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A REVIEW OF DR. WALLACE AND THE RAILWAY SURGEONS, ON SPINAL CONCUSSIONS.

BY R. M. SWEARINGEN, M. D., AUSTIN, TEXAS.

Read before the Austin District Medical Society, at its meeting, June 21, '94.

An article in the September number of the 'Texas Sanitarian,' by D. R. Wallace, M. D., LL. D., of Waco, entitled "Spinal Concussion and John Eric Erichsen," is worthy of greater consideration than is usually given to such papers. The high character of its author,—the immense interests involved in the subject matter discussed, and the grave charges inferentially made against one of the greatest surgeons of which "this world holds record," call at least for a fair and honest investigation, on the part of the medical profession.

The doctor commences the article referred to in these words: "It has been in my mind a kind of floating, unfixed purpose for years,—in fact since I fell in with the book,—to embrace some suitable occasion to call professional attention to its teaching. Of their mischievous tendency a glance satisfied me upon reading the first six lectures. An incident, of recent occurrence, and to be related in the sequel, emphasizing the purpose formed upon reading the first part of the book more than twenty years ago, aroused my languid resolution, and resulted in this hasty paper."

The incident that gave cohesive force to that floating, half fixed purpose, was a book found by Dr. Wallace in the room of a lady,—who was the plaintiff in a suit for damages against a railway company. I think it best, however, to let the doctor tell it in his own dramatic style. "The writer has been called
upon,'" says he, "within the last three years, to testify (as an expert) in three suits instituted for damages, for injuries claimed to have been received in a railway collision. All palpable frauds; all the claimants had been coached by suggestions from Erichsen's book. While at the house of one of them where I had gone to examine the condition of the patient, I saw lying upon the rude mantel a suspicious looking book bound in paper. I am a bit singular about books. It is natural for me to look at them when I see them lying around. I said the book looked suspicious. It did. There were some rather odd, red lines, I felt sure I had seen before. I, with an affected purposeless manner, picked it up. Now, this was very rude, my looking at the book! but I could not resist the temptation to see if I was good at _guess_. On the cover was, 'Concussion of the Spine, by John Erichsen.' One of the claimants referred to. asked for $20,000, for spinal concussion with resultant paralysis. She was a hale, healthy woman, about forty years old, weighing about two hundred pounds avoidupois. She had been laboring under this _terrible affliction_ for six years, and yet, _mirabile dictu_, not the least discoverable atrophy of the completely paralyzed arm, and not a symptom of nervous derangement in sight."

Now, we are free to confess that the doctor _is_ a bit singular in looking at a book, when he sees it lying around, and that he was a little rude in taking it off the rude mantle,—and the large woman had no business studying her own case, when so distinguished a neurologist as the doctor was in reach, and where so many railway surgeons could be found who would willingly relieve her of all intellectual effort in that line,—but we must insist that all these admissions do not make out a case of fraud against the woman. It is to be regretted that Dr. Wallace did not give us a more elaborate history of that woman, and it is truly unfortunate that he did not tell the methods adopted, that enabled him to reach such positive conclusions,—in the diagnosis of conditions so very difficult to the ordinary physician.

The only pointers given by him to sustain his position that she was an _impostor_, was "the little book found in her room,"—and that "six years after the injury there was not the least discoverable atrophy in the completely paralyzed arm, and not a symptom of nervous derangement in sight."

Had he gone a little further into the literature of his subject, he would have made the discovery, _that the absence of atrophy_ was not incontrovertible evidence against the assumption of par-
alysis. The sensory ganglia, the medulla oblongata, and spinal cord, receive all sensory nerves and give origin to all motors. The medulla oblongata does not, in any essential particular, differ from the spinal cord, and is considered its cranial prolongation; but whilst the ganglionic portions of the cord are made up of centers which minister to and control locomotion,—the medulla contains the centers of deglutition and of respiration,—and may, therefore, be regarded as representing the stomato-gastric and respiratory ganglia. It is well known that injuries to the spine often produce paralysis of motion without impairment of sensation,—and sometimes paralysis of sensory nerves, without affecting the nerves of motion. It seems clear, therefore—reasoning by analogy—that an injury could also affect the motor nerves, and leave untouched the sympathetic system and the medulla oblongata. When this does occur the paralysis need not, necessarily affect the nutrition of the parts paralyzed.

We are told by Prof. Carpenter, that "there is no good reason to believe that nervous agency is essential to the processes of nutrition and secretion in animals any more than to the corresponding processes in plants." "This is a question," continues that well known physiologist, "which may be more certainly determined by observation than by any possible experiment. That these processes are very readily influenced by changes in the condition of the nervous system, is universally admitted, and it is the intimacy of this connection that has given rise to the idea of a relation of dependency." The very volume condemned by Dr. Wallace reports a case, germane to the issue; one not injured by a railway and consequently suspected of all manner of crimes and conspiracies,—but by the falling of a tree that the patient himself had felled. "The force of the blow was expended on the lower cervical spine, and a complete paralysis of motion, and of sensation of all the parts below, was the immediate result. The weight of the body became greater than before the injury, and the lower limbs retained their heat and physical development. The patient had an unusual share of mental vigor, and was fond of travel, lying on his back in his carriage. Six years after the accident, he appeared before the Green County Medical Society of New York, and asked to have his legs amputated, as he wanted the room occupied by them in his carriage for books and other articles. Both limbs were amputated near the hip-joints without the slightest pain, or the tremor of a muscle. The stumps rapidly healed, and he soon resumed his wandering
life,—traveling over the greater part of the United States. The case presents two remarkable facts," says Mr. Erichsen, "first, that the stumps, completely paralyzed, would have had sufficient vitality to have healed by first intention, and second, that the legs had in no way wasted in the six years, but had retained their normal physical development."

The physiological conditions that permitted the lower limbs of the young man to retain their normal physical development for six years, may have been present in the woman, and prevented the "least discoverable atrophy in her completely paralyzed arm." But through deference to my scholarly old friend, and for the sake of argument, we will admit that she was an impostor,—in the hands of corrupt doctors and shysters, for the sole purpose of robbing a railway corporation. We will go further, and add, that such attempts have often been made in this country, and will doubtless continue to be repeated, until the millennium, but in the name of justice, we ask, where does John Eric Erichsen come in as particeps criminis? He has written a book, and with marvelous accuracy described a condition more frequently met with after railway accidents than after injuries from other causes, and a popular name has been given to it, so simple and appropriate, that all men recognize the character of the injury, by its name alone. Looked at from a scientific standpoint, it matters little who reads the book, or how many millions of dollars have been taken from railway companies by its teachings. The subject that most concerns the medical man, and all other humanitarians, is far above and beyond the narrow channel of dollars and damages. It is the simple question of truth! Did the great surgeon write of things that had no existence when he described that class of injuries? Was it the adroit work of a mischief-maker, to encourage impostors, reward the unscrupulous, or was it a revelation and a truth?

Is there such a thing as spinal concussion; and are railway accidents from their very nature, more liable to cause them, than any other kind of accident?

Concussion means commotion, to shake together, and spinal concussion is thus defined: "The severe agitation, shaking, shock or general disturbance of the minute parts of the spinal cord." "The primary effects of these concussions are probably due to molecular changes in structure; the secondary, are of an inflammatory character dependent on retrogressive changes, such as softening."
"Four pathological conditions are embraced under the term concussion of the spine. 1st. A jar, disordering to a greater or less degree the cord, without any perceptible lesion. 2d. Compression of the cord, slowly produced by extravasation of blood. 3d. Compression of the cord by inflammatory exudations of serum, lymph or pus, within the spinal canal, and 4th. Chronic alterations of the structure of the cord itself, as the result of impairment of nutrition,—consequent on the occurrence of on or the other of the preceding pathological states."

The charge or statement so often made, that spinal concussion, and its resultant sequelae was unknown to medical science before the era of railways, is untrue.

Dr. Maty, in 1766, reported in the "Medical Observations and Inquiries," the case of Count De Lardat, a French officer, who was thrown from his carriage over a steep bank. He was bruised some, but walked to the nearest town, which was a considerable distance. "Thence he pursued his journey, and it was not until the sixth day that he was let blood on account of the injury to the shoulder and hand. He went through a campaign, but in about six months he began to find impediments to the utterance of certain words, and in the movement of his left arm. He was compelled to leave the army on account of the palsy." Sir Charles Bell, the highest authority of his time, in the Surgical Observations, published 1816, relates two interesting and typical cases,—one where the symptoms were immediate, and the other where they developed slowly. Prof. Gross, before Mr. Erichsen first delivered his now celebrated lectures, tells us that "concussion of the cord is produced by falls upon the head, back, feet, or nates, and that the severity of the effect is usually in proportion to the directness of the injury. That the most violent case he ever saw was in an elderly gentleman, caused by a fall upon the buttocks from a height about ten feet down upon the floor." Let us here consider the question anatomically, and see why that kind of accident, or fall, would be liable to produce the character of injury described. The cord is encased in a long, bony tube of short articulations, and has comparatively little flexibility. It is well protected from blows made at right angles to the column, and is not often hurt by such blows, unless the bony casement is fractured, or the external parts show some contusion. A severe jar, however, that strikes the column at either extremity, gives a better opportunity for an exclusively intra-vertebral injury. The
force of the blow is expended *longitudinally*, and on account of the mobility of the cord within its channel, the medullary substance receives molecular momentum throughout its whole length. This molecular momentum in some cases has been sufficient to even rupture the fiamater, and produce a hernia of the medullary substance. Confronted by these facts it is difficult to understand how any one can doubt the possibility or probability of molecular disturbances, when exposed to such blows. I will not reflect upon the intelligence of my hearers by adducing other arguments to sustain the theory of spinal concussion.

Assuming, then, that they do exist, the corollary is inevitable that railway collisions offer more opportunities for them than do all other casualties.

The crash and jar of an engine and train, abruptly stopped when running at the rate of forty miles an hour,—that shatters cars into splinters, that dashes passengers to and fro like shuttlecocks, in all conceivable positions, giving blows and wrenched spinal articulations in every direction,—is the place, above all others, to find molecular injuries to brain, and spine. The difficulty of immediately discovering this class of injuries, and of discriminating between the malingerers and those actually hurt, should make us guarded and conservative,—but cannot be urged as an argument against their existence.

I am not surprised to see the chiefs of railway companies opening their batteries upon Mr. Erichsen and the so-called "railway spine." A careful perusal of the papers read before "The National Association of Railway Surgeons," since its first meeting, will suggest ulterior aims and purposes,—possibly not suspected by the casual observer. The majority of its members meet to discuss subjects pertaining to railway surgery, and to advance, by honest methods, the art and science of medicine. To all such the true physician should be in perfect sympathy. There are others, we think, who are inspired by less praiseworthy objects, and in this class will be found some of the strongest men among them. They are the "chiefs (not all, however,) of the hospital departments" for great railway systems. These are the men who formulate rules for the guidance of subordinates, furnish the schedule of charges to be made for the services rendered by them to employes, pay them their pitiful fees, mould their opinions in harmony with the new dispensation, teach them how to be experts in all manner of railway injuries, particularly the railway
spine, and, above all things, to store their minds with useful knowledge, when called upon to give testimony in suits for damages.

I do not mean to convey the impression that the subordinate surgeons thus taught and drilled, will ever intentionally bear false witness, or in any manner do violence to the most stainless conscience. The object of that corporation school of surgery is to organize a corps of doctors who think alike; who believe Gross and Erichsen teach dangerous and mischievous doctrines; and who are always ready for duty when called upon to give pointers to attorneys, or give evidence in courts of justice.

Dr. W. B. Outten, of St. Louis, one of the chiefs, and an ex-president, I think, of the Association, occupies a high seat in this modern school of surgery, and might be designated as the Professor of "Theory and Practice." In the *Galveston News* of May 11th he gives some racy theories on the causes of railway concussions. It is interesting to note how ingeniously he can turn switches and side track facts that might prove detrimental to railway interests. He says: "The most typical injuries occurring upon the railway occur to the railway employe. His injuries are always far more violent than to the passenger. It can be shown," continues the doctor, "that in 22,929 injuries by employes, only eight cases of this trouble (railway spine) occurred among them, or one in 2400, while we can show that one in every sixty-five passengers injured have this trouble. That when a wreck upon a railway train occurs near a large city, that you invariably have railway spine, simply for the reason that the neurologists or nerve doctors are always present in the cities, while we can show that twenty times the number of accidents occurring upon a road away from a popular center, never have them."

What wicked, unscrupulous fellows those town doctors must be! The thought never seems to have drifted into Dr. Outten's well-disciplined mind that the physicians of towns and cities, who are unbiased by official influences, and untrained by high authorities, whose lives are devoted to all humanity instead of a special interest, are as liable to be correct in their diagnoses as are the commissioned doctors of railway corporations. This railway chief does not tell us how the statistics were gathered that exhibit the remarkable disproportion of spinal injuries, between passengers and employes. One in every sixty-five passengers injured by railroads have spinal trouble, and only one in every twenty-four hundred of employes are so afflicted. In twenty-two
thousand nine hundred and twenty-nine employes injured, only eight cases of that trouble are on record. When we remember that railway surgeons, as a rule, are the only ones who attend the injured employes, it is remarkable that a single case was found with that most obnoxious of all diseases. The probabilities are that those eight must have, in some inscrutable manner, escaped from railway hospitals and been treated by unpretentious, old-fashioned practitioners. With the lights before us now, it is safe to assume that had either one of the eight cases been registered on the hospital books of any of the railway systems of America, within the last year, we would find opposite their respective names either "traumatic psychosis" or "hypochondriasis." Railway surgeons keep the records that make statistics, and they are certainly experts in the business. With my own limited opportunities for seeing that class of injuries, I now have under treatment a typical case of so-called railway spine, in the employment (as brakesman) of the Houston & Texas Central railway. He is a very intelligent colored man, who had probably never heard of spinal concussion, nor has he been trained by town-cultured neurologists for a special purpose. In a collision he was thrown violently from the flat car, upon which he stood, to the ground. He was bruised some, and for a few minutes insensible, but no serious injury could be discovered by Dr. Watts, the physician who first saw him, except a paralysis of the left leg. I was several times asked by Dr. Watts to visit the man, but failed to do so until three weeks after the the accident. At that time he presented a well marked case of spinal concussion, without the least evidence of external injuries of any kind having been inflicted upon the muscles or bones of the spinal column. The concussion had evidently been greatest about the middle of the spine and downward. There was a partial paralysis of the left leg, paralysis of the bladder, and hyperæsthesia. The foot of the affected leg was considerably swollen from impaired circulation. The spasmodic twitching, tingling sensation, expression on the face of pain and anxiety, were all present to indicate an unquestionable case of spinal concussion. Had Dr. Outten himself seen the unfortunate man, he might have been persuaded to add one more name to the list of employes whose spinal column had felt the shock of railway collisions.

A good, strong backbone is a fine thing to have, particularly in a railroad employe, and the great chiefs who control the hospital departments, seem to venerate that important part of the
human anatomy, and believe it capable of enduring tremendous strains. To illustrate their superb confidence in its ability to endure, I respectfully refer to a case reported by me several years ago. A section hand was thrown from a hand-car, near Manor, Texas. Dr. Gregg, a well-informed physician of the place, was called, and found a broken spine. Under the rules of the hospital service, physicians called to accidental injuries inflicted upon employees, had to report by wire to the hospital authorities, and receive instructions to render the needful attention, or the account for the services would not be paid. Temporary dressings, to give immediate comfort, were made, and the message sent to headquarters. In place of orders for the doctor to continue in charge and exercise his judgment as to the time for sending his patient to the hospital, an imperative command was given to the agent of the company to "send the man on first train to the Houston Infirmary." I have no information as to who gave the order, but as it was obeyed, the presumption is legitimate that it came from some one in authority.

The attending surgeon was not notified of the intention to remove his patient, and of course had no opportunity to support the broken back by splints, or plaster dressing. As might have been expected by any one familiar with spinal injuries, long before the train that bore him reached its destination, death, in mercy, came to the sufferer's relief.

The official who gave the order of removal was doubtless ignorant of the man's physical condition, but it was his duty to know the character of an injury before sending a telegram that had all the force, the consequences and responsibility of a death warrant.

Not only the chiefs were heard from, at the last convocation of National Railway Surgeons, on the subject of railway spine, but a lawyer (a member of the Association) from New York, armed cap-a-pie with technical lore, leaped into the arena, and shivered a lance on the helmet of the mighty Erichsen.

Judge Clark Bell, the editor of the Medico-Legal Journal, read a lengthy paper on the subject. "Railway Spine," says this most learned judge, "is the Nemesis of modern surgery. Invented by one of the most clever English surgeons as a means of procuring enormous verdicts from railway corporations in accident cases, it has baffled both railway surgeons and counsel, and, vampire like, sucked more of the blood of corporate bodies than all other causes combined." I will quote a few sentences from this brilliant medico-legal writer, to show the exuberant fancy
and spectacular rhetoric of an eloquent railway lawyer, when he sees that awful vampire sucking the life blood from inoffensive corporate bodies. Still on the railway spine, he continues: "Unknown before the era of steam, it is a plant sprouted on English soil, which has exhibited phenomenal growth in its infancy,—has developed in the last half of the present century into a tree that, like the banyan, has sent out branches that have taken root in the soil of all countries where civilization has carried her standard. Unknown, absolutely, among the savages" (that is remarkable, as the savages are so well informed on all other subjects pertaining to nervous disorders), "not found away from railways, it has been an incubus and parasite upon that magnificent growth, the modern railway, which, like the ivy on the oak, has nearly strangled the trunk by its contaminating influence."

Now, who would have believed that a little volume, based upon scientific truths and describing pathological conditions known to exist, could have equalled in its blighting influence the combined forces of war, pestilence, and famine. Invented to promote fraud and mischief; it is a remorseless vampire, a banyan tree, an incubus, an insatiable parasite!

The great Englishman little dreamed of the fate in store for him, in this far-away western world, when he launched those fourteen lectures on the sea of surgical literature. Yes, Judge Bell was right in one statement, if in no other. Mr. Erichsen did invoke a kind of Nemesis, that throws its arms around poor broken, paralyzed, maimed humanity, and with even handed justice holds the scales for the weak and helpless against the rich and strong. In the eyes of the sage of Waco, and the railway surgeons of America, he may have committed a lasting wrong; and they may herald their theories to the uttermost bounds of the earth,—but they will never dim the lustre of so noble a life. If all other books written by him were lost, his name and fame would go down the ages on that single volume, "Concussion of the Spine.'"

How dear to our heart is
Cash on subscription,
When the generous subscriber
Presents it to view;
But the man who don't pay—
We refrain from description,
For, perhaps, gentle reader,
That man might be you.

—Chatham (N. Y.) Courier.
For Texas Medical Journal.

SOME REMARKS ON THE ÄETIOLOGY, PATHOLOGY AND TREATMENT OF MALARIAL HÄEMATINURIA.

T. F. OATES, M. D., MEXIA, TEXAS.

The scarcity of literature upon malarial hæmatinuria is without a parallel in the history of medicine; why this scarcity, is a problem difficult of solution. It can not be the infrequency of its occurrence or the circumscribed habitat of the disease; for it occurs annually, and perhaps in almost all the Southern and Western States, as well as Africa, South America and other southern countries. Indeed, its habitat must be coextensive with that of malarial fevers. Neither can it be the mildness of the malady, for its fatality makes it a dreaded monster wherever it is known. Epidemics of great virulence are not infrequent in the bottom country and swampy districts of the South. Whatever be the cause, this scarcity is quite apparent. Now and then an article in some medical journal by a country doctor is published, and this is the main source and almost the limit of the present knowledge on the subject. So far as I know there is not a single exhaustive scientific treatise upon the ætiology, symptomatology and treatment of malarial hæmatinuria.

Therefore, in this paper, should I go far astray, I would not go counter to any great scientific deliverance upon the subject. Our medical lecturers and writers are on record about as follows: Malarial hæmatinuria is a malarial disease, therefore, treat with calomel and quinine. And a majority of the profession who are neither lecturers nor writers, were they to express themselves would drawl out in parrot-like style the same sentence. Upon the ætiology of black jaundice, as it is vulgarly termed, perhaps but little difference of opinion obtains. It is not positively settled that malaria is even the primary cause. No proof to that effect has been brought forward, yet it is, without formal proof, the universally accepted opinion that the germ of intermittent and remittent fevers is also the primary cause of this disease. Further than this there is perhaps no general agreement as to the ætiology of malarial hæmatinuria. By the majority of medical men there is no other than the primary cause, no other cause than the micro-organisms of malarial intermittent
and remittent fevers. I am in accord with the prevalent opinion in regard to the original cause, but the immediate causative agency is quite an obscure and complex condition, more comprehensive than the simple microbe. The bacterium or hæmatozoön may be a factor of the secondary cause.

It is only a factor. It does not comprise the whole of that cause. Malarial hæmatinuria is the sequel of malarial intermittent or remittent fever and not one of those fevers. Pathologically it is like the devastated condition of a country through which a great army has been marching and foraging, leaving here and there straggling soldiers, who continue pilfering, annoying and exhausting the already impoverished country.

There is a long chain of pathological processes, the first link of which is that of intermittent or remittent fever, the last of which is hæmatinuria, and the links of this chain, one after another, are forged something like the following: At first the blood is impregnated, the entire system is permeated with malarial hæmatozoa. Sporulation takes place, and a chill ensues; quinine is administered, and the offending germs are dead. The nerve shock as manifested by the febrile action passes off, and the first link is wrought.

The spores, no doubt, have been robbed of vital germinal force by the antiperiodic. An unhealthy second generation of plasmodian life has begun. Unhealthy and few in number, this second generation gives rise to no appreciable disturbance in the economy of the patient, and so it continues to the third generation on or about the seventh day; or if the spores are affected, more decidedly devitalized till a very few of them generate into a yet more sickly life, it may require six generations or fourteen days. This we often see.

But the third or sixth generation, as the case may be, is a large army of stalwart fellows, and they produce a repetition of intermittent fever, or perhaps if more numerous and yet more robust, the severity of pernicious or congestive chill may be observed. But again quinine is administered, and the malarial parasite is crippled, and perhaps for three or six generations, as before. Thus it continues for months, usually from early summer to early autumn, and while the number of germs in the blood is thus kept down to a small insignificant number, yet that number is living on the blood tissue, devitalizing and poisoning it with their leucomains or toxines. The blood finally becomes deficient in oxygen and surcharged with carbon dioxide. Impend-
ing dissolution of the vital fluid is apparent; in fact, dissolution of the red corpuscles has begun, and we have the disease known as malarial haematinuria, manifested by the port-wine urine, canary skin, buccal mucous membrane, and conjunctiva; by nausea, fever and constipated bowel, and this is the last link in the chain of pathological process. Thus we have not so much a germ to treat, but a pathological condition consequent upon the long continued habitation and procreation of germ life in the economy. The blood has been robbed day by day, little by little, of its oxygen carrying power, and we have, as already has been said, a deficiency of oxygen in the blood, a proportionately increased quantity of carbon dioxide, disintegration of red blood cells, red urine from excretion of those broken down cells, which in the act of excretion sometimes become so abundant that a damming, or blocking up takes place in the kidneys, and we have anuria. The lining membrane of the bowel, and sometimes the stomach, is plastered over with these same disintegrated blood cells in the act of excretion by this tract. The mouth of bile duct is blocked up by the same, and we have absorption of bile into the blood. This absorption, together with the coloring matter from broken down cells, permeating the entire system, produces the yellow skin, conjunctiva, etc. We have, to be sure, a few malarial haematozoa. To treat black jaundice, therefore, is to correct the pathological condition just outlined. In this, as in many other conditions, we cannot treat the primary cause. The immediate cause demands our first attention. We have said the blood is deficient in oxygen. As to whether this deficiency of oxygen results directly from reduction of the oxygen carrying power by the absence of one of the essential constituents of the blood, or from reduction of carbonic acid carrying power, we shall not attempt to explain at length. The probability is that the deficiency of oxygen is caused by the failure of the blood to carry off the carbon dioxide, which in turn displaces the oxygen. What is that element that gives the blood tissue its solvent power over carbon dioxide, and thus secondarily over oxygen? The blood is a heterogeneous mixture of elements or compounds, and to retain its power to perform its full physiological function, each component part, element, or proximate principle must vary only within certain limits. When any one of these is increased or diminished beyond these limits, a diseased condition is the result. In the disease, or pathological condition now under consideration, the blood has been re-
duced in its alkaline phosphates to the extent that it no longer carries sufficient oxygen, and it is by virtue of the alkaline phosphates that the blood is especially a great oxygen carrier, whether it be directly or indirectly.

As to whether the dissolution of the red cells takes place by reason of the disturbed proportion of the component parts, caused by the diminished phosphates, or by reason of imperfect oxygenation consequent upon diminished phosphates, I shall not stop to inquire. It is sufficient to say that the immediate or proximate cause of the pathological condition present in malarial hæmatinuria is a diminished proportion of the alkaline phosphates. The pathology of this affection at once suggests the treatment; clearly, the first indication is to furnish the blood with abundance of the phosphates. But to do this effectually the alimentary tract must be swept of the unhealthy debris with which it is filled, then the phosphates may be administered. Synchronous with this the kidneys should be cleared out with a non-imitating diuretic.

Next our attention is addressed to that half-developed but well acclimated brood of malarial hæmatozoa; for this gives an anti-malarial. Excite nutrition with stomach and blood tonics, and furnish to the system easily appropriated nutrients. As representative of the alkaline phosphates I give sodium phosphate; as a non-irritating diuretic, acetate of potassium; Fowler’s solution as the anti-malarial specific, and as a cathartic mercuric chloride.

Called to a case, diagnosis clear, I begin treatment by giving to an adult twenty-five or thirty grains of mercuric chloride; at the same time begin with fifteen grain-doses of potassium acetate, and twenty to thirty-grain doses of sodium phosphate at intervals of three hours; also half glass of sweet milk, containing a tablespoonful of brandy, at same intervals. The next day direct the same continued, except the mercuric chloride, which already will have accomplished its purpose, and give in addition Fowler’s solution, four or five drops, in a half glass of milk punch, every three hours. I make no further change till the third or fourth day, when I usually give a prescription of tincture of chloride of iron and chlorate of potassium. I can not give the exact specific indications for the last prescription, but, in a general way, may say that it furnishes ingredients deficient in normal quantity. This plan of treatment has enabled me to report about fifteen consecutive cases without a single death. Some of this number were mild, others of the severest type. I wish to call
especial attention to the fact, which already I have attempted to emphasize, that the main indication in treatment is the administration of sodium phosphate freely and persistently from the beginning, for that meets the main pathological condition, namely: deficient oxygenation of the blood. I wish to call attention, also, to the fact that there is no great urgency for the administration of any anti-malarial, or rather any remedy that will kill malarial germs. But especially do I wish to express, in raised letters, my condemnation of the use of quinine, not that it fails to have its usual specific effect upon the micro-organisms, by any means. In the first place, these little blood animals are not so numerous as to create any great immediate alarm. In the second place, the blood tissue is devitalized to that extent that disintegration is rapidly going on—complete dissolution impending. Quinine is a protoplasmic poison. It inhibits functional activity of the blood. The blood is not in a condition to bear any drafts upon its physiological resources. It may kill the remaining micro-organisms, but at the same time in severe cases it will prove to be the "feather that breaks the camel's back." It may give the finishing touch to the devitalizing process to which the blood has been subjected so long.

For the well-acclimated germ of chronic malaria, arsenic is the ideal specific. It is not a protoplasmic poison; it does not inhibit functional activity of the blood; it favors constructive metamorphosis, and withal, as has been said, destroys the micro-organism of chronic malarial toxaemia.

For Texas Medical Journal.

ENDOMETRITIS.

BY T. J. WAGLEY, M. D., CLEBURNE, TEXAS.

Read before the Johnson County Medical Society, May 22, 1894.

GENTLEMEN OF THE ASSOCIATION—Having been selected by this Society to read a paper on the subject at the heading of this article, I hope I may be pardoned for including a short notice of areolar hyperplasia, the so-called chronic metritis of some authors. I do this for several reasons: In the first place, the two diseases are very intimately associated, and often co-exist in the same subject; that they are caused chiefly by the same morbid conditions, such as subinvolution, displac-
ments, etc.; are attended by a number of similar symptoms, pain in back and loins, leucorrhœa, menstrual and nervous disorders, etc.; and for the further reason that the treatment of the one necessarily involves that of the other when they happen to occur in the same patient. And I might still add, inasmuch as I am reading to physicians who lay no claims to special knowledge in this branch, the hyperplastic condition of the uterus is sometimes overlooked in this class of cases.

First taking up cervical endometritis, I wish to state the fact that the so-called chronic inflammations, which are not inflammations at all, differ from acute inflammations, inasmuch as the former will often limit their effects to a single membrane, or to a part of an organ, whereas the latter will involve the entire organ.

Thus we have in chronic endocervicitis an affection, not an inflammation, as often described, of the mucous membrane, limited in extent from the os externum to the os internum, perhaps the most frequent of all diseases met with by the gynecologist, due to the frequent exposure of the cervix to irritation during coition, while walking or riding, and as a result of injury during labor.

From the oft-repeated hyperæmic conditions produced by these different irritations, the mucous glands become involved in the morbid action, and secrete a large quantity of viscid mucus, which is found plugging up the os, and is one of the characteristic symptoms of the disease. There are other pathological conditions not necessary to mention, as you have them better described in your text-books. The causes are many, but chief among them are malnutrition and subinvolution. The symptoms that first attract the attention of patient and physician are leucorrhœa and disordered menstruation, and if the disease is not arrested will result in graver complications, such as cystitis, vaginitis and hyperplasia, the latter causing displacements of the uterus, by substituting for the dense framework of that organ, a flaccid areolar tissue incapable of supporting it. These changes occur after cystic degeneration of the cervical mucous glands.

A diagnosis is easily made—the thick, tenacious mucus exuding from the os, a puffed or roughened granular os may be felt, or the mucous glands alone may be involved. It is important to decide whether or not we have to deal with corporeal endometritis as well. The disease rarely, if ever, gets well unaided.

Treatment: Besides the general regimen, which is of great importance, you want alterative applications to the cervix in mild
or recent cases; incisions or dilatation and curetting in graver ones. In this disorder the affected parts can be reached with ease, and it would be reasonable to suppose that we ought to cure it without difficulty with local applications, and such has been my experience in a large number of cases; but in all cases of severe glandular disease nothing short of absolute destruction of the glands with a curette will relieve it.

The next subject to engage our attention is corporeal endometritis, a disease of not so frequent occurrence as endocervicitis, certainly, but in my opinion much oftener met with than some authors would lead us to believe. This, like endocervicitis, is a glandular disease, the metricle follicles being the seat of trouble and source of the characteristic leucorrhœal discharge, a thin muco-serous or muco-purulent secretion. In long standing cases the utricular glands atrophy, and large numbers become obliterated, involving the destruction of portions of mucous membrane, which is replaced by thin connective tissue, the cavity of the uterus is nearly always enlarged and walls thinner, unless complicated by arcolar hyperplasia or subinvoluion, the mucous membrane swollen, soft and smooth, or covered with granulations; bleeds freely when touched with a probe.

The chief causes are subinvoluition, sudden checking of the menstrual flow, obstructions to the flow from whatever cause, displacements, etc.

Diagnosis is not very difficult; the leucorrhœa, enlarged cavity, bleeding upon the slightest touch, throbbing, bearing down in the supra-pubic region, and nearly always sterility. The reflex neuroses are very much the same for the various uterine disorders.

TREATMENT: Local applications in this disease except, perhaps, in very mild or any recent cases, are nearly useless, and certainly do not effect a cure, and for the best of reasons. In the first place it is impossible to thoroughly apply your remedies to the diseased lining, either with solid caustics or with pledgets of cotton dipped in a medicated solution, on account of its inaccessibility. Most physicians use pledgets of cotton when nearly all the solution is pressed out, as it passes through the cervix. The only possible way to reach the entire lining with your applications would be to dilate the cervix, generally under an anaesthetic, and confine the patient in bed for some time afterward; a thing that would prove impracticable, if it had to be repeated very often.
Intra-uterine injections, condemned by some and feared by nearly all, is the only possible means of making applications to every part of the mucous lining, without dilatation; and I only regret that my experience has not been large enough to speak of them with greater confidence, for I have used them many times without a single accident of any consequence. My resorting to them in the first instance was somewhat accidental. During my early practice, before I had given the subject of gynecology very much study, or had a very clear idea of the pathological conditions causing the trouble, I was called to treat some cases of uterine hemorrhage in the non-puerperal state. As these cases grew somewhat alarming, and the hemorrhage increased after each attempt to make astringent applications, I decided to try injections of carbolic and of tannic acids, which not only arrested the hemorrhage but cured my patients as well, or at least they thought themselves well at the time, which contributed not a little to my reputation, as other physicians had failed to afford any relief; so, after such an experience, you can readily understand how I could persuade myself that the dangers of the method had been exaggerated, and to use a remedy that had proven so efficient. I therefore began to use them in intra-uterine disorders generally, but more especially where there was hemorrhage or much leucorrhoea; and in one case only did I have the slightest trouble, and that one, a not very severe uterine colic, yielded readily to hot applications over uterus and a hypodermic of morphia.

With the greatest possible precautions, in careful hands, with suitable instruments provided with return flow, and carefully inspected before using, with gentle pressure on, what I prefer, the rubber bulb, and watching carefully to see that the return flow responds sufficiently to each pressure, I repeat, that if all of these precautions are taken, I believe the practice to be justifiable and safe.

In serious, cases, however, the most efficient, safe and expeditious manner of dealing with them is with the sharp curette.

Now, gentlemen, in regard to curetting, you often hear its advocates say that they do in a day what it took gynecologists, in former times, months to accomplish. Now, in a certain sense this is true, but not in the one you are very likely to take it in. I have been using these instruments for fifteen years, not with the same boldness that I now do I must admit, for I was taught by Thomas that you could cut, scrape or cauterize the cervix
with impunity; but that it was decidedly dangerous to handle the body in any such manner. More recently, believing that I had used unnecessary caution, I have boldly attacked the endometrium with the sharp curette; and that there be no fault in the technique of my operations, I have talked personally with eminent gynecologists who report excellent results, but can discover no fault with my own methods. I treat the organ antisepically afterwards, packing the cavity with antiseptic gauze; but the majority of my patients do not get well in a few days. Now a moment's thought will make you understand this. That they accomplish in a day what it took months to do with local applications, is correct in regard to the lining of the uterus. The removal of all vegetations, the rupturing of the turgid blood vessels in the mucous lining, and the destruction of all diseased glands, if it be done thoroughly, will cure the endometritis in a short time, and is unquestionably the correct treatment; but in the great majority of cases your patient is not cured. There are a number of complications, such as cystitis, rectitis, uterine displacements, areolar hyperplasia, etc., some of them, it may be, results of the disease in question, that must yet be cured and will require time.

The object of my remarks is not in any way to discredit the curette, but to put you on your guard against expecting too much from it, and to remind you that you still have other morbid symptoms to meet after the trouble, which it is especially intended to cure, has been relieved.

As I said at the beginning of this paper, I will briefly notice areolar hyperplasia, because it is a complication that so frequently persists after you have cured your endometritis, continuing a number of distressing symptoms on account of the increased size and weight of the uterus and resulting displacements. This disease, until recently, was thought to be a chronic inflammation of the uterine parenchyma, the so-called "chronic metritis."

More recently the microscope has brought to light the fact that it is a proliferation of the tissue, principally connective, due to chronic hyperæmia, which hyperæmia is kept up by interference with the retrograde metamorphosis of the puerperal uterus, called subinvolution, also by endometritis, lacerated cervix, malpositions, etc. The cervix, being more liable to mechanical irritation, is more often affected.

One symptom of importance is the amount of pain during sexual intercourse; but the physical signs are of most value from a
diagnostic standpoint. The uterus is very large and heavy, espe-
cially the cervix, which hangs low down in the pelvis and is very
tender to the touch. Many serious disorders accompany this
disease, either as cause or effect, such as cystitis, rectitis, celluli-
tis, etc.

**Treatment:**—Cure the endometritis or endocervicitis, if they
are complications—remove any vegetations that may be on the
mucous lining, or granulations from the cervix; make free inci-
sions into the swollen cervix; deplete with cotton and glycerine,
use vaginal douches, and make intrauterine applications, such as
carbolic acid and iodine; but more especially support the organ
and correct the malpositions.

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**Current Medical Literature.**

**DEPARTMENT OF PRACTICE OF MEDICINE.**

**EDITED BY PROF. ALLEN J. SMITH, M. D., GALVESTON,**
Professor of Pathology and Lecturer on Mental and Nervous Diseases in the
Medical Department of the University of Texas, Galveston.

**Vasomotor Ataxia.—**Dr. S. Solis-Cohen, of Philadelphia *(American Journal of Medical Science, February, 1894)*, thus
summarizes an article upon the above subject:

1. By the term vasomotor ataxia it is proposed to designate
the condition of instability of the mechanism of circulation pre-
sent in certain persons and characterized by abnormal readiness
of disturbance, with tardiness of restoration, of the equilibrium
of the cardio-vascular apparatus. The manifestations are most
strikingly displayed by the heart and by the peripheral vessels
of the extremities, but analogy indicates the occurrence of simi-
lar phenomena in the vessels of the glands and viscera, more
especially in those of the kidney, of the gastro-intestinal tract,
and of the brain. They may occur apparently spontaneously,
but often there is a recognizable exciting cause. Among the
influences acting as excitants, are temperature, especially cold;
toxic agents formed in the body or introduced from without;
visceral or reflex excitation, and emotion. The stimulus may
be applied centrally or peripherally, but in either case the result-
ing phenomena indicate a defect of central inhibition, the ex-
pression, probably, of functional or nutritional aberration in the great ganglia of the visceral nervous system, in the medullary centers, or in both. The morbid anatomy is uncertain, and the results of necropsies necessarily inconclusive.

2. Vasomotor ataxia may be acquired as a sequela of disease; in many cases it is congenital; in some cases inherited; the condition is not rarely present in several members of a family.

3. In some cases the phenomena are of paretic, in others of spasmodic character. Usually the two kinds of phenomena are displayed in varying degree in the same patient. Whether spasmodic or paretic, the symptoms are suggestive of inco-ordination. They are always in some degree paroxysmal.

4. In exophthalmic goitre, especially such cases as are produced by emotion or are markedly intermittent, is found the extreme type of the "relaxing" variety of vasomotor ataxia.

5. The form of Raynaud's disease known as "local syncope" furnishes an extreme type of the "constrictive" variety, while "local asphyxia" exhibits phenomena of both abnormal relaxation and abnormal constriction of the vessels.

6. Between these extremes are numberless gradations down to the slightest departure from normality, while even the extreme symptom-groups represent merely exaggerations of phenomena that under certain conditions occur in normal individuals.

7. Dermographism is an essential feature of vasomotor ataxia, and in most cases factitious urticaria can be readily produced by cold or by pressure, or by both; mottlings of the skin, certain peculiar markings of the nails, telangiectases, and stigmata, are common.

8. There is usually a hemorrhagic tendency, as shown by ecchymoses, petechiae, hæmoptysis, hæmatemesis, hæmaturia, and retinal hemorrhage.

9. Even in the absence of hæmaturia, red blood cells are often found in the urine; uric acid, urates and oxalates are likewise common; the presence of albumin, tube-casts and cylindroids is less common, and is usually intermittent. Glycosuria has been observed.

10. In many striking cases there has appeared to be morbid alteration of the thyroid gland.

11. The action of the heart is usually rapid, irregular, and easily disturbed; palpitation is common, and intermittent tachy-
cardia has been noticed. Hæmic and functional murmurs are not uncommon.

12. Among other symptoms and morbid associations observed are anæmia, hysteria, drug idiosyncrasies, urticaria, local œdema, hyperidrosis, angina pectoris, and pseudo-angina, organic heart disease, pulmonary tuberculosis, asthma, hay fever, vertigo, migraine and other forms of headache, transient hæmianopia and other visual disturbance, persistent mydriasis, astigmatism, myopia, hyperopia, menstrual irregularities, intermittent polyuria, rheumatism, rheumatoid arthritis, contractures of digits, chorea, epilepsy, neurasthenia, neurotic dyspepsia, gastralgia, enteralgia, and membranous enteritis, most of which are doubtless fundamentally related as effects of a common cause, or as secondary results.

13. In making a diagnosis of simple vasomotor ataxia, it is necessary to exclude primary organic disease. The occurrence of such disease later does not invalidate the original diagnosis. The development of pulmonary tuberculosis in some cases is probably a sequence of vascular and trophic disturbance in the lung. Cardiac hypertrophy and renal lesion may likewise be among the results of disordered circulation.

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INSANITY AMONG SILK-MILL EMPLOYEES.—Dr. W. P. Spratling, formerly assistant physician in the Morris Plains State Insane Asylum of New Jersey (New York Medical Journal, May 19, 1894), reports that between January 1, 1887, and December 31, 1893, there were admitted into the Morris Plains Asylum from the silk-mill workers of a single town of New Jersey having less than 100,000 inhabitants, fifty-seven cases of insanity, thirty males and twenty-seven females. Of these, 33 (or 57 per cent.) are attributed to overwork; four have a history pointing to an hereditary origin. The cause is unknown in 13 cases, of which the author is inclined to attribute one half to overwork, thus making a total of 70 per cent. due to physical and mental stress. Nearly 80 per cent. were of acute types, mostly of the form of acute melancholia. Of these cases, at the close of the past year there had been fourteen recorded as cured, five improved, six unimproved, six dead, and twenty-six remaining under treatment as chronic and incurable cases. The unusually large proportion of cases from workers in a single industry, almost constituting an occupation affection, the author attributes to "stress, direct, continuous and powerful," applied in different ways:
long hours spent daily in managing complex and delicate machinery, one person sometimes doing the work of several in order to increase his earnings; insufficient mental relaxation and rest; insufficient outdoor exercise; the accuracy and complexity of manual motion; the mental application constantly required; the vitiated atmosphere and poor food so common to this class of people.

INTRODUCTION OF THE EXOTIC DISEASES OF CHILDREN INTO AMERICA.—Dr. J. Lewis Smith, of New York (American Journal of Medical Science, March, 1894), calls attention to the fact that our Indians were entirely free from the contagious diseases of childhood, as well as gonorrhoea and syphilis, until the discovery of America by Columbus. It chanced that in the latter part of the fifteenth century, syphilis and gonorrhoea, as yet undifferentiated, first attracted serious attention in Europe under the name of Morbus Gallicus, and as the sailors and soldiers of Columbus were affected by it, an absurd theory for the time prevailed that the disease had been communicated to them by the natives of the West Indies—the opposite being in reality the truth.

The low class of adventurers who surrounded and succeeded Columbus introduced small-pox into the island of Hispaniola eleven years after the death of Columbus (1506). Cortez, however, carried with him from Cuba the negro who was his most powerful weapon in the conquest of Mexico; from this one negro arose the appalling epidemic of variola that rendered the Mexicans such easy victims to the conqueror. Dr. Moore is quoted as stating that 3,500,000 natives were destroyed by the virulence of the disease in this one kingdom. Later, through the agency of William Penn's colonists, the disease was introduced into Pennsylvania (1682), the malady having broken out in one of Penn's vessels, the Welcome, during the passage.

Scarlet fever and measles were not differentiated one from the other until two centuries after the discovery of America; hence the term "measles," applied to both, may have meant either one in referring to an epidemic disease which appeared in the West Indies soon after their occupation by the Europeans. However, the author concludes from the evidence examined that scarlatina did not appear in the western hemisphere until within the last two centuries. In 1635, in Kingston, a town about forty miles east from Boston, occurred the first case of diphtheria, and coincident
with the first epidemic of this disease, which followed, was also one of scarlet fever. The latter again disappeared, or became so rare that it was not again mentioned in medical literature in this country until a century later, when the first epidemic of scarlet fever in Philadelphia (1774) occurred. Subsequently it became frequent in America. Professor Louis Thomas, in his monograph in Ziemssen's Encyclopedia, states that this disease spread from Europe over America.

Measles was described by the Arabic school of medicine as early as the tenth century. An epidemic of this disease occurred among the Indians in the first decade following the discovery of the continent.

In the history of the Kingston epidemic of diphtheria, in 1635, it is interesting to note that the first forty cases attacked by it perished. This dread disease extended westward, but it took years before it reached the Hudson, probably because of the slowness and difficulties of travel. A widespread epidemic of some throat distemper was described on Long Island just before the Revolution, but no epidemic of diphtheria is mentioned from the time of the Revolution until the end of the century; in fact, it was not until the decade following 1850 that it made its appearance to any extent; since then it has become established and endemic in our towns.

DEPARTMENT OF GYNECOLOGY.

