in General, Home Treatment, Climatic Treatment, winding up with some general conclusions upon the management of consumptives, of the most practical character. The work contains information much of which the physician may look in vain for elsewhere; especially do we commend the systematic consideration of American health resorts, and we hope that the author will especially charge himself with extending and enlarging this list in a future edition. We like this work, and bespeak a large circulation for it.


This work is devoted to the anatomy, etiology, pathology, pathogeny and therapeutics of sympathetic diseases of the eye. Although of special interest to those engaged in studying disorders of vision and practicing ophthalmologists, yet there is much material in this little work of abiding interest to any one who may be called upon to prescribe for a case of eye disorder. The work has been ably translated, and is presented in an interesting and attractive form, and abounds in illustrative cases. The rule laid down as regards enucleation is the following:—

"It is to be performed as a preventive; it must be performed in the stage of irritation; it cannot be performed in irritis serosa and irritis plastica; it can be performed in iritis-cyclitis pleuritic form; it is a feat when the eye is totally blind, but not in a state of violent irritation."

We regard this monograph as a useful addition to the literature of ophthalmology, especially from the standpoint of the general practitioner.


This work maintains the character of previous issues of the series, which entitles them to the title of Standard Medical Works. The advanced position occupied by German writers upon pediatrics is well known, and the present volume may be taken as an illustration of recent medical progress, especially in pathology of children's affections. The only exception we have to take is to the brief manner in which Rötheln is disposed of; this short notice might well have been extended by the translator; the work, as a systematic one upon children's diseases, however, in order to keep within bounds, is obliged to treat briefly such well known subjects, in order to devote more space to more important questions arising from the pathological conditions of infancy and adolescence.


The stir in the medical world which the first edition of this book created has scarcely yet subsided in some quarters. The present edition is enlarged by nearly a hundred pages, and the illustrations have been increased and improved. This work is undoubtedly the best in the English language, as a systematic, carefully prepared manual of nervous diseases. It is clearly written, well illustrated, and is the work of one well known as an authority upon the subject of which it treats. No more need be said in its favor.


This handsomely printed monograph contains the report of a very instructive and interesting case of uraemia due to cystic disease of the kidneys, and a good résumé of the literature of the subject; it is a valuable addition to the literature of the subject; it is a valuable addition to the literature of the subject.

The essay was originally read before the New York Medical-Chirurgical Society, and forms a classical and complete consideration of the special condition concerned. The summary of cases must have required considerable labor.


An Irish woman, needing some silk and some tape, sent her husband for them. The silk was shown, but the buyer thought the price too great. The clerk explained that all silk goods were dear, owing to some disease at this time prevalent among the silk-worms. The tape was next examined, and Mr. Irishman thought that too a little stiff as to price. "And, indade, sir," says he, "is there likewise a dezase a prevailin' among the silk-worms?"

Obstetric Gazette.
fatal in practice. Dr. N. S. Davis, in his communication, use of water by the sponge bath, night and of Lessening the Mortality from these Affections," presented a judicious and timely contribution to the subject, and pointed out the proper condition, so as to enable the child the better of the statistics of several large cities shows a in San Francisco, seven in New Orleans, infantum annually for every 10,000 inhabitants and observes that "There must therefore be logical and physical grounds. We think an clothing, that there is a good supply of healthy milk for babes from negress wet nurses, and of the population living in squalor and filth in after clearing out of the intestinal tract any medical management of the case astringents, in infants), and the use of starch enemata, a weak solution of arrowroot, or the white of an egg diffused in water, than ice water, and the ties as often as desired; it is better to use a and bismuth are often highly serviceable, but in limited amount of this. Powders of pepsin • -

THE TRUE MOTIVE.

In the favorable comments which have been made in various medical journals upon the recent important and interesting meeting of the American Medical Association, we fail to find, except in one or two instances, a just recognition of the one powerful motive which, more than all others, turned the thoughts of hundreds of medical men of the subject, of St. Paul. Some have supposed that the premium which was offered for attendance there, in the shape of gratuitous railroad passes, presented an irresistibly magnetic power of attraction. This would be to assume that the anticipation of social pleasure was more potent than the prospective intellectual feast which they had reason to believe might be spread before them on such an interesting anniversary occasion. The numerous letters, received in advance of the meeting, by officers of the Association from medical gentlemen who were already members of that body, and from newly created delegates, proved conclusively that a more elevated spirit was the mainspring of action with them. They thronged in hundreds to the sessions to be held at the interesting capital city of Minnesota, under a high and mighty stimulus, mingled with a tender regard for the honor of the National Association, and a desire to express with emphasis their detestation and disgust at the lowering of the standard of professional practice which had been promulgated and sanctioned by the New York State Medical Society.

THE HYGIENE OF SUMMER RESORTS.

The amount of attention hitherto devoted to the consideration of those qualities which render summer resorts desirable as places of temporary residence, and for purposes of pleasure or health restoration, has been ridiculously meagre. Seasons come and go, and the vortices of fashion and the victims of disease rush promiscuously to the farm, mountain and seaside, regardless of their insanitary surroundings, or their want of adaptability as curative, or health-preserving media. With water that is not potable, and air loaded with effluvia, there would seem to be but little opportunity, in some of the fashionable and favored watering-places, for either gaining or keeping perfect health. An elaborate discussion of the points involved would seem to be justified at this very moment, but we must content ourselves, at present, with the suggestion that the popular mind should be more actively educated in this direction, as it has already been in other hygienic lessons, so that the evils of summer overcrowding may be avoided, and the invalid may seek the best path toward improvement or recovery, while the well may avoid the causes which impair their natural healthful vigor.

Miscellany.

AMERICAN SURGICAL ASSOCIATION—Third Annual Session—Second Day.—After a short executive session for the discussion of private business, the paper on the subject of Professor Cabell's essay was resumed, Drs. Nancrede and Gay advocating the method, and Drs. Yandell, Moore, Cole, and Gourley opposing it. As the question of the comparative value of antiseptics in Lister's system a spirited discussion followed. The opponents of the system apparently based their remarks upon the following propositions: (1) There is no good derived from the antiseptic plan of treatment; (2) if there is any benefit derived from Lister's system it is not due to carbolic acid; (3) and, finally, if carbolic acid can be shown to have done any good, the credit of its introduction into surgical practice does not belong to Mr. Lister. The advocates, on the contrary, insisted that the system is properly known by Mr. Lister's name, since by him it has been brought into general practice, and now employed by surgeons all over the world; (2) that the use of antiseptics is only a part, and perhaps a minor part, of this system of dressing wounds; and, finally, (3) while wounds may not get well without this method, under favorable circumstances this method, the prognosis of operations under unfavorable circumstances has been greatly improved.

FRACTURES OF THE SKULL.

The next paper was read by Dr. Moses Gunn, M.D., of Chicago, on Treatment of Fractures of the Skull, Recent and Chronic, with Depression. The propositions submitted for discussion by the paper were—

(1) In all recent fractures with depression, whether simple or compound, even though entirely without symptoms of compression, if there is any depression, to believe that the internal table is depressed, and if there are no symptoms of marked concussion or collapse, elevation of the depression should be promptly effected.

The debate was opened by Dr. R. J. Lewis, of Philadelphia, who said that the majority of cases of compression of the brain did not show symptoms of compression, but concussion and shock, and that if symptoms of compression were waited for, many operations which are now performed would be left undone. Dr. Moore said that he was reluctant to use the trephine where he could avoid it, and that he endeavors to get the elevation, if possible, without the use of the trephine. Dr. Hunter McGuire, of Richmond, Va., said that the object of the debate was to advance the popularity of trephining as one of the most capital of capabilities, but he did not know whether or not the bone was affected by the use of the trephine or was caused by the original blow, but he fancied that one had as much to do with it as the other; but the patients lived and recovered. In another case, that of a New York man's life, even if it is preserved, would hardly be worth having. The speaker said, that this view was right almost the whole surgical world agreed with him. In any fracture of the skull would be to give license to every young surgeon to use the trephine, which would be an extremely dangerous doctrine for any casual observer. Dr. Gourley cited two cases of fracture which he had treated in succession with the trephine, and around which the bone became necrotic. He did not know whether or not the bone was affected by the use of the trephine or was caused by the original blow, but he fancied that one had as much to do with it as the other; but the patients lived and recovered. In another case, that of a New York policeman, the trephine was not used, and, although the man recovered, there was a decided circumspection, which the finger could be placed, and in six months' time the man was insane. Dr. Henry J. Campbell, of Georgia, thought that untrue reasoning was one of the most capital operations, but he was of opinion that it was a dangerous principle to establish among the younger surgeons that in all cases of depressed fracture they should operate. He said:
Trephine when you see symptoms, and do not trephine unless you see symptoms, unless in punctured fractures. The brain, it seems to me, will stand almost any kind of injury except compression.

Dr. William T. Briggs said that he had never regretted the use of the trephine, but had often regretted that he had not used it. He thought it was the primary operation for the prevention of the secondary results. There are two classes of injury to the head; one a diffused concussion of the brain, and another class of cases in which there is a local injury by compression due to fracture of the internal table. If the injury be so slight that the brain may accommodate itself, there may be considerable depression of the external table without symptoms of importance; but if irritation follows the displacement, symptoms of compression will call for prompt operative interference.

Dr. R. A. Kinloch said that where there was moderate compression, without symptoms of compression, and the surgeons cannot say positively that the depression is of one or both sides, and in favor of leaving such a patient alone, and any attempt to elevate that bone with the trephine increases the risk. He thought such an operation, if justifiable at all, should be performed with increased caution; the supposition that the patient is going to suffer in the after consequences, which has not been clearly demonstrated by statistical data.

Dr. S. W. Gross said that in all recent fractures with depression, if the latter be moderate, whether simple or compound, the patient should be left alone. If, however, fixed and severe symptoms of excitement, increase of local temperature, and a commencing puffiness of the scalp supervene within a few days after the accident, signs which are the result of depression of the internal table and the development of pachy-meningitis, elevation of the depression should be promptly effected. In all recent fractures, whether simple or compound, attended with symptoms of compression, the trephine should be resorted to; and the same rule should apply, whether symptoms be present or not, if the depression be considerable and funnel-shaped. Punctured fractures should invariably be subjected to operations.

Dr. Briggs said he would always operate if there were symptoms of irritation, either local or reflected.

Dr. Gunn, in concluding the discussion, said that as to compound and punctured fractures, he was, in general, of the opinion that the rule, but in simple fractures he had taken a step in advance of the principles generally laid down by authorities.

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plication to the relief and cure of disease and injury, are vastly increased, and diffused for the work, which the government has in its power of the philanthropic liberality of the American nation.

Resolved, That these collections, which are unrivaled in their richness and usefulness, are a source of just national pride; and, as they are a benefit beyond price to the whole people, for all men are subject to disease and injury, they are especially worthy of the fostering and liberal care of a government and people.

The following was prepared by a special committee, which was appointed to draw up resolutions regretting the death of several members:

In the course of a mysterious Providence, the wisdom of which one is not bold enough to question or accept, to which we instinctively bow in mute and sorrowful submission, six of our number have been bequeathed from our midst. Fellows H. Lenox Hodge, J. C. Hodge, W. W. Green, H. W. Brock, J. T. Hodgen, and J. R. Wood, have obeyed the summons and joined the great and ever increasing majority.

In contemplating our great loss we painfully realize that it includes some of our most valued members. Scholarly attainments, brilliant achievements, resources, patient investigations, devotion to surgery, and genial companionship, are some of the elements in the character and works of our lost brothers. While we emulate their virtues, let us inscribe on our records the names of their eminent qualities, and the deep sorrow which oppresses us as we realize our loss.

The following officers were elected to serve during the ensuing year:

President—Prof. S. D. Gross, of Philadelphia.
Vice Presidents—Prof. E. M. Moore, of Rochester, N. Y., and Prof. Moses Gunn, of Chicago, Ill.
Secretary—J. R. West, of Richmond. Ind.
Recorder—J. Ewing Mears, of Philadelphia.
Council—K. B. Beverley Cole, San Francisco, one year; George W. Gay, of Boston, Mass., for two years; Hunter McGuire, of Virginia, for three years, and H. F. Campbell, of Georgia, for four years.

Dr. J. C. Hutchison read a paper on "Diseases of the Hip Joints."

Dr. H. F. Campbell, of Georgia, read a paper entitled "The Ligation of Arteries for the Relief of Mortification." He said that he wished to again call the attention of the profession to the importance of the value of control of the blood, to which end he had contributed to the disease part by tying the main artery in a limb in which inflammation had taken place.

The reading of Dr. Campbell's paper was continued in the afternoon session, but time did not permit prolonged discussion. The Association decided, by resolution, to publish a volume of the transactions of this meeting. After passing resolutions thanking the College of Physicians and the Committee of Arrangements, and the surgical instrument makers who had given an exhibition of apparatus, the Association adjourned to meet in Cincinnati, at the call of the President.

To Dr. J. E. Janvin, of New York City, has been allotted the task of writing the chapter on the "History and Statistics of Ovariectomy," in the "System of Gynecology by American Authors," now in process of preparation. All who wish their cases published are requested to send to Dr. J. H. Madison Avenue, N. Y., answers to the following questions:

1. Name of operator?
2. Age of patient?
3. Nationality?
4. Married or single?
5. Occupation or profession?
6. With or without drainage?
7. Aspiration or previous tapping?
8. Duration of operation?
9. Laporatomy or vaginal operation?
10. Condition of patient at time of operation?
11. Were antiseptic precautions used?
12. Was the spray used?
13. Long or short incision?
14. Adhesions or other complications?
15. Double or single operation?
16. Pathological features of cyst?
17. Treatment of the pedicle?
18. With or without drainage?
19. Duration of operation?
20. Complicated or uncomplicated history after operation?
21. Antipyretics used, if any?
22. Result. Cause of death, if any?
23. Primary or secondary operation?

A WELL-DESERVED TESTIMONIAL.—Professor Joseph Leidy, of the University of Pennsylvania, the distinguished anatomist, being about to enter his sixtieth year, it is felt that the time has come to provide a testimonial which, while expressing the admiration of those who unite in it, for his disinterested and self-sacrificing devotion to science, will relieve him from some elementary teaching, and enable him to devote himself hereafter to those fields of profound investigation in which he is unrivaled. It is proposed, therefore, that the sum of $50,000 shall be raised, the interest of which shall be annually paid to Dr. Leidy during his lifetime; and, after his death, the said income shall be applied, in perpetuity, to the maintenance of the Joseph Leidy Chair of Anatomy in the University of Pennsylvania.

We have received a notification from the Secretary of the National Board of Health, stating that instances of the use of starvation having been made in the Sundry Civil Appropriation Bill for the year ending July 30th, 1883, for the proper continuance of the duties of the National Board of Health, the publication of the Bulletin will be at once suspended should the Bill pass as reported to the House. Protests are now being sent from Medical societies and individuals to Congress, in all parts of the country, against stopping this valuable publication, and it is hoped that the necessary legislation will not be wanting to continue it.

According to the Boston Journal of Chemistry, a local legislator (probably a professional joker) in one of the Southern States has introduced a proposal to make it obligatory to inscribe the name of the physician on the tombstones of deceased persons. We think this might safely be done in cases where the law does not leave enough of the estate to pay the doctor's fees, but we would stipulate that the diagnosis should also be inscribed, to aid future collectors of statistics.

The Medical Society of the State of West Virginia, at its recent annual meeting, instituted a prize for the best original paper accepted by a committee of that Society, to be called the "H. W. Brock Prize," in honor of the distinguished graduate of the Jefferson medical school whose death was referred to in the June issue of the College and Clinical Record.

At the stated meeting of the Board of Officers of the Jewish Hospital Association, held June 4th, Dr. J. B. Potsdam (Class of 1879) was elected Resident Physician of the Hospital (Tabor junction, North Penna. R. R., in place of Dr. A. S. Hart, deceased). Dr. Alexander Kahn (Class of 1881) is the Assistant Physician.

PERSONAL.—Dr. G. A. Scroggs (Class of 1875), of East Liverpool, Ohio, to Beaver, Pennsylvania.

Dr. H. D. Gardner (Class of 1880), of Dalton, Pennsylvania.

Dr. J. B. Lyman (Class of 1857), formerly of Illinois, is now at Salem, Mass.

Dr. J. D. Hood (Class of 1874), has removed from Wiltshire to Vanarsdale, Arkansas.

Dr. John Aulde, Jr. (Class of 1882), will shortly remove to 153 N. Tenth street, Philadelphia.

Dr. W. S. Coachan (Class of 1850), has removed from Clinton, Illinois, to Los Angeles, California.

Dr. John B. Bell (Class of 1861), of Chicago, Ill., was drowned last summer, while fishing in Lake Superior.

Dr. F. E. Stewart (Class of 1879) is associated editor of The Therapeutic Gazette, published in Detroit, Michigan.

Dr. Charles M. Drake (Class of 1875), has removed from 1100 Walnut street to 133 S. Thirteenth street, Philadelphia.

Dr. W. Scott Wolford (Class of 1873), has removed to 1350 Walnut Street, Philadelphia, where he has two handsome offices.

Dr. Edward Warren (Bey) Class of 1827) has been treated as a member of the Order of Osmania, by the Khedive of Egypt.

Dr. R. Hughes (Class of 1861), formerly of Mascoutah, Illinois, is now at Okauvile, Washington county, in the same State.

Dr. R. B. Davy (Class of 1868), of Cincinnati, Ohio, is the editor of the Obstetric Gazette, published in that city.

Dr. J. Thornton (Class of 1882), sails on Saturday, July 1st, to practice at Aspinwall, United States of Columbia.

Dr. Daniel Leasure (Class of 1846) is in charge of the editorial department of the Northwestern Lancet, published at St. Paul, Minn.

The Hon. Frederick Robie, the Republican nominee for Governor of Maine, is a graduate of Jefferson Medical College (Class of 1844).

Dr. Wm. Joseph Hearns (Class of 1867), was recently appointed surgeon to the Philadelphia Hospital, in place of Prof. J. H. Brinton, resigned.

Dr. D. N. Rankin (Class of 1854) has an interesting paper on "Aspergilus in the Human Ear," in the Pittsburg Medical Journal, for April, 1882.

Dr. Henry G. Landis (Class of 1876) died in office, at Tabor Junction, North Penna. R. R., in place of Dr. A. Schapirger, resigned. Dr. J. D. Hood (Class of 1874) is the Assistant Physician.
scribes a new dilator, uterine and urethral, de-

vived by himself, in the Ohio Medical Journal

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locality. If neither means is applicable, pro-

**METHODS USED IN PLASTIC SURGERY.**

1. **DISPLACEMENT**, stretching or sliding tissues.

   a. ***Simple approximation after freshening*** the edges, as in hare-lip, cysts, etc.

   b. ***Transplanting without a pedicle.***

2. **INTERPOLATION**, borrowing material from adjacent regions, from a limb, or from another person.

   a. ***Transferring flap with a pedicle.***
      1. By rotating flap on the pedicle in its own plane through one-quarter or one-half a circle, as in making upper eyelid or nose from forehead.
      2. By twisting flap on its pedicle, as in hare-lip, fistules, etc.

3. **SLIDING two position after transferring tension to adjoining localities, as in V-shaped incision for ectropion, in linear incisions to allow stretching of skin to cover large wounds and to retard cicatrization.

4. **INTERPOLATION**, utilizing the methods by displacement, by interpolation, and by retransplantation. Under the displacement method are included operations done by simple approximation and by sliding. Under the method by interpolation are classed procedures accomplished by transposition and by transplantation. The indications and characteristics of these modes of operating will be seen by the schedule.

5. **TRANSPLANTING**, except skin-grafting, is not very successful.

III. **RETRANSPLANTING**, removing superfluous material and getting cicatricial contraction.

1. By cutting out semi-elliptical or elliptical pieces of tissue, as in ptosis, cystocele, and prolapse of the rectum.

2. By cutting out triangular or wedge-shaped portions of tissue, as in ptosis, cystocele, and prolapse of the rectum, decreasing the relative size of features; thus, if a nose has been partially lost, the upper lip appears too large, and its diminution will render the deficient nose less noticeable. When material is taken from prominent feature, and especially if it is added to the other, the normal proportion is nearly re-established and deformity greatly diminished.

To secure success in plastic devices certain precautions should be observed. In the first place, the patient should be in good general health, and free from infection about the seat of the proposed operation. Interpolation and sliding operations, however, may be successfully performed with cicatricial tissues, since the improved appearance, though not equal to the normal condition, is a great solace to the disfigured patient. It is always a long time before the cicatrices become white and soft; therefore the full result is not apparent until many months have elapsed. The scars always remain visible, however; hence the photographic illustrations of many published cases are deceptive, in the apparent absence of scarring. The scar tissue, ruptured perineum, and many other conditions can often be entirely removed by plastic operation.

If gangrene of the flap does not occur before the end of the fourth day, it is not likely to take place, and the integrity of the operation is well preserved. If, however, during the first three or four days, the flap becomes grayish and pulpy, and shows a loosened cuticle, or, on the other hand, if it assumes a dry and soft appearance, it is evident that destruction of more or less will supervene. The scars again visible, however, since the improved appearance, though not equal to the normal condition, is a great solace to the disfigured patient. It is always a long time before the cicatrices become white and soft; therefore the full result is not apparent until many months have elapsed. The scars always remain visible, however; hence the photographic illustrations of many published cases are deceptive, in the apparent absence of scarring. The scar tissue, ruptured perineum, and many other conditions can often be entirely removed by plastic operation.

**DISLOCATIONS OF THE KNEE-JOINT, INCLUDING THE PATELLA.**

**BY HENRY E. EVERETT, M.D.,**

(Concluded from p. 47.)

The success following well devised and carefully performed plastic operations is very gratifying. It is especially so in cosmetic operations, since the improved appearance, though not equal to the normal condition, is a great solace to the disfigured patient. It is always a long time before the cicatrices become white and soft; therefore the full result is not apparent until many months have elapsed. The scars always remain visible, however; hence the photographic illustrations of many published cases are deceptive, in the apparent absence of scarring. The scar tissue, ruptured perineum, and many other conditions can often be entirely removed by plastic operation.

Complete outward dislocation has been caused by falls or blows upon the knee, especially upon its inner side. The patella rests, by its articulating surface, upon the outer face of the external condyle. The cutaneous surface

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THE COLLEGE AND CLINICAL RECORD.
upon the patella looks outward, the outer border being posterior, and the inner edge anterior. The natural prominence of the patella the integument is now sunk in, and through it can be felt the entire troclear space. The tendon of the quadriceps femoris and ligamentum patellae can also be felt above and below the bone. The leg is extended, or nearly so, and cannot be flexed without great pain. Although all motion of the joint is prevented by this intense pain, the weight can be supported upon it, for two patients, while unable to rise alone, walked some distance when helped to their feet. The palpation of the injured patella shows the lesions to vary somewhat. The capsule is more or less torn, especially at its inner side. It has been stated that the internal vastus is often involved in the laceration, a fact, for the patella is deprived of a force which would tend to restore it to its place. These conditions were seen in the post-mortem examination of an old dislocation outward which also showed other points of interest. The outer portion of the capsule was contracted and thickened, so that here reduction would have been impossible. The posterior or the external condyle, under the constant pressure of the patella, had so approached the inner that the intercondyloid notch was reduced in width, being narrower than the external one. The diagnosis is easy unless there is great swelling, when the complete luxation is not so readily distinguished from the incomplete. The prognosis is grave, even with reduction, which is always easy when the dislocation is recent. The bone is easy of accomplishing it is to flex the thigh upon the pelvis, and extend the leg. In an autopsy made upon an old dislocation of the patella, and the ligamentum patellae, the bone had been completely relaxed, the quadriceps, when simply pressing the patella inward will usually suffice to return it.

Case 13.—Count D., while riding on horseback, was struck with force upon the right knee by another horseman coming in the opposite direction. He felt great pain, and was helped to dismount and carried to a neighboring store, where a surgeon who had been called recognized a complete dislocation, outward, of the patella. Many attempts at reduction were made with the limb in the horizontal position. The bone resisted all efforts to dislodge it from the outer face of the external condyle. Another surgeon who was consulted took his hand and pulling down and a little forward raised the limb till it formed almost a right angle with the trunk. The effect of this was to relax the quadriceps, so that the patella became movable. Pressing the bone inward it was then returned to its proper place with ease. (Malgaïgne, in Gazette Med., July 23d, 1836.)

Dislocation of the patella vertically or edge-wise.—The first instance of this curious luxation was observed in the middle of the Eighteenth century, by a surgeon of Milan. The possibility of such an occurrence has long been doubted by some, but it is now established beyond question by the publication of at least nine cases, which are accessible to any one. People of all ages are affected, and many more than once have been described as an incomplete dislocation, for the vertical luxation is nothing more than this carried a little further. Instead of the complete form, the bone is turned half over and stands upon one edge, its two surfaces looking laterally. This dislocation may be either in the horizontal or inward direction, though the former is more common. But there is this point to be noted, that while incomplete luxation inward is so rare, the vertical dislocation inward is much more frequently observed. In the vertical internal dislocation the bone is turned so as to rest upon its outer edge in such a manner that the anterior facet lies in the line of the femoral trochlea. The symptoms, however, are quite different. The pain is less severe, and the amount of motion is great. The tendons of the quadriceps, and the ligamentum patellae can also be felt, and the swelling is not great. The diagnosis is easy unless there is great swelling, when the complete dislocation is not so readily distinguished from the incomplete. The prognosis is grave, even with reduction, which is always easy when the dislocation is recent. The bone is easy of accomplishing it is to flex the thigh upon the pelvis, and extend the leg. In an autopsy made upon an old dislocation of the patella, and the ligamentum patellae, the bone had been completely relaxed, the quadriceps, when simply pressing the patella inward will usually suffice to return it.

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In the first place only the antero-posterior diameter of the knee is increased. The patella stands upon the femoral condyles. On each side the skin sinks into a depression, and through it can be felt both of the femoral condyles, or one of them, according as the
respectively, it sprung, with a sudden snap, into slight flexion without increasing his sufferings. A slender man, aged twenty-seven, while jumping, dislocated his patella.

Most of the methods used to reduce the other luxations of the patella have been applied here, but often without success. Sir A. Cooper mentions one case in which the reduction was effected by simply pressing the two edges of the bone in opposite directions, so as to turn it back into its place. Others trying this seem less fortunate. Several times has the method of Valentin succeeded, but it, too, has been replaced by later methods. With the exception of the flexion of the bone being reversed, the anterior face of the bone and pressed the upper edge inward. The patella immediately resumed its place. (S. F. Morris, N. Y. Med. Record, May 15th, 1869.)

The patella was firmly wedged by its outer edge in the intercondylar notch, its anterior surface looking exactly as it had been, and its prominence of the edge of the patella thus twisted on its long axis left no doubt as to the diagnosis. No further attempt at reduction was made until the patient was anesthetized. Then, while the leg was being flexed, the doctor held his thumb as a fulcrum against the articulating surface of the bone and pressed the upper edge inward. The patella immediately resumed its place. (S. F. Morris, N. Y. Med. Record, May 15th, 1869.)

The inner edge was resting either in the groove between the condyles or in the slight indenture of the bone. In one case the prominence of the edge of the patella thus returned inward, its posterior outward, and it rested nearly at right angles with its natural position. Its upper and lower attachments, presenting the same effects of flexion, were held in their place. (Watson, N. Y. Med. Record, June, 1853.)

A carman, aged thirty-five, of small stature, was brought to a hospital one night when another horseman backed his horse against the man's right knee. He was carried to a hospital and kept for near two months, more or less under mercury, but, owing to the onset of diarrhoea, it was impossible to keep up salivation all the time. The patient was attended by the ward doctor, and kept for nearly two months, more or less under mercury, but, owing to the onset of diarrhoea, it was impossible to keep up salivation all the time.

The growth steadily increased, and in October another nodule began to show at the angle of the anterior chamber, and one of the iridic adhesions became pinkish, as if about to form a "granuloma," and sometimes as "tubercular disease" of the iris, and an unfavorable prognosis were made. Dr. Gulliver, Resident Assistant Physician, could find no viscerai disease nor any increase of white blood corpuscles in the blood, but the growth could not be reduced. There were no symptoms of any active disease, and the condition was considered as merely a tubercular one.

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suspected, typically tubercular. It may be
noted that the seton track has remained boggy,
and has continued to suppurate up to the pres-
sent time, though the silk was removed several
months ago, and further, that the remarkable
improvement in the eye did not begin until
the third week, which possibly
pointed to a scrofulous tendency in the pa-
tient. It may also be observed that a large
button of granulation grew from the middle of
the conjunctival scar months after the excision
of the left eyeball.

Examination of Left Eye after Hardening in
Miller’s Fluid and Alcohol—A large, flattish
mass, somewhat nodulated, half filled the an-
terior chamber and occupied about the lower
half of the iris and corresponding part of the
ciliary body, nowhere extending further back
than the ciliary body. It extended into and
through the operation wound, but microscopical
examination showed that its surface external to
the wound had become covered with epithelium.
Diametrically opposite to the principal growth,
a small isolated globular tumor grew from the
front of the iris midway between its pupillary
ciliary borders.

Microscopical Examination of Sections Stained
in Logwood and Mounted in Dammar.—The
growth attained its greatest thickness at the
most anterior attachment of the ciliary body.
It consisted entirely of small nucleated cells
with very indistinct walls, and nearly filled by
their contained nuclei, and of two principal
forms;—either round and containing nuclei about
as large as blood corpuscles, or occasion-
nally larger; or elongated, and containing oval,
rod-shaped, and sometimes quite spindled-
natured nuclei. Centres and tracts of finely
granular yellow secretion were also pre-
sent, containing either no nuclei at all or only
a certain number of the elongated ones,
and these but badly stained. Only a scanty
number of the most elongated ones,
and these but badly stained. Only a scanty
fraction of growth and degeneration was best seen in
the anterior sections, were healthy. Optical
discs of moderate diameter; excess of nuclei in,
thickening of, and the sheath of the central
veins as far as the section extended; some
increase of nuclei in the trabecule of the nerve.

Slight edema of retina, and thin layer of struc-
tureless connective tissue between the seg-
ment epithelium and the bacillary layer, thick-
ness near the disc. No marked change in the
optic nerve sheath.—Ophthalmological Society.

External Perineal Urethrito-
my.

By P. S. Conner, M.D.,
(Chief of Eye-
 Professor of Anatomy and Clinical Surgery, Medical College of Ohio.

Read before the Ohio State Medical Society, June 14th, 1882.

Two facts are familiar to us all: 1st, that
urethral strictures are of common occurrence;
2d, that they are not only troublesome, but
dangerous, because of the vesical and renal
diseases consequent upon their presence, and
the disastrous results of the frequently occur-
ing extrusions of which they are the indi-
rect cause. When the diminution of the calibre
of the urethral canal is not so great but that
a moderate-sized bougie, say No. 4 or 6 French,
can be readily passed, and the structure is lo-
cated behind the peno-scrotal angle, the treat-
ment may be by dilatation, division or divis-
ion, according to the preferences of the oper-
ator and or the time that can be devoted to the
recovery of the individual case, the first mentioned
method being the safer but the more tedious.
But in the unfortunately not seldom met with
cases in which, from ignorance or neglect, the
contraction has been permitted to go on until
only a very small, even a filiform, bougie can be
worked through, and that with difficulty;
when over-exercise, exposure, excess, or a
slight change in the constitution of the urine
will suffice to render the structure impermeable,
and cause complete retention, in such cases the
propriety of freely lapsing open from without
the superficial layer of the canal becomes a ques-
tion worthy of and demanding the most serious
consideration. Gradual dilatation requires
time, carefulness and skill, and during the ear-
er period the patient is, of necessity, ex-
pposed to the risks of urinary retention, of ure-
thal rupture behind the stricture, and of in-
deed disease of the bladder and kidney. A

fistulous openings, as were so graphically de-
scribed and pictorially illustrated by Lizars,

Even the most skillful of operators may fail,
HOT WATER IN SURGICAL PRACTICE.

BY J. R. WILSON, M.D.

(From the Office of Dr. B. W. Brevard.)

Of Richmond, Indiana.

Read before the Indiana State Medical Society, May 10, 1875.

In surgery, as in every other department of our profession, methods of treatment simple, cheap, and easy of application command themselves to the careful practitioner. Yet it is a curious fact that measures complicated and of doubtful utility are much more readily adopted. There are probably two principal reasons for this. The entire profession is not yet emancipated from superstition, and means difficult to apply, and whose modus operandi are but little understood, furnish more room for the exercise of "faith" and ground for vague and unending speculation as to their merits and methods of action. Patients groping in still more profound ignorance in relation to the difference between physiological and pathological conditions, and of the action of agents in changing the latter into the former, have a still greater faith in most methods of treatment about the action of which they can form no intelligent ideas, and in consequence of this, the professional attendent is often valued in proportion to the cost of the drug or the mystery with which he surrounds them.

Simple plans of treatment, for these reasons, are slowly adopted, and when they are, bring no new renown to the responsible use of a permanently retained catheter, but have preferred the daily introduction of the sound, beginning usually on the third or fourth day, then the use of hot water over dilatation on the one hand or free division of the perineum on the other, according to the nature of the case. In the after treatment of the cases of external urethrotomy I have never made use of external urethrotomy I have never made use of the bone bougie can be introduced and external urine can find its way out an instrument and whose utility are much more readily adopted. There are probably two principal reasons for this. The entire profession is not yet emancipated from superstition, and means difficult to apply, and whose modus operandi are but little understood, furnish more room for the exercise of "faith" and ground for vague and unending speculation as to their merits and methods of action. Patients groping in still more profound ignorance in relation to the difference between physiological and pathological conditions, and of the action of agents in changing the latter into the former, have a still greater faith in most methods of treatment about the action of which they can form no intelligent ideas, and in consequence of this, the professional attendent is often valued in proportion to the cost of the drug or the mystery with which he surrounds them.