EDITED BY WM. KEILLER, F. R. C. S., ED.,
Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Providence Dispensary.

Bone Marrow in the Treatment of Pernicious Anæmia. —Prof. T. R. Fraser (Edinburg) reports a case which gives new hope in the treatment of this deadly form of anæmia. The patient, male, aged 60, got worse rapidly under iron and arsenic, but improved promptly and steadily when three ounces daily of ox and calf bone marrow, uncooked, were administered. The case was of such urgency that at first the iron and arsenic were continued along with the marrow, and at other periods thirty grains daily of salol were given with the bone marrow (the iron and arsenic being stopped). Later on, however, the patient continued to improve under the marrow treatment only. The hæmocytes rose from 843,000 per cub. mill. to 3,900,000 per cub.
mill., and the haemoglobin from 18 to 78% in a little over two months, and the patient was discharged fit for work. The case appears to justify the hope that bone marrow will be found to have a remedial value in some at least of the cases of pernicious anæmia.—Brit. Med. Journal, June 2, '94.

Dr. A. Sykes-Ward reports a case where a piece of gum-elastic bogie 5½ inches long was found partly in the uterus, partly in the vagina, 11 months after it had been introduced (succefully) for the purpose of procuring abortion. The only result was a purulent vaginal discharge. It is remarkable that it should have been retained in utero after the miscarriage and that there should have resulted no peri-uterine inflammation.—Brit. Med. Journal, June 2, '94.

**Action of Salicylic Acid and its Compounds on the Uterus.** H. N. Vineberg, M. D.—(N. N. Medical Journal, June 23, 1894.)

Given in full doses for sheumatism salicylic acid and salicylate of sodium have been found to cause abortion in the pregnant uterus, to increase the hemorrhage during the puerperium though not interfering with involution, and to induce a flow in patients who have suffered from scanty and irregular menstruation. Dr. Vineberg concludes from his observations:

1. Salicylic acid and its compounds may be found useful in scanty and delayed menstruation.

2. They should not be administered to pregnant women who have a predisposition to abort, or to women who suffer from menorrhagia or metrorrhagia.

3. Their administration should be watched carefully in all cases of pregnancy, and on the appearance of any "show" or anything resembling labor pains, they should be discontinued.

**Society Notes.**

**Call for Organization of a District Society.**

Bowie, Texas, June 30, 1894.

Dear Doctor:—Realizing the very great necessity of a medical association, conveniently located to the physicians along the lines of the Fort Worth & Denver and the Rock Island Railroads,
and adjacent country between Fort Worth and Amarillo on the Denver, and Duncan on the Rock Island, we have, after very careful consideration, decided to invite the physicians in said territory to meet at the office of Dr. C. C. Davis, in Bowie, Texas, July 17th, at 10 o'clock a. m., to perfect such organization, and consider the propriety of permanently locating it in Bowie, this place being centrally located, and very accessible.

We very earnestly solicit you to meet with and give us your aid in this all-important matter.

Knowing the character of the material that will compose this Association, we feel that it cannot but be a grand success. Please notify Dr. C. C. Davis, Bowie, Texas, as early as possible, if you will attend on the above date.

Trusting this move will meet your approval and have your hearty support, we are,

Yours fraternally,

W. L. York,
C. S. Bobo,
W. A. Morton,
T. R. Allen,
J. T. Sparkman,
B. C. Mitchell,
C. C. Davis.

Medical Board Organized.—During the recent term of the district court, Judge A. L. McLane appointed Doctors J. P. Arthur, L. M. Berg, J. M. McKnight, W. W. MacGregor, A. W. Wilcox, H. J. Hamilton, T. J. Turpin and F. G. Gongora, of Laredo, and Dr. Layton, of San Diego, as the Board of Medical Examiners for the Forty-ninth Judicial District. They met last Saturday, in Messrs. Arthur, McKnight & Turpin's office, and organized by the election of Dr. J. P. Arthur as President, and Dr. L. M. Berg as Secretary. They will meet again July 25th, for the purpose of examining any candidate who may apply to them for a certificate.

Dr. Swearingen, the State Health Officer, has issued a circular letter to the county and city physicians of Texas, containing suggestions as to limiting the ravages of consumption by preventive measures,—a timely and sensible paper. A copy may be had upon application. Send for a copy and get your town paper to publish it. The people should be instructed how to avoid the disease.
A SPOOK THAT WILL NOT DOWN.

Dr. Swearingen's paper in this issue will be read with unusual interest. It is not only an able and well written paper and worthy of its distinguished author, but it is upon a subject of great and growing interest to every medical man; one which, at this time, is receiving a large share of attention, not only at the hands of physicians, but by legal gentlemen, and especially railroad attorneys. This paper antagonizes, in a measure, a vast monied interest and a large share of professional opinion, and will doubtless create surprise, and in some quarters, disquiet. It is the first gun of the campaign in a war involving right and justice, as well as vast sums of money; a war to settle the question whether "Railroad Spine" is a "spook," a "myth," a "vampire," or whether it is an entity, a very real thing, a costly thing, that will not down.

The writer calls attention of readers to the indications that the organization of National Railway Surgeons has a deeper significance than appears on the surface. The presence at the Galveston meeting of Judge Clark Bell, of New York,—a distinguished railroad attorney—the man who drew up the first bill chartering the great Northern Pacific railway system,—the editor of the Medico-Legal Journal and the originator of the Section on Railway Surgery in the Medico-Legal Society of America, is significant of itself, of a deeper object than that usually actuating surgical and medical organizations; the fact that he read a paper on that occasion strongly adverse to the idea of the existence of
railroad spine—and the paper itself, are both significant. And something of the underlying purpose may be inferred from his appeal to the combined strength of the Railroad Surgeons of America to make war upon, to put down, to jugulate, destroy, annihilate, exorcise or in some way get rid of this "vampire" which, he says, "is sucking the life blood" of so many corporations!

But the most significant thing yet, is the fact that every paper read at that gathering, on the subject, was in the same line; and, so far as we can now recall, every paper on the subject which has been published recently, has been directed against railroad spine, with one exception; that of Prof. Allen J. Smith in Texas Medical Journal—1894. This paper by Dr. Swearingen is really the first gun fired for the defense, and its echo will reverberate throughout the country awakening responses wherever it is read. We look to see it bring on a general engagement all along the lines, so to speak.

It really begins to look, as is intimated by Dr. Swearingen, as if the National Railroad Surgeons Association is to be a kind of kindergarten for the education of witnesses for the future; as if a systematized effort is being, and to be made to cultivate a sentiment adverse to the belief that serious injury to the spinal cord can be inflicted without external and visible lesion, so that in due time, railroad surgeons, as experts, before courts in damage suits, can honestly and conscientiously swear that there is, and can be no such thing as railroad spine; they will have been educated to it by papers and publications of the sort alluded to, and by statistics like those of Dr. Outten, and other methods yet to be developed perhaps; and it can be seen at a glance what valuable witnesses they will be for the defense.

Poor Erichsen! he has raised a ghost, which, like that of Bancho, will not down: it can not be non-suited—nor pooh poohed—nor laughed out of court,—no matter how ugly, how dangerous, nor how costly to corporations. This paper takes up the cudgel for defense; is the first shot for the much feared, much cussed and discussed "railway spine." It is not, as the doctor says,—"a question of dollars and damages"—but one of science. Did Erichsen tell the truth? Is there such a thing as railway spine? It looks very much like it, and that it has come to stay.

* * *

Apropos of propagating witnesses for the defense:—how is this, coming from the Kansas City Medical Index. (May, 94):
Dr. Geo. Emerson, of Winfield, Kansas, was the local surgeon of the Santa Fe road, of which Dr. G. W. Hogeboon is chief surgeon. The chief complained that the drug bills on Dr. Emerson's prescriptions for railroad employes were too heavy; that drugs dispensed on his prescriptions cost more than the average at other points along the line; and actually ordered him to prescribe cheaper medicines! And that too, let it be remembered—when every employe is taxed a certain per cent. of his wages each month for the very purpose of keeping up a hospital for employes; the drugs were being paid for by the employes' own money.

Dr. Emerson, who, the Index says, is "one of the brightest men in the medical profession of the Sunflower State"—as a man of spirit and honor, had but one course to pursue, and he pursued it—in a rather emphatic manner—it will be seen. He remonstrated, courteously, stated that no one should dictate what he should prescribe; that he had the patients' good at heart, and did not stop to consider the cost of the drugs he thought were needed. But this was not satisfactory, and Dr. Hogeboon notified him that his resignation was in order. It was then that Dr. Emerson telegraphed. "You and the Santa Fe may go to hell!" But he refused to resign or give up his pass, very properly.

* * *

But the gist of this matter is not yet come. Chief Surgeon Hogeboon on February 5th, says the Index, wrote to Troup & Brown, the Santa Fe attorneys at Winfield, asking whom to appoint a local surgeon as Dr. Emerson's successor, stating that "he should be a graduate of the regular school, competent in the practice, and, as you are well aware, one that will make a good witness." [!!! phe-w!]

Taken in connection with the foregoing remarks, it begins to look very much to a man up a tree as if one's swearing qualities are, in future, to be taken largely into consideration when applying for appointment as local railroad surgeon; and that certain attorneys fearing, may be, that too little attention has been paid in the past to the cultivation of that feature of the average doctor's education,—are co-operating in a movement to grow witnesses to order, as it were; to have a crop coming on, from which to draw, to fill vacancies whenever one of Dr. Emerson's sort kicks. See?

Death of Prof. Briggs.—The faculty of the Medical Department of the University of Nashville and Vanderbilt Univer-
sity held a meeting on the 13th of June (ult.), when the President announced the death of Prof. W. T. Briggs. A committee was appointed and drafted resolutions expressive of the sentiments of the faculty touching the sad event, and testifying their high admiration for and appreciation of Prof. Briggs' many excellent qualities. He had been connected with that institution forty-three years, filling with ability and distinguished credit severally the positions of Demonstrator of Anatomy, Adjunct Professor Anatomy, Professor Surgical Anatomy and Physiology, Professor Obstetrics, and, for the last twenty-six years, the Chair of Principles and Practice of Surgery.

Not often, in the career of one man, has so varied and extensive a field of professional labors and duties been successfully cultivated amid the engrossing cares and exactions of a large and laborious private practice. In addition to all this he found time to make numerous and valued contributions to medical and surgical literature, and to deliver frequent addresses before scientific bodies.

His labors brought to him just and great renown, and the profession he ornamented loved to honor him. He held the distinguished positions of President of his State Medical Association, President of the American Surgical Association, President of the Surgical Section Ninth International Medical Congress, and was a few years ago President of the American Medical Association. Surely the measure of his ambition must have been full; and a life of great beauty and usefulness was rounded off by the bestowment upon him of every honor which an admiring constituency could bestow; his death was like the plucking of ripened fruit. The medical profession of America mourn the loss of one of its most brilliant members.

Prof. Sim, of Memphis, read before a meeting of doctors and lawyers in Memphis recently, a paper on "Asexualization as a means of arresting the propagation of criminals" and it was discussed by able members of both professions. It was very much in line with the views expressed by Dr. Daniel in his paper before the International Medico-Legal Congress at Chicago last summer, which attracted so much attention.

Agitation of this subject,—the substitution of castration for capital punishment for certain crimes—has now become a movement,—the popular sentiment in favor of abolition of capital punishment as useless and cruel—the only remaining remnant of the
triple barbarism, slavery, polygamy and hanging—is daily growing, and will soon culminate in Texas in a demand for legislation to effect the change. In Austin the subject has been much discussed, and prominent legal gentlemen will petition Gov. Hogg—(who by the bye is a strong advocate of the change), to recommend it in his message to the legislature; and the representatives from this (Travis) county will be asked to draw up a bill embodying the suggestions put forward in Dr. Daniel's paper and recently by Prof. Sim. We are gratified to see a similar movement in Tennessee originated by our able and distinguished colleague, Prof. Sim, and hope to see it become general throughout the United States.

Medical News and Miscellany.

Dr. Swearingen and his family are camping at San Marcos during the Chautauqua season.

The Refractionist is the name of a new journal, "intended to be the exponent of the refraction world." We have received a copy. It is published monthly at Boston, edited by F. F. Whit-tier, A. M., M. D., Professor of Clinical Ophthalmology, College of Physicians and Surgeons, etc., etc., with associate editors. Price $2 a year.

Organize.—In another place will he found a call by the physicians of Decatur, Bowie and other towns, for a meeting to organize another district medical society. This is encouraging. We pointed out, in a recent issue, the causes operating to prevent the State Association ever becoming much larger than it is at present and has been for the past ten years. It can never unify the profession, from the very nature of things; the defect is in its organization; it can never hold together those who join; the State is too large—the physicians too numerous for a society by membership; and in our next we propose to offer a few suggestions looking to making it an association of delegates—every county, or every district, at least, being organized to send representatives,—pretty much as our political organizations are operated.

Death of Dr. B. A. Pope.—Dr. Boling A. Pope, of Dallas,
died in that city at 2:30 a. m., July 4th inst. Dr. Pope was born in Washington county, Georgia, in 1829, and was 65 years old. He graduated in medicine in Paris, Heidelberg and Berlin before the war and settled in New York, where he became connected with the College of Physicians and Surgeons. When the war broke out he resigned and came South, casting his fortunes with his native State. He was a Confederate surgeon and had charge of a Georgia hospital. Settled in New Orleans after the war and did a splendid business in diseases of the eye. Failing in health he removed to Texas and located at Dallas, where he has resided continually till his death. Dr. Pope was a courteous gentleman of distinguished appearance and manners, and a skillful surgeon and oculist. His son, Dr. Boling Pope, Jr., and stepson, Dr. Ayers, are connected—one with the Charity Hospital and the other with the Tulane University.

The Professors.—Prof. A. J. Smith, M. D., Texas Medical College, and of the editorial staff of the JOURNAL, is spending a few weeks at San Antonio with his family. We call attention to his "Note to the Profession" elsewhere in this issue.

Prof. Wm. Keiller, M. D., the celebrated Anatomist, holding the chair of Anatomy in the Texas Medical College, also of the JOURNAL's staff, is summering this year at San Marcos, the loveliest village in Texas,—made famous by Mollie E. Moore's "Minding the Gap."

Prof. Seth M. Morris, M. D., the Chemist of the Texas Medical College Faculty, as we announced in our last, has taken unto himself a rib, and has gone to Europe. Be back in time to resume labor in the College in September.

Prof. A. G. Clopton, M. D., the Physiologist of the Texas Medical College Faculty, after spending a few weeks in Dallas, has gone traveling north with his family.

And Prof. Cerna—the "new remedy" man—we have forgotten just where he has gone, but—you may depend upon it, you will hear from him on the subject of some "new remedy"—of the interminable "coal-tar-series—with a hard name—when he comes back.

Nor do we remember exactly the whereabouts of the other Professors.—Prof. Thompson, the Surgeon of the Faculty, has gone, as usual—we believe—to Manchester, England, for the summer.

Professors Paine, West, Randall and Kennedy, we believe, remain in Galveston.
A Word With You Doctor.—During the period of depression and financial stringency, the management of this Journal have forborne to send its bills for subscription, appreciating the fact that with many of its friends it would be inconvenient to pay. But it is not the case with all; some, we know, are prepared, willing, even anxious to pay, and some have remitted without being asked; others have inquired why they were not notified, etc. Now, we have no means of discriminating, of knowing who can and who cannot pay, and hence we have had to do as best we could without collecting for subscriptions, all this year; still promptly paying our printer for each issue of the Journal. We feel that we must recoup; the longest purse has a bottom and we’ve n-e-a-r-ly struck the bottom of ours (which is not long). Hence these few lines are to say "to all whom it may concern:" Your bill will be mailed you simultaneously with this (every bill on the book has been made out and sent), and if you have any money and can do so without inconvenience, divide with us. Make an effort to catch up. Most of our subscribers are in arrears, for the reasons stated; we have been too considerate of them on account of hard times, to even send statement, and—don’t mention it—some (who can pay we know) are away behind, two years and over. This is hardly creditable to a man who wants to pay. Now, let no one especially consider himself dunned; but it takes money to run a bang up, red hot, first class medical journal, and we need all the help we can get. Please remit.

N. B. As usual bills include the coming year—as subscription is payable in advance. Part payment will be thankfully received.

RETROSPECTIVE: PROSPECTIVE.

(THE JOURNAL.)

Nine years ago to-day (July 10) Vol. I, No. 1, of the "Red Back," as it is familiarly called, was sent to a few readers; nine years ago to-day Daniel's Texas Medical Journal unfurled its banner, set sail, and drifted out upon the sea of uncertainty,—a little forty-four-page 5x8 pamphlet, but as full of fire and ambition as the business end of a hornet. What it lacked in size it made up in noise. It attracted attention,—it took; it seemed to "fill a long-felt want." It met the requirements of the time and occasion, for, closely following the prospectus, subscriptions came rattling in, in advance, and they have continued to do so, but with a decided let up this year, because of the times.
The splendid support accorded us from the start, the evidences of high appreciation of an earnest and sustained endeavor to establish in Texas a high class and representative medical publication,—something the State had not before had, was as unexpected, though ardently hoped for, as it was gratifying. The Journal at once took position in the foremost rank, a position it has steadily held, strengthened year after year by an appreciative constituency, till now its fame is—well, like the 4th July orator said about the eagle's tail,—"spread away out!" It has gone up head, "sure enough," and is not going to be turned down by any strike, adversity, financial stringency, repeal of the Sherman act—passage of the tariff bill, the annexation of the Sandwich Islands, and consequent decline in the price of sandwiches,—nor by any other fellow; we have weathered the storms of 1892-3—and half of '94—the toughest yet encountered, and find ourselves, "tho' slightly disfigured," still on deck, and in ship-shape.

Well—like the tadpole—when he no longer needed the terminal appendage in his business, dropped it, the Journal developing rapidly under stimulus of increased patronage, dropped the prefix "Daniel's," and came out like Mark Tapley—"strong," and (unlike him, however,) in a new dress—a hundred page magazine 6½x10, as red as ever, and as full of vim, vigor and determination, flying the banner, Texas Medical Journal [and you bet, in hoc signo vinces!]—and here we are. Nine years have rolled around; we are "nine going on ten," and here and now we make our best annual bow;—returning "thanks for past favors and soliciting a continuation of the same," in the language of the shopkeepers.

The Journal outgrew the physical capacity of its founder, and help was needed. The most casual observer cannot fail to have noticed the result of the infusion of new energy into the business; the improvement speaks for itself. The advertising space has doubled in value, while, what is known as "preferred space," is taken in advance, and is at a premium. We lead in circulation, and recognize no competitor; the Journal covers the ground—and fills the demands.

So—we make our bow,—kiss our hands—wave our handkerchief and—with a final "take care of yourself," the craft sails out of port on her tenth annual voyage,—and asks your prayers, and—remittances!

Vol. X, number 1, greets you to-day as cheerily, and as confident of your good will and support as ever. All aboard!
Book Notices.

An American Text-Book of the Diseases of Children. By American Teachers. Edited by Louis Starr, M.D., Physician to the Children's Hospital and Consulting Pediatrician to the Maternity Hospital, Philadelphia; Late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Assisted by Thompson S. Westcott, M.D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the University of Pennsylvania; Physician to the Out-Patient Department, Episcopal Hospital; Fellow to the College of Physicians of Philadelphia. Price: Cloth, $7; Sheep, $8; Half Russia, $9. Sold only by subscription. Philadelphia: W. B. Saunders, 925 Walnut St. 1894.

This is another of W. B. Saunders' American Text-Books,' and after examining its contents carefully, we are led to believe that it will become as popular as any of this series which have preceded it. The profession is greatly indebted to Mr. Saunders for the enterprise he has shown in publishing so many books of special merit during the past few months, and we believe it is showing a just appreciation of his efforts. These books are now among the most popular of any on the market, and there is no doubt that the demand will largely increase.

This volume is an 8vo of nearly 1200 pages, printed on excellent paper, and handsomely illustrated. The sixty-three collaborators are chosen from the most important medical centers, and all of them are teachers of the highest order. The work represents the combined efforts of these competent teachers, to each of whom was allotted his own special field of work, and the date of publication was so timed that no part of the book is out of date, as is sometimes necessarily the case where one author prepares an entire large volume.

To cover the entire field of pediatrics in a single volume, it was found necessary to condense the articles as much as possible, but this has been accomplished without any important omissions. The classifications made in this book differ in some instances from those made in previous works on the diseases of children. The old-time classification of diarrhoeal diseases into enteritis, cholera infantum and entero-colitis, has been abandoned, and they are here described as intestinal indigestion, acute milk infection, and sub-acute milk infection.

There are other changes of a minor character, most of which will increase the usefulness of the book.
The work contains besides the consideration of general diseases of children, special chapters on essential surgical subjects; on diseases of the eye, ear, nose and throat, of the skin, and on the diet. A special introductory chapter on the clinical investigation of disease and the general management of children, adds much to the value of the work.

The work is clear, concise, and has the special merit of being practical. We heartily commend it to the profession, and we believe it will prove a valuable addition to the literature of pediatrics.

H.

A TREATISE ON HEADACHE AND NEURALGIA, INCLUDING SPINAL IRRITATION AND A DISQUISITION ON NORMAL AND MORBID SLEEP. By J. Leonard Corning, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society, etc. Author of "A Treatise on Hysteria and Epilepsy," "Local Anaesthesia," "Brain Rest," etc. With an Appendix: EYE STRAIN—A CAUSE OF HEADACHE, by David Webster, M. D., Professor of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc. Third Edition, 275 pages. Illustrated. Price, cloth, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York. 1894.

This work has met with so favorable a reception at the hands of the English speaking people that a third edition has become necessary, and in this edition some important changes have been made and much valuable matter added.


The various forms of headaches and neuralgias, and the other morbid conditions accompanying them, are of so much practical interest to the physician, and their cure so uncertain, that a work devoted exclusively to the consideration of these affections will be found of much benefit, and will meet with a just appreciation at the hands of the entire medical profession. It is unfortunate that we do not know more of the causation of these troubles, and that our treatment is not more certain in effecting a cure, but it is some consolation to know that progress is being made
in the proper direction. Dr. Corning has given us the results of years of study and investigation in this special field of labor, and his book contains not only the latest, but the most complete and reliable information on the subject under consideration. H.


Dr. Mathieu's connection with the Paris Hospital has given him exceptional advantages for the study of the diseases of the stomach and intestines, and the book before us bears evidence that he has made good use of the opportunities offered. This painstaking investigator is well known, and as a result of his labors in this field, this work enjoys the distinction of having a wide circulation on the continent where it is considered the best, as it is the latest, treatise upon the subject of diseases of the stomach and intestines.

The treatment of this class of diseases has undergone important changes within the past few years, and this has been brought about principally by the investigations of such men as Dr. Mathieu, and especially the study of the chemistry of digestion and the demonstration of the pathogenic importance of intoxications of intestinal origin.

It is a well known fact that for many years these diseases were treated almost entirely empirically, and not until very recent years have we begun to understand the underlying causes and how to apply rational treatment. This book will render the physician valuable assistance in the management of these diseases, and it will thus afford both him and his patients much satisfaction.

The book is elegantly bound and printed on fine heavy paper. It would be an ornament to any physicians library. H.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (NEURASTHENIA); ITS SYMPTOMS, NATURE, SEQUENCES, TREATMENT. By George M. Beard, A. M., M. D., Fellow of the New York Academy of Medicine; of the New York Academy of Sciences; Vice-President of the American Academy of Medicine, etc., etc. Edited, with notes and additions by A. D. Rockwell, A. M., M. D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy; Member of the American
Neurological Association, etc, etc. Third edition, enlarged. Price, in cloth, $2.75. E. B. Treat, publisher, 5 Cooper Union, New York City.

The first and second editions of this work were very popular with the profession of this country. This, the third edition, while presenting but few new facts connected with the subject of Neurasthenia, especially its causation, still there are corrections of some very grave errors that appeared in the first edition. There can be no doubt that too many diseased conditions were described under the head Neurasthenia, and as the name and the so-called disease were a popular fad, these errors were allowed to go uncorrected for too long a time. In this edition the editor is especially anxious to point out to the reader the difference between Neurasthenia and Lithæmia, the two diseased conditions having been confounded heretofore. This is a very important matter, as the two require widely different management. The one requires rest while the other demands exercise.

The editor directs particular attention to the popularity, both with the physicians and his patients, of the diagnosis, Neurasthenia, and very properly warns the profession against a too frequent use of the term. The book is filled with valuable matter, and it should have a more extended sale, as it treats from a scientific standpoint a most interesting subject.

H.


The author has succeeded in giving everything pertaining to ophthalmology in a concise manner, yet making it perfectly lucid. It cannot fail to meet with a welcome from every practitioner, who is pushed for time, and who desires to gather the latest ideas on diseases of the eye in a plain and practical form.

The writer makes frequent references to the most practical points; and has added many ideas original with himself. The work is especially rich in practical illustrations. The subconjunctival injection of bichloride solution (1-1000) is suggested as a measure of the greatest importance in many inflammatory diseases and one which has recently come into use.

The book may be regarded as a work made from the latest teachings of the most eminent authorities; and hence upon the whole may be said to be thoroughly up to date, and may be recommended to those who wish concise information upon the newest additions on ophthalmology.

H. L. H.
Publishers' Notes.

Codliver Glycerine is rapidly assimilated when used either internally or externally and your patient is not required to use it eternally.

Hæmoferrum (Stearns).—A case of gleet of long standing was successfully treated with Hæmoferrum (Stearns') by Dr. Normandie, New Bedford, Mass.

Sanmetto in Cystitis.—I used a bottle of Sanmetto in a case of cystitis of some three years' standing, and achieved such excellent results that I have continued prescribing it in all cases where I consider it indicated. Its effects are truly wonderful in this class of cases, and entitle it to front rank among remedies of its class.

Frank F. Sumney, M.D.

Dr. Suckling declares normal liquid Cannabis Indica in one to three drop doses is almost a specific in the insanity of women due to mental worry or mental shock, also proves of incalculable value in mania and melancholia.

The Elixir Six Bromides is a combination of the Six Bromides incorporated with Cannabis Indica and proves of the greatest service in such nerve disturbances. It is manufactured by the Walker-Green Pharmaceutical Company of Kansas City, Mo.

Information Free.—If you wish to possess the most recent information on the subject of displacement of the womb, and at the same time the very best and most modern method of treatment of this unfortunately too common ailment, you can secure this knowledge without any cost to yourself further than the slight trouble of mentioning this JOURNAL and sending your name and address to the Dr. McIntosh N. U. Supporter Co., 224½ South Ninth St., Philadelphia, Pa. It might be appropriate to mention in this connection that we have recently reduced the price of these supporters exactly one half.

A Post-Graduate course of instruction is both a necessity and a pleasure to the medical practitioner who wishes to keep up with the progress of medicine and surgery. To those who contemplate taking such a course during this year, we especially commend the “New York Polyclinic.” This school has no superior in point of faculty, equipments and hospital advantages. All who have attended the “Polyclinic,” and it is the great favorite with Southern physicians, are not only pleased but highly delighted with it. We are sure that any physician who will attend one course there will feel more than twice paid for his time trouble and expense.
MEMPHIS, TENN., March 1, 1894.

Dios Chemical Co., St. Louis, Mo.:

GENTLEMEN:—I received your Sennine, and have been treating catarrh of long standing; the benefit I have derived is simply immense. I believe it will cure any catarrh.

Respectfully,

T. B. McClure, M. D.

Terraline in La Grippe.—Dr. J. R. Garber, Staunton, Virginia, in the National Medical Review, testifies to the value of Terraline in this troublesome and dangerous malady, and gives the clinical history of a test case in which the results were most satisfactory. It was a young lady of delicate physique, aged about 20, who had suffered a severe attack, or recurrence of attacks, of la grippe, and it had become a case of broncho-pneumonia. The doctor says "throughout the treatment only Terraline was given, and I would emphasize the fact that improvement speedily began under its use."

Before you decide where you will attend lectures next winter, write to Dr. Thos. Opie, Dean of the College of Physicians and Surgeons, of Baltimore, and secure a catalogue of this excellent school. This school ranks with the best in America, and offers superior advantages and inducements to medical students. No more pleasant place to spend the winter can be found than the beautiful city of Baltimore, and all who attend the College of Physicians and Surgeons, are assured of a thorough course of practical training, thus fitting them for the duties and responsibilities of their chosen profession.

The Southern Medical College, Atlanta, Ga., begs to call attention to its inducements to students. There is in connection with the College a beautiful and commodious hospital, where large and interesting clinics are held daily. The Faculty are well-known men and are practical teachers. The building is new and is equipped with a magnificent collection of models, microscopes, and all the accessories of a complete school of instruction in medicine and surgery in all their departments. The facilities afforded students for the study of bacteriology are unsurpassed—the apparatus having just been imported from Germany and is up to date. Send to Prof. Nicolson for a catalogue and mention this notice.

This issue of the Texas Medical Journal is a "College edition" truly: we point to our very large list of college advertisements with pardonable pride, and feel that we can claim that more and better colleges, medical colleges principally, are represented in this Journal than in any journal published, without exception. We have, this month, the advertisement of nearly every medical college worth; mentioning, see for yourself, and make your selection. Where so many are represented, and all offering inducements, it would be unfair, perhaps, to single out
any one for special mention. We simply say, read the announce-
ments and investigate for yourself by writing to the secretary or 
deans for a catalogue or for any information you may desire, and 
mention the TEXAS MEDICAL JOURNAL.

Medical Department of University of Nashville and Vander-
bilt University, Nashville, Tenn.—The forty-fourth annual an-
nouncement of this distinguished school of medicine is out, and 
its advertisement appears in this number of the JOURNAL. We 
need speak no words of commendation of an institution so well 
known to the medical profession of the South and Southwest. Its 
matriculate list for the last year numbered 247. It is conducted 
on the three year graded course as laid down by the Southern 
Medical College Association. Last year there were 76 students 
from Texas in Vanderbilt University, 43 of whom were in the 
medical department.

“B. B.”—The two capital B’s, Battle and Bromidia—have be-
come household words, and the latter is as much an established 
article, a staple, as Dover’s Powder. It was an inspiration. It 
is the sleep producer par excellence, and should be dedicated to 
Morphens, the drowsy god, instead of the drug named for him; 
for the latter if once used must be used forever; it becomes an 
old man of the sea on one’s life and cannot be shaken off; while 
Bromidia can be given ad libitum, in proper doses, without detri-
ment and without danger of establishing a habit. Every physi-
cian knows the combination; yet prescribed extemporaneously it 
does not appear to have the effect of the Battle preparation— 
there must be something in the combining—in the relative 
proportions. In prescribing specify Battle’s and take no “just as 
good;” there is none.

L. M. C.—The last session of the Louisville Medical College 
was made memorable by the opening of the magnificent new col-
lege building, a structure without an equal, it is claimed, in the 
United States. It is a rare combination of beauty and utility; 
and the Louisville Medical College now possesses every facility 
for imparting a most thorough knowledge of modern medicine 
and surgery. The Texas students—of whom there will be five 
hundred this year—are partial to Louisville, and every graduate 
of the L. M. C. sings its praises and the praises of its courteous 
and efficient Dean and Secretary in particular. See announce-
ment; it is the tenth year with the TEXAS MEDICAL JOURNAL; 
no wonder they get so many Texas students. Send for illustrated 
catalogue to Dr. Geo. M. Warner, Secretary, and mention the 
Red Back.

One of the best known institutions of learning for girls and 
young ladies is Miss M. J. Baldwin’s Augusta Female Seminary, 
at Staunton, Va. For thirty-two years the school has been un-
der the management of Miss Baldwin, whose reputation as an
educator extends not only over the entire South but also over many of the Western and Northern States, and it has reached a degree of prosperity rarely attained by any college. Miss Baldwin's school has long been noted as a refined Christian home for girls, and has stood at the head of all Southern schools in its extensive course in study and thoroughness of instruction. Staunton is situated in the Valley of Virginia, the most beautiful and healthy section of the South, and the school for beautiful and extensive ground, and healthfulness is unexcelled. The buildings are comfortable and convenient, and an elegant gymnasium well equipped, with swimming pool, has been added. For years Miss Baldwin's school has been filled to its utmost capacity, and parents and guardians are urged to write at once for catalogue which gives full details.

One of the very best schools in this country for the thorough and practical training of men for the medical profession, and one offering superior advantages in the way of an able faculty, well equipped laboratories, and ample hospital facilities, is the medical department of the University of the City of New York. This school has a corps of sixty-four professors and instructors, including such men as Dr. Alfred L. Loomis, Dr. W. H. Thompson, Dr. Wm. M. Polk, Dr. Lewis A. Stimson, Dr. R. A. Witt- haus, Dr. Stephen Smith, Dr. H. G. Piffard, Dr. P. A. Morrow, Dr. A. M. Phelps, Dr. Chas. Inslee Pardee and many others with an international reputation. The faculty controls a splendidly equipped dispensary where 20,000 visits are annually paid, and it offers its students exceptional facilities for practical instruction at the bedside in Bellevue Hospital, which is directly opposite the College buildings. See their advertisement in this issue and write to Dr. Pardee for full particulars.

"Tulane"—a name as famous as that of Girard. Tulane University, Medical Department, so called since 1884; formerly the Medical Department of the University of Louisiana from 1847 to 1884, and the Medical College of Louisiana from 1834 to 1847. This institution is thoroughly identified with New Orleans and with the names of Stone and Richardson; it is as well known as New Orleans itself. We will only say it occupies a new site, twice the size of the former one, and only two squares from the great Charity Hospital,—the great clinic of America. It is a new four story brick building, complete in every detail for every purpose. The anatomical and clinical advantages are unsurpassed in America. A chair of medical jurisprudence has been added, as well as a laboratory course in each, chemistry, histology and bacteriology, and operative surgery. A favorite school with all students, it is especially liked by Texans, and some of our most distinguished and ablest physicians are proud to claim it as their alma mater. Everybody knows Professor Chaille; write to him for further particulars. See announcement; tenth with TEXAS MEDICAL JOURNAL.
Milk of Magnesia.

A PURE HYDRATED OXIDE OF MAGNESIUM.-(MgH₂O₂)

ANTACID.

Practically Magnesia in permanent solution—not mechanically suspended—Miscible with other fluids—A mild and pleasant laxative—Free from carbonic acid, and in a form easy of administration and absorption. No danger from concretions as with the calcined. It combines well with Syr. Rhubarb, Soda, Opium, the vegetable astringents, etc., and will be found superior to bulky Lime water and Chalk mixtures for addition to milk.

Especially applicable to disturbances of the gastro-intestinal tract in infant, child and adult life. Neutralizes the acid acid secretions of disensed mucous surfaces. Indicated also in the Gouty and Rheumatic diathesis in combination with Salicylate of Soda, rendering the latter more efficient and less irritating to the stomach.

PHOSPHO-MURIATE OF QUININE,

COMPUND.

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of mal-nutrition.

A reliable tonic in convalescence from the exanthema, and of obvious indication in those cases whose deficiency of the Phosphates results in glandular enlargements, scrofulosis, imperfect bone formation, or impairment of the central nervous system. An easily appropriated and stable combination of the Soluble Wheat Phosphates with Muriate of Quinine, Iron and Strychnia.

Of greater strength than the various Hypophosphite compounds.

The above Preparations are put up in Dispensing and Trade Containers.

DIGESTIBLE COCOA,
WHEAT PHOSPHATES,
COD LIVER OIL EMUL.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

INDICATED IN
Neuralgia,
Rheumatism,
La Grippe,
Gout,
Sciatica,
Nervous Headache.

The Salicylic Acid being from Oil of Wintergreen.

Sample of Tongaline sent to any physician who will pay express charges.

TONGALINE

ANTI-NEURALGIC.

ANTI-RHEUMATIC.

Possesses a peculiar affinity for viscous and sluggish secretions, neutralizing and eliminating them through the bowels and the emunctories.

FORMULA:

Tonga, 30 grs.
Sodium Salicylate, 10 grs.
Ext. Cimicifuga Racemosae, 2 grs.
Pilocarpin Salicylate, 1-100 gr.
Colchicin Salicylate, 1-500 gr.

PONCA

MELLIER DRUG COMPANY, ST. LOUIS.

INDICATED IN
Metritis,
Endo-Metritis,
Subinvolution,
Menorrhagia,
Metrorrhagia,
Leucorrhcea,
Dysmenorrhœa,
Ovarian Neuralgia,
Painful Pregnancy,
After-Pains.

FORMULA:

Each tablet contains
Ext. Ponca, 3 grs.
Ext. Mitchella Repens 1 gr.
Caulophylin, ¼ gr.
Helonin, ½ gr.
Viburnin, ¼ gr.

Sample of Ponca Compound sent free on application.

The Salicylic Acid being from Oil of Wintergreen.

Sample of Tongaline sent to any physician who will pay express charges.
"That is the very defect of the matter, Sir."

( Merchant of Venice.)

THE Primary inability of the child's gastric secretion to properly digest its nourishment is the initial cause of Cholera Infantum in almost all cases. The trouble usually commences as a functional dyspepsia, which results, secondarily, in a true inflammatory process. Lactopeptine, by remedying this "very defect of the matter," places the little patient in a better position to allow nature to resume her benignant sway. Lactopeptine is prepared in accordance with nature's laws and contains, in the natural proportions, all the agents which she employs in the digestion of foods.

Send for "Lactopeptine Calendar," The N. Y. Pharmacal Association, Yonkers, N. Y.
Persistent Singultus (Hiccough).—(Reprint from the Southern Clinic, January, 1894). Dr. H. L. Rosenberry, of Menominee, Mich., says:—"On June 5, 1893, A. C. M——, aged thirty-six, consulted me about a persistent singultus which had continued for forty-eight hours. I was unable to discover the cause, as it came on in the morning immediately after rising and continued so long as he walked. He could not eat, as deglutition provoked the difficulty. I saw somewhere a recommendation that full doses of Pilocarpin be given, and I gave him a one-third grain tablet of Wyeth's make. He was advised to go home and go to bed, which he did. Free diaphoresis occurred in a short time. He remained in bed one day, and has had no return of the distressing trouble.—Col. and Clin. Record.

We can supply the above remedy in the form of compressed Hypodermic tablets of 1-2, 1-3, 1-4, 1-8, 1-10 and 1-20 grain each; also compressed triturates of 1-5, 1-10, 1-20 and 1-50 grain each.

John Wyeth & Brother, Philadelphia.

Extract from an Article in the "News."—I saw not long since an article in the News asking for short articles on some of our new remedies. Phytoline being one of them, I will give our experience with it as an anti-fat.

Patient, lady aged 28, fair complexion, has in past five years gained considerably more adipose than was convenient to carry about. Applied to us for help about the middle of December last. We gave her phytoline (Walker) in ten-drop doses, and wished for a report in two weeks. On returning reported no improvement. Remedy was continued. Has now taken about four weeks' treatment, and measures five inches less around the waist. States that she has felt no ill effects from the use of the remedy. One of our brother physicians lost twelve pounds in two weeks by using phytoline.

Hoping to hear from others through the News, regarding its use, so that we may learn in what cases it gives best results, I remain, very truly,

Dr. H. A. Barber,
Hastings, Mich.

Battle Creek Sanitarium.—This magnificent institution has a world wide reputation; it has become a kind of Mecca where invalids go in search of lost health. It is the only one of its kind in America, so far as we know, being unique in its organization and conduct. The proprietor and chief officer, Dr. J. H. Kellogg, must be a man of wonderful physical as well as mental energy, for notwithstanding the heavy labors incident to the Sanitarium work he contributes largely to current medical literature, and there is not any where a better known, more painstaking and at the same time pleasing writer. The Journal is in receipt of the following pamphlets just issued by him:

"The influence of dress in producing physical decadence of American women;" "Graphic methods of recording diseased
conditions of the lungs or a new form of pneumograph;" "The non-surgical treatment of ovarian diseases;" "Antiseptic drainage in abdominal surgery;" "Intestinal stasis;" "Abdominal section for dropsy;" "A new dynamometer for use in anthropometry;" "Important new discoveries relating to digestion;" "A new method of operating for hemorrhoids;" "Shortening the round ligaments vs. ventral fixation for retroversion;" "Experimental inquiries respecting the physiological effects of alcohol."

A copy of each can be had free, upon application, mentioning the Texas Medical Journal.

An important question at this season, one which interests many physicians is "where shall I send my young daughter to school?" "Well," one says—"we have good schools at home; why not sustain your own schools?" Very true, but something is to be considered besides book learning. Associations have been formed during childhood that circumstances make it advisable should not be carried into after life, and sending a girl to a distant boarding school furnishes the opportunity to interrupt the current,—makes a hiatus; and deportment, manners, and physical training, receive attention at the better class of boarding schools; such is not the case, as we all know, in our public schools.

Amongst the many female colleges asking the patronage of Texas physicians we call attention to Belmont, in the lovely suburbs of Nashville, under the management of Misses Hood & Heron. Having sent a daughter there two sessions, the editor of the Journal is in position to give his personal endorsement to this excellent school, and to recommend it to the friends of the Journal. The location is picturesque in the extreme, and the environment the very expression of aesthetic taste; the buildings are grand,—and splendid parks adorned with choice shrubbery, flowers, fountains and statuesque form an ideal pleasure ground for recreation. Hygiene has been scrupulously provided for in every relation, and the curriculum and management are almost above criticism. In so short a space it is impossible to give an idea even of Belmont. Write to Miss Ida E. Hood, Principal, Nashville, Tenn., for one of the beautifully illustrated catalogues and refer to the Journal. Considering the grade and character of the school, the terms are very moderate.

Tennessee seems to be the modern Athens, and hosts of Texas girls make annual pilgrimages to her famous boarding schools, the high character of which, known throughout the land, and the soft Southern climate, constitute the attraction. Amongst others advertised in this issue our readers will find the famous Columbia Athenæum, founded in 1831, and with a record of sixty-three years continuous work in the same family. Probably no school in the South is better or more favorably known; and few if any have done more advanced work. To be a graduate of this
Athenæum is a distinction indeed. Every requisite in a young girl's education is there met, and she is turned out fitted to fill and adorn any sphere in life. Prof. R. D. Smith, President, son and successor to the founder of institution, writes the Journal to say that superior inducements are offered in the high and thorough curriculum,—the complete equipment of the college after the most modern and approved style—from the minutest detail; in the attention given to the health of the pupils, and the personal care bestowed upon each one with a view of cultivating the qualities of the heart as well as the mind; in fact—to cultivate the domestic virtues and fit a girl for home as well as for society, and says, "I claim without fear of successful contradiction that I have finest school library of any school south of the Ohio river."

The Journal gives its personal endorsement to the Athenæum, and feels that to add a word of commendation to an institution so distinguished would be superfluous. Prof. Smith will probably visit Austin and other points in Texas during August. Meantime write to him for further information and mention this notice. Terms very reasonable.

And Beechcroft School is another of Tennessee's attractive schools for girls and young ladies. Situated in the picturesque region of Tennessee—not far from Nashville, in the quiet and peaceful village of Spring Hill, this school furnishes an ideal retreat for study and for health. It was founded in 1882, and has been splendidly supported by a very select patronage. Mrs. C. W. Spruill is the Principal, to whom our readers are referred for full details. The announcement for the session of 1894-5 will be found elsewhere in this issue, and attention is called to it. Like the two above mentioned schools, it is not cramped up between brick and mortar, but is out in the open fresh air, with abundance of room for exercise, and surrounded by lovely scenery. Beechcroft is a high class school, and parents may safely entrust their daughters there, with the assurance of satisfaction in every detail. Write for catalogue, and mention the Journal.

H. V. C.—The prejudice which some physicians have against what are called proprietary articles generally, does not seem to attach to the Viburnum Compound of Dr. Hayden, nor to the Helonias Compound;—(see advertisement renewed herewith for the tenth year)—for their value in uterine disorders, and especially in amenorrhoea and dysmenorrhoea, has been attested in thousands of cases, and is now firmly established. The viburnum [opulus and prunifolium] is to uterine troubles what quinine is to malarial troubles, almost a specific, and is so regarded all over the world.

Dr. Hayden, an extensively experienced physician and gynecologist, hit upon a combination of viburnum, with other drugs of its class, and aromatics,—which he found unusually efficacious, and the New York Pharmacal Association, of Bedford Springs, Mass., now manufacture the preparation and the Helonias, and
some other preparations on a very large scale, to meet the great demand.

In the case of young girls in whom the function is not yet freely established, and comes on spasmodically and irregularly, the viburnum and the Helonias Compound find their best field. The ingredients are published on the label, and also the respective proportions,—so no ethical scruple can justly attach to them. Dr. Hayden, the President of the Company, will be pleased to send literature upon request, or samples—if the Texas Medical Journal be mentioned.