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Simple plans of treatment, for these reasons, are slowly adopted, and when they are, bring no new renown to the responsible use of a permanently retained catheter, but have preferred the daily introduction of the sound, beginning usually on the third or fourth day, then the use of hot water over dilatation on the one hand or free division of the perineum on the other, according to the nature of the case. In the after treatment of the cases of external urethrotomy I have never made use of external urethrotomy I have never made use of the bone bougie can be introduced and external urine can find its way out an instrument and whose utility are much more readily adopted. There are probably two principal reasons for this. The entire profession is not yet emancipated from superstition, and means difficult to apply, and whose modus operandi are but little understood, furnish more room for the exercise of "faith" and ground for vague and unending speculation as to their merits and methods of action. Patients groping in still more profound ignorance in relation to the difference between physiological and pathological conditions, and of the action of agents in changing the latter into the former, have a still greater faith in most methods of treatment about the action of which they can form no intelligent ideas, and in consequence of this, the professional attendent is often valued in proportion to the cost of the drug or the mystery with which he surrounds them.
large, weighing over three pounds; an extensive wound was, therefore, unavoidable. During the operation hot water was freely used, torsion was applied to the arteries, and the edges of wound apposed were closed with a continuous stitch of fine suture material. At the end of three days the drainage tube and sutures were removed. At the end of five days the wound was entirely healed, except a small point at either angle, through which the drainage tube had passed, having there been no suppuration.

I do not claim that the extraordinary results seen in those two cases were owing wholly to the use of hot water, as I am sure that perfect drainage and methodical compression were important factors; but they are sufficient to establish the fact that the free application of hot water to wounds does not interfere with the healing process. I believe it hastens it. The contraction of the capillary vessels it induces continues for some time after its use is discontinued, and it is well known that the amount of blood in an injured part is an important factor in the development of inflammation. In this connection it will be remembered how great an influence the ligation of the principal artery of a limb has upon an inflammation in progress below. At some distance from the point I have already given, when speaking of the conservative influence of hot water in certain idiopathic and traumatic inflammations, where there are points of pressure and several hemostatic agents hinder, if they do not render impossible, the direct repair of injured tissues. Cold water and ice, even, are much less effective in checking hemorrhage than hot water. The immediate effect of cold is to contract the bleeding vessels, but this contraction is very soon followed by the opposite condition, dilatation of the capillaries for a considerable period, and one that favors further hemorrhage. Besides, it is a fact well established that prolonged cold lowers the reparative power of tissues.

The immediate effect of heat is to dilate the vessels, but afterward it contracts them. Dr. Phipps's explanation of the manner in which hot water arrests hemorrhage is, that the clot formed in the mouth of the dilated vessel was held firmly in position by the subsequent contraction as to prevent its being readily dislodged. In hemorrhage from the nose, the injection of hot water, in my hands, has proved very effective, and I am persuaded that in pulmonary hemorrhage the use of hot water, in the form of steam, would prove to be a valuable agent for its arrest.

The value of hot water in hemorrhage and inflammation, depending on its power to con-
She has run the gauntlet, presenting many of the symptoms of typhoid fever, and now, after three months is necessitated; a condition of the placenta in utero for three weeks after the delivery of the fetus. It has not been my aim to present a systematic paper on the general subject of "retained placenta." I have merely desired to emphasize anew the fact that it is faulty—I saygrossly faulty—any portion of the after-birth in the uterus, with the hope that it may do no harm, or that ergot may secure its early expulsion. Injury may always be expected, from such practice. Ergot, instead of expelling the now foreign substance, may, by contracting the neck, securely incarcerate it until putrefaction is established.

INTERESTING CASES OF DIPHTHERIA.

BY H. Y. SWERINGEN, M.D.,

Professor of Materia Medica and Therapeutics in the Medical College of Fort Wayne, Indiana.

About 2 P.M. on Sunday, July 2, 1882, I was called in to see little Mary, aged six years, the daughter of Mr. E. G. Anderson, a prominent grocer of Fort Wayne. It required but a very superficial examination to know the character of her illness, although from Thursday of the previous week up to the day of my visit her parents considered her complaint a mere "cold". On Friday the 1st, a simple acute catarrh, as she was, during this period, engaged in her plays quite as usual. It was a case of nasal, pharyngeal and laryngeal diphtheria. I so informed the parents, and expressed the opinion frankly that no power on earth could save their child. We did all we could, however, for the little sufferer, but the exudation extended down the trachea, and an unmistakable diphtheritic membrane was on the back part of the tongue, to be swallowed slowly. As a local application, I intended to use a spray of a mixture of iodine, glycerine and carbolic acid, but my atomizer did not work well and I attempted its use under the plan of old Rip Van Winkle, "We'll not count that this time." I then left the house in the condition, mentally, of hope and fear; hoping that it was not-and probably not-diphtheria; but it was; a condition which only the physician can appreciate or with which he can sympathize.

As a result of my examination on the following day, the 3rd, I discovered that the patch had extended over both tonsils anteriorly, and I requested the father also to view their condition, and informed him that although they looked badly, and probably did not diphtheritic, I was not entirely satisfied with that view of the case, although I was treating her for diphtheria; that of two diagnoses it was a practice common with many physicians to adopt the greater or more serious, for the reason that if the patient died, no surprise will be expressed, and if recovery should occur, not only the wonder but the admiration of the patient, parents, and friends will be centered in the great skill of the physician. He believed it to be diphtheria. I was very much in fear, and requested me to leave nothing undone. No change was made in the treatment other than the administration of whisky and milk at regular intervals. My visits now became more frequent. My examination on the following day revealed as a looking throat as I ever saw in the most malignant case of malignant diphtheria. It could be seen save one continuous patch covering the tonsils, faucæ, uvula, in fact everything usually seen in the throat; while making the examination I could feel the croup about the throat. I then wrote for her the following:

B. Quin. sulph., f 3 2 P.M.
Acid salicylic.
2, 1882, Medical Col.
B. Potass. chlor., g 1/2.
Ft. pulv. et in ch. no. viii. div.
Aqua; menth. pip., Tr. ferri chlor., f 1/16. A. M.
Quin. sulph., f iv. M.
Kali iodid., f 1/16.
Bromo-chlorali, f 1/16.
R. Vini xerici, q.s.ad f iv. M.
Vini xerici, q.ard f 1/16.
Aqua; menth. pip., Tr. f 1/16.
Aqua; menth. pip., Tr. f 1/16.
Aqua; menth. pip., Tr. f 1/16.
Aqua; menth. pip., Tr. f 1/16.
Aqua; menth. pip., Tr. f 1/16.
R. Vini xerici, q.ard f 1/16.
B. Acid hydrochlorid. dil. A. M.
B. Acid hydrochlorid. dil. A. M.
B. Acid hydrochlorid. dil. A. M.
B. Acid hydrochlorid. dil. A. M.
B. Acid hydrochlorid. dil. A. M.
B. Acid hydrochlorid. dil. A. M.
INJURY TO THE PERINEUM IN THE MALE.

BY H. K. BEATTY, M.D.,
(Class of '81)
Of Pittsburgh, Pa.

David F., aged 20 years, was injured on the evening of the 4th of September, in the following manner: He was engaged in hauling coal from a pit with a mule, and when he got to the top of the incline, which was two hundred yards long and very steep, he coupled the full car of coal to a win-rope, three-fourths of an inch in diameter, the weight of which brought the empty one up the incline. After the full car had been started and gained considerable speed, the coupling broke, and it passed down the incline with great force, striking the empty car, which, by this time, had ascended some distance, with such force as to stretch the rope, astride of which he was standing. The rope coming into contact with the perineum, threw him up into the air, eight feet. He was picked up in a semi-unconscious state and carried to the house.

I saw him two hours after the accident. The perineum and scrotum were much contused and swollen, but not painful to the touch. I discovered a quantity of water in the bladder, but could not have passed any since noon. I made several attempts to introduce a catheter, but failed. Sent for a larger instrument and succeeded in passing it into the bladder, taking from him about three pints of water. Considering the swelling that might be expected from such an injury, I secured the catheter in the bladder and took away the patient, all right, relieving pain with large doses of morphia. In the morning, at my request, Dr. Cunningham met me in consultation. After making a careful examination to remove the instrument, as it was a silver one, and already having given him great pain. Its removal was attended with much hemorrhage. We observed warm fomentations to the parts, and anodyne powders for relief of pain. We saw him again next day at noon; he had not voided any urine since the catheter was removed. We then made several attempts to get a catheter into the bladder, but failed. The treatment was continued as before, with the addition of having warm water poured from a height over the parts. We again visited him the next morning, but no change was manifest in his condition. He appeared to be suffering the most inconvenience from a distended bladder, it being now three days since it had been relieved. Additional counsel was then called in, who, after repeated efforts to introduce an instrument into the bladder, failed.
the deaths dwindled to 29, and in July to 11. We presume this reduction was the natural relation of cause and effect; it seems natural to suppose so. The railway service seems to have cheerfully seconded the efforts of the health authorities in extending all needful facilities.

**A SEQUEL TO THE NEW YORK CODE.**

As is very well known, the Hon. J. D. Cameron, one of our Senators in the Congress of the United States for Pennsylvania, recently introduced into the Senate a joint resolution, providing that it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for officers of the United States government, civil, military, or naval, to make discrimination in favor of or against sons, he remarks:

> Suppose so. The railway service seems to appear, in many instances, to possess neither significance nor claim to permanent regard, but for the practical bearing imparted to them in the applications which the surgeon and general practitioner make of them in the course of a life-long experience. Anatomists have certainly handed down to us, through a long succession of years, a needless multiplicity of terms in a nomenclature systematically overburdened.

Effort has been made to immortalize almost every barren spot on bone or brain, and fancied resemblances have been invoked by imaginative writers, to enable them to augment the lengthy list. The object may not have been to tax to their utmost the students' powers of endurance, or their capacity for memorizing, but the result has been the same. Notwithstanding the fully deserved criticism to which anatomy as taught in schools and books is open, the study is made as interesting as possible, in this country, by demonstrations which appeal to the eye, and by practical references to surgical procedures, which tend to brighten the sometimes colorless landscape.

We do not believe that the following remarks upon this branch as taught to students in England apply with as much truth or force in this country. We give them on the authority of an English medical contemporary—the London Medical News—which was founded in the in-terests of the medical classes of Great Britain:

> It cannot be doubted that the study of anatomy as it is conducted in this country is a profitless and a barren study. It is the constant complaint of men in practice as physicians and surgeons that they have utterly failed to obtain such a knowledge of the human body, during their years of student life, as will most profitably assist them in the performance of the work they have to do. Too clearly, then, do the incompetence of such de-scriptions of anatomical knowledge as must be acquired ere it is possible to 'satisfy' an ex-aminer at several of the licensing bodies. At the College of Surgeons, for instance, it is notorious that men who are picked students from the London hospitals infrequently are referred 'for three months' further dissection, on account of ignorance of some petty detail which it would probably never occur to any one to think of unless he happened to be on the lookout for teasing questions with which to stultify candidates. * *

> When we make complaint of the retrograde movement made by anatomical studies, we refer particularly to the general tendency, more than once deplored in these columns, to study examiners and examinations rather than anatomy itself.

**MEDICAL ASPECTS OF THE ELECTRIC LIGHT.**

Whatever other qualities have been justly as-scribed to this brilliant modern means of illumi-nation, it has probably never occurred to the medical profession, until very recently, that it possessed any elements of special interest to them. The first impression would naturally be that the organs of vision alone could offer a field for the investigation of medical inquirers in this direction, as it might naturally be supposed that the intensity of the light would be productive of injurious effects when brought too vividly in contact with the eye. We notice that a French writer has declared his conviction that the electric light is wholly devoid of any such results, in consequence of the amount of division that can be obtained in it. Similar investigations were made more than a year since, and the important influences exerted by this brilliant illuminating medium upon vision fully elucidated, in the fact that it was demonstrated that this light increases sixfold, as compared with daylight, the perception of yellow, and double the perception of green and blue. Dis-cussions in various learned societies during the past few months have led to a greater appreciation of its hygienic advantages, for it is undoubtedly a candescent agent of great power, with the recommendation that it is odorless and does not contaminate the atmosphere with deleterious gases, or give rise to products of combustion that are either irremovable or injurious. If it is established, as some scientists have urged, that the electric light also induces a greater visual unity than is practicable with daylight or gaslight, this point may be regarded as another element of consideration in its favor.

**A BOUQUET OF MATERIA MEDICA.**

At a recent meeting of the Materia Medica Society of New York, Dr. Piffard stated that he had been asked by a pharmacist to inspect a package of viola tricolor received from a wholesale druggist. Finding it in much extra-aneous matter, he caused this to be separated and referred to another medical gentleman for examination, who sent him the following report:

> First and foremost, the material consists largely of stubble, *i.e.*, what was left in a field of grain after gathering the crop. This crop was evidently rye, as it is a preferred of that cereal present. Grass stems and roots are also abundant, and also some flowering stems of the same. Numerous flower-heads of at least two different species of composite plants were found. The seeds and numbers of leaves which could not be identified. One stem of equisetum—mare's-tail—pine shavings, twigs, and bark, a few lichens, a shaving of some unknown wood, cut...
by an auger, a fragment of a tamarind pod with two seeds, an assortment of hempen strings, a plum-stone, a trousseur's-button, and a specimen of hen-dung, are also among the miscellanies found in your precious package.

We notice in various medical and lay journals some interesting discussions as to the practices of the druggists, especially in their relations to the medical profession. In this instance, however, the remedy was to be sought farther back, at the point where wholesale and retail druggists meet; possibly antedating even that, at the very gathering of these defecatable simples.

Reflecting upon the incongruous ingredients contained in this much more than triflored specimen, we can scarcely imagine what would be the qualities, physical or therapeutical, of an elixir evolved from it, or what species of flavor or odor would be imparted to it by the combination of the three or four articles last mentioned in the list of its components. Is it not, however, full time that the legal restrictions imposed by authorized inspection should protect the public from such fraudulent admixtures? It is scarcely possible that this was a solitary and wholly exceptional case of deception or oversight, and we trust that the exposure will have a good effect in stimulating the wholesale drug trade to greater caution, and the retail trade to a more careful scrutiny of their pharmaceutical relations with one another. For the reputation of all parties concerned, both classes should earnestly endeavor to expose intentional fraud, if such was contemplated.

THE SALES OF PATENT MEDICINES.

We have on previous occasions condemned, in outspoken terms, the unrestricted sale of patent medicines in this country, by which all kinds of so-called remedies, of every degree of nomenclature, can be dispensed over the counter of every grade of drug-seller, to persons of any age, for any form of ailment for which they may be considered appropriate by those who, in the majority of cases, are incapable of deciding as to their applicability to the particular case. As was recently remarked in regard to the sale of patent medicines in Great Britain, it is open to any one to manufacture a deadly compound of poisonous drugs, give it a name, label it with a Government stamp, and kill half the population before a suggestion will be made to stop the slaughter. In a late number of Macmillan's Magazine, a writer states that he sent a child, twelve years old, alone, into oilmen's grocers, drapers', and other stores where intimations existed that "patent medicines" were sold. Without hesitation or inquiry of any kind, this child was supplied with any quantity of chloral or chlorodyne, and other articles she asked for, and in a short time she returned home largely supplied with various poisonous drugs and compounds. Had the journey been extended onward with the same object, this little child could have procured sufficient poisons to have converted any parish in London into a city of the dead.

Selections.

PARALYSES OF THE LARYNX.

In a paper read before the American Laryngological Association, at its last meeting in Boston, Prof. L. Elsberg, of New York (Class of 1837), read a paper on the various forms of paralysis of the larynx, which embodies some original views, and tends to throw light upon some obscure forms of functional or organic alterations of the vocal apparatus.

According to his views, the thyroid cartilage is fixed relative to the movements of the other parts of the larynx; and with this in view he recommended simplifying the study of the subject of the physiology of the larynx and phonation, by designating the names and functions of the several muscles acting upon the vocal bands, as follows:--

1. Anterior muscles, the thyro-cricoid; tensors of the vocal bands.
2. Interior muscles, the thyro-arytenoid; straighteners of the vocal bands.
3. Transverse muscle, the arytenoid; transverse adductor of the vocal bands.
4. Lateral muscles, the crico-arytenoid; lateral adductors of the vocal bands.
5. Posterior muscles of the vocal bands.

(Those whose anatomical names are derived from two cartilages, the first two and the last, whereas there is one on each side; the third, whose anatomical name is one word, is a single muscle. The first four may be grouped together as constrictors or narrows of the rima glottidis; the fifth comprises the groups of dilatators or wideners of the rima glottidis.)

After pointing out the fact that paralysis may be localized in one muscle, or it may involve two or more, he mentioned the fact that he had observed that in the term phonatory leakage to the loss of power and shortness of breath following paralysis of the constrictors, while paralysis of the dilatators causes respiratory insufficiency. The following is given as a résumé of the laryngoscopic appearances in the various paralyses:

PARALYNES OF THE LARYNX.

In the bilateral combined paralyses the appearances are different.

If several muscles be paralyzed simultaneously, the image seen is a resultant of the appearances described as being caused by each of the muscles involved. Paralysis of the lateral muscles is very rarely isolated; usually there is combined with it either the transversus or the interior muscles, or both; in the first case a triangular opening results, in the second an elliptical opening, and in the third a triangular opening with a concave side.

The anterior vocal processes can be brought a little nearer together in the first case than in the second or third, and sometimes show their position by a slight projection in the straight edges of the vocal bands. He had met with a case of aphonia in which he diagnosed paralysis of all the constrictors of the rima glottidis; on examination there was a triangular opening between the vocal bands, with slightly convex sides. Sometimes there is combined paralysis of the interior and transverse muscles, in which the vocal bands are intact; this produces a more or less well-marked hour-glass-shaped opening, in which usually, though not always, the posterior vocal processes actually touch each other, with an elliptical opening in front of, and a triangular opening behind, the point of contact.

Again, paralysis of the anterior muscles is often combined with temporary or slight paralysis of the transverse muscles. Isolated paralysis of the posterior muscles comes next in the order of frequency of occurrence to that of the anterior; then that of interior, and lastly that of lateral, which is of exceeding infrequency. In cases in which paralysis of the interior muscles coincides with that of the constrictors of the rima glottidis, there is usually not as much respiratory insufficiency combined with the aphonia and phonatory leakage as exists in the case of a combined paralysis involving the lateral muscles. This indicates that in the absence of antagonists the adductors either lose the power of being thoroughly relaxed, or are thrown, against the posterior innervation, assuming that the inspiratory nerve impulse, that normally goes to the laryngeal muscles, especially the adductors, affects, and, of course, abnormally, only those not paralyzed.

In the combined paralysis of all the laryngeal muscles, the vocal bands being uninfluenced by muscular action, remain, during both respiration and attempts at phonation, in a position that can well be called the 'cadaveric position.' He has an impression, however, that in laryngeal paralysis from disease or injury of the inferior laryngeal nerves—a paralysis in which all the muscles except the thyro-aryepiglottic are affected, and in which, therefore, there is immobility of, and a triangular opening between, the vocal bands, the edges of the larynx being somewhat convex, while these edges in the dead body, in the cadaveric position, are straight, or even somewhat convex. At all events, in the only unquestionable case of the kind that had fallen under his observation, a case in which exclusively the two inferior nerves were involved in
cancerous disease, he noticed a slight concavity of the edges of the immovable vocal bands; and, on the other hand, in the case of aphonia, in which, though the abductors were intact, the adductors were paralyzed, the probability was involved in the combined paralysis, the edges of the vocal bands certainly were slightly convex. As the point here involved requires, in his opinion, more confirmation, he stated it rather as an impression than a positive conclusion. If it prove correct, it marks the difference between the position to which we may justly apply the term cadaveric, and the position which results when all the muscles except those innervated by the superior laryngeal nerves are paralyzed.

When in injury or disease of either the brain or the pneumogastric spinal accessory, or recurrent nerves, laryngeal paralysis is or becomes incomplete, a very curious and as yet unsolved tracheotomy, to prevent death. The operation. If it prove correct, it marks the difference between the position to which we may justly apply the term cadaveric, and the position which results when all the muscles except those innervated by the superior laryngeal nerves are paralyzed.

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and painful kernel having developed in the posterior part of the mouth. This was removed, and it was said by the physicians to be a stray cell from the cancer, and it was hoped to be the last. It was soon afterwards discovered, however, that the parotid gland was affected, and the symptoms became so urgent that a fourth operation was decided upon, and the gland was removed. From that time the patient, while able to sit up, steadily failed, with brief intervals of relaxation in the symptoms.

**Philadelphia Hospitals.**—The superior skill of Philadelphia surgeons is attested in the following paragraph, which we extract from the Chicago Medical Record.

According to a local paper, a man who had been carried to a Philadelphia hospital while suffering from the effects of a severe concussion, was asked if he had been treated kindly while there. "Considering all things," he answered, "I have no right to complain. They amputated both my feet, removed my clavicle, cut off my right arm, trephined me, took out a piece of my inferior maxillary, saved my left os innominatum in two, and were about to excise five or six ribs, when a fire broke out in the establishment, and the police got away with the rest of my body in safety."

This simple, straightforward and temperate statement of facts carries conviction with it, and, had it been made by any other, than a Chicago man, we could scarcely have credited it. We have also learned that George Washington's hatchet and original cherry-tree are now in the possession of the victim, and will be sold cheap, for cash, for the benefit of his widow, should he die from the original concussion.

**Personal.**—Dr. J. H. Bill, U. S. Army (Class of 1858), in the New York Medical Record for August 15th, 1882, has an earnest plea for a more vigorous study of Chemistry in Medicine and the Arts."

—Dr. G. W. McCaskey (Class of 1846), of Fort Wayne, Indiana, has retired from his association with the Uterus."

—Dr. J. R. Weist (Class of 1861), of Iowa College of Pharmacy."

—Dr. J. E. Hall (Class of 1869) has removed from Parkers Landing, Penn., to Emmetson, Venango Co., Penn."

—Dr. H. G. Ladd (Class of 1870), Professor of Obstetrics in Starling Medical College, read a paper on "Sulphate of Quinine, its Uses and Abuse," before the Missouri State Medical Association, at its last meeting.

—Dr. O. P. Hooper (Class of 1826), the President of the American Medical Association at St. Paul, read an interesting paper on "Insanity and Insane Asylums," at the meeting of the Arkansas State Medical Society, June 1st.

—Dr. Thomas A. Keeton (Class of 1876) has been elected to the Chair of Diseases of the Genito-urinary Organs, in the College of Physicians and Surgeons, Chicago.

—Dr. Robert McNutt (Class of 1851) has been elected to the Chair of Botany in the Iowa College of Medicine.

—Dr. Heber Roberts, a member of the Class of 1877, who graduated in St. Louis, in 1880, is now at Carbondale, Illinois.

—Dr. J. E. Hall (Class of 1869) has removed from Parkers Landing, Penn., to Emmetson, Venango Co., Penn.

### ERRATUM

On p. 212, line 27, for "Prof. Da Costa ** will return about the end of October"—read "about the end of September."
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—Dr. Martin L. James (Class of 1852) is the acting Dean at the Medical College of Virginia during the absence of Dr. McCaw.

—Dr. George W. Dewey (Class of 1853), of Keyteville, Missouri, read a paper on "Sulphate of Quinine, its Use and Abuse," before the Missouri State Medical Association, at its last meeting.

—Dr. P. O. Hooper (Class of 1856), the President of the American Medical Association at St. Paul, read an interesting paper on "Insanity and Insane Asylums," at the meeting of the Arkansas State Medical Society, June 1st.

—Dr. J. R. Weist (Class of 1861), of Indiana, has an interesting paper on "The Danger of Delayed Labor and the Use of Forceps," in the American Practitioner, May, 1882.

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RETENTION OF URINE, ITS CAUSES AND TREATMENT.

Gentlemen: This young man comes before us saying that he is suffering with retention of urine. The first thing to be done when you are called to a case of this nature, or see one in your office, is to ascertain the cause of the retention. If it occurs in an infant you may assume that it is due to an elongated and contracted prepuce; if in an old man, that it is caused by an enlarged prostate gland; if in a young man, like the patient before us, you will usually ascribe it to a recent attack of gonorrhea, or to a stricture of the urethra, and you can prepare your instruments accordingly. Of course, there are exceptions to these rules, but these are generally true.

This man says that he has suffered from inability to pass water for the past six weeks, off and on; that is to say, the retention has not been constant, but comes on frequently. He has had several attacks of gonorrhea. He thinks his difficulty is caused by a stricture, although he has not had his urethra examined; but physicians who were called in to draw off the urine have told him so. He states, however, that they had no difficulty in passing the catheter into his bladder. According to his statement, he is not a drinking man. The present attack came on after exposure to cold, and he says it was aggravated by excessive sexual intercourse; he always finds after such connection that he has retention of urine. There is some dribbling of urine, and pain is caused by pressure over the pubes, but the bladder is not very greatly distended, and the dullness on percussion not extending much above the pubes.

By retention of urine, we simply mean inability to evacuate the bladder. With it is usually found pain and tenderness, and, in addition to these symptoms, there is a more or less pyriform urine above the pubes, extending toward the contracture; he passed a little water two hours ago; he has constant desire to empty his bladder; and there is a little dribbling, which may be termed the incontinence of retention. When called to attend a patient—especially a woman—to be suffering with incontinence of urine, do not treat the incontinence before examining the bladder; you may find that it is simply too full, and is over-flowing.

It is important to remember that in all these cases of retention from stricture of the urethra, the real cause of the retention is not the stricture itself. The narrowing of the urethra by the stricture is never so tight as to completely obstruct the flow; and, in the majority of cases, the cause of the trouble is swelling of the inflamed mucous membrane behind the stricture, combined with spasm of the muscular fibres of the urethra, induced by exposure to cold or indulgence in alcoholic drinks. Therefore, in these cases, if you give your patient a hot bath, and a full dose of opium, you may relieve him; it is not always necessary to pass a catheter, for anything that will relieve the spasm will remove the retention. I will try to pass this small, olive-tipped, flexible bougie. It goes in readily. Now, as I withdraw the instrument, I instruct him to try to pass his water, and you see it flows freely, the spasm being relieved. It is not always necessary to pass a hollow instrument, as you observe. There is nothing more to be done at present, but the young man is recommended not to neglect the stricture, but to return here in the course of a few days, for its treatment. He says that when he gets up in the morning he finds the means glued together by a slight discharge. I will order for him two copahine capsules after each meal; each contains five grains of copalba and five of cubebes with magnesium and carminatives, so as to prevent the disagreeant with the stomach. He shall also use as an injection, several times daily—

B. Liqu. plumbi subacetatis, f151

M. Caries of the Wrist Following Synovitis.

This man is 65 years of age; a weaver by occupation. He says that while lifting a heavy stone, about nine months ago, he sprained his wrist, and he has not been able to use it since, but it has remained stiff, painful and swollen. The pain has lately increased, requiring large doses of opium to give him rest at night. There is no history of syphilitic disease or of any strumous trouble. There is no constitutional vice, therefore, to account for the outbreak; but, as he has just stated, it is the result of an injury received nine months ago. He says that he thinks he twisted his wrist; it became swollen at once, but there was no marked discoloration at the time, as far as he can recall. The pain is getting worse, and sometimes the arm jerks and wakes him up from sleep.
You will see, upon comparing the right arm with the left, that there is marked distortion of the muscles as if there might have been a subluxation of the joint, though, of course, there is nothing of this description. When I take hold of the forearm and hand, and press the elbow, it seems as if the joint were pushed up, the pain being increased.

In order to accomplish the desired end, I will have the forearm shaved, and I will apply two pieces of adhesive plaster, three inches wide, front and back, which shall extend from above the wrist to several inches beyond the fingers. I will then apply a straight splint, containing a mortise opening, and bearing at its extremity an iron hook. To which ends of the strips are to be fastened, after sufficient extension has been made; the fore-arm being placed upon the splint, which is held in place by adhesive strips, elastic extension will be kept up constantly, with great relief to the patient. He will rest better, his appetite will return, and his general health improve, soon after the apparatus is applied. It does not interfere with any local treatment, or the use of the lotions already referred to. No internal medication will be needed. In joint disease, the patient thus treated, can not be much from the cachexia or long continued suppuration, as from the constant suffering and loss of sleep, and as soon as you relieve the pain the patient picks up. We have here a case before us of caries of the joint-disease, whether of the knee, the hip, or the vertebra, the first objects of treatment are to keep the joint at rest and to apply extension and counter-extension.

The same general treatment is required as in Pott's disease of the spine, or inflammation of the knee or hip; the principle is identical; you need only to apply local treatment, which, if necessary, may be interfered with any local treatment, or the use of the lotions already referred to. No internal medication will be needed. In joint disease, the patient thus treated, can not be much from the cachexia or long continued suppuration, as from the constant suffering and loss of sleep, and as soon as you relieve the pain the patient picks up.

A cyst possesses fluctuation and swelling, but no eruption or a bony tumor, but they would be of much slower growth and of firmer consistence. The pains that he refers to, shooting down the leg, are probably caused by the pressure of the growth upon the sciatic nerve, with the distribution of which the descriptio

From the symptoms I regard this as an example of sarcoma of the ilium, as you know, being a primary tumor, in this large size in only twelve months, declares its nature. We might have a chondroma, a bony tumor, or a sarcoma, and it possibly involves the ilium. We could ascertain the nature of its contents with an exploring needle, but we know that it is not an acute abscess, from the time required for its development; it is a tumor, and from its comparatively rapid growth, I am safe in assuming that it is a sarcoma, without the use of the exploring needle. He tells us, however, that a needle was introduced by a physician a few days ago, and that nothing came out but a little bloody fluid. I might confidently look for some decrease in it, and, on the other, as high as the pomum ephelis extended, on the one hand, as far down as the notch of the sternum, between the clavicles; and, on the other, as high as the pons aspersum, or the most prominent portion of the thyroid cartilage; on each side it extends under the sternomastoideus, and above the omohyoid muscle.

The growth is rather movable, prominent, dense, but not uniformly so; in some places it appears to be soft, as if undergoing degeneration; and, on the other, as high as the pomum ephelis.

We have here an adenoma of the thyroid gland, called by the Germans "struma," by others a goitre. Indeed, all goitres, in their beginning, have an adenoma, and it is not very common in this country; it is more so in the mountainous regions of Europe. As we see it, goitre is not a very important affection; it occasionally produces difficulty in swallowing, and in this patient. There is no pain, and no evidence of pressure upon the pneumogastric nerve.

There are several things which might be done for this disease. Sorbent remedies are often serviceable. A very common prescription with me is the following:

- U. hydriag. hyaloidis.
- Camphor.
- Cosmoline.

I directed the patient, each morning, to take a piece the size of a narrow-fat pea, to be swallowed and to stand so that the direct rays of the sun may fall upon the goitre while the injection is rubbed in. The same application may be repeated at night. I will also give her three of Laplace's solution, to be taken externally, after each meal. You might order in place of this, muriate of ammonia; in twenty-grain doses, three or four times a day, and for twenty-four hours, and by gradually increasing the dose, we might confidently look for some decrease in the size of the growth. Under these remedies, we frequently find that the tumor almost entirely disappears.

We might treat this case by paracenthesia injections; iodine in various forms, or ergotin, or Fowler's solution, may be thrown into the tumor; but I do not think any great benefit would result. These interstitial injections give no special advantage to compensate for the danger of the operation of inflamation, necrosis, and abscess, which may endanger the life of your patient. There is also the operation of thyrectomy, which has been practiced for the last forty or fifty years, but more particularly within the last ten years, with very fair results. Taking into consideration the difficulty of the operation, the neighborhood of important vessels and nerves, and
the danger of diffused inflammation of the soft tissues of the neck, it is remarkable that the operation is so successful, the mortality being about one per cent. This woman will use the ointment and Lugol's solution as directed, and if the difficulty in deglutition increases so that the operation is so successful, the mortality is remarkable that the tissues of the neck, it is remarkable that the you will always try the simple measures first, here by her mother, on account of a swelling and other portions of her body. I will merely give an anaesthetic and the child is too size, and the skin over it is discolored. It is treatment.

This little child, 8 years of age, is brought upon whom I operated at this clinic, whose his daughter who came with him also had a number of them. Let me say in this connection, inherited. They seem to overlook that this also covered with skin partially deprived of hair. sized, and the skin over it is discolored. It is very evident that this is simply a broken down guanna over the sternum. The case is one of congenital syphilis, and is under appropriate treatment.

SEBACEOUS CYST OF SCALP.

This man, who has a prominent swelling upon his scalp, tells me that his mother had a similar phenomenon, and she asked him whether the question incidentally, because I had in mind the case of a man suffering with mammary cancer upon whom I operated at this clinic, whose scalp was covered with these excrescences, and his daughter who came with him also had a number of them. Let me say in this connection, that many surgeons mention as one of the points of difference between a malignant and a benign growth, that only the former is hereditary. They seem to overlook that this also occurs in innocent tumors, even with the simplest of sebaceous cysts.

As regards surates in the scalp, you may find it stated in the books that they may cause inflammation or erysipelas. Nothing can be further from the truth. You may apply any powder, salve, or other material upon the skin, and in either case the orifice may be closed by the introduction of a foreign body, or by inflammation; the cyst thus becomes distended, and its wall becomes thekelial, and keep on undergoing fatty degeneration and accumulating, and the tumor continues growing until it gets to be the size of a small apple, very rarely larger. They are most common on the scalp, face, and lobe of the ear; but may occur in other parts of the body, wherever sebaceous glands exist. Then you will find a soft, taceous, putty-like mass, but in some of the contents are fluid, and fluctuate upon pressure, and the sac is found to contain an oily fluid, the epithelial cells having adhered to the fatty changes. Sometimes creation occurs, and the cyst wall becomes calcified. These growths are gregarious, and are sometimes very numerous. They only give rise to annoyance by their presence; they are not painful. Sometimes, as when they are of long standing, they occasion, by constant pressure, absorption of the outer table of the skull immediately beneath them.

The proper treatment is complete excision, without leaving behind a particle of the cyst-wall, for the smallest fragment may lead to a new growth. In the most favorable cases, where the cyst is comparatively solid, we may make an incision, merely through the skin over the tumor, and evacuate it, like a filter from its hull; even when it is more or less adherent it may often be removed without opening the sac. Some surgeons prefer at once transfixing the tumor, either by laying it open and discharging its contents, and tearing the cyst-wall out with the forceps. I prefer the former method when it is practicable by a straighter track. By a straighter track you see that its shining wall protrudes through the opening, and the entire cyst now slips out of its bed. I have not removed any of these cysts from the skin, although it will soon shrink again in healing. One of the first principles of surgery is to clean the wound in order to obtain primary cicatricial union. If I should reluctantly allow the blood to accumulate in the interior and cause suppuration, I will therefore let the patient wait until bleeding has ceased, and then bring the edges together with two sutures, any more than by tying together the edges with a #1 thread. He tells me that the glands are also enlarged in several places, beneath them.

TUBERCULOSIS OF THE CERVICAL AND OTHER GLANDS.

Here is one of those cases that I had before you at the last clinic, of trouble in the lymphatic glands of the neck. The neck is very much swollen and there are openings in several places in each side. Some bloody discharge is escaping from one, which extends down behind the fascial behind the jaw. When I press this swelling a little pus exudes from the sinuses. He says that this scar on the left side was caused by an operation performed at this clinic. About a year ago my colleague, Dr. Levis, cut out over the stygian cleido-mastoid muscle and removed a mass of glands; but you see here another large mass under the ear as large as an orange. These on the right side have simply been lanced.

We have an example of tubercle of the lymphatic glands. One of these glands first became diseased, and the infection has spread to several others. It was once transfixing the tumor with the bistoury, and tearing the cyst-wall out with the forceps. I prefer the former method when it is practicable by a straighter track. By a straighter track you see that its shining wall protrudes through the opening, and the entire cyst now slips out of its bed. I have not removed any then spring up from the bottom, and will give rise to a very ugly appearance, causing them to resemble a malignant tumor. You will remember this possibility in making a diagnosis.

FOREIGN BODY IN THE TRACHEA FOR EIGHTEEN DAYS. DEATH FROM PNEUMONIA.

BY JOSEPH H. WARREN, A.M., M.D.

Elwin W. C. H., aged 10 years, 6 months, was brought to my office by his mother, on the morning of Friday, February 10th, 1882. His story was that, on January 25th, he had, while swallowing a nut, been turned by choking. He had then been well a short time. On the morning of Friday, February 10th, he had a pain in the throat, and was unable to breathe with difficulty and sent him home. Inasmuch as it was sixteen days since he had, as he said, swallowed the nut, it seemed rather doubtful that the present trouble arose from tracheal obstruction caused by the nut, although it is true the most marked symptom when I saw him was laryngitis and extreme dyspnea. The face was flushed, temperature high and pulse full. The mother was warned of her imprudence in allowing the boy to go so long without medical advice and in exposing him to the cold. Considering the history of the case, however, I went to the patient's home with my two assistants, on the evening of Friday, prepared to do the operation at once. The laryngo- scopian showed a stricture normal in the air passages, tracheotomy might possibly be advisable, I made an appointment for the operation, if necessary, on the following morning. Considering the history of the case, however, I went to the patient's home with my two assistants, on the evening of Friday, prepared to do the operation at once. The laryngo- scopian showed a stricture normal in the air passages, tracheotomy might possibly be advisable, I made an appointment for the operation, if necessary, on the following morning. Considering the history of the case, however, I went to the patient's home with my two assistants, on the evening of Friday, prepared to do the operation at once. 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The boy, on the whole, was as comfortable as he could be, since he was not at home, I did no operation. Thus was the golden opportunity lost.

On the following morning (Saturday) I again went to his bedside. He was in the paroxysm, and called in consultation Dr. C. P. Bancroft, now Superintendent New Hampshire State Insane Asylum, late of this city. The boy was more comfortable than on the previous evening, and had passed a comparatively comfortable night.

Temperature in the right axilla was 99.3°; in left 99.4°; respirations 40-45 per minute. A second laryngoscopic examination revealed no signs of a beech nut or any oedema of the parts. The mother did not even yet realize that the child was in any danger, and as the father was absent from home and on business in Canada, she positively refused to allow any operation to be performed. She said she herself had carried the boy safely through two pneumonias and a croup, successfully.

On Saturday afternoon the boy became worse. On Sunday morning Dr. Bancroft was with him. Dyspnea was markedly increased, and about noon, the patient became unconscious, although he lingered until 5.40 before actual cessation of respiration. One of my assistants was with him all the afternoon, and made several inspections at interval respiration. At no time were there any symptoms of asphyxia. An autopsy on Wednesday showed a complete double lobar pneumonia, in the stage of red hepatization. Only the very apex of the left lung was in any degree fitted for aeration, and the right side was not diseased at all. In the heart, and the right side was not diseased at all. The enlargement increased gradually, and at the time of his death, owing to the intimate connection between the voluntary and the sympathetic nerves of the neck. The trachea, with the beech nut, was practically two inches in breadth, and projecting out under my professional charge. Notwithstanding the increasing inconvenience, he continued to pursue his calling until prostrated by a severe spell of illness, probably on the coast of Carolina, in September last.

He returned to his home in this city while suffering from this attack. He then had fever of some months duration, and a portion of the left leg.

The paralytic indications in this case were entirely absent from both the thigh and the foot. They were of a comparatively transient character. Both disappeared under treatment. The local anesthesia was more permanent, lasting for many months.

Phenomena of Local Temperature in the Affected Limb—Local Fever. The temperature of the entire limb, excepting the sole of the foot, passed through no change, though there were occasionally changes or rhythms, every morning and evening. These changes would occur regardless of the state of the general corporeal temperature.

For instance, the temperature of the left leg, as evening approached, would rise to 101° or 102°, while that of the body at large and the corresponding leg would stand at the normal rate. This fact was clearly appreciated both by patient and attendants. Thus as night approached the left limb would begin to manifest an increasing temperature. This would continue till three or four o'clock next morning at which period a genuine standard of fever heat would be reached, while the rest of the body would be normal. After this time there would be a marked diminution of the local normal rate was touched. These peculiar changes of temperature constituted a regular evening febrile exacerbation, confined strictly to a localized portion of the body, and of a true type of local fever without inflammatory action. During these daily exacerbations of local fever, there was always a transient increase of inflammation of the diseased leg; a true type of local fever without inflammatory action. For many months the patient was subject to occasional and most unexpected paroxysms of general fever, usually, but not always, ushered in by a chill, without other premonitions, and terminating with terminating with little or no perspiration. These attacks were always easily controlled by quinine.

Peculiar State of the Vascular System and Nutrition of the Left Limb. While there was a daily increase in the size of the limb during the local rise of temperature, and a partial reduction during the corresponding decline, there was manifestly a permanent dilatation of the arterioles of the leg.
presented a perfectly normal state; the left foot and leg a more pinkish complexion, more fullness of the vessels, and a greater degree of warmth.

About the middle of last January, and after the patient had suffered fearful agony for many weeks prior thereto, the left heel, the skin over the plantar aspect of the part became livid. Soon the cuticle separated from the cutis and was much distended with a dark-colored serum. When the cuticle was entirely removed, the cutis, being exposed, presented a dark, livid color, and was insensible to the touch. Within a few days a faint line of demarcation began to appear in a circular form around this discounted skin, corresponding to the surface of the heel.

The process of separation by sloughing progressed steadily and rapidly until the entire skin and cellular tissue of the plantar aspect of the left heel had become detached and thrown off, leaving a rather livid, unhealthy excavation behind. Within three days copious granulations began to spring up over the entire excava-
tion. The cavity was soon filled with exuberant granulations, and within ten or twelve days they were projected beyond the surface of the surrounding skin three-fourths of an inch, forming a well-defined, reddish fungus, which spread in all directions, in regular undulations. At this stage it appeared that the entire tract is also a centre for the origin of numerous filaments of this class of nerves for distribution to the vascular system. Fling, in his recent work on "Physiology," also says there is abundant evidence of the fact.

Hence there is every reason to believe that disease at the origin of the vasomotor nerves within the brain or spinal cord is capable of and does induce an infinite variety of local affections by causing abnormal states of temperature, circulation, nutrition, oxidation, by producing vascular extremitation, thereby subjecting the particular locality to which the diseased nerves are distributed to sudden changes in temperature and nutrition; the supply of blood is increased and an excessive supply of blood, thereby inducing increased or over-nutrition with hypertrophic tendency; at other times, through vascular spasm cutting off the supply of blood or diminishing it, producing a defective state of nutrition and warmth, with a consequent tendency to atrophy or gangrene. Such is the case of some of the conditions which in this particular case have been in operation for the production of many if not all of the peculiar local phenomena attending its progress.

We can very readily see how in this vasomotor disease may become the cause of those local changes in the vessels constituting active and passive engorgement, rapid cell and tissue proliferation, inflammation, inordinate and abnormal discharges, and death of the tissues. And we may also readily see how it may become responsible for many abnormal growths, and for those peculiarly affected with the diseased nerves, compound in their nature, and the malarias, in particular, if not of origin, at least of production of the skin, compound in their nature, and made up of engorgements of cutaneous vessels, inflammation, and adventitious deposition.

Treatment. The severe and malarias symptoms, minute doses of oil of turpentine, tinct. of cantharides, and tinct. of nux vomica were used, for the paroxysm of the bladder, aided by the regular use of the catheter.

The patient in a few weeks' time recovered from the intense pain in the back, leg, and foot, every form of opiate. Internally and hypodermically, was resorted to, but, of course, with only transient relief. The most permanent in its effects of all these remedies was the compound preparation known as chlorodyne. This agreed well with his digestive powers and general condition. For a few hours it relieved all pain. There was no evidence whatever, either secondary or tertiary, of constitutional syphilis.

At the present time, some six or seven months having elapsed since his recovery from malarial fever, the patient has greatly improved. The lumbar enlargement has almost entirely disappeared. He has recovered vision in the affected eye, and from ptosis of the lid. He has greatly increased in flesh, strength, and appetite.

He can, with the aid of a crutch, walk many squares. He does not feel abnormal sensations in his evening. He has pain in the heel and foot, but in a modified degree, and slight evening rise of temperature in the extremity, preceding the pain. I neglected his recent work on "Physiology," or I believe that these peculiar exudations by causing abnormal states of temperature, circulation, nutrition, oxidation, by producing vascular extremation, thereby subjecting the particular locality to which the diseased nerves are distributed to sudden changes in temperature and nutrition; the supply of blood is increased and an excessive supply of blood, thereby inducing increased or over-nutrition with hypertrophic tendency; at other times, through vascular spasm cutting off the supply of blood or diminishing it, producing a defective state of nutrition and warmth, with a consequent tendency to atrophy or gangrene.

Well-marked cases of pelvic hematome, being rather rare, I wish to report the following interesting case at present under my care:—

Mrs. Fanny J., 26 years; married two months after her last menstrual period, married two months after her last menstrual period. I did not at first think about a pelvic hematome, and was considerably nonplused as to the nature of this enlargement. It was not a cellularity, as there was not enough tenderness upon pressure, nor were the constitutional symptoms severe enough. That it was not a retroversion my sound told me. It developed too rapidly for an extra-uterine pregnancy. Fibroid tumors grow slowly, are usually painless, move with the uterus, are irregular in size, and the sound generally shows increased depth of the cavity. I then thought of the possibility of an misplaced ovarian cyst, because this condition shows no hemorrhage nor constitutional disturbances.

Reasoning, therefore, by exclusion, I became pretty firmly convinced that I had a case of retro-uterine hematome, and adopted the following course of treatment: She was to remain perfectly quiet in bed, to take one-eighth of a
SYPHILITIC ULCERATION OF THE EYELID (CONJUNCTIVA) IN THE INFANT.

BY A. W. CALHOUN, M.D.,

Professor of Eye, Ear and Throat Diseases in the Atlanta Medical College.

In the adult we are accustomed to seeing syphilis, in some form or other, take hold of almost any and every part of the body; and even in the infant, it is not unusual that the disease manifests itself secondarily in various ways; but it is so seldom the case that syphilitic ulceration takes place upon the mucous membrane of the eyelid, that I am induced to report the following history.

It is now eight years since Mr. A. J. M. contracted primary syphilis. The disease prostrated him entirely till a portion of the upper jaw and a part of the bones of the nose were destroyed, without, however, much disfigurement. Upon the supposition that he had been cured, he married, four years ago, and in due course of time a son was born, who, at birth, and up to the present remains, a speciman of robust health.

One year ago another son was born, who, from birth, has been a typical specimen of hereditary syphilis.* Copper-colored blatches first appeared over the entire body, then eczema upon the scalp, with enlargement of the cervical glands, and a right preauricular gland. Two months back phlyctenular cornitis began, the phlyctenules running together and breaking down into cornal ulcers in each eye, causing the pain and photophobia, and other distressful symptoms so often met with in children with so-called "scrofulous sore-eyes." The eye disease had been in existence two months when the child came under my observation, and in addition to the extensive ulceration of each cornea, the following condition of the lid appeared: the lid was swollen and angry-looking, and extended downward over and covered the lower lid. Upon erecting the lid, a very characteristic syphilitic ulcer was found to occupy the centre of the conjunctiva, being near the size of a three-cent silver coin. It had the rugged and undermined edges, the dirty surface and other marked appearances, which are so characteristic of the specific ulcer from all other varieties. Aside from the father's history and the general condition of the child, the ulcer itself left no doubt as to its syphilitic origin.

The little patient was immediately put upon ant-syphilitic treatment. Iodide potas. was given internally, and locally, and in fifteen grains three times daily, with the happiest result. The sulphide of calcium was also given, in one-sixth grain doses, mixed with a little milk, for its alterative effect, and at the same time the sulphide of calcium was also given with the addition of one-twentieth of a grain of sulph. of morphia whenever the pain was too severe, to paint the lower part of the face, with so much gratifying success, as is evidenced by the following cases:—

THE COLLEGE AND CLINICAL RECORD.

DIALYSED IRON IN THE TREATMENT OF ARSENICAL POISONING.

BY A. M. BULLARD, M.D.,

(Of Wicces, Montana.)

It is not my intention to enter into an exhaustive statement of the cases of arsenical poisoning, but simply, as a duty, to lay before the profession what I consider a most valuable aid, the administration of dialyzed iron. In the smelting of lead and silver ores, one of the worst features is the constant inhalation of arsenical fumes. When first employed by the Alta Montana Company, to take charge of the medical department, a number of cases of arsenical poisoning came under my observation, and they were the more difficult to treat on account of the fumes of arsenic. At the end of twenty-four hours they complained only of weakness, such as would result from a severe diarrhoea. The second day they resumed work, entirely free from all pain and effects of the arsenic. A number of men employed about the smelting furnace, and especially in dipping the molten lead, have been apparently prostrated, from the effects of the fumes, and were in every case relieved by the administration of dialyzed iron. As met the men in the camp they were compelled to enter the hospital, where, under the administration of dialyzed iron, they speedily recovered.

In the past two years, I think I am safe in saying that fully two hundred cases of arsenical poisoning have been cured in this camp by dialyzed iron. I could cite any or all of them, with similar results. It is well known that the dialed iron is not only unnecessary, as they so nearly resemble those already mentioned; suffice it to say, that all experienced the nausea, griping, vomiting, muscular tremors, etc. I have given the iron, in halfounce doses, three times daily, with no constitutional disturbances whatever, even after ten and often twenty days' administration. The teeth are not discolored, bowels not constipated, and digestion not deranged.

The men have learned its virtues, and come regularly with "please fill my iron bottle again," as they say. I have given more than an Irishman will do without his "salts and senna." It has saved many a man his wages and many a day of sickness. In fact, I feel safe in saying that this preparation is indispensable where men are liable to inhale the fumes of arsenic.
LITHOLAPAXY IN A WOMAN.

BY EDWARD T. CASWELL, M. D.,

Surgeon to the Rhode Island Hospital, Providence, R. I.

Since the introduction of Dr. Bigelow's brilliant procedure for the removal of stone in the bladder, allusion has been made by several writers to its adaptation to women. I have seen no notice of any case in which the operation has been performed upon the female, and all are satisfied; none more so than the smelter hands, who can and do get a "bottle of that iron," and keep at work.

The preparation which I have used, and to the good effects of which I can testify, is Wyeò's, of Philadelphia.—Medical and Surgical Reporter.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

We have received from Dr. N. S. Davis, President of the Board of Trustees of this newly projected journal, a circular specifying its objects and the plan of its publication, from which we quote the following items of information:

The trustees appointed at the St. Paul meeting of the Association were the following: N. S.
THE COLLEGE AND CLINICAL RECORD.


The desire for some more speedy method of publishing and distributing the transactions of the Association than has been attained through an annual volume, led the Association, at its last meeting, to decide to journalize its proceedings, and publish them hereafter in the form of a Medical Journal, provided the members of the Association and the profession at large will insure its pecuniary success. This may be secured by the prompt payment of the annual dues of members of the Association, and of subscriptions by those not members. The journal is to be under the control of the Association, through its trustees, and to be issued and supplied in place of its annual volume of transactions. It will be known as "The Journal of the American Medical Association." The trustees will, if they receive a sufficient number of subscriptions, feel justified in recommending to the Association the propriety of the change, and the adoption of the following plan: To issue a weekly journal, each number to contain thirty-two double-column pages of reading matter, and which shall embrace the following departments: I. Original Papers, Addresses, Reports, and so forth. This will include all the papers read before the Association and its Sections, which are referred for publication. II. Leading Editorials on the Scientific, Educational, Social, Sanitary, Ethical and other interests of the profession. III. Editorial Summary of progress in the several departments of medicine and the collateral sciences, including reviews of new books. IV. Notices of the proceedings of Medical and Scientific Societies throughout the country. V. Correspondence, Domestic and Foreign. VI. American Medical Association Intelligence. VII. Miscellaneous Medical News.

Through the medium of such a journal, the proceedings and papers of the Association will reach the members much earlier each year, and by its frequent visits, and its large amount of additional matter of value, it will maintain a much more active interest on the part of the entire membership; while its notices of the proceedings of the several State societies will tend to bring those societies into closer relation with the national society, and thereby greatly aid in the extension and usefulness of the social organizations of the whole profession. The intention is to place the journal under as efficient editorial supervision as a fair salary will command. All members of the Association who pay the annual dues ($5.00) promptly, will by that act be subscribers, and will receive the journal as it shall be issued. To those not members of the Association the subscription price will be $5.00 in advance. To enable the Association to decide at its next meeting whether to make the proposed change in its publications or not, every member or intending subscriber is requested by the Trustees to give a pledge of support, by signing a printed card, which has been sent to every member of the profession. If these pledges of support are sufficient to justify the final adoption of the plan, the first number will probably be issued on the first of July, 1883.

SELF-VINDICATION.

The columns of a leading Philadelphia daily have recently teemed with criticisms on the alleged evil ways of some of the druggists of this city in substituting ingredients in prescriptions, and in otherwise falsifying the wishes of the prescriber. At a meeting of "The Trade Association of Philadelphia Druggists," held at the College of Pharmacy on August 8th, resolutions were adopted, appointing a committee of five to confer with the editor of the paper in question and other persons, relative to the articles which have lately been published, alleging the adulteration and substitution of drugs. If, in the judgment of this committee, sufficient facts can be proven to warrant the prosecution of any individual, under the laws relating to the adulteration of drugs, the committee were thereby instructed to criminally prosecute every person so found offending, and to employ legal counsel at the expense of the Association, for the purposes of such prosecution.

The law referred to in these resolutions reads as follows: "Any person who shall knowingly, willfully, or fraudulently falsify or adulterate, or cause to be falsified or adulterated, any drug, or medicinal substance, or any preparation authorized or recognized by the Pharmacopoeia of the United States, or used or intended to be used in medical practice, or shall mix or cause to be mixed with any such drug or medicinal substance any foreign or inert substance whatever, for the purpose of destroying or weakening its medicinal power or effect, and shall willfully, knowingly or fraudulently sell or cause the same to be sold for medicinal purposes, shall be guilty of a misdemeanor, and upon conviction thereof shall pay a penalty not exceeding five hundred dollars ($500), and shall forfeit to the Commonwealth all of the articles so adulterated."

The Committee request that if any one has knowledge of the violation of this law by any apothecary, he will communicate the facts, so that swift, impartial and vigorous prosecution shall follow in every case where sufficient facts can be proven to proceed upon. The honorable and conscientious pharmacists are naturally sensitive that charges of so sweeping a nature have been instituted against the whole body, which they believe to be founded on the disreputable practices of a few unworthy members; and they deserve credit for adopting at once an active course of self-vindication. At the same time the medical profession should be quite as earnest in exposing the delinquents, who should be persistently boycotted.

SHOULD BABIES' MILK BE BOILED?

A correspondent, who has also contributed a letter upon this subject to the Cincinnati Lancet and Clinic, sharply criticises our recommendation, given in a recent article, to boil the milk for children during the period when summer diarrhea prevails, and expresses his unqualified preference for the plain article. As he apparently invites us to state our reasons, we will endeavor to do so, though not in a spirit of controversy, but simply because we are strongly convinced of the importance, if not the necessity, of the proceeding which we have recommended. In the first place, we cannot accept the statement that boiled milk is more difficult to digest than unboiled; on the contrary, as we have long been accustomed to rely upon it as the sole diet in cases of chronic diarrhea of adults, in typhoid fever and in convalescence from acute diseases, as well as for infants' food, experience has taught us that it is not true; we have failed to see it ever cause indigestion; on the contrary, as an article of food, have always found it bland and unirritating. Plain milk often forms large coagula in the stomach, and the masses are sometimes vomited and sometimes discharged from the bowels undigested; this is much less likely to occur with the scalded milk. In preparing the food of young infants, authorities generally agree that it should be raised to a little above the temperature of the body. We advise that it should be raised considerably higher, and afterwards reduced to the desired degree, for reasons shortly to be stated. Milk is a very complex and uncertain fluid. It easily undergoes a change of reaction, from sweet to sour, owing to the presence of the lactic acid ferment. It readily absorb gases and odors, and, as has been repeatedly shown, it may be a carrier of disease, by becoming tainted with the emanations of syphonic affections, like typhoid fever (Murchison), scarlatina (Bell), and diarrhoea (Wilson), etc. This danger is by no means slight; it is dwelt upon in many of our text-books upon children's diseases. Dr. Wilson, in his Handbook of Hygiene, speaks very pointedly with regard to it (page 53, third edition, Phila., 1877). He says: "There can be no doubt that much of the infantile diarrhoea which prevails in summer and autumn months is due to milk which either becomes tainted in this way, or becomes tainted by being put into feeding bottles, which are seldom or never properly cleaned. Indeed, there are so many unseen dangers in the use of milk, especially among careless and filthy people, that, to ensure
safety, it should always be boiled during warm weather.” (Italics our own.) Dr. Day, the author of the latest English systematic treatise on diseases of children, also recommends that the milk should be boiled. Meigs and Pepper speak in the highest terms of praise of a food which requires the milk to be boiled; they find it to agree best with the children, who thrive upon it better than anything else they had employed. They say, “In several cases it has agreed well with infants who could not, without vomiting, diarrhoea and colic, take plain milk and water.” J. Lewis Smith also speaks favorably of Hawley’s and Liebig’s Food for Children, which requires the milk likewise to be boiled, and observes that it agrees best with the digestion. It is not our desire to quote a long list of authorities in support of our statement that boiled milk is preferable to plain, as an article of diet both for children and adults at the time of year when zymotic diseases prevail, but those interested in the subject will find some of them given in detail by Day and by Wilson, in the places quoted, as well as in Parkes’s classical work on hygiene, and by many others that we need not mention.

When the experiments of Bollinger, of feeding milk to tuberculous cows to healthy calves and inducing tuberculosis, are borne in mind, we have an additional reason for submitting all milk to disinfection by heat, unless we know it to be from a healthy animal. Moreover, in the city, where the milk is from twelve to twenty-four hours old when delivered, and is well advanced towards acid fermentation, there is often nothing but Hobson’s choice with regard to scalding it, if it is desired to keep the milk from one day to the next; and many families habitually boil the milk during hot weather, simply as a measure of domestic economy.

**REPUTABLE AND DISREPUTABLE MEDICAL COLLEGES.**

The Illinois State Board of Health of West Virginia, of which Dr. James E. Reeves is the estimable and efficient secretary, has lately found it necessary to define what is meant by the terms reputable and disreputable, as applied to the various medical colleges of the country. The Illinois State Board has also deemed it expedient to make a similar declaration. These Boards were endowed, at the time of their organization, with more copious and discriminative powers of acceptance and rejection of candidates for registration than have been bestowed upon any similar boards in the country; and their definition will therefore be received with a marked degree of respectful consideration. The Virgina Board declares that nothing less than the measure of requirements expressed in the following paragraph, or a very close approximation thereto, will be accepted as proof of the good reputation of a medical college:

The test or proof of proper reputation of a medical college is the occupancy of all needful grounds and buildings set apart for lecture and laboratory work; the possession of such mechanical and scientific apparatus and appliances as are necessary to illustrate and supplement medical lectures; a de facto corps of capable professors, whose curriculum embraces not only both lectures and examinations in the eight ordinary branches of medical education—namely, anatomy, physiology and hygiene, surgery, obstetrics, practice of medicine, materia medica and therapeutics—but also the additional and important departments of hospital and clinical instruction; a preliminary examination as a condition of matriculation; the requirement of actual (not merely nominal) attendance upon at least eight-tenths of the lectures of each subject. In conclusion, a final examination, practiced during one full winter course; and finally, strict adherence to the measure of requirements for graduation established and published by its officers and faculty.

The Illinois State Board of Health, in which is also vested the sole power of granting certificates to physicians to practice within the limits of that State, has recently resolved that, after the session of 1882–83, no medical college shall be considered “in good standing,” unless the following requirements are enforced:

1. A preliminary examination or its equivalent;
2. First, a preliminary examination or its equivalent; second, instruction (and examinations passed) in the seven ordinary branches, and also in Hygiene and Jurisprudence; third, actual (not merely nominal) attendance upon eight-tenths of the lectures, etc.; and fourth, dissection during two courses, and hospital and clinical instruction for two terms during the three full years of study demanded.” After next year, therefore, the graduates of medical colleges whose curriculum does not embrace these requirements cannot practice in any part of Illinois without first passing an examination before the Board.

**CRIPPLING THE NATIONAL SANITARY SERVICE.**

Universal regret must be expressed that the activity of that useful organization, the National Board of Health, should be so seriously impaired by the diversion of the fund appropriated by Congress for the prevention of epidemics. We do not think, with some of our contemporaries, that the National Legislature should be wholly blamed for inflicting so serious a stab at the sanitary interests of the country, for the appropriation of 10,000,000 made by Congress and the discretionary power of its disposal was left to the President of the United States. Perhaps we are not sufficiently cognizant of the congressional animus which, in the wording of the resolution, left so wide a loophole for doubt as to the appropriate channel for the distribution of the fund, and it was possibly intended that the National Board should be slighted. Whatever the motive, the United States Marine Hospital Service will be the agent, through its various medical officers, for the dispensing of this appropriation, in case it may be needed for the prevention or suppression of epidemics. While we regret that the National Health Board should be deprived of the pecuniary stimulant so necessary to its vitality in times of impending or actual epidemic visitations, we have every confidence in the capable gentlemen constituting the working organization of the Marine Hospital Service, and believe the fund will be conscientiously and efficiently employed for the good purposes for which it was appropriated by Congress. We would tender to the latter body our congratulations on having done even this little for the cause of sanitary science. The country should be grateful to a legislative body that can take the time to consider the general health of the American people when it was so busily occupied in voting away nearly twenty millions of the people’s money in unnecessary improvements of harbors, rivulets and small creeks.

**A PLEA FOR NON-SPECIALISM.**

In another column of this issue will be found some interesting extracts from a Report on Obstetrics, by an original and independent thinker and practitioner of that important branch of medicine and surgery. We have purposely omitted the concluding paragraph of the report, in order that we may quote it here. It is a protest against unnecessary specialization, and is addressed to a coming one who has devoted himself so conscientiously to a branch of inquiry and practice, which is so frequently classed among the specialties. Without underrating in any way the practical advances made by those specialists, so called, who have, in the different paths of medical investigation, added greatly to the sum of professional knowledge, and have suggested numerous methods of relief for human suffering, the abuses which specialization has engendered might still give food for serious reflection. To quote the words of Dr. Landis in his report—

“It is unfortunate that the practice of gynecology has been invaded to so great an extent by surgery. There is no reason why important cutting operations, such as ovariotomy and the removal of the uterus, should be taken from the surgeon. On the contrary, much harm has been done by building up a class of very specialized surgeons, the brilliancy of whose work has dazzled the younger members of the profession to such an extent that the more humble work of topical and general medication for uterine disease is sadly neglected. In my opinion there is little need for a special department of gynecology. It is true that, from the advantages of temperament and training, some men will be more successful than others, in the tedious treatment of uterine disease. But it should not altogether be divorced from general practice. The general practitioner who is not well informed in this department, cannot practice justly for a single day, since the diseases of almost any kind occurring in women are very generally associated with pelvic derangements, either by way of cause or effect. And the pure specialist, ignorant of the latter class of conditions, is equally defi-
cient. If surgery were left to the surgeon, I am confident that the spread of real knowledge as to the treatment of pelvic disorders would be more rapid and universal, and that the profession in general would be the gainer."

The United States Marine Hospital Service.

This important department of the Public Service has recently issued two circulars, having reference to the action of the officers connected with its administration in relation to threatened or actual epidemics, and to compliance with local health laws. One of these circulars recites the action of Congress at its last session, in case of threatened or actual epidemics, referred to in another column, and states that the President has decided to employ this contingent appropriation through the agency of the Treasury Department, and that, in case of a threatened or actual epidemic, immediate action will be taken, upon application from the Governor of a State, addressed to the Secretary of the Treasury.

The second Circular calls the attention of all officers of that Service to the following paragraphs of the regulations governing the Service, approved by the Secretary of the Treasury November 10, 1879: "Par. 61. Medical Officers and Acting Assistant Surgeons of the Marine Hospital Service will inform themselves fully as to the local health laws, and the regulations based thereon and in force at their respective ports and stations, and will comply strictly therewith. Par. 62. Medical Officers and Acting Assistant Surgeons are, under the direction of the Supervising Surgeon-General, required to observe and to aid in executing the quarantines and other restrictions established by the health laws of any State, and to report forthwith to the said Surgeon-General any important event or fact that may come to their knowledge bearing upon the importation, outbreak, or spread of cholera, yellow fever, smallpox, typhus, or other epidemic disease, at or near their respective stations."

The efficacy of all local and State Boards of Health will be greatly strengthened by the important co-operation thus secured from this valuable branch of the National Government.

Our Library Table.


This excellent treatise is re-introduced to the medical profession in a new series of standard medical books published by this well-known Philadelphia house. The day of cheap and good books is surely with us, and if the work be before us, with its good paper and large type, is a sample of the series, as it undoubtedly is, the general medical reader is to be congratulated. Each volume of the series will be procurable alone, without subscribing for the whole, an advantage which the average book-buyer will cordially appreciate. R. J. D.

Par. 62. Medical Officers and Acting Assistant Surgeons are, under the direction of the Supervising Surgeon-General, required to observe and to aid in executing the quarantines and other restrictions established by the health laws of any State, and to report forthwith to the said Surgeon-General any important event or fact that may come to their knowledge bearing upon the importation, outbreak, or spread of cholera, yellow fever, smallpox, typhus, or other epidemic disease, at or near their respective stations.

The effec
fibres to contract, the placenta being expelled, or, to use a coarse but significant expression, this viscus being squeezed forth by the action of the method. I am still more confident that when the head is grasped, the uterine sinuses are thoroughly emptied, and thus a great cause of puerperal mortality is removed, and child-bed mortality is directly lessened. The practice obviates the necessity of introducing the hand into the rectum. When the head is extracted, the sinuses are more likely to yield their contents, and the danger of the ball being carried into the peritoneal cavity is avoided. The placenta is expelled sooner, to the satisfaction of both patient and physician. Accord- ing to the statistics of Fehling, the duration of the third stage is as 7.7 minutes to 13.4 minutes. The placenta is expelled sooner, to the satisfaction of both patient and physician. Accord- ing to the statistics of Fehling, the duration of the third stage is as 7.7 minutes to 13.4 minutes. The placenta is expelled sooner, to the satisfaction of both patient and physician. Accord- ing to the statistics of Fehling, the duration of the third stage is as 7.7 minutes to 13.4 minutes.

LACERATION OF THE PERINEUM.

The subject of laceration of the perineum during labor is one which has received of late much attention, and bids fair to be placed in a brighter light than in the past. In the spring of last year I published a paper on the subject of the desirability of delivering the head, in the absence of uterine contraction, either with the forceps or by the Smellie-Ould method of extracting the head. With additional experience I am still more confident that when the head can be so extracted, the womb and woman being entirely passive, the perineum will surely be preserved, whereas there is an inherent defect in the structure. But I am far from admitting that we cannot always secure the conditions of success, and therefore I welcome any further methods which promise success. Of these the only noteworthy one is that of Professor Reamy. It consists in applying a single fold of towel against the perineum, the towel being tied in the usual manner, and is the method which I have employed with considerable success. Occasionally, owing to the imperfect contraction of the womb, the placenta is slow in being separated, and we must then intermit our efforts, and so, again after the woman has taken light nourishment, and until a firm contraction is established. When this occurs, the womb usually is elevated and pushed forward, and our efforts may be immediately renewed. Occasionally, also, the placenta has been inverted during delivery of the child, owing to natural or relative shortening of the funis, and the method with which I have been in the habit of treating the placenta entirely, while even then it will render it more accessible to the fingers per vaginam.

A certain amount of tact and art is required to supplement any rules of procedure. The advantages of this method are conspicuous. The placenta is expelled sooner, to the satisfaction of both patient and physician. According to the statistics of Fehling, the duration of the third stage is as 7.7 minutes to 13.4 minutes, when left to nature. The loss of blood is less, according to his statistics, about one-half. The uterus is more quickly contracted, and post-partum hemorrhage is unknown to the disciples of Crede. The uterine sinuses are thoroughly emptied, and the practice obviates the necessity of introducing the hand into the uterus, and greatly diminishes the number of cases of adherent placenta, hour-glass contrac-
tion, etc. In fact, according to Chantrell, these things are never witnessed when the practice is followed. Crede and Chantrell, and, so great would surely be looked upon less apathetically by the American profession, if this method were thoroughly understood, and if the paperns were regarded as most valuable agents of progress, if they succeed in aiding the universal adoption of the method of Crede.

A REMARKABLE GUNSHOT WOUND.

BY J. MARION SIMS, M.D., LL.D.,
New York.

The records of military surgery (according to Otis), from the earliest period to the present time, furnish but six or seven well authenticated cases of recovery from shot wounds of the stom-
ach, with or without fistula. To this list must now be added another. It is the case of the distinguished gynecologist, Dr. R. Beverly Cole, of San Francisco. I have just received a letter from him, dated London, January 17, 1882, detailing the following particulars: Dr. Beverly Cole, at the age of twenty-five, resided in San Francisco, and, on the 24th of December, 1877, was shot in the cardiac region, he inferred that death was imminent. The sinapisms were forgotten, and were not removed for four or five hours, and they produced sloughing ulcers, which were nearly twelve months in healing. When reaction from the shot wound was established the end of the little finger along the track of the ball, through the conjointed cartilages of the seventh and eighth ribs, an inch and a half to the left of the median line, and an inch and a half below the lat-itage. He then passed a probe along it into the stomach. The lodgment of the ball was not discovered for two weeks or more later. It was at the level of the eleventh and twelfth ribs, on the back, two inches to the left of the median line. This showed that the course of the ball was directly through the body, and that the lodgment of the ball at the time of the shot was in the back, behind the eighth and ninth, and possibly also the tenth ribs. The ball was removed by Dr. Tripler, so successfully that there was no pain on the part of the patient, and no further traces of the wound. The patient then recovered from a quart to half a gallon, or more. This gave some relief. But the rectal pain and tenesmus were not completely relieved till he was brought fully under the influence of morphia. As he lay on his back his clothing was all cut away, without turning him on either side, and he was then placed in bed.