The Alabama Medical College, Mobile, Ala., too well known throughout the South to require anything more than mention here, has its annual announcement in this issue. This college has always been a favorite with Texas students, having large classes each year; and its alumni are to be found in almost every county in the Lone Star State. The climate of Mobile suits the Texas boys; they are used to a similar climate at home; and the attractions of the semi-tropical city by the sea, outside the lecture halls, always hold a strong interest for them. The faculty—all well known Southern men, distinguished in their several branches—and experienced, practical instructors, announce the 29th annual session to begin the 12th of October. It will continue six months. The college is a member of the Southern Medical College Association, and its requirements are up to the standard. To the courses heretofore given there has been added a course of special laboratory training in normal and pathological anatomy and in bacteriology, in chemistry and in operative surgery. A three years' graded course of lectures will be inaugurated this coming session; a high class college in every particular, yet its terms are moderate, and luxuriant living even, in Mobile, is comparatively inexpensive. Prof. Ketchum, the worthy and popular Dean, will be pleased to correspond with any student desiring full information. Before making your decision, gentlemen, investigate the claims of old Alabama Medical College.

That an unwarranted substitution of one remedy for another is occasionally practiced by some druggists there seems to be no question. That this is morally wrong, is equally true, but that it is frequently a crime in the eyes of the law, and as such is punishable, seems to have been lost sight of by some of those who may practice it.

But the fact that such have enjoyed immunity from prosecution, is no guarantee that they can continue their speculation, even on a small scale, without detection and its consequences.

Frank A. Ruf, of the Antikamnia Chemical Company, has recently been in New York and Chicago, and states that he has made arrangements for a thorough system of investigation throughout the country, and that counsel has been employed to
The Sanitarium Battle Creek, Michigan.

INCORPORATED 1867.

The largest most thoroughly equipped and one of the most favorably located in the United States. It is under strictly regular management. Eight Physicians, well-trained and of large experience, A quiet homelike place, where "trained nurses," "rest cure," "massage," "faradization," "galvanization," "Swedish movements," "dieting," "baths," "physical training," and all that pertains to modern rational medical treatment can be had in perfection at reasonable prices. Special attention given to the treatment of chronic disorders of the stomach and diseases peculiar to women. A special Hospital Building (100 Beds) for surgical cases, with finest hospital facilities and appliances. Large Fan for Winter and Summer Ventilation, Absolutely Devoid of Usual Hospital Odors. Delightful Surroundings, Lake-side Resort. Pleasure Grounds. Steamers, Sail-boats, etc.

J. H. KELLOGG, Sup't, Battle Creek, Mich.

PURE GLUTEN BISCUIT. The undersigned have for several years been manufacturing a pure gluten for a few physicians. We are now prepared to furnish to the medical profession the only pure gluten biscuit manufactured in America. For samples and prices, address

SANITARIUM HEALTH FOOD CO., Battle Creek, Mich.

A Vitalizing Tonic for the Reproductive System.

SANMETTO

FOR

GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant and Aromatic Vehicle.

SPECIALY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility;
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder

POSITIVE MERIT as a REBUILDER

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., NEW YORK.
prosecute, both civilly and criminally, all who persist in furnishing a substitute as and for antikamnia.

The Antikamnia Company proposes doing this without vindictiveness, and indeed, with none but the most friendly feeling to the druggist. Even where the druggist has allowed himself to be persuaded into the practice, their first step will be to confer with him in the interest of mutual protection. Following that, they propose, if necessary, notifying every physician in the city of the name and address of the offender, with the recommendation to avoid him if honest goods are desired. The substitute obtained by the investigators, together with the name of the dispenser, will be shown to the physician, thus protecting the honest druggist. The more flagrant cases will be given to their attorney for proceedings in law.

Mr. Ruf said in regard to the matter: "We are simply determined that the honest druggist shall be protected; that the physician and patient shall be protected, and lastly, that our own interests shall not be trampled upon."—Druggists' Circular.

Cholera Infantum.—Physicians coincide in their views regarding the treatment of the summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, Listerine alone, or Listerine, aquæ cinnamon and glycerine, or, Listerine, bismuth misurae cretae, will meet many requirements of the practitioner during the summer months.

The following well tested formulæ are submitted:

\[
\begin{align*}
\text{Rv} & \quad \text{Listerine} & \cdots & \cdots & \cdots & \cdots & 3j - ij \\
& \quad \text{Simple Syrup} & \cdots & \cdots & \cdots & 3vij - vi \\
\text{M. Sig.} & \quad \text{Teaspoonful every two or three hours.} \\
\text{Rv} & \quad \text{Listerine} \\
& \quad \text{Glycerine (c. p.)} \\
& \quad \text{Simple Syrup} \\
& \quad \text{Aquæ cinnamon, aa} & \cdots & \cdots & \cdots & 5i \\
\text{M. Sig.} & \quad \text{Teaspoonful every one, two or three hours.} \\
\text{Rv} & \quad \text{Bismuth, Sub. Nit} & \cdots & \cdots & \cdots & 5ss \\
& \quad \text{Tr. Opii} & \cdots & \cdots & \cdots & \text{gtt. } xx \\
& \quad \text{Syr. Ipecac} \\
& \quad \text{Syr. Rhei, Arom., aa} & \cdots & \cdots & \cdots & 5ij \\
& \quad \text{Listerine} & \cdots & \cdots & \cdots & 5ss \\
& \quad \text{Mist. Cretae} & \cdots & \cdots & \cdots & 5j \\
\text{M. Sig.} & \quad \text{Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.} \\
\end{align*}
\]

Thirty-two pages devoted to the management of Summer Complaints of Infants and Children, may be had upon application to the manufacturers of Listerine—Lambert Pharmacal Company, St. Louis.
THE TREATMENT OF PULMONARY CONSUMPTION.

BY ALLEN J. SMITH, M. D.,
Professor of Pathology and Lecturer on Mental and Nervous Diseases in the Medical Department of the University of Texas, Galveston.

[Read before the Galveston County Medical Society, January 28, 1894, and published by order of the Society.]

The almost uniform failure by the profession to cure cases of pulmonary consumption has become nearly proverbial, the stigma of incapacity being accepted with scarcely an attempt to excuse or explain, in no matter what stage the disease may present itself; and the recognition by the physician of positive signs of the affection has almost come to be tantamount to his mental signature of the patient's death-certificate. Not that there have been no efforts, individual and concerted, toward the establishment of a rational means of cure of the malady,—there have been numerous endeavors, first and last; but almost without exception, they have proved either absolute failures, or have presented such a modicum of success that they have been regarded as practically worthless. Within the past ten or fourteen years, dating from the time of Koch's demonstration of the microorganismal cause of the disease, the utmost therapeutical activity has been manifested, such earnestness in the pursuit of a remedial measure suitable for the destruction of the tubercle bacilli having perhaps never before been witnessed in the study of the
management of disease; yet of all the microbicidal agents and measures proposed, not one has withstood, save in isolated instances of use, the test of a few months or a few years practical employment by the profession at large. The truth of such a confession is all the more forcibly borne upon one if he has had any close relations with any of the various projects for the alleviation and cure of pulmonary cases—the compressed air method, the rarified air method, Bergeon's rectal injections of sulphurretted gas, or the various biological methods, as that of Koch in Germany, or Dixon in this country.

Very recently (New York Medical Record, December 18, 1893) there has been published an article from the pen of Dr. Hershey, of Denver, the object of which is to call the attention of the profession to this phase of the present status of our dealing with consumption; the author strongly, and very truthfully, if the writer's experience may be offered as corroborative, insisting upon the practical absence of value in any of the measures having the direct purpose of destroying the tubercle bacilli, and even the occasional detrimental influence of such measures.

It may seem gratuitous, yet at that very risk, after such an introduction, the writer must nevertheless indicate his adherence to the belief and hope for the eventual discovery of just such a bacterial destructive agent through which once and for all the cause may be eliminated from the system, and the disease cured. It is even within the scope of this paper to state his belief in the eventual success of efforts directed along the lines suggested by Koch in Europe and Dixon in America, in the discovery of an agent derived from the bacteria themselves, or procured through their direct agency, from some organic source, which will have the power of destroying the bacteria of consumption without seriously modifying the structures within which they may be existing, or the power of inducing an eliminative force in the economy which may in some way separate the diseased structures permanently from the healthy.

For the present, however, the writer is strongly disposed to agree with Dr. Hershey in his assertions that the prevailing modern therapeusis of phthisis pulmonalis is, as a rule, only a menace to continuance of life and a detriment to the fulfillment of cure. There is far too much disposition to rely on the hoped for and often asserted specific gernicidal activity of this or that remedial agent, and too little regard for the ordinary environments of life in their relation to the preservation as well as to
the return of health—even more, too little regard for the possible untoward results of the bacteria-destroying agent, lest it also be tissue and function destroying. Within the past few years the indubitable danger of interfering with, if not of destroying the gastric function by such agents as creasote, eucalyptol, oil of cloves, turpentine, alcohol, and a host of similar agencies, has been forced upon the writer's recognition by case after case. It is quite possible that these remedies may, in the bacteriologist's tube, if used in excess, destroy the vitality, or perhaps the specific possibilities of the tubercle bacilli, but in the ordinary case of consumption they have seemed in many instances to the writer to exert as strong a lethal power on the patient's body as upon the bacteria. Their curative power is, it is true, demonstrated in isolated cases where the incipiency of the disease and their proper administration, together with due consideration for hygienic influences, have concurred in offering the most favorable conditions for cure, yet these comparatively few instances of success only serve to more powerfully emphasize their usual failure. The one almost universal fault in the use of these remedies is the failure to properly appreciate their irritative influence on the alimentary tissues, and their ability, in large doses, to subvert the alimentary function. A digestion already impaired by the inefficiency of the digestive juices caused by the hæmic alterations of the pretubercular anæmia, cannot by any possible process of reasoning be expected to recover its integrity by the production of a gastritis, often of decided severity, by the administration, up to and beyond the point of tolerance by the patient's body, of badly diluted irritants, such as oil of cloves or creasote; it must, on the contrary, suffer the more, and the economy, whose condition is dependent as much on the preservation of the nutritive functions as upon its freedom from parasitic irritation, must eventually severely decline.

Realizing these dangers and the almost sure defeat of purpose by adhering to the pharmaceutical means in vogue at present among the greater part of the profession, and keeping well in mind the fact that the principles of hygiene are not altered in disease from those in health, although there may be slight modifications in its practice, the writer has endeavored, in four cases falling to his care within the past year, to lay aside existing methods and to return to a careful observance of the rules of procedure so often suggested by the older practitioners. Dr. Hershey quotes Professor Alonzo Clark to the effect that by ob-
servance of proper hygiene, by out-door life and exercise, by forced feeding, together with perhaps some simples occasionally, phthisis is curable.

The writer's observation of these few cases strongly corroborates such a statement; probably had all the conditions in a large number of other phthisical cases, which have from time to time been under care of the writer, been possible, as in these four, the list of favorable results might well have been added to. In two of these cases, the tubercle bacilli had been demonstrated, one of these two having been told by a noted physician of Chicago that he could not live more than six months at the outside. In one other physical signs were easily made out, but the bacilli, for certain reasons, had never been sought for. In the fourth, there had been a number of pulmonary hemorrhages, indistinct signs in a limited area of the chest, but no expectoration save forced, and no bacilli in that. In all these cases marked improvement followed immediately upon the commencement of the line of treatment to be mentioned below. All of these cases have been under observation for some months,—one nearly a year, two more for ten months, and the fourth three or four months. One has gained from 107 to 143 pounds, another from 126 to 154, another had originally weighed 220, dropped before treatment to 140, and gained to 160 at last account, while the fourth gained from 137 to 187. Three of these cases the writer knows to be in seeming good health, apparently as well or better than ever in their lives; one has not been heard from for several months. The report at that time stated that he had caught a severe cold in the sleeping car on his return journey from this State to Chicago, and had been confined to his bed for several days, but that he was again out, and improving. Whatever his present condition, the fact remains that while he was under proper conditions he constantly and rapidly improved. Two of these cases might ordinarily be pronounced cured were it not for the well known danger of such announcements until after protracted periods of time have intervened after the last presentation of active symptoms.

The treatment which the writer regards as that best relied upon, judging from the practice of our elders as well as from our own failures and successes, is one which endeavors to overcome the disease simply by strengthening the patient's general condition, by seeking to give the body power to resist further en-croachments and to isolate already diseased areas. Every effort
to preserve the integrity and to increase the functional energy of the nutritive organs is to be made. Every effort consistent with such care of the nutrition is to be made to prevent pulmonary hyperæmia, to facilitate pulmonary expansion and to aid the pulmonary lymphatic drainage. Every effort consistent with both these suggestions must be made to overcome the microbic and toxic agents at work at the bottom of the disease. These features of treatment can best be carried out in a dry equable climate, by rest (often absolute), by forced nutrition, by the careful administration of tonic stimulants and stomachics, by proper pulmonary gymnastics, and by the judicious use of alcohol.

In the matter of climate, the trend of professional opinion has wandered from the warm, moist, equable climates to the cool, dry and elevated atmospheres of the mountainous regions. There are dangers in either extreme, and the desideratum is to be found in an atmosphere of the driest possible character, pure and uncharged with particulate elements from dust or manufactures or disease, with only the moderate variability which does not wear upon the system, and with a pressure sufficient not to predispose to pulmonary hyperæmia and consequent hemorrhage. The moister, warmer, equable or changeable climates of the seacoast favor too highly the active development of the bacteria in the lungs, the experience of most practitioners at the seashore amply verifying such a statement; on the other hand, the cool (and necessarily variable), dry and light atmospheres of high elevations too frequently are employed only to have a sudden hemorrhage end the case. It is exceedingly fortunate for the practitioners of this State that within their own commonwealth exists perhaps the nearest approach to the desideratum in the entire country, if not in the known world.

Within a circle, taking in the counties of Kendall, Kerr and Gillespie, and portions of Blanco, Llano, Mason, Kimble, Edwards, Bandera, Bexar, Comal and Hays, there exists a climate than which a better for the purposes under consideration probably does not exist. The extreme range of temperature as in most dry climates is considerable, from 104° F. to as low as 20° F. upon one occasion, as registered at San Antonio*; this range,

*These data were obtained from an unpublished monograph upon the climate of Southwestern Texas, by the late Dr. Morse K. Taylor, Major and Surgeon in U. S. Army.
however, is by no means so marked as many climates present which are regarded as not unfavorable to health or even to the cure of phthisis. For example, at Boston there are not infrequently summers in which a maximum of 100° F. is attained, and it is the rule for the thermometer to register considerably below zero each winter; in Colorado the extreme range of temperature is far beyond that indicated for the San Antonio region, by twenty or thirty degrees at least. The mean annual range for the district mentioned is, however, much less than the extreme, from 98° F. to 28° F., and while the number of days that the thermometer stands above 90° F. may reach to more than 90, the days when the thermometer has fallen to 40°, or below, are rarely more than ten or fifteen. The range obtained by showing the average temperature for the hottest and coldest months, which, therefore, gives the mean extreme range for the year, a still more true indication of the variations to be expected, is not even as marked as the last, the mean temperature for July being 82.9°, and for January 50.6°, a mean extreme range much less than is to be found in any other of the dry climate resorts. The mean daily variations in temperature, from mid-day to mid-night, are about twenty or twenty-four degrees, insuring the coolness necessary for comfortable sleeping; yet this degree of variation leaves the minimum some six or seven degrees above dew-point, and the nights as the days are dry. Such conditions are, moreover, conducive to the spending of a large part of the day and night in the open air, a feature of importance in the care of the phthisical well recognized by all physicians. The prevalence of southern breezes from the gulf renders pleasant the warm temperature of the day, and the fall of temperature at night is gradual, and wraps are not required until sleep is sought. The climate has a distinctly bracing effect, readily felt by persons going from the coast inland to the district named; and, contrasted with other resorts commended for pulmonics, in matter of uniformity (with sufficient variation to render the patient comfortable), of warmth and dryness, there are few points to be found fault with. In this district the elevation varies from about six or seven hundred feet above the sea level to sixteen or seventeen hundred feet, an elevation and openness of country sufficient to assure one of the purity of the air, yet having sufficient pressure to prevent predisposition toward hemorrhage. Some portions of the district are rendered unsuitable from the prevalence of alkaline dust, often as dust storms, but
these may be readily avoided by choice of locality. My own preference in location of patients in this district is in the country around San Antonio, where the comforts of a city may be obtained in a short while and at reasonable expense, and where freedom from the heat and dust and noise may also be found.

The question of nutrition next demands attention. It should be ample and even forced. A glass of warm milk, or a weak milk punch, is well borne by most stomachs soon after the patient awakes in the morning, and is quite sufficient to overcome the tendency to cough in the incipient stage of the disease. The three full meals a day, with a large proportion of animal food, urged, if necessary, upon the patient, varied frequently to persuade the appetite, should be insisted upon; and the utmost importance attached to slow eating and full mastication and salivary admixture. At meals a decided stimulant to the appetite, an aid to digestion and a valuable nutrient is afforded by brown stout or porter—far preferable to wines or ordinary beers. Its bitter taste, if objectionable to the patient, may be rendered pleasant by sugar and a bit of nutmeg. Between meals, in the morning, afternoon, and evening if unfortunately late hours be kept, a little alcohol, in the shape of milk punches, iced if desired, serves an excellent purpose. Alcohol should always, in the treatment of phthisis, be regarded as one of the most valued and trustworthy remedies; but it is questionable whether whisky, or any of the strong alcoholics, should ever be used save for extraordinary purposes, in an undiluted form, the best dilution being with milk. Alone, whisky is too irritant to the gastric mucous membrane, and loses much of its value by finally overcoming the stomach and its power for work. Besides its action as a stimulant and nutrient, alcohol has, in more than the cases cited, seemed to the author to possess a decided value in antagonizing the toxic products of the micro-organisms of the disease. There are many who decry its value and loudly assert its impotency and detrimental power, but the writer is willing to join such only to the extent of condemning the stronger alcoholics in their excessive use and undiluted form. In addition to the porter and whisky thus disposed of, there is no reason why a short time before meals there should not be taken, at least occasionally, some good bitter tonic as nux vomica, or some of its preparations with the hypophosphites. This, however, by no means completes the scheme for nutrition. Aside from the table, nothing is more to be insisted upon than the use of cod-liver oil—not taken in infinitesimal
doses at long intervals or in the nondescript conglomerations of many of the pharmaceutical preparations being constantly foisted on the profession—but as plain cod-liver oil. Of all the oils with which the writer has had any experience, none has so well suited his patients' tastes as that of Möller, an oil claimed by the manufacturer to be pressed by a cold process from daily fresh livers; it is a very fluid oil, and relatively not a bad-tasting one. The oil had best be given at least twenty minutes or half an hour after meals, inasmuch as its digestion is accomplished in the intestine; and one may expect by that time that the food is being passed into the intestine. Administration with or before meals can do no special good, and is likely to bother the peptic digestion perhaps, and may lead to eructations tasting of the oil and the consequent development of an aversion for the remedy. If necessary, at first the oil may be administered upon a few drops of whisky placed in the spoon, but this had best be gradually given up and the full dose of the oil (a tablespoonful) insisted upon. Whatever other plans of nutrition may be urged by those opposed to the general principles, the use of the oil as freely as it may be borne is too well established to require further discussion.

In addition to these attempts at nutrition there comes into consideration the question of exercise, general and pulmonary, as necessary to any successful system of caretaking. Alonzo Clark would advise an incipient pulmonic to ride twenty-five miles on horse-back daily. The principle is entirely right, the precipitous practice, as a rule, perhaps injudicious. There is scarcely any exercise which is so well suited to the needs of these cases as horse-back riding; it should frequently be practised and gradually increased until Dr. Clark's limits be but play. At first the man who seeks to get pleasure from this measure should not ride at speed, the best gait being the jog-trot so common to Texas horses. The violence of a rough canter or gallop, and the excitement increase the tendency to pulmonary hyperæmia and hemorrhage, and can be approached only after long preparation, and gradually with increasing strength. Other forms of exercise are of course also valuable, but no one who may be in position to enjoy outdoor life and exercise should be permitted to substitute for these any house gymnastics. Walking in the air is far better than the bar within walls. Exercise should always be graded to the capabilities of the system, not up to the limit of absolute tiredness; and frequent and full opportunities should be afforded for rest.

After a period of exercise the patient should not simply sit
down to rest, but if opportunity affords he should lie down, and if possible sleep, having divested himself of the clothing dampened from perspiration, and rubbed himself thoroughly dry with a coarse towel. This habit of friction of the surface of the body, both after exercise and at least twice daily, morning and evening, even if no exercise has been taken, should be made an important feature. Special caution should be given that under no consideration is the patient after becoming overheated by exercise to sit in a draught of air that he may become cool; draughts are to be avoided entirely, especially when the individual is inactive. It is often an excellent plan to have the patient with regularity each week choose a day for absolute rest in bed, such a rest having decided value in preserving strength and in aiding in making good tissue loss. Alone, or with forced feeding, and without the valuable aid of climatic and hygienic surroundings, brief periods of absolute rest in bed have proved to the writer in a number of cases to have decidedly beneficial effects, leading in several instances to almost immediate increase in weight and improvement in the general condition. Not only are physical rest and exercise to be sought; but as well, and in many cases even more, mental rest from business worry and from fretting over the physical condition and from fear of death, with exercise of the mind in pleasant directions. This mental rest should be sought in every way, and it is not to be forgotten that oftenest it comes only with suitable bodily occupation.

Quite as important, and in some respects the purpose of the physical exercise, is proper exercise for the lungs. Pulmonary gymnastics in early cases are to be most warmly advised, their practice being limited only when there is danger of hemorrhage. Thus, in cases whose first symptom has been a hemorrhage more or less marked, it is advisable that the patients do not expand the lungs to the fullest extent until the tendency to hemorrhage has disappeared for several months at least. In beginning systematic exercise of the lungs the patient should be instructed to take at intervals of an hour or thereabouts during the day several full breaths, and to endeavor to practise slow deep breathing for a few minutes at a time. This should be done wherever the patient may happen to be, best in the open air as when walking, riding or driving. It is to be urged too that the erect posture be assumed, shoulders thrown back and chest forward, the abdominal muscles being at the same time held voluntarily from movement or protrusion. Thus gradually the tendency to diaphrag-
matic breathing is lessened, the expansion of the upper portions of the chest increased, aeration of the upper parts of the lungs and consequent increase in their drainage and vascularity brought about. It is to be advised that all efforts toward increase of chest room be practised, with the full expansion of the pulmonary air cells thus afforded. Movements of the arms, synchronous with deep, full inspirations and expirations, as one would move the arms in slow dumb-bell exercise, should be advised. It is a good plan too that the patient should be made to stand in the corner of a room, face toward the corner, and with the body supported against the wall by the outstretched arms, should then with slow deep inspiratory and expiratory movements bend towards the corner and recover the original position. Another excellent movement is to stand near some immovable object so that with outstretched arm the finger tips barely touch the object, then move away an inch or more and without inclining the body endeavor to extend the hand so as to touch the object. This should be done several times and then the opposite side exercised in the same manner. Marked increase in breadth of shoulders and fullness of chest will follow in a few weeks conscientious practice of these simple rules.

The clothing of the patient is another point upon which the physician should bestow his attention; and no better general rule may be laid down than that every phthisial patient should be required to wear woolen garments, at least woolen undergarments. The question of expense and the objectionable feature of woolen fabrics to shrink are often to be considered in the advice to patients who cannot afford to spend much money, but these should not be allowed to weigh heavily where the garments may be had legitimately. By care in washing, shrinkage is much lessened, and if the body surface be kept scrupulously clean, simple airing of the garment in the sunshine will so freshen it, that washing more than once in two weeks is superfluous. The clothes should be often changed and thoroughly aired and dried before being again put on; the body rubbed well from head to foot on changing garments with a towel to promote the surface circulation and to prevent catching cold. If this practice of rubbing the surface from head to toe be carefully carried out several times each day, a weekly bath in winter or a semi-weekly bath in summer will be quite sufficient for purposes of cleanliness and may be practised without danger, the temperature of the bath and the room being carefully looked after. After a bath
it is a good plan to lie down for a few minutes until the gentle
fatigue of the bath has worn off. Sponge baths where from
some reason the full bath may not be indulged in are quite suffi-
cient; and it is well after bathing to annoint the surface with
some bland oil and rub it well in, following it with a good tow-
eling until the skin glows. These suggestions as to the bath
are of course intended for the incipient stage and are to be modi-
ified where the strength of the patient demands.

In the treatment of this disease in its full course there are many
complications to be expected in the various stages, and many
symptoms which become so important as to require special atten-
tion—the cough, the profuse and weakening night-sweats, hem-
orrhage, the loss of appetite, or the appearance of a tubercular
diarrhoea. These, however, must be passed over without con-
sideration, because of the already too great length of the present
communication; and the writer must content himself to conclude,
after a brief consideration of the disposition of the sputum and
the infectious nature of the affection. This latter feature is now
recognized widely, and one no longer needs defend a belief in the
contagiousness of the disease. It is certain, too, that close
association, sleeping in the same room and bed, eating and drink-
ing from the same dishes, kissing, and the many other associa-
tions of intimate life with the tubercular, are conducive to the
spread of tuberculosis. The contagion is often, perhaps in most
cases, escaped because of the strength of the unaffected; and this
avoidance of infection is easily secured by care. The writer is
confident that by far the greatest danger lies in the presence of
dried tubercular sputum in the atmosphere inhaled, and believes
that by taking especial care in this direction the greatest source
of the spread of the disease would be averted; and if, besides
this, the common and decent rules of cleanliness be observed, the
danger would be of a minimum. For example, the tubercular
should not sleep with the non-tubercular; should be instructed
not to expectorate promiscuously about habitations, or street cars,
or other places where persons are apt to congregate; should care-
fully rinse the mouth after expectoration, and should use glasses
and table instruments that are not in general use. Such precau-
tions would go a long way toward lowering the present frightful
morbility of tuberculosis. The sputum should be expectorated
upon old cloths and then burned; other disposition is incomplete
in comparison to this. By the distribution of information upon
these points, and by calling public attention seriously to their
consideration, the Pennsylvania Society for the Suppression of Tuberculosis, of Philadelphia, has, in the five years of its existence, accomplished a lowering by 25 per cent. of the tubercular death rate of that city; and if the same good results be obtained each year, it would naturally lead to the practical stamping out of the disease in the next fifteen years. This is, of course, an optimistic view, but there is no doubt, from the brilliant results already gained, that a lowering of the mortality by consumption to one-half the original rate will be accomplished. Texas, with her magnificent climate, so well suited to the need of these unfortunates, will naturally become the point of concentration of tubercular individuals, and the need of concerted effort in this direction must be perfectly apparent, lest in the future, when the advantages of the climate become known, residence in the district above referred to become not a benefit as now, but a menace toward infection. The author proposes, therefore, to presently urge this matter upon the attention of the profession with a view of organization after the manner of the Philadelphia society, and would be glad to enter into correspondence with others having the same subject at heart and the same way of looking at it.

For Texas Medical Journal.

CHLOROFORM ADMINISTRATION.

BY WILLIAM KEILLER, F. R. C. S., ED.,
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TO THE SUPERFICIAL OBSERVER, at least, recent investigations and discussions on the subject of chloroform anaesthesia must have tended to induce a frame of mind comparable to Solomon's when he said "Vanity of vanities, all is vanity." So much learned testimony states that chloroform kills by cardiac paralysis, so much equally learned testimony declares that the respiration fails first; so many say it is almost criminal to use chloroform except in rare cases, so many state that properly administered it is equally safe with ether, and preferable in other respects.

In Britain, all the South of England swears by ether and condemns chloroform in the strongest terms; Scotland, and the North of England seldom employ anything else but the latter.
In America, the geographical distribution of opinion is reversed, the South favoring chloroform, the North being ether champions. I do not propose to analyze the immense amount that has been written on either side of the controversy in recent years, but simply to call attention to the points which have seemed to me most important during a very considerable experience as a chloroformist. In private and hospital practice, I have used it constantly for surgical and obstetrical work, and as chloroformist to the Edinburgh Dental Hospital I acquired a pretty extensive experience in the use of chloroform as an anaesthetic. I do not have notes of my cases, so can only speak from careful general observation.

The equipment of the chloroformist cannot be too simple. The chloroform should be the purest the market can supply, and while Squibbs' may be no purer than that of other manufacturers, it has the reputation, is therefore likely to be scrupulously maintained up to the standard, and should an accident occur, it contributes to the physician's comfort to know that he used the best drug procurable.

A towel, rightly used, is the best inhaler, and all others are to be condemned, because unnecessary, troublesome to carry, and inconvenient to keep clean. A towel and a pin are always at hand. But the method of covering up the face with a towel thrown over the hand, the hand making a mask over the patient's nose and mouth, cannot be condemned too strongly. The essentials of an inhaler are that it shall admit air with perfect freedom, afford a full view of the patient's face, and pour a constant, well-diluted stream of chloroform vapor down on the patient's nose and mouth. In face surgery, it is necessary that the inhaler should not occupy too much room. Select a small, pretty stiff towel (a handkerchief will not do), fold it, turning any fringes into the center, till it is nearly 10 by 4, then turn into a short, stiff cone, with a hole in the apex capable of admitting your thumb, and a base just large enough to include your patient's nose and mouth. Pour plenty of chloroform all round the upper half of the interior of the cone. You will thus avoid blistering your patient's face. When the cone is down over the face, the breath passes out and in through the hole in the apex, and the air is charged with chloroform from the sides of the cone as it is drawn in. Of inhalers, Esmarch's is the best for hospital use, but it is uncleanly, unless the flannel be regularly changed, as one cannot always prevent the patient spitting into the inhaler.
It is too clumsy to carry about to private cases. The simple flannel mask stretched on a small wire frame, from which a continuous stream of vapor is obtained by constant dropping from a bottle with a drop cork, is specially convenient in face operations, and gives a very constant vapor. The constancy of the amount of vapor given off is, however, of more theoretical than practical importance, and the towel, rightly folded, can be made as small and will be as little in the way as the wire mask. It should be remembered, of course, that chloroform vapor is heavier than air.

The anaesthetist should always, before starting, have prepared and placed within his own reach a hypodermic with 1-20 grain of strychnine. It is too late to prepare it when required. Of restoratives, I shall speak again by and by.

What about tongue forceps? Theoretically, there is no doubt that one can draw the tongue completely out of the way of the rima glottidi, by drawing forward the lower jaw, but it is always safe to have the tongue thoroughly under control. Ordinary tongue forceps apply too much pressure to the tongue, if left on, and it is good to have a tractor on the tongue, because there are certain cases of failure of respiration accompanied by muscular rigidity rendering it a matter of great difficulty to get hold of the tongue when it is wanted. There is always an objection to carrying a special instrument, or any instrument, if it can be done as easily without, so that I think the following suggestion, though appearing at first trivial, will recommend itself on experience of its simple efficiency. It occurred to me, a short time ago, to pass a large safety pin (of which there are usually plenty of new ones at any operation) through the tip of the tongue. It causes no irritation and leaves no pain behind it, is always at hand, and placed crosswise over the lips, keeps the tongue forward, or if the patient vomit, can be drawn lengthwise and let go so that he can swallow freely (which he cannot do unless the tongue be at liberty). It is well, perhaps, in addition to the above, to carry some nitrite of amyl capsules and three or four ounces of pure ether.

The safety of chloroform, as an anaesthetic, depends mainly on the mode of its administration. I believe I am right in saying, that it is in districts where ether is the main anaesthetic used that most chloroform deaths take place, and this I consider easily explicable, for there is such a difference in the forms of administration of the two drugs, that anyone accustomed to the use of ether
is thereby unfitted for using chloroform. The first rule in the administration of chloroform is, "begin gradually," and of all rules this is perhaps the most important. How often do we read in reports of cases of death from chloroform, that only a small quantity had been inhaled; and how often do patients, who have had chloroform before, plead with the physician when about to give it again, not to smother them. Both facts simply prove that again and again the anaesthetic is pushed too hard to begin with. I believe that a number of the deaths from heart failure arise from this cause. Let the physician push a saturated inhaler over his own nose and see how it feels. Add to the choking sensation which he experiences, the nervousness of the patient, nervousness which, but for his or her horizontal position, would be in many cases sufficient to cause syncope; and do you wonder that there are fatal cases of heart failure? Now this is all absolutely unnecessary. There is one case only with a sane patient where you have to push the chloroform from the first, and that is in the case of children where, I believe, it is absolutely safe. Get your patient's confidence, assure him that he will go to sleep quietly and peacefully, and administer it so that he never catches his breath. Above all things, don't be in a hurry. Hold the cone far from the nose to begin (chloroform vapor is heavy and pours like a stream of water down over the face), and your patient will come gradually under the influence, the reflexes will become less sensitive, and slowly you will get your cone down close over nose and mouth. Then you can push it; but if there be any catching of the breath, withdraw your towel for a moment. I believe that careful attention to this rule will save 30 per cent. of deaths from chloroform.

The next rule I would lay down is, be careful of the slightest obstruction to breathing. I do not like my patient to snore; I never let him "crow" twice if I can help it. We are tempted to disregard a little crowing and to think nothing of snoring at all. Now it is often the little things that decide between success and failure, life and death; and it is difficult to estimate how much even a very little interference with inspiration embarrasses the heart. There are certainly some patients whom it is difficult to prevent snoring, but in most cases a little change in the position of the head, turning it to the side, or lowering it and opening the mouth, etc., will stop this. Stertorous breathing may be due to spasm or paralysis of the laryngeal muscles.

If it be due to spasm (the crowing of early anaesthesia), remove
the chloroform a little and draw forward the lower jaw or draw out
the tongue if necessary. The crowing of paralysis is similarly
treated; the point I would emphasize is, stop crowing at once;
even the least trace of it is prejudicial to your patient.

Watch the respiration above all things; give it your undivided
attention, train yourself to notice it even when you have to busy
yourself about the other duties of your office as anæsthetist; and
never divide your attention between the anaesthetic and the opera-
tion. You never know when respiration is to stop, and when it
does so there is no sound, nothing marked to draw your atten-
tion. I can recall more than one case where I would probably
have lost my patient had my attention been diverted from his
respiration. Never forget that while you are giving chloroform
your patient’s life is in your hands; never get over-confident in your
own experience as an anæsthetist; you have no time to laugh
and joke while administering chloroform. It is most assuredly
an unsafe drug in the hands of the careless. But surely doctors
are never careless when performing such a duty! Perhaps not!
Doctors are very human; and I have seen many anæsthetists I
have also given chloroform often, and I know how easy it is to
dream over a long operation when matters appear to be going
smoothly. Remember the fallacy of watching chest and abdom-
nal movements; they may go on most vigorously with a closed
glottis, the result is cardiac strain, heart failure, and then you
say your patient breathed several times after his heart stopped
beating! The only infallible tests of respiration is to hear your
patient breathing or to feel his breath with your hand. The
hand held lightly over nose and mouth is an excellent and most
convenient test when the patient is under the influence, and the
towel removed. Train hand and ear to watch, and be ever on
the alert; and again I say, beware of the smallest obstructions.

What about the pulse? That too must be watched; but don’t
stand with your fingers on the radial pulse and feel happy, and
don’t let your watch on the pulse interfere with your more im-
portant watch on the respiration. Note especially the condition
of the lips and palpebral conjunctiva, before and during opera-
tion. A little paling of these will tell you almost as soon as the
pulse of heart failure, or of vasomotor disturbance. This, with
an occasional observation of the radial pulse, will keep sufficient
note on the heart, and should lips pale and pulse grow weak and
rapid, nothing will give a quicker result than 1-20 grain of
strychnine. Your watch on lips and conjunctiva will also tell of
respiratory insufficiency. A little blueness of the lips is a valuable warning.

How far is the anaesthetic to be pushed? It is generally agreed that the smallest operation requires full anaesthesia, and even for the drawing of a tooth or the incision of an abscess it should be pushed to abolition of the conjunctival reflex and muscular relaxation. Many deaths are reported for small operations where very little chloroform has been used. Such deaths are reflex, and the pulling of a tooth is more apt to produce fatal syncope if the patient be half under, than it would be when the patient is undrugged and fully conscious of the pain (itself a stimulant), or when he is thoroughly anaesthetized and reflexes are abolished. Anaesthesia once obtained is to be steadily maintained to the extent of complete relaxation of the voluntary (limb) muscles, and abolition of the conjunctival reflex (closure of the eyelids when the eyeball is touched with the finger). Probably the best guide is any tendency of the patient to shrink under the operator’s hand. More chloroform has usually to be given for the introduction of the sutures. For abdominal and rectal operations the deepest anaesthesia is needed from first to last, as the abdominal muscles must in these cases be kept relaxed. Especially in rectal operations is deep anaesthesia necessary. For the extraction of the teeth I would, after much experience, advise deep anaesthesia that the jaw may be completely relaxed. Then, if I might presume to advise the dentist on the authority of the chief of the extracting department, when I was chloroformist in Edinburgh, I would say use no gag. With the jaw well relaxed, the finger and thumb of the left hand is the best gag and guide to the dental forceps as well. To the chloroformist, for dental operations I would say, do not be afraid of the semi-recumbency most convenient to the dentist, have your patient deeply under before you allow the dentist to start, abolish gags that your patient may be able to swallow blood which he cannot do freely with a gag in, stop the operation and give more chloroform if there be any sign of your patient coming to, and do not be afraid of blood getting into the larynx.

The condition of the pupil is a valuable indication of the depth of the narcosis. At first it is contracted, and it is seldom necessary to push the chloroform further than this contraction; next it dilates, and when the sphincter is thus paralyzed one of the last reflexes to yield is gone, and a little more chloroform means death. You may push your anaesthetic to this stage if necessary, but take care you don’t go further.
It has never been my sad experience to have or to witness a death from chloroform, though, of course, I have had several cases in which respiration has stopped. First, there are cases where, in the early stages, the struggling passes into an epileptic-form seizure which embarrasses so much both heart and respiration that the patient becomes rapidly cyanosed. I believe there is considerable danger in this condition. I feel sure that very gradual administration will diminish the tendency to these seizures, and I would especially emphasize the importance of beginning gradually in alcoholic cases. During the seizure it is best to continue the chloroform, to overcome the spasm of the respiratory muscles by artificial respiration, especially by intermittent pressure on the lower ribs, and I believe that in these cases of spasm, accompanied by cyanosis, nitrite of amyl is rapidly beneficial. In alcoholic patients a hypodermic of \( \frac{1}{4} \) gr. morphine, with \( \frac{1}{150} \) of atropine ten minutes before commencing the anaesthetic soothes the patient over. If you give morphine before administering chloroform, you must remember that you have done so and that very little chloroform will then be required.

Should the patient stop breathing, do not wait to see if it is only temporary, try pressure on the lower ribs, and if he does not breathe at once commence artificial respiration, slowly and collectedly, synchronous with your own breathing, beginning with a strong expiratory pressure to rid the trachea of chloroform vapor. See that the tongue is forward, and give 1-20 grain of strychnine, or rather get some one to give it, and to refill your syringe; but your chief duty is artificial respiration. I believe strychnine is the best cardiac and respiratory stimulant that can be used. Lowering the head, or inversion, nitrite of amyl if there be venous engorgement, electricity, hot and cold applications over the heart, forcible percussion over the heart, may all be valuable remedies; but these must all be strictly subservient to artificial respiration. I have had no experience of cardiac failure, respiration continuing; in abdominal operations one is liable to sudden attacks of pallor, and these should be met at once by strychnine given freely. In my hands, it has always had a rapid and marked influence. I consider it much better than ether, which I now never use hypodermically in a chloroform case. I believe that in abdominal operations the Trendelenburg position (the patient well elevated from the shoulders downward) is valuable in minimizing shock, and I would further suggest that the position, the legs from the knees downward be-
ing also elevated, might be used in primary operations for accidents where there has been much hemorrhage.

A word about vomiting. No post-mortem report of a case of death from chloroform is complete unless it be expressly stated that the trachea has been examined for vomited matters. In accident cases brought in drunk, in fact in all emergency cases, it would be a valuable precaution to wash out the stomach before administering the anaesthetic. A similar precaution might be valuable in operating for strangulated hernia. Should vomiting occur and the larynx be blocked, tracheotomy may be necessary. My colleague, Dr. Thompson, had a case where by a prompt tracheotomy he saved the patient's life.

The question may be asked, should the respiration fail and resuscitation be necessary before the operation is commenced, shall the operation be proceeded with?

I have repeatedly advised that it should proceed, and have never regretted it. Respiration does stop, for reasons that are not very definite, often before a knife has been used. A little strychnine, a few minutes artificial respiration, and all is as before. I have never had any hesitation in proceeding, and have not in these cases substituted ether for chloroform, nor have I ever had any further trouble. To defer the operation means to give some explanation to the patient, and has a bad moral effect on both patient and surgeon. Even were there marked cardiac failure, I would not be inclined to stop if the operation were necessary to life. Substituting ether, and giving cardiac stimulants, but never if possible letting the patient wake up, I would proceed as soon as the pulse and regular respiration would allow it. Were operation deferred, there would be as great a risk as ever of a repetition of the former experience.

I believe the main reasons why certain physicians may be liable to have accidents with chloroform are these: First, it is necessary to give ether in such concentration that any one accustomed to the use of ether will be extremely apt to give chloroform in the same way. To administer chloroform as one would ether would be death, and I feel sure that accidents happen by getting into the habit begotten of ether administration of giving the drug in too concentrated vapor. Another cause of trouble is impatience to get the patient under. There is nothing more dangerous than pushing chloroform too hard, especially at first, and great risk attends any attempt to commence the operation before the patient is fully under.
Too much anxiety about, and faith in the condition of the pulse tends to divert attention from the more important matter of the respiration; and there are cases where the pulse is reported to have failed first, but in which more careful attention to the breathing would have discovered that the cardiac failure was secondary to arrested respiration.

Lastly, I am convinced that one cause of failure to administer chloroform successfully is neglect of slight interference with the respiration. No interference, whether nasal or laryngeal, can be so slight that it is unimportant, and the slightest approach to crowing, or even snoring, should be at once attended to and relieved.

*A word about one or two drugs used in conjunction with, or antagonistic to chloroform. While I was a hospital dresser with Mr. Joseph Bell in Edinburgh he was in the habit of using morphine hypodermically ten minutes before the operation in almost all his cases, and following his lead I have used it extensively, and believe it, if rightly used, a valuable adjunct to chloroform. A quarter of a grain of morphine with some atropine administered by hypodermic ten minutes before the anaesthetic, puts a nervous patient into a careless, less sensitive, more yielding frame of mind, and the chloroform is then taken quietly and easily. It has been said that there is danger in combining the drugs, and so there is decidedly, if the physican forgets that he has given morphine. After its administration one half or less of the chloroform will be sufficient that would have been required without it. Especially easy is it to keep such a patient under. Any one who has not tried the method will be astonished how little chloroform he requires, especially for a prolonged operation. I consider morphine used thus to be of great value with nervous patients, in prolonged operations, in abdominal cases where it is useful in quieting the intestines for a few hours, and in operations about the face where there may be some difficulty in administering the anaesthetic during the operation. I am not sure what effect the morphine has on chloroform nausea.

STRYCHNINE.—I am quite sure that there is no antagonist to chloroform so valuable as strychnine given in full doses and on the slightest sign of cardiac or respiratory failure.

Alcohol and ether rank far behind it. I always have 1-20 gr. in my hypodermic syringe before I commence, whether I use it or not, and it is the only stimulant I believe absolutely essential to the chloroformist's equipment. Caffeine and ammonia come next. Alcohol by enema is valuable later on to combat collapse.
ETHER.—Though advocating chloroform I cannot altogether pass over ether, though I have nothing new to say about it and no personal experience of its use. It is contra-indicated where it is difficult to administer the anaesthetic continuously as the patient recovers consciousness so quickly; thus it is not a good anaesthetic in face operations. It is inflammable and therefore must not be brought near an actual cautery. It is intensely irritating to the respiratory passages and apt to cause a large flow of bronchial secretion, hence it should not be used for old, feeble chronic bronchitics.

As a cardiac stimulant it is the best anaesthetic where the heart is fatty and feeble and there is no respiratory trouble, though my rule has been that where the patient is able to undergo an operation he is able to take chloroform, and I have seen no cause to alter my practice. Should there be symptoms of cardiac failure during the operation it is good to continue the anaesthesia with ether.

With regard to chloroform nausea, I think too little regard is paid to prophylaxis. In the case of sea sickness nothing is so important as treatment of the stomach before the voyage; and nothing will prevent chloroform sickness like careful dieting and some compound rhubarb powder during the three days preceding operation. In emergency cases washing out the stomach before operation would be most useful. To treat the nausea, absolutely nothing by the mouth, except perhaps a few drops of acidulated ice-cold water to relief the dryness of the mouth itself, and copious faintly saline enemata to relieve thirst, though stern treatment from the patient’s point of view, is the shortest and best road to relief. Ice is emphatically to be denied. An occasional teaspoonful of unsweetened ice-cold tea or coffee (without milk) may be allowed. In severe cases the stomach might be washed out with advantage.