The collapse was very complete, and several hours elapsed before reaction was fully estab-
lished. The patient recovered, and was discharged from the hospital February 3, 1882, having been there eight weeks. On the twenty-fourth of February he returned to San Francisco, and returned to his family.
shoulder was lower than the right, the result of the removal of the ball; but the anterior part was not only disagreeable, but quite painful, as if the contiguous parts produced a dragging, uneasy sensation, which rendered life very uncomfortable.

Recovery was eventually complete; and no one now would suspect that he had ever been the subject of such a serious accident. A peculiar feature of the case was total loss of vision for three days, during which time he could not distinguish daylight. There can be no doubt that the ball, in this instance, entered the stomach. The occurrence of a large quantity of blood vomited soon after the wounding establishes the diagnosis beyond question. From the point of entrance and direction of the ball it must have passed through the stomach of the subject of such a serious accident. A peculiar difficulty arises. A general cause of adhesions between the stomach and its contents is likely to be produced by the nature of the food. The large quantity of blood vomited soon after the wounding establishes the diagnosis beyond question. The wound of the stomach was less probability of gastric effusion than if the ball had been larger. But recovery was slow, and was eventually complete, for it we have endeavored to state as lucidly as possible.

The large quantity of blood vomited soon after the wounding establishes the diagnosis beyond question. The importance of taking measures to prevent the re-infection of a wound during operation must be considered, and some leading authorities, among whom may be named Billroth, believe that the cases where this is re-removed intact and en masse. We invite our correspondent's attention to two papers recently published in the Philadelphia Medical Times, on the etiology of Tumors, by Dr. For- nand, and on the Pathogenesis of Secondary Morbid Growths, by Dr. Henry Wile, for a fuller answer to his question.

Dr. H. C. Green (Class of 1856), Belton, Texas.—A few days ago, in looking over one of my old note-books, I found the following: "Jefferson Clinic, Jan'y. 9th, 1856, service Prof. Dunglison, case No. 6. Male adult. Torpor of the colon:—B. Magnes. sulph., | Potass. bitar., | Magnes. sulph., | Subcarb. iron, \t grs. xv. M. Stomach-ache.

The test for the purity of milk fresh from the cow, we would take the recommendations of our fellow alumnoitus. On her return she confided, in a cheerful confidence in the recommendation of our early friend, the milk vendor. Wherein we could supply infants with milk fresh and warm, from a healthy cow, we would take the recommendations of our fellow alumnos. In the beginning, and they soon became generally considered by the medical profession. This was but the beginning, and as it has been generally used, the patterns and embellishments being numerous and varied. At first simply the name appeared, and perhaps street number; now we have the hands, hours, covering immense spaces, beautifully colored, in others a good portion of the alphabet, in capital letters. Sometimes tin plates adorn the front of the Doctor's abode, being especially profuse about the corners of the house and fences. Enterprise, has not, however, stopped here, and we have occasionally added a street lamp, or a huge gray stone slab, fashioned after the model of a modern tombstone, and decorated with the doctor's name. We don't know that there is any written law on this subject, and it is generally considered safe. A matter of taste, perhaps, it is well to 'draw the line somewhere,' and we venture to hope that the line has been reached, if not passed, in Toronto, and that no further improvements will be attempted.

The large quantity of blood vomited soon after the wounding establishes the diagnosis beyond question. The importance of taking measures to prevent the re-infection of a wound during operation must be considered, and some leading authorities, among whom may be named Billroth, believe that the cases where this is re-removed intact and en masse. We invite our correspondent's attention to two papers recently published in the Philadelphia Medical Times, on the etiology of Tumors, by Dr. For- nand, and on the Pathogenesis of Secondary Morbid Growths, by Dr. Henry Wile, for a fuller answer to his question.

Dr. Jephson was a distinguished physician of Lexington fame. The doctor was noted for being brusque and unceremonious. A great London lady, a high and mighty leader of society, who was taken suddenly ill, sent for him. Jephson was so off-handed with Her Grace that she turned on him angrily and asked: "Do you know to whom you are speaking?" "Oh, yes," replied Dr. Jephson, quietly, "to an old woman with the stomach-ache."
PERSONAL.—Dr. Isaac E. Clark (Class of 1882) is at Hackberry, Lavaca Co., Texas.—Dr. J. H. Bittenger (Class of 1878) has returned to Hanover, Pennsylvania.—Dr. William S. Little (Class of 1877) has removed to 215 S. 17th Street, Philadelphia.—Dr. E. C. Gordon (Class of 1882) has removed to 215 S. 17th Street, Philadelphia.—Dr. F. E. Stewart (Class of 1879), recently of Detroit, has removed to 1010 Walnut Street, Philadelphia.—Prof. W. T. Aikins (Class of 1850), of Canada, after attending the meeting of the British Medical Association at Worcester, went to the Continent.—Dr. J. H. Bill (Class of 1882), Major and Surgeon U. S. A., has been granted leave of absence to December, 1882.—Dr. G. E. Alexander (Class of 1873) has removed from San Ramon, California, to Corvallis, Benton Co., Oregon.—Dr. Eugene Wiley (Class of 1869) is Secretary and Treasurer of the Sanitarium for Children, Philadelphia, Island, Philadelphia.—Dr. A. K. Smith (Class of 1849), Major and Surgeon U. S. A., has been granted leave of absence for one month, on surgeon’s certificate of disability.—Dr. William S. Little will deliver the Introductory Lecture to the Winter Course at the Jefferson Medical College, on October 15th. It will appear in our next number.

—Dr. J. W. Holland (Class of 1868), of Louisville, Kentucky, communicates an interesting case of myxoeedema to the American Practitioner for September, 1882.

—Dr. Douglas Graham (Class of 1873) has an interesting description of the new City Hospital at Worcester, before the Medical and Surgical Journal for August 31, 1882.

—Dr. J. Draper (Class of 1858), of Brattleboro, Vermont, has a very interesting paper on “Insanity in Great Britain and upon the Continent,” in the Alienist and Neurologist for July, 1882.

—Dr. Laurence Turnbull (Class of 1845), of Philadelphia, has a paper on “The Importance of Careful Examination of the Ear in Effecting Life Insurance,” in the Virginia Medical Monthly for September, 1882.

—Dr. J. T. Eskridge (Class of 1875), of Philadelphia, has a “Report of three cases of Abscess of the Brain,” in the Boston Med. and Surg. Journal, August 10th, 17th. Dr. E. was recently elected physician to the Philadelphia Hospital.

—Prof. E. W. Beebe has been at Creson Springs, Penna. Prof. DaCosta is still in Europe, from whence he will return about the end of October. Prof. Pancoast has been at Sharon Springs, N. Y. Prof. Chapman has just returned from Europe. Prof. Bartholow has been on a visit to New England. Prof. S. W. Gross has spent several weeks at the Isle of Shoals.

—Prof. Samuel D. Gross has been so busily employed for several months past, in the preparation of the new edition of his valuable work on Surgery—the sixth edition—that he has only been able recently to obtain any recreation or rest from this arduous labor. Fortunately he has throughout the whole period of his work on this edition received the active cooperation of Professor Samuel W. Gross.

Deaths.

BREWSTER.—On September 4th, 1882, at Germantown, Emma Barton, daughter of the late William P. C. Barton, M. D., formerly Professor in Jefferson Medical College, and wife of F. Carroll Brewster. Also Samuel Barton, son of F. C. Brewster and Emma B. Brewster, in the 27th year of his age.

CORBIT.—On July 7th, 1882, at Washington, D. C., William B. Corbit, M. D. (Class of 1853), aged 42 years.

WALES.—On August 19th, at Tuckahoe, N. J., Edward L. B. Wales, M. D. (Class of 1827), aged 77 years.
Artaxerxes, and how Cyrus was stricken by a javelin below the eye, and fell and was decapitated, and how Artaxerxes was wounded in the breast, through his corselet, by Cyrus, and how he was bespattered with his blood, and how he healed the wound. According to Xenophon, the surgeons in the Persian service lived near the royal tents, in the six chapters devoted to surgical topics. Then, according to Xenophon, the surgeons in the Persian army were she Queen Philippa, or the Sister of Charity, or Sister Dorothy, or the gentle lady who may tend the fallen beneath the red cross of a Humane Commission.

The history of nations, it comes to us, is, in a great part, the story of only a few individuals. As Thackeray has put it, in his ringing Chronicle of a Drum, the beaurocratic cap of the grenadier towers above all the people, and the surgeon in the old days, as the philosopher, as the cultivated man, as the social worker, as the political functionary, was an uncrowned king. He made many dissections of animals, and had not a little knowledge of anatomy. He consolidated the doctrines of medicine, and established a system, which lasted for centuries, and was still being practiced even by Pecquet, a butcher surgeon, in the sixteenth and seventeenth, and perhaps in the eighteenth century also, resolves itself into the consideration of the lives and actions and discoveries of a very few, those who rescued surgery from the darkness which had been so long a source of anxiety and persecution, and who breathed fresh life into the torpid figure which had so long lain soulless, beneath the chill coverings of ignorance and superstition. It is, after all, only natural that it should have happened that the true home of pity is the gentle lady, who was not really dead. He, therefore, left behind him, against the time of Christ, Celsus lived, who has been so long a source of anxiety and persecution, and who breathed fresh life into the torpid figure which had so long lain soulless, beneath the chill coverings of ignorance and superstition. It is, after all, only natural that it should have happened that the true home of pity is the gentle lady, who was not really dead. He, therefore, left behind him, against the time of Christ, Celsus lived, who has been taught to be born whose labors and observations were made, and who was the first to shed great light over the world of medicine. One of these was Andreas Vesalius, the other was Ambrose Paré. Vesalius was the son of a Brussels apothecary, and was born about the year 1513. He studied medicine, such as it was in those days, at Montpellier and Paris; then served, probably as a surgeon, in the Spanish army, and about 1538 became so skilled in surgery that he was said to have fairly earned his title of "Father of Modern Surgery." He was originally a barber, in the old acrobatic art, but his great-discovery in surgery was a great man, one, too, of the immortals, comes before us. The scene is England, and the majestic form of William Harvey standing at the stage (1578-1657). I need not now describe his deeds; think only of the picture to be seen in every print-shop—Harvey demonstrating his discovery of the circulation of the blood to the surgeons of the court of King Charles the First. In 1615 Harvey was chosen to deliver the Lumleian lectures on anatomy and physiology in the College of Physicians, and he promulgated his original views on the circulation of the blood. In 1628 he published his "Exercitaciones de Motu cordis et sanginis." At first his discovery was opposed, but he was fortunate enough to live to see it triumphant. It is not necessary to enter into any discussion concerning Harvey's discovery or its undoubted originality. This has already been done by your Professor of the Practice of Medicine. It is an occasion similar to the present, five years ago. Let me quote his conclusions: "Of the extraordinary value of the discovery of the circulation of the blood, there can be no question. There have been discoveries in medicine which have more immediately benefited the human race. Vaccination was one, and the introduction of anaesthesia another. But there has been no discovery of which both the immediate and the remote consequence have been more striking. Without it, there would be no such thing as scientific medicine; the medical profession to-day would be an impossibility. * * * And there are discoveries rendered possible, and consequences as yet unimagined, which no one that cannot penetrate the future can foresee." The discovery of Harvey was the one great feature of medical progress during the seventeenth century, but there was very many other matters. You will thus see how it was that the surgery of this sixteenth century advanced; that it became humane, at all events, at the hands of Paré himself. These changes for the better were brought about first by the teaching in anatomy by Vesalius and his successors, especially Falloppius and Eustachius, and secondly, by Paré's own great discoveries, not only in the practice, but also in the principles of surgery. And here let me say that the use of the ligature and the emollient dressing of wounds met with the then usual practice of discovery. They were looked at, wonderingly, and immediately adopted when practiced by the great surgeon himself, but after his death they were decried, so that it was not until after the lapse of two centuries that they came into their own.

Let us now turn to the seventeenth century. Paré has long been laid to rest; the golden period of French surgery has passed, and again, after many years, another great man, one, too, of the immortals, comes before us. The scene is England, and the majestic form of William Harvey standing at the stage (1578-1657). I need not now describe his deeds; think only of the picture to be seen in every print-shop—Harvey demonstrating his discovery of the circulation of the blood to the surgeons of the court of King Charles the First. In 1615 Harvey was chosen to deliver the Lumleian lectures on anatomy and physiology in the College of Physicians, and he promulgated his original views on the circulation of the blood. In 1628 he published his "Exercitaciones de Motu cordis et sanginis." At first his discovery was opposed, but he was fortunate enough to live to see it triumphant. It is not necessary to enter into any discussion concerning Harvey's discovery or its undoubted originality. This has already been done by your Professor of the Practice of Medicine. It is an occasion similar to the present, five years ago. Let me quote his conclusions: "Of the extraordinary value of the discovery of the circulation of the blood, there can be no question. There have been discoveries in medicine which have more immediately benefited the human race. Vaccination was one, and the introduction of anaesthesia another. But there has been no discovery of which both the immediate and the remote consequence have been more striking. Without it, there would be no such thing as scientific medicine; the medical profession to-day would be an impossibility. * * * And there are discoveries rendered possible, and consequences as yet unimagined, which no one that cannot penetrate the future can foresee." The discovery of Harvey was the one great feature of medical progress during the seventeenth century, but there was...
other work done by men of lesser note. Thus the lacteals were described by Gaspard Aselli, styled the father of English surgery, published his secret died with him, and his col-
these two great branches of medicine came together. As one some has said, with the Republic they became one and indivisible. May they continue. We do not propose to treat of the profession of medicine, that no man can be a good surgeon who is not also a good physician; and I much doubt whether any one can be a good physician who does not possess literary Talent. There is a reasonable extent, some surgical knowledge. So closely interlaced are the phenomena of internal and external disease, and so arbitrary is their dividing line, that it is at times hard to say where medicine ends and surgery begins, or the reverse.

Another renowned French surgeon was Desault, who was born in 1744, and died in 1795. He was not a physician, but a surgeon, for the priesthood, but he rebelled against home influence and studied medicine. His first passion was for anatomy, in which he made great proficiency, and at the age of twenty-two he opened a private anatomical theatre in Paris, and gained much reputation by the clearness and precision of his demonstrations. He may be looked upon as having established, in France, the teaching of surgical anatomy. He paid great attention to the details of operative surgery, and he revived, in France, the disused ligature, and with increased reverence for his transcendent achievements; to do him full justice we must add permitted, I might add many names to the list of those who was born in Bern, in Switzerland, in 1771. Trained in the school of surgery of his native land from its previously precarious state, and yet he never could bring himself to perform an operation on the living person, for fear, as he candidly says, "lest he should hurt them." 1757-1768, during which time he wrote his wonderful elements of the physiology of the human body, which has been a delight to the students of medicine from that day to the present.

One other surgeon of this time to whom a debt of gratitude is due was the Italian, Scarpa. He was born in 1747, and became Professor of Anatomy at Modena in 1774, and at Pavia in 1783. He was made surgeon to Napoleon, as King of Italy, in 1805. His chief writings are on surgery, anatomy, hernia, diseases of the eye, and aneurism. Yet another eminent surgeon of this epoch was Lorenz Heister, born at Frankfort on Main, 1683, and died in 1751. He was the first to call attention to the fact that the first case of cancer was found in the mouth, and to bring about a better state of affairs in surgery than had heretofore existed.

He was for forty years Professor of Surgery at Gottingen, and who ruled with royal sway over the wide domain of German surgery. He may, I think, be regarded as having raised the surgery of his native land, from its previously low condition to the level of that of his English and French contemporaries. He was distinguished as a teacher and hospital surgeon, and the results of his operations excited, and continue to excite, the wonder and admiration of his contemporaries. The illustrious Albert von Haller was also one who exercised a mighty influence on the profession of his day. He was born in Bern, in Switzerland, in 1708. In 1746 he became Professor at Gottingen, a position which he held for seventeen years, and during this time, although he taught anatomy and observations on the dissecting table, he never could bring himself to perform an operation on the living person, for fear, as he candidly says, "lest he should hurt them." 1757, 1758, and 1759, during which time he wrote his wonderful elements of the physiology of the human body, which has been a delight to the students of medicine from that day to the present.

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his general scientific work, it is impossible to overrate the services rendered to surgery by John Hunter. He shone alike as physiologist and pathologist, anatomist and surgeon; and his practical contributions were the legitimate outcome of his scientific thoughts and researches. He was an all-embracing mind, and the obstinate, he overcame, and how he worked, and what he accomplished.

I have, therefore, endeavored briefly to trace with you the outline of the rise of surgery. We have fancied its origin in prehistoric times, and have marked its progress as an integral part of medicine throughout the Greek and Roman eras. Shorn of its high estate in the twelfth century, we have seen it, for full four hundred years, struggling in the hated embrace of the rude and unlettered. Then, in the sixteenth century, the learning of Vesalius, and the teachings of Paré have heralded the rescue and the freedom of our art. The seventeenth century has been the great era of Harvey and of all that it made possible. In the beginning of the eighteenth century we discern renewed and widespread surgical activity. Everything has happened, and there is the influence of the French Academy radiates in all directions. In London, hospitals spring up, and the great race of British clinical teachers take the helm in the human science. Pain has thus developed, soon to be merged in the everlasting school of scientific surgery, John Hunter's greatest legacy.

And now, nearly another hundred years are sped, and the nineteenth century is growing old. The scroll of its years is well nigh rolled out; what does the record show to chronicle the one in the march of surgery? Is there anything new and lasting, to render its annals memorable? I think there is. Looked upon from a medical standpoint, this century has been one of investigation. The study of the special branches has been its characteristic, and on all sides willing laborers, like diggers in some great mine, have sought, each in his own proper drift, to unearth the precious ore, in contribution to the common output. In every department surgery has moved on, and particularly in the direction of surgical pathology, invention of new and fresh means of force have been devised. Orthopedic surgery in all its branches, and tenotomy, have been diligently cultivated; and the intelligent assistance of the artist has been given to effecting the cure of deformities. Plastic surgery has worked wonders, and the triumphs of conservative surgery have been great. By judicious resections limbs are constantly saved which otherwise would be lost; amputations too have been largely modified and rendered less dangerous. Great advances have been made in military surgery, in the transportation of wounded, in the organization of field hospitals, and in military hygiene generally. The status of the wounded has been bettered, and a humane system of ethics established, based upon the demands of Christian nations, so that the red cross is now found on every battle field. It is not too much to say that many of these softening influences, these silver linings to the cloud, may be traced to our war.

In urinary surgery much has been accomplished during the present century. The original process of Civiale for crushing stone, has been followed by the construction of more perfect apparatus and a more efficient application of the principle. Our present drains have been put in not a little in this direction, and I can but think that the meatotomy, devised by Otis, carries with it far more than was at first supposed. It has led to incisions and to counsel in certain cases, and the use of catheters. It underlies and renders possible Bigelow's brilliant operation of litholapaxy, which has taken the surgical world by storm. Of course, it is not too much to say that if a patient is to be treated by this method, the condition of the patient, and the disease, and the state of the tissues obdurate and the stricture unyielding. Pain resisted taxis and opium, and the hot bath and cologne. If an operation was to be performed, how could it be removed, or a stone taken out of the bladder, pain made it intolerable, pain shocked the patient, pain often made him die. Think, gentlemen, what an amputation was, and that not long ago. The surgeon had as much manual skill as now; he had the same knife and saw; he had his tourniquet and ligature. His patient is on the table; what is it but a torture table? Fancy the sufferer's state of dread and mental anguish before the operation begins, and the agonizing pain during the operation, and the excruciating nature of the pain, and the fever. But, now, it is all changed. Things are quite different for the surgeon. He is very strong in his new powers, for is he not more potent to good than were he clad in Prospero's robe, or armed with Merlin's wand? Can he not, with his wondrous ether, induce a sleep, sounder than ever Juliet slept? Can he not, with his ether, induce a consciousness patient sleeper, to wake but with the memory of a happy dream? Oh, if he wills it, may he not, with his charmed needle, safely instill into the sick man's veins the subtle compound, more potent to give balmy rest.

"Than poppy, or mandragora, or all the drowsy syrups of the world?"

Surely, surely, surgery has had its triumphs, since our century was young, for it has achieved anaesthesia, hypodermic medication, Esmarchism. Only think what anaesthesia means; that it implies the power to dull maternal throes, to still the agonies of injury, of operation, and often of disease; to bid the sufferer sleep; in short, to banish pain. Has mankind ever yet received so great a gift? Can the power of any conqueror, be he ever so mighty, or of any legislator, be he ever so wise, confer upon our race such blessings as anaesthesia brings? You, gentlemen, are entering upon your work as surgeons, and your success has already been accomplished, and of that you reap the benefit. Yet much, much remains to be done by you and by those who, like you, are the students of to-day. You will be the workers, and many of you, I trust, the teachers of the future. It behooves you, then, to prepare yourselves diligently and thoughtfully for the part you have yet to play. We, your teachers, are prepared to help you in every way we can, in your laudable efforts, and may Almighty God bless our endeavors to make you prudent and wise physicians, honest and just and kind, and the loved and trusted friends of those communities in whose midst you shall hereafter stand!

Original Communications.

A CASE IN PRACTICE.

By STANLEY M. WARD, M.D. (Class of 1882),
Of Ellenville, N. Y.

Mabel N., aged about 10 years, was taken sick Sunday, August 29th, after having waded into a cool stream the day before, with sore throat, vomiting and fever. She was seen for the first time Wednesday forenoon. Her temperature was 101°, pulse 120; throat swollen on both sides, worse on the right; fauces red and in-
flamed, tonsil on right side enlarged, anterior palatine arches much swollen, uvula elongated. She complained of great difficulty in swallowing, as if something was about to pass through the throat and angles of the jaw. I saw her twelve hours afterwards, when her condition was, for the most part, the same, but she was weaker and weaker. Her sister, aged fourteen, who had been at home all that time, had had a chill on Wednesday afternoon, and at night complained greatly of her throat. An examination revealed a similar condition in the throat, except that there were two well defined patches back of the posterior palatine arches, and her constitutional symptoms were more severe. Thus far the treatment had been mainly symptomatic; the younger had taken stimulants and a mixture of tinct. ferri chloridi, carbolic acid and chlorate of potass.

The next question to be settled was, are both cases diphtheria? If not, is Mabel's? I was inclined toward a diagnosis of amebic membranous angina.

Late Thursday morning the elder of the girls was much worse. The heart sounds were feeble, but without fever. She was put on drachm doses of elixir of iron, quinine and strychnia, every three hours.

My next visit was on Wednesday, when I was disappointed to find the child much worse. The heart sounds were feeble; radial pulse hardly discernible, with paroxysms of great pain in her left leg, and signs of the left leg throughout its extent, with the loss of it, as a consequence. I can find record of no such case, in the works of either Jacobi or Reynolds, and I have also consulted the files of the medical journals, with similar want of success. As to its cause, I may hazard the opinion that, owing to the disturbed condition of this patient's leg. There can be no doubt of its having become gangrenous, and that she had a line of demarkation unbroken.

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pulps were not exposed. We exclude pulps, pericementitis, dental and alveolar necrosis, as a definite signification of the lesion. In accordance with the clinical history, the case class the case with exanthematic necrosis, as the result of the exanthema.

It occasionally, though fortunately quite infrequent, happens, says Prof. E. J. Car- retson, that a subacute inflammation of the jaw occurs, resulting in limited, or it may be, in extensive necrosis of the part affected. Dr. Carretson, in his clinical and private practice, has met with quite a number of similar cases.

To Sir James A. Salter, of Guy's Hospital, is accorded the credit of having first directed attention to this disease, as far as the recognition of its associations is concerned. The child's age, being under five years, would exclude osteitis as a primary expression condition. Pus was almost constantly present, as a definite signification of the lesion. The mental energies fall; the child is inattentive and forgetful at school; and there are disturbances of appetite and of sleep. But in a certain proportion of these cases the evidence exhibited will be of a more serious character. The nervous system will be undermined to such an extent as to result either in chores, or in some of the varied forms of reflex or peripheral palsy; and it is this class which I wish more especially to illustrate by a series of cases.

Local Treatment.—The patient was etherized by Mrs. Wilson, M.D., and the remaining sequestrum of bone imbedded in the loose soft tissues, were also removed, they only acted as irritants, and the eruption of the sinus was stimulated, thus keeping up the inflammatory condition. Pus was almost constantly flowing, either through the sinus under the eye, or being taken into the stomach. A suitable prophylactic plan was adopted, and the case went on through several attacks of sebble and inflammation, with an ultimate recovery. The followling wash, I ordered, to meet the requirements of the case:

- A. Tinctura capsici, ff 9
- Potassii permagn. " myrrh., ff 9
- Mydriacat. " acris, Oj. M.

The parts were wet frequently, and with a view to drying the parts. 

General Treatment.—The constitutional treatment consisted in the exhibition of the iodides; of these the iodide of potassium and the iodide of potassium with petroleum were given at least once a month prior to receiving local treatment. This was continued for several months after the sequestrum was removed. The patient was directed to have plenty of outdoor exercise and good nourishing food. In six months he made a good recovery and was dismissed, cured. All that remains to be accomplished is a small plastic operation to restore the eyelid; this will have attention at a future time.

The condition of congenital phimosis is a simple one. The foreskin is long and con- dant, while the mucous membrane lining it is short and undeveloped. The defect or narrow- ing of the preputial orifice rests almost entirely in the contracted mucous membrane, rather than in the lax and overlying integument.

A penis congenitally deformed by phimosis is usually a little dwarted or atrophied. The trouble is always a source of inconvenience, interfering with cleanliness as well as comfort, and it not infrequently becomes the source of marked disease. Thus, in children, irritating secretions from the sebaceous follicles — the "smegma preputii" — are retained under the elongated and tight foreskin, and produce a condition akin to local irritation, which is usually sufficient to keep the organ almost constantly in a state of uneasiness. Again, when the preputial orifice is small, it allows little or no escape for the refrigerating action of the urine, and there is difficulty in micturition, from the backing up or retention of urine about the glans, the irritability of the bladder which is invariably associated with this condition, and there is frequently the complaint of pain from irritability of the bladder.

In a case of suspected urinary calculus in a young child, after physical examination, turned out to be a case of congenital phimosis. The following wash, I ordered, to meet the requirements of the case:

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- Potassii permagn., " myrrh., ff 9
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appeared to be little or no atrophy of the parts. The child appeared fairly well nourished, but as the mother expressed it, was "excessively nervous," "never still," and occasionally wet the bed at night. The child had phimosis, and the intromittent orifices were considerably inflamed, and, what is not very common, dotted with numerous small ulcers.

Feeling confident that the loss of power in this child's case was mainly of a reflex character, and dependent upon genital irritation, I began his treatment by circumcision, and found it efficient in the sense of physical evacuation, galvanism, and afterwards faradization, with mild tonics, and a short course of the iodides. The case made a rapid and almost complete recovery. In fact the time the child was able to walk about without much difficulty. After this I did not see the case.

Reflex palsies dependent upon neglected congenital phimosis are not always of so severe and extended a nature as seen in the case just mentioned. The loss of power may be confined to a single member, or to a single muscle of the arm or hand.

About a year ago I saw, in consultation, a child, from Maryland, who was suffering from local palsy of the right upper extremity. The local palsy was accompanied by phimosis for four or five years, and hand and arm was almost completely and was not at all marked in the muscles of the arm and shoulder. Reflex and automatic movements were peremptory, and the arm no longer moved in the hand affected, and there were evidences of beginning vaso-motor and trophic disturbances. The child had aggravated congenital phimosis which are not always of so severe and extended a nature as seen in the case just mentioned. The loss of power may be confined to a single member, or to a single muscle of the arm or hand.

As my knowledge of the case dates from about two weeks before the operation, and in the surgical wards of the Orthopedic Hospital, in reference to a bodily deformity. Beside the orthopedic trouble, it was noticed that the child had convergent strabismus. The mother stated that the eye trouble was of slow growth; that at first it was only noticed when the child was attempting to look at some particular object—that is, the condition at that time was what is known as periodical squint—but that of late the crossing had become constant, and the eye somewhat fixed in its unnatural position.

The child suffered from the usual symptoms of irritability of the bladder; had marked phimosis; the penis was unduly large, appeared to be in a state of paralysis; these palsies, and during a slight examination became evident. Circumcision was performed, the case carefully watched, and shortly after the parts had entirely healed we saw no more of this strabismus.

In cases of paralytic or spasmodic strabismus there is a condition of deficient innervation of one or more of the muscles of the ball of the eye. The condition is more or less the result of a vitiated nerve and blood supply, and has the effect of gradually lessening the power of the affected muscle until the eye is rendered more or less fixed in position. Cases of strabismus which are of this nature are easily distinguished from those of concomitant squint, by observing the movements of the affected eye while vision is temporarily occluded from its unaffected fellow. For instance, if in a case similar to the one just mentioned, the sound eye be covered, the one affected cannot be readily distinguished. Its object is its mobility is impaired; whereas in the ordinary cases of concomitant squint the muscular innervation is normal, the affection of the muscle being due to its shortening. This as is demonstrated by the perfect mobility of the ball of the affected eye when its fellow of the opposite side is closed. The impaired mobility, as is demonstrated by the eyeball, does not of itself indicate that the existing strabismus in this case was from palsy of peripheral origin; but when we consider, in connection with this fact, the general condition of the child, we find that it was at first only periodic squint and afterwards became constant—the unimpaired mental faculties, and the non-existence of other morbid phenomena, as is demonstrated by the physical examination and its ready disappearance after the removal of the source of peripheral irritation, we can scarcely consider it anything else but one of those rare forms of purely reflex palsy in which only a single muscle is affected.

As to the manner in which the irritation of the peripheral nerves of the genito-urinary parts consequent upon neglected congenital phimosis produces such reflex palsies, it is not my present purpose to speak. I will only say, that in the opinion of Brown-Séquard, "they result from chronic irritation of the sympathetic organs, with secondary contraction of the vessels, and atrophy of the corresponding parts." Romberg and Stanley consider the reflex motor-sensory palsies, due to the suspension of the sensory influence of the fibres of the sympathetic system." According to Gull, the palsies in question result from the propagation of the inflammation in the urinary passages to the spinal cord. And Lévison has proposed to be in each of these cases a new term, and they were "due to an arrest of the functions of the motor nerve-centres, in consequence of excessive irritation of the sensory fibres at the periphery." 

Before dismissing this brief mention of some of the maladies which occasionally follow neglected congenital phimosis, I should like to call attention to two cases which are not of a nervous character, but which will not be without interest. They are as follows:—

1. C. and W., two little Italian boys, brothers, aged respectively 3 and 4 years. They were brought to the hospital for right-sided scrotal hernia, developed in each since birth. Upon examining the hernia, as to shape, size, and color, their appearances were remarkably similar. If there was any difference, it was in size; that of the elder boy being, perhaps, a trifle the larger hernia. They were each fully cured by simple operation. The pulsations of the oldest child was abnormally large, and appeared as if it were habitually in a state of semi-errection. The father remarked that he had noticed the child to rub and pull at the organ, as if in pain, the titillation being no doubt a large factor in the almost constant excitation of the organ. There was marked tenderness and itching over the whole circumference of the hernia, especially in the small, only permitting a knitting-needle-like stream to flow during micturition, so that the urine collected between the prepuce and glans, in a pearly appearance. The case was at first considered premature, but we are not told as to the result.

2. Dr. Sayre's cases the hernia's were inguinal, and were believed to be caused by excessive crying, and by straining efforts during micturition. There was severe phimosis in each of the cases, and circumcision was performed, but we are not told as to the result.

From the above citation of cases it will be seen that the long and contracted foreskin with which so many young children are born is not always a harmless deformity. Indeed, it may be truly said to be the cause of a great variety of secondary complications, which are often times more serious than the original trouble. We have no knowledge of the exact relation which the cases of congenital phimosis bear to the number of male births. I think if we had, the proportion would be much larger than is ordinarily anticipated. I conceive that it is always good surgery to correct this deformity, wherever it is at all aggravated, as a precautionary measure, even though no symptoms have as yet presented themselves to indicate the early development of such troubles as I have here endeavored to illustrate. Moses was a circumciser, and a good one. And generally practiced at the present day, I believe that we would hear far less of the pollutions and indiscretions of youth; and that our doctors would daily perform operations free from all kinds of sure cures for loss of manhood. —Medical News, Sept. 16, 1882.

A CASE OF OVARIOTOMY. 

BY C. L. FREY, M.D. 

[Class of 1881.]

[On October 6th the operation of ovariotomy was performed at the General Hospital, Scranton, Pa., by Dr. Frey, who sends the following notes of the case.—Editors.]

As the case dates from only about two weeks before the operation, I am compelled to depend upon the uncertain statements of the patient and facts relating to her condition prior to the time of my first seeing her. She stated that about five years ago she had a tumor in her left side, for which her physician treated her; I believe we regarded it as a uterine fibroid. About this time she had a miscarriage, and the tumor ceased troubling her. A little more two years ago she gave birth to a child, and the tumor rapidly grew. As it was a multilocular cyst of the right ovary, the tumor in left side, of five years ago, could not have had any connection with this; there was at the time of operating no enlargement of left ovary, nor any tumor whatever in left side. The patient, Mrs. H., is about forty years old.

Her condition, when admitted to hospital, on the 2d instant, was not favorable; she was greatly emaciated, and had been troubled with vomiting and diarrhoea for some time. I noticed to mention that last winter she had an attack of peritonitis, which, no doubt, accounts for the numerous adhesions of the tumor. On October 3d, the day before operation, she took the usual dose of castor oil. On the morning of operation she took one grain of opium, and shortly before giving ether she had a hypodermic of morphia, gr. 7/6, and atropia, gr. 1/8; also about 3 oz. of whiskey. She took the ether very nicely, her pulse becoming fuller and steadier. I began the operation about noon, making an incision about five inches long; I then tapped several cysts, and in order to prevent the escape of any of the cyst contents into the peritoneum, I had ligatures thrown around the trocar punctures. The anterior surface of the tumor was adherent at numerous points, but these adhesions yielded readily to moderate force; the posterior surface, however, was held by adhesions of so fine a twist as to resist manual efforts for a considerable time. As the pedicle was very short, it was temporarily ligated and cut, and the tumor, freed from this attachment, was removed. Having that, with the uterus well in place and movable, one cannot be sure of a long pedicle. I took the greatest care to thoroughly remove all blood and other fluids from the peritoneum, my sponges were all wrung out of carbonized water, all instruments placed in a dish of it, and two spray instruments kept in constant play near the patient; my hands were very cold after washing up after placing a ligature around the pedicle and dropping it. The dressing consisted of several thicknesses of antiseptic gauze, covered thickly with absorbent cotton, saturated with a saturated solution of boracic acid, and all covered with a flannel roller.

During the first few days after operation there was considerable nausea and vomiting; which was best controlled with morphia hypodermically, and giving her only very small quantities of milk and lime water. During the second and third weeks she had two or three doubtful attacks of the vomit, quinse bisulph., gr. v, and extract. opii, gr. 7/6, every four hours, and also a hypodermic of morphia, morning and evening; if her condition indicated the dose. Since then she takes the suppository of quinse and opii. t. d. and the hypodermic each evening. Since the operation she has been thoroughly comfortable, with but one or two restless nights. This is a sure indication, not only of its own success, but of the increased interest now taken in matters of public hygiene and sanitary science.

Copyright and Trade-mark on Medicines.—In reply to an article in another journal, Dr. E. R. Squibb (class of 1845), in his Ephemeris, for September, 1882, says that he (Dr. S.) never did copyright, trade-mark or patent any medicine or preparation of any kind, nor any bottle, label, wrapper or cover of any kind, nor any device of any kind. Neither did he ever claim any proprietary interest in any process or medicine, nor have any secret or proprietary formula or process for anything, nor have any right or title in any part of it. He has always been an uncompromising opponent of all proprietary interest in medicinal articles, and never has, and probably never will, cease from earnestly opposing all forms of copyright and trade-mark and patent, from the mildest form of the manufacturer of coated pills up to the aggravated abominations of the patent medicine market.

Physicians must learn to understand what a scourge these few remarks refer to. They also know that there are causes that influence the development of the poison, the conditions of which are beginning to be well understood; so that prophylactic measures may now be instituted, with the result of lessen ing the prevalence and reducing the mortality of the disease; on the contrary, a neglect of these methods will favor the spread of the malady and increase its dangers.

Authorities, almost without exception, concur in the view that the poison by which typhoid fever is propagated is contained chiefly in the excreta from the bowels. Many outbreaks of fever have been traced to breathing an atmosphere thus infected, or to the use of water or milk polluted in this way; in some instances, where rivers have been thus poisoned by human typhoid excrement, whole communities have suffered. It is now regarded as essential, at the time of year when bowel disorders prevail, to drink water that has been previously boiled; and in China, where public health and sanitary precautions are otherwise much neglected, the entire nation, having learned by experience the danger of using ordinary water which has not been disinfected, is said to be in the habit of drinking water only that has been subjected to boiling.
THE NAVAL MUSEUM OF HYGIENE.

The Surgeon General, U. S. Navy, Dr. Philip S. Wales, has very recently issued circulars calling attention to the prospectus of the Museum of Hygiene, which has been organized under the Bureau of Medicine and Surgery, and officially recognized by Congress in an act making appropriation for its support for the fiscal year ending June 30, 1883.

The necessity of a central institution of this sort, he thinks, has long been felt, and it is hoped that the present organization will supply this need. The plan briefly described comprehends a collection that shall be illustrative of the entire range of sanitary science, the establishment of a course of lectures by authoritative sanitarians from all sections of the country, and a library of sanitary science, accessible, under proper restrictions and guarantees, to all who are engaged in the study of this branch of knowledge. This library already numbers many of the standard works in English, French and German languages, and is constantly increasing. The following groupings of subjects in departments will explain more minutely the scope of the enterprise, and will exhibit a surprisingly minute and correspondingly important classification and arrangement of the various matters associated with Public Hygiene:


III. Department of Literature and Drawings. 40. Miscellaneous; 41. Literature and drawings appertaining to these departments.

It is intended that it shall exhibit the present state and future progress of the Nation in all departments of hygiene, and to carry out this important scheme, the co-operation of physicians, engineers, architects, builders, manufacturer, inventors, and others interested in sanitary matters, is not only desirable but indispensable.

Contributions of articles, appliances, models, drawings, etc., illustrating improvements in food, water supply, bedding, clothing, marine architecture, house and hospital construction and furniture; apparatus for heating, illuminating, ventilation, and removal of smoke and refuse; culinary, laundry and bath facilities; appliances for physical culture and exercise; and whatever else tends to the preservation of health and the prevention of disease, are therefore solicited. Donors and depositors will, in every case, be duly credited on the descriptive labels of their exhibits.

The Surgeon General states that much original research has been done in matters appertaining to the sanitary condition of the Navy, as regards ventilating, food-supplies, etc., and in the comparatively new and unworked field of atmospheric influences in the causation of disease; and that the results of these labors, published by the Bureau, have been eagerly sought by physicians and sanitarians throughout the country. Models, apparatus, plans and diagrams, illustrating naval and general sanitary subjects, have been gradually accumulating, and they have been placed on permanent deposit at the Museum, and officers of the Navy, physicians and sanitarians in various sections of the United States have made valuable contributions. In a few years this collection will be unsurpassed in variety of illustration, number, value, either in this country or abroad, and from its vast stores of instruction officers of the Navy and sanitarians will be able to derive practical knowledge, not otherwise or elsewhere obtainable, of the art of preserving health. The importance of this institution is shown by the fact that at the last meeting of the American Public Health Association, at Savannah, Georgia, a resolution was unanimously adopted, making it the central depository of that widely influential and scientific society.

INFLUENCE OF OCCUPATION ON SPHYSILIS.

A paper recently read before the National Society of Medicine, of Lyons, by Dr. Guinard, on this subject, excited considerable discussion among philanthropers and others, at the same time. From a review of the questions discussed in it, as to the hygiene of glass-blowers and the prophylaxis of syphilis, in the Archives of Dermatology, we learn that Rive-de-Gier, which is to-day, from the industrial point of view, the most important centre of the manufacture of glass in France, was twenty years ago, from the medical point of view, the first and principal centre of observation of syphilis transmitted by glass-blowing. It was upon a workman in one of its factories that M. Roller first recognized and demonstrated, in 1850, the contagiousness of secondary lesions. That abundant opportunity for direct syphilitic infection is furnished by glass-blowing, is shown by the statement that three workmen pass the same tube from mouth to mouth, 75 to 85 times hourly. Three epidemics produced in this manner are described in detail. In order to guard against their recurrence, bi-mensual inspections of all the workmen were instituted in some establishments, no one being employed without presenting a certificate of health from the physician in charge. These examinations, although successful in preventing further symptoms, being objected to by some of the workmen, the attempt was made to introduce the use of movable mouth-pieces for the tubes, one being furnished each workman. Although this device seemed to answer the purpose at first, it was soon discovered that the men would not use them, and the occurrence of several new cases of bucal changes caused the bi-monthly inspections to be resumed.

Our Library Table.


One of the most important diseases that the physician is called upon to treat, probably the most important, when its manifold manifestations are taken into consideration, is syphilis. No one can realize this so fully as those in attendance upon the clinical service of a large city hospital, or a public dispensary, where a large proportion of the cases demonstrate its presence in one form or another. Without entering into a discussion of syphilis, we merely suggest that, in view of its prevalence and gravity, there is great need for the diffusion of correct ideas as to its cause and treatment. Within a few years great additions have been made to our knowledge of venereal diseases, and syphilographers especially have extended the field, by taking down old landmarks and placing others in advanced positions. The duality of venereal sores, the in-
curability of secondary lesions, the existence of the syphilitic virus in the blood, but not in the secretions proper, and many other questions, have been now definitely settled. This new work of Cornil presents the latest views upon the subject; it has been further extended by the judicious notes of the translators, which amount to nearly one-third of the volume. These additions have greatly increased the value of the work, and have been made by thoroughly competent hands, already well-known in their special departments. F. W.

The Physicin himself. By D. Webster Cathell, M. D. 8vo. Second edition. Baltimore, 1882. The favor with which this work has been received by the medical profession is satisfactorily exhibited in the fact that it has passed so speedily to a second and enlarged edition. The subjects discussed are those which meet the practitioner at every turn, and which add to or subtract from the full measure of the happy and successful pursuit of the duties of his professional life, as they may be or may not be skillfully and conscientiously met by him.

We do not agree with the writer in all his conclusions, but we say in favor of our views, in the language he has chosen; but the every day relations of the physician to the public and to his fellow practitioner, based on the principles of common sense, are portrayed by the writer in a very readable style, offering numerous hints and suggestions to every one engaged in medical practice. We would hint to the author that, in the event of the issue of a third edition, the subjects of each page should be specified, either at the top of the page or at the beginning of paragraphs. R. J. D.


Griesinger's work is now a medical classic, and may be read with both interest and profit by every one who lays prior views on the language he has chosen; but the every day relations of the physician to the public and to his fellow practitioner, based on the principles of common sense, are portrayed by the writer in a very readable style, offering numerous hints and suggestions to every one engaged in medical practice. We would hint to the author that, in the event of the issue of a third edition, the subjects of each page should be specified, either at the top of the page or at the beginning of paragraphs. R. J. D.

A CASE OF ANGINA PECTORIS—FATAL RESULT.

By J. M. STEVENSON, A. M., M. D.

(Clinical) Of Pittsburgh.

A. B., aged 64 years, married, a native of America, by occupation a house carpenter, had never had rheumatism, or any other serious illness; always strong and slender in figure; never had r

This abundantly illustrated and well printed work is one of the best of the now popular series of Wood's Library that we have seen, and it has been written by one who gives evidence of his fitness for the task, both by experience and by his familiarity with the literature on the subject. It forms a most recent work on a class of diseases which, although claimed by surgery, has more medical relations than most physicians are aware. The degree of discomfort and suffering produced by diseases of this portion of the body seems in many cases out of all proportion to the gravity of the local lesion; and, we may add, to the simplicity of the means of affording relief. No physician certainly can afford to neglect to inform himself upon a subject so important, and one af

flecting a large class of patients, and this excellent and practical work will furnish him with the means. F. W.


This volume is another of the series of cheap but valuable works recently issued by this firm. It contains the latest views of well-known surgeons and others, and may be read with both interest and profit by every one who lays prior views on the language he has chosen; but the every day relations of the physician to the public and to his fellow practitioner, based on the principles of common sense, are portrayed by the writer in a very readable style, offering numerous hints and suggestions to every one engaged in medical practice. We would hint to the author that, in the event of the issue of a third edition, the subjects of each page should be specified, either at the top of the page or at the beginning of paragraphs. R. J. D.

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The College and Clinical Record.
few drops of the amyl nitrite, before my ar-
ival. His family assured me “it was just the
same as the other attack.” He said, “I know
nothing of the case itself, but I am all right
now.” At seven o’clock in the evening, after
eating a moderate supper, he laid upon the
bed and was seized with the third paroxysm,
struggled with the absence insensible, and
died in about five minutes. As the member of
the family to whom I had entrusted the amyl
was absent at the time, it was not administered
in this last and fatal attack.

I employed every possible method of per-
suasion to secure a post-mortem, but this they
permissively refused. I regret this circumstance
exceedingly, as the absence of the positive
knowledge of what constituted the real path-
ological condition detracts very materially
from the clinical and scientific interest that
naturally attaches to this peculiar assemblage
of symptoms and sudden death.

I have thought this case worth reporting;
first, from the brief period that elapsed be-
tween the first paroxysm that drew attention
to his case and the paroxysm that caused his
death. Second, from the insensibility and
convulsions that accompanied each paroxysm,
the member of the family to whom I had
entrusted the amyl for the arrest of the paroxysm.—Pitts-

THE COLLEGE AND CLINICAL RECORD.

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THE CAUSE OF THE DEATH OF GEN. ANTHONY
WAYNE.—The following scrap of history will be
of great interest to medical readers; it is an ex-
tract of Henry De Bitt’s letter announcing the
death of General Anthony Wayne, who, after an exceedingly painful visitation of the
gout, expired this morning, between the hours of
3 and 4 o’clock A.M.

This disorder attacked him about the 17th ult.,
during a very favorable passage from De-
 troit harbor, where he arrived on the evening
of the next day. It by turns affected his feet,
knees, and hands, with considerable inflamma-
tion and a great degree of pain, until about the
3d; when the violence of both begin-
ing to abate, he began to entertain flattering hopes of his speedy recovery; but, alas! these were of
short duration; for, on the morning of the
3d inst. it appeared that the gout had taken
an unprecedented and fatal turn; the sufferer
retained unrelenting obstinacy and extreme
torture, until it put an end to his existence.
His remains will be interred to-morrow, within
the walls of the city of Philadelphia, in the
American Daily Advertiser, December 31st, 1796.

ANECDOCTE OF JENNER.—The celebrated Dr.
Jenner, who by his discovery of smallpox vaccina-
tion, was a man of genial wit, and the following lines
addressed to a lady upon the recovery of her
daughter, and sent with a pair of ducks, affords a
specimen of his facetious vein:

I've despatched, my dear lady, this scrap of a letter,
To say that Miss — is very much better;
A regular doctor no longer she lacks.
And therefore I've sent her a couple of quacks.

PERSONAL.—An eloquent address was deliv-
ered on August 19th, by Dr. Lyman Beecher
Todd, of Lexington, Kentucky (Class of 1854),
on the occasion of laying the corner-stone of a
monument. The address was delivered on the
occasion of the centennial anniversary of the
battle fought there.

The Phototypes given as premiums to sub-
scribers for 1882 will be ready at an early
date. The editors will be glad to learn, by
personal letter, the address to which the
subscription check or postal-order is to be
sent. To Old and New Subscribers.—In re-
newing old subscriptions or in forwarding new ones for 1883 or 1883, our readers are re-
ed to the special notice and the address men-
tioned in several of our advertising pages. Prompt
attention will be paid at all times to the purchas-
ing and forwarding of medical works.
THE COLLEGE AND CLINICAL RECORD.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

Clinical Assistants.—Surgical Out-patient Department.—Jos. Hearnc, M.D., Senior Assistant; G. A. Hewitt, M.D., Assistant; Charles Wirgman, M.D., Assistant; H. H. Freund, M.D., Assistant; Henry Morris, M.D., as Supernumerary. Medical Out-patient Department.—Dan. E. Hughes, M.D., Senior Assistant; John L. Wright, M.D., Assistant; Rosh Learman, M.D., Assistant; Chas. A. Koder, M.D., as Medical Assistant. Gynecological Out-patient Department.—John C. Da Costa, M.D., Senior Assistant; Wm. F. Stewart, M.D., Assistant; E. T. Apeldorn, M.D., Assistant; M. H. Green, M.D., Assistant; D. J. Loughlin, M.D., as Supernumerary. Ophthalmic Out-patient Department.—Wm. S. Little, M.D., Senior Assistant; H. F. Hansehall, M.D., Assistant; L. Webster Fox, M.D., Assistant; A. Dawson, Jr., M.D., Assistant. Laryngoscopic Out-patient Department.—L. Jurist, M.D., Senior Assistant. Aural Out-patient Department.—Lewis W. Steinbach, M.D., Senior Assistant; M. H. Bochroch, M.D., Assistant; Wm. D. Ronaldson, M.D., Assistant; Geo. Friebis, M.D., Assistant. Personal.—Dr. John L. Yard (Class of 1879) has removed to 1608 N. Twelfth street, Philadelphia. —Dr. C. A. Miles (Class of 1876) is at Yonkers, N.Y. —Dr. E. R. Gardner (Class of 1882) is at Clifton, Pa. —Dr. J. N. Moore (Class of 1882) is at New Lancaster, Kansas. —Dr. John R. Robinson (Class of 1884) is practicing in Ellenville, N.Y. —Dr. Stanley M. Ward (Class of 1884) is practicing with his father at Ellenville, N.Y. —Dr. J. T. Marable (Class of 1853) is temporarily at Topeka, Kansas, to recruit his health. —Dr. Dunklin D. Moore (Class of 1854) is now at Williamstown, Anderson county, South Carolina. —Prof. William S. Stewart (Class of 1863) is Dean of the Medico-Chirurgical College, Philadelphia. —Dr. F. F. Adams (Class of 1873), has removed from Hutchinson to New Haven, Reno county, Kansas. —Dr. W. Niles Powell (Class of 1882) has removed from Powelton, Missouri, to Platte Centre, Nebraska.

—Dr. Henry C. Boening (Class of 1879) is Associate Editor of the Western Medical Reporter, of Chicago.

—Dr. Norman H. Chapman (Class of 1879) is Professor of Neuropsychia and Mental Diseases in the University of Kansas City.

—Dr. H. J. Williams (Class of 1881), formerly of the Jefferson Medical College Hospital, has removed to Macon, Georgia.

—Prof. Charles L. Mitchell (Class of 1880) has delivered the introductory address at the Medico-Chirurgical College, Philadelphia, on Monday morning, October 2d.

—Dr. James F. Baldwin (Class of 1874), of Ohio, has severed his connection with the Columbus Medical College, in which he was a Professor, and a lively series of communications has appeared from his pen and from that of Dr. Hamilton (who is said to own that institution), in regard to certain irregularities practiced there. We confidently believe that Dr. Baldwin has the best of the argument in his thorough exposure of the delinquencies of that school, and we admire the manliness and independent spirit exhibited in the letters of Dr. Reeves, Secretary of the W. Virginia State Board of Health, descriptive of the crooked way in which a man rejected by that Board was graduated a few weeks afterward by the Columbus College; but our wonder is that Dr. Baldwin, in his great disgust for the Columbus movement every day, although he had no fever and his appetite remained good; he called our attention, however, to this very significant fact; he lost flesh so greatly that he found himself unable to work, and from this time he began to lose flesh. We say, since he was first taken sick; and he has gained any lately, although his disorder has been exactly continuous; it has varied slightly as he alleges that to be his name is William X, 66 years of age, of Topeka, Kansas, has severed his connection with the institution. For several years previous to his last illness he had been connected with the New York News, as a political writer.

MULHOLLAND.—At St. Louis, Missouri, September 21st, 1882, David Mulholland, M.D., of Maryville, Missouri (Class of 1860), aged 52 years.

Monthly Meeting.—At our last meeting, I shall show you first, this morning, a case of bowel disorder, one of chronic diarrhoea, resembling in many respects the case which was before you a few months ago. His name is William X, 56 years of age; born in New York, at that time he was about five years old. Upon investigating his history, we learned that he had been living in this city, in good health, until about four months previous to admission here; at that time he went to reside in the country, and was there for three months; since then he has been again living in town. I am thus particular about mentioning this fact of change of surroundings, because about the time that he went to the country, or soon afterward, although the ground was high, the situation being on a range of hills near the city, and, so far as we know, the sanitary arrangements were good, and the air was improving. As we further ordered for him a suppository, containing a quarter grain of opium and a small quantity of tannic acid. This was administered daily, in conjunction with the other treatment, and with good effect. Before this he had been powerless to stand five or six stools in the twenty-four hours, but since then they have been decreased in number; indeed, from yesterday morning until now he has had but one, and there has been no severe desire to go to stool. He has been greatly improved. As to the character of the diarrhoea, I would say that while it has been chronic it has not been exactly constant; it has varied slightly from day to day, so that, while some days he had very little trouble, the difficulties would speedily recur; about six weeks ago it increased so greatly that he found himself unable to work, and from this time he began to lose flesh. We are unable to find in his account any sufficient cause for the disorder; it does not appear to us to be malarial, nor can we learn of any defective sanitary arrangements where he resided; we cannot therefore assign which is the cause for the malady; I can only conclude that it was the result of ordinary cold and exposure while at work and on the streets.

When he came in here, he had five or six passages daily; they were longer watery, semi-liquid, more consistent, large in quantity, but still light in color. He inquired of us that the diarrhoea was generally worse at night, only one or two movements occurring during the day, but he had to rise several times at night. It was not until after admission that we learned that he also had epigastric dyspeptic symptoms; he had a great deal of indigestion, with flatulent distention of the stomach; he also suffered with bearing down and diarrhea; but no colicky pain at any time. The abdominal distress was also worse at night than in the day; it was not, therefore, especially increased by taking food; and he said that his appetite remained good. His tongue, upon admission, though a little more coated than at present, had the same peculiarities; you see here a broad, pale, clean tongue, rather dry and fissured, with the tip and edges, but at the back moist. He had considerable thirst. His general condition was poor, he seemed depressed and weak.

We placed him on the same treatment as our other cases, giving him a simple astringent (a drachm of tincture of catechu, every four hours, afterwards increased to two drachms), and regulated his diet; it was not strictly a fluid diet, though largely consisting of milk, but on account of his general condition he was also given boiled rice, and once a day some, semisolid food. This treatment was continued with uniform success.

On the 17th inst. the pain and tenesmus attending the movement of the bowels was so great, that we further ordered for him a suppository, containing a quarter grain of opium and five grains of tannic acid. This was administered daily, in conjunction with the other treatment, and with good effect. Before this he had been powerless to stand five or six stools in the twenty-four hours, but since then they have been decreased in number; indeed, from yesterday morning until now he has had but one, and there has been a severe desire noticed in the distress and desire to go to stool.

In conclusion, that he has shown the slightest evidence of disturbance of appetite or digestion, or marked dryness, from the bowels of any other symptoms that we often find in persons accustomed to the use of the drug.
continue this subject this morning, by presenting and discussing with you two or three patients exhibiting several phases of the disease, as well as the results of different methods of treatment.

Case 1.—This patient’s name is F., and he was admitted day before yesterday, with the statement that eight days before admission, or ten days ago, his ankles became swollen and painful. There was no history of exposure (he works in a kitchen), and no cause exists that he knows of. The swelling was worse in the left ankle; afterwards it extended to all the other large joints of the extremities, though they were not so much swollen. His temperature on admission was 103° F., and the same evening it rose to 104°, the next morning it was again 103°. It was obviously a case of rheumatism, and I have had the urine of this patient, which he passed this morning, preserved, in order to show you, as it is different from what we usually find in cases of acute rheumatism. The urine is not scantly, and it is less high colored than in our other cases; you know that it generally scantly and high colored in rheumatism. Notice in connection with this, a decided whitish precipitate, not a very heavy one; it floats about readily, and is almost flocculent, as I move it about you can see particles shining in it. This is unusual. In the urine of such cases there is usually an excess of uric acid, but here we have a urine containing, as shown by the microscope, triple phosphates, and we have no reason to believe that this is only slightly acid, and containing an excess of phosphates. This urine is distinctly different from what we usually find it, and in many points different from actual rheumatism as we usually find it; and the mere examination of the urine would lead us to surmise that, of all our cases; the alkaline method, for example, would be out of place here.

His skin yesterday was soft and moist; he has had no fever, nor any symptoms of the several large joints to be involved, and there is not much pain, and where freedom of movement is wanting, and where the mere superficial lesion is so at the extremity, but further back it is slightly coated; it is rather dry. He has slight headache. His pulse was only one hundred, and respirations rather dry. He has not noticed anything to-day his pulse is eight-four, the patient, withal, is feeling very comfortable. This rapid improvement is remarkable, considering how many joints were involved. The question now is: How do we treat this man? I spoke to you at the last lecture of the liability of the several large joints to be involved, and laid down the rule that the joints most used would be most likely to be invaded; thus the pedestrian would suffer mostly in his ankles and knees; the gold-beater and the blacksmith in the arms. This woman, in her work, used the wrists, for instance, in laundry work, and consequently she is most affected. She has had no pain in the elbows nor shoulders.

This chart of the temperature illustrates what I spoke of a few minutes ago, as a result of moving her here; although her fever was continuous, yet it was very slight. In this case that removal acted as a disturbing agent, for the temperature marked 104° upon the night of the day of admission. Subsequently it rapidly fell, while taking salicylic acid, until it became, as you see super-normal.

She came in with some bronchial rales, that prevented us from listening to the lungs; she is very typical tongue for a rheumatic case: it is slightly acid, and containing an excess of phosphates. The case, therefore, was out of place here.
not give her any pain at present, I will leave it as it is, for I think that sometimes the weight of the dressings upon a limb only increases the discomfort of the patient, and that, even if the woman had been accustomed to imbbling to excess, and had been drinking just before the affection appeared. This history of in-
temperance has connection with some features of the case to which I will direct your attention presently.

When she came in the temperature was only 97°, there was nothing about the respirations to indicate chest complication; nor was anything observed that would lead you to think of any serious trouble in the case, which we looked upon as one of acute rheumatic fever. Soon after admission the temperature became irregular, going up in the evening to 102°, falling again to 101° in the morning, and never remaining as low as 95°. The patient became irritable, constantly whining, and rest- less; the temperature goes to 102°½; the next morning it is sub-normal, 97°, then again to 99°; where it remained as one of extensive rheumatic process. The patient was repeatedly tested, with a negative result. Afterwards the temperature rose, and the kid- neys were unable to bear the strain, and albuminuria appeared, coincidently with the grave symptoms of the disease. It has had no specific effect over the rheumatic symptoms, the delirium at night, and the hebetude, almost coma, in the day. I may say that this condition which you see is not due to laudanum, for she has not had any for several days.

How far the rheumatism is directly respon- sible for the kidney disease it would be difficult to recognize. We have no distinct class of cases wherein kidney symptoms are distinctly due to changes in this affection, such, for instance, as occur in the heart and its membranes, or such as go on in the joints. The kidney is remarkably capable of doing well in rheumatic fever, and I, therefore, conclude that in the majority of cases this kind the kidney disease pre- existed as it did in the present instance. The albuminuria would then result from the general effects of the disease, or the fever pro- cess, upon a kidney already in a damaged con-
tion.

These are always very grave cases. I look upon this patient as being in great peril. I fear that all the resources of art will hardly carry her through. At the same time, there is nothing that can be done for her in a form more soluble, would be more readily absorbed, hence, probably, more effi- cient. [The autopsy showed contraction of the kidney and induration of the liver.—Ref.]

DEFORMITIES OF THE FINGERS.

BY P. S. CONNER, M.D.
Class of '80,
Professor of Anatomy and Clinical Surgery, Medical College of Ohio.

Being part of a Clinical Lecture delivered at the Good Samaritan Hospital, Cincinnati, Oct. 16, 1882.

I have the opportunity to-day, gentlemen, of presenting to you an interesting specimen of a congenital deformity which, while not very rare, is something of a curiosity and deserving of study. This little baby, now nine months old, has on each hand, as you see, a double thumb, a perfect index finger, and a somewhat paddle-like mass in which are embraced a middle, ring and little finger, and also a rudimentary supple- mentary digit. The child, therefore, has seven fingers on each hand.
corresponding malformation of the toes. The carpal bone, or rather that there are two quite careful examination I find that the double mother tells me that the child's father's hands perfectly formed thumbs, with their supporting thumb on the right hand has a double metacarpus that is wanting in the thumb), the two thumbs being enclosed in a common skin-covering. On the left hand, as is very often the case, the two thumbs are supported upon a single metacarpal bone, which has, as we know from our own experience, two more or less perfectly developed articular facets. Such a case as this is interesting to us, whether we consider the deformity itself, its mode of production, or the ways in which it may be more or less completely relieved; in other words, its anatomy, its embryology, or its surgery.

Two, different, frequently but by no means necessarily associated, malformations are here present, viz., webbed fingers and extra digits. The hand, as we know, originates in a little hollow or pouch on the lower side of the head, so that in the third week of intra-uterine life; and the normal differentiation of the fingers is not complete under three months. Now, if such separation does not take place at all, or arrested at some stage or other, the original paddle-like condition remains more or less completely, and the fingers are correspondingly webbed, and we have such a condition of webbed development. Again, if in the differentiation of fingers, which is brought about we know not how, an excess of formative action takes place, we have produced extra digits, complete, partial, or scarcely more than rudimentary, as it may happen, there being usually but a single extra one on either one or both hands, but sometimes many more; as high as thirteen fingers on one hand and twelve toes on each foot having been observed by Voigt. The arrangement of the extra finger or fingers varies very much. The hand may be complete and perfect, differing from the normal only in the presence of a sixth metacarpal bone and a sixth separated healthy finger; a rare condition, but one that has been observed; it is therefore not surprising to find in the absence of such phalanx, a deformity-which is usually seen in the thumb, which is then ordinarily fixed. Not seldom, when the attachment is to the side of the phalanx, much less frequently of the meta-
carpal bone, the union is by means of a narrow fibrous pedicle.

The other deformity, the congenital webbing, syndactylism, also varies greatly in its extent. It may embrace the whole hand, which is then hardly more than a "flipper," or may be confined to very slight syndactylism, the ring and middle fingers being the ones which are often seen fastened together while all the rest of the hand is normally developed. The web may be very thin and wide, or the fingers may be closely pressed together, the palmar bones being even at times laterally fused, though such malformation is much rarer than the other. But there is another, much rarer, wherein the digits are not more than rudimentary, as it may happen, there being more or less than normal one, or it may extend out to the very tips of the fingers. Usually two distinct nales are present, but oftentimes there is complete fusion into a single one.

In the case before us we have present two of these varieties of webbing. The two thumbs are brought closely together, but you can easily both see and feel that they are separate, though there is a common skin-investment. The inner four fingers, however, are so united that they cannot relax, and all are contained in interdigital grooves, and it is only by feeling that we can determine the number of fingers. A very interesting feature in these cases of webbing is not observed than in cases of polydactylism, is their appearance generation after generation, their hereditary transmission. I have already told you that this child's father is similarly malformed; it is, I am sure, decidedly better not to remove any part from the extremity of the metacarpal bone, as the unnecessary and at first unsightly projection will in due time be absorbed. If the extra digit is free, and stands off from the rest of the hand, especially if it is laterally attached, either to the metacarpal bone or phalanx, it should certainly be taken away, and the earlier the removal is made the better. At the time of birth or soon after, such amputation is a very simple affair, it being generally necessary only to snip off the finger with a pair of scissors. Occasionally when the attachment is by a wide, thin web, made up of two layers of skin with a very little connective tissue interposed. And so it is; but experience has shown that such operation is almost always followed by readhesion of the divided surfaces, and consequent reproduction of the deformity. Hence it should never be made. If by a preliminary perforation of the base of the web and the insertion of a metallic thread or button, or piece of rubber cord, an opening with thoroughly cicatrized edges can be secured, then, as a secondary operation, the web may be divided and the edges of the cut prevented from coalescing. The continuous pressure of an elastic cord upon the distal end of the web has at times produced such equally rapid cicatrization as to effect a permanent cure. But the best operation by far, in cases of complete webbing, is that of Didot, of Liege, in which a flap is taken from the back or dorsal surface of one of the united fingers and the adjacent part of the web, and one from the palmar surface of the other finger and of the web; each flap, which includes one-half of the thickness of the web, being wrapped around the denuded surface of the finger to which it is attached. Of course, as the flap on one contracts a good deal of its thickness is brought into proper position, and not a little tension is made by the stitches; so that, unless primary union is secured recovery must take place in a slow and uncertain way.

When, as in the usual nial of this child's hands, several fingers are bound up in a common skin covering, without any apparent separation between them, can any operation be made with reasonable prospect of saving a fair looking and useful hand? I think not, unless the entire skeleton of a central finger is removed, leaving its soft parts in position in the covering in of the separated internal and external fingers; and in making such operation, especially upon a young subject, it should be borne in mind that the vitality of one of these deformed hands is feeble than normal, and that there is no little danger of the sloughing of considerable portions of the flaps. It is, in my judgment, the part of wisdom to delay all operative interference in the ordinary cases of webbed fingers until the patient is at least ten or a dozen years old, or better, until after the completion of growth is made. Here it is a double thumb or a double little finger in which the adherence exists, the supernumerary digit may be safely removed while the patient is as an infant.—Cincinnati Lancet and Clinic, Nov. 4, 1882.

The treatment of operation wounds. Abstract of a paper read before the American Academy of Medicine, Oct. 18, 1880.

By Henry Marcy, A.M., M.D., of New Haven.

The history of the last ten years shows, the world over, better results following wounds, owing to improved general care and sanitary hygiene, independent of the precise mode of local treatment. The opponents of antiseptic methods claim that this, rather than any local care, the result should be attributed. It is, however, generally conceded that the great danger to be encountered in wounds is that of sepsis, the presence of such condition, and that these conditions are in a large measure owing to changes of a putrefactive character. The question is often decided by the presence of vital organisms. All are familiar with the rapidity and safety of repair which follows in a properly adjusted simple fracture, and are alike conversant with the dangers arising, both to life and limb, in com-
in a paper upon Bacteria in Healthy Individuals, read before the American Association for the Advancement of Science, September 10th.

"The question is frequently asked, 'If bacteria are such terrible things, how is it possible that we can exist upon the earth, surrounded and exposed as we are?' It would seem, under the circumstances, that any one of us would be an end to all animal life, or rather there would never have been a beginning, if living animals had no greater resisting power than dead animal matters or the attacks of these parasites, which by numbers and rapid development make up for their minute size. On the other hand, but for the power of these little giants to produce dead animal matters, we should have dead bodies piled up on all sides of us, in as perfect a state of preservation as canned lobster or pickled tongue, and there being no return to the soil of the material composing these bodies, finally all vegetation would disappear and the surface of the earth would be a barren and desolate wilderness, covered only with the inanimate forms of successive generations of plants and animals."

In the ever-widening knowledge of our art, the relationship and inter-blending of medicine, surgery and surgery become more intimate. The rôle which germs play in disease and injury, to be a theory, and has become fact as assuredly demonstrated as any physical truth. Putrefaction and its processes evidently depend upon their development that it is generally admitted to be true, even by the opponents of antiseptic surgery. The absolute system of sustention to wounds is the question of primary importance. It has been claimed that the inflammatory exudates do not depend upon the presence or influence of germs, whatever is necessary to prevent putrefaction; but it is evident that they are met with in subcutaneous injuries; others as strongly maintain that septic agencies are primarily the sources of all the inflammatory and other troubles to which wounds are liable. There can be no doubt that the processes of putrefaction do very greatly in wounds subject to similar exposures. Reference was made to Mr. Tait's statement that it is only the introduction of germs into the system, through the medium of dead tissue, that causes serious consequences, and to Mr. Stokes's reply that dead and living tissues are equally liable to contact with such germs, which vessels are tied or twisted; also to the experiments of Mr. Lister, from which he demonstrated the fact that blood clots, and even blood serum, have a considerable influence. Dr. Marcy then discussed at considerable length the use of the carbolic acid spray. He concluded he did not care to abandon it, if at disposal, although he is aware that concomitantly with the perfecting of the spray there has been an improvement in other parts of our antiseptic treatment, and he considers the spray among the least important. Too often, the use of the spray has been mistaken for, and allowed to take the place of, the great scientific system of antiseptic surgery, and he would claim that a wound per se is benefited by carbolic acid or other medication; no student of Mr. Lister would for a moment question that a wound is other than irritated thereby and rendered less likely to quick repair; but that it is treated in this manner as the less of two evils, for thus we exclude the contamination of putrefactive agencies, and secure an aseptic wound, surgically clean in character, as nearly as possible like a subcutaneous injury.