I cannot dismiss the subject without referring to the necessity of teaching students how to give anaesthetics. Every doctor has to administer an anaesthetic frequently, yet the majority of students know nothing about it when they leave college. It should be the rule that each member of every class of ward assistants should act as chloroformist in turn, and that under responsible supervision, while one or two lectures and an examination on anaesthetics should be a matter of routine.

Further, as the country obstetrician or surgeon may have to trust to his nurse at any time to give the anaesthetic, all hospital-trained nurses should be taught to give chloroform and ether.
THE IMPORTANCE OF EARLY TREATMENT IN NASAL OBSTRUCTIONS.

BY ROBT. E. MOSS, M. D.

[Read before the Western Texas Medical Society, June 28, 1894.]

It would almost seem like threshing over straw to write upon this hackneyed subject, but the great number of neglected cases and the careless indifference on the part of the majority of general practitioners, is my excuse for this paper tonight.

If we study the anatomical construction and physiological function of the nose and accessory cavities, we will be impressed with the fact that it has an important part to play in giving physical beauty, health and happiness to each individual.

The nose, as we know, has three turbinated bones, scroll shaped, on either side, which are covered with mucous membrane, studded with glands, and richly supplied with blood vessels. There are openings from the antrum of Highmore, ethmoid, sphenoid and frontal sinuses, and the lachrymal ducts. Diseased conditions of the nose readily extend to all of these, either by continuity of tissue, or from destruction. The chief function of the nose, of course, is respiration; but the importance of nasal, over mouth breathing, is not properly understood, generally speaking, and if understood, but slightly regarded. The nose, with its great surface of moist mucous membrane, catches the dust, warms and moistens the air before it reaches the delicate structure of the air vesicles. This is a matter of the greatest importance, for who among us has not seen the marked change in health, intelligence, personal appearance and rapid growth of the dull, listless, mouth-breathing child who has been relieved by operation? A vast number of these children will breathe through the nose during the day, but you will find that they sleep with the mouth open at night, and you will invariably find they are extremely susceptible to atmospheric changes and various bodily ills. The anxious mother will tell you her child takes cold easily and complains a great deal, in fact is never well, and she doesn’t know what to do, etc., etc.

It matters but little whether this obstruction of the nose is due to polyps, hypertrophy, or indirectly by chronic enlargement of
pharyngeal and faucial tonsils, the effect is the same. There may be, and generally is, an underlying constitutional diathesis which predisposes to this condition; yet constitutional treatment, no matter how skillfully directed, will not relieve these little sufferers. There can be no question that taking in the air without its proper amount of moisture or heat, as is done in all mouth breathing, the delicate structures in the lungs are affected, the blood imperfectly oxygenated, the system badly nourished, and a general predisposition to acquire almost any disease.

In regard to the causation of these hypertrophies, generally speaking, we may group them together; for the conditions giving rise to one form, as a rule, will produce them all. It is true, we may have them as separate and distinct lesions, yet in many respects they are similar. We find, however, where the glandular structures are involved to a greater extent, that there is doubtless a constitutional dyscrasy—such as inherited syphilis or tuberculosis—which shows its predilection for lymphatic and glandular structures. Repeated coryzas due to improper care in dress, sleeping apartments, atmospheric conditions, and a general lack of proper hygienic management, leads to deep-seated inflammations. As a result, we have hypertrophy, interstitial deposits, and a general hyperplasia, which defies the best directed treatment.

Mothers must be taught that a common cold is not the insignificant thing our predecessors in medicine led them to believe. It is the duty of the family physician to instruct them, in a general way, and when his attention is called to the fact that the child has a discharge from the nose, and can't breathe well at night, he should not dismiss the subject with a shrug of the shoulders or by saying it will be well in a short time. There are thousands of suppurative ear troubles due to neglect on the part of the attendant in ignoring a coryza. The inaccessibility of the naso-pharyngeal space in children is probably an excuse for not examining it more frequently, and yet it is an easy matter to insert the index finger behind the palate and carefully examine the parts.

The eruptive fevers are responsible for, or causative of a great number of these cases, especially measles. The patient's nose positively receives little, if any, treatment in attacks of measles, yet coryzals are very common, and suppurative troubles of the middle ear and mastoid antrum far from uncommon. Scarlet fever and diphtheria affect the nose very frequently, causing
mouth breathing, with its baneful effects upon a system whose vitality is already at a low ebb. Then there are scores of suppurative ear cases complicating these diseases, and the cause will frequently be found due to nasal obstruction. Mothers should be taught to watch their children in regard to mouth breathing, snuffles, or a discharge from the nose, at any time, and especially following any of the exanthemata, or other febrile diseases. It is in the incipiency of attacks that treatment is of any avail. If we wait until true hypertrophy has become developed, it then becomes necessary to resort to surgical methods to remove obstructions, relieve pressure, and open the nasal cavities sufficiently to relieve the patient altogether of mouth breathing.

As to the treatment in the early stages of nasal obstructions where there is acute coryza from any cause, it is very simple. Cleanliness is the main thing; using any alkaline spray, such as a solution of Seiler's tablets, Dobell's solution, or listerine and boric acid, or any combination the individual practitioner may prefer. The main point is the spray should be used quite warm, and frequent enough to clear the nose of all tenacious plugs of mucus. The diet, dress, baths, general tonics, exercise, and the two greatest of all restoratives, sunshine and fresh air, should receive due attention, and the mother be given positive directions. It is too often the case that after the prescription has been written, the physician will give a few general directions and the mother be left in doubt how to act, except upon her own judgment or that of some neighbor who prides herself upon knowing more about treating children than the doctors.

After true hypertrophy of tissue has occurred we find sprays as a rule, very little, if any benefit. In slight hypertrophies of the turbinate tissues cauterizing will usually answer, and we generally prefer chromic acid fused on the end of a slender probe carefully applied after the parts have been well cocainized. Where the hypertrophy is very marked, the Bosworth saw, scissors or snare will be required, and here I would suggest that good judgment and skill are needed. I will venture the assertion that no part of the body has suffered more bad surgery either by omission or commission than the nose. It is only a few years ago that we knew anything about how or what to do in many of the conditions that we now treat intelligently and with as much success as similar diseased processes in other parts of the body. The gynecologists like to twit the "skinologists" about not being able to cure catarrh, and yet, how many of them ever cure a case
of true hypertrophy or hyperplasia of the uterus? It is in cases of recent subinvolution that the results are highly satisfactory when proper treatment has been skillfully applied; just so in nasal obstruction due to congestion, and not hypertrophy.

There are many abnormalities, as tumors, polyps, exostoses, fractured and deviated septums, etc., but these all require special skill as a rule, to remove or properly treat them. I will detail a case or two to show the results of treatment in different forms of obstruction.

Miss S., aet 24, home, Michigan, sent here by family physician, thinking she had incipient phthisis. She was referred to me by her attending physician in the city on account of a chronic pharyngitis sicca. I found a long ridge of bone upon the septum on left side almost completely occluding that nostril; the turbinated tissues were hypertrophied, and nasal breathing an impossibility. There was middle ear catarrh and the hearing for watch reduced to 12-40 right and 6-40 left. She had lost flesh, chronic cough, light night sweats, and felt sure she was going to die. I removed the obstructions with saw, treated ears by inflation with catheter and douch apparatus containing menthol, iodine and albolene. In six weeks she had gained twenty pounds and the tinnitus was checked. At the end of three months the cough had ceased, a further gain of five pounds in weight, and the hearing in right ear 40/40, left 24/24.

Willie L., aet 1½; was called December 28th, with family physician, on account of suppuration of both ears and acute abscess of mastoid on right side. I found nose obstructed, pharyngeal tonsil filling vault of pharynx, profuse discharge from both external auditory canals, right mastoid very much swollen and fluctuating. He had high fever 104 F., very restless anæmic, yellow skin, refusing his bottle, and the picture of malnutrition. I advised immediate operation for the adenoid tissue and the mastoid at the same sitting. We operated that afternoon, opening the abscess and going as deep as the antrum, finding there some beginning caries which was curetted away, wound thoroughly, cleaned and packed with gauze. I then removed the adenoid tissue, and directed the external canals to be carefully syringed three times a day, as the discharge was profuse, and the child to have a tenth of a grain calomel tablet three times a day. At the end of four weeks discharge had ceased in both ears, mastoid opening almost completely closed, and the child's appearance transformed.
Miss B., aet 12, constant trouble with her throat, slight cough, sleeps with mouth open at night, and propped with pillows almost to sitting posture to sleep at all, and when she takes the slightest cold sleep is almost an impossibility. The turbinated tissues showed true hypertrophy and vault of pharynx literally filled with enlargement of pharyngeal tonsil. Assisted by family physician who gave chloroform, I removed the pharyngeal and both faucial tonsils which were also hypertrophied and follicular. At the end of two weeks she came to my office when I removed the thickened turbinated tissues with saw and snare. Six weeks after first operation she can sleep on back without a pillow and with mouth closed. There is no sore throat, cough has disappeared, appetite regular and not capricious as before, and her appearance would suggest perfect health.

I could detail dozens of such cases from my case book, but these will suffice to show the suffering caused by neglect of treatment and the marked relief obtained by thorough radical measures promptly applied.

In closing I would urge the great importance and benefit of early recognition and proper treatment to prevent alterations in nutrition, thereby predisposing to pulmonary troubles. The lack of attention on the part of the family physician and patient, or parent; and the great success of early treatment. I would also call attention to the sad, dull, listless faces presented in this class of patients and the irreparable damage resulting from neglect of, or improper treatment.

For Texas Medical Journal.

BLINDNESS IN TEXAS.

BY H. L. HILGARTNER, M. D.

Read at the meeting of the State Medical Association, April 26, 1894.

MR. PRESIDENT AND GENTLEMEN:—Research of late years, pursued in one direction, has revealed a condition of things which concerns not alone the eye-specialist and the medical profession, but every one who considers our national welfare. To the consideration of the alarming increase of blindness in the United States—an increase out of all proportion to the simultaneous growth of population—I ask your attention.

In 1887, Dr. Lucien Howe (Transactions of the American Ophthalmological Society, 1887,) presented a paper at the meeting
of the American Ophthalmological Society in which he called attention to the fact that, according to the census reports, the number of blind in this country was increasing much more rapidly than the population. His figures, taken from the United States census of 1870-1880, show an increase of 30.09 per cent. in the population for the decade of 1870-1880, and 140.78 per cent. in the number of the blind. It was also shown that the rate of blindness increased from North to South and decreased from East to West. The conclusions arrived at by Dr. Howe were the following:

Blindness is greater, in proportion to the population, in the Eastern States; that it is proportionately greater in these States in the thickly populated, than in the rural districts; that the crowding together of children in institutions seems to be a prolific cause; that contagious eye diseases are often brought in by immigrants; that the financial loss to the nation is immense, from the necessity of supporting this great number of blind persons.

These conclusions led the Ophthalmological Society to appoint a committee to examine into the subject, as did also the Medical Society of the State of New York, after the same figures had been presented there for consideration. The committee, in both of these societies, reported the advisability of some legislation to limit the further increase of what may be considered one of the principal causes of blindness, namely, ophthalmia neonatorum. Since that time the States of New York, Maine and Rhode Island have passed laws which have for their object the preventive treatment of this disease. In the remainder of this paper I hope to show the desirability of a similar law in our own State.

The investigations made in New York show an increase in the blindness in this State, between 1870-1880, of 125.7 per cent., with a simultaneous increase of population of 15.9 per cent. Accordingly blindness in New York State had increased 8.2 times as rapidly as had the population. At the meeting of the Medical and Chirurgical Faculty of Maryland, held at Baltimore in April, 1891, Dr. Woods (Maryland Medical Journal, May 9th, 1891), of Baltimore, read a carefully prepared paper in which he stated an increase in the population of about 20 per cent., and an increase of 121 per cent. in number of the blind for the period between 1870-1880. Further observations showed an apparent increase of 95 per cent. in the blind of ages from 4 to 24 years, for the time between 1880 and 1890. These figures were the result of personal examination of pupils at the Maryland school for the blind.
Dr. Woods stated that the last figures could not be so relied upon as those for the preceding ten years. However, the result is sufficient to show the enormous increase of blind in proportion to the increase in population for the State of Maryland.

The population in Texas, in 1880, was 1,691,740; in 1890, the census gave us 2,236,623, an increase of 40.2 per cent. In 1880, we had 1349 blind; in 1890 the blind numbered 1560. We find an increase of only 15 per cent.

The census of 1890 gives us the following figures:

Blind in the United States in 1890, 50,411.
Blind in the United States in 1880, 48, 929.
We find an increase for the entire United States of only 3.20 per cent. Considering the last census, a less complete record of such persons than the census of 1880, the important fact, that a very large percentage of the blindness is caused simply by neglect in early infancy, is still apparent.

For a moment let us consider the various causes of blindness and note conclusions arrived at from the investigations made at the State Blind Institutions. In order to make comparisons, we will first glance at the causes of blindness in New York.

The committee of the Ophthalmological Society (Transactions American Ophthalmological Society, 1890,) were able to get at the exact conditions of the eyes of 509 individuals of all ages. The following are a few of the summary notes:

2.27 per cent. was congenital; 14.51 per cent. was due to ophthalmia neonatorum; 77/8 per cent. was caused by trachoma or granular lids; 12-51 per cent. came from primary or secondary corneal diseases, and 8.21 per cent. from sympathetic ophthalmia.

According to above figures 43.01 per cent. of the blindness in New York State came from four diseases. Of these ophthalmia neonatorum and sympathetic ophthalmia are wholly preventable, while trachoma and corneal diseases are curable in most instances, if proper treatment be instituted in the early stage of the diseases.

In order to ascertain causes of blindness in Texas, I examined the pupils at the State blind schools. I experienced great difficulty in obtaining histories of these cases, on account of ignorance manifested by many of the pupils, and carelessness of parents. Indeed, in a large number, sole reliance was put upon objective appearance.

At the white school I examined 167 pupils, their ages ranging from 7 to 27. Of this number, 15 per cent. were blind from ophthalmia neonatorum; 5.1 per cent. from sympathetic ophthalmia;
10.7 per cent. from trachoma. At the colored school 46 cases were examined; their ages ranged from 7 to 29. Four were blind from sympathetic ophthalmia; 5 from trachoma (3 of which were brothers); 8 from ophthalmia neonatorum; 1 from gonorrheal ophthalmia.

Of these diseases, all of which are almost entirely preventable, there is one, "ophthalmia neonatorum," which I wish to consider at some length. Ophthalmia neonatorum, also known as "babies sore eyes," is the cause, according to Magnus, of 23.5 per cent. of blindness in Europe among persons under 20 years of age; of 10.87 per cent. of all blindness; of 14.51 per cent. of blindness in New York State; of 17.6 per cent. in Maryland; 15 per cent. in Texas. This disease is considered entirely preventable and curable—certainly in 98 per cent. of all cases.

The important questions which present themselves are:
1. Why does ophthalmia neonatorum continue to cause so much blindness?
2. What can be done to prevent further increase in blindness from this source?

The answer to the first question, as given by Dr. Woods, "is ignorance; ignorance of its great danger on the part of parents; ignorance on the part of mid-wives, and too often ignorance on the part of medical attendants."

As to the second question, we must consider what means can be adopted to bring these children, as soon as possible, to the notice of a competent physician. Education of the laity is useless; urging nurses is equally insufficient. The surest and best means of accomplishing this is undoubtedly by legislation. This was the view taken of the subject by those who have considered it most carefully, and following the plan which had been partially adopted before in Switzerland,—a concise but explicit bill for the proper protection of these infants, was passed by both houses of the New York legislature, 1890, without a dissenting vote, and became a law at once. The State of Maine was the second to pass such a law, and Rhode Island the third State to have such a law. There is a similar bill before the legislature of Ohio at the present time.

The disease is rarely seen outside the circles of the poor. The problem to solve is how to protect babies of the poor; children born under the care of medical men who do not realize the dangers of infantile ophthalmia, or of mid-wives who may have never heard of it. The Eye Infirmary of Sheffield, England, distributes
among the poor, by means of the poor physicians, the following card:

**Important Notice:** If a baby’s eyes run with matter and look red a few days after birth, take it *at once* to a doctor.

*Delay is dangerous,* and one or both eyes may be destroyed if not treated *immediately*.

The distribution of such cards by the health authorities would undoubtedly accomplish much good. The question in connection with midwives is the most difficult to answer. Our laws require nothing but self-confidence on the woman’s part to entitle her to license. These women attend many more poor women in confinement than do physicians, and are naturally interested in covering up their mistakes. In various parts of Europe, Saxony, Austria, Prussia, etc., there are laws of more or less stringency regulating the licensing of these women, compelling them to know Crede’s method before obtaining their licenses, and to use it in practice.

A law of this kind makes a nurse appreciate her responsibility and lets her know, that the condition indicated by the redness and discharge in the newly born is not to be trifled with.

Having shown that such legislation should be enacted, it is, Mr. President, our duty to consider this matter at once, and take the necessary steps which will have for their result the adoption of a suitable law in the State of Texas.

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**Current Medical Literature.**

**NOTES ON DERMATOLOGY.**

**By Isadore Dyer, M. D., New Orleans, La.,**
Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor in Skin Diseases, Medical Department Tulane University, etc.

**The Present Position of the Lichen Question.**—In 1889, at the Paris Dermatological Congress, Kaposi reduced the lichen group to two diseases: 1. Lichen ruber; a, acuminatus; b, planus. 2. Lichen scrofulosorum.

Since that congress, comparatively little has appeared in the journals upon the subject of lichen.

Brocq and Jacquet say that the basis for the construction of the lichen group is to be found in the presence of the initial
lesion of papular character. In summarizing a very interesting paper on this timely subject, Dr. Malcolm Morris submits his own conclusions as follows:

1. Lichen is not a disease, but a type of lesion.
2. The term should be reserved for the clinical entity, described by Erasmus Wilson under the name of lichen planus, which is the same as Hebra's lichen ruber.
3. The affection described by Kaposi under the name of lichen ruber acuminatus, is identical with that described by Devergic & Bessnier as pityriasis rubra pilaris.
4. Other forms of lichen-obtusus, hypertrophicus, verrucosus, etc., are variants of the typical form, the Hebra-Wilson lichen ruber planus.
5. The groups of symptoms to which the name of lichen is applied is probably caused by a variety of factors, but at present we are almost entirely in the dark as to its pathogenesis.

(Malcolm Morris, M. D., British Journal of Dermatology, April, 1894.)

Hydroa Vacciniforme of Bazin, (C. Boeck in Norsk Magazin for Lægevidenskaben, No. 6, 1893).—Three cases of this rare affection are reported. All bear out the classical description of the disease. The report is especially interesting in that the third case instanced occurred in a young woman of twenty-seven years.

(Although Bazin was the first to describe this condition, Hutchinson probably deserves the credit of making it recognizable. Crocker, as late as 1893, describes the disease as one of early childhood and confined to boys. Hutchinson designated the disease as "Recurrent Summer Eruption," while Uuna named it "Hydroa Buerorum," believing it a disease of boys. The disease is one of the symmetrical vesicular eruptions, suggesting a vaso-motor neurosis. In Bazin's case, vaccination seemed responsible.—Dyer.)

In all three of Boeck's cases the lesions terminated in marked cicatization. (Ibid.)

Medicated Baths in the Treatment of Skin Diseases, by Leslie Phillips, M. D.; H. K. Lewis, London, 1893.—So little is known of the usefulness of baths in the treatment of skin diseases, that Dr. Phillips' contribution is most welcome. The brevity of the work is its chief fault. The author devotes considerable space to the consideration of the ordinary indications
for the bath, the uses of water alone and the relation of bathing to the general functions of the economy. After describing in detail the various baths and their composition, the author indicates the conditions of which these are separately indicated. In commending the entire work, special mention should be made to Part III, in which the application of specific baths to specific diseases is given. The usually accepted dictum that water is contra-indicated in eczemas, finds refutation here.

Says Dr. Phillips, "Since I have learned to give baths of tepid temperature only, to cases of acute eczema, I have constantly been on the lookout for a case in which the bath injures or fails to benefit, and I have not yet found it." This is rather strongly put, but the accompanying description of methods in employing the bath in eczema somewhat qualifies the above. In commenting on this position we would say that the tepid or even hot bath in our experience has proven of service in selected cases. A prolonged bath, even to exhaustion, from half an hour to two hours or more should be the rule, however.

Medication through the bath is gaining ground and in submitting this humble effort, the doctor has done much in the line of enlightenment in this direction.

**Trichotillomania.**—At the May meeting of the Paris Society of Dermatology and Syphilography, Dr. Hallopeau reported a case of this remarkable condition. The patient was reported in a morbid state, characterized by violent itching in the hairy regions of the body, which forced him to seek relief by tearing out the hair of the part affected. Careful examination discovered no alteration of the hair or integument. Relief was only obtained by protecting the itching parts with a varnish or India-rubber covering.—*Medical Weekly*, v. ii., No. 21, p. 248.

**An Operation for the Radical Cure of Fistula in Ano by an Improved Method which Secures Primary Union and Complete Retentive Power, even when Two Incisions Through the Sphincter are Necessary.**—In an article which appeared in the July number of the *American Medical-Surgical Bulletin* under the above title, Dr. A. H. Goelet, of New York, described an operation which, in his hands, has been very successful. As in the older methods, the sphincter is completely divulged, and the fistula opened into the rectum and thoroughly curetted. The important part of the operation, how-
ever, lies in the method of suturing. This is as follows: In the
deeper structures, two or more rows of buried, continuous sutures of
fine catgut are employed, each row beginning at the upper
angle beneath the mucous membrane, and ending just within the
integument of the perineum covering up the preceding row. In
the rectal mucous membrane and the integument of the per-
ineum, interrupted sutures of chromic catgut are used. The
edges of the sphincter muscles are approximated with especial
care.

Deep sutures introduced through the rectal mucous membrane
are deprecated by the operator, because of the danger of leakage
of septic matter along the track of the sutures, and because they
obstruct the circulation and increase the œdema, thus interfering
with primary union.

Dr. Goelet reported a case where two fistulae existed, which
had been treated after this method. The result was very gratify-
ing. The wound healed by primary union, and although the
external sphincter had been cut in two places, at opposite points,
and the internal sphincter at one point, the patient had complete
retentive power. This result contrasted with that obtained by
the older methods, establishes this as an ideal operation.

The article concluded by emphasizing these essential details
in the technique of the operation:
1. Complete divulsion of the sphincter.
2. Perfect asepsis.
3. Incision of the muscles at right angles to the fibres.
4. Thorough curettage of all fistulous tracts.
5. The use of buried sutures of fine catgut for the deeper
structures, and interrupted chromic catgut sutures for the mucous
membrane.
6. The rectal tube and dressing.
7. Absolute inactivity of the bowels and a liquid diet for five
days following the operation.

LIGATION OF THE BASE OF THE BROAD LIGAMENTS PER VAG-
inam, Including the Uterine Arteries, for Fibroids of
the Uterus.—Dr. Augustin H. Goelet, of New York, in a con-
tribution to the American Medico-Surgical Bulletin, June 1st, re-
ports favorably upon this operation, in his hands, for the con-
trol of uterine hemorrhage and reduction of fibroid growths. He
believes it should be done in lieu of hysterectomy, when that
operation would involve too great a risk, and as a preliminary
step with a view of avoiding the necessity of the more hazardous operation. When extensive attachments have not been formed which would afford additional nutrition, considerable reduction has resulted even in growths of large size. When the operation has been done for smaller growths, the result has been more satisfactory. In some instances, complete atrophy has been reported. This result, as well as arrest of the uterine hemorrhage, is accounted for by the diminished nutrition furnished the uterus and these growths by the interference with the blood supply and nerve supply, which are included by ligation of the base of the broad ligaments. It is estimated that the uterine arteries furnish the uterus with two-thirds of its blood supply, and it is reasonable to expect that a profound effect will be produced upon that organ, and growths arising from the walls, if this is suddenly cut off.

The sole danger in the operation is the risk of including the ureters in the ligatures, as they pass down behind the uterine arteries only half an inch from the cervix, and are consequently in the field of operation. Dr. Goelet suggests as a preliminary step, to eliminate this risk, that bougies be passed into the ureters through the bladder. He admits, however, that a careful operator, accustomed to working in this region, may easily avoid the ureters.

The technique of the operation, as described by Dr. Goelet, shows an important departure from the usual method followed. Instead of ligating each artery in only one place on a level with the internal os, he applies a second, and often a third ligature to the artery on each side as it ascends along the side of the uterus, the result of which is to cut off the compensating blood supply from ovarian artery to the lower part of the uterus.

Dr. Goelet gives all the credit of priority to Dr. Martin, of Chicago, who has recently suggested and popularized the operation and perfected its technique, but states that he first ligated the uterine artery per vaginam on one side in January, 1889, in the case of a large fibroid the size of a seven months' pregnancy, with a view of diminishing the size of the growth by reducing the blood supply. The artery on the other side was not ligated, because the position of the tumor made it inaccessible. Six months later the tumor was one-third smaller, and was giving no inconvenience.

He quoted his last case operated upon, to show how promptly uterine hemorrhage may be controlled by this operation.
Library and Museum of the Medical School.—During the past year several hundred volumes have been added to the library of the Medical Department of the University, and the books have been arranged in the recently completed cases in the room set aside for the accommodation of the library. A card catalogue of subjects and individual articles is being made, and the working value of the collection thus greatly enhanced. It has been arranged that under proper restrictions in matter of length of loan and number of books withdrawn, any physician of Texas may take books from this library, provided he deposit the cost of same or an accredited check for the same with the librarian, and pay the cost of carriage each way. The deposit is, of course, to be returned upon the return of the books. It is hoped thus to make the library of service to the profession of the State.

In a library of as ambitious and general a scope as this, it is desirable that all sorts of books, bearing upon medical or allied science, and all editions, be deposited for consultation. Old files of medical journals, American and foreign, are especially desirable, and donations of such are eagerly desired. Any persons who are disposed to aid thus in building up a large State Medical Library, in connection with the State school, are earnestly requested to send, at the expense of the library, all volumes and files (complete or incomplete) of journals. Pack them securely, put them in charge of the express or freight company, with the address, “Library of Medical Department of University of Texas, Galveston, Texas.” Their reception will be appreciated and acknowledged.
At the same time it is desirable to suggest once more the propriety of depositing in the museum all specimens of pathological interest. The present collection has grown rapidly and includes a number of rare and beautiful specimens. In such cases the name of the donor and the history of the specimen are preserved in the catalogue of the collection; and when desired, a special report will be made on the specimens sent. The school will gladly pay cost of carriage to Galveston. Address specimens to Dr. Allen J. Smith, Professor of Pathology, Medical Department University of Texas, Galveston, Texas.

OBITUARY.—Dr. Chas. Antis Danforth, of Granger, Texas, died at his home on Sunday, May 6, 1894. He was an active member of the Williamson-Bell-Milam-County Medical Society, and the Society passed resolutions expressive of their sense of loss in so valuable a member, and testifying to his high character and general worth as a physician and a citizen. A beautifully-written eulogy on his life and character was forwarded by the W.-B.-M.-County Medical Society to the Texas Medical Journal for publication, but was not published because of its length. From it, however, we make the following extracts:

Dr. Danforth was born at Marshall, Texas, September 18, 1853. He was married to Miss Henrietta G. Gerdes, of Rockdale, Texas, February 6, 1879, and she, with six children, survives him. He chose medicine as a profession, and in 1881 attended his first course of lectures at Missouri Medical College, St. Louis, and began practice at Granger, Texas. He took his second course at Tulane University, New Orleans, in the winter of 1883, and graduated the following spring, March, 1884. Returning to Granger, he located permanently, and there resided and followed his profession with zeal, energy and success, till cut off by an untimely death.

In 1887 Dr. Danforth took a course at the St. Louis Polyclinic, and again, at New Orleans, he attended the Polyclinic in 1889–'90–'91–'93. With these exceptions he was continually in practice, and worked with an ambition worthy of emulation. He was a close student, and his early death may, in a measure, be attributed to his excessive application to work and study. Dr. Danforth was highly respected by all who knew him, and had he lived would undoubtedly have made a brilliant career.

BLACK JAUNDICE.—The disease variously known as "Malarial Hæmaturia," "Malarial Hæmatinuria," "Pernicious Fever," and
“Black Jaundice” is, as is well known, very fatal. The profession are at sea as to its real nature, and know little as to its pathology; hence the great diversity of treatment. In the present state of knowledge of the disease, all treatment is empirical, more or less. The paper, by Dr. Oates, in our last issue, has attracted much attention, and the treatment there outlined, and which, he says, he has found successful, appears to be rational. But until the cause of the disease—vaguely said to be “malarial”—is ascertained; until the pathology of the disease is carefully studied, with the aid of the microscope and other laboratory accessories, we can never hope to deal intelligently with it.

In this connection the JOURNAL is authorized to say that Prof. A. J. Smith, the Pathologist of the Medical Department of the University of Texas, who is now sojourning at San Antonio, desires to study the disease, and if any of our readers within a day’s travel of Galveston or San Antonio, will wire him when next a case occurs in their practice, and before any quinine is administered, he will take great pleasure in going to see it, and will appreciate the opportunity thus offered him, as a marked professional courtesy.

Prof. Smith’s Paper, in this issue, is as timely as it is able. It will be read with much interest, as embodying the views of one who speaks by the book. It is unfortunate that it can not reach and be read by all the people, for it is high time they were being made aware that, although consumption is highly contagious, it is the easiest matter in the world to prevent its spread. It is now definitely known that the sputa is the danger element, and that the mode of propagation is through its becoming dried—when the infective bacilli float in the air and find lodgment in the air passages of those who breathe it. Destroy the sputa—avoid kissing and sleeping with a consumptive—observe all rules of cleanliness and decency in and about the apartments occupied by the patient, and the disease will be practically disarmed of its dangers.

We commend the paper to the careful perusal of our readers.

Medical News and Miscellany.

Dr. E. Cross, so long resident in San Antonio, where he successfully conducted a large gynecological infirmary, has removed to Monterey, Mexico.
Married, at Taylor, Texas, July 24th, ult., Miss Annie Doak, daughter of Dr. A. V. Doak, to Mr. E. R. Adams, all of Taylor.

For Sale.—My home and good will. A great bargain. Fine location, in Henrietta, Texas. Address:

S. G. Bittick, M. D., Henrietta, Texas.

Dr. Wm. Osborn has removed from Waco to Rockdale, and we are pleased to learn has begun what promises to be a prosperous career. He has our best wishes for success, and he certainly deserves it.

Club.—Texas Medical Journal...................... $2 00
Literary Digest (Weekly)............................. 3 00

We will send both journals to any person not already a subscriber to the last-named publication, for $4.40.

Colorado County Medical Society.—A letter from Dr. Sam B. McLeary, of Weimar, says: "We have organized a County Medical Society here in Colorado county, and would like to have a copy of the by-laws of the Austin District Medical Society by which to frame ours. We would also be glad to report our proceedings in the Texas Medical Journal." (No proceedings received to date—Ed.)

Medical Examining Board.—Hon. F. R. Morris, Judge of the 26th Judicial District Court, has appointed Drs. J. W. McLaughlin, T. J. Bennett and S. E. Hudson the Board of District Medical Examiners for the 26th District. The Board organized by electing Dr. McLaughlin, President, and Dr. Bennett, Secretary. The Board will meet at the office of Drs. Bennett & Hudson quarterly, on the first Wednesday of January, April, July and October of each year.

General Dabney H. Maury’s book, "Recollections of a Virginian in the Mexican, Indian and Civil Wars," just issued in splendid style by the Scribners,—a most charming book,—will be sent post-paid to any of our readers in club with the Texas Medical Journal for $3.02 for the two. (The price of the book alone, including postage, is $1.62.) This book is the "latest," and is all the talk; everybody wants to read it. Gen. Dabney's daughter, Mrs. Rose M. Pollard, Houston, Texas, is the general agent. Subscriptions at above club rates must be sent to this office; full rate subscriptions to Mrs. Pollard. In our next issue
the work will be reviewed; meantime hurry up your orders as this, the second edition, will not last long; it sells like "hot cakes." Save 50c. by clubbing.

**Marlin’s Artesian Well**—A spouting hot well: Dr. S. P. Rice, of Marlin, one of the JOURNAL’s best friends, sends us a "Souvenir" (along with renewal of subscription for the tenth year) in the shape of a neat pamphlet descriptive of this great and wonderful well, bored in the town of Marlin, Falls county. It is a curiosity, as well as a valuable therapeutic agent, the temperature of the water being 144°F., the hottest artesian well water in the United States. The well is 3350 feet deep, and spouts with a pressure of 98 pounds per square inch. It is a hand-made Geyser that rivals in beauty and grandeur the famous Giant Geyser of the Yellowstone region. The good people of Marlin should be able to turn this bonanza to profitable use in more ways than one, which suggest themselves; while the learning, skill and enterprise of her physicians, Nettles, Rice and Du- pree, should be utilized to make the town a Mecca for invalids. If Marlin has not a fine hotel, and other accessories of a first-class health resort, within a short time, and this valuable "find" put to some use, it will not be because her medical men fail to appreciate it. It is a big bid for a safe investment for capital. Write to Dr. Rice or Nettles for a description of this wonderful well.

**Acknowledgements.**—The JOURNAL makes its most grateful (and graceful) acknowledgements for the very prompt and courteous manner in which a large number of our subscribers responded to our little "call," on page 33 of last month. The remittances came pouring in, arrears and advance payments alike, in liberal numbers and amounts, each one accompanied by, pleasant words; words of cheer and encouragement, which are to us as refreshing as the showers that fall on the parched and dusty highways. There is a deal of pleasure in the relation of editor and subscriber under such conditions, and the kind appreciation of our efforts expressed by so many, and in such nice terms, gives us renewed energy and strength, new determination to still make the Red-back the best in the land, and it gives us, at the same time, the means to do it! We return many thanks; and feeling easy now, on the score of Betty and the Baby’s having shoes and stockings this winter, we can "command our mind" and apply it to the interests of the Red-back and its backers.
Interesting and Irrepressible.—"Accept our sympathy," says an old standby, "for your being financially so near the bottom of your pocket." "I take pleasure in remitting you $2.00 for your interesting and irrepressible Journal for the ensuing year, wishing you abundant success and pleasure, and all the lucre necessary for your future plans and happiness."

Another says, "I dearly love the Journal; full of sound, sensible reading for all."

The Fayette County Paper, edited by a leading physician, says:

The Texas Medical Journal for July is to hand, and with this number enters upon its tenth year of existence. Its success has been phenomenal in medical journalism, and without straining the English, we can say that it easily stands at the head of the list. This number is especially commendable, from the fact of the able opening paper by our popular State Health Officer, Dr. Swearingen, on "Spinal Concussion," and the editorial on the same subject by Dr. Daniel. This subject is likely now to get another pretty thorough ventilating. This number of the Journal contains other valuable papers which all intelligent Texas physicians will want to read. We especially commend the paper on "Malarial Hæmatiuuria," by T. F. Oates, M. D., of Mexia, Texas. Austin, Texas, $2.00 a year.

Another says, "Can't do without it, stringency or no stringency."

Another, still, says: "I'll cut off my rations of tobacco rather than do without the Journal. Here goes for 1895; and good luck to you."

And so on; we could (and would like to) reproduce scores of such kindly expressions.

Publishers' Notes.

Bellevue Hospital Medical College is advertised in this issue. Write to Prof. Flint for catalogue.

Dr. N. L. Clarke says: After a thorough trial of your Henry's tri-iodides in rheumatism, I can indeed pronounce it an anti-rheumatic remedy. It has given me uniformly good results in the treatment of both the acute and chronic forms of this disease. Meridian, Miss.

Anaemia.—Dr. Oscar Le Seure, Attending Physician and Gynecologist, Grace Hospital, Detroit, Michigan, reports: "I have used hæmoferrum (Stearns') in a number of cases of anaemia with very satisfactory results. The preparation is well borne by the stomach, and improvement has been rapid."
Wayne's Aphrodisiac Elixir is advertised in this issue. It is a valuable and reliable preparation in cases where indicated, and must not be confounded with the various preparations advertised in the newspaper to sell to credulous people; this advertisement is only to physicians and the formula is public property.

The several preparations of the Chas. H. Phillips Chemical Co., which for years have been advertised in this Journal are of a high standard of excellence and purity, and are well appreciated by the medical profession. They are standard and reliable, and no house has a better reputation for integrity and responsibility. We invite attention to their ad, in this issue.

We ask our readers, and particularly preceptors who have students in charge, and the students themselves, to look well into the great offer made by Texas in medical education. A medical education in the University of Texas, is practically free; still the college boasts an able and distinguished Faculty, and has a magnificent equipment. The annual announcement will be found in the advertising pages of this issue.

The Jefferson Medical College of Philadelphia for so long a time regarded as the medical Mecca, and to which so many thousands of Southern students yearly journey, has its announcement in this issue of the Journal. We ask attention to same, and advise students to communicate with Prof. Holland, the Dean, before deciding to go elsewhere. No college is better known, stands higher, or is more thorough in instruction or complete in equipment than the famous “Jeff.” Medical College.

Beaumont Hospital Medical College is advertised in this issue for the first time, although it is an old, well established, strong, and very popular school. Of all the many medical schools in St. Louis the Beaumont is one of the most popular. The Faculty embraces some of the best known specialists and general practitioners in the South, and many of them are comparatively young men, animated with a zeal and an ambition unknown to the older teachers: In brief, the Beaumont is a first class modern medical college, fully up to date in every detail, and we bespeak for it a share of the Texas patronage. In a brief reading notice it is impossible to convey an idea of the advantages offered to students; for that address Dr. W. B. Outten, the able and courteous Dean of the Faculty, St. Louis, and say you saw the announcement in the “irrepressible” “Red-back.”

Baylor Female College, Belton, Texas.—The Journal desires to call the attention of its readers to this splendid Home School—the announcement of which will be found in our advertising pages. The College is under the management of the Baptist church, but no interference with the religious predilections of pupils is attempted. In that respect it is practically non-secta-
rian. It is a high grade college for the education of Texas girls, and is largely patronized by the better people of the State. We ask our doctor friends who have daughters to educate, to investigate the claims of this splendid school right here at home, before sending their daughters out of the State; it is as good as the best. Dr. Daniel, senior editor of the JOURNAL, had a daughter there last year and was well pleased; he gives the Baylor his personal endorsement. The terms are very reasonable. Mr. R. H. Turner, business manager, will take pleasure in giving any desired information. Write to him for catalogue and mention this notice.

From my experience with Mellin's Food in the Day Nursery at the World's Fair, where I fed four thousand babies with it without a single case of sickness of any kind, I have come to look upon Mellin's Food as a reliable and never-failing resource in my work.

Since my return from Chicago last November, I have used Mellin's Food with the same certainty and success in the Virginia Day Nursery for feeding the many babies that are brought here every day. These babies are as a rule the children of the poorest people in New York City, and when brought here are, almost without exception, weak, sickly and unhealthy, having never been properly fed or sufficiently nourished, they soon develop into sound, healthy babies.

I feel it my duty to make known to all who are carrying the responsibility of the health, yes, the lives of these little ones, whether in Day nurseries or in their homes, that I have found that Mellin's Food will nourish, strengthen and sustain the babies fed with it. Sincerely yours,

(Miss) Marjory Hall.

Doctor, have you a boy about whom you feel a solicitude? Is he narrow chested, stooped shouldered, awkward, dull? It is notorious that too little attention is paid in schools to physical development; in fact, the average teacher feels that he is concerned with the mind alone, and drives that "for all it is worth," and not considering the body, or its relation. Indeed, we may say the benches and desks in many schools are so constructed as to be really detrimental to the physical nature of pupils. St. Edward's College near Austin, under charge of the Brothers of the Holy Cross, appreciate that there can be a sound mind only in a sound body, and their school discipline develops mind and body pari passu. Their system embraces military discipline,—the boys are organized into a military company and daily drilled. This insures erect form, broad shoulders, full lung space and graceful action. The body being in a high state of vigor, the mind is receptive.

The College building is a magnificent stone structure with all modern conveniences, and is constructed with an eye to perfect hygiene. The JOURNAL is personally acquainted with the Presi-
dent Rev. Hurth, and gives its personal endorsement to the school. See advertisement and write for one of the splendid, handsomely illustrated catalogues. The situation is suburb, picturesque and delightful.

The Arkansas Industrial University.—The Medical Department of this great institution is advertised in this issue of the JOURNAL for the first time. We call attention to the announcement. The University is located at Fayetteville, but the Medical School is at Little Rock. The College building is an imposing edifice of three stories, built of brick, and is admirably arranged for convenience of both students and instructors; it is a new building and has all the accessories of a modern model medical college. Clinical material is abundant in the several hospitals. In addition, this school possesses a unique feature in the way of a perpetual endowed clinic,—the Isaac Fulsom Clinic. Every student is required to attend this clinic, and candidates for graduation must pass a thorough examination on clinical instruction therein received, and that fact will be mentioned on the diploma. This clinic is daily thronged with out-door patients presenting a wide range of diseases and injuries. The school is a three years graded-course school, and ranks A No. 1. Little Rock is centrally located and easily accessible from all points. It is regarded as one of the most beautiful, as well as one of the healthiest, cities in the West. Address, E. B. Dibrell, M. D., Secretary, Little Rock, Ark., for further information.

The Marion-Sims College of Medicine, St. Louis, Mo.—The current catalogue of the Marion-Sims College chronicles the fact that a dental department has been established in association with the medical school, opening this fall for the first annual lectures. The new dental school started under the best auspices, and in all its requirements is thoroughly in accord with the regulations governing dental instruction throughout the United States. The wise policy that has made the medical school so successful, assures the success of the new department. As soon as expedient, the managers propose to increase the departments to include all the sciences allied to medicine, pharmacy, veterinary medicine, etc.

Several important changes in the faculty are to be noted. Dr. T. B. Taylor has resigned, and the distinguished dermatologist Dr. A. H. Ohmann-Dumesnil has been elected to take the chair made vacant. Dr. T. C. Witherspoon has accepted the chair of Genito-Urinary Surgery. Dr. H. W. Loeb has been elected secretary, and Dr. Charles Gilbert Chadcock, treasurer.

Several new features have been added to the teaching facilities; notably the surgical laboratory, and the obstetric clinic; the chemical laboratory has been enlarged and remodeled.

The school is showing itself worthy of its marked success in the progressive spirit that is manifest in the constant effort to improve and perfect its medical teaching. Its diplomas are deservedly recognized wherever medical degrees entitle to practice medicine and surgery.
Diuretic Action of Cascara Sagrada.—Mr. Milnes Hey (Hornsey Lane, N.) writes to the *British Medical Journal*: "Some little time ago I noticed, after taking some cascara sagrada, increased frequency of micturition. I could then find no cause for this. Shortly after I again took this drug, and again noticed the same effect. As I could find no reference to its action as a diuretic, I began to watch its actions on any of my patients who might be taking it, and in the majority of cases I found it to act as a diuretic, a few only not noticing any difference. In one case, a Mr. D. H—, the effect was marked, as the patient himself complained of the number of times during the day he was obliged to urinate. I analyzed his urine, and found it to be quite healthy. On stopping the cascara, he ceased to be troubled. One of my medical brethren told me that he also had noticed this same effect of this drug upon himself. The cascara sagrada that I use, and have always used, is the liquid extract of Parke, Davis & Co. I should be interested to hear if this diuretic action has been observed by others."

In an article in the "*Trained Nurse*" of June, on "Permanent accuracy and the importance of certification of clinical thermometers," John O. Roe, M. D., of Rochester, N. Y., who recently visited the factory of Taylor Brothers Company, says:

"Inaccuracy in thermometers is due not only to the unevenness of the bore and lack of careful adjustment, but also to a gradual contraction of the glass. It is well known that all articles manufactured of glass have a tendency to contract for a considerable length of time after being made. Therefore, as this alteration in thermometer tubes continues to be of moment for at least two years, the manufacturer, in order to produce thermometers that will not change in their scale readings, must store away the tubes and subject them to a seasoning process covering that period of time. If this is not done, the gradual contraction of the glass will force the mercury higher in the tube, frequently to the extent of two degrees or more. Hence a thermometer, if engraved too soon after the bulb is blown, will show from time to time an increasing minus error, equal to the amount of shrinkage in its bulb. Although the thermometer may be accurately tested at the time the scale is fixed, the purchaser has no way of knowing how long this reading will remain accurate, unless he has assurance that the glass has been thoroughly seasoned beforehand. It is for this reason that inferior thermometers may soon become so erroneous as to be grossly misleading, although at the time they were purchased the scale may have been accurate. Hence, the only guide that the physician and nurse have in purchasing thermometers is the reliability of the firm by whom they are made, and the firm's certified guarantee as to the accuracy of the thermometer in question.