Notwithstanding the earnest advocacy of careful antiseptic surgery by eminent German and English authorities at the International Medical Congress in London, in 1888, reports were written and published in many of the journals, giving the verdict that Listerism was dead, that antiseptic surgery had received its doom. Even those who disclaim against the method and wonder of rise of reputation and to sponges, instruments, and the wound itself. What a delightful contrast to much of the so-called antiseptic surgery, where, in a blind reliance on a fog and smoke, an atmosphere of infection, one clouded our prospects of patient's nose. The bloody water discharged over the patient, in bad surroundings, dirty parts be separated. Disinfection, close apposition, drainage, rest and protection, are the vital factors in modern operative wound treatment.

Dr. Marcy also reported a series of careful laboratory experiments, instituted by himself to test the value of the various germicides in use.

In 1869, Dr. Lister employed 'Platt's chlorides, eucalyptus, salicylic acid, chloride of zinc, permanganate of potash, benzoic and boracic acid were included. The first three were shown to be the most reliable.'

AN UNUSUAL CASE.

BY EDWARD G. COCHRAN, M.D.
(Case of 1885.)
Of Montgomery, Texas.

On the 25th of last September I was called to see a small child who was not in the best of health and was sent for in much haste, as she was reported to be dying. Before I could reach her residence (she lived three and a half miles from town) she had several convulsions, and when I arrived she was only partly conscious. She complained very much of a dull, heavy pain in her head, but especially in the frontal region, and across the bridge of the nose. Her temperature was 104° F., pulse rapid and weak. Upon examination of her throat, I found the tonsils much swollen. The patient had suffered with chronic nasal catarrh for a long time, with discharge of a bloody water. I concluded that it was an acute inflammation of the lining membrane of the nose and frontal sinuses, extending down into the pharynx. On my visit, next morning, the symptoms continued, with slight increase in the pulse rate, but not a corresponding rise of temperature. I also presented some symptoms of brain affection. On the 27th the symptoms were still more aggravated, the pulse running up to 140 or 150 beats per minute. There were a few small drops of the discharge from the nose more profuse, and of a very offensive odor. I ordered a wash of chloral hydrate to be injected up the nose, to destroy the offensive odor. I also administered a wash for this, from some fine cattie at home, I had obtained a quantity of screw worms, and I thought the peculiar disagreeable odor about them was not unlike that of the patient's nose. The bloody water discharge was also diagnostic of the presence of screw worms. Each of the following morning I was sent for, with the information that a screw worm had been blown from the patient's nose, which had probably been loosened by the injection up the nose of the chloral hydrate wash. Everything was now plain enough, and making the patient hang her head over the edge of the bed, with her face turned upward, I poured a mixture of hot sweet oil into each nostril. In a few moments the worms made their appearance, and continued coming out until they numbered about fifty. I then washed it and repeated the wash. I also ordered the patient a wash of boracic acid spray. I took the precaution to order a dose of sulphate of magnesia, in case a portion of the calomel might have found its way down the throat, through the posterior nares. Upon visiting my patient the next day I found her.
laughing and chatting, without fever or pain, the pulse normal, and only a little weakness remaining. I then dismissed the case, but have heard since that she was doing well. These screw worms are, I believe, peculiar to the sheep, and are only seen here in hot weather. They come from eggs deposited by a little gray fly upon any surface that has fresh blood upon it. They are very destructive to cattle, sheep, hogs, etc., causing death if not removed.Probably but few of the readers of the Record who live in the North ever heard of such a case.

Notes of Practice.

THREE CASES OF NASAL ALIMENTATION.

BY D. N. REILLY, A.M., M.D.

(Class of 1865.)

Of Alleghany City, Penna.

Case 1.—John McC., aged 28 years, of an anemic appearance, had, on Friday, September 19, 1879, a molar tooth of the lower jaw extracted by a dentist with considerable difficulty, the tooth being eight months old. At the time of her admission she was six months advanced in pregnancy. At her expected time she was delivered of a son; every thing progressed favorably; for eighteen months she was fed on the best food the prison could afford, in order that she might supply nourishment of good quality and sufficient quantity for the child. When the babe was eighteen months old, I deemed it proper to wean it, and from this time she was ordered to eat the regular prison food. From that day the interesting part of this case commenced; she positively declared that unless she was supplied with the same kind of food she had been having since her child was born, she would take none, and said she would starve herself to death. This, I told her, she could not do; she defied me; a quart of beef tea was soon in readiness, and with the help of four stout men—under my direction—I introduced it into her stomach by means of a stomach-pump. Her persistency in still refusing to drink or eat was so great, that I was going to introduce the tube for the third time, when I found she was unable to swallow it. I then concluded to pack the cavity with lint, saturated with an aperient and a laxative, and cut the tube through. The same gum tube that I was going to be used again, and in this supposed case I encouraged him), before he was aware of it, the gum tube had been passed through one of the nostrils and cesophagus, and a pint of beef tea introduced into the stomach. So persistent was he to destroy his life in this manner, that, that this procedure had to be repeated at least three times, until finally I concluded to be taken from the mouth and placed in the mouth of the bottle; to this a funnel was attached; after oiling the tube I introduced it into one of the nostrils and cesophagus, and the greater part of the tube was introduced into the stomach. It was only then that she found all her efforts at keeping her lips and teeth firmly, expecting that I was going to introduce the tube of the stomach-pump, as had been done previously. But finally, the tip of the soft gum tube, well oiled, was passed through one of the nostrils, and the greater part of a pint of milk was introduced through it into the stomach. It is proper to state here that positive directions were given the attendants in charge of the two last cases, to prevent them inducing vomiting by titrating the upper part of the cesophagus with the finger.

HYSTERIA IN THE MALE.

BY J. STEELE BAILEY, M.D.

(Class of 1872.)

Of Stanford, Ky.

It is a rare event that we meet with hysteria in man, and when it occurs we are told that overwork, anxiety and "great strain" upon the intellectual and moral faculties are the causes which induce it. Because of its rarity in the male, and the age of the patient, which conduces to its development, I am permitted to report, briefly, the following case. While the hysterical condition is the most profitable and safe means of diseases in the country, every one of the ill's that flesh is heir to, none are more difficult to contend with. In this instance, a perversion of physical health, an interference with the nutritive processes by a week's indulgence in alcoholic stimulants, eating but little during the time, seemed to be the root of the evil, but that which precipitated the attack was a curious lesion of the brain, from whom he had always gotten sympathy and attention; for as soon as pater-familias had ceased giving him the "metaphorical stomach-pump," his condition became as bad as ever, and the doctors in attendance upon him made an effort to use the stomach-pump, but with his strong teeth he crushed the gag and cut the tube through. The same gum tube and funnel that was used in Case No. 2 was utilized for this patient. Everything being in readiness, with four stout men to secure him (I presume, from the manner in which he held his lips and teeth, he supposed the stomach-pump was going to be used again, and in this supposed case I encouraged him), before he was aware of it, the gum tube had been passed through one of the nostrils and cesophagus, and a pint of beef tea introduced into the stomach. It is proper to state here that positive directions were given the attendants in charge of the two last cases, to prevent them inducing vomiting by titrating the upper part of the cesophagus with the finger.

(Archives of Laryngology, October, 1882.)
emotion that stimulate the nervous system to emotional acts."—Louisville Medical News, Oct. 20th, 1882.

A NEW METHOD OF EXPLORATION, WITH THE PATHOLOGY AND TREATMENT, OF CERTAIN LESIONS OF THE FEMALE URETHRA.

BY THOMAS ADDIS EMMET, M.D.
(Class of 1830),
Of New York City.

In a letter to the Western Medical Reporter for October, 1882, Dr. D. A. K. Steel describes a case in the practice of Dr. Emmet, the treatment of which was witnessed by him [Editors].

The patient (an inmate of the Woman's hospital) had suffered for several months with symptoms of vesical irritation, pain, tenesmus, frequent micturation, etc., which symptoms, on examination, were found to be due to a hypertrophied and dilated urethra, with surrounding cellularis. She was fully anaesthetized, and placed upon a table, on the left side, with the limbs well flexed. I think it was in this condition, the "temper-disease," was very manifest.

What were the determining influences in this case? The patient had hypertrophied nervous state, debility of the body, from lack of food, loss of sleep, worry, perpetual thirst for attention as they are agents which intensify all nervous diseases, predisposing the nervous system, and then I observed his nervous temperament. It was with discrimination, patience and "sweet words," to bolster him, that I cleared him of a couple of weeks. The hysterical condition, the "temper-disease," was very manifest.

The following day I saw him at 9 o'clock a.m. He was said to be quiet and better; a relative, going into the sick room with me, however, was enough to set him going again. I ordered everybody but one attendant away; the medicine was continued, and by 5 o'clock p.m. he was so far restored as to walk into the next room and get in bed with his wife, whose confinement had occurred a few days before. I had treated this gentleman in July, for intes- tinity and distress characteristic of the disease, and then I observed his nervous temperament. It was with discrimination, patience and "sweet words," to bolster him, that I cleared him of a couple of weeks. The hysterical condition, the "temper-disease," was very manifest.

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A series of well arranged compends on the various subjects taught in the medical schools will doubtless find a ready sale among those for whom they are intended. If the medical student will use them as reminders, and not as his sole reliance for a complete knowledge of the subject, they will be of much value. P. Blakiston, Son & Co.

THE COLLEGE AND CLINICAL RECORD. A MONTHLY MEDICAL JOURNAL, Conducted especially in the interest of the GRADUATES AND STUDENTS OF JEFFERSON MEDICAL COLLEGE.

RICHARD J. DUNGLISON, M.D., FRANK WOODBURY, M.D., Editors.

PHILADELPHIA, NOVEMBER 15, 1882.

SOME RECENT VIEWS ON THE PATHOLOGY OF TUBERCLE. With regard to the important question of the etiology of tuberculosis, the time has come for the profession to declare whether or not recent pathological experiments, or, more properly speaking, the results of artificially produced pathological conditions in animals, really accord with clinical experience of the disease in man. The extraordinary statements of Koch with regard to his success in detecting the microbe, which gives the name of bacillus tuberculosis, his experiments made to establish the specific character of this cryptogenic structure, and the chemical and microscopical tests for its recognition, are now generally known; they have been widely heralded to the remotest limits of the earth, and the medical journals, but also has been made the subject of leading articles in the great daily newspapers. Were it, indeed, all that it is claimed to be, we do not hesitate to affirm that the discovery of the cause of phthisis is fully deserving of such prominence; no more valuable gift could be given to mankind than the promise of escape from this dreadful scourge, which claims each year a sacrifice of, it may be true; if it fail to do so or is found to be opposed to them, it must be false. The following queries are suggested by the discussions that have been already had upon this topic: 1. Is consumption properly a contagious disease? 2. Is it due to a specific proximate cause? 3. Does the bacillus tuberculosis exist, and if so, what is its relation to phthisis? 4. What is the pathology of tuberculosis? The solution offered by clinical observation to these great problems is now prominently engaging the attention of the profession; that suggested by recent animal experiments has been already indicated.

Without attempting to consider these important questions with the thoroughness they deserve, we may be permitted to very briefly suggest a few points in connection with them:—

First. The opinion that consumption is contagious was held by Galen; and many of his successors believed it, so that it is not surprising that it has become established in popular opinion, particularly in some parts of Europe. Dr. Budd considered it as closely allied to the eruptive diseases, and as eminently contagious; Dr. Williams also concurred in this opinion; but, on the contrary, the experience of Sir Thomas Watson, of Fidoux and many others is opposed to such a view. Among recent writers we find few clinical authorities giving much support to the contagiousness of consumption. Dr. Burney Yeo* found, in 1553 cases (621 males, 434 females) that there were 18 widowers, and only two of these could be traced positively that they had lost their wives by consumption; on the other hand six of these had lost by consumption father, mother, brother or sister, giving a presumption in favor of heredity; out of 29 widows, five only were able to state positively that their husbands had died of consumption;...
six, however, had lost father, mother, brother, or sister, by phthisis. A paper by Hermann Weber, before the Clinical Society of London, shows that a wife who bears children to a consumptive husband, however, is more likely to contract consumption, than under ordinary circumstances.* Dr. Vincent Edwards shows that the relations between the parties are less close, and especially where the circumstances differ, the asserted contagiousness becomes decidedly less evident. "Of 59 resident medical assistants in the Brompton Hospital for Consumptives, who lived in the Hospital an average of six months each, only two are dead, and these not from phthisis. Three of the living are said to have phthisis. The chaplain and matron have each lived there over sixteen years. Very many nurses had been in residence for periods varying from months to several years, the head nurses sleeping in a room with fifty patients. Two head nurses only are known to have died, one from apoplexy; the other head nurse was here seven months, was unhappily married, and some time afterwards died, from phthisis. No under nurse has died from phthisis. All the physicians who have attended the in-and-out patients during the past seventeen years are living, except two, who did not die from phthisis."*

Clinical experience assuredly warrants the reply to the first query, that out of a very large number of individuals equally exposed to the asserted source of disease, the proximate cause of consumption, the most that can be said is, that in a certain few of the number only is the disease excited. If a special contagion exists it behaves differently from that of the ordinary zymotic diseases, and requires a peculiar susceptibility of the subject.

Second. Consumption may be not communicable and yet due to a specific proximate cause. Here we are compelled to distinguish between the many other forms of disease of the lung attended by wasting, and those cases in which tubercle really occurs, and confine the inquiry to the latter. Without dwelling upon this, however, it may be said, in brief, that to those who look upon consumption and tuberculosis as synonymous terms, the deposit of tubercle is the specific proximate cause of consumption; by others no such specific element is acknowledged. The question as to the nature of tubercle, whether due to a special bacillus or to a subjective systemic cause, will be further considered in what follows.

Third. That a microscopic parasitic growth may be detected in the sputa of phthisical patients by following the method of Ehrlich and others, has now been abundantly demonstrated; it is a bacillus, but whether it deserves the title of the bacillus of tuberculosis must remain undecided until more definite knowledge is obtained with regard to its relations to other microorganisms. It may turn out to be an ordinary bacillus, in a pathological condition caused by feeding upon phthisical pus. The conveyance of a disease similar to tuberculosis in the human being, by injecting fluids containing these bacilli into animals, may be explained on the supposition that they simply act as carriers of morbid material, as believed by Pasteur; or it may be true that they simply act in the peritoneal cavity, as local irritants, and this view receives corroboration from the fact that the introduction of innocuous substances, such as sand or glass, produces exactly the same result in certain animals. The relationship of the bacillus to tuberculosis, therefore, may be accidental, although not necessarily harmless, for the microphagic growth invades tissues already weakened by disease, and hastens their destruction. MacCormac insists that before the bacilli can find lodgment in the body, the person must be already tuberculous.

Fourth. The pathology of tubercle has been well considered in a paper read by Prof. Dr. Costa before the Pathological Society of Philadelphia, a short time ago. In brief, he regards caseous pneumonia, or pneumatic phthisis, as a tubercular pneumonia; he says "the inflammation is tubercular from the outset, or has acquired a tubercular nature by changes in the cell-life which we do not understand." He continues, almost prophetically, as it appears, "Perhaps these are connected with sluggish tissues—changes under the influence of a virus—a taint inborn or acquired by impure air and bad hygienic surroundings."* In what this peculiarity consists has been carefully studied by Dr. Forman, in a valuable paper recently read before the Pennsylvania County Medical Society, in which the whole subject of the etiology of phthisis is discussed, the views of Koch criticised, and the results of laborious microscopical and experimental labor given. He has found that certain animals, such as the rabbit and guinea-pig, in which tuberculosis is most readily engendered, are distinguished by possessing small lymph spaces, thus favoring the accumulation of cells; in other animals, such as the cat and dog, that are not readily rendered tuberculous, the lymph spaces are large; but even in these he found that confinement and starvation caused the lymph spaces to become smaller. In man, the same anatomical peculiarity may be inherited, or it may be acquired by poor food and depressing surroundings; syphilis and scrofula also favor its appearance in the offspring. This view, therefore, accords with and explains the vulnerability, or constitutional susceptibility to tubercle, which has been so well established by clinical experience, and is developed under similar circumstances, and offers a more plausible explanation of the facts than that which involves the presence of a specific germ. In accordance with this view, tuberculosis is simply the natural result of inflammation in a tuberculous subject, and may be caused by anything capable of giving rise to inflammation in special tissues and organs of the body.

The address of Dr. Sweringen, of Fort Wayne, delivered at the opening of the Medical College, contains much that is interesting as well as true, expressed in appropriate and forcible language. We regret that we have not room for a more extended abstract.

The Progress of a Good Work. The Illinois State Board of Health is doing much good practical work, in a persistent, systematic way, which speedily produces highly satisfactory results. Among other matters in hand it has recently issued an important circular, bearing upon the subject of the vaccination of school children. From this interesting paper, from the pen of the efficient Secretary, Dr. John H. Rauch, we learn that the School Vaccination Order of the State Board of Health has been compiled with a very gratifying extent. Its wisdom and utility have been demonstrated by the facts: 1. That among the thousands of cases of smallpox which have occurred in the State since the order was issued, not one is reported of a public scholar who had been properly or recently vaccinated. Several cases, however, with a large proportion of deaths, have occurred among scholars who had either not been vaccinated at all, or not since infancy. 2. That in no instance where the order was thoroughly enforced has it been necessary to close the public schools, even when smallpox existed in a community. On the other hand, schools have been broken up, and studies interrupted in a number of instances where, as shown by the returns in this office, the order had been neglected. Concerning the statement sometimes met with, of serious results from vaccination—loss of arms, and even death—the Secretary takes occasion to say that he has made it his personal duty to investigate every report of the kind which has come to his knowledge. The net result of such investigations is that not one such report has been substantiated. He has been wholly unable to find any evidence of a death caused by vaccination, in this State, or even of permanent injury or serious illness, due to the operation alone. He does know, however, of hundreds of deaths, aside from the suffering, the loss of sight and the disfigured faces among survivors, caused by the neglect of vaccination. There have been probably 2,000,000 persons vaccinated in the State of Illinois during the past eighteen months, and precisely in the ratio of such vaccinations in any given community is the assurance of freedom from interrup
of the public schools, and immunity from danger of outbreaks of smallpox during the coming winter.

An examination of the reports thus far received shows that more than two-thirds of the total school population of Illinois were protected against smallpox on the 1st of December, 1882. Of the two million vaccinations within the past eighteen months, over thirteen hundred thousand have been performed since the 1st of January, 1882, as the result mainly of this Vaccination Order, and of similar measures instituted by the State and local Boards of Health. Until these measures were fairly under way there was a steady increase of the smallpox; but coincidently with their successful operation came the decline of the disease, until now it is practically at an end in Illinois.

The Secretary states that it now remains to perfect and perpetuate the results thus far accomplished, and to this end—so far as the public schools are concerned—the following instructions are issued with reference to the School Vaccination Order. We mention them in this connection, that our readers may understand the nature of the machinery devised to accomplish the results achieved.

1. The Order is permanent and continuous. At the beginning of the school year teachers must satisfy themselves of the vaccinal status of each of their scholars. This will be done in the case of scholars who were in attendance during the last term, by an examination of the vaccinal record required to be kept by the teachers, or by an examination of the scholars' certificates. Scholars whose records are imperfect, as well as all new pupils, must present to the teacher certificates of proper vaccinal protection; or certificates that they are protected by previous attacks of smallpox or varioloid; or that they are insusceptible to vaccination; or that their physical condition is such as to make it imprudent to vaccinate at the present time. Proper vaccinal protection means a successful vaccination in a child not yet arrived at the age of puberty; or if beyond that age, a successful vaccination or re-vaccination, as the case may be, performed within the past two years (approximately).

The certificates above described must be signed in all cases by legally qualified physicians.

2. Certificates must be returned to the scholar after the teacher has made the entries necessary to fill out the vaccination return to the State Board of Health. It is recommended that each teacher be provided with a book—vaccination record—in which to keep a permanent record of the vaccinal history of the scholars.

3. Vaccination returns, accounting for every child whose name appears on the school schedule, must be forwarded to the Health office at the end of the second month of the school year. The name of the child only need be given on this return, provided all the data concerning it have been given on a previous return. In such cases the words previously reported must follow the child's name. If the child's record was imperfect on the previous return, all the data now on hand must be given, as well as all data pertaining to new pupils. Supplemental returns must be made at the end of each term, embracing all new pupils and the perfected records of those previously returned imperfectly.

THE FUTURE OF QUACKERY IN THE UNITED STATES.

When we find, as we already do, an unlicensed practitioner, or rather, one who has not the proper qualifications to secure a license, writing to the editor of a reputable medical journal, to obtain information as to a desirable region for his continuance in the practice of medicine, the prospect seems bright, indeed, for the future of the legitimate cultivation of medicine and surgery. The laws of medical practice vary widely in the different States of the Union, some of them being gauze to the most transparent film of tenuous restriction, others being absolutely proscriptive. The attempt to accomplish so radical a work of purgation by measures that are insufficientive will eventually be found a useless effort of legislation, although it may be accepted for the moment as an introductory measure in the right direction, with somewhat hopeful anticipations of forward steps being hereafter taken in the same path. It will be found, however, by the comparative experience of the results of such legislation in different States, that total eradication of quackery will be effected only by positive proscription, which in such cases must be intolerant, in the best sense of that unpopular word. The public health and the health of individuals must be paramount to all personal considerations, and only those who have the right to practice medicine should be allowed a foothold for that purpose in any State. Registration laws, and all legislative measures that allow a loophole for the entrance of uneducated and ignorant pretenders and practitioners, are but half-way measures, which must, sooner or later, make way for more stringent laws. When the triumph of the latter form of legislation in such States as West Virginia and Illinois will have become more generally appreciated, as they surely will be ere long, other States will follow their conspicuous example, and will contribute a like experience, and quackery will gradually be stamped out, with as much earnest intensity as it has hitherto been nursed by totally absent or absurdly weak and inefficient opposition.

A PLEA IN FAVOR OF PRELIMINARY EDUCATION.

The distinguished Professor of Anatomy in the University of Pennsylvania, in his recent Introductory Address at that Institution, on the occasion of the opening of the Winter session, unintentionally paid a tribute to the necessity of a sound preliminary education, while apparently slighting it. It seems to be well established that the training which the mind undergoes during a properly digested school education, preliminary to the study of medicine, is the very best form of preparation for after professional labor. In Germany, especially, the student must be thoroughly grounded in a classical education before he enters upon his medical studies. When, therefore, Professor Leidy stated, in the address referred to, that "literary doctors might have a knowledge of classics and dead languages, and be able to pelt opponents with Latin names, but for practical use, French and German are vastly more effective," and that "three-fourths of the scientific investigations of the world take place in France and Germany," he probably forgot, for the moment, that the preeminence of these countries, in this respect, and particularly that of Germany, has been due to the very complete preliminary education, including a knowledge of Latin and Greek, which is considered an absolute requisite to all intending medical students. "Literary doctors," as he calls them, are themselves the results of this system, and through their valuable professional work, based on such secure foundations, the scientific investigations which the lecturer held up as an exemplar were made possible. Without such a solid preliminary classical education, much less in this direction would undoubtedly have been accomplished. Judge Biddle, who gave the opening address of the Law Course, in the afternoon of the same day at this Institution, was rather more decided in the expression of his views in favor of preliminary education, when he stated that "study is the condition of success; self-made men succeed in spite of, not in consequence of, their lack of education."

Selections.

IS MEDICINE A SCIENCE? Extracts from an Address Delivered at the Opening of the Seventh Session of the Medical College of Fort Wayne, Oct. 9, 1882.

BY H. V. SWERIEN, M.D.

Art generally precedes science; particularly has this been the case in our profession; but art would remain the merest empiricism did it not avail itself of all the light which science can throw upon its objects. In the dawn of our history as a profession, an empirical practice which has barely yet disappeared, was the only one possible, but as our medical knowledge evolves and increases, the field of study expands, but our methods of study become easier. In the science of the profession you have chosen, the subjects of investigation consist more particularly in the influence which outward objects have to produce changes in living bodies, which are concerned with the disturbance of their healthy functions, or with the restoration of these functions when deranged by disease. The art of the physician is appreciated by the success which attends
his efforts in determining how best to avail himself of the knowledge thus obtained in combating which he wishes to prevent, or in promoting those which he wishes to restore to their ordinary condition in health.

If it be a fact, that opium will allay pain and inflammation, contract the pupil and promote the healing of wounds, that an alkali neutralizes an acid; that quinine interrupts malarial fevers; that the nitrate of silver; that an alkali neutralizes an acid; that quinine interrupts malarial fevers; that the nitrate of silver; that an alkali neutralizes an acid; that quinine interrupts malarial fevers; that the nitrate of silver; that an alkali neutralizes an acid; that quinine interrupts malarial fevers; that the nitrate of silver; that an alkali neutralizes an acid; that quinine interrupts malarial fevers; that the nitrate of silver; that an alkali neutralizes an acid; that quinine interrupts malarial fevers; that the nitrate of silver ...

The facts of the science of medicine which have already been established, and which are gradually accumulating, are of themselves full of interest, and many of them of the highest practical importance. The speculative reasoning of men, not worthy of equal confidence, but very much of it will be found rational and satisfactory, and will continue to be held in high esteem until some better solution shall be given to the problems which medical records have left unexplained.

As physicians, we see complex results only, but cannot trace all the conditions necessary to produce them. Therefore, accurate influences can be deduced only by slow degrees; consequently it is in many instances difficult to estimate the true relation of a medicinal agent to which we have been gradually applied. The multiplicity of disturbing causes with which the physician has to deal constitute other sources of uncertainty. In no case is patience and perseverance, our only guide, and yet nowhere is an immediate practical decision more requisite than in the treatment of disease. The temptation to form a premature judgment is, therefore, very considerable; and experience shows how difficult it is to correct a habit of this kind, when once the apparent complexity or impossibility of the phenomena upon which we are called to judge, is for the most part extremely difficult to demonstrate that any given conclusion is inaccurate or incomplete. Inattention to this fact has no solid foundation. But because of these varied and humiliating difficulties, these apparently insuperable obstacles of which we are all aware and which we keenly feel, must we listen to the monotonous song of our pessimistic brethren, until it transforms us into drones in the hive of medicine. Do they prove that medicine is not a science? The mind of man is as perishable as that of animals controls the heart; that sulphur cures the itch; that the surgeon's knife is wielded intelligently by reason of a correct knowledge of anatomical and pathological facts; if these and many hundreds more which might be furnished from the various branches which constitute the science of medicine, are facts, they constitute a group which we denominate medicine, and which is as much entitled to a scientific appellation as any other group of facts.

Our dyspeptic brethren and hysterical editors fail to make any distinction between the science of medicine and the practice of medicine. The practice of medicine may be largely employed for the service of the people, but the science of medicine must be founded upon some knowledge of the modus operandi of medicines. The facts of the science of medicine which has to do with the breaking up of disease and which acts gradually accumulating, are of themselves full of interest, and many of them of the highest practical importance. The speculative reasoning of men, not worthy of equal confidence, but very much of it will be found rational and satisfactory, and will continue to be held in high esteem until some better solution shall be given to the problems which medical records have left unexplained.

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of the kind ever used in America, and brought from Europe by the elder Pancoast. Upon dissection the monstrosity was found provided with heart and gastro-alimentary tract, as well as the organs already referred to. The case attracted considerable attention abroad, and at the request of the eminent English surgeon, Sir James Paget, a cast of the detached mass and a photograph of the child before the operation were furnished to the museum of St. Bartholomew's Hospital, London. Dr. Pancoast exhibited a copy of the daguerreotype sent to Sir James Paget, and said he would have a photograph of the young man taken after the inter-val which has now elapsed, and which testifies to the wisdom and success of the operation.

A RARE SURGICAL OPERATION.—An unusual and interesting operation was recently performed in the public eye clinic in the amphitheatre, of Jefferson College Hospital. The operation was performed by Dr. W. S. Little, chief of the eye clinic, and will no doubt have a successful result. It consisted in transplanting the conjunctiva of a rabbit, and the lids, to a young man of twenty-eight years old, just over from the old country a few months, a strong, well-formed, healthy fellow, but as helpless as a child, in his blindness. Shortly after coming over he secured employment in a large chemical works, and while handling strong sulphuric acid the burning him terribly and suddenly and completely blinding him. The right eye was the first to the patient himself, nearly a quarter of a century later. An interesting feature of the operation is its having been performed with the scissors, then a new instrument, and the first eye of the unconscious rabbit. The part, still warm and bleeding, was rapidly transferred to the under surface of the man's eyelid and neatly stitched to its place. He was then removed to the ward up stairs, and it was hoped that in a few days the wound would be entirely healed. That much being accomplished, and the eye not differing in any respect to one that will most likely restore to the man the invaluable blessing of sight. The rabbit, however, will soon have a completely closed left eye, which will not be regretted, even by the most ardent followers of Bergh, if the unfortunate patient is benefited.

Training Schools for Nurses.—At the Annual Meeting of the Washington Training School for Nurses, recently held, the President, Dr. J. M. Toner (Class of 1853), delivered an excellent address, in which, among numerous interesting matters, he referred to the office of the trained nurse as one which was "as honorable and praiseworthy as any open to woman, and more certain than most other avocations, of pecuniary reward and reputation. Their sphere of duty, with its high responsibilities, demands the nurse be ranked as a profession, and affords scope for the noblest ambitions of the truly good. No duty to the sick performed by the nurse is menial or servile. To relieve the afflicted and administer comfort to the sick and dying is, and ever must be, a high and holy office. It is a recognized fact that trained nurses are now in demand in all parts of the United States and Canada, and in the future, as their value becomes better known. This humane movement will not be satisfied until the asylum and prison, and the city and country poor house, as well as the public and private institutions where the sick are found, be provided with trained nurses. It was not an over estimate to suppose that from three to five hundred women suited to the calling and trained to the duties of the nurse would within a few years find employment as nurses in private families and the public institutions within the District. From various causes there are a greater proportion of educated and cultivated young ladies to the total population in this city than in almost any other in the country, and it is probable that numbers of them may be induced to enter the field in which Florence Nightingale won imperishable honors."
Dr. G. R. J. Crawford (Class of 1879) has been appointed Assistant Surgeon to the General Public Hospital, St. John, New Brunswick, Canada.

Dr. Samuel O. L. Potter (Class of 1882) has been appointed an Acting Assistant Surgeon, U. S. Army, and stationed at Fort Bridger, Wyoming Territory, temporarily.

Dr. G. W. Burke (Class of 1886) is Secretary of the County Board of Health, Henry county, Indiana.

Dr. William Dinwoodie (Class of 1877) has recently removed to 537 Broadway, St. Paul, Minnesota.

Dr. Geo. W. Dreher (Class of 1873), formerly of Bloomsburg, Pennsylvania, is now at Bloomfield, Passaic county, New Jersey.

Dr. James Culbertson (Class of 1852) has been transferred to the Chair of Pathology and Clinical Medicine, in the University of Louisville, and Dr. Roberts has been promoted to the Chair vacated by the death of Professor R. O. Cowling (Class of 1867).

Marriages.

AULDE—MCLHENNY—At Brudades, Philadelphia, September 29, 1882, by Friends' ceremony, John Aulde, Jr., M.D. (Class of 1882), and Emmie McLhenney.

BALLARD—BRUMFIELD—In Gibson county, Ind., October 10, 1882, John Ballard, M.D. (Class of 1886), of Hauibstadt, Ind., and Sarah E., daughter of James Brumfield, Esq.

DRAKE—AVERILL—At St. Paul, Minnesota, October 13, 1882, John W. Drake, M.D. (Class of 1875), and Nellie, daughter of John T. Averill.

HARMAN—SMUCKER—At Mill Creek, Huntingdon county, Pa., October 25, 1882, G. G. Harman, M.D. (Class of 1880), and Eva M. Smucker.

HAYES—ELOTT—At Newville, Pa., September 12, 1882, Robert M. Hayes, M.D. (Class of 1874), and Annie Elliot.

LONGENECKER—MATHIOT—At Smithfield, Pa., October 15, 1882, William A. Longenecker, M.D. (Class of 1876), and Ada F., daughter of H. B. Mathiot, M.D. (Class of 1859).

PITTS—STROTHE—At Waco, Texas, October 26, 1882, Frank M. Pitts, Jr., M.D. (Class of 1881), and Maggie Ray, daughter of J. T. Strother.

POWELL—SHUMAN—At Columbia, Pa., October 11, 1882, William R. Powell, M.D. (Class of 1877), and Mary Shuman, of Columbia.

Deaths.

ANDERSON—At Kingston, New York, September 30, 1882, William Anderson, M.D. (Class of 1839), of Staten Island.

McDONALD—At Pittsburgh, Pa., October 17, 1882, Nebbit McDonald, M.D. (Class of 1850), aged 61 years.

YOUNG—At Galveston, Texas, August 3, 1882, George Kemper Young, M.D. (Class of 1858), in the 40th year of his age.

A CASE OF ACUTE WEAVER'S PHTHISIS SIMULATING TYPHOID FEVER.

Gentlemen:—I will this morning first bring before you a case showing peculiarities both in diagnosis and in treatment. His name is Thomas F., 22 years of age, a weaver by occupation. He has not a very good family history. His father died with cancer; his mother from an accident; he has a number of brothers and sisters, but there is no consumption among them, so far as he is aware. There is this about his record, however, that is of importance: he makes the statement that he has been working in a mill for eight years, and in the weaving room for three years, therefore leading a very confining life. He says, however, that he was always strong and vigorous until last spring, when he was working very hard, and working at night; then, one morning, without previous warning, he noticed that he spat a little blood. He did not feel badly, he did not run back the blood, but, in truth, was not obliged to give up his work. So that we have here a history of pulmonary hemorrhage arising primarily and without any attendant symptoms. Subsequently, without there being much impairment of his general health, he noticed that he began to annoy a constant dry cough, particularly at night, which was constant and symmetrical, without there being much impairment of his general health, he noticed that he began to be annoyed by a costate cough, particularly at night, which was constant and symmetrical, without there being much impairment of his general health, he noticed that he began to be annoyed by a constant dry cough, particularly at night, which was constant and symmetrical, without there being much impairment of his general health, he noticed that he began to be annoyed by a constant dry cough, particularly at night, which was constant and symmetrical, without there being much impairment of his general health, he noticed that he began to be annoyed by a constant dry cough, particularly at night, which was constant and symmetrical, without there being much impairment of his general health.

Since that time there has been blood expectorated on several occasions. Night sweats came on during this last week, not before. He had lost flesh rapidly, had irregular chilly feelings, flushed cheeks, and, on admission (November 13th), was found to have a temperature of 102.5° in the axilla.

Let me read some further notes bearing upon this question of his condition on entering the ward. It was noted that the urine was clear and of specific gravity 1.030, without a particle of blood. Perhaps this statement may mislead you as to the quantity; that it was a sudden large loss of blood. This was not so, however, but morning, noon and night he was spitting constantly small amounts, so that in the course of the day he really lost considerable blood, but there were no sudden or severe hemorrhages.

By physical examination I detected loss of resonance at the upper part of the chest on the left side, a weaver's cough, and back, with feeble breathing and some stridulous râles. Under the right clavicle there was harsh respiration, without marked dullness. Just at the angle of the scapula I found limited dullness, with coarser râles. The sweating which had been mentioned was considerable, especially at night. Now, gentlemen, in the further progress of the case since coming here, we have had, as you can see from the temperature sheet, an intermittent fever; a fever temperature showing very great differences between morning and evening. At one time it rose up to 103½°, at another time it was down to 98°. There is a very decided evening rise, and a marked morning remission, so that at first sight the case might be supposed to be malarial. The pulse has been variable, from 150 to 96; it is a weak and excitable pulse. There has been some cough, with mucous expectation when he did not expectorate. It continued for four or five days after admission. With reference to the treatment of this bleeding he was kept quiet in bed, on a very plain, unirritating diet. We tried for a number of days with dilute sulphuric acid, but without marked effect. Ergot was then substituted; it had some effect, but it did not entirely stop the spitting. We then resorted to these remedies and gave him thirty grams of gallic acid every two hours, which proved sufficient to arrest the hemorrhage, so that, in this case, the constancy of the symptoms was the deciding fact. I had ordered it to be increased if necessary —was successful in stopping bleeding which resisted sulphuric acid and ergot.

I will now examine him and then make some remarks upon the case and what the disease is. You see a man greatly emaciated, with a face flushed; especially it is seen on the right cheek. The temperature is constantly above the normal, 101° this morning; it was the same last night. The pulse as counted this morning was 120. I need not say anything further about the spitting of blood. The temperature and fever are constant, the temperature since admission being always high, but with a long evening remission. His tongue is dry, cracked and red. If you did not know the character of this case you might easily take this for the tongue of typhoid fever.
meet with in typhoid fever—a dry, cracked, glazed tongue. The bowels are rather loose, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is nearly extinct. This has been so only for a few days, though only one movement a day. His voice is extremely weak; this morning it is virtually like that of typhoid fever; and if you wish for any effect in these cases you must give digitalis in decided doses. Quinine too often gives the twelfth or tenth or twentieth. It is a matter of fact that we can, however, accomplish this by getting him to turn over on his left and then upon his right side. Here we find, at the middle and lower parts of the heart, a very much dulled, and as it were, already indicated in previous notes, and here, too, we find the same crackling, and, indeed, here and there a fine friction sound mixed up with it, which I mentioned, especially when the patient is not getting too much. Now as regards the belladonna. The only objection to this remedy is that it produces such dryness of the throat. I admit, but the reason for giving belladonna and atropia in these cases, as you know them, for their effect upon the respiratory organs, and the heart and circulation, and especially upon the skin. You see why I prefer to give up the opium; opium tends to dry up the skin and the secretions, and, therefore, I only give it occasionally, to relieve symptoms.

Gentlemen, it stands to reason that in our treatment we must keep up nutrition, which is so rapidly failing; we, therefore, give him, without pause, a grain or two of quinine, digitalis and opium, a modified form of Niemeyer's pills. We will now leave the opium and give each belladonna (gr. M), quinine (gr. 1/5), and digitalis (gr. J) four times a day. If he coughs much at night he may have bi-mecanone of morphia. Let us stop for a moment and analyze our treatment, quinine, digitalis in decided doses, and belladonna. Quinine is valuable in these cases, because it tends to keep in check a respiratory fever; the far-famed Niemeyer's pill, as you know, has much in it which is of great service, but it alloys nervousness, quiet irritability, and lessens the tendency to periodicity; moreover, it acts as a general tonic.

Examining the heart we find it acting rapidly, with the cartilage of the third rib; but there is no evidence of valvular disease. The patient is not getting too much. Now as regards the belladonna. The only objection to this remedy is that it produces such dryness of the throat. I admit, but the reason for giving belladonna and atropia in these cases, as you know them, for their effect upon the respiratory organs, and the heart and circulation, and especially upon the skin. You see why I prefer to give up the opium; opium tends to dry up the skin and the secretions, and, therefore, I only give it occasionally, to relieve symptoms.

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stipated; digestion good; there was no albumen in the urine. He
came in with complete especially since he has been here, except a
dizziness in the head, as if seared by a hot iron. The
paroxysm of motion has steadily improved, and
the tendon reflex is noticed to be well pre-
erved on the paralyzed side. As to his other
symptoms, there was a well marked macku-
lated sphyphilitic eruption upon the lower part
of his body and extremities, which is still
visible.
I will now examine him before you. His
eye is now good, he can see very well,
half vision has passed away entirely; he
says that it only lasted for a day or two, while
he had dizziness in the head. The dizziness
either fundus; in the left eye there are evi-
dences of old iritis and permanent adhesion of
contracted than dilated. He has no trouble
in hearing. He sleeps well at night. There
well with the right; with the aid of a cane he
in the arm or leg. There is no cardiac
transverse dullness, and the impulse, though a
edly taken, has been normal. His pulse shows
nothing peculiar; it is this morning, even
at the wrist is stronger and beats with more
haps, if there be any difference, the left artery
accurate. It was cerebral disease, though
where is it from? There is no disease of the
embolism, for a clot could not be washed into
the brain if there was no place for it to form.
readily conclude that this was a case of multi-
current into the middle cerebral artery supplY-
ing the ground because there is no disease of the
heart; no clot to wash. Gentlemen, this Is
one of those very interesting and compara-
tive cases for your consideration the man
results of our physical examination. Having
for apoplexy once to occur of such a character
at the pump. Atropia was injected hypo-
The prognosis is favorable. He will get
well. The prognosis is much better than
where there is extravasation of blood in an
ordinary apoplectic attack, because the circu-
ation is usually restored and the patient re-
covers. He was on the ground that placed only
light but nourishing diet, without stimulants,
and was directed to keep quiet in bed, and
not to make a noise, so that the nourishment of the brain might be kept up.
and that no strain might be put upon it, for
the vessels might readily rupture in this con-
diction. We endeavor to restore general cerebral ful-
ness by prohibiting stimulating food; by
so, of course, we insist upon bodily rest. He
shall take laxatives from time to time, in order
to keep his bowels open, which will aid in
preventing cerebral. We will con-
tinue the treatment of the syphilis by iodide
of potassium in decided doses, twenty grains
three daily, to be gradually increased. Of
course, electricity will be used to keep up the
nutrition of the paralyzed muscles. Paralysis
with weak currents, and in a few days alternat
ing with the continuous, will aid re-
cover, but the main point is the treatment of
the syphilitic endarteritis and the absorption of the plug. In the meantime we will care-
fully maintain the supply of healthy blood, to
remedy the impaired nutrition of the brain
which these changes are so apt to induce.

Original Communications.

AN INTERESTING CASE OF LAUDA-
NUM POISONING.

GERMAN HOSPITAL—SERVICE OF DR. FRANK WOOD-
BURY.

Reported by Dr. A. B. Rives, Resident Physician.

(Class of 86.)

As serving to illustrate the fact that chemi-
cal and so-called physiological antidotes may
not always successfully combat the lethal effect
of opium or its preparations, and to emphasize the
importance of the use of mechanical and mechani-
cal measures, and especially physical exercise,
in the treatment of opium narcosis the fol-
lowing case is communicated.

F. B., American, laborer, aged 30, was
brought to the German Hospital by the police,
about 9 o'clock on Saturday night, August 26th,
with the report that, while intoxicated, he had
purchased two ounces of laudanum and drank
the potion early in the evening, then, having
barely time to cross the street to tell the first
person he met of his new remorseful deed, he
fell to the ground perfectly helpless and uncon-
scious. You have seen this case of disease, and heard

the importance of physiological and mechani-

Recurrence is usually prevented by the

transverse dullness, and the impulse, though a
dulled, and the atrial beats are more
The most common cause of the diseased
vessels is syphilis, which is just what we have
here. The explanation is that the vessels
become occluded, the inner coat becomes
roughened, and forms a nucleus upon which
clotting takes place and plugs the artery. Clots
may also form in the venous system, in much
the same manner as the syphilitic. Now, gentlemen, there is a
clinical peculiarity about these cases of arterial
thrombosis, as distinguished from cerebral
apoplexy, just as in some cases of embolism;
they usually are atheromatous; the symptoms rap-
idly passing away. Was it not, in the case here?
The right side got well in a few days; the left
side is now getting better. This is a clinical
characteristic, sludging, either by clots
formed in the vessels or washed from
the heart. Another point is the fact that con-
sciousness was not lost; a very strong point.
In cases of cerebral thrombosis and embol-
is the consciousness is preserved. Therefore,
in cases of cerebral paralysis, in which we pos-
sess the information that the mind remains
unaffected, it is in favor of plugging of vessels
by clots formed in them, and not washed into
them from the heart. You might suppose it possible
that the consciousness was not lost; a very strong point.
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that the consciousness was not lost; a very strong point.
ing the negative effect, so far as the lungs were concerned, of the atropia administered. The heart’s action, on the contrary, was most rapid, contracted to a pin-point and altogether uninfluenced by light. Finally, his breath gave no indication of the poison ingested, but had a marked alcoholic odor.

The tube having been inserted, his stomach was twice filled with simple water and washed out, the contents of the first basinful being colored a grayish-brown and its odor clearly indicative of laudanum, while the second was almost clear, showing all remaining detritus to have been removed.

Hypodermically, 30 grains of atropia sulphate was injected as soon as the man was placed upon the table, which dose, for want of effect, was repeated at 10, 10.30 and 10.50, when the left pupil finally was noticed to slowly expand, being all this while under observation of nurses, until, on the morrow, symptoms indicated a move to a room in the Dispensary. The dispensary room, the hot, ten feet away showing its mark wherever its stream soured the now repellant, would be suicide. of some pain in the left foot. Examinatio revealed partial extensor paralysis of the leg.

Note by the Attending Physician.—When the case was first seen by me it was in the morning after the experience so graphically reported by Dr. Hirsch. The patient at this time was conscious and rational, but sleepy; some bronchial rales existed in the chest, but no marked toxic agent, which, in the reporter’s opinion, saved this man’s life.

PHARMACOPEIAL CHANGES.

The much heralded and anxiously expected new United States Pharmacopoeia finally made its appearance some four weeks ago, and by this time is in the hands of those interested in it throughout the land.

For the first time, in our national standard, are given concise yet explicit descriptions of crude vegetable and animal drugs. This is a very valuable feature, and will be much appreciated by students in pharmacy and medicine. The division of the old Pharmacopoeia into a primary and a secondary list of drugs, and into preparations, has very properly been abandoned, and an alphabetical arrangement adopted instead; this will greatly facilitate the hurried reference, thus saving considerable time.

The articles dismissed number about 230, and, with but very few exceptions, deserved to be. Ceratum Resine Compositum (Deshler’s salve), Liquor Morphim Sulphatis, Infusum Rose Compositum, may be mentioned as exceptions. Those introduced amount to about 250, and include some that could have been left out with little inconvenience; Calendula and its Tincture, the entire class of so-called extracts, Bryony, Hydrate of Aluminum, Pulsatilla, etc., are among them. But it then could not be reasonably expected that the book would meet the views of every individual who wishes to partake of this immense country.

The principal feature introduced, however, consists in the adoption of parts by weight in the preparation of fluid extracts in lieu of definite quantities (except in the case of fluid extracts), as formerly directed by all previous Pharmacopoeias; this was probably due to the influence of Dr. Berke, of the United States Pharmacopoeia committee. It was recommended at the last decennial revision, of the metric system of weights and measures in its entirety; this innovation seems to be unsat-
IODOFORM IN GONORRHEAL OPHTHALMIA.

BY P. D. KESERU, M.D.

Of Philadelphia.

In the April number, Vol. 1, 1882, of the *Opthalmic Review*, Dr. Karl Grossman calls the attention of the profession to the use of iodoform in ophthalmic practice; especially in purulent and gonorrhoeal conjunctivitis. He gives the minute history of a case successfully treated, and says, "That even those cases in which infection has taken place and is already developed to its full height may be checked by it." This was followed, in the May number of the same journal, by the report of a case of gonorrhoeal ophthalmia rapidly cured in the same manner. 

Again, Dr. Grossman, in the June number, notices Dr. Lange's paper in the *St. Petersburg Medical Journal* on "The Use of Iodoform in Purulent Conjunctivitis," in which there was a decided success in decreasing the secretion in three days, but its use was desisted from, on account of a plentiful and rapid development of villous granulations, which set in under its use.

Although the above proportions vary much in percentage, the dosage will hardly be affected in administering the medicine. The English and Latin names of the organic alkaloids should be tampered with; much confusion has been caused by the frequency of changes of these names in English and Latin. It will be noticed that quinin, pilocarpia and cinchonidia are as correct, and sound as ephorpin, as quinin, pilocarpia and cinchonidia.

It is to be regretted that the English and Latin names of the organic alkaloids should have been tampered with; much confusion has been caused by the frequency of changes of these names in English and Latin. It will be noticed that quinin, pilocarpia and cinchonidia are as correct, and sound as ephorpin, as quinin, pilocarpia and cinchonidia.

THE CASE OF TRANSPLANTED RABBIT'S CONJUNCTIVA.

In response to a request to inform you how the case of transplantation of the rabbit's conjunctiva to that of the man has prospered, I am happy to state that the operation continued, and I am now able to uncover the cornea and allow free movement of the eyeball. I have since then adopted another procedure, combining the use of chloroform on the upper lid, and cutting out a portion of the conjunctiva to that of the man has prospered, I am happy to state that the operation continued, and I am now able to uncover the cornea and allow free movement of the eyeball. I have since then adopted another procedure, combining the use of chloroform on the upper lid, and cutting out a portion of the conjunctiva.
THE VALUE OF VACCINATION, AS ILLUSTRATED BY A RECORD OF TWO THOUSAND CASES.

BY E. A. MUNDOFF, M.D.,
Of Pittsburgh, Pa.

Notes of Practice.

The Board of Health, are situated extensive ranges of tenement houses occupied by mill-men and their families, dwelling together in a crowded state, and by virtue of that state deprived of such natural sources of protection against contagion as pure air, personal cleanliness, and purified surroundings. The general inference of medical men at all familiar with the sanitary condition of these rows was decisive, one point, that they lay dangerously open to the invasion of the disease, if the expected epidemic got fairly under way. Some time afterward the fears expressed about these rows came verified, for the smallpox broke out in them in an alarming manner. Vaccination, as a preventive means, was then enforced on all individuals hailing from various infected districts. Upon inspection it was found that twenty-one cases were without satisfactory signs of non-susceptibility. Upon completion of the work most striking and instructive was the result; the health officer of the district did not find occasion to hang up, afterward, a single smallpox symbol over the doors of the people thus protected. Twelve months after this date three cases of smallpox occurred, one of the minor blocks of buildings that belonged to the general group, but investigation proved that none of these three cases had been previously vaccinated. One of the writers, while investigating this subject, afforded a curious illustration of the possibility of secondary and fatal smallpox.

Five hundred individuals, hailing from various infected neighborhoods, were taken, without special regard to age, sex, previous or present condition of health, and vaccinated successfully, with four well-defined marks each, and then set apart for careful study and observation. They were represented, as a body, the needy and humble classes of our city population, which embraces, during most prosperous periods, an undue portion of the ill-clad, ill-sheltered and ill-cared for. It is to the writer’s purpose to state here that this number of persons presented itself as a case of vaccination upon his office, under impression of imminent danger from the increasing cases of disease springing up in their midst.

Four marks were made on each person, in order that light might be cast on the agitated question of sequelae, and that the specific value of multiple vaccination might be determined. Every man, woman and child belonging to this group of successful vaccination, after the method just indicated, passed through the epidemiologic safely.

One hundred and six persons whose vaccination fell short of attaining the necessary degree of excellence, failing outright after repeated trials, failure due in part to defectively prepared quills, were kept under observation at the same time. Of this number twenty-one were assailed with smallpox, and five of the number perished.

During the same period another group, composed of twelve hundred individuals, coming as did the former two bodies, from around and about centres of infection, were put successfully under the conserving process, multiple vaccination, as a rule, being adopted, and also kept under careful personal inspection. Like the number before referred to, they represented, largely, the indigent classes of society, caring little for the predisposing causes of epidemics and the observance of sanitary precautions against them, and much about their penalties when once they fell. About the tenth of the group pertaining to this group were engaged, after vaccination, in attending to their kindred lying prostrate with the malady at home; others again, trusting to the efficacy of their vaccination marks, faced fearlessly seeming danger, by visiting, daily, sick friends abroad. Yet, strange to relate, every person belonging to this great group escaping it.

Strong as the evidence thus revealed by these separate sets of numbers in favor of vaccination is, stronger still is the evidence revealed by the entire body of the two groups under the writer, while investigating this subject, afforded a curious illustration of the possibility of secondary and fatal smallpox.

A certain author once wrote: "Happily, since the introduction of vaccination, the value of which I have already attempted to demonstrate to those whose ignorance and carelessness formerly, when it led but too frequently to complete destruction of the sight." During the recent prevalence of smallpox, a case of accute inflammation of the eyelid, in a child, came under my observation and treatment, which, in point of violence of inflammation and destruction of the tissues involved, would equal the smallpox pustule, the bad results of which the above mentioned author so graphically describes.

VACCINATION OF THE EYELID.

BY A. W. CALHOUN, M.D.,
Of Atlanta, Ga.,
Professor of Eye, Ear and Throat Diseases in Atlanta Medical College.

A certain patient came under my observation and treat ment, which, in point of violence of inflammation, and destruction of the tissues involved, would equal the smallpox pustule, the bad results of which the above mentioned author so graphically describes.

The father of the child is a prominent and intelligent physician, doing a large practice in New Orleans, and the following history, written by himself, will better describe the case, from the beginning of the disease up to the time it came into my keeping, than I could myself.

The child, when I first saw it, was suffering from a marked inflammation of one eye, which, on the margin of the left upper cilia, the upper lid is lacerated, and has been fearlessly seeming danger, by visiting, daily, sick friends abroad. Yet, strange to relate, every person belonging to this great group escaping it.

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The father of the child is a prominent and intelligent physician, doing a large practice in New Orleans, and the following history, written by himself, will better describe the case, from the beginning of the disease up to the time it came into my keeping, than I could myself. I should state that the patient is a healthy, robust, three-year-old boy. The letter is as follows:

"Early in the month of May I vaccinated this little girl with a scar from a healthy child, I did not vaccinate him, as he was delicate, and there was no pressing necessity of doing so. About the middle of the month what was supposed to be a pimple was observed on the lower lid of the little fellow’s left eye, and there was some photophobia and weeping of the eye. The swelling and other symptoms increased, and it was necessary to administer to the eye trouble. I immediately telegraphed you, and sought advice as to how the case should be treated. Never having come across such a case before in my experience or reading, I thought it possible that an effort might be made to abort the pustule, and thereby limit its destructive tendency. The next night you saw him, and gave me the benefit of your great kindness and skill.

The question arises: How did he come in contact with vaccine virus? Certainly, there was none about the house within his reach, and he must have been inoculated by himself, with his face and his sister’s arm, or lymph may have exuded from her arm on the pillow, and in that way have come in contact with his eye, and the nurse stoutly denies that she used the same towel for both children.

The patient’s present state is perfectly clear and strong, but the lids are still somewhat red and inflamed. The lower lid is intact, with the exception of the loss of half the cicia. The upper lid is lacerated, and has suffered loss of cicia besides the destruction of half of the cicia. There will certainly be some permanent deformity, but time, I am confident, will rectify it to a considerable extent."

The child was seen immediately upon his arrival, and found in great pain, almost in convulsions. The upper cicia were lacerated, and extending to the mucous lining of the lids, was a well-developed vaccine pustule; a second cicia was torn and under the left ear, a cicia on the edge of the left nostril. The lids and all the surrounding
parts were intensely swollen, and as hard and inammoable as it is possible for a lid to become. The secretions were of a muco-purulent character, but not very profuse. Appreciating the danger of such great pressure upon the cornea, an effort was made to keep the lids open in order to allow the secretions to escape. We examined the ball, but the swelling made it impossible. Opalines were given to the extent of relieving pain, the purulent matter being removed; and when we rejoiced to find the cornea and other portions of the ball intact, so far as destruction of the tissues was concerned. But the lids did not escape so lightly. The hair bulbs were so extensively destroyed that the eyelashes will be a permanent loss for about one-half of the length of the lids. The upper lid suffered a considerable loss of substance, which will remain a deformity till remedied.

The child probably got the virus upon his finger when playing, and by scratching into himself upon the lids, nose, breast and ear.

Smallpox pustules upon the lid, or even upon the ball in former forms common enough to constitute an additional terror to the disease, but we can find no record of vaccination of these parts, though it might readily occur in any case.

A record is made of this case, not only because of its rarity, but to put physicians and parents upon their guard, lest a similar accident should happen in their own hands, with perhaps less favorable results.

INFANTILE PNEUMONIA.

BY BEDFORD BROWN, M.D.,

[The Pathology and Treatment of Infantile Pneumonia were presented in an interesting and practical manner, by Dr. Brown, before the Medical Society of Virginia, at its recent meeting at White Sulphur Springs. From the report of the Proceedings in the Virginia Medical Monthly, we make the following abstract for our readers.—Eds. Coll. and Clin. Rec.] The lobar and catarhal forms of pneumonia are the most frequent in infants under a half year of age. The rale of lobar pneumonia is probably higher than in any other disease even up to 100 per minute. The character of the respiration is therefore very short and quick, and the inhalations enter only a small portion of the air-cells. In the baby with catarhal pneumonia, the walls around the bases of the lungs do not expand normally, but the muscles of the apex of the chest and those of the back and neck are thrown into extraordinary activity.

Character of the Cough.—In proportion to the extent and gravity of the lung disease the cough diminishes in frequency and force, and thus fails to aid expectoration. Such a condition needs artificial stimulation of the function of coughing. The agents used are anesthetic, expectorant, and expectorant at the same time. The powder is taken in the bronchial tubes, and excite these tubes to action, and hence the expulsion of the offending cause. Use by spray apparatus, three or more times a day, this solution :—

B. Alcohol, 3 s

Aque.

Acid carbolic, 1 s

Sodi bicarb., 3 s

Acid salicylic, 3 s

Chloral hydrat., 6 s.

The atmosphere surrounding the head, and chest as well, should be charged with the spray whenever necessary to excite cough and expectoration. This has always, in my own experience, excited cough and expectoration with improvement in the breathing and complexion—at least for the time being—and in some cases I am sure I have thereby saved life.

Character and Rate of Pulse.—In bad cases the pulse runs up to 200, or even 225 per minute. These high figures of pulse and respiration are never reached in the adult. With this rapid and feeble pulse each cardiac diastole is so brief and imperfect that very few drops of venous blood are received in the right side of the heart with each pulsation. Hence the tendency of the blood to accumulate in the venous system, producing cyanosis by carbonic acid poisoning, and narcosis, and other consequent effects. And yet patients have recovered, even when a pulse of 200 was the rate.

Treatment.—Digitalis is the best agent to slow the exciting and feeble heart in infantile pneumonia. It is not so rapid and dangerous as veratum and aconite, but is just as efficient. Belladonna is never so satisfactory as this remedy. It soothes the irritating condition of the sympathetic system. It also curtails superabundant secretion. This is markedly so in cases of catarhal pneumonia; but belladonna does not suppress cough. The mild preparations of belladonna are particularly valuable in liquefying viscid mucus and hastening its expulsion. The wine of ipecac should never be dispensed with. It is a potent promoter of expectoration. Ipecac exerts an extended influence over the entire sympathetic and vaso-motor systems, and controls hemorrhage and regulates secretion. The combination of soda, phosphoric, or ammonium, with ipecac—especially with ammonium—constitutes the very best means of assisting the bronchial tubes to expel their contents. Opium, when moist rates are abundant, is inadmissible. In the use of opium we must be guided by the extent of tissue invaded. If extensive, opium must be discarded. Bromides are especially valuable applications for quieting nervous restlessness and for procuring sleep in the class of cases discussed. In lobar pneumonia where the mucous tissue is very tenacious, iodides of potassium and ammonium, spirits of ammonia and ipecac, are serviceable.

BRIEF NOTICES.

PELVIC CELLULITIS.

John G. Earnest, m.d. (Class of 1887), has an interesting contribution in the Atlantic Medical Register for Nov., 1882, on pelvic cellulitis. Based upon the clinical history of five patients. He makes the following suggestions with regard to treatment:-

In managing cellulitis we have but to remember that it is a simple inflammation, to be treated upon the same principles as inflammation of the muscles. Inflammation is rest in the recumbent posture—not only rest from exertion, but, as far possible, physiological rest; and of equal importance is the early interruption of nerve conductivity. These ends will both be best attained by the administration of full doses of morphia, which has the additional advantage of relieving the pain. Emmett lays great stress on the absorption of cellulinis when seen early, by the use of hot water thrown into the vagina for several hours at a time. I have never given it a fair trial, but can testify to the beneficial effect of hot water injections of half an hour's duration, which I have seen used with good results at every stage of the affection. When hot water is used it should always be given under aegis of the physician, who must be at hand, and administered with the least possible disturbance to the patient. It is better not to attempt its use if it must be left to a clumsy, inexperienced nurse. Large hot poultices over the abdomen do good by simply diverting a certain amount of the circulation from the inflamed tissues within, or over a portion of their results to the effects of heat. Solutions of restorative or stimulant centres, I know not, but of the clinical fact that they do good I feel quite certain. They should be large and as hot as can be borne, and should be renewed every hour. After the active inflammation has subsided painting the abdomen with iodine tincture seems to be of some benefit.

If the abscess form, the same rules apply to it here as elsewhere. Dr. Brickell, of New Orleans, a few years since advanced the idea that there are two distinct forms of pelvic inflammation, serous and purulent. This view has since been sanctioned by some of our leading authorities, and has not been denied, so far as I know, by any. The presence of fluid, whether serous or purulent, when detected, should be promptly dealt with, either by incision or aspiration. If the abscess be so situated as to admit of a free incision, that is the better plan. Should it be in the pouch of Douglas, the cavity should be washed out daily with an antiseptic solution. In severe cases, and especially if accompanied with purulent infection, it will severely test the vital powers of the individual. If the pus is well formed, such cases must receive a carefully directed supporting treatment. Brandy, with cod-liver oil, will be found especially serviceable to those whose stomachs will bear it. Iron is not well borne until convalescence is fairly established. Quinine is of signal benefit throughout the disease. Administered in small doses two or three times daily, it assuages the pain, improves the tone of the nervous system and lowers the temperature when it acts on the skin.

HEMORRHAGIC MALARIAL FEVER.

R. W. Engram, m.d. (Class of 1873), of Montezuma, Georgia, reports an instructive case of hemorrhagic malarial fever in the Atlanta Medical Register for Nov., 1882. There had been a history of chills relieved by treatment, and finally the patient, a man 21 years of age, had an attack attended by jaundice and hæmaturia, but with the aid of digitalis, quinine, and salicylic acid, with counter-irritants upon the kidneys, and stimulants, the patient recovered. Several interesting points were observed in the case:-

1. A large per cent. of albumen, with a low specific gravity—1.006.

2. A large deposit of sediment, with a like low specific gravity—1.008.

3. Grave symptoms presenting themselves.
just as the urine and skin seem to indicate speedy recovery and prompt return to health. 4. Improvement of pulse and other symptoms under alcoholic stimulants and hot foot baths. No blood cells were found in the urine, but there was evidently hemoglobin, and the following microscopic characters:

"The specimen showed long cylindrical bodies, tubular casts, oblong ovate bodies, epithelial cells from kidneys, round granular deposits supposed to be pus corpuscles, stellate bodies, and scattering urates, also a free deposit of nucleated epithelial cells and tubular casts from the kidneys."

The author, commenting upon this, very pertinently remarks: "Yet with all these deposits and a copious coagulum of albumen, we have a low specific gravity—1.009. And just here we have to appear alarming symptoms. Can these deposits—vis., pus globules, tubular casts and epithelial cells—tell of the terrible strain on the kidneys which have been conducting off the sewage of the body? And further, do these alarming symptoms, later in the day, indicate that the kidneys are being worked to destruction to carry off these deposits, which are manifestly indigested structures? If so, how does the urine and the hot foot bath give relief? Is it by stimulating the kidneys to increased strength to bridge over the crisis of overwork, or by somnolence and the general system? We further find, as health returns, the urates increase in the urine and the specific gravity increases; and as the gravity of the disease increases, is there where strictly to the Mosaic law, and abstain from the use of pork entirely. In view of all the facts set forth in this paper, would it not be far better for all concerned that a law be enacted that a law forbidding the use of pork entirely, or, if this cannot be done, the Government might appoint a sufficient number of competent experts, whose duty it should be to examine especially when pork is brought to the market, and see that only healthy meat is sold; and until some action of this kind is taken, the Government might appoint a sufficient number of competent experts, whose duty it should be to examine especially when pork is brought to the market, and see that only healthy meat is sold; and until some action of this kind is taken by our general government, the pork will be eaten raw. The more the pork is eaten raw, the more the cook will detect the trichina, and thorough cooking alone destroys the life of the trichina. All the evidence thus far adduced goes to show that the more the cooking, the milder the disease. Those cases in which the pork was eaten raw were of the most violent character, and invariably proved fatal.

While thorough examination with the microscope will detect the trichina, and thorough cooking will prevent the disease, the only safe and infallible rule, in my opinion, against the terrible ravages of the most loathsome of diseases, is to adhere strictly to the Mosaic law, and abstain from the use of pork entirely. In view of all the facts set forth in this paper, would it not be far better for all concerned that a law be enacted that a law forbidding the use of pork entirely, or, if this cannot be done, the Government might appoint a sufficient number of competent experts, whose duty it should be to examine especially when pork is brought to the market, and see that only healthy meat is sold; and until some action of this kind is taken by our general government, the pork will be eaten raw. The more the pork is eaten raw, the more the cook will detect the trichina, and thorough cooking alone destroys the life of the trichina. All the evidence thus far adduced goes to show that the more the cooking, the milder the disease. Those cases in which the pork was eaten raw were of the most violent character, and invariably proved fatal.

The great cause of trichina in man is eating pork that is either raw or not thoroughly cooked. This disease cannot be cured, that is, there are no known specifics in the way of medicines. The sooner the disease is suspected, even, the parasites should be expelled from the intestines as soon as possible, by the administration of active purgatives, which, if composed in time, will be needlessly sacrificed, which by a little warming is not sufficient; thorough cooking alone destroys the life of the trichina. All the evidence thus far adduced goes to show that the more the cooking, the milder the disease. Those cases in which the pork was eaten raw were of the most violent character, and invariably proved fatal.

TRICHINA SPIRALIS.

Chas. P. King, M.D. (Class of 1867), of Newark, Ohio, makes the following timely suggestions with regard to the prevention of trichinosis:—

The diploma was sent by express, C. O. D., accompanied by an essay of the most illiterate character, drawn forth replies from the officials of this pseudo-Bellevue College, which clearly established its illegal intents and purposes. The diploma was sent by express, C. O. D., for which the money was, of course, not paid, but every point of evidence was fully proven, and legal measures have already been instituted against it. The possibility of such institutions flourishing at all, and only being detected by an accident, does not speak very favorably for the quality of modern legislation. It is a strong argument in favor of just such stringent enactments as are now purifying the profession in Illinois; for in the great majority of States, especially with less watchful secretaries of State Boards, the fraud might have been, and probably would have been, left undetected. But what protection have the public generally against such hastily created medical practitioners? Accepting every man with the prefix "Doctor," or the suffix "M. D.," with equal faith and confidence, because unaware of his previous surroundings or history, the community often blindly risks its life and happiness in the hands of the ignorant and unscientific. Were it possible, there should be some public descriptive list put up for inspection and reference, in the most accessible places, to which every passer-by should, in the hour of curiosity or necessity, give thoughtful heed.

SENSATIONAL JOURNALISM.

The various States have recently held their elections, and the sensational daily newspaper has pined for several weeks for some new substitute for the thrilling returns from the different sections, with which it was wont to electrify the masses. It was not a matter of surprise, therefore, when we read, the other morning, in the Philadelphia Press, fourteen columns, illustrated with wood-cuts, of the arrest of some graveyard robbers on the previous evening. The offence, was, of course, criminal, and deserving of severe punishment, but the animus of the whole matter was very weak and very sensational, being simply an attempt to fasten the responsibility of the crime upon the Faculty of Jefferson Medical College, while creating a temporary and, it must be confessed, very evanescent impression of remarkable journalistic enterprise. Under such startling headings as "The Ghana Work Done for Jefferson Medical College," and other typographically conspicuous head-lines, this institution was held up to the indignation of the community, and especially of the colored portions of it, whose cemetery had been so ruthlessly despoiled. It has been clearly established that the Faculty of the College had no knowledge of the source of the supplies thus illegally brought to its doors, and the efforts of the Press have signally failed to fasten upon it any criminal participation in this traffic. The exposure will probably do the College good in other directions than mere self-vindication, for it has developed the fact that injustice has been done to it in the allowance of legally unclaimed and criminal dead.
THE NEW PHARMACOPEIA.