"The making of clinical thermometers is highly interesting in all its branches; the various tests are of so delicate a nature as to require great accuracy of eye and long continued practice on
the part of the workmen, while the glass blowing calls for the
most skillful workmanship known to the glass blowers' art.

"The writer recently had the pleasure of carefully inspecting
these various processes in the thermometer manufactory of
Taylor Brothers Company, in Rochester, N. Y. The manufac-
ture of tubing from which these thermometers are made is a
separate industry in the art of glass making, and is confined al-
most exclusively to the Corning Glass Works, of Corning, N. Y.,
one of our most celebrated glass factories. The tube is so drawn
that the bore is not round, but flattened, and is so small that if
examined with the unassisted eye it appears as an almost imper-
ceptible scratch on the glass. The tubes are first assorted ac-
cording to the size of the bore. This requires great care and
skillful training, not only to detect differences in sizes, but also
imperfections and unevenness in the bore. It is of the utmost
importance that the exact size of the bore of the tubes should be
determined before the bulb is blown; this is owing to the fact
that the capacity of the bulb and the length of the tube must be
made in exact proportion to the capacity of the bore, in order
that when the scale is engraved upon the tube it will not be too
short nor too extended to admit of the required number of de-
grees; the usual range of clinical thermometers being from 95 to
110 degrees F.

"Ponca Compound is the ideal alterative, tonic and restorative
to the uterus, its appendages and other pelvic organs, exerting
a direct action on the tissue metamorphosis, relieving impaired
and enervated nerve structures and quickly reviving physiologi-
ical functions. With me it is an old and tried remedy, almost
daily prescribed for various lesions, when indicated, with very
positive and flattering results, frequently far exceeding my most
sanguine expectations, and I have yet to chronicle an absolute
failure in its therapeutic effects. In fact, in the various diseases
of the uterus and its appendages, such as metritis, endo-metritis,
subinvolution, menorrhagia, metrorrhagia, leucorrhœa, dysmen-
orrhœa, ovarian neuralgia, irritations and inflammations. the
menopause, often attended with a prolapsed and ulcerated condi-
tion of the uterus and cervix uteri; Ponca Compound stands
without a peer, as nearly approaching a specific as the term will
permit.

If time allowed I could multiply instances almost ad infinitum
from my note book of cases in favor of the prompt and gratify-
ing action of the Ponca Compound; however I have a case in
memory in which I prescribed the preparation for extensive
plastic exudations and uterine hypertrophy, the result of a pro-
tracted case of peri-uterine cellulitis, the uterus being immovable
on bi-manual examination. After having exhibited the remedy
for about three months, the patient was entirely restored and the
uterus nearly to its normal size. This case truly typifies the ab-
sorbent tendency of Ponca Compound."

Chas. Kelley Gardner, M. D. Huntington, West Va.
THE TREATMENT AND CURE OF CHANCRE WITH PEROXIDE OF HYDROGEN.

BY WILLARD PARKER WORSTER, M.D., NEW YORK.

The subject of the best treatment of primary sore of syphilis has occupied the minds of investigators of late years to such an extent that almost every surgeon has a different method, and the general practitioner is somewhat at a loss to know which is the best treatment to employ as the most expeditious means of relieving the anxiety of the patient and curing the lesion. The special purpose of this paper is to draw attention to a particular method of treatment, which not only relieves the anxiety of the patient and places him in a delightful buoyancy of mind, but cures the chancre in the shortest possible time, without pain or detention from business, and with less scar and less destruction of tissue than any other method.

The chancres of the following cases, selected from a good many recorded, were of the large Hunterian variety, embracing the worst forms of sloughing and phagedena.

CASE I.—Mr. K., aged 38 years, came to me January 29, 1891, with a large sloughing single chancre, situated on the right side and at the base of the glans penis, at the junction of the prepuce, and very deep; incubation about thirty days; penis large and soft. Sprayed it with full strength solution (15 volumes) of peroxide of hydrogen medicinal (Marchand's), at 60 pounds pressure, and dressed with iodol powder, and continued the same treatment every morning at 7 o'clock.

February 20th, sprayed it as above; sore now only skin deep, and continued till February 23d; sore healed; duration of treatment twenty-five days.

CASE II.—Mr. W. B. came to me, September 6, 1892, with a single sloughing chancre on left glans penis, and corresponding ulceration on prepuce; incubation about thirty days; sprayed with peroxide of hydrogen, full strength, 60 pounds pressure, and dressed with iodol; continued same treatment every evening at 7:30 o'clock, for sixteen days.

September 23d, sore almost healed.

September 25th, sprayed for the last time to-day; duration of treatment, nineteen days.

CASE III.—Mr. L., aged 28 years, came to me August 23, 1893, with a phagedenic chancre, thirty-five days' incubation, situated immediately at meatus urinarius, and sloughing its way very rapidly into the urethra, sprayed it with peroxide of hydrogen, full strength, 60 pounds pressure, and dressed with iodol powder. Continued the same treatment every evening at 7:30 o'clock.

August 30th, sore almost healed up, only some granulations left. Continued the same treatment every evening till September
The Sanitarium Battle Creek, Michigan.

INCORPORATED 1867.

The largest most thoroughly equipped and one of the most favorably located in the United States. It is under strictly regular management. Eight Physicians, well-trained and of large experience. A quiet homelike place, where "trained nurses," "rest cure," "massage," "faradization," "galvanization," "Swedish movements," "dieting," "baths," "physical training," and all that pertains to modern rational medical treatment can be had in perfection at reasonable prices. Special attention given to the treatment of chronic disorders of the stomach and diseases peculiar to women. A special Hospital Building (100 Beds) for surgical cases, with finest hospital facilities and appliances. Large Fan for Winter and Summer Ventilation. Absolutely Devoid of Usual Hospital Odors. Delightful Surroundings, Lake-side Resort. Pleasure Grounds. Steamers, Sail-boats, etc.

J. H KELLOGG, Sup't, Battle Creek, Mich.

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GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant and Aromatic Vehicle.

Specially Valuable in
Prostatic Troubles of Old Men—Pre-Senility,
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder

Positive Merit as a REBUILDER

Dose:—One teaspoonful four times a day.

OD CHEM. CO., NEW YORK.
4th. Sprayed it to-day for the last time; there only being the surface of the sore about the size of a pin's head. Considered himself cured, and said he would not come again. Duration of treatment, eleven days.

The above cases, selected from many recorded cases on account of their possessing the worst features of the initial lesion, serve as good examples of the treatment by the peroxide of hydrogen method.

I treated Mr. K., of Case I., on two different occasions, for the same disease, in exactly the same manner, and the two cases are about identical in regard to length of time of treatment and as to details, and he got well in about the same manner.

The case of Mr. L. presented the worst features of phagedena, which was so virulent that I think he would have lost the greater part of the glans penis, if he had been treated by the nitric acid or caustic method, and, as it was, the ulcer healed with a very small scar, scarcely noticeable.

The pressure of the spray (60 pounds), which is one of the most important factors in the whole method, not only cleanses and produces thorough asepsis of it, killing the germs of the disease at the very bottom of the ulcer, but the oxygen of the peroxide aerates the blood through the capillaries, and arrests the progress of the disease at the nearest possible point, allowing the process of repair to commence as soon as possible, according to the severity of the disease, with the least loss and destruction of tissue, and consequent scar. It must be particularly understood that in using this treatment, all instruments, spray-tubes and bottles must be made of either glass or hard rubber, for the reason that metals, with one or two exceptions, coming in contact with the peroxide, will destroy its component parts and render it useless, and I have found also a great difference in the results if the peroxide is fresh or otherwise. The first effect of a spray of peroxide upon the ulcer is to deposit upon it a thick film of albumen; this should be allowed to remain for about half a minute or less; then continue the spraying till a large tubefull has been used (one ounce); as the sore progresses the spraying causes a good flow of rich arterial blood upon it, which merely shows returning healthy conditions.

The treatment is entirely painless, and the patients do not experience any annoyance or inconvenience whatever while carrying the disease, and freely express themselves as well pleased with its effect.

No internal medication during this stage is given. The iodol powder is used only as an antiseptic, to protect the sore from external influences until it is sprayed again the next day, keeping the sore in as good a condition as it is left by the spraying, which must be done once every day until the ulcer is healed.

This method of the treatment of chancre has been, in my hands, the best and most successful of all methods that I have heretofore adopted.

120 West Forty-ninth Street.
For Texas Medical Journal.

TRAUMATIC-NEUROSES:—A REPLY TO DR. R. M. SWEARINGEN AND THE TEXAS MEDICAL JOURNAL.

BY W. B. OUTTEN, M. D.,
Dean, and Professor of the Principles and Practice of Surgery at the Beaumont Hospital Medical College, Chief Surgeon of the Missouri Pacific Railway.

IN THE July number of the Texas Medical Journal I note an article by Dr. R. M. Swearingen, entitled "A Review of Dr. Wallace and The Railway Surgeons on Spinal Concussions," wherein my name appears, coupled with sharp criticism, and certain assertions, which are doubtless completely satisfactory to the doctor. It is immaterial to me what opinion the doctor may have regarding my character or assertions; there is only one test by which he can prove either of them, and that is, by truthful investigation. We believe with Holmes, that "Truth is tough. It will not break like a bubble at a touch, nay you may kick it about all day like a foot-ball and it will be round and full at evening." Does not Mr. Bryant say, "Truth gets well if she is run over by a locomotive, while error dies of lockjaw if she scratches her finger." My assertions stand open for the doctor to disprove—mere opinion will not verify their truth or falsity. An individual opinion is a very indefinite quantity, and may represent a great deal of knowledge, or, absolute ignorance.
Now, inasmuch as the doctor has quoted me to his own satisfaction, imputed certain actions which he does not know the truth of, I trust that you will grant me the privilege to place my views before the doctor and your readers, that I may appear in my true light. Honest discussion ever yields healthful results; for as Buckle says, "The great enemy of knowledge is not error, but inertness. All that we want is discussion and then we are sure to do well, no matter what our blunders may be. One error conflicts with another, each destroys its opponent, and truth is evolved."

We likewise find your editorial in the same number of the JOURNAL, which says:

"It really begins to look, as intimated by Dr. Swearingen, as if the National Association of Railway Surgeons is to be a kind of kindergarten for the education of witnesses for the future; as if a systematized effort is being, and to be made to cultivate a sentiment adverse to the belief that serious injury to the spinal cord can be inflicted without external and visible lesions, so that in due time railroad surgeons, as experts before courts in damage suits, can honestly and conscientiously swear that there is, and can be, no such thing as railroad spine; they will have been educated to it, by papers and publications of the sort alluded to, and by statistics like those of Dr. Outten, and other methods yet to be developed perhaps, and it can be seen at a glance what valuable witnesses they will be for the defense."

Had Dr. Swearingen or yourself properly studied this subject you would have found that, from investigations up to the present time, the best and most competent authorities deny the existence of "railway spine." Hence, from the doctor's paper and your editorial, the same old idea exists that anything that has the prefix of "railway" to it contains something of a suspicious and dangerous nature; hence the assertion that the National Association of Railway Surgeons are at present engaged in a conspiracy to the detriment of all honest men, to the detriment of an honorable profession, to the detriment of truth. I am free to confess that too much ability is being placed to the credit of the railway surgeon. They can no more disprove truth than any other class of men, and for one I am morally certain that they are neither foolish enough, nor have they the hardihood to attempt such a thing.

I will attempt to show that my own opinions, as regards this subject, have been formed by experience and a study of the most recent writers upon this subject; that my assertions can be backed by the authority of the most prominent authors extant. First,
we will quote from Dr. Swearingen, his peculiar ideas and pathology of this condition:

"Is there such a thing as spinal concussion; and are railway accidents, from their nature, more liable to cause them than any other kind of accident? Concussion means commotion, to shake together, and spinal concussion is thus defined: 'The severe agitation, shaking, shock, or general disturbance of the minute parts of the spinal cord. The primary effects of these concussions are probably due to molecular changes in structure; the secondary are of an inflammatory character, dependent on retrogressive changes, such as softening. Four pathological conditions are embraced under the term concussion of the spine: 1st. A jar, disordering to a greater or less degree the cord, without any perceptible lesion. 2nd. Compression of the cord, slowly produced by extravasation of blood. 3rd. Compression of the cord by inflammatory exudations of serum, lymph or pus within the spinal canal; and 4th. Chronic alterations of the structure of the cord itself, as the result of impairment of nutrition,—consequent on the occurrence of one or the other of the preceding pathological states.'"

To any one conversant with the subject, or who will take time to investigate, they will find that the doctor's pathology is antiquated and unverified; that he can not show its verity, nor by a post-mortem case demonstrate the conditions which he presents as being peculiar to "railway spine"; and that there never has been a satisfactory post-mortem made, or demonstration which can prove the assertions which he has above made. He can not show and demonstrate that at the present time there is any such condition as "railway spine," possessing a typical complex of symptoms, and whose lesions are situated in the spinal cord, and resulting from so-called spinal concussion. Again, he can not demonstrate that "railway spine" is in any way peculiar to railways. That traumatic-neurosis occurs upon railways no one denies; that it can and does occur elsewhere is equally true.

It will not be out of place to give a condensed history of the changes as regards the views in pathology from 1866, the date when Erichsen first wrote his book, up to the present time. Probably no subject of recent date in medicine has received more attention and consideration than this condition—traumatic-neurosis, or so-called spinal concussion. For years this condition was described as being peculiar to railways, owing to its frequent occurrence upon them, the serious condition in which the patient was placed, the natural and consequent litigation, the extreme assessment of damages, and its intense subjective character made it a problem of great and unceasing difficulty of solution. Abso-
lute diversity of authoritative medical opinion, its multitudinous symptomatology, and its psychological consequences, make it, at the present writing, one of the great enigmas of medicine. Traumatic-neurosis now includes the narrow appellation of railway brain and spine, since it is a condition that can occur under the most varied circumstances of life. Thorburn, in his excellent work on "A Contribution to the Surgery of the Spinal Cord," says:

"Mr. Erichsen, in a work which, for careful observation and graphic description, is probably unsurpassed in our language, has enumerated the majority of these symptoms, attributing them to a change in or about the spinal cord, frequently to a meningo-myelitis, and classifying them as 'concussion of the spine.' As the result of the views so ably expressed by him, we have the term 'railway spine' now imported into various European languages.

"The most obvious difficulty which arose in the way of this theory was the fact that many, if not all, the symptoms would appear to be of cerebral rather than spinal origin, and Mr. Erichsen's own view of an extension of meningo-myelitis to the cranial contents has appeared to many authors to be unnecessary, arbitrary and unsupported by any evidence; hence Putnam, Walton, Westphal, Moelli, Oppenheim, and many others have looked rather to the brain than to the spinal cord as the source of the evil, and we have the term 'railway brain.' Such a change is, however obviously, but one step towards the truth. 'Railway brain' connotes no definite pathology, and, like its predecessor, includes many diverse conditions."

In the meantime, Charcot having demonstrated the identity of hysteria in the male with that of the female, then became tangible the theories of the Charcot school who claim that hysteria provoked by accident is the source of certain nervous troubles, as paralysis, hyper-aesthesia, anaesthesia and contraction. Later on Charcot still further demonstrated that frequently after traumatism the nervous troubles arising therefrom may produce a condition essentially the same as suggestion can effect in persons capable of being hypnotized. Finally Oppenheim, Strumpel, Knapp, and others, aver that traumatic-neurosis is more of a neurasthenic condition than an hysterical one; that in consequence of its fixedness, tenacity and the combination of peculiar mental states bordering on psychoses, partaking of the nature of melancholias and hypochondrias. Dr. Byron Bramwell draws the distinction between concussion of the spine and concussion of the spinal cord, and states that many of the profession did not know the true nature and significance of this condition. That
two separate and distinct meanings were attached to the word "concussion" and that two separate and distinct things which these meanings implied were frequently confounded with each other. In one sense the word "concussion" was used to indicate the mode of injury or violence; in the other the functional or structural change which was produced, or which was supposed to be produced—but this was a very different thing—in the spinal cord by an injury. A case of very severe sprain of the back, due to a fall from a horse, in which for many weeks there was pain and tenderness on percussion and movement, persisted in the back, but in which there was absolutely no nervous symptoms, and drew this conclusion, that it was a fact that such cases just related in which there were developed none of the symptoms of so-called "railway spine;" that these cases were common in practice, and rarely developed any such train of symptoms. But that in the event this individual had received equally as severe concussion of the spine upon a railway, it would undoubtely have been followed by a series of nervous symptoms, which for the sake of brevity might be described as indicative of "railway spine." He showed that where we had falls of stone or coal on the back, as in the case with colliers, that very frequently certain symptoms appeared which were plainly indicative of concussion of the spinal cord, and finally that cases of so-called "railway spine," cases of traumatic-neurosis due to railway accident and injury, were numerous and various, and due to the derangement of the function of the brain, rather than of the spinal cord. The mode of onset, progress and development of symptoms varied with different cases. In some there was evidence of local injury to the back, head or limbs, immediately after the accident, or in the early stages of the case; in others the patient had merely received a general shake up, and there was no evidence of local bruising or local injury. This disproportion between the local injury received at the time of the accident, and the severity and persistency of the subsequent symptoms was highly characteristic and noteworthy. It was also remarkable that the symptoms which we have just described occurred comparatively seldom in railway employes, guards, etc., who had been injured in railway accidents, and that passengers who sustain severe local injuries, such as fractures of the leg, are more or less likely to suffer from them than persons who had been merely shaken up, and were apparently much less severely hurt. He claimed that the symptoms were due in no possible way to organic disease of
the spinal cord, the membranes of the spinal cord, or the membranes of the brain, but that they were undoubtedly due to a functional derangement of the brain. It would exceed the limits of this paper to give the assertion of various authors, but suffice it to say that Page, Thorburn, Landon Carter Gray, Strumpell, Oppenheim, Charcot and all recent authorities do not claim the condition as one of spinal concussion, but as being a functional trouble connected with the brain, and not with the spinal cord; the fight being waged as to whether it is of an hysterical or neurasthenic nature.

Concerning the etiology and pathology, we quote from J. A. Booth, M. D., in the Annual of Universal Medical Sciences, for 1894, the following:

"Notwithstanding continued investigations, the presentation of papers, the reports of cases, no material advance has been made in these directions. It is now the almost unanimous opinion that the results of psychic shock are identical with those of physical shock, and that the psychic element is largely present in the apparently mechanical cases. Charcot has shown that traumatic-neuroses are due, not to the bodily injuries only, but to psychic and physical causes combined."

S. C. Freud points out the fact, that in recent times the French theory has come to be more accepted in Germany, and that Charcot's view is the dominant one. Strumpell believes that traumatic-neurosis is due to "Commotion;" outside of the mechanical disturbances a general predisposition may exist for the hysteria, but generally an external factor is required to produce the result. He regards the condition as equivalent to "traumatic-neurasthenia" and "traumatic hysteria." Jolly prefers the term "traumatic-neurosis" in the singular, and objects to the division into several distinct groups. Schultz objects to all general grouping, and is content to apply to each case following the conditions present the especial designation "neurasthenia," "hystera," "hypochondria," etc. Schultz believes that direct obliteration of psychical memory pictures of the motions and sensations is produced by the trauma, and assumes that of reflex affection of the brain is produced by a condition of local irritation.

C. H. Wilkinson concludes that it is due to the injury of the sympathetic system of nerves, through the perceptive centers of the brain, and is a true hypochondriasis, kept alive by morbid suggestions and evil forebodings from self and others, as well as by lack of self-confidence, and a neglect of proper exercise,
both physical and mental. It is hardly necessary to continue the quotations as regards the etiology and pathology for this trouble, as we conceive that the falsity of Erichsen's position has been proven many years ago. Again, Dr. Swearingen says:

"I am not surprised that the chiefs of railway companies are opening their batteries upon Mr. Erichsen and the so-called railway spine. A careful perusal of the papers read before the National Association of Railway Surgeons since its first meeting will suggest ulterior aims and purposes possibly not suspected by the casual observer. Dr. W. B. Outten, of St. Louis, one of the chiefs, and ex-president, I think, of the association, occupies a high seat in this modern school of surgery, and might be designated as the 'Professor of Theory and Practice.' In the Galveston News of May 11th, he gives some racy theories on the causes of railway concussion. It is interesting to note how ingeniously he can turn switches, and sidetrack facts that might prove detrimental to railway interests. He says 'the most typical injuries occurring upon the railway occur to the railway employe. His injuries are always far more violent than to the passenger.' 'It can be shown,' continues the doctor, 'that in 22,929 injuries to employes, only eight cases of this trouble (railway spine) occurred among them; or one in 2400; while he can show that one in every sixty-five passengers has this trouble. That when a wreck upon a train occurs near a large city, you will invariably have railway spine, simply for the reason that the neurologist or nerve doctors are always present in the city, while we can show that twenty times the number of accidents occurring upon a road away from a popular center never have them.'"

Now, then, in answer to this, we even make the assertion that we can verify everything we say in connection with it. That about one in every twenty-four hundred injured employes has symptoms which are not always thoroughly and completely developed as traumatic-neurosis, and likewise owing to the peculiar conditions which environ the passenger, about one in every sixty-five, according to the statistics I have kept, complains of some of the symptoms of so-called railway spine. We do not claim that they are true cases of traumatic-neurosis, but we do claim that they settle with the railway company on that basis, and they are aided and assisted by medical and legal advice.

Regarding the fact of this remarkable freedom of railway employes from this trouble, let me assure the doctor the idea is not original with myself, but that many competent authorities have noted this fact and have so stated it. We would refer him first to Thornburn, who says: "Among the large number of railway officials of every source or grade whom I have known, many of
whom have been passengers at the time of the collision, but none of whom can claim compensation, I have never met with any who have suffered from severe or persistent nervous symptoms.’’ And second, ‘‘that in none of the accidents with which I have been concerned, has any railway servant complained of such symptoms. Bruises, fractures, burns and deaths, we meet with only too frequently, but traumatic-hysteria is to me unknown in either of these classes of persons.

As railway officials are similarly constituted to the rest of the population, I presume that they do occasionally suffer from traumatic-hysteria, and I can therefore only conclude that they recover from it within a very brief period.

If the Doctor will take the pains to read Page’s work, Bramwell, Gray, and other authorities, he will note that this is likewise commented on.

Pertinent to the question, and well expressed, are the views of Landon Carter Gray. He says:

‘‘Certain it is, that the physical condition of these patients is a very unfortunate one. However uneducated they may be, newspapers and the talk of every day life have filled their minds with dread of the mysterious and baleful consequences that may happen to those who receive injuries, particularly in railway accidents. They have also heard for years of the damages, often enormous, which corporations have been obliged to pay. When the accident occurs the nervous system undoubtedly receives a shock, perhaps intensified by the sight of the killed and wounded, with all the attendant horrors, and this shock should receive immediate and judicious treatment by rest, isolation and medicants. But instead of this a lawyer or his agent, the so-called runner of this country, quickly appears on the scene, and spurs the patient on to a suit for damages, by exaggerating the injury and its consequences, so as to make the too-willing sufferer believe that the company can be readily forced to pay damages. Then come the long years of weary suffering, anxiety, waiting and disappointment, unaided by proper treatment, for, although the patient and the lawyer may not consciously discourage treatment, yet too many hopes and interests would be blasted by a cure, to ever permit of treatment being properly carried on, even if any self-respecting physician could be found for the undertaking. Months, perhaps a year or more, are passed in waiting for the suit to be tried. I have known of three years having elapsed before this was done, because of delay in obtaining evidence; then in fixing the responsibility upon the right corporation; then by alleged corruption of the attorneys, and finally by the long waiting before the case could be reached upon the calendar of the court. When the suit has been brought and pushed to successful determination, and appealed to a higher
court, it will usually perhaps be taken to a second higher court, and then months, or years, or more, are passed by.

"In some cases it may even happen that a successful issue in court of highest resort is contested, upon a charge of conspiracy, or some matter of legal technicality that is concocted in order to gain time. Finally, the case being at last successfully ended, it may turn out much more frequently than is dreamed of by those who have not had a long experience, that the costs of the action and the lawyers' fees will leave but a pitiful sum of money at the disposition of the patient. This is not an exaggerated picture by any means; it is a composite portrait of dozens of cases whose details can be taken from my case book. All this disturbance that follows the accident is, oftentimes, I am firmly convinced, a more potent cause of the neurasthenia than the accident itself, and I feel sure that it is the secondary psychical disturbance that makes this form of neurasthenia more intractable than other forms of neurasthenia, although I can not quite agree with the statement which I have often heard made upon the witness stand by very competent colleagues, that traumatic-neurasthenia does not differ from other forms of neurasthenia, except in the physical element. Notwithstanding that Charcot does not exactly say this, it is yet evident that he takes very much the same view in regard to the hysterical origin of these cases; not only, however, are their symptoms to a great extent pathognomonic, but there never yet has been any clinical proof produced to demonstrate the difference between them and other neurasthenic types due alone to mental elements. Nevertheless, I firmly believe that it is the psychical element, together with the resulting lack of proper treatment that makes the usual unfavorable prognosis of this class of cases. In several instances I have persuaded patients to promptly place themselves under treatment, and at the same time, either to abandon or compromise the legal proceedings, and in every instance a cure has been effected. I have a history of fifteen such cases. In other words, in order to make my meaning perfectly plain in a matter of this importance, let me repeat by stating that while I do not believe that traumatic-neurasthenia is a species of disease that has distinctive features of its own, I do not believe that it is of unfavorable prognosis, provided that the psychical element can be excluded, and that prompt and proper treatment can be undertaken. It must be clearly borne in mind, however, that this statement applies only to this group of functional symptoms, and it does not apply to organic diseases caused by injury. But moral responsibility can not be hereby avoided by the persons or corporations by whom the injury has been caused, for whether the neurasthenia is rendered more intractable or not by accompanying psychical element, the injury itself has been the cause of all the symptoms; whether the legal responsibility of these individuals or corporations is lessened on this account is a question of law for the courts to determine, and we physicians have nothing whatever to do with this aspect of the question."
My own conclusions concerning this subject may be summed up briefly as follows: I do not believe that there is any sharply defined type of disease which can be properly called traumatic-neurosis, but I believe that there are many cases which are dependent entirely upon the force and conditions which are created after the physical injury. While realizing that owing to the by-play of extraordinary circumstances trivial injuries, particularly with back symptoms, can readily and easily shape themselves into neuroses, we are firm in the belief that racial differences, perfection of physical condition, and the multiplex force of surroundings, are constantly aiding and abetting factors. I believe that favorable surroundings, the influence of an unprejudiced and thoroughly impartial surroundings, the influence of an unprejudiced and thoroughly impartial medical attendant will create, ceteris paribus, the exact condition of the trauma. And if the trauma produces a condition similar to hypnosis, I cannot help but believe that the existing forcible and predetermined mental condition of the medical attendant will often force trivial conditions into serious ones. We believe that many a case of traumatic-neurosis has been treated by persons unacquainted with it, and cured, simply for the reason that they have not been filled with suggestion; it would seem rather startling that the physician was competent by his intense mentality and absolute force of suggestion to create an essentially serious condition, but I candidly believe that there is, in that unknown mental influence, when exerted upon a weakened and morbidly receptive mind, a power competent to suggest, maintain and develop sequences which are serious in the extreme. There cannot be any doubt but what, if I may so use the word, "traumatized" minds absorb sensation, not only direct from the effects of injury, but they take and receive impressions produced by suggestions of an already convinced mind. If hypnosis has been used as a means of treatment in these cases, and success has occurred, it certainly seems natural that along with the conditions existing it would be competent to develop such cases. Again, we maintain that where we have physical perfections, mental strength, and proper knowledge, trauma is very rarely likely to produce the psychic conditions as developed in traumatic-neurosis. For we find that where intelligence is blunted, where surroundings have made incidental elements of danger familiar and not impressionable, physical injuries are manifested as physical injuries, and very rarely terminate in psychic troubles, unless there is intensity of
conditions, a predisposition upon the part of the individual, be it either racial, predisposing or acquired.

Doctor Swearingen again says: "When we remember that railway surgeons, as a rule, are the only ones to attend to the injured employe, it is remarkable that a single case is found of that most obnoxious of all diseases. The probabilities are that those eight cases must have, in some inscrutable manner, escaped from railway hospital, and been treated by unpretentious, old-fashioned practitioners."

Now, then, we will make this assertion to the doctor, that we doubt the ability of the average medical practitioner to make a prompt and proper diagnosis of a case of traumatic-neurosis; for we claim that absolutely a special training is required for their elucidation, and that the neurologist, by his experience and special training, is the competent one to elucidate them. How many physicians in general practice are competent to interpret the multiplicity of symptoms in traumatic neurasthenia or hysteria; determine the anaesthesia, the involvement of the organs of sense, to determine hemi-anaesthesia, the various hyperæsthesiæs and paræsthesiæs? How many ordinary practitioners are there who are competent to determine if there is contraction of the visual field, the presence of achromatopsia, etc., the various conditions of the reflexes, mental elements, etc.? It is not detracting from the merit of the average practitioner when you say this, because it is plainly known by all conversant with the subject, that a special training is necessary for their determination. The doctor says:

"With the lights before us, it is now safe to assume that had either one of the eight cases been entered on the hospital book within the last year we could find opposite their names either 'traumatic-psychosis' or 'hypochondriasis.'"

I desire to say that the St. Louis Hospital of the Missouri Pacific Railway has a consulting staff, composed of such eminent specialists as Dr. A. Alt, Dr. Robt. Barclay, Dr. J. K. Banduy, Dr. Keeber, Drs. Mulhall and Loed, and others. We believe most of these gentlemen have a national reputation, and are honest and competent.

Now, as regards these eight cases which the doctor singles out, I will say that only six of these were treated in the St. Louis Hospital, and that in every instance the consulting staff were requested to see and treat them. The writer was eager to get the views of the consulting staff, and every one of these cases
was examined by such physicians as Hughes, Shaw, Bauduy, and others. In one particular case, Drs. Hughes and Shaw, Mulhail and Alt, rendered their assistance to the writer in the solution of the diagnosis.

Finally, let me say this: every statement I have made I can verify; now let the doctor disprove them. I claim to be honest in my views, and if they are false, they certainly will be disproved. I claim still further that a student of medicine, true to his calling as a physician, has neither time nor inclination to warp truth, nor is he likely to be foolish enough to imagine for an instant that anything else other than truth will prevail. I care not from what source truth may come, I will accept it with pleasure, and any truth that Dr. Swearingen, or any other confrere will announce to me, will be accepted and defended.

For Texas Medical Journal.

**How Shall the Regular Medical Profession Be Organized Into Ethical Bodies?**

**By Daniel Parker, M. D., Calvert, Texas.**

Read before the Central Texas Medical Association, July 11th, 1894, and published by request.

If it were within my province I should be disposed to criticise somewhat the manner in which this question is stated, but as it is not, I shall give myself such latitude as is necessary to present my views on the well worn subject of Ethics.

I understand ethics and morals, or the rules of right-doing, to be practically synonymous terms, and an ethical body of physicians to be an association of physicians who, individually and collectively, practice professional morals, and who are bound together by the talisman of right-doing in all their conduct, both as regards their intercourse with their patrons, the public and one another.

Now, the propriety of such conduct is not in question. It is just as evident that physicians should do right in all their professional relations as it is that "Thou shalt not steal," and it has been wrong to steal ever since there has been anything to be taken. The Decalogue did not create, but simply announced a principle in ethics, as inherent in morals, as gravitation is in physics.
Neither is it a question as to whether the organization of the profession into ethical bodies would be profitable or not. The advantages of organization on such a basis are evident. The question before us is, how it can best be accomplished?

In the first place, "A fountain can not rise higher than its source," neither can you "Make a silk purse out of a sow's ear," which, being applied in this case, means that no society can be better than the individual members of which it is composed, and that you can not make an ethical body out of mean or unprincipled material.

This, like everything else pertaining to morals, is self-evident, and is only mentioned here from the fact that many elementary truths are overlooked, because they are never questioned.

The first thing to do, then, is to elevate the conception of right-doing among the individual members of which the profession is composed, and as far as possible prevent the infusion of improper material through the medium of new recruits.

The present standard to which our conception of medical ethics is required to conform, is the code promulgated by the American Medical Association. Now, while this code is a splendid exposition of the duties of physicians, both to the public and to each other, there is nothing therein commanded or demanded that would not be so maintained by all gentlemen, or which can not be kept in letter and broken in spirit, if the spirit of the gentleman is wanting. For this reason I believe much of the underbrush would be cleared away, a retreat for much unethical conduct destroyed, and our whole conception for right-doing placed on a higher plane if the written code were dropped from our literature, and the only requirement for membership in our society was that the applicant should be a gentleman and a graduate of some school recognized by the American Medical Association.

Christ, as if recognizing the impracticability of tabulating all the meanness that the human heart could practice, and of formulating therefor a "Thou shalt not," cuts the whole matter short, and makes each man his own monitor, by announcing a rule so plain, so simple of construction and so evidently correct as to command universal acquiescence: "As ye would that men should do unto you, do ye also unto them likewise."

This Golden Rule represents at the time of its promulgation the moral progress of the fifteen hundred years that had passed since the Decalogue was announced amid the thunders of Sinai. The time was when the human mind was so crudely developed
and the conception of right and wrong was so immature, that the unmistakable "Thou shalt" and "Thou shalt not" were necessary enactments; but as moral evolutions displaced the Decalogue with the Golden Rule, so I believe our written code should be displaced by the unwritten law implanted in the heart of every gentleman.

Perhaps some may say that this is letting down the bars too low; that some statutory provisions are necessary to define offenses; that without the basis of a written code, discipline would be impossible, etc.

While this is true of State and municipal organizations, which must be so framed as to govern all classes, and to which all must submit whether they endorse it or no, in organizations like ours, in which membership may be granted or refused without question, and whose cohesive power is represented by its power to mutually benefit and instruct, the standard laid down by the Great Teacher, and of gentlemanly conduct as construed by gentlemen, is, I believe, more effective—the very essence of ethics, and certainly more attractive.

For my part, I would never call upon any society of which I might be a member to discipline a fellow member for any act of a personal character. If I felt that I had been treated discourteously or unprofessionally, I would attend to the matter strictly by myself, and give it such personal attention as, in my opinion, it deserved. When you come to think of it, does it not look a little strange that any one would consult a code to learn whether he had been mistreated or not? Or would feel reconciled to misrepresentations or detractions from the fact that it was done by sly inuendos, or a significant shrug of the shoulders, offenses not named in the code?

If I knew of any conduct on the part of a member calculated to degrade the profession or bring its members into disrepute, I should feel it to be my duty to call attention to the matter, to the end that the individual, and not the profession, might bear the odium. Otherwise, I would never call upon any society to spend its time in matters judicial.

It will no doubt be said, and with some show of reason, too, that there are certain rules the observance of which has been enjoined from time immemorial, that derive their authority not from any moral precept they inculcate, but from the tendency they are presumed to have to elevate the profession and give dignity to its membership; consequently they are peculiar, and ap-
Applicable to our profession alone, and should be formulated in the shape of a code.

These I would style rules of etiquette, not ethics. To illustrate: It has always been considered derogatory to the character of a physician to advertise; no matter whether it is done in the straight out manner of the tradesman, who announces to the public that he has the best and cheapest goods in the market; or whether a notice is procured in the news column of some local paper to the effect that Mr. A. is rapidly recovering under the skillful treatment of Dr. B.; or that a skilled and delicate operation, calling for a marked degree of dexterity, etc., etc., was performed by Dr. So-and-so, and that it was eminently successful; the object being in both cases to bring somebody into notice, and thereby improve business.

Such conduct has always been considered derogatory to professional character, and has been held to be sufficient to exclude those who practice it from good professional society; just as in social affairs it would be held to be an unpardonable breach of etiquette for any one to write to a person about to give an entertainment of any kind, calling attention to the excellence of his social standing, implying thereby that his presence on the occasion would materially add to its importance. Does any one suppose that the integrity of good society demands a written rule to prevent such practices? Of course not. Neither does the welfare of the profession require any written code to prevent its members from calling attention, through the public print, to their personal or professional excellence. The rules of etiquette, though for the most part unwritten, are well understood and inexorable, and society always finds means to enforce them. So may the profession.

So, in order to elevate the conception of right conduct among the members of the profession, I would dispense with the written code, and place before them the higher standard of just and gentlemanly conduct. I believe the simplicity and beauty of this plan would commend itself to gentlemen everywhere and consequently promote the organization of ethical bodies.

The prevention of the introduction of improper material through the medium of new recruits, is largely a matter of individual effort. It is undoubtedly the duty, and too often neglected, of every physician to discourage, as far as possible, any individual from entering the profession who would be likely to bring discredit on it.
Now, having indicated the ethical standard which alone, I think, should be the basis for the organization of all medical societies, and having drawn a distinction between ethics and etiquette, we are prepared to go a step further. What other attraction is it necessary to offer to induce the gentlemen in the profession to ally themselves with such an organization? I would answer the work must be made profitable and pleasant. An attractive program must be presented. This is a utilitarian age, and any project that does not pay in some way receives slight attention. The men that we want are not going to spend their time and their money and at the same time neglect their business for the sake of meeting, and in a perfunctory way, passing a few resolutions, listening to a stale rehash of some medical topic, or an account of the private differences between doctors A and B.

If proper interest is felt, an attractive program can easily be presented. In the first place those who are placed on the program should never, or at least rarely, disappoint their associates. They should be present to read their papers if possible; but if, as is often the case, they are unable to attend, their paper should be in the Secretary's hands to be read and discussed. It strikes me as rather a humiliating acknowledgment to plead lack of time. Any man competent to practice medicine can write something worth discussing. The consideration of almost any subject allied to medicine may be made interesting if properly managed. The discussion is a part of the program in which all should unite. It is wrong for fifty or a hundred men to sit and hear papers read and have nothing to say about them. It is discouraging to those who have prepared the papers, and deprives those assembled of the most profitable part of the proceedings. All should be prepared to give their views. Young and diffident members should be called out and encouraged to talk. Freedom from restraint should prevail, and thoughts and opinions be interchanged freely. Such a condition would insure success, because it would be profitable. This, at first, must undoubtedly be the work of a few men. In every locality where it would be practicable to organize a medical society, there are a few men who are looked to take the lead, upon these rests the responsibility of organizing and putting such a society on a successful footing.

The local physicians also of the places where societies meet are charged with special responsibilities. They are not called upon to make the sacrifices in time and money that visitors are, and should not fail to be present and prepared to give the visit-
ing members something profitable to think about when they go home. It is particularly exasperating to the country M. D., who has perhaps ridden twenty miles to take the train for the place of meeting, spent valuable time and hard-earned money, and all for the purpose of rubbing off a little rust by contact with his more favored confrere of the city, and, as it were, take account of stock and size himself up by comparison, to find his city brethren so indifferent as not to attend, or what is about as bad, only make a few pop calls as if to call attention to how extremely busy they are. I am one of those who believe that the more active a physician is in his profession, the more he owes to it, and if he fails to contribute his experience to the common stock, he falls short of his duty, and robs his society of one of the most powerful factors of usefulness and thereby discourages membership.

The social feature of medical gatherings should also receive attention. Man is an animal, and a gregarious one. He loves good cheer and good company, and no one needs or appreciates the relaxatives of a social gathering when the hour is given up to pleasant intercourse more than the care-worn physician. Very often the prospect of a few hours spent in this manner induces him to break away from the bonds of his tread mill life, and is the final inducement to joining some society that offers this attraction. I do not think this feeling is to his discredit.

I have now called attention to the principal means that occur to me as being calculated to assist in organizing the regular profession into ethical bodies, and the purpose of setting them forth more clearly I will recapitulate briefly.

1. I would present to them an organization founded on the highest standard of ethics, viz., on the Golden Rule: and on professional etiquette.

2. I would discourage the consideration or adjustment of all private differences between physicians, trusting every member to guard his own honor, and asking all to guard the honor of the profession, and as far as possible limit discipline to offenses calculated to bring the profession into disrepute.

3. I would offer an attractive program of work, and to this end would make it a point of honor for members to do work assigned them, and would encourage free discussion and free interchange of opinion so as to, as far as possible, make every member feel that he was not only benefited, but was the means of benefiting others.
4. I would especially enjoin it upon the local members of the profession at the places where societies meet, that it is their duty to attend regularly and contribute of their experience freely.

5. I would make the social feature a marked one.

If these suggestions were carried out faithfully I believe it would no longer be a question as to "How the regular profession can be organized into ethical bodies."

Correspondence.

"Railroad Spine."

LETTER FROM MR. ERICHSEN. *

6 CAVENDISH PLACE, CAVENDISH SQUARE W.,

LONDON, August 7, 1894.

Dear Doctor Swearingen:

Let me thank you most cordially for your paper "A Review of Dr. Wallace and the Railroad Surgeons on Spinal Concussion," and for the most generous, able and eloquent manner in which you have, in it, rebutted the calumnious assertions on me made by the persons whose names you give, and whose words you quote.

In no circumstances would I enter into a controversy with persons such as those, who import personal abuse and the imputation of unworthy motives into the discussion of a surgical question. Least of all would I consider it necessary for me to vindicate my character in these respects before the surgical profession of the United States. I can never forget the most hospitable and friendly reception with which I was honored twenty years ago by my surgical brethren of the Union, when I visited many of its principal cities. Ever since that visit it has been my privilege and my pride to count amongst my most valued friends, many of the leading American surgeons.

After more than fifty years of active professional life, I have

* [By the kind permission of Dr. Swearingen, the JOURNAL has the pleasure and satisfaction of giving its readers the following letter from the great English surgeon, John Eric Erichsen, the author of "Railroad Spine." Dr. Swearingen's article in our July number attracted his attention in his secluded English home, and elicited this graceful and grateful acknowledgement. It is published, as will be seen, by Mr. Erichsen's permission, though not written for publication.—EDITOR.]
now sought, in retirement, that repose from my labors to which I consider myself entitled, and I have no intention to allow this to be disturbed by surgical polemics, or by troubling myself by a reply to personal attacks from whatever source they may come. I prefer to leave to friends like yourself the generous task of my defense, should my character and opinions, which for half a century have been subjected to the judgment and criticism of the profession, seem to need their advocacy.

Nearly thirty years have passed since I first brought the subject of railway and other injuries of the nervous system under the notice of the profession. At that time (1866), the pathology of the nervous system and of its injuries was very imperfectly understood, and even its modern nomenclature had not been invented. "Neurosis" and "neurasthenia" even, were unknown terms, and what I then, for want of a better name, called, "concussion of the spine," is now universally recognized and described under the more modern appellation of "traumatic neurasthenia." The morbid states are the same, and the symptoms identical; but the name has been changed, and the modern designation is probably more in accordance with modern views than was the older one. In all my writings on this subject, I have pointed out that the symptoms arising from railway shocks are identical with those that occur from other and more ordinary accidents of civil life, and that these symptoms so occurring had been described by surgeons many years before railways were dreamt of, and fully a century before I had written a line on the subject.

Again thanking you most cordially for your generous sympathy and valuable aid, I am, dear Dr. Swearingen,

Most truly yours,

John Eric Erichsen.

P. S. Pray make any use you like of this letter.

J. E. E.

Some Surgical Work in San Antonio.

LETTER FROM CITY PHYSICIAN R. MENGER.

SAN ANTONIO, TEXAS, Sept. 1, 1894.

Editor Texas Medical Journal:

At your request I will drop you a few lines concerning the few interesting surgical cases that occurred here, and related to you, lately in the hospitals and outside of same. Dr. Hadra operated,
about two months ago, on an old citizen for gallstones, removing several large calculi, the man recovering completely (after being treated for years for different diseases, and being sent to Carlsbad, Germany, etc., without the least benefit).

The most interesting operative case in abdominal surgery occurred three weeks ago, when Drs. Braunnagel and A. Herff resected the lower colon for intussusception and cancerous degeneration, removing fully six inches of the bowel and stitching both ends together. The case was, in many respects, a rare and very interesting one. It concerned an Italian about fifty years old, who had been suffering for about one year with a peculiar bowel complaint on the left side of the abdomen. There was a nodulated tumor to be felt through the abdominals walls, but what it exactly was or could be, was, as generally in similar cases, only guesswork, but, at any rate, it could be traced to the lower colon, near the sigmoid flexure. Of late the man had much trouble in moving the bowels, the contents being somewhat bloody. On opening the abdomen at the site of the tumor, it was with much difficulty, on account of adhesions, etc., to get the same into view, and only after bringing a large portion of the gut outside the abdomen, it was noticed that the upper part of the bowel was incarcerated in the lower one, very much resembling a paraphymosis in its highest state of constriction. Considerable effort was made to reduce the constriction without resection, but, although quite a large piece of the upper bowel was replaced, it was utterly impossible to reduce it completely on account of old adhesions and (from all appearances) cancerous degeneration of the constricted bowel. A complete resection, therefore, of the constricted colon was made after tying both ends close to the tumor with a broad band. The stitching of both ends together was a very tedious piece of surgery, as the upper bowels were full with faecal matter, and every now and then the patient, although under narcosis, would, from pressure of the diaphragm, etc., evacuate large quantities of bowel contents over the operating field. Both resected bowel-ends, however, were stitched complete before the abdomen was closed. The patient rallied well, although several whisky-hypodermics had to be given during the operation. On the second and third day there was no rising of temperature, and he had moved his bowels normally (the first time since nearly a year)! He progressed favorably and, with the exception of a very small amount of faecal
matter, which leaked through some of the stitch spaces, the man is rapidly recovering (now the third week).

Dr. A. Herff tells me that he had performed his nineteenth ovariotomy yesterday, with an uninterrupted record of recovery. This does not include a large number of other abdominal cases in which he also has had uniform success.

The better results in abdominal surgery of late years undoubtedly are much due to the better hospital equipments and trained nurses, and especially to the aseptic precautions observed in every case. We have nearly every day several large surgical cases on hand. Three days ago Dr. Withers removed a neuroma of the ischiatic nerve, the size of a large fist, in the popliteal region of the left leg, in a negro—without chloroform!—at the county hospital. The negro would rather die on the table than take chloroform, so we relieved him, although under excruciating pain, without it. The tumor was situated in and a little above the popliteal space (straight in the middle line), and it was quite a tedious job to extirpate the same. It was of a light bluish color and medullary appearance on dissection of same, after its extirpation. We thought, of course, also more of an aneurismatic tumor at the time of operation, but cut following both ends of the tumor, unmistakably as the ischiatic nerve. The interesting feature in this case is that the negro, who is rapidly recovering, has lost none of the sensory or motor power, being able to move and lift his leg.

I made, yesterday morning, two abdominal operations, one for irreducible hernia, complicated with hydrocele, and one for an enormous dilated bladder, complicated with prostatitis, cystitis, etc., in a man about sixty years of age. On account of the prostatic complication and general polyuria besides, the urine had to be tapped very often during each day, and yesterday the bladder suddenly filled so enormously that it was impossible to pass a catheter. I relieved the condition by suprapubic cystotomy and drainage, similar to the case reported to your Journal some years ago, in a young man with stab-wound in the bladder; the man recovering rapidly. But in this case, the one operated yesterday, I first stitched the wall of the bladder to the abdominal pertainies, then opened the bladder and introduced a large rubber catheter, through the abdominal opening, into the bladder for irrigation and drainage purposes. The case is doing well so far.
So-called Spontaneous Combustion.—Dr. Adrian Hava, of New Orleans (New Orleans Med. and Surg. Journal, April, 1894), relates of his father, Dr. John Joseph Hava, a practitioner of medicine in the island of Cuba, that in 1862 he was called to a plantation to see an old negress, a slave of the plantation, whom he had treated for some form of paralysis. This woman was very corpulent, and had been almost constantly occupied for more than twenty years in parching coffee for the daily use of the plantation. She always seemed to be partly under the influence of liquor, never perspiring, and even in the warmest weather was always complaining of feeling cold, and was always to be found around a furnace. One morning she was discovered dead and burning, and Dr. Hava arrived in time to witness the fact. The room was filled with smoke, and the odor coming from the partly consumed body was characteristic of burning human flesh. The parts charred and yet in combustion were the thighs, abdomen and chest, the end of the limbs and head being spared, and none of the combustible objects in the room had been burned. The case was reported at the time to the Academy of Sciences of Havana.

Having become thus persuaded by his father's experience of the fact that the human body may become under some unknown circumstances of a combustible nature, Dr. Adrian Hava in 1880 undertook a number of investigations which he has pursued until the present with a view of discovering the explanation of the phenomena in this and other similar cases reported from time to time. In studying the records of most recorded cases it is to be noted that alcoholic abuse has been suspected and theoretically held as causative. Most cases have occurred in cold climates or cold seasons; the subjects were fat, usually fat females, sluggish, drowsy, generally suffering from a chronic bronchitis, always complaining of feeling cold and living in some small, poorly ventilated room in which was a furnace or foot-warming brazier.
burning charcoal. As in no instance had the victim been known to call for help, and as the hands exhibited no signs of burns as from efforts to overcome the combustion, it seems reasonable to believe that either life was extinct, or that at least there was unconsciousness when the burning took place. The inflamed blistered appearance of the skin near the burned parts suggest that the burning took place either in life or just after death. According to records the combustion was always a rapid one, the body burning with a pale, flickering or lambent flame, increased by the sprinkling of water upon it. The carbonized flesh retained its appearance in shape, but was porous and readily crumbled under the touch; and the unconsumed parts were of a bright red hue. Under and about the body was to be found melted human fat, said to burn readily if ignited. Ordinary efforts to burn it have abundantly proved that the human body is not combustible, and will not continue to burn on its own account, even if its vessels be injected with alcohol, and it has been steeped for a long time in this fluid, the flames in such cases dying out as soon as the alcohol on the surface has been consumed. It has been stated as sustaining the view that alcohol is causative of this condition of the body, that in a few instances where it was sought alcohol has been found in the blood and tissues of drunkards who had died after imbibing considerable amounts of alcoholic fluid; but other than this fact and the suspicion of alcoholic abuse in case of the subjects of the combustion there is no proof of its causative relation. In order to satisfy himself upon this point the author administered to a series of a dozen young roosters half a drachm or more of brandy three times a day for more than a year—the cocks being kept intoxicated for from 4 to 16 hours daily. At the expiration of fourteen months but two of the fowls remained alive, the other ten having all died at some phase of the experiment, search for alcohol in their tissues in every instance having been negative. Six more cocks were added, but at the end of two more months the two remaining from the original lot were dead as well as four of the six last procured; and no alcohol had been found. Of the remaining two, one morning immediately after the usual dose of brandy had been administered, one was accidentally killed by a horse; and examination of the tissues of the stomach some hours later showed the abundant presence of alcohol. This instance and others suggested by it led to the conclusion that alcohol can only be found in the blood and tissues of individuals dead shortly after having imbibed an
alcoholic fluid, any alcohol ingested some time before death being converted into \( \text{CO}_2 \) and water. Having thus satisfied himself that alcohol could not be retained in the body in sufficient amount to render the latter inflammable, the author turned his attention to the consideration of CO gas, remembering the known effects of the gas which is given off in large amount from heating apparatus such as was so constantly found in connection with these cases of "spontaneous combustion," miscibility with air, its manner of burning with a pale blue, lambent flame, it production of headache, dizziness and nausea when first inhaled, the ready replacement of these first symptoms by feelings of prostration, chilliness, bronchial irritation, redness of the face and skin, an irresistible desire to sleep, prolonged insensitivity and eventually death, and, too, the occasional production of various forms of paralysis after recovery from the coma. The author deemed that it was possible that this gas might be accumulated in the system, perhaps in its combination with haemoglobin, to such an extent as to give rise to the phenomena of combustion if opportunity for ignition were afforded. Therefore in a glass case, a number of rabbits were placed from four to six times daily, and CO gas introduced slowly until they became more or less insensible, the animals being withdrawn each time to fresh air to recover their senses. Their appetites seemed rarely impaired and the animals were given as much food as they would take. These experiments were kept up several years, some animals dying from time to time and being replaced by others. The result was successful, the tissues of animals thus subjected to carbon monoxide gas becoming in the end inflammable. The shortest time in which sufficient carbon monoxide was accumulated in a rabbit's tissues so that combustibility resulted was 169 days of continued and careful administration of the gas. The skin and subcutaneous tissues as well as the muscular tissues were readily combustible, burning with a bluish flame, leaving porous carbonized masses retaining the shapes of the parts that had been consumed, but producing very little smoke because of the absence of fat. This carbon monoxide is held in the diffused haemoglobin in the muscle tissue. The "spontaneous combustion" of human bodies is the result which may possibly take place after gradual, constant and progressive accumulation of the gas for years, provided the accumulation is great enough, and provided further, that the body find itself in contact with a flame or heat sufficient to cause ignition. These condi
tions being fulfilled, as might accidentally take place when the individual has been overcome by the gas and fallen over the 'chauffante' containing burning coals, the CO begins to burn, producing an intense heat and melting the fat and carbonizing the skin, subcutaneous and muscle tissue; this carbonized tissue being very porous acts as does the wick in a lamp and absorbs the melted fat. Then the fat burns, and as long as there is fat present to be melted by the heat of the burning CO gas the body continues to burn. The abdominal tissues burn most readily, not only because there occurs in this region an especial amount of fat, but because also there is found here an extra deposit of the carbon monoxide, from the collection in the abdominal viscera of blood loaded with the combination of the gas and the haemoglobin. This alteration of the blood accounts for the inabability to dispose of the fat brought into the system and its consequent accumulation, and also for the sensations of cold so commonly experienced.

These experiments of Dr. Hava are of great importance and have resulted in one of the most interesting discoveries of recent years. Moreover they open a new avenue for medico-legal thought, it being possible in the light thus brought upon certain cases held as the results of efforts of homicides to destroy the body of a victim by burning, that an altogether innocent being may be accused of a deed which was never committed but occurred according to this law of nature, hitherto unknown.

MISCELLANEOUS ABSTRACTS.

BY WM. KEILLER, F. R. C. S., ED.,
Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Providence Dispensary.


1. Injuries.—In penetrating wounds of the spinal cord, death is usually due to spreading septic meningitis. The discharge of cerebro-spinal fluid gives no trouble. The proper treatment therefore of penetrating wounds (compound fracture) is to clear out the wound, leaving it open to drain freely. The cauda equina may be sutured successfully, but there is no hope in suture of the spinal cord.

Simple Fractures.—1st. Fractured spinous process alone, is rare, and is seldom accompanied by compression of the cord. If
there be compression, the depressed spine should be removed.
2d. Fractures of laminae may be due to direct or indirect vio-

lence, and are difficult to diagnose, the only reliable sign being
lateral mobility of the corresponding spinous process. Here
laminectomy is clearly indicated if there be symptoms of com-
pression. 3d. Fracture dislocation of the vertebral bodies. Dis-
location may or may not be accompanied by fracture. The com-
monest form is a luxation. It may be unilateral or complete.
The bones may recoil again to their proper position. Compress-
sion of the cord is seldom permanent, but the temporary crush
may injure beyond recovery. Rupture of vessels without crush
of cord may take place, causing a gradually ascending paralysis
from pressure of blood clot. In this last case exposure of cord
at site of injury, combined with aspiration lower down, may re-
move pressure and relieve symptoms; in all other cases of frac-
ture, dislocating the vertebral bodies, operation is contraindi-
cated. Below the level of the first lumbar vertebra, however,
operation may give relief.
2. Caries.—Caries may effect the vertebral bodies or the
arches, the former far more commonly. In the cases (a) para-
plegia is seldom caused by mere kyphosis. (b). Sudden para-
plegia may be caused by fracture due to caries. Extension and
fixation of the spine is the most suitable treatment. (c). Rare
causes of paraplegia are bursting of abscesses into the canal,
hemorrhage into the canal, or displacement of a sequestrum.
(d). The usual cause of paralysis in vertebral caries is granulation
tissue, the pressure being accompanied by irritative nontubercu-
lar pachymeningitis. (e). A few cases are due to tubercular periarteritis of the vessels of the cord, the diseased process spread-
ing from the bony focus.

Prognosis.—Except in class (e) recovery (seldom perfect, how-
ever,) occurs after prolonged rest (two cases of recovery after
eighteen months' total paralysis recorded). Relapses are com-
mon both in these cases and in those subjected to operation.

Indications for Operation.—Recovery usually following rest,
operation is only indicated:
1. Where symptoms steadily increase in spite of the most
favorable conditions.
2. Where symptoms threaten life; e. g., secondary chest
trouble, cystitis.
3. By persistency of the symptoms in spite of complete and
prolonged rest.
4. In caries of the arches. Here it is possible to remove the whole tuberculous tissue.

5. Where pain is excessive.

6. Other things being equal, children yield the best results after operation.

Contraindications.—Active tuberculosis elsewhere, pyrexia unless it be due to cystitis, fracture of various vertebrae.

Mortality due to Operation.—Probably 17 to 20 per cent., the most common cause of death being shock.

Results.—Often great improvement at first, but relapses are very common. The operation, of course, is laminectomy with removal of all diseased tissue that can be reached.

3. Spina Bifida Occulta.—A rare disease, described by Virchow in 1875. As a result of a small slit in a vertebral arch, there develops slowly a hypertrophic process accompanied by pressure on the spinal cord (cauda equina usually), external swelling, and usually a local excess of hair. The symptoms are late occurring and slowly developing trophic lesions (e.g., perforating ulcer of the foot), anaesthetic or (rarely) painful areas, paresis. The cases seem suitable for operation, and one operation with excellent result is recorded.

4. Other diseases as tumors, etc., were mentioned briefly and are to be treated, each, on its own merits.

Castration for Hypertrophy of the Prostate.—British Medical Journal, June 23, 1894. White, of Philadelphia, calls attention to the accumulating evidence in favor of castration as a remedy for prostatic hypertrophy. In 1892, arguing from the relationship between the prostate and uterus, and prostatic hypertrophy and fibromyomata, he had experiments carried out on dogs, which showed that castration caused decrease in the size of the prostate, and then suggested the operation. Since then Ramm, of Christiana, has operated twice; Powell reported a case in point; Haynes, of Los Angeles, has operated three times; Fremont Smith once, and White once, all with perfect relief of symptoms (frequent micturition, necessity of catheter, cystitis, blood in urine, etc). In one other case division of the vasa deferentia gave no result. He thinks the claim of the operation to more extended trial is fully established.

The Pituitary Body.—British Medical Journal, June 23, 1894. Evidence, experimental and surgical, is accumulating that the
pituitary body has a trophic influence on the brain. The researches of Dr. Andriezen, and of Vassali and Sacchi, show that its destruction cause (a) a fall of temperature to subnormal; (b) anorexia, listlessness, progressive emaciation; (c) fibrille twitchings, then cramps and spasms of the muscles; (d) attacks of dyspnœa; (e) final death.

Woolcombe relates a case of psammoma of the pituitary body in a girl eleven years old, who had all the above symptoms well marked except c and a. In addition she had headache and symptoms due to pressure on the optic commissure and third nerves. Regarding her symptoms, he notes, 1st, the depression and apathy were such as could not be produced by a tumor of the same size (hen’s egg) in any other part of the brain. 2nd. The early and rapidly developing muscular weakness was greater than a similar tumor anywhere else could produce. 3rd. Subnormal temperature was a valuable sign, and this and the other symptoms seem to connect the function of the pituitary body with that of the thyroid gland. She died in five months from the appearance of her first symptoms.

The Antitoxin Treatment of Diphtheria.—*British Medical Journal*, June 23, 1894. Fizzoni and Cattani have recently had excellent results in the treatment of diphtheria by blood serum from immunized goats. 220 children were treated.

Six cases, admitted on first day, all recovered; sixty-six, on second day, with two deaths, and in these two tracheotomy was necessary; of twenty-nine cases, admitted on the third day, four died; of thirty-nine, admitted on the fourth day, nine died; of twenty-three, treated on the fifth day, ten died. Of the whole 220 cases, of whom sixty-seven required tracheotomy before treatment was commenced, fifty-two died, and 168 recovered. The treatment is being tried in Paris with satisfactory results. Full details will soon be published, and it is hoped the method will be rapidly put to a general test. In most cases only a single injection was made.

Small-pox death rate and vaccination of fifty small-pox patients admitted to the North Brierley Joint Hospital, England, during the eighteen months ending December, 1893, forty-four had been vaccinated at some time during their lives, and all recovered; six had never been vaccinated, and of them three (50%) died! When will the anti-vaccination prejudice be rooted out? Truly, some British subjects, and others, are pig-headed.

**AGES.**

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**Society Notes.**

American Public Health Association.—The 22nd annual meeting of the American Public Health Association will be held at Montreal, Canada, Tuesday, Wednesday, Thursday and Friday, September 25, 26, 27, 28. The preliminary announcement is on our table. Let all interested make a note of the date, and look out for further announcements as to reduced rates of travel, etc. The officers of the Association are E. P. Lachapele, M. D., President, Montreal, Can.; Irving A. Watson, M. D., Secretary, Concord, N. H.

The following topics have been selected for consideration at this meeting:

1. The Pollution of Water-Supplies.
2. The Diposal of Garbage and Refuse.
3. Animal Diseases and Animal Food.
5. Protective Inoculations in Infectious Diseases.
9. The Restriction and Prevention of Tuberculosis.
The Executive Committee announces the following additional subjects upon which papers are invited:
14. Disinfection of Dwellings after Infectious Diseases.
15. Inspection of School Children with Reference to the Eyesight.

All papers presented to the Association must be either printed, type-written, or in plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting, to insure their critical examination as to their fulfilling the requirements of the Association.

Mississippi Valley Medical Association.—The 20th annual meeting of the Mississippi Valley Medical Association will be held at Hot Springs, Ark., November 20, 21, 22 and 23, 1894. Reduced rates of travel will be secured for all physicians who desire to attend, and the hotel accommodations are ample. An unusually attractive program has been arranged and the meeting is expected to be of course, most interesting. It is earnestly desired that a large Texas delegation shall attend, and every inducement will be offered. The Hot Springs is numbered amongst the great natural curiosities of the world, and no man should be willing to pass the whole of his life—especially living so near as Texans do—without being able to say that at least he had "been there." (For pleasure let it be understood, and not from necessity;—many people would not like it to be known that they had "been there.")

The Journal is in receipt of a very neat little pamphlet descriptive of Hot Springs, and illustrated with tinted photogravures of the principal buildings—the Springs—views, etc., containing also the list of officers of the association and committees. Dr. T. E. Holland, of Hot Springs, Chairman of the Committee of Arrangements, will take pleasure in sending a copy of this pamphlet free on application, as well as to give all information relative to the meeting. Address him as above.

"The committee has secured the ball room of the Kimball House, Atlanta, for the next meeting of the Tri-State Medical Society October 9th, 10th and 11th. The room has fine acoustic properties. It is shut off from all noises from the street, and is admirably adapted in every respect to the purpose." Says Dr. Frank Trester Smith, the Secretary, in a letter to us.
Whether the suggestions of a recent editorial article in the Journal have or have not been absolutely correct in indicating the destruction of belief in the so-called "railway spine" as the causa vivendi of the American Association of Railway Surgeons, to an observer desirous of maintaining an impartial attitude, the idea presents enough plausibility to allow of its consideration—the more so when one has had an opportunity of attending one of the sessions of this organization. One would hesitate to entertain such an idea for even a moment, were it not for the relative position of matters; a large body of the paid medical representatives of corporations liable to serious pecuniary losses, because of the recognition of such an affection as that known as "railway spine," practically unanimous, as far as their utterances in convention are concerned, in the repudiation of the disease and the explanation of its phenomena by suggestions protective of their employers and ungenerous to the injured claimants. Such a combination is, to say the least, quite as unsatisfactory as the rapid recovery of a litigant patient after the payment of his claim, and is even less simply explicable. Under the circumstances brought about by the character of remarks made by Mr. Clark Bell, of New York, and Dr. W. B. Outten, of St. Louis, at the recent Galveston convention of the railway surgeons, in which the former, a prominent railway attorney, characterizes the affection as "a vampire," as "the Nemesis of modern surgery," and
as "invented as a means of procuring enormous verdicts from railway corporations in accident cases"; and the latter, a prominent railway surgeon, blames the very existence of the affection upon the neurologists who recognize it—under these circumstances the editorial writer may feel justified in plainly asserting his suspicions. Nor can these now meet with hasty and angry denial without proof; such a repudiation is in no wise scientifically justified and is liable only to aggravate the prime suspicion.

With the exception of the august body of gentlemen named, and an inconsiderable number of scattered individuals not now known to the writer as non-interested in their position, the actual existence of the affection known as "railway spine" is denied by none. Men not trained not to know it have little difficulty in recognizing it, and differ not as to its existence, but as to its variations, its causation, its pathogenesis and pathology, its prognosis and its cure—differences wide enough, it is true, to indicate the ignorance of the profession as to its nature, but not wide enough to persuade any one of its non-existence. Were it not for the clearness of these expressions mentioned, and their evident purpose, it would be grossly unfair to credit these gentlemen with the desire of creating the belief that railway spine is a grand piece of deception, with no other purpose than legal robbery, and that it is but an invention and without actual basis; but their own words open them to such a conclusion. There are few of the warmest advocates of "railway spine" but will readily acknowledge that in individual cases suggestion may be found as an important causative factor; but quite as few scientific observers, who have paid any attention to the affection, seek to deny that there is under this tendency to develop suggested symptoms an actual pathological basis, either physical or psychical, in some way connected with injury from trauma or psychical shock, or both. Strümpel (Schmidt's Jahrb., Bd. 242, No. 5), in his remarks before the German Congress of Internal Medicine, held in April, 1893, says with truth: "If one were to suspect the reality of the disease because of the variability of certain symptoms, and because of the tendency of the patient to apparent exaggeration, we neurologists would have to acknowledge nearly half of our private patients as frauds."

One should not be misled by the multitude of names attached to the disease to believe that this diversity indicates an absence of real foundation, and that they, therefore, mean nothing at all—more nearly the truth would be the sum of their meanings
chronic concussion of the spine, railway spine, railway brain, traumatic neurosis, traumatic hysteria, traumatic neurasthenia, traumatic psychoneurosis, et al. The simple fact that none of these names have been proved to rest upon a positively established pathology is without significance to the point in question, and these many names only indicate the cloudiness and obscurity of our knowledge of the nature of the affection of whose existence we have reason to believe. So the nations have had many names for God, of whose attributes little is known, but of whose existence there are ample evidences to those who will see. No one contends that "railway spine," as a name, is anything but an arbitrary term, used in connection with an affection often of much wider import than a spinal injury due to a railway accident. "Railway spine" may occur from very diverse forms of injury, all sorts of mechanical shock other than railway shock, as well as the latter, lightning stroke, sunstroke, and purely psychical shock; and there are doubtless, too, in many cases predisposing causes of significance if one searches closely for them. (It seems to the writer of much more profit, scientifically, that these gentlemen should occupy their energies in seeking the influences which heredity, alcoholism, syphilis and similar possibly predisposing conditions may exert upon the development of traumatic hysteria or neurasthenia following a railway shock—and of more profit, too, to their employers—than that they should, in the face of the facts the profession holds in regard to the affection, deny its existence and characterize it as an invention of a clever man.) It is by no means limited to its spinal manifestations. It may present no symptoms at all referable to the spine or cord, may be purely cerebral or peripheral in its symptoms, or may show such general distribution in its symptomatology that one can not refuse to accept it as a disease of the general nervous system. So too its phenomena are as variable and as peculiar to the case as their distribution; purely subjective, as pains and tenderness, paræsthesias, hyperæsthesias or anæsthesias of the general and, too, of the special senses; relatively objective symptoms, as the contraction of the visual field, tremors, cardiac ataxic phenomena, with various nutritive and vasomotoric symptoms, associated with neurasthenic evidences and psychical manifestations of a hysterical or hypochondriac order. It is an easy assertion on the part of those who desire to deny the reality of the affection that so wide a symptom complex is subversive of the idea of a
definite pathology, and is best explained by a voluntary or un-witting deception. Rather may it be assumed that this diversity of distribution and character of symptoms is expressive of general nervous implication, rarely complete in individual cases but possible in any. Most writers of the last few years are willing to acknowledge only the rare occurrence of willful deception; but freely accord as an expression of the low psychical tone of the patient, the influence of suggestion and the tendency on the part of the patient to exaggeration of existing symptoms. Almost throughout the discussion of the question before the German Congress already referred to, partaken in by such notable German physicians as Strümpel, Wernicke, Hitzig, Bruns, Baümler, Hoffmann, Jolly, Ziemssen, Schultze, Unverricht and others, the same idea prevails. Jolly distinctly stated his belief that whatever of tendency to simulation exists is part of the disease; that the tendency to exaggeration in the ordinary cases of hysteria has long been recognized, but never used as an argument by the profession or others that these patients are not sick. Unverricht alone declared that he regarded deception as entering to any great degree into these cases, and this gentleman advised the use of chloroform narcosis as a means of unmasking any simulation —by his very proposition acknowledging that there are real cases from which to separate the unreal ones. Hitzig and Strümpel both protested against this idea of permitting the affection to rest on its objective phenomena alone, in that because of its, in their opinion, essentially psychical nature, even in the absence of the objective symptoms, one may not entirely deny the presence of the disease. It may be stated as a fair expression of the ideas developed in this discussion that there is no doubt of the reality of such an affection, and that whatever differences were expressed as to the frequency of the disease, as to how far it may be and sometimes is simulated willfully or unwittingly, only serve to accentuate the general acceptance of its actuality.

And in cases where in many accidents (as in Dr. Outten's records contrasting the number of cases of railway spine met among railway passengers and railway employees, and in the records of Byron Bramwell—Brit. Med. Journal, November 18, 1893—as to the absence of railway spine among the colliers of England) few instances of the affection are recognized, it is by no means to be accepted without proof that they do not exist. Bruns (Schmidt's Jahrb., ibid,) in abstracting the remarks of Bramwell, adds with force: "The only question is whether the
English colliers do not actually have traumatic neuroses, or whether they only say nothing of it since there is no use of speaking." Moreover contrasted with the many positive cases reported by men whose acumen is otherwise undoubted, and whose ability to detect fraud may be reasonably held as high as that of their opponents, these negative evidences weigh but little. Further the testimony of well developed cases appearing without litigation, and therefore without any stimulation of the factor of deception or exaggeration is of far more value than the records of negation advanced by the gentlemen named. Reference here may well be made to the eighteen cases reported by Potts (University Med. Magazine, p. 777, 1893), in which the symptoms presented were almost uniformly subjective, and therefore open to the suspicion of simulation, but in which the utter absence of chance for litigation almost entirely removes this suspicion. The writer may also with propriety refer here to a case occurring within his own experience of a traumatic neurasthenic following a railway injury, in which the psychical symptoms proceeded so far that when his case was practically won, and the railway attorney had signified his readiness to allow the claim, he became positively insane, refused the money (which was quite ample) took his case out of the hands of his successful lawyer, and disappeared for a long time. His subsequent reappearance, re-employment of his former lawyer, and acceptance of the offered money, do not weaken the fact that this man's impaired psychical condition was positively unbalanced for a time at least by the excitement of gaining his desired claim—a circumstance most unlikely in case of deception.

It would seem quite as profitable, because in many cases of insanity objective symptoms are not prominent or absent, and because the picture of the disease is almost, if not entirely, made up of subjective symptoms, to deny the existence of the insanity; or because insanity may be mimicked to declare it a vampire and invented to obtain a free living at the hands of the public.

Nor yet are all the symptoms of the traumatic-neurosis subjective and simulable; there are in reality many which, recognized by a reasonably careful physician, defy simulation. One must hold it as impossible that a patient should repeatedly be able by simulation to produce the irregularly contracted fields of vision when examined upon the commonly used perimeters. One must hold it as impossible that a patient could produce the ataxia-like irregularities of the heart, or the irregularly occurring tachy-
cardias so often met with in these cases, or the irregular areas of sweating that are occasionally met with, or the occasional flushings and pallors that appear, as well as the occasional very apparent anomalies of temperature in different parts of the body surface. There are, too, various trophic changes which are quite unlikely to be simulated, the changing of the color of the hair to gray in a few months or weeks, as has occurred in a case under the writer's care, a development of a coarseness of the hair in a short space of time, changes in the skin, causing the complexion to take on the muddy appearance so often seen among the insane, especially the paretic insane, or in the rapid development of scruffiness and dryness in parts shortly before normal in appearance. So, too, tremors ought to be easily detected, when simulated; recourse to Unverricht's method, as mentioned above, should surely determine the reality of persistent tremors. It is unfortunate, but it is no argument against the reality of the disease, that the basis of these and, too, of the subjective symptoms, can not be with certainty named. This must await the solution of time, by which most problems of human interest are usually dissipated. It seems not unlikely that the pathology may be varied, and the distinctions already being made in the different cases may be widened. More chances for anatomical study are needed, although they may be as unproductive as they have been in many cases of insanity. It seems credible that, as in insanity, a group of cases have been found depending upon a widespread and minute sclerotic process, we may eventually accept a similar pathology, as indicated by the work of Friedmann, (Munich Medical Wochensch, XLI-20, 21, 22, 1893), and others, in a group of these cases; or may even be able to detect a finer molecular change in the nervous elements of one locality or the entire system, the result of nervous shock by trauma or psychical injury, as indicated by Strümpel in the above-mentioned discussion, as well as by many others of the earlier contentions as to the nature of the affection.

At any rate, whatever the pathology as eventually found out, to whatever degree the patient himself is responsible for the severity or multitude of his symptoms, whatever of his affection is imposed upon him by others by suggestion, the matter is now above accusations of 'invention' and declarations of complicity on the part of men trained to know nervous phenomena when they meet them, and generally far enough separated from any pecuniary reason for taking other than a scientific interest in the cases brought to their notice.

A. J. S.
SHALL WE ABOLISH THE STATE MEDICAL ASSOCIATION?

It seems to us that the impossibility of enrolling even a respectable percentage of the medical profession of the State in a State association, and retaining them, has been abundantly demonstrated, so long as we adhere to our present plan. That it is desired, that it is the hope of the founders to some day claim at least a majority of the regular physicians of the State as members is understood as a matter of course, but the hope can not be realized, in our judgment, without a complete change in the organic laws of the Association. It lacks cohesion. Physicians join, but they do not stick. There are reasons for this, and the defect should be sought and remedied.

In our May issue we pointed out, giving the exact figures and dates, that in 1882 there were 280 members, and that although there were admitted to membership between that date and 1892-3, something over eight hundred physicians, at the Galveston meeting in April, 1893, the roll showed only a membership of 386, or a net gain of 106 members in ten years. We pointed out that, although there were large accessions at each annual meeting, the number was kept down by falling out of those who failed to attend or keep their dues paid up. This is in consequence of the migrations of the body. Those who join at Tyler, say, find it inconvenient to go to Galveston next year, to San Antonio next, and Austin next, and failing to attend, they fail, as a rule, to pay up, and are dropped.

Ten years of failure in the attempt to build up a State association ought to be enough, and we should try another plan—we can but fail, and under the present plan we can never succeed. Yet, to the writer's certain knowledge, the constitution and by-laws have been tinkered with several times; minor defects have been corrected, but without a change, practically, in the organization. Every attempt at a radical change—whereby it could be hoped to better organize the profession—has been voted down. Dr. T. C. Osborn, at Waco, in 1890, offered a plan of organization by districts, which, in my opinion, would have been a big improvement, but it was received with scant courtesy, and promptly laid on the table.

The fact is, the State is too large and the doctors live too far apart ever to hold them together in an association by membership.

The Journal desires to see the Association absorb all the eli-
gible material in the State and become a power. This we have worked for, but we have concluded that we are working upon a wrong plan, and our efforts are as futile as pouring water in a sieve.

We beg to suggest that Dr. Osborn be invited to again submit his plan of organization by districts, and that it be seriously considered, or else change the plan entirely; endeavor to enroll every physician in some local organization, and let each local society each year send delegates to the State Medical Convention at the capital. Do away with members entirely, and hold an annual convention of delegates, representing every section of the State. We earnestly recommend this to the thoughtful consideration of the officers and leading members, and hope they will take some action upon the suggestion at our next meeting. Of course there are many details to be adjusted, and that can be attended to in time. It seems that under a plan of this sort the burden of $5 a year membership, which doubtless drives many out, for they are expected to pay it, whether they attend or not, would be a relief that would be appreciated. In lieu of this, a dollar from each delegate to the Annual State Convention ought to be enough to pay expenses. However, let the suggestion be considered.

In this issue we present the views of Dr. Daniel Parker on the subject, one of our oldest, best known and most respected members. We commend his paper to the thoughtful perusal of our readers.

Another Texas Medical College.—The Journal has been favored with the announcement of the first session of the Medical Department of the University of Fort Worth, and it is a great surprise to us, inasmuch as we were not aware that such a movement was on foot. The medical department of the Fort Worth University seems to have sprung into the arena full fledged—like Minerva from the brain of Jove, and fully equipped for the contest for supremacy and students. It makes a most creditable showing, and it is claimed by the management that there are ample and first-class facilities for clinical study and for anatomical purposes. The large railroad hospital and the St. Joseph’s Infirmary and some other institutions are under the management of the staff, and their college building is said to be well adapted for the purpose of teaching medicine. If ability on the part of the faculty were the only or chief requisite to success, success is already assured, for we can say with truth and without hesitation, that most of the gentlemen comprising the faculty are men of ripe ex-
perience and recognized ability in their several departments. The professors have all been appointed from the local profession of Fort Worth, and the faculty is a strong one, and all of them will make able teachers beyond doubt. Fort Worth ought to be a good location for a medical college, as it is central, and is a great railroad town, not less than ten roads centering, crossing or terminating there.

The Journal commends the pluck and enterprise of the incorporators, and wishes them abundant success. Of the wisdom, necessity or expediency of the undertaking we are not prepared to speak.

For a catalogue giving all information, address Professor B. Saunders, M. D., Dean, Fort Worth, Texas.

Sic Transit.—It is not as easy to establish a medical journal in Texas as falling off of a log, but there be those—inexperienced persons—who seem to think it is. Our readers may remember having seen a copy—a single issue made its appearance—of the "Southern Medical Review." Texas was too small; it was going to spread out all over the South, and fill a long-felt want. Dr. Phenix was the name of the editor and proprietor, and the Southern Medical Review (for June) was issued from Houston.

The Texas Sanitarian, our neighbor and respected contemporary, kindly went to the relief of Dr. Phenix and took the thing off his hands, agreeing to carry out the few advertising contracts The Review had, and make good the fifty subscribers, mostly in Houston, it had already gotten. Dr. Phenix, we learned, said he had received a great deal of encouragement in his enterprise, but it was not convertible or negotiable, hence the early collapse of the Southern Medical Review. We had wished it better luck, though we were not surprised at its failure. It is not as easy as falling off a log to establish a good medical journal.

Medical News and Miscellany.

Errata.—In Dr. Oates' excellent article on "Malarial Haematinuria" in our July number, for "mercuric chloride" read "mercurus chloride." The error occurs in three places.

Prof. Jas. H. Bell, so long and favorably known as a teacher in Jefferson Medical College, and as an authority on diseases of
the eye, which branch of study has been for years his specialty, has removed from Philadelphia to San Antonio, for the benefit of his health, upon advise of Drs. Loomis, Da Costa and others. Dr. Bell was born and raised in Austin, we believe, and is a son of the late Judge Bell of this city. We learn that the doctor will engage in the practice of his specialty, and the JOURNAL extends to him a cordial welcome to Texas and the best wishes for his health and prosperity.

The Climate of Texas and Surgical Operations.—Dr. E. J. Beall, of Fort Worth, or rather Drs. Beall, Walker & Capps, prepared a paper, which was read before the last meeting of the Texas State Medical Association, entitled "The Fitness of the Climate of Texas or Operative Surgery, Demonstrated by Results in Recent Capital Cases." It is a most interesting paper, and in it the author not only "demonstrates the fitness," but the advantages the climate of Texas offers, and fully refutes the assertion to the contrary, industriously circulated by persons interested in having patients leave Texas and go to — elsewhere to be operated on. We not only have the climate, but we have the surgeons.

"As Others See Us."—Says an old time subscriber: "I have just compared Vol. X. No. 1, with Vol. I. No. 1 of the now immortal 'Red Back,' and it is—well—strictly 'outer site.' Your success has indeed been 'phenomenal,' but the best of all is, you have fulfilled your promises, all of them, when you introduced yourself with a bow to the medical profession of this great State and 'launched' the 'frail bark.' I could, and honestly and truthfully, say much more, but you might think I am giving you 'taffy.' So long—best wishes."

Judge Clark, Proctor Texas University, a highly esteemed patron and great admirer of the Red Back, says:

"The JOURNAL not only has matter in it, but it is ALIVE, ALERT, VIGOROUS; traits possessed by very few medical publications. During all last session it was read by many students, and they would frequently ask me if it had come. With best wishes, I am yours as long as I last.

J. B. C.'"
tion, American Public Health Association, ex-Vice-President California State Medical Society, etc., etc., etc. 126 pages. Illustrated. Price, paper 25c., cloth 50c. George S. Davis, Publisher, Detroit, Mich.

This book is written in Dr. Remondino's peculiarly interesting style, and is a short and clear statement of the especial advantages that Southern California offers to the invalid, and particularly to those suffering from chronic lung troubles. The effect of this glorious climate on diseases other than of the lungs is clearly stated, and the author calls especial attention to the errors that have obtained very largely to the effect that those suffering from diseases of the kidneys are injured by a residence in California. A flat denial of these erroneous reports is entered, and Dr. Remondino brings forward proofs of the fact that the climate furnishing the greatest equability, with a rather high relative humidity, and a moderately low temperature, is the one most favorable for the prevention of diseases of the kidneys. One chapter is devoted to the "Cost of living, and other details," and in it some valuable information is furnished to those who contemplate going to California in search of health. To such we commend this little volume most cordially. H.

A Text-Book on Diseases of the Eye. By Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College; Executive Surgeon to the New York Eye and Ear Infirmary; recently President of the American Ophthalmological Society; member of the New York Ophthalmological Society; recently Vice-President of the New York Academy of Medicine; permanent member of the New York State Medical Society; member of the American Medical Association, etc., etc. Second and Revised Edition Illustrated by 5 Chromo-lithographic Plates; 10 Plates in black and colors, and 269 Wood Engravings. Price, cloth, $6.00; sheep, $7.00. New York: Wm. Wood & Co. 1894.

It is unnecessary to commend a work so widely and favorably known. The second edition, making its appearance so soon after the first, is sufficient evidence of its worth. The author's many years of experience as a teacher of ophthalmology in one of our largest medical schools, has taught him to know just what the student and practitioner want in a text-book of that science. He has most judiciously drawn the line between the facts and doctrines necessary to be presented and unnecessary details that would add inconveniently to the bulk of such a book. This work has no superior among the many new text-books on diseases of the eye, which have of late appeared.

The illustrations and plates are numerous and well adapted to their purpose. H. L. H.
A Practical Treatise on the Diseases of the Hair and Scalp. By George Thomas Jackson, M. D., Professor of Dermatology, Woman's Medical College, N. Y. Infirmary; Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons; Consulting Dermatologist, Presbyterian Hospital, etc., etc., etc. New, revised and enlarged edition. 414 pages. Illustrated. Price, cloth $2.75. E. B. Treat publisher, 5 Cooper Union, New York City.

In 1887 the first edition of this work appeared, and it met with so favorable a reception at the hands of the profession, that a second edition has become necessary, and the author expresses the hope that it will meet with as much favor from medical men as the first edition.

In this edition every page of the old edition has been revised and corrected; new articles upon folliculitis decalvans, leporthrix, and aplasia pilorum propria, and many new sections to the old chapters have been added. The bibliography has been carefully revised, enlarged and brought down to date; a number of new illustrations have been inserted in the text. The book is a valuable one, and with the many improvements that have been made in this second edition it should be more popular with the profession than its popular predecessor.

H.

Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania. By Richard C. Norris, A. M., M. D., Demonstrator of Obstetrics, University of Pennsylvania; Assistant Obstetrician, University Maternity; Physician to the Methodist Episcopal Hospital; Obstetrical Registrar, Philadelphia Hospital, etc. Third edition. 222 pages. Price, cloth $2.00. W. B. Saunders, publisher, 925 Walnut St., Philadelphia, 1894.

This work was first prepared to meet the wants of the students in the Medical Department of the University of Pennsylvania, but it has by its merits grown beyond this circumscribed field, and has come into general use among medical students of other schools. It has now reached its third edition, and with the important additions that have been made it will doubtless grow more rapidly into public favor.

H.

Mr. Saunders is pleased to announce, as in active preparation, his New Aid Series of Manuals for Students and Practitioners. As publisher of the Standard Series of Question Compends, together with an intimate relation with leading members of the medical profession, Mr. Saunders has been enabled to study, progressively, the essential desideratum in practical "self-helps" for students and physicians.
This study has manifested that, while the published "Question Compends" earn the highest appreciation of students, whom they serve in reviewing their studies preparatory to examination, there is special need of thoroughly reliable hand-books on the leading branches of medicine and surgery, each subject being compactly and authoritatively written, and exhaustive in detail, without the introduction of cases and foreign subject matter which so largely expand ordinary text-books.

The Saunders' Aid Series will not merely be condensations from present literature, but will be ably written by well-known authors and practitioners, most of them being teachers in representative American colleges. This new series, therefore, will form an admirable collection of advanced lectures, which will be invaluable aids to students in reading and in comprehending the contents of "recommended" works.

Each manual comprising about 250 pages (5½ x 8 inches), will further be distinguished by the beauty of the new type; by the quality of the paper and printing; by the copious use of illustrations; by the attractive binding in cloth; and by the extremely low price, which will uniformly be $1.25 per volume.

Recollections of a Virginian in Three Wars—By General Dabney H. Maury. Cloth, $1.50. Scribners, New York. Agent for Texas, Mrs. R. M. Pollard, Houston, Tex., to whom orders may be sent.

We have read this fresh, chatty little volume with much pleasure and satisfaction. It is written in a style to please—free from any attempt at display. It is General Maury's "recollections" told in an easy, conversational manner, just as they came to him, recollections of a great variety of incidents connected with his life, education, and long military service under most varied circumstances. It is not a tale of the war, but "recollections" of camp and field by an active participant. The General seems to have been very fond of hunting all his life, and there is not a recollection but what is embellished with an account of his exploits with the gun, either bird-shooting, duck-shooting or hunting large game, even up to the Mexican lion and the grizzly. To one fond of camp life, as well as to the lover of history, the book can not fail to be most interesting. There is a good deal of inside history in it, too, the version of impartial military officers by an eye witness, or at least a contemporary and participant in the stirring times of the civil war, which have never been published. It is easy to see from General Maury's account
that mistakes were made, mistakes in critical times, which had a most important bearing on subsequent events and shaped the end. For instance, when the Yankee fleet run the batteries at Vicksburg, and Grant was about to land at Port Gibson, General Stevenson ordered his division to go out and meet him. This Pemberton countermanded and sent a handful of men (Loring's Brigade), who only annoyed him. "Stevenson," says Gen. Maury, "would have pushed him and his army into the Mississippi river." and especially interesting are the General's reminiscences of our great men, notably, his conversations with General Joseph E. Johnston, to whom he seems to have been much devoted. The General thinks, as most of the soldiers thought, that it was a great mistake to remove Johnston. It seems to us evident that General Maury was not a great admirer of President Davis, even from away back, for of all the West Pointers he has something to say except Jeff Davis; he hardly mentions him either at West Point, in Mexico, or later, as president. To the survivors of Hood's army, especially to the soldiers of Ross' and Ector's brigades, the little book will be most interesting. It is just like talking it over with the General, not only the fighting, but the camp life, with its incidents, is brought vividly before the reader and interspersed with a good deal of "life in the wild west." Send your $1.50 to his daughter, Mrs. Pollard, and get the book. It will please you.

A Text-Book of the Diseases of Women—By Henry J. Garrigues, A. M., M. D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital in New York City; Gynecologist to the German Dispensary in the City of New York; Consulting Obstetrician to the New York Asylum (resigned); ex-President of the German Medical Society of the City of New York, etc., etc. 690 pages. Three hundred and ten engravings and colored plates. Price, cloth, $4; sheep, $5. W. B. Saunders, publisher, 925 Walnut street, Philadelphia, 1894.

Among the many recent works on diseases of women we have found none better suited to the medical student or the general practitioner than this one. It contains many practical points that are entirely wanting in works of greater magnitude, and it is these small matters that worry the young practitioner most. The purpose of the author in preparing this work was to supply a real need to the following classes of students and medical practitioners: First, to those "who have not had the advantage of hospital training, and who go to a post-graduate school in order to learn gynecology. They can only stay a short time, and they
want a full and concise exposition, up to date, of the nature and treatment of the diseases peculiar to women.'"

Secondly, he has tried to satisfy the wants of the much larger class of medical men who would like to attend a post-graduate school, but from various reasons find it impossible. These are men who are anxious to keep abreast of recent medical progress, but can not find time to study larger works.

The other class for which the book is especially designed is the under-graduate studying in medical colleges. The book has been written in such a way as to render it especially serviceable to all these classes, very little reference being made to pathology, and the reader’s time is not taken up with theoretical discussions, but the author has endeavored to write a practical work, one which will help the physician to make a correct diagnosis and teach him how to treat the different diseases in accordance with the views of the best American authorities. The book is a most excellent one, and we heartily commend it to all general practitioners, and especially to those who have searched through the various works at their command for information on some so-called minor points and details in gynecological practice and have met with disappointment. To all such this volume will prove a boon indeed.

H.

A System of Legal Medicine.—A Complete Work of Reference for Medical and Legal Practitioners, by Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylum, of New York City, etc., etc., assisted by Lawrence Godkin, Esq., of the New York Bar, with the collaboration of Prof. James F. Babcock, Lewis Balch, M. D., Judge S. E. Baldwin, Louis E. Bisse, Esq., C. F. Bishop, Esq., A. T. Bristow, M. D., B. F. Cardoza, Esq., C. G. Chaddock, M. D., A. F. Currier, M. D., C. L. Dana, M. D., W. S. Haines, M. D., F. A. Harris, M. D., George Ryerson Fowler, M. D., W. T. Gibb, M. D., W. B. Hornblower, Esq., Chas. Jewett, M. D., P. C. Knapp, M. D., R. C. McMurry, Esq., C. K. Wells, M. D., J. E. Parsons, Esq., C. E. Pellew, Ph. D., Judge C. E. Pratt, W. A. Purrington, Esq., B. Sachs, M. D., F. R. Sturgis, M. D., Brandreth Symonds, M. D., V. C. Vaughan, M. D. In two large royal octavo volumes of about 700 pages each. Illustrated. Price, in substantial cloth binding, per volume, $5.50; in full sheep, uniform law style, per volume, $6.50. Sold by subscription. Orders taken only for the complete work. E. B. Treat, publisher, 5 Cooper Union, New York City. Vol 1.

In an advance notice of this great work, published in the Texas Medical Journal, we stated to our readers that they might confidently expect one of the best books ever published on medi- cal jurisprudence, and since examining this volume, we feel that
the editor, collaborators and publisher have surpassed our anticipations. The following subjects are treated of in Vol. i: Definition and History of Medical Jurisprudence, by Lawrence Godkin, Esq.; Medico-Legal Inspections and Post-Mortem Examinations, by Algernon T. Bristow, A. B., M. D.; Death in its Medico-Legal Aspect, by Francis A. Harris, M. D.; Blood and other Stains—Hair, by Prof. James F. Babcock; Identity of the Living, by Allan McLane Hamilton, M. D.; Identity and Survivorship, by Benjamin F. Cardoza, Esq.; Homicide and Wounds, by Lewis Balch, M. D., Ph. D.; Poisoning by Inorganic Substances, by Charles E. Pellew, Ph. D.; Poisoning by Alkaloids and Organic Substances, by Walter S. Haines, A. M., M. D.; the Toxicologic Importance of Ptoamines and other Putrefactive Products, by Victor C. Vaughan, Ph. D., M. D.; The Medical Jurisprudence of Life Insurance, by Brandreth Symonds, A. M., M. D.; Accident Insurance, by Cortlandt Field Bishop, Esq.; The Obligation of the Insured and the Insurer, by R. C. McMurtrie, Esq.; Of Certain Legal Relations of Physicians and Surgeons to Their Patients and One Another, by William Purrington, Esq.; Indecent Assault Upon Children, by W. Travis Gibb, M. D. The book is thoroughly American, and differs from the works on the same subject that have preceded it, in that it is the result of the combined labors of a number of America’s greatest physicians and lawyers. Most of the articles written by the legal profession have been prepared with a member of the medical profession as collaborator. As a book of reference it will be found an invaluable help to physicians and lawyers, and especially to those who desire to become acquainted with the most advanced views of practical students of forensic medicine. It can justly be classed as one of the great books of this age.

Publishers’ Notes.

Sharp & Dohme, the well known manufacturing chemists of Baltimore and New York, conferred a substantial benefit on the medical profession when they acted promptly on the suggestion of Prof. Flint—that subgallate of bismuth is valuable in gastric derangement, and especially in flatulent dyspepsia. They immediately put upon the market 5 and 10 gr. compressed tablets of the subgallate, and many physicians availed themselves of them to try the remedy. Our own experience with it has been most satisfactory.

Sharp & Dohme also acted on the suggestion of the Texas Sanitarian as to the Mexican dysentery remedy, and have a fluid extract on the market. All the Southern physicians should try the remedy—it is said to be efficient in dysentery where other remedies fail. Write for samples, and mention the JOURNAL.
Wanted.—A copartnership with a physician doing a paying and growing practice in a growing town. Address Dr. W., care Texas Medical Journal, Austin, Texas.

There is no doubt about the value of Cactina Pillets. In heart troubles, especially those of neuralgic character, weak heart, exhausted energies, some neurologies and nervous prostration, Cactina Pillets will prove curative.

Joseph C. Ellis, A. M., M. D.

Frankford, Philadelphia, Pa.

I have given Peacock’s Bromides a thorough trial, and have since then invariably prescribed it in preference to other preparations of its kind. During my trip across the ocean, I gave it to several passengers who suffered a great deal from sea-sickness, with very beneficial results.

J. Wilmoth, Ph. D., M. D.

New Orleans, La.

Pil Palmetine, manufactured by the Hall Capsule Co., of Cincinnati, contains saw palmetto, coca leaves, damiana, nux vomica, and zinc phosphide, a combination that recommends itself as a reconstructive, vitalizing tonic. Many physicians, who have prescribed these pills, are highly pleased with the results obtained, and have written the Hall Capsule Co., giving them their highest endorsement.

For Sale.—Residence and practice in a flourishing small town in the German and Bohemian settlement, where practice is mostly cash. Business about $2000 a year. House of 5 rooms, situated on a block of ground, good out houses, splendid barn and good fruit orchard. Price, $1000.00, half cash. The money can be made out of the practice the first year, by a good doctor. For particulars address E. R. W., care Texas Medical Journal, Austin, Texas.

New Philadelphia, Ohio, July 17, 1891.

Wayne Elixir Company:—Many thanks for the bottle of Wayne’s Elixir of Buchu, Juniper, Acetate of Potassium, etc., duly received.

Upon examination and trial, both as an old pharmacist and physician, I find it a pleasant and effective remedy in all inflammations of the genito-urinary tract, and fully in keeping with the highest requirements of the pharmaceutical and medical professions. Very respectfully,

D. C. Gentsch, M. D.

Johnson & Johnson, the enterprising manufacturing chemists of New York who gave the profession the vegetable pepsin, “papoid,” are now advertising a preparation the qualities of which are indicated by the name, “arsen-auro,” a combination of
the best known and most powerful alteratives; and it is said that experience with it in the hands of capable observers has justified the claims put forward in its behalf; the firm is prepared to furnish thousands of testimonials from reliable physicians. Reference is made to the new advertisement of Johnson & Johnson. Write for samples.

Notes.—Celerina and Aletris Cordial, equal parts, teaspoonful every four hours, will relieve ovarian neuralgia.

Headache in childhood is rapidly relieved by Celerina in doses of ten minims four times a day.

Ox-gall, one grain of the inspissated, with one drop of the oil of wintergreen to one teaspoonful of Celerina, will relieve headache. The remedy may be repeated every hour.

Celerina and Aletris Cordial, equal parts, teaspoonful every four hours, is a most efficient remedy for amenorrhea.

Fluid Extract of Kola is a valuable tonic stimulant, indicated in nervous depression. Unfortunately, however, it is acrid and bitter in taste, and taken in this form is decidedly unpalatable. Messrs. Frederick Stearns & Co., of Detroit, Mich., have, after considerable experimental investigation, devised a compound which they call "Stearns' Kola Cordial," which is one-fourth the strength of the Fluid Extract, each fluid ounce representing 120 grains of Kola (Sterculia Acuminata), but is free from the acrid bitterness of the drug. It possesses the agreeable odor and characteristic taste of true Kola, and as a stimulant is prompt and active.

Physicians desiring to test this new product will be forwarded sufficient samples for clinical test on request.

J. H. Brierley, M. D., A. B., of Cumberland, Iowa, says: Papine is a perfect anodyne. One old lady said she had not had one fair night's rest, because of chronic rheumatism, for three months. Papine, one teaspoonful, gave a good night's rest, with no nausea, nor dull feeling next day. I have given Papine to patients who knew they could not take morphia, and they never had a symptom to make them think any preparation of opium had been taken. Where morphia is indicated, Papine is much more so.

I gave Papine to a patient with periostitis with deep abscess, and gave the Papine daily for two weeks without, so far as I could see, impairing appetite or deranging stomach or bowels in the least.

Security Against Imposition.—This heading is suggested by and is particularly applicable to the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To the end, therefore, that there may not be even the
The Sanitarium Battle Creek, Michigan.

INCORPORATED 1867.


J. H. KELLOCC, Sup't, Battle Creek, Mich.

PURE GLUTEN BISCUIT, The undersigned have for several years been manufacturing a pure gluten for a few physicians. We are now prepared to furnish to the medical profession the only pure gluten biscuit manufactured in America. For samples and prices, address SANITARIUM HEALTH FOOD CO., Battle Creek, Mich.

breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same, chemically and medicinally, as it always has been, but every tablet bears imprinted upon it a monogram. (See advertisement.) Every package of Powder or Tablets is so wrapped and sealed, and resealed, as to render counterfeiting impossible. The entire profession should insist upon the safeguards provided, and there can be no question but that this action will be regarded with great favor by them.


Iodine Internally as an Alterative.—Dr. Love has had a large experience in treating glandular enlargements and allied affections, and finds nothing like Iodine; but the remedy is so disagreeable in the form in which it is usually prescribed—tincture—that he has been experimenting to find some better form; and as a result of his observation he unqualifiedly recommends Syrup of Hydriodic Acid, as prepared by R. W. Gardner, the chemist of New York. Dr. Love says:

"Since the introduction to the medical profession of the syrup
of Hydriodic Acid by Mr. Gardner fifteen years ago, I have constantly used the remedy, and have never had occasion to regret it. I should as soon think of permitting a druggist to substitute tincture of marigold for the green tincture of digitalis, when I desire to reduce the rapidity of the heart's action, with the question of life and death involved, as to allow any druggist to substitute any other syrup of Hydriodic Acid in place of that of R. W. Gardner. The medical profession is under special obligations to Mr. Gardner for his careful, skillful, scientific work as a chemist in this direction, and it should sustain him by its support, knowing that good results can be expected to follow the use of his preparation."

Piperazine as a Uric Acid Solvent.—Confirmatory evidence of the utility of piperazine as a solvent for uric acid in the body has recently been afforded by the experiments of Dr. Rosenthal on animals (Medical Post). These experiments consisted in producing deposits of uric acid in the heart, pericardium in the bladder and kidneys, and then administering piperazine in doses of 0.75 gm. by the mouth or subcutaneously. After a period varying from two to seven days the animals were killed, and in all of those which had been treated with the remedy a complete disappearance of the uratic deposits was observed. On the other hand, the control animals which had been treated with borax, phosphate of sodium and lithia, exhibited considerable collections of uric acid in the different organs. On the ground of these experiments Rosenthal regards piperazine as the most reliable solvent for uric acid. Albuminuria was never observed. Dr. Blanc (Amer. Jour. of the Med. Sciences, April, 1894,) also states "that theoretically the use of piperazine is very encouraging. As an alkaloid of the pyridine group, it is not poisonous nor irritant. The combination of urate of soda and this drug is nearly nine times more soluble than the urate of lithia. Vogt has found that under fifteen grain doses the amount of urates is decreased, while that of urea increases. This goes to show that not only does this drug dissolve urates, but it is an oxidizing agent and modifies tissue change. On the other hand, the nitrogen eliminated is not increased, which shows that there is no increase of waste nor supplementary decomposition of albuminoids. Piperazine has been strongly recommended for gout, in that it relieves the pain, frees the engorged joints, and expels renal calculi. Patients who have suffered from nephritic colic some days after the drug experience a recrudescence of the pain, which is followed by the expulsion of a large calculus, which has apparently been diminished in size by the action of the drug. In this respect it appears to act with less danger than do the alkalies, and more rapidly than the flushing out of the kidneys with mineral waters." Piperazine-Bayer is a chemically pure preparation, and is furnished in half-ounce and ounce vials and also in tubes of ten tablets, each tablet containing sixteen grains, which is an average daily dose.
Original Contributions.

For Texas Medical Journal.

TWO CASES OF POST-PARTUM HEMORRHAGE.

BY A. S. FULLER, M. D., RESIDENT PHYSICIAN ST. JOSEPH’S INFIRMARY, HOUSTON.

[Read before Houston District Medical Society.]

In choosing these two cases as the subject of to-night’s paper, I had no intention of alluding to those cases in which the hemorrhage is soon checked by the simple methods mentioned in every text-book, but rather of referring to those alarming, but happily rare cases in which, in spite of the efforts of the physician, the hemorrhage is so severe and persistent as to result in the collapse of the patient; and of calling your attention to a useful, and, as I think, not sufficiently well known point in the treatment of such a condition of collapse, be it due to either post-partum, or any other form of hemorrhage.

Such cases are happily few and far between, and possibly their very rarity makes them a greater source of anxiety to us when they do occur.

It was my evil fortune about five years ago to meet with two such cases, both of which nearly resulted in the death of the patient, and which, I am sure, would have ended fatally but for the method of treatment adopted to restore the patient after all the methods usually employed had failed. This method consists of injections of a weak hot solution of sodium chloride into the
peritoneal cavity, a proceeding which I believe to be devoid of all danger, and almost as rapidly effective as transfusion or intravenous saline injections. The history of the cases is as follows:

No. 1.—Patient, age about 30, was easily delivered. A few moments after delivery expulsion of the placenta took place, and hemorrhage commenced. It came with a gush, deluging the bed clothes and reaching the floor. The uterus would not contract. Ergot was given by the mouth and ergotine hypodermically, and pressure through the abdominal walls made by grasping the fundus. These methods being unsuccessful in causing contraction, clots were removed by the insertion of the hand into the uterus, and injections of hot water used. At length, with much difficulty, I got the hemorrhage checked, but not before the patient was collapsed; pulse very rapid and hardly perceptible; respiration, sighing, and rather rapid; face and lips bloodless, and whole surface of body covered with a cold, clammy perspiration. Stimulants were given hypodermically, patient's head lowered, and extremities raised, and bottles of hot water were applied. These proceedings failing to produce reaction, I injected about 1½ pints of a hot 2 per cent. solution of sodium chloride into the peritoneal cavity, using a trocar and canula attached to an ordinary fountain syringe. The result was remarkable. In a short time the pulse gained in strength and diminished in frequency, the surface of the body became warm, and the patient made a good recovery. I stayed with her about three hours, and was then able to leave, feeling easy in my mind.

No. 2.—Patient, age 27; history of flooding in two out of five previous labors. Pulse was about 100, an hour after the placenta was expelled, so I decided not to leave the house; about an hour later the uterus relaxed and flooding commenced. The hemorrhage was only arrested by swabbing with tinct. ferri perchlor. and water, of the strength of 1–5, after all other methods had failed. The patient was then pulseless, surface cold and clammy, and extremely pale. Stimulants were given hypodermically, with no effect; lowering of the head and elevation of the extremities brought no response. I injected about two pints of hot salt solution, 2 per cent., into the peritoneal cavity with extremely gratifying results. Her condition improved considerably in a few minutes, and she progressed steadily until in about six hours I was able to leave her.

Both these cases made a good recovery. In both cases improvement was noticable in a few minutes, and in neither case
were there symptoms of peritonitis or other evil effects attributable to the injections.

This proceeding was suggested to me by the effect produced by rectal saline injections. Noticing their effect caused me to wonder whether the same amount of stimulation and absorption could not be produced more certainly and rapidly by the use of intra-peritoneal injections. This, combined with the effect of flushing the abdominal cavity with hot water during the performance of laparotomy decided me on trying them if ever I should meet with cases in which they might be useful. It is, of course, only very rarely that we meet with cases which are sufficiently serious to require the addition of some liquid to the circulation, in order to restore the patient, but in such cases, whether the cause of the collapse is post-partum, or any other form of hemorrhage, I believe intra-peritoneal injections to be quite as effectual as transfusion or intra-venous saline injections, over both of which they possess the following advantage: simplicity and rapidity of execution, the avoidance of the entrance of air into the circulation, and of special additions to the obstetric or emergency bag.

I think there is no doubt as to its being quicker and more simple to thrust a trocar and canula into the peritoneal cavity than to open a vein and manipulate a more or less intricate arrangement of tubes and valves, as described in the text-book accounts of transfusions, which, however, I have never seen performed. It is certainly a proceeding with which the practitioner is more familiar, for there are few who have not performed the operation of tapping a patient for ascites, which is only this proceeding reversed. The entrance of air into the veins, and thence to the heart, is of course an impossibility, which cannot be said of intravenous injection, though of course it may be avoided in them with reasonable care. The only necessary additions to the obstetric or emergency bag are a trocar and canula, an addition which is neither expensive nor cumbrous. In my eyes, however, the chief value of this proceeding is the simplicity and rapidity of execution, for there are no cases in which simplicity is a greater boon to the practitioner, and rapidity of more value to the patient.

There are, of course, objections to this proceeding, and the first which will be mentioned is the risk of peritonitis. This will depend greatly on the state in which the physician keeps his instruments. If they are kept in that state of cleanliness which
a due regard for his patients' safety and his own reputation will lead every one to use, and only water which has been boiled be used, I believe the risk of peritonitis to be exceedingly small, particularly in a patient as thoroughly depleted as these patients must be, for such depletion in itself must militate against any extensive inflammation taking place, besides causing the fluid to be absorbed into the system rapidly, and so leaving no foreign substance in the peritoneal cavity to serve as an irritant and so cause inflammation to take place. The next objection is the risk of puncture of the intestine. I do not think there is much danger of this occurrence with the ordinary care, and even if it do take place, with a small or medium sized instrument the effects of such a puncture are not serious. This objection will, however, bring up one class of cases of collapse due to hemorrhage in which this proceeding should not be used: cases of hemorrhage from typhoid ulcers. In these cases the abdomen is so flattened and retracted that it is difficult not to puncture the intestines, and their irritability is so great that they will not retain the solution long enough to allow of its absorption, and its irritation will probably bring on another hemorrhage and so lessen the little chance the patient still has. These are the chief objections to the method, and they are in my opinion more theoretical than practical. But granting that they do exist in their fullest force, are we justified in looking at probable risks in the face of the pressing and immediate danger that exists in these cases? The manner in which intra-peritoneal injections act, is, I believe, essentially the same as that in which transfusion or intra-venous saline injections act, viz: by adding to the system fluid which is carried into the circulation, giving the heart something to pump on and so stimulating its action. That fluids are easily absorbed by the serous surface of the peritoneum, and under adverse circumstances too, is often seen in the effect produced by hydrogogue purgatives in the treatment of ascites. If absorption takes place under such circumstances, how rapidly should we expect it to occur in cases in which the whole system is crying for fluid and the ordinary equilibrium of the blood pressure is so disturbed as to greatly favor absorption? In addition to this supply to the system their action is probably increased by the stimulating effect of heat applied almost directly to the heart. We all use heat for its stimulating effect, in the shape of hot water bottles, etc., but these methods certainly cannot act as rapidly as heat applied directly in the peritoneal cavity, where
every particle is used in the body, instead of a large part being lost by radiation into the external atmosphere.

I am sure, however, whatever may be their method of action, that intra-peritoneal injections do produce a rapid and excellent effect, and while I would not recommend them in any cases of hemorrhage except those in which the patient fails to respond to simpler methods of treatment, I feel sure that any one who tries them in such cases will not be disappointed.

My chief reason for choosing these two cases and this method of treatment as the subject of to-night's paper, is that the literature on the subject is so slight that I have only been able to find reports of four cases in which it was tried, and those reports only mention the bare fact that it was tried, and give no details as to results, etc. This must be my excuse for taking up your time with the description of a proceeding of which the best I can say is that I hope we shall none of us in future ever meet with cases in which its use may be indicated.

For Texas Medical Journal.

THE IMPORTANCE OF EARLY RECOGNITION OF TUBERCULOSIS.

Its Curability With Especial Reference to Climatology.

BY T. W. CONERLY, M. D., SAN ANGELO, TEXAS.

THE CONCHO COUNTRY.

On the early recognition of tuberculosis depends in a large measure its proper and successful management.

The old opinion that tuberculosis is incurable can no longer be maintained; however, cures are the exception and fatalities the rule. In the early stages of the disease the primary deposit is quite small, and at this time the resisting power of the patient is greater than ever afterwards. Were we so fortunate as to make our diagnosis at this stage, many more cases might recover, but in practice we are not likely to meet these patients until constitutional symptoms appear, and then but a small per cent. of cures are effected.
In order to be able to recognize tuberculosis early it is necessary to bear in mind that the primary seat of the disease may occur in any organ or tissue which has a blood supply, and that the disease may exist without constitutional symptoms.

The first place to look for the disease is of course the lungs, as that is the most frequent seat.

"In examining the lungs for tubercle, one must not expect pronounced indications in the early stage. The two places in the lungs in which one will most frequently find the primary deposit are the apices and bronchial glands. When the primary deposit takes place in the apices, if the deposit is quite small, both the clinical and physical symptoms will be very meager; there may be scarcely any cough, and the physical signs of all except the extreme apices of the lungs will be normal. By careful examination over and above the clavicle, in front and along the upper border of the scapula behind, one will find such signs of deposit as may exist. A deposit, be it ever so small, is bound to impair the resonance and produce a prolonged expiratory sound. The first of these signs is always present, and can be detected by an acute and skillful ear, but the latter will be absent upon shallow respiration, and can only be heard upon an inspiration deep enough to fill the air cells of the affected party."*

When the primary deposit is made in the bronchial glands, which is the usual seat when the bacillii find their way into the system through the respiratory tract, it is very difficult to make an early diagnosis, perhaps the most prominent symptom being a hacking cough. As soon as the first glands break down, which process is indicated by beginning expectoration, the microscope will reveal the true nature of the trouble.

M. Aubrey, an eminent French clinician, states that by a microscopical examination of the blood, milk, spermatic and other fluids, he was able to diagnose tuberculosis before the usual symptoms presented, and in fact, before a suspicion of tuberculosis existed.

With a good microscope possessing accessories of not less than 600 diameters and a little practice in staining, one can at least examine the sputum, and will be able to make his diagnosis positive, as well as satisfactory to himself.

The great importance of an early diagnosis is emphasized by the fact that in the dead house, and at the post-mortem exami-

*University Medical Magazine, Nov., 1893.
nation cases of healed tubercular foci are found in the lungs of subjects who have died of other trouble. Quite a lot of statistics bearing upon this subject have accumulated during recent years; some of these published in the Review are as follows:

Thos. Vibert found that of 131 persons meeting sudden or violent death whose bodies were brought to the Paris morgue, 17 showed evidence of cured tuberculosis. Sidney Martin found 42 cases of healed tuberculosis of the lungs in 445 post-mortem examinations. Heighler found in 4 per cent. of his autopsies evidences of healed tuberculosis. H. P. Loomis found in 763 persons dying of a non-tubercular disease 71, or 9 per cent., which presented pulmonary changes characteristic of healed tuberculosis.

These statistics would indicate that pulmonary tuberculosis is quite amenable to arrest and cure much more frequently than the opinion of the general practitioner would seem to indicate.

From the same article I quote as follows:

"The walls of healed cavities consist of thick, dense, pigmented fibrous tissue, and the more or less retracted space may or may not communicate with a bronchus, usually there are pleuritic adhesions and puckering in the pleural surface of the lung over the healed tubercular district, which in the vast majority of instances is found in the apex. It was formerly thought that in cases of healed tubercular foci, that the healed area was free from tubercular bacilli. Loomis however found that in three out of twelve cases of apparently arrested tuberculosis, inoculation experiments with rabbits showed that bacilli or their spores were still present in the tissues.

Therefore, it is plain that the disease may remain in a latent state for an indefinite length of time, but it is possible that bacilli might escape from those areas and make their way to different parts of the body and acute tubercular foci be thus set up. It is to be impressed, however, from the investigations of Loomis that in the majority of such cases the bacilli either become extinct or fail to escape from the tissues surrounding the primary foci.

After a careful study of the results obtained from these investigations and several years of personal observation, my conclusions are that the disease is curable in a large percentage of cases in the easier stages of the disease, and occasionally in the more advanced stages.

During the last few years tuberculosis has received more atten-
tion and investigation from the medical profession and the medical press than has any other disease.

The materia medica has been culled and sifted in an endeavor to arrive at suitable and reliable therapeutics for tuberculosis. Cod liver oil, hypophosphites, creasote, iron and various tonic measures have been resorted to, but cures by these agents are so few that they have come to be regarded only as helps to bridge over an emergency, as splints to hold together a deplorable system of patchwork. These results and these facts serve as arguments why those who expect or desire more than temporary alleviation should make an immediate and permanent change of residence.

The necessary requirements for any climate to possess in which patients with chronic pulmonary affections may expect to obtain permanent benefit, and in which all students of climatology agree, are well set forth in the following synopsis, drawn up by Dr. Charles Denison, of Denver, Colorado:*

Dryness as opposed to moisture.
Coolness as opposed to warmth or heat.
Rarefaction as opposed to sea-level pressure.
Sunshine as opposed to cloudiness.
Variability as opposed to equability.

These various requirements may be found combined in a vast scope of our country, in New Mexico, Colorado, Arizona, a part of California, and ideally so in a large part of Western Texas. Arizona, and the mountainous districts of California, have some reputation in this direction, but New Mexico and Colorado have perhaps recently advertised their climate more extensively than any other State or country, and they are excellently suited to patients who are yet in fair physical vigor, and have not a tendency to pulmonary hemorrhage. But many patients, and some physicians, commit the error of thinking that if a little altitude is good, a great deal of altitude is better, and a patient is sent at once from a warm climate of equability of temperature and a high degree of sea level pressure, to an altitude of 4000 to 6000 feet, with its rarefied atmosphere. The change is usually too great, and often an alarming pulmonary hemorrhage takes place, and the patient must be hurried back, a worse invalid than be-

*Reprint of paper read before the ninth International Medical Congress, 1887, "The preferable climate for consumptives."
fore. These most prominent objections are very happily eliminated from the factors that go to make the climate of Western Texas. It is not always the case that the same climatic conditions and the same altitude will suit all patients alike. Some cases will do best at a greater altitude, with its corresponding rarefaction, than others will. But the requirements of any case may be met in the scope of country lying between the Colorado river and the Rio Grande, at an elevation of 1500 to 3500 feet, between Runnels and Concho counties and the Devil's river. One hundred miles southwest, perhaps, is situated the most desirable part of this State as a health resort for tuberculous individuals. The picturesque and fascinating Concho valley is here situated, with its river of the same name, whose clear crystal waters go charging over rapids and rushing to the sea. The average elevation of this scope of country is 2000 to 2500 feet, and includes several nice towns, where one may live and be provided for in any style that may suit his individual fancy or requirements. Ballinger is situated on the Colorado river, and also on the Gulf, Colorado & Santa Fe Railroad; San Angelo is at the terminus of the same railroad, on the banks of the beautiful Concho river; Sherwood, Sonora, Ozona, and a number of nice smaller towns, are all reached by daily stage from San Angelo. The country is sparcely settled, many large ranches occupying a greater part of it. But little farming is attempted, except along the water courses, where irrigated.

The hygroscopic condition of the atmosphere is that of extreme dryness. Dews seldom fall at any season of the year. Many of the people sleep out of doors in summer, with perfect immunity from any evil effects, as would occur from such exposure in lower and more sultry localities. The Concho valley is near enough to the gulf to get the benefit of the atmospheric movement coming from that source, but so far away that the moisture is eliminated, and the sweeping gale from the gulf is moderated before reaching this locality.

A slight objectionable feature here is the dust that is sometimes blown before the wind; but this objectionable feature is to be met with in all dry localities where there is considerable atmospheric movement, and is as seldom seen here as in any dry country, and is found to be of but little deleterious effect to pulmonary affections. The days in summer that are quite warm have this discomforting feature very much modified and offset
by the pure and refreshing breeze that is constantly wafted over mountain and through valley.

The summer nights are remarkable for their recuperating effect; one gets out from under cover every morning, feeling much refreshed and invigorated. In winter, the weather is variable. Some very cold, life-giving days occur, with the wind pouncing down from the north; it is never the dreaded blizzard, but a healthful, bracing temperature, which is quite easily endured, and lasts but a few days. Ninety-five per cent. of our winter weather is mild and balmy, o'er spread by a sky that is simply Italian in its beauty.

Some patients find it beneficial to camp out. This practice is to be encouraged when the weather is fine and all necessary comforts are provided, but by no means would I advise it, when its practice would debar one of the means of comfort and pleasure; "roughing it" is not to be countenanced. Many people sleep on their open galleries all summer, year after year, quaffing the pure ozone from the gentle zephyrs that never fail us.

This city and county are getting to be quite a resort for persons suffering with all kinds of lung affection. A number have made their way here who had visited many other localities, and found them unsuited to their condition, and have improved and recuperated to a remarkable extent here, within a few months. There are hundreds of healthy persons in this country to-day who a few years ago were suffering from chronic bronchitis, incipient tuberculosis, or unresolved pneumonia. Some invalids come here who are so low as to be confined to bed, and are carried to their house or hotel on a stretcher, who recuperate and get up; but as a rule, this latter class have come too late to be even temporarily benefited.

The roads over the Concho valley are, for the most part, very good. Buggy and horeback riding are a great source of recreation, and the bicycle is used very largely by both sexes.

San Angelo, though a small place, is well prepared to take care of health seekers. The city population is about 4000; has an excellent system of water-works, obtained from the pure, sparkling Concho river; an ice factory, fresh vegetables and fresh fish at all seasons of the year, ample hotel and boarding house accommodation, as well as cottages to be had on quite low rental. We have seven churches, an open hall, and an elegantly fitted up club room, etc.
For Texas Medical Journal.

REPORT OF A CASE OF ABDOMINAL HYSTERECTOMY.

BY J. CUMMINGS, M. D., AUSTIN, TEXAS.

[Read before the Travis County Medical Society.]

MRS. B., age 36 years, was visited first by me September 16, 1893. She was confined to her bed with slight fever. Some sanguineous flow existed coming from the womb. She had been in this condition several weeks before I saw her. Vaginal examinations showed enlargement of the uterus, which was also tender to the touch. I suspected pregnancy with threatened abortion, and at first tried to allay irritability and check flow, and relieve the fever. After several days treatment on this line, the discharges being more or less offensive, and fever no better, I then began to use means to empty the womb. The anterior enlargement of the womb made dilatation and curette of no avail, it being impossible to reach the suspected mass within. Packing the interior of the womb with strips of gauze saturated with carbolized water was then resorted to.

At the second or third packing, not less than nine feet of a strip of gauze near one inch wide was finally placed in the cavity of the womb. This was followed by the expulsion of a very hard afterbirth, with very offensive odor, which had evidently been in the uterus for some time. Aided by some intra-uterine aseptic treatment, she was soon able to get up and did her house work for a time. However, during February, 1894, she again had fever and sent for me. The bloody and offensive discharge had returned. I again inserted carbolized gauze into the womb with some benefit, but she remained in her bed several weeks. Digital examination showed the growth in the anterior wall to be larger, as well as the entire womb. Great soreness on pressure existed. I now despaired of curing my patient without an operation probably involving the extirpation of the womb and its appendages, and so informed her and her husband. Dr. W. J. Mathews, at my request, visited the lady with me, and after careful digital examination concurred with me in recommending an operation. Three months elapsed before I was notified by her husband that they were ready to have the operation performed. She had continued to lose strength, and began to suffer more
than usual. She was in bed looking haggard and pale, her countenance indicated her previous suffering. Physical examination showed no change for the better. Every detail was arranged for the operation, and Monday, May 21st following, assisted by Drs. Mathews, Graves, Wooten and McLaughlin an exploratory incision was made, and on inserting the first two fingers of the right hand into the abdominal cavity, the hard upper margin of the fibroid was first felt. The condition was unmistakable. While the anterior wall was the seat of the growth, yet the whole uterus, except the neck was enlarged and changed in structure. Both ovaries were enlarged and showed evidence of the result of inflammatory action. The tube on one side was shortened and the ovary laid against the body of the womb, bending the tube downward and forward. The lateral structures were ligated in successive sections and cut off leaving all ligatures long. The return flow next to the womb was checked by applying forceps. The neck was ligated by a double silk ligature tied on opposite sides, left long as all ligatures were; bleeding was slight. The abdomen after taking out the womb and appendages was flushed with warm water that had been previously boiled. All ligatures were passed through Douglas' cul-de-sac, through into the vagina (which had been previously rendered as aseptic as possible) for the purpose of drainage. No other means of carrying off discharges from the site of the operation was used. The stump or neck of the womb was dropped back into the pelvis, and the abdominal wound stitched by deep seated silk interrupted sutures, as in ordinary abdominal operations. There was constant drainage along the ligatures. As late as the 11th day some accumulation of secretions from the inside occurred, due to some temporary obstruction, causing stoppage of the discharge. All symptoms subsided as soon as the flow was re-established, which came spontaneously. Scarcely any fever followed. During a few evenings there was some rise of temperature, always subsiding during the night. The temperature in the morning being never higher than 101 degrees. As is usual with me in such cases, I gave every six hours enemas of either warm milk, with a little salt and water added, or malted milk; limiting the nourishment and water given by the mouth to very small quantities, preserving the stomach which is invariably irritable after these abdominal operations. In this case on the fourth day I felt sure she would recover. Her condition warranted such an opinion, and subsequent history has shown
the same to have been correct. She is at the present time up and assisting in her house work.

"Schmoll examined the condition of the endometrium in fifteen cases in which hysterectomy had been performed for fibroids. His conclusions are, that in cases of fibromata which protrude into the uterine cavity, the mucous membrane covering the tumor atrophies, while that portion opposite the tumor becomes hypertrophied." "The hypertrophied condition, he finds due to a morbid growth of epithelial structure. This explains the liability of such alteration in the mucous membrane to take on a malignant growth."

Popoff has examined many ovaries and tubes removed with fibromata, and says: "In fibromata of the uterus, the ovaries are almost always the subject of more or less extensive changes, including the tunica albuginea, the interstitial tissue, and the follicles." There is proliferation of the interstitial tissue, leading to increase of the volume of the ovary.

There has been an old idea that fibroid tumors cease to grow after the menopause. One author (Johnson) says: "The rule has more exceptions than is generally supposed, and that when they continue to grow after the menopause they persue a more disastrous course than before. They more frequently become cystic, calcareous, or have abscess develop in them."

It is said that if the above considerations prove true, it must follow that they furnish additional indications for more frequent and earlier resort to the radical operation. Martin speaks of the perfection of vaginal drainage, after abdominal hysterectomy, in which he uses this mode of drainage, and speaks of its advantage over ventral fixation. The mortality by this method has been greatly decreased, and recoveries are quicker and more perfect.

Sutton, of Pennsylvania, reports in the New York Medical Journal, May 5th, seventeen extirpations of the womb, with but one death, about six per cent. mortality. He refers to having left the ligatures used in ligating the uterine arteries long, and passing them into the vagina, with good results. It seems at least one high authority is using, or has used, the method I originally instituted, without knowledge of its use by another. However, he did not leave all the ligatures required in any given operation long, and seemed to have not used them so completely and avowedly for drainage purposes as I had done. So far as I know, he has used this method only in extirpation of the womb,
while I, as you all know, began its use in operations on the ovaries and tubes, extending it later to abdominal hysterectomy.

The use of the vagina for drainage after pelvic operations, has been seriously questioned by many, fearing septicæmia, as they claim a channel is left whereby septic germs may enter the peritoneum from this source. Prof. Paine, of Galveston, in his criticism of my paper read last April before the Texas State Medical Association, where I reported several cases wherein I had used this method of vaginal drainage, having left all ligatures long, and passed them through Douglas' cul-de-sac into the vagina, referred to J. Marion Sims' effort to use vaginal drainage in his day, and that all effort at vaginal drainage had proved a failure and had been abandoned by the profession. This was before the days of aseptic surgery, and I am surprised that in the face of the progress of vaginal drainage in abdominal and vaginal hysterectomy, a gentleman of such high attainments should so express himself. Abdominal or ventral fixation of the stump after hysterectomy has almost been abandoned by the profession, and the vagina is almost exclusively and most efficiently used for drainage in all forms of this operation, one operator, over a year ago, having operated fifty times, with only two deaths,—a four per cent. mortality. *The best results have been by this method of drainage, and in my opinion will continue to be, until, before long, no other method, except some form of vaginal drainage, will be used not only in extirpation of the womb, but where the ovaries and tubes are so badly diseased as to require some method of drainage also. I have left all ligatures long in five cases, and used them through the vagina for drainage, all but the case here reported being operations on either one ovary or both, with tubes, with recovery in every case, and perfect drainage as well. Each ligature serves as a guide to every cut surface to one common and most dependent point, avoiding pockets and collections of pus, as well as ligature sinuses, except where you have the ligature under perfect control. In no case has there been the least tendency to septicæmia, the temperature never having reached a high point, and no chill has occurred in any case. Many unsatisfactory recoveries have been reported, where the patient has been said to have been left in as bad a condition as before the operation, abdominal pains continuing. In my cases, where sufficient time has elapsed to tell definitely, I have had no such results, every case regaining their accustomed health, and have suffered no more at the site of the operation.
For Texas Medical Journal.

**AN ANSWER TO DR. T. F. OATES ON TREATMENT OF MALARIAL HÆMATICINURIA.**

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BY W. W. WALKER, M. D., SCHULENBURG, TEXAS.

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I shall not try to enter into a discussion of the ætiology or pathology of malarial hæmatinuria, as I have neither time nor ability, nor am I equipped with microscopic or chemical apparatus for original research. I accept the disease to be of malarial origin; so does Dr. Oates, but he flies off from his base as soon as a chill arrives, accompanied with bloody urine, and claims the climax to be reached "by reason of imperfect oxygenation consequent upon diminished phosphates." How does the doctor know there is "diminished phosphates?" Has he made original researches? If so, he ought to give us the methods by which he arrives at his conclusions. He must depend upon personal research, as none but "parrots" have written on this subject.

My opinion is, that the disease is due to malaria (whatever that may be), first, last, and all the time, and I am one of those who "would drawl out, in parrot-like style, treat with calomel and quinine."

I find I am in good company, as many of the class of 1869 and 1870, in Medical Department University of Louisiana, will recollect Prof. Bemiss' case in ward 18, Charity Hospital. Jerry Cronan, Irish section hand, brought in from Mobile & N. O. R. R., comatose; history of chills and fevers; started out to work with gang, and fell off of hand car. Prof. Bemiss' attention was called to bloody stains on trousers. I drew off about two ounces bloody urine. Diagnosis: "Malarial hematuria," with coma. (The class will recollect when Mr. Monette or Mr. Penney were not present Prof. Bemiss nearly always had me to write his prescriptions).

Patient was ordered sixty grs. calomel, to be followed in four hours by copious enema. Quinine was given in one drachm doses every three hours, until an ounce was given, then the patient was put on:

R. **Quinia sul., 5i; tinct. ferri per chl., 5iv; aqua ad. q. s., 5vi.**
M. S. Give a tablespoonful every six hours.

In four days this case was brought into amphitheater of hospital and was the basis of a lecture on the subject.

At the request of Drs. Yates, Blakemore and others, Prof. Bemiss
published an article on malarial fevers in New Orleans Medical and Surgical Journal, of which he was one of the editors. Surely Dr. Oates is not ignorant of the writings of Prof. Joseph Jones on malarial fevers.

Malarial haematinuria was very prevalent along the Colorado river and adjacent creeks, from 1867 to 1876. Such noted physicians as Dr. T. M. Blakemore, of Abilene, now living, Drs. Yates, Lewis, Routh, Thomas, Watts and others, all now dead, opposed the use of quinine in malarial haematuria, and lost two out of three of their cases. As a young physician, I was afraid to go against their opinions until I had lost my first three cases.

My first case treated with calomel and quinine was September 17th, 1872. J. P. Frierson, farmer, aged 24; residence, Peach creek (father had just died of haematuria). I was in the house when the chill came on; it was accompanied with bloody urine. I gave immediately:

R. Alcohol, 5iv; tinct. opii. spts. sul. ether aa, 5ss; quinia, grs. x; aqua, q. s. In half an hour chill had subsided. Gave calomel, 5i; pulvis doveri, grs. x. M. Ft. charts No. iiij. S. Give one powder every three hours; and quinia sul., 9iv; ft. sol. (with aro. sul. acid), and water, q. s. ad., 5iv. S. Give a tablespoonful every three hours between doses of calomel; in eight hours the calomel moved bowels; the patient vomited a large amount of yellow bile. As soon as vomiting ceased I could see the yellow color fading from the skin, like a light cloud passing under the sun.

The patient is now living, notwithstanding one of my professional brethren brought his fist down on the counter in Cockrill's store, and said, "I'll be damned if Walker don't kill him." My friend and old partner, Dr. J. C. B. Renfro, of Houston, will verify the above.

I gave to a Bohemian, now living near here, in 1873, during the algid stage of malarial haematinuria:

R. Quinia sul., 5i; alcohol, 5i; tinct. opii., sul. ether, aa, 5i; aqua, q. s. S. Take at once; and followed it up with calomel and quinine.

I have lost very few cases since I adopted Prof. Bemiss' line of treatment.

My opinion, based on clinical experience, is,—malarial haematinuria bears the same relation to chills and fever a Springfield rifle shot does to a shot from a ten-inch rifle cannon ball; it takes an impediment to stop the rifle ball, and it takes one in propor-
tion to stop the cannon ball; hence, I shall continue the heroic calomel and quinine treatment until some physician can demonstrate to me a better. I am not prone to wander after new gods or desert old friends, even at the risk of being called a "parrot."

For Texas Medical Journal.

A CASE OF SPINA-BIFIDA—OPERATION.

BY J. T. FEILD, M. D., FORT WORTH.

[Read at Austin meeting Texas State Medical Association, April, 1894.]

THE USUAL course of these cases is towards death, and formerly they were but little interfered with. Now, however, with our improved methods of surgery, the outlook for these little patients is very much brighter.

Hoping to add something that may increase the interest in this class of patients, I make a brief report of the following case:

V. R., thirteen months old; affected with spina-bifida of lumbar region; tumor at birth size of hen's egg, gradually enlarging until it measured sixteen inches in circumference. The child also had talipes valgus. After a thorough understanding of the dangers attending the case, and my earnest recommendation to give the child the chance of an operation, the parents requested me to operate, which I did on the 21st of February, 1894, assisted by Drs. West, Duringer, Grammar and Burts, the latter giving the chloroform. I was very thorough in my antisepsics, looking upon septic meningitis from a lack of thorough surgical cleanliness, as one of the greatest dangers; hence, I gave this my individual attention before, during and after the operation.

The operation was done by making two lateral flaps of the skin, which was very difficult, as it was so intimately blended with the dura, and very thin, being transparent. The dissection was continued until the opening in the vertebrae was reached. The child came near dying several times from too rough handling of the tumor. My attention would be called to it by Dr. Burts, and letting go of the tumor, the grave symptoms would disappear. The tumor was now punctured with a trocar and partially evacuated, elevating the hips and lowering the head, that there might not be too much cerebro-spinal fluid evacuated, thereby interfering with cerebral pressure. I incised the sac and emptied it of its contents. After convincing myself that there were no
nerves in or spread out upon its walls, I sutured it as deeply in the spinal canal as possible, using the coblers' stitch; then just external to this row of sutures, transfixed with double ligatures, and, after securely tying, cut away the sac which was composed of the meninges. The approximate muscular and apon-neurotic tissues were drawn together and over the pedicle by a number of sutures. All the sutures used up to this time were catgut. The

flaps made by the skin found discolored from a lack of circulation were removed. By silk worm sutures and firm pressure from each side I was enabled to close the wound, thus completing the operation. The wound was dressed in the usual antiseptic manner, being careful to seal hermetically the lower portion of the dressing by adhesive plaster to prevent contamination of the wound by the child's discharges.

First dressing removed on the eighth day; wound doing well; every indication of perfect union. The wound was dressed about
every fourth day until the twenty-first day, when all dressing were left off, recovery being complete.

I submit herewith a photograph of the child before and after the operation. —From Transactions T. S. M. A., 1894.

Current Medical Literature.

DEPARTMENT OF GYNECOLOGY.

BY ALLEN J. SMITH, M. D.,
Professor of Pathology and Lecturer on Mental and Nervous Diseases in the Medical Department of the University of Texas, Galveston.

GASTRO-INTESTINAL HEMORRHAGE IN THE NEWBORN.—Dr. W. B. Konkle, of Montoursville, Pennsylvania (Medical News, April 21, 1894), after describing a case of gastro-intestinal hemor-
rhage which occurred the day following birth in a male infant of healthy antecedents, and without any perceptible taint, discusses the production of this somewhat common symptom. Leaving aside such cases as hæmophilia, syphilis, gastric ulcer, etc., he calls up the relation which tying the umbilical cord bears; this should have rather a depleting effect than a congestive one upon the portal circulation, but tends at once to increase the abdominal arterial circulation. If this increased arterial pressure were cause of the hemorrhage, the author argues that the effect should be immediate, not postponed, as is nearly always the case until hours or even days after the cord has been tied. Rather would he refer the phenomenon to the failure or proportionate closure of the ductus arteriosus and of the foramen ovale. When these fœtal openings close, proportionately, the opening up of the pulmonary circulation makes up for the engorgement of the abdominal arterial area, due to the tying of the umbilical cord; but if the ductus closes more slowly than the foramen, then the abdominal arteries already engorged from the closure of the artery of the cord will be further distended at the expense of the pulmonary circulation. If on the contrary the ductus closes much more rapidly than the foramen, the lungs will be subjected to an active hyperæmia. The latter, probably, does not often occur, or if it does, does not imply the same danger as abdominal hyperæmia; but the author, to prove its occasional occurrence, quotes a case of Dr. Connelly’s, in which death from profuse pulmonary hemorrhage occurred within two hours after birth.

Hydrophobia.—Dr. Hiram Corson, of Morristown, Pennsylva- nia, one of the oldest and most reputable physicians in the pro- fession of that part of the country (Medical and Surgical Re- porter, May 19 and 26, 1894), states his belief in elecampaine as a specific for the cure of hydrophobic poisoning. He quotes a number of instances of its successful employment in support of his position, among them two control experiments among cows, and one instance where men were the subject of such a control experiment. The two men in question, having been bitten by the same rabid dog, sought medical aid. The one was given elecampaine and failed to develop the disease; the other was treated with other remedies but died from hydrophobia. So much that is absolutely valueless has been recommended from time to time for the cure of hydrophobia, that one hesitates to accept anything that is not clearly proved. Yet the testimony which Dr. Corson
Alcoholism, Treatment and Cure of the Disease.—Dr. C. F. Taylor, of Pueblo, Colorado (Therapeutic Gazette, April 16, 1894), regards alcoholism in its chronic manifestations as essentially a disease, to be treated rather as a disease physically and psychically than as a mere habit by psychical means alone. He advises that ordinary cases, permitting a moderate amount of alcohol as long as the disease continues (three or four days at most as a rule), nitrate of strychnia be given hypodermically three or four times daily, beginning with gr. 1-120 and increasing to gr. 1-30, until some physiological symptom appears, as chilliness or muscular twitchings, when the dose should be diminished for a few days. In doses of perhaps gr. 1-50 ordinary cases will stand three or four hypodermic doses daily for thirty or more days with no ill effects. In four or five days after beginning the patient commences to have an appetite for an early breakfast and starts to mend. At the same time along with the strychnine Dr. Taylor administers sulphate of atropine (gr. 1-200 to 1-50) until marked physiological symptoms are present; this, however, being common within a week, sometimes within three or four days or even earlier. It should be discontinued, or the dose diminished, when the dryness of throat, “squeamishness,” dry, suffused eyes, and dilation of the pupil become evident. Along with this hypodermic dosage the writer gives, internally, digitalis, generally in a tonic mixture of fluid extract of cinchona, muriate of ammonia and digitalis or strophantus. The atropine is discontinued in about one week but the other two remedies are generally continued a week, or ten days more before further change is required. Then gradually dropping one dose of strychnine, a dose of chloride of gold and sodium (gr. 1-20) is gradually increased to gr. 1-10. Gold is also added to the tonic in suitable doses, taking care not to abuse the remedy lest irri-
tation of the bladder and gastro-intestinal tract result. At the beginning of treatment a cathartic is given and the bowels generally kept from constipation. Where a headache is complained of or a resting potion desired, phenacitine and salol (gr. v–vx) each are given. Where the patient has delirium tremens, the treatment is postponed until the delirium is over. The author cautions that needles be not used indiscriminately, and that separate needles should be used in syphilitic cases. He claims 95 per cent. of cures in upwards of 300 cases.

Cramp and Angina Pectoris (Amer. Jour. Med. Sciences, May, 1894).—For more than a century following Heberden (1768, Trans. Coll. Physicians in London, vol. ii, p. 64), angina pectoris has been considered by a large part, if not the majority of the profession, as caused by a spasm of the cardiac muscle, analogous to those often met in the limbs. There have been offered a number of reasons, however, why such a spasm is incomplete, to account for all the phenomena of an attack of angina. Dr. F. P. Weber, in a recent communication, speaks of the ordinary angina attack (following Huchard, “Maladies des Coeur,” 2d Ed., Paris, 1893) as analogous to the condition described as “claudication intermittente” by Charcot and others. This latter condition was originally noted in horses, consisting of a sudden loss of power, accompanied with pain, anaesthesia of the limb affected, with sometimes rigidity. Presently this wears off, and the horse proceeds, only to have another and another attack if urged too rapidly. It has been found in these animals that there has been a closure of some form of the vessels supplying the affected part. A similar condition has been described in man. It is believed that this lack of power is due to insufficiency of the blood current, and that the pain is also the result of this ischæmia. Occasionally, probably from the insufficiency of the restricted blood supply to remove useless and irritative waste products, a cramp occurs; and this may be associated with the loss of power, pain, etc. Thus after or in great exertions the blood supply is insufficient to keep up the tone of the exercised muscles, and a temporary uselessness occurs. Often rigidity also occurs, but not necessarily. Sometimes the cramps occur, without being preceded by any marked diminution of power, etc. So in disease of the vessels resulting in gangrene, pains are sometimes felt from the lack of nutrition to the sensory nerve endings; or even lack of power may occur, as premonitory of the
oncoming gangrene. Thus it is believed that the ordinary angina, in which a loose, flaccid pulse is met, is really an instance of claudication due to the absence of sufficient blood, caused by coronary closure; the cramps which sometimes occur generally leading to a fatal termination, and the heart stopping in systole—the non-fatal attacks being unaccompanied by cramp, and only showing a lowered muscular power of the heart, together with pain.

Antagonism of Erysipelas in Disease.—Dr. J. F. Moran, (Virginia Medical Monthly, April, 1894), after recounting two cases of his own, one of pneumonia and the other of diphtheria, both of which seemed to have been rapidly and favorably terminated by intercurrent attacks of erysipelas, states that he has gone over the literature of such cases, and found numerous instances of the benign influence of erysipelas as an intercurrent disease. It was first observed in 1828, when the fact was clearly recognized that erysipelas accidentally acquired exerted a favorable influence upon the course of chronic lupus or eczema. In fourteen cases of diphtheria treated by inoculations with cultures of the microbes of erysipelas (no other treatment employed), they were, with two exceptions, attended by recovery. The two exceptions noted died before the erysipelas had time to develop. Besides the diseases noted, erysipelas has been known to exert a benign influence in pulmonary phthisis(?), malignant syphilis, gonorrhœa, and in carcinoma and sarcoma. Of the tumor cases recorded, one sarcoma and one carcinoma case died as result of the erysipelas. Three out of seventeen cases of carcinoma collected were permanently cured, and the rest were, with the one exception above noted, benefited. In nearly every instance, the tumor was not a primary growth amendable to treatment. The author’s belief as to the nature of this antagonism is that the erysipelas stimulates the natural property of the cells of the body to the evolution of an antitoxine, in their endeavor to resist the invading toxine, and thus maintain the integrity of the whole body.

Typhoid Fever.—James D. Moran (Virginia Med. Monthly, April, 1894) remarks that calomel judiciously given during the prodromes and the first days of the pyrexia of typhoid fever has a beneficial effect upon the whole after course of the disease, even shortening its duration. He prefers sponging with alcohol and
water to the use of the Brand method of cool baths, which, because of the difficulty and inconvenience of its execution, is often objected to by patients, and frequently fails to quiet the restlessness and delirium, where the earlier and less disturbed method of sponging with dilute alcohol and cold applied to the head accomplishes more.

_Palpation of the Appendix._—Edebohls (Amer. Jour. of Med. Sci., May, 1894) writes of the facility with which the appendix vermiciformis may be recognized by palpation through the abdominal walls. The examiner stands on the right side of the patient, and applies two, three or four fingers of the right hand, with the palmar surface held almost flat down, upon the abdomen at or near the umbilicus, drawing them toward the anterior superior spine of the right ilium. In doing so, the pressure must be deep enough to recognize distinctly, along the whole route traversed by the examining fingers, the resistent surfaces of the posterior abdominal wall and of the pelvic brim. Pressure short of this always fails to allow recognition of the normal or but slightly increased appendix, which, when normal, feels like a more or less flattened, ribbon-shaped structure; when its walls have been the seat of some inflammatory changes, it is more or less rounded and firm, and somewhat sensitive to pressure. The pulsation of the right common and external iliac arteries, easily and plainly felt, as a rule, is a good guide in searching for the appendix, which is generally found just outside these vessels. While marked displacements of the appendix may be a source of difficulty, the minor deviations, so often found, may readily be made out by the palpating fingers; and the fact that it lies back of the caput coli usually does not materially interfere, as this part of the gut is almost always collapsed. The writer asks for fair practice of this procedure, to verify his position as to its value in recognizing the condition of the appendix prior to operative measures for appendicitis.

_Pilocarpine in Erysipelas._—Dr. G. W. Barr (Therapeutic Gazette, May, 1894) publishes an article based upon his experience with forty cases, in which he corroborates the favorable report published in the same journal, two numbers previous, by Dr. Sallinger, in regard to the action of pilocarpine in erysipelas. The writer, following the instructions of DaCosta, gives an initial dose sufficiently large to produce a marked physiological ac-
tion; and this is repeated in two hours, then not till six hours, and finally again in two hours. This method has been productive, in the hands of Dr. Barr, of happier results than the administration of the remedy at even and regular intervals. The success of the treatment, however, is very much greater in proportion to the precipitancy employed in commencing the use of the drug after the initial symptoms have appeared. A case of several days duration does not respond so readily. The only case out of the forty in which the treatment was not successful, was one of a week's standing before the pilocarpine treatment was instituted. The medication should be by hypodermatic methods, about one-sixth of a grain in the beginning.

CONVALESCEENCE, as a rule, sets in about twelve hours after the first dose.

**GYNECOLOGICAL NOTES.**

REPORTED BY T. FLAVIN, M. D.,
Demonstrator of Anatomy, Texas Medical College, Galveston.


Dr. Rohe does not agree with the view that this condition is due to excessive hemorrhage into the Graafian follicle after rupture and escape of the ovule. Sometimes hæmatoma exists when no rupture has taken place, and corpora lutea frequently contain no blood. He thinks the view more rational that hæmatoma of the ovary is always to be regarded as a pathological formation having no connection with ovulation. He doubts whether any good purpose is served by the so-called "conservative" surgery which consists in extirpating the hæmatoma, stitching up the wound in the ovary, and dropping the organ back into the pelvis. Cases coming under his own observation have always presented either adhesions or displacements of the ovaries, and there are recognized indications for removal of the organs. Cites Dr. B. F. Black, "a careful and conservative gynecologist," in support of his views that ovaries affected with hæmatoma should be removed.

While admitting that the corpus luteum is an undoubted endothelial structure, Dr. Rohe thinks the statement of Dr. Foerster (*Am. Jour. Obst.* May, 1892) that "what was previously called a corpus luteum is invariably an endothelioma," is open to grave
doubt. Then he quotes Dr. Foerster’s statement as to the connection of the corpora lutea with the production of haematoma. In his own view, haematoma is probably due to some nutritional change in the ovary or its blood vessels, but what such change may be due to he leaves the pathologists to determine.

Dr. Rohe goes on to describe a case which he thinks shows that there is no essential difference between so-called ovarian apoplexy, where the entire ovary is converted into a blood cyst, varying in size from a billiard ball to a foetal head, and those cases which present small collections of blood in the ovarian follicles and minute extravasations in the ovarian stroma.

An ovarian haematoma may rupture and give rise to pelvic haematocele; or bleeding may continue and patient die of hemorrhage. Peritonitis or sepsis is the most serious danger following rupture.

The diagnosis cannot be definitely made out before abdominal section; and the only rational proceeding is removal of the affected organ.

In the same number of the Journal, Dr. Angus MacKinnon describes an interesting case of vaginal hysterectomy for carcinoma uteri. He is led to do so by the belief that every case in which life has been saved or prolonged by the extirpation of a cancerous uterus should be reported in order to encourage its victims to submit to early operation.

Before entering into the details of his case, he points out that early operation is more urgent when the disease begins in the cervix than when it starts in the body of the uterus. In the former case the disease quickly spreads so as to involve the pelvic lymphatic glands, vagina, rectum and bladder; while in the latter, it may remain confined to the organ for a much longer period—phenomena which may possibly be accounted for by the more immediate vascular connection of the cervix with its surroundings and by the fact that the more fatal types of cancer rarely begin in the body of the uterus.

Among the points which made Dr. MacKinnon’s case especially interesting was a vesico-vaginal fistula, which developed high up in the vagina during the second week after hysterectomy had been performed, and which obstinately refused to heal for thirteen months after the operation. All its features and characteristics pointed to cancerous affection, and in this view several physicians concurred. The interesting thing about it was that,
whereas, it had previously resisted all therapeutic treatment, it yielded kindly to an ordinary operation for closure after the patient had undergone a severe attack of erysipelas, which started in the external genitals and spread therefrom over the whole body, lasting through five weeks. Now, the claim has frequently been made that erysipelas favorably modifies, or even cures cancer, and the history of this fistula, added to the fact that there has been no recurrence of the disease after two years, lends some color to the claim. In this connection it should be stated that the operator who performed the hysterectomy, Dr. H. C. Coe, of New York, predicted an early recurrence.

NOTES ON DERMATOLOGY.

BY ISADORE DYER, M. D., NEW ORLEANS, LA.,
Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor in Skin Diseases, Medical Department Tulane University, etc.

MASSAGE IN THE TREATMENT OF PRURIGO.—R. Hatsche, of Vienna, reports eleven cases of prurigo benefited by this procedure. The itching was relieved, and the cases cured, in two or three weeks. The rubbing was done daily, for fifteen or twenty minutes at first, and gradually reduced as the symptoms diminished. The method employed was the simple rubbing, starting from the distal end of the extremities and working toward the center.—Journal of Cutaneous and Gen.-Urin. Dis., for June, 1894.

TRICHOMEYOSIS CIRCINATA is the classical term now applied to the ringworm group. Dr. Sabouraud distinguishes three different forms of this affection. One is the trichomycosis, with minute sporules, caused by the microsporon audouini. The diseased hairs are fine, greyish, all bent in the same direction, and broken off six or seven millimeters from the scalp. A large number of ashen scales are scattered over the diseased area, constituting what is known as pityriasis alba parasitica. The microscope shows the hair sheath made up of small, closely packed spores, placed side by side. A second variety is due to the trichophyton tonsurans, of human origin. Here the hair is large, dark colored, short, and bare. It is not sheathed, and there is no epidermic lesion about it. Under the microscope, the spores,
which are comparatively large, are contained within the hair, and are arranged in regular chains along its longitudinal axis.

The trichophyton of animal origin, which comprises about one-twentieth of all cases of ringworm, may be due to various species of parasites, all having the common characteristic scaly lesions of epidermis. The spores vary in size, and are arranged in longitudinal rows. This last variety is of shorter duration than the other two, seldom exceeding three or four months. The small spore variety may last two years or more.

The treatment depends upon the variety. In all cases, the treatment is instituted with the tincture of iodine. This stains the parasitic rings, and outlines the diseased areas. Epilation, washing the scalp, and thorough attention to cleanliness, still is recommended. In the barber’s itch variety, the treatment at the start may have to be mild, owing to the inflammation. Here starch poultices are suggested at the beginning, until the acute condition is relieved. Then iodine ointments are applied, beginning with three per cent, and increasing until the pure tincture can be applied. This is supplemented with mercurial plaster. In those cases of trichomycosis circinata with small spores, Dr. Sabouraud uses, instead of this mercurial plaster, the following:

\[ \text{Ry} \]
\[ \begin{align*}
\text{Potassii carbonatis} & \quad 5 \text{ ijss} \\
\text{Aqueæ destillat.} & \\
\text{Ol. amygdalæ dulcis} & \quad \text{aa gr. lxxv} \\
\text{Ung. Petrolati} & \quad 5 \times
\end{align*} \]

M. Sig.: Apply for twenty-four hours.

After this has been applied for the time specified, the scalp is soaped and washed, and then painted with tincture of iodine. In this manner, the treatment is continued.

Correspondence.

TYPHOID FEVER.

Belton, Texas, August 30, 1894.

Editor Texas Medical Journal:

During the past eight weeks we have had what might be termed a mild epidemic of continued fever in this section. I have treated during that time about sixteen cases, several of which were well defined typhoid fever. The majority, however, were of milder form and presented less of the symptoms of typhoid. I am
rather inclined to the opinion that they are all typhoid of a mild or modified type, but of this I cannot be positive.

The duration of the disease ranged from twenty-one to thirty-five days, except one case, which terminated fatally on the eighth day. This was a boy eight years old, of feeble constitution, with severe diarrhoea and high fever from the fourth day. The nervous system was severely taxed, and the heart's action over-whelmed from the poison of the disease. It is of the treatment I wish to speak more than anything else. You and the readers of the JOURNAL are probably aware of the fact that I am an enthusiastic supporter of the intestinal antiseptic treatment of typhoid fever, and that I have been for the past ten years. I am more convinced of the superiority of this treatment the longer I observe it; and I am fully sustained in this by our best authorities on this subject. In the 1893 Annual of the Universal Medical Sciences we are advised to make it a routine treatment; of course this does not preclude other lines of treatment.

I have in all of my cases kept the bowels in an aseptic condition as nearly as is possible by the use of bismuth, salol, salicylate soda, creosote, tonic doses of calomel at intervals of two or three days, and naphthalin. By this line of treatment, I prevent to a very great extent all of those bad symptoms and complications which endanger the life and comfort of the patient. I have never had a serious hemorrhage in my practice since I have been using this plan of treatment, and only two slight hemorrhages at all in ten years, while there has been a great number of fatal and severe cases where this has been neglected.

I never have seen any of the severe complications, such as abscesses, thrombi, neuritis, otitis, periostitis, and others too numerous to mention, where the bowels have been kept in an aseptic condition.

It is a well known fact that these complications are produced by the poison of the disease being absorbed into the system, and to prevent this poisoning, we must prevent the formation of them in the intestinal tract. This can practically be done by the antiseptics above mentioned being thoroughly administered from the beginning of the treatment.

Besides the appetite and digestion are kept in the very best possible condition under this plan. Tympanitis, that very distressing symptom, is controlled in this way by preventing that fermentation from which it is produced.

It is surprising the number of physicians who are yet treating
typhoid fever in the same way it was treated thirty or forty years ago, when the literature of the day is strongly in favor of the modern scientific method of treatment, and while the results of the ancient method are so unsatisfactory, with all the long train of bad symptoms and complications.

W. N. Rogers, M. D.

Society Notes.

NORTHWEST TEXAS MEDICAL ASSOCIATION.

Bowie, Texas, September 20, 1894.

Dear Doctor:—The next semi-annual meeting of the Northwest Texas Medical Association convenes in the city of Bowie, on the 9th day of October, and we take this method of extending to you an earnest invitation to meet with us, and give us the benefit of your counsels as well as the encouragement of your presence.

Our object is to exchange and interchange thoughts on all medical subjects, as well as to engender a more extensive acquaintance and fraternal feeling among the physicians of Northwest Texas.

Our Association is young, but thoroughly in earnest. There will be several very able papers read at the coming meeting that we know of, and hope for some volunteer papers, and would be glad to have you prepare and read us a paper, or report an interesting case.

[Program omitted.—Ed.]

Hoping to see you at Bowie on the 9th of October, I am, yours fraternally,

W. L. York, M. D., President,

Wm. C. Dunaway, Secretary.

SPECIAL RATES.

A special rate of one and one-third fare for round trip tickets has been secured, and reduced rates have been tendered the Association by the hotels of the city.

It is expected that this will be the grandest convocation of physicians ever held in Northwest Texas, and we most earnestly solicit your presence.

Bowie's most generous hospitality, in all its fullness, will be extended the Association.

H. Riley,

Chairman Committee of Arrangement.
In our last issue we advocated changing tactics in the undertaking to organize the medical profession of Texas. We showed that in twelve years, dating from April, 1882, there had been, up to and including the meeting of 1893, a net gain of only 106 members, or less than nine members each year. This is, indeed, hastening slowly, and is very discouraging to those who have worked hard for the cause, and whose sincere wish it is to see the entire regular profession of the State enrolled under the banner of rational medicine, and organized for effective work. The result is still more disheartening when it is remembered that the Association was old,—quite mature,—when our observation begun, in 1882; that it was organized as far back as 1869, "for the purpose of unifying the profession of Texas and the advancement of medicine," and had been pegging away, with indifferent success, ever since, there never having been on the roll, at any one time, more than about five hundred members. We pointed out how that, at each meeting, large accessions to the membership are made, and the reasons why they do not stick,—the non-payment of dues, principally, caused by inability to attend the meetings consecutive years. We advised abandoning the plan upon which we have been working all these years to no purpose, and suggested that in lieu of a State Medical Association by membership, the energies of leading physicians be directed to organizing each county or district, and having every
local society send representatives, once a year, to Austin, to a
grand State Medical Convention.

In looking over the Transactions for 1894, just issued, we are
still further impressed with the belief that we can never succeed
in holding together more than six or eight per cent. of the pro-
fession under the present plan, for there has been a still further
falling off in numbers, and consequently in receipts, and the
treasury is now empty.

Secretary West, in his last report, says:

MEMBERSHIP.

There were on the roll May 1, 1893 ..................... 406
Added—names dropped by mistake .......................... 2
New members elected at Galveston .......................... 37

Total [honorary members omitted.—Ed.] ............ 445
Dropped for non-payment of dues .......................... 42
Resigned .................................................... 3
Died [active members, not ex-members.—Ed.] ........... 2 47

Showing a balance on the roll at this meeting of ........ 398

But by actual count there are on the rolls exactly 354, includ-
ing those admitted at Austin in April last, about 35. This shows
a discrepancy between the rolls and the Secretary's report of 44
members, who, it is supposed, must have been dropped for non-
payment of dues since the April term.

It is thus seen that there are now only 74 members more than
there were in 1882 (we had then 280), a net gain of less than six
in a year. Comment is unnecessary. A change of tactics is im-
perative, if we ever expect to have a State Medical Association,
for as it stands it is not,—in fact, never has been,—a "State" Medical Association, in that the whole State is not represented by
membership.

A WORD ABOUT THE TRANSACTIONS.

In light of the foregoing facts, and in further consideration of
the remarkable business stagnation and depression,—the terrible
tight times,—it was a grave error of judgment in our ambitious
young Secretary to get out the Transactions in such expensive
style. Of all the years of the Association's existence, this is the
worst one in which he could have bankrupted the treasury by a
costly volume of Transactions, thereby entailing an additional
tax upon the members to make good the deficit. It is surprising, too, because Dr. West foresaw the necessity of economy. In his last report, in presenting the beautiful volume of Transactions of 1893, he said:

"At the outset of publication, it became a question whether the Treasurer would have the necessary funds to pay the bill, and it was thought we would have to levy a small assessment. Fortunately we did not have to do this, but last year's experience forces upon us the question of economy. I would suggest as one means to this end, that authors, in future, be required to pay for their own illustrations. If the volume of this year should equal or exceed in cost that of last year, we may have to consider the question of leaving off the cloth binding, by which means about seven per cent. of the total cost might be saved. These questions are presented for your consideration now, as action may be demanded upon them very soon. While it is incumbent upon us to maintain a high standard of excellence, both in appearance and quality, of our annual volume of Transactions, at the same time it is absolutely necessary to keep expenses within the bounds of our receipts."

And then he deliberately transcended the bounds, and, we learn from President McLaughlin, will have to "levy a small assessment" at Dallas.

Nor was it necessary to spend so much money for the Transactions, even had the Association been flourishing, instead of falling off in numbers, and had plenty money, instead of being as he pointed out, threatened with bankruptcy. "A high standard of excellence" in the get up of our Transactions, Dr. West's justification and plea, had been established long before Dr. West's election; as far back as 1885, when Burt was Secretary. The style (purple cloth binding), inaugurated under Burt's administration in 1885, was continued by his successor in office, Dr. Daniel, and the volumes of 1886, 1888, 1889 and 1890 were pronounced by leading medical journals, "the handsomest and most creditable volume of yearly transactions issued by any State Medical Association," and these volumes cost less than half the cost of either of the last two issued by Dr. West. Why not be satisfied with a volume pronounced "better than the best"? Why improve on it?

But it is not so much the "improvement"; because those of 1885, 1886, '88, '89, '90 will compare in appearance most favorably with those issued since. Secretary West paid more for his work than it had been done for at Austin, and he employed finer paper and smaller type; there is more matter to the page, and in the
last two volumes, there are more pages to the volume than any preceding volume, except 1886.*

Dr. West says, the volume of 1893—448 pages—cost $1.80 per volume delivered. As 1894 is just like it, and has 450 pages, it is to be supposed it did not cost less.

The volume of 1889—340 pages—cost 78 cents per volume, or 90 cents delivered, just one-half the cost of 1893 and 1894; the volume of 1890—342 pages—cost 84 cents and 12 cents for postage, making 96 cents delivered; and we contend these were good enough, and the members were abundantly satisfied. We claim, too, that the work could have been done for less, and the Secretary is not to be held blameless for exceeding the resources of the treasury under the circumstances. His predecessors advertised for bids, and got the best work for the least money. And that plan should have been followed; but to our certain knowledge, Secretary West refused to let the Austin printers bid who had done the work for the several years previous to 1891, and at such reasonable figures and so satisfactorily. The members—the few who have remained faithful—are in no mood to submit to further taxation, and indeed few of them are able to stand a raise; many are grumbling at the $5 membership fee, and some have dropped out solely on that account, saying, if they can not attend the meetings they get no benefit except the Transactions, and they think $5 quite enough for that luxury.

* * *

The above is written in no spirit of captiousness, but from a sense of duty. The Journal has, all along, been devoted to the Association's best interests, and it enters its protest against such extravagance. The Transactions could and should be gotten out in less expensive style, especially when there is no money to pay for it.

PENNY WISE AND POUND FOOLISH.

Apropos of our editorial on the extravagance of the Publishing

*The volume of Transactions that year contained nearly 800 pages. The publishing committee objected to publishing certain matter, for one reason—they knew there was not money enough to pay for it, but were compelled to publish it all, by order of the then President, Nott. 750 volumes were published—the Association then numbering over 500 members. The total cost was $1185.00, or $250 more than was in the treasury. This amount the committee advanced out of their own pocket, and were reimbursed next meeting. Notwithstanding the 792 pages, the book cost only $1.55 per copy. As a result, next year's volume, 1887, had to be issued in paper covers.—Ed.
Committee in bankruptcy the treasury in getting out the Transactions, we mention that a beautiful half-tone engraving of President McLaughlin, made for, and published in the Texas Medical Journal for May, was offered Secretary West, free of cost, to be used in the Transactions. His predecessor had introduced the practice of publishing the President's picture every year in the Transactions, and with the exception of Dr. Sears and Dr. Wilkes, the Journal published the picture of every President since 1886, turning the cut over then to the Publishing Committee for use in Transactions, without cost to the Association. Secretary West declined to publish Dr. McLaughlin's picture, because of the additional expense he said it would entail. In this connection we will remark, that authors of papers requiring illustration, were required to pay for the cuts, and in one instance brought to our notice—the author was asked to pay for printing the cut illustrating his paper (Dr. M. M. Smith). We feel quite satisfied that if called upon to do so, Dr. McLaughlin, our handsome President, the cut having been paid for, would cheerfully have paid the two or three dollars the printing and binding would have cost. We are not advised as to the extent of the deficiency; but the printing of the President's picture—which would have made the volume complete—would not have added greatly to it.

The Journal's warning some months ago—"Retrench or Bankrupt"—was not only not heeded, but was resented as a piece of impertinence. We trust the animus of this may not also be misunderstood. For the Secretary we have the kindest of feelings; but we can not endorse his action in the premises,—an error of judgment, no doubt, but still an error and a serious one.

Our Contributors.—This issue contains papers of practical interest, papers from which something may be learned. We have already referred elsewhere, briefly, to Dr. Fuller's paper. Dr. Cummings makes an argument for long ligatures and vaginal drainage, controverting Professor Paine's position taken in a discussion at the recent State Association meeting. Dr. Conerly tells much that is interesting in connection with climate in relation to consumption, and paints the charms of the historical Concho valley. Dr. Walker comes back at Dr. Oates, whose article appeared in the Journal lately, and puts in evidence his experience, practical results from the use of calomel and quinine, so derided by Dr. Oates in malarial hæmaturia. Some of our
bacteriological friends of the later editions,—the new issue of practitioners,—will read his paper with surprise, and will feel disposed, perhaps, to question his doses, forgetting that long ago that practice was taught by the ablest men. Fenner, for instance, was great on calomel and quinine in southern fevers; so was Drake; and Bemis, as cited by Dr. Walker. Let's see—1869-70? Twenty-five years, a quarter century. In that time what a change has taken place in the teachings of pathology, and consequently therapeutics? The germ theory was born since then (as were some of the doctors). Nevertheless, the pathology of malarial haematuria is not yet understood, and until it is, all treatment is more or less empirical; and whatever may be Dr. Walker's views of germ causation, and however far from "up to date" his treatment may seem, until somebody can show better results by another, he believes in sticking to the bridge he found would bridge him and his patient over. To think now, of giving dram doses of quinine till an ounce is taken in 24 hours, makes the younger generation's hair stand on end like quills of frightful porcupine. Dr. Sears, the Seer of Waco, our late President, stood up for the same kind of treatment, we believe, for typhoid fever, in a discussion in the Austin District Medical Society. While, as representing the other, or latter day school of practice, Dr. W. N. Rogers makes a plea for treatment based on the microbian pathology.

Well, doctors will differ. All this makes good reading, however, and variety is a necessity in reading as in diet.

Dr. Field's remarkable case of spinal bifida, upon which he operated with success, is also published herewith. Does any one know of a similar case on record anywhere? We do not.

Waat Next?—"Vaccination" against diphtheria as, we suppose the process must be called,—until a name for it is invented—is now an accomplished fact, and the horse, it seems, is to be, like the cow in relation to small-pox, the intermediary and modifier. See the wonderful wisdom of Providence; nothing is lost, nothing wasted. When tallow began to get scarce and dear, coal oil was discovered; as timber in the older States thinned out, and rails were rails, the barbed wire solved the fence problem. When the electric motor emancipated the horse and the patient mule from the street car service,—what to do with the horse, became a problem, which the French solved by eating him. Behold, science has dedicated the emancipated animal to nobler uses, and
he is not yet—hors du combat; he is to be used to knock out diphtheria,—(a kind of equine-knocks, eh?)

A late telegram from Paris says: 'Within two months, when more horses have been inoculated, the Pasteur Institute will send out anti-diphtheria serum to the provinces. This serum will also be supplied to druggists in the form of powder.'—Ex.

Another exchange says: 'At a recent session of the State Board of Health of New York, Dr. Cyrus A. Edson gave an account of the theory and practical application of Dr. Koch's last discovery, which he considers an absolute and infallible cure for diphtheria if applied within thirty-six hours after infection. To study and report upon this remedy, Dr. Herman M. Biggs, the bacteriologist of the New York Board of Health, had been sent to Berlin, and has just returned, confirming all the enthusiastic reports concerning the discovery which had made their way to this country.

'Dr. Edson asserted confidently, that if this remedy were placed in the hands of the Health Department, it would save next year the lives of 1500 people in this city.'

"Railway Spine."—As we predicted, the paper of Dr. Swearingen, in our July number, has "brought on a general engagement," and firing all along the line has commenced. In fact several big guns have begun to boom, and the rattle of small arms is still to be heard (this, for instance, is one of them). Well, we have had our say, and we stand pat on it. The chip is still on our shoulder. Dr. Swearingen hit hard, and has received some hard hits in return, all of which, so far, and so far as we have heard, has been taken good naturedly. Dr. Wallace, in Texas Sanitarian, hits him some well-directed hits, but the hardest hit he hit him was a clear miss, as the Irishman would say: for instance, he says, Dr. S. is prejudiced against railroads, and it is from associations with the "ins." of the present administration. That was a misfit, and is clearly a begging of the question. A careful re-reading of the paper on our part, fails to reveal any language that evinces "prejudice."

Dr. Wallace challenges any one to cite an instance wherein any just claim against a railroad has not been paid in full. The JOURNAL can cite him to at least one—a bill of $30 for surgical services, in payment of which ten dollars was offered by the Chief Surgeon, with the alternative, "this or nothing." No doubt other physicians than the one here referred to, could give instances in which their fee has been fixed by the Chief Surgeon, irrespective of their claims.
Medical News and Miscellany.

Dr. J. T. Field, of Fort Worth, is taking a post-graduate course at Chicago.

Erratum.—Wrong head to Prof. Smith's Department. Discovered too late for correction.

For Sale.—Practice of $2,000, on railroad. Small village, good churches and schools. Will sell residence and give practice and good will. Address Dr. R. H., care Texas Medical Journal, Austin, Texas.

Dr. B. F. Church, First Assistant Physician at the State Lunatic Asylum, at Terrell, Texas, was married in Lynchburg, Virginia, on the 26th September ult., to Miss Mabel Stuart, daughter of Mrs. J. H. Miller, of Lynchburg.

The American Medical Publishers Association will hold their next meeting in Baltimore, June 5, '95, just prior to the meeting of the American Medical Association. For information address Dr. C. W. Fassett, Secretary, St. Joseph, Mo.

The Concho Country.—Dr. Conerly, in his paper on tuberculosis, in this issue, in enumerating the attractions of the Concho, omits to mention the fact that for bass fishing and for deer, turkey, and other game, the Concho valley is unsurpassed.

Free Lectures.—Dr. Frank Lydston will give a special course in Regional Surgery at the Masonic Hospital, Chicago, lecturing every Monday at 8 p.m., beginning October 1st. The lectures will be illustrated by special charts and drawings, and are free.

Married at Dallas, Texas, October 3d (inst.), Dr. Samuel E. Milliken, of New York, to Miss Sallie Gibbs, daughter of Ex-Gov. Barnett Gibbs, of Dallas. Dr. T. J. Bennett, editor of Texas Sanitarian, officiated as best man. The "Red Back" was not in it; no cards and no cake.

A cyclone struck the insane asylum at Little Rock, Ark., on the 2d of October, (inst.), demolishing three stories of a wing containing 260 patients. Dr. Ingate, one of the medical staff, and formerly of Mobile, Ala., was killed. Two of the patients were killed also. It is most remarkable that there were not many more killed.
Clubs.—Doctor, don't forget that you can get the *Literary Digest* the best weekly literary publication extant, the price of which is $3, for $2.40 by clubbing with the "Red Back." Both for $4.40.

"Recollections of a Virginian," by General Dabney H. Maury, price $1.50; in club with this journal, both for $3.03. Address this office.

To Kill Red Ants.—Pour a wine-glass-full of bi-sulphide of carbon into the entrance to the nest, and apply a match, having previously placed a brick or flat stone over the opening to confine the vapor. The carbon ignites with a flash like powder, and will burn for several minutes. Be careful to not inhale the vapor. It is rarely necessary to repeat the dose; it is a "dead shot."

Very Extraordinary (if True).—Mr. Clark Bell, in his paper on "Railway Spine," read at the meeting of National Association of Railway Surgeons, and published in the *Texas Sanitarian* and *Galveston News*, says, speaking of railway spine: "It is not found away from railroads, and is absolutely unknown amongst savages"! The savages ought to be ashamed of themselves.

Imitation the Sincerest Flattery.—Dr. Boteler, of Kansas City, will shortly issue a new medical journal, patterned after the "Red Back," and writes us that he considers the *Texas Medical Journal* nearer his ideal than any he has seen, and that he will endeavor to make his journal as near like it as possible.

There is nothing like success, unless it is originality; they both captivate.

Yellow fever has knocked at our doors several times, but has been told "thus far and no farther." The maritime system of quarantine has been brought to such perfection, the officers on duty at the several ports being all experienced,—experts in yellow fever, in fact, and the knowledge of the ways and doings of this plague is such now, that it would be surprising indeed—and it could occur only by an accident or by treachery on the part of some ship captain—if the disease should ever again enter Texas.

Dr. Fuller's paper on hot intra-peritoneal injections of salt water for hemorrhage will be read with much interest. If the doctor is not the inventor of the method he deserves credit for reviving it, and giving his experience to the profession. The
method will constitute a valuable addition to the physicians' resources; and its applicability is not confined alone to hemorrhage, but it would seem to be a most rational remedy in cholera, or cholera nostra. The doctor spoils the effect by the closing paragraph: he has "said more good" in the paper, than "wishing no one may ever be called on to use the method;" he has given the profession a boon, even should it be used only as a last resort.

Mississippi Valley Medical Association.—For the Mississippi Valley Medical Association meeting at Hot Springs, Ark., November 20th to 23d, the International Route, I. & G. N. R. R., will make rate of one fare for round trip from all points on its line to Hot Springs and return. Tickets on sale November 17th to 20th inclusive, and limited to 20 days for return.

Call on nearest ticket agent for full information, or address D. J. Price, A. G. P. A., Palestine, Texas.

Prof. West Married.—On the 4th of September ult., at the Presbyterian church in Winfield, Kan., the home of the parents of the bride, Dr. Hamilton A. West, Professor of Theory and Practice of Medicine in the Medical Department of University of Texas, Galveston, was united in marriage to Mrs. Ella May Tuller, of Galveston, daughter of Capt. and Mrs. J. B. Fishback, of Winfield, Kansas. Dr. and Mrs. West will be at home in Galveston after 1st of October, instant. They took a trip through Canada, Saratoga, New York and the East generally. The JOURNAL extends congratulations to the handsome young professor. He will be a better lecturer, a better doctor, a better man, and better every way for having taken a "better half."

An outrage.—Dr. Pilcher, superintendent of the institution for imbeciles and weak minded children, at Winfield, Kan., has been bitterly denounced by newspapers in Winfield and Topeka, for castrating several boys—inmates—who are confirmed masturbators. His predecessor, Dr. Wile, had treated these boys five years without benefit, and Dr. Pilcher, taking a rational view of the subject, performed the operation for the same reason he would perform any other surgical operation—for its curative effect. There is a strong probability that he will be indicted for mayhem, to the everlasting disgrace of the civilization of the 19th century. Brockway—the monster—who practiced "moral
suggestions" with a paddle on the bare back of the inmates of El-
mira Reformatory, goes scott free. We will have a leader on
this subject in our next.

No Respecer of Persons.—The venerable President of the
Board of Regents of the University of Texas, Dr. T. D. Wooten,
was robbed by burglars entering his house on the night of Oct.
3rd. They got away with $80 in cash and the doctor's gold
watch and chain, his cuff buttons, etc. What should be done
with a person so lost to every sense of decency, respect and com-
mon sense as to rob a man whose life has been devoted to the
work of humanity and the relief of suffering? We recommend—
like Mrs. Hale's cook book, with reference to cooking a hare—
first, catch your hare; after catching this fellow, castrate him,
tie him securely and have somebody read Rider Haggard's "Nada
the Lily" to him, or turn Dr. Hackenslasher loose on him with
an account of his "interesting cases"; he should be bored to death.

The Texas Medical College (Medical Department, University
of Texas), opened its session Oct. 1st with over one hundred
matriculants, and from letters received by the Regents and the
Dean, there is every reason to believe the class will number over
two hundred by the 1st of November. The facilities for thor-
ough instruction in every department of medicine and surgery
possessed by the Texas Medical College, are unsurpassed by any
college in the United States; and amongst the Faculty there are
some of the hardest working and most zealous, as well as the
ablest, teachers to be found anywhere. It is the determination
of the Regents and Faculty to make a diploma from this College
an honor, which won will be worthily worn and appreciated, and
a passport to every medical institution in the world. We are
proud of our College.

Transactions, 1894.—The senior editor acknowledges with
thanks the courtesy at the hands of Secretary West of a beautiful
morocco-bound and gilt-edge edition of the State Medical Asso-
ciation Transactions, with name in gold. A few copies only are
bound in this handsome and expensive style; they are presented
to the officers and ex-officers.

The work is a credit to the Publishing Committee, and the pa-
pers, as well as the work, are a credit to the Association. Bar-
rning a few ugly typographical errors, which it seems might have
been avoided, the work is a masterpiece. The edition of 500 is
bound in brown cloth, uniform with the style inaugurated by Dr. West upon his accession to office, in 1891.

The glory of the achievement is only dimmed by the fact that it bankrupted the treasury to produce it.

Dr. Isadore Dyer, of the staff of this Journal, and Professor of Dermatology in Tulane University, and connected with the New Orleans Polyclinic, is off on a summer trip "for recreation," he says, but while he is resting he will, "after seeing a little dermatology, get an insight into the details of the working system and house plans of the Post Graduate Institutions of New York and Philadelphia." The N. O. Polyclinic he says, is outgrowing its present facilities and the faculty expect to build in the near future. While "resting" Dr. Dyer,—the indefatigable—will also buy the furniture for the New Orleans Sanitarium, of which institution he is Secretary. The doctor writes us that he "intends to enjoy his rest to its full." If he can do so while engaged at such hard work, he excels the old lady who always said she was enjoying very bad health.

He will take observations for future notes for his department in the Red back, and will be at his post in New Orleans by October 1st.

[Intended for September number, but failed to connect.—Ed.]

Medical Examining Board, 8th District.—In accordance to a notice from Judge E. W. Terhune, the following named members of the newly appointed Medical Examining Board for the 8th Judicial District met in the office of Dr. E. G. Cochran, at Greenville, Texas, on September 5th, for the purpose of organizing and electing officers: Dr. A. E. Garrett, of Sulphur Springs; Dr. F. A. Ramsey, of Wolf City; Dr. C. M. Harrison, of Cooper; Dr. M. Smith, of Black Jack Grove, and Dr. E. G. Cochran, of Greenville.

Dr. Richardson, of Ben Franklin, and Dr. Duffey, of Emory, were appointed on the new board, but were not present.

Dr. A. E. Garrett was elected President, and Dr. E. G. Cochran, Secretary.

The regular meetings of the board will be the second Mondays in March and September. A meeting of the board will be held in Greenville, Texas, at the office of Dr. E. G. Cochran, on October 1st, at 2:30 p. m., at which time all applicants who come before the board will be examined.
The State Lunatic Asylum, at Austin, under the management of Superintendent F. S. White, is a credit to the great State of Texas, and what it was intended to be—an asylum for the incurably insane, and a hospital for the treatment of the acute cases. Dr. White belongs to the present day; he is a man of ideas and of progress. He has instituted several reforms and made much improvement in the institution during his incumbency which are a credit to him. There is, about the establishment and the grounds, an air of repose; it is certainly a very quiet insane asylum; one entering its precincts for the first time would hardly suppose it was a "mad house." The Doctor evidently appreciates the influence of environment in ministering to the mind diseased, and has made the grounds a thing of beauty and a joy. He is a strong advocate of castration as a therapeutic measure, and with the Journal, would like to see the operation—at the physician's discretion—legalized, but until it is made lawful he would hardly do as Dr. Pilcher did, let his conviction of what ought to be the law, induce him to resort to the remedy. We hope the legislature will make such a law.

The North American Medical Review has made its appearance. Vol. 1, No. 1, is on our table. It is edited and published by Dr. Boteler, of Kansas City, and is an exact imitation of the Texas Medical Journal in paper, type and general get up, red cover and all; so much like it indeed that we are too modest to bestow upon it the measure of praise it really deserves—we might be thought vain. We will accord to it as graceful a reception as is possible in the nature of things, and to do so, must restrain a quite natural impulse:

"When she comes all dressed in red
Take a stick and break her head!"

The "Red Back" had not preempted a claim to red, nor had we trade-marked our cover—wish we had; still we would rather Brother Boteler had chosen some other color, the red back had become so characteristic of the Texas Medical Journal that we can't help feeling it is a "sorter" infringement on its rights. However, we pride ourselves more on our "insides" than we do on our "outsides," and will try to set the N. A. M. R. a pretty lively pace if it is disposed still to imitate us. Success to the "K. C. Red Back," any how.

Professors Duncan Eve and Frank Glenn announce that in consequence of differences in the Faculty of the Medical Depart-
ment, University of Tennessee (Nashville Medical College), as to the business policy adopted