In another column will be found an article carefully prepared for our pages by Mr. Louis Genois, a skilled pharmacist and experienced chemist, who is now in charge of the most extensive drug store in the country, the retail department of Messrs. John Wyeth & Bros., of Philadelphia. In this communication, which will be read with interest, the leading changes in the revision of 1880 are indicated. Some of them are so decided as to call for precaution in dispensing and in prescribing pharmaceutical preparations. For the present the community and the medical profession will certainly absorb the Pharmacopoeia, particularly the I quarter of a grain of sulphate of morphia, the minim, or, say 38 drops, representing a familiar substance as laudanum, which is daily used in domestic practice; but with the former Pharmacopoeia, particularly the I

MEDICAL BANQUETS.

It has long been an acknowledged fact that the head is often reached more successfully through the stomach than through any appeal to the intellect. However this may be, the social considerations which prompt the givers, and which gratify the recipients, constitute the features most deserving of notice in the entertainments now so generally in vogue on anniversary occasions. We have been much interested recently in perusing the accounts given in the columns of some of our Canadian contemporaries of the annually recurring banquets, which are stated by the Canada Lancet to be an established institution in nearly all the medical colleges in Canada. Faculty and students and professional friends meet together to exchange greetings, and to spend a few hours in social converse. The arrangements for the dinner, the issuing of invitations, receiving the guests, etc., are all left to the management of the students, who seem to have a right royal pleasure in the performance of their duties. Glee clubs are organized in the various schools, and songs and musical entertainments fill the social hours thus spent. Stimulants are not allowed, but toasts are proposed and responded to, on strictly temperance principles. From the favorable reports of these annual gatherings, we should think that they might, in their methods, be imitated in this country, and that they might replace the cold and formal receptions officially tendered at the termination of the regular session to the happy recipients of the College and University diplomas. In Canada these annual banquets seem to be given during the progress of a session. The large dimensions of the medical classes in the American schools might possibly be urged as an objection to their adoption here, but the objection is not insurmountable.

We had fully expected ere this to deliver the portraits given as premiums to subscribers for 1882, but have been disappointed in receiving them from the photographer. They will be forwarded promptly immediately upon their being placed in our hands, within the next few days.

TO OUR SUBSCRIBERS.

The present issue being the concluding number of Vol. III of this journal, our subscribers are informed that their annual subscriptions for 1883 will be due before the issue of the next number. They are therefore respectfully requested to forward the amount at their earliest convenience. The safest method of remittance is by bank check or postal money order.

This gentle reminder may be contrasted with another which we will quote, as particularly unique, written in a style which we would not care to adopt for our readers. The Laramie Boomerang says: "Subscribers of the Boomerang who find crossbones and skull, with crest of metallic burial casket, drawn in red blood on the wrapper of their paper, will know that their subscription has expired and that something has got to be done."

In renewing their subscriptions for the next year, our readers will bear in mind that they are offered, in our advertising pages, opportunities for obtaining the College and Clinical Record at a reduced rate, should they desire to purchase any of the recent standard medical works. To those of our subscribers who will send us an additional new subscription, a premium of a Visiting List for twenty-five patients will be promptly forwarded.

THE S. D. GROSS PROFESSORSHIP OF PATHOLOGICAL ANATOMY.

The permanent committee appointed at the recent meeting of the Alumni resident in Philadelphia have issued a circular for distribution to the graduates of the Jefferson and to other members of the profession, in which they state that "they feel assured that they will obtain the cordial co-operation of the Alumni of the school, and the profession generally, in securing the endowment of a Professorship which will aid in commemorating, in an enduring form, the eminent services of Professor Gross, and will express, in a tangible shape, the sincere and earnest admiration entertained toward him as surgeon, teacher, and author. Numerous contributions are already promised, aggregating an amount significant as an index of the feeling entertained toward this cherished Professor. One graduate has offered to give two thousand dollars, on easily fulfilled conditions; while another gives one thousand dollars unreservedly. An auxiliary committee, composed of Alumni of the Jefferson Medical College in the various States and Territories, and in foreign countries, has been appointed."

The recipients of this circular are respectfully invited to contribute such amounts as may in their opinion seem proper. The chairman of the permanent committee, Dr. Richard J. Dunglison, 814 North Sixteenth street, Philadelphia, was, at the meeting of the Alumni, appointed treasurer pro tem. of the fund collected, until permanent arrangements may be effected with a reliable Trust Company to assume the trusteeship. The names of the contributors, with the amounts, will be incorporated in the report of the permanent committee, to be presented at the coming meeting of the Association.
Our Library Table.


This carefully prepared, beautifully illustrated monograph, has internal evidence of ability and experience in its author. There has been of late much running after strange gods in the world of new remedies; the world is scouring for outlandish drugs, and more novelties are announced every day. It seems as if it is about time for a reaction in this respect; and there are indications that some, having a surfeit of these medicines, have returned with fresh zest to the old established and faithful servants whose best qualities are less well known than they might be or than they deserve. Every one who thinks he knows all about quinine, for instance, and who has occasion to frequently prescribe it, will yet find something in these pages which, if not entirely new to him, will at least be better appreciated than before. It has often been claimed that a physician with a thorough knowledge of a dozen of the prominent remedies in the Pharmacopeia would be better equipped and preparatory to a safe and more successful practitioner than if he had a smattering of all the drugs in and out of the Pharmacopeia; and the student who acquires a thorough knowledge of a dozen of them, will at least have a foundation for subsequent acquirements.


We presume that this little work was prepared for the medical students in the various institutions in which its author teaches, but it is sufficiently comprehensive to form a useful text-book for the guidance and information of all who desire to bring their knowledge of the subject up to the latest information of the day.

R. J. D.


The title of this little volume indicates its purpose. It is a very readable compilation, as well adapted for the general reader as for the members of the medical profession, or practitioners, indeed, to have been written for both classes.

R. J. D.


As stated in the preface, the object of this work is to give directions for the administration of nitro-glycerine as a remedy for the special affection named, the principal points being illustrated by references to cases that have been under his care in private and hospital practice. Some of the cases were published in the Texas Med. and Surg. Record, for Nov., 1882.


For physicians, local boards of health, and indeed for all drinking public, this brief but concise little book of forty-eight pages gives much valuable information of a very practical character.

F. W.


This little work is not only useful as a companion to medical students, but to practitioners generally, who here have presented to them a condensed view of the modern practice of medicine in outline.

R. J. D.

Improvements in Skin Grafting, By C. H. Wilkinson, M.D., (Class of 1869.) Surgeon in Charge of Mary's Hospital, Galveston, Texas.

For the past two years I have been conducting a series of experiments in the preservation of integumentary substances, for the purpose of skin grafting, and I can now say that, for a period of six weeks, at least, portions of human skin can be preserved perfectly fresh, and with its epithelial cells intact, and moreover, very suitable for grafting on to ulcerated surfaces.

In the present number of the Texas Medical College, selecting an abstract in the present volume, and furnishing most wholesome results, and must react to the subject of general congratulation.

R. J. D.

Selections.

TREATMENT FOR TAPETUM.*

By E. R. Squibb, M.D., (Class of 1849.)

The writer has for many years past received occasional letters of inquiry as to what is the best drug for the expulsion of tapetum, and the inquiries generally accompanied by the statement that a case is under treatment which had resisted all the ordinary parasiticides, such as pumpkin seed, male fern, koosoo, bark of pomegranate root, turpentine, etc. As any one of these drugs is sufficient, under ordinary good management, to expel the parasite, and as the inquirers had generally succeeded in most of their cases with some one or other of these medicines, it has generally been concluded that it was not a question of the choice of a drug in the obstinate cases, but rather one of the location of the attachment of the head of the worm in the intestinal canal.

When the writer served as demonstrator of anatomy, many years ago, he observed that there was a great variation in the location of the head. Sometimes the head would be rolled up near the duodenum, and at other times down near the ilio-cæcal valve, and that the attachment was not infrequently in a little pouch, or under the fold of mucous membrane; and that the head was always imbedded in a nīdis of firm, jelly-like substance, like inspissated

sated mucus. This led to the conclusion that such cases would be very differently affected by treatment, and that a method quite efficient for some cases would be likely to fail in others, from this further, that the obstinate cases were those where the attachment was so low down in the canal, and so protected, that it was difficult to get the parasitic action of the bowels, and the head, so as to poison it, and cause it to let go its hold. A few years later, when in the eastern part of the Mediterranean, where uncooked sausages are largely eaten, the writer and others became affected with tapeworm, and he had good opportunities for observation, and was convinced in the belief that the location of the head had much to do with the resistance of all obstinate cases, and that when the treatment was carefully directed by this consideration it was almost always successful, and that one parasitic line was about as good as another when well managed. Further experience at that time seemed to show that pumpkin seed and oleo-resin of male fern were the best agents to use, and that there was but little choice between them. A plan of treatment was adopted which has been since given to so many physicians and patients with such general success that it may be taken as a rule. After a light dinner, near the middle of the day, the patient should take no food, but may drink freely of water. At bed-time a saline aperient should be given, the effective dose, and there is nothing better than one or two Seidlitz powders. This aperient should be a saline, because these cause a copious effusion of serous liquid from the whole mucous membrane of the canal, and this effusion taking place from the surface where the head of the worm lies protected by the dense mucus, detaches and frees it from the intestinal wall, leaving the head bare for contact with the parasiticide, when otherwise it would pass over it without direct contact, and, therefore, without effect. Whether this aperient at bed-time operates or not, it should be repeated on the following morning, the patient still abstaining from food. After the second saline has operated freely, or say at about ten o'clock, the medicine should be given.

Four ounces of pumpkin seeds are well beaten in a mortar, half an ounce at a time, is stirred in before weighing, as it is a very important part of the drug.

Of course, the same careful preparation of the patient is needed, and the use of the pumpkin seed, and neither of them should be expected to succeed in obstinate cases without the careful preliminary treatment.

The health of Dr. W. W. Van Valzah (Class of 1876), we are glad to learn, is steadily improving, under the care of Prof. William H. Pancoast, Prof. John H. Brinton, Prof. Samuel W. Gross and Drs. A. C. Deakyne, J. A. McFerran, William S. Little, Frank Woodbury, Charles B. Nancrede and J. V. Shoemaker, should be a source of regret, not only to practitioners in this excellent journal, its publication ceased. This intelligence will be a source of regret, not only to practitioners in medicine, but also to all those who admire editorial labor ably performed, combined with appropriate typographical arrangements.

THE ARCHIVES OF DERMATOLOGY.—With the October, 1882, issue of this excellent journal, its publication ceased. This intelligence will be a source of regret, not only to practitioners in the special field represented by it, but also to all those who admire editorial labor ably performed, combined with appropriate typographical arrangements.
Dr. Frank N. Drake (Class of 1877) has returned to Tuscarora, Nevada.

Dr. A. J. Louder (Class of 1882) has removed from White Haven, to Ashley, Penn'a.

Dr. C. H. Weaver (Class of 1864) is now at Bridgeport, Michigan.

Dr. William P. Beall (Class of 1879) is now at Greensburg, N. C.

Dr. Louis G. Davis (Class of 1879) has removed to Wilkinsburg, Allegheny Co., Penn'a.

Dr. W. K. Allen (Class of 1879) exhibited for Dr. George L. Porter (Class of 1882), of Bridgeport, Connecticut, a specimen of xanthic fever prevalent during this autumn, and has accepted the appointment.

Dr. W. H. Williams (Class of 1862) removed to Wilkinsburg, Allegheny Co., Penn'a.

Dr. J. H. Beane (Class of 1877) is now at Greensburg, N. C.

Dr. Frank S. Pershing (Class of 1879) has removed from Millwood, Virginia, to Greensburg, N. C.

Dr. Joseph H. Price (Class of 1879) has removed to Allegany City, Pennsylvania.

Dr. Frank Winter (Class of 1878) has removed to Akron, Ohio.

Dr. A. G. Young (Class of 1874) has removed to Sharpsburg, Pennsylvania.

Dr. William N. Burwell (Class of 1881), formerly of Millwood, Virginia, is now resident of Pittsburg, Penn'a.

Dr. Thomas N. Eastman (Class of 1881) has removed from Merrittstown to Dixmont, Pennsylvania.

Dr. J. H. Beane (Class of 1877) has removed from Denver, Colorado, to Eagle Rock, Idaho.

Dr. G. C. McDowell (Class of 1870) has removed from Alba, Iowa, to Union, Monroe county, West Virginia.

Dr. J. J. Cox (Class of 1877) has removed from New Garden to High Point, North Carolina.

Dr. J. W. Bean (Class of 1882), of Cottage Grove, Lane Co., Oregon, has been appointed physician in charge of the hospital at the Cascades, Washington county, Oregon.

Dr. H. D. Gardner (Class of 1880) has removed from Dalton to Scranton, Penn'a, to accept the appointment of Resident Physician and Steward of the Lackawanna Hospital.

Dr. Joseph H. Bill (Class of 1858), Surgeon U. S. Army, has been ordered to Port Robinson, Nebraska, to relieve Dr. W. B. Brewer (Class of 1873), Assistant Surgeon U. S. Army, temporarily, as Post Surgeon. Dr. Brewer has been ordered to change station from Port Robinson to Fort Bridger, Wyoming.

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COMPRESSED TABLETS
MANUFACTURED BY
JOHN WYETH & BROTHER,
CHEMISTS,
PHILADELPHIA.

COMPRESSED CHLORATE OF POTASH.
(FIVE GRAINS EACH.)

FOR HOARSENESS, BRONCHIAL IRRITATION, SORE THROAT, DIPHTHERIA, CROUP, ETC., ETC.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheria and Throat, and in inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the mild form of Croup, it has, besides its depurative and deterrent effects, a solvent action on the deposits characteristic of these troubles and dangerous effects. It relieves Hoarseness, and in many cases of Fetid Breath from disordered secretions it proves an efficient corrective. Its virtues in simple Angina or ordinary Sore Throat are recognized by many of the most eminent physicians.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often. For Offensive Breath no remedy will give more certain relief; use one, two or three times a day. For Diphtheria, Croup, and the more serious ailments, the Physician should direct.

COMPRESSED PEPTONIC PILLS.
(FOUR GRAINS EACH.)

PEPSIN, PANCREATIN, WITH LACTO-PHOSPHATE OF LIME AND LACTIC ACID.

This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of Enfeebled Digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and to effect permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach.

DIRECTIONS.—Take one pill immediately after eating, or when suffering from Indigestion, Lump in the Throat, or Flatulence. For children, reduce the pill to powder and give a fourth or half, according to age.

COMPRESSED CHLORATE OF POTASH AND MURIATE OF AMMONIA.
(TWO GRAINS EACH.)

FOR SORE THROAT, BRONCHIAL IRRITATION, ULERATIONS, DIPHTHERIA AFFECTIONS, AND ALL MORbid CONDITIONS OF THE MUCOUS MEMBRANE.

The advantages of the combination of these two efficient remedial agents, over either one administered alone, in certain conditions of the above ailments, will be readily appreciated by medical men. The proportion of Muriate of Ammonia is so small, and being intimately mixed with the less soluble salts of Chlorate of Potash, the objectionable taste is not so apparent, and the medical effect really just as potent. DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

COMPRESSED MURIATE OF AMMONIA.
(THREE GRAINS EACH.)

The solvent and diaphoretic, as well as antiphlogistic powers of this salt are well known, and have led to its extensive employment, especially in Germany, in cases of Sore Throat, Bronchitis, etc., attended with abundant secretion of thick, tough mucus or phlegm.

DIRECTIONS.—A tablet should be held and allowed to dissolve in the back part of the mouth; to be repeated every two or three hours, or when the irritation or tendency to cough is more decided. In many cases the dissolving of half a tablet is sufficient at one time.

It will give us pleasure to furnish, on application, sufficient of these tablets to test their merits by actual use.

In replying to Advertisements, please mention THE COLLEGE AND CLINICAL RECORD.

Registered at the Philadelphia Post Office as second-class matter.

E. CLAXTON AND COMPANY, Publishers,
390 MARKET STREET, Philadelphia, Pa.
MALTINE

MALTINE, a concentrated extract of malted barley, wheat and oats. In its preparation the temperature does not exceed 100 deg. Fahr., thereby retaining all the nutritive and digestive agents unaltered. Extracts of barley alone, by the German process, which gives a temperature as high as 160 deg. Fahr., thereby coagulating the albumenoids and almost wholly destroying the starch digestive properties.

LIST OF MALTINE PREPARATIONS.

MALTINE with Hops.
MALTINE with Alum.
MALTINE with Ool Liver Oil.
MALTINE with Olive Oil.
MALTINE with Glycerin.
MALTINE with Alcohol.
MALTINE with Raspberries.
MALTINE with Peppermint.
MALTINE with Pepsin.
MALTINE with Pancreatic Extract.
MALTINE with Phosphates.
MALTINE with Phosphates and Pepsin.
MALTINE with Pepsin and Pancreatic Extract.
MALTINE with Pancreatic Enzyme.
MALTINE with Raspberries and Pancreatic Extract.
MALTINE with Pepsin and Pancreatic Enzyme.
MALTINE with Phosphates and Pepsin.
MALTINE with Phosphates and Pancreatic Extract.
MALTINE with Pepsin and Pancreatic Enzyme.
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COMPRESSED TABLETS
MANUFACTURED BY
JOHN WYETH & BROTHER,
CHEMISTS
PHILADELPHIA.

COMPRESSED CHLORATE OF POTASH.
(FIVE GRAINS EACH.)
FOR HOARSENESS, BROCHIAL IRRITATION, SORE THROAT, DIPHTHERIA, CROUP, ETC., ETC.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat induced by a depressed state of the system. In these instances, as in the milder form of Croup, it has, besides its depressant and detergent effects, a solvent action on the deposits of the Membrane, which is the characteristic of those troublesome and dangerous affections. It relieves Hoarseness, and in many cases of its use, the patient soon becomes free from the symptoms of these ailments.

To DIRECTIONS.—A tablet should be held in the mouth, allowed to dissolve in the back part of the mouth, and the dose repeated every two or three hours, or when the irritation or tendency to cough is more decided. In many cases the dissolving of half a tablet is sufficient at one time.

It will give us pleasure to furnish, on application, sufficient of these Tablets to Test their Merits by Actual Use.

by John Wyeth & Brother, Chemists, Philadelphia.
MALTINE,
A CONCENTRATED EXTRACT OF MALTED WHEAT, OATS, AND BARLEY.

In its preparation the temperature employed does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids, and almost wholly destroying the starch digestive principle, Distaste.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).

MALTINE with Hops.

MALTINE with Alkaloids.

MALTINE with Cod Liver Oil.

MALTINE with Cod Liver Oil and Pancreatin.

MALTINE with Phosphates.

MALTINE with Phosphates and Pancreatin.

MALTINE with Phosphates and Albuminoids.

MALTINE with Pancreatin.

MALTINE with Pancreatin and Cod Liver Oil.

MALTINE with Pancreatin and Pancreatin.

MALTINE with Pancreatin and Phosphates.

MALTINE with Pancreatin and Phosphates and Pancreatin.

MEDICAL ENDORSEMENTS.

We append, by permission, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

J. K. BAUGH, M. D., St. Louis, Mo.,
Physician to St. Vincent's insane asylum, and Prof. of Materia Medica and Therapeutics, Medical College.

W. W. WEBER, M. D., St. Louis, Mo.,
Physician and Surgeon, Woman's Medical College.

K. S. DUNSTER, M. D., Ann Arbor, Mich.,
Professor of Chemistry and Toxicology, Woman's Medical College.

M. H. SUTHERLAND, M. D., Philadelphia, Pa.,
Physician to St. Vincent's Hospital, and in Duke University Medical College.

W. F. PILLER, M. D., Louisville, Ky.,
Professor of Physiology and Personal Diagnosis, University of Louisville.

H. W. McGUIRE, M. D., Richmond, Va.,
Physician in charge of all Government Hospitals in Virginia.

D. F. HAMMER, M. D., Philadelphia, Pa.,
Supt. of the University of Pennsylvania.

A. E. WARDEN, M. D., Milwaukee, Wis.,
Medical Director of Milwaukee County Hospital.

L. F. VANDELL, M. D., Louisville, Ky.,
Professor of Materia Medica and Diseases of Children, Louisville Medical College.

J. A. HARRIS, M. D., Louisville, Ky.,
Professor of Chemistry and Toxicology, Louisville Medical College.

R. D. DUNN, M. D., New York, N. Y.,
Professor of Chemistry and Toxicology, Bellevue Hospital Medical College; Professor of Chemistry and Physiology, College of the City of New York.

WALTER S. HAINES, M. D., Chicago, Ill.,
Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

J. P. INGALS, M. D., New York, N. Y.,
Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

MALTINE is prescribed by the most eminent Members of the Medical Profession in the United States, Great Britain, India, China, and the English Colonies, and is largely used for patients at the principal Hospitals in preference to any of the Extracts of Malt.

Address:

Laboratory:
YONKERS-ON-HUDSON,
New York.

REED & CARNICK,
182 FULTON STREET,
New York.

MAY 15, 1882.

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A MONTHLY MEDICAL JOURNAL, CONDUCTED ESPECIALLY IN THE INTEREST OF THE GRADUATES AND STUDENTS OF JEFFERSON MEDICAL COLLEGE.

EDITED BY
RICHARD J. DUNGLISON, M. D., AND FRANK WOODBURY, M. D.

NO. 5.  VOL. III.

E. CLAXTON AND COMPANY, Publishers,
930 MARKET STREET, Philadelphia, Pa.

Registered at the Philadelphia Post-Office as second-class matter.
COMPRESSED TABLETS
MANUFACTURED BY
JOHN WYETH & BROTHER,
CHEMISTS,
PHILADELPHIA.

COMPRESSED CHLORATE OF POTASH.
(FIVE GRAINS EACH.)
FOR SORE THROAT, BRONCHIAL IRRITATION, SORE THROAT, DIPHTHERIA, CROUP, ETC., ETC.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in inflammation of the Mouth and Throat induced by a depressed state of the system. In these instances, as in the milder form of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness, and in many cases of Fetid Breath from disordered secretions it proves an efficient corrective. Its virtues in simple Angina or ordinary Sore Throat are recognized by many of the most eminent physicians.

FOR SORE THROAT, HOARSENESS, ETC.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.
For Offensive Breath no remedy will give more certain relief; use one, two or three times a day. For Diphtheria, Croup, and the more serious ailments, the Physician should direct.

COMPRESSED PEPTONIC PILLS.
(FOUR GRAINS EACH.)
PEPSIN, PANCREATIN, WITH LACTO-PHOSPHATE OF LIME AND LACTIC ACID.

This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of Enfeebled Digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the presence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach.

DIRECTIONS.—Take one pill immediately after eating, or whenever suffering from Indigestion, Lump in the Throat, or Flatulence. For children, reduce the pill to powder and give a fourth or half, according to age.

COMPRESSED CHLORATE OF POTASH AND MURIATE OF AMMONIA.
(3% Grs. CHLORATE OF POTASH, ½ Grs. MURIATE OF AMMONIA.)
FOR SORE THROAT, BRONCHIAL IRRITATION, ULCEERATIONS, DIPHTHERITIC AFFECTIONS, AND ALL MORBID CONDITIONS OF THE MUCOUS MEMBRANE.

The advantages of the combination of these two efficient remedial agents, over either one administered alone, in certain conditions of the above ailments, will be readily appreciated by medical men.
The proportion of Muriate of Ammonia is so small, and being intimately mixed with the less soluble salts of Chlorate of Potash, the objectionable taste is not so apparent, and the medicinal effect really just as potent.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

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A CONCENTRATED EXTRACT OF Malted WHEAT, OATS, AND BARLEY.

In the preparation the temperature employed does not exceed 100 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are maltose and digestive agents unimpaired. Extracts of Maltine are made from barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids, and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS:

- MALTINE (Plain).
- MALTINE with Hops.
- MALTINE with Alternatives.
- MALTINE with Beef and Iron.
- MALTINE with Cod Liver Oil.
- MALTINE with Cod Liver Oil and Pancreaticin.
- MALTINE with Hypophosphite.
- MALTINE with Phosphoric Acid Comps.
- MALTINE with Pepsin.
- MALTINE with Pepsin and Pancreatin.
- MALTINE with Phosphates.
- MALTINE with Phosphates and Iron and Quina.
- MALTINE with Phosphates and Quina.
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FOR SORE THROAT, HOARSENESS, ETC.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

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AUGUST 15, 1882.

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TERMS.—Yearly Subscription, $2.00, in Advance. Single Number, 20 Cents.

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930 MARKET STREET, Philadelphia, Pa.
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LIST OF MALTINE PREPARATIONS:

| MALTINE with Beef and Iron. |
| MALTINE with Cod Liver Oil. |
| MALTINE with Cod Liver Oil and Pancreatin. |
| MALTINE with Hypophosphites. |
| MALTINE with Phosphates. |
| MALTINE with Peptones. |

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We append, by permission, a few of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

J. K. BAUNAT, M. D., St. Louis, Mo.-Physician to St. Vincent's Dispensary, and Prof. of Pathology and Clinical Medicine, Missouri Medical College.

W. W. WHITNEY, M. D., St. Louis, Mo.-Physician to the Women and Children's Free Dispensary.

THOMAS H. ANDREWS, M. D., Philadelphia, Pa.-Clinical Professor of Diseases of Children, Jefferson Medical College.

L. P. YANDELL, M. D., Richmond, Va.-Medical Director of the New York Hospital.

HUNTER McGUIRE, M. D., Richmond, Va.-Clinical Professor of Diseases of the Skin, New York University College of Medicine.

F. F. HAMILL, M. D., Philadelphia, Pa.-Clinical Professor of Diseases of the Eye, Woman's Medical College.

E. S. DUNSTER, M. D., Ann Arbor, Mich.-Professor of Pathology, Woman's Medical College.

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R. OGDEN DOREMUS, M. D., LL. D., New York, Professor of Chemistry and Toxicology, Bellevue Hospital Medical College; Professor of Chemistry and Physics, College of the City of New York.

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abundant secretion of thick, tough mucus or phlegm. It is repeated every two or three hours, or when the irritation or tendency to cough is more decided. In many cases the dissolving of half a tablet is sufficient at one time.

It is extensively employed, especially in Germany, in cases of Sore Throat, Bronchitis, etc., attended with inflammation of the Mouth and Throat, or Flatulence. For children, half of one as often.

The advantages of the combination of these two efficient remedial agents, over either one administered alone, in certain conditions of the above ailments, will be readily appreciated by medical men. The proportion of Muriate of Ammonia is so small, and being intimately mixed with the less soluble salts, the objectionable taste is not so apparent, and the medical effect really just as potent.

By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded.

Compressed Chlorate of Potash and Muriate of Ammonia. (Three grains each.)

The solvent and discutient, as well as antiphlogistic powers of this salt are well known, and have led to its extensive employment, especially in Germany, in cases of Sore Throat, Bronchitis, etc., attended with abundant secretion of thick, tough mucus or phlegm.

For Sore Throat, Hoarseness, etc.

Directions.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

For Offensive Breath no remedy will give more certain relief; use one, two or three times a day.

For Diptheria, Croup, and the more serious ailments, the Physician should direct.

Compressed Chlorate of Potash. (Five grains each.)

Chlorate of Potash is a remedy of acknowledged value in cases of Diptheritic Sore Throat, and in inflammation of the Mouth and Throat induced by a depressed state of the system. In these instances, as in the milder form of Croup, it has, besides its depurative and deterrent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness, and in many cases of Field Breath from disordered secretions it proves an efficient corrective. Its virtues in simple Angina or ordinary Sore Throat are recognized by many of the most eminent physicians.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

For Offensive Breath no remedy will give more certain relief; use one, two or three times a day.

For Diptheria, Croup, and the more serious ailments, the Physician should direct.

Compressed Peptonic Pills. (Four grains each.)

Peptic, Pancreatin, with Lacto-Phosphate of Lime and Lactic Acid.

This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of Enfeebled Digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded.

One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Peptic and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach.

DIRECTIONS.—Take one pill immediately after eating, or when suffering from Indigestion, Lump in the Throat, or Flatulence. For children, reduce the pill to powder and give a fourth or half, according to age.

Compressed Peptic Tablets.

(THREE GRAINS EACH.)

COMPRESSED CHLORATE OF POTASH.

FOR ROARSESS, BROCHIAL IRRITATION, SORE THROAT, DIPHTHERIA, CROUP, ETC., ETC.

Phosphates of Lime. (Two grains each.)

For Roarseess, Bronchial Irritation, Sore Throat, Diptheria, Croup, Etc., Etc.

The solvent and discutient, as well as antiphlogistic powers of this salt are well known, and have led to its extensive employment, especially in Germany, in cases of Sore Throat, Bronchitis, etc., attended with abundant secretion of thick, tough mucus or phlegm.

Directions.—A tablet should be held and allowed to dissolve in the back part of the mouth; to be repeated every two or three hours, or when the irritation or tendency to cough is more decided. In many cases the dissolving of half a tablet is sufficient at one time.

It will give us pleasure to furnish, on application, sufficient of these tablets to test their merits by actual use.

In replying to Advertisements, please mention THE COLLEGE AND CLINICAL RECORD.
MALTINE, A CONCENTRATED EXTRACT OF MALTED WHEAT, OATS, AND BARLEY.

In its preparation the temperature employed does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from barley alone, by the German process, which directs that the mash be heated to 210 deg. Fahr., thereby coagulating the Albuminoids, and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

- MALTINE with Phosphates.
- MALTINE with Phosphates and Pancreatine.
- MALTINE with Phosphates and Pancreatine.
- MALTINE WINE with Pepsin and Pancreatine.
- MALT-VIBURNUM.
- MALTINE with Phosphorus Comp.
- MALTINE with Pepponcino.
- MALTINE with Bile.
- MALTINE with Bile and Iron.
- MALTINE with Cod Liver Oil.
- MALTINE with Cod Liver Oil
- MALTINE with Cod Liver Oil and Pancreatine.
- MALTINE with Alum.
COMPRESSED TABLETS
MANUFACTURED BY
JOHN WYETH & BROTHER, CHEMISTS, PHILADELPHIA.

COMPRESSED CHLORATE OF POTASH.
(FIVE GRAINS EACH.)

FOR HOARSENESS, BRONCHIAL IRRITATION, SORE THROAT, DIPHTHERIA, CROUP, ETC., ETC.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat induced by a depressed state of the system. In those instances, as in the milder form of Croup, it has, besides its deparative and deterrent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness, and in many cases of Foul Breath from disordered secretions it proves an efficient corrective. Its virtues in simple Angina or ordinary Sore Throat are recognized by many of the most eminent physicians.

FOR HOARSENESS, ETC.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

For Offensive Breath no remedy will give more certain relief; use one, two or three times a day.

For Diphtheria, Croup, and the more serious ailments, the Physician should direct.

COMPRESSED PEPTONIC PILLS.
(FOUR GRAINS EACH.)
Pepsin, Pancreatin, with Lacto-Phosphate of Lime and Lactic Acid.

This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of Enfeebled Digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin preparations—this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritate stomach.

DIRECTIONS.—Take one pill immediately after eating, or when suffering from Indigestion, Lumps in the Throat, or Flatulence. For children, reduce the pill to powder and give a fourth or half, according to age.

COMPRESSED CHLORATE OF POTASH AND MURIATE OF AMMONIA.
(3 GRS. CHLORATE OF POTASH, 1 GR. MURIATE OF AMMONIA.)

FOR SORE THROAT, BRONCHIAL IRRITATION, ULCEARATIONS, DIPHTHERITIC AFFECTIONS, AND ALLMorbid Conditions of the Mucous Membrane.

The advantages of the combination of these two efficient remedial agents, over either one administered alone, in certain conditions of the above ailments, will be readily appreciated by medical men. The proportion of Muriate of Ammonia is so small, and being intimately mixed with the less soluble salts of Chlorate of Potash, the objectionable taste is not so apparent, and the medical effect really just as potent.

DIRECTIONS.—Adults should take one every hour or two, until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

COMPRESSED MURIATE OF AMMONIA.
(THREE GRAINS EACH.)

The solvent and disinfectant, as well as antiphlogistic powers of this salt are well known, and have led to its extensive employment, especially in Germany, in cases of Sore Throat, Bronchitis, etc., attended with abundant secretion of thick,ough mucous or phlegm.

DIRECTIONS.—A tablet should be held and allowed to dissolve in the back part of the mouth; to be repeated every two or three hours, or when the irritation or tendency to cough is more decided. In many cases the dissolving of half a tablet is sufficient at one time.

It will give us pleasure to furnish, on application, sufficient of these tablets to test their merits by actual use.

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LIST OF MALTINE PREPARATIONS.

- MALTINE (Plain).
- MALTINE with Hops.
- MALTINE with Alteratives.
- MALTINE with Beef and Iron.
- MALTINE with Cod Liver Oil and Pancreatine.
- MALTINE with Hypophosphites.
- MALTINE with Phosphorus Comp.
- MALTINE with Peptones.
- MALTINE with Pepsin and Pancreatine.
- MALTINE with Phosphates, Iron and Quinia.
- MALTINE with Phosphates Iron, Quinia and Strychnia.
- MALTINE Ferreted.
- MALTINE WINE.
- MALTINE WINE with Pepsin and Pancreatine.
- MALTO-YERBINE.
- MALTO-YERBURNIN.

MEDICAL ENDORSEMENTS.

We append, by permission, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

- J. K. BAUDUY, M. D., St. Louis, Mo., Physician to St. Vincent's Insane Asylum, and Prof. Nervous Diseases and Clinical Medicine, Missouri Medical College.
- WM. PORTER, A. M., M. D., St. Louis, Mo., Prof. of Dis. Women and Children University and in Dartmouth College.
- THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.
- S. F. HAMMEL, M. D., Philadelphia, Pa., Prof. of Physiology and Personal Diagnosis, University of Louisville.
- HUNTER McCARTY, M. D., Richmond, Va., Prof. of Surgery, Med. Coll. of Virginia.
- F. A. MARBIN, M. D., Milwaukee, Wis., Prof. of Surgery and Physiology, Milwaukee County Hospital.
- W. R. RANDALL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University of Louisville.
- JOHN A. LARDER, M. D., Louisville, Ky., Professor of Materia Medica and Therapeutics, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine.
- ROGER DREW, M. D., L.L.D., New York, Professor of Chemistry and Toxicology, Bellevue Hospital Medical College; Professor of Chemistry and Physica, College of the City of New York.
- WALTER S. BARNES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.
- W. F. INGALLS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.

MALTINE is prescribed by the most eminent members of the Medical Profession in the United States, Great Britain, India, China, and the English Colonies, and is largely used for patients at the principal Hospitals. It is preferred to any of the Extracts of Malt.

We will furnish gratuitously a one pound bottle of any of the Maltine Preparations to Physicians who will prescribe them. Send for our 28 page Pamphlet on Maltine for further particulars. Address,

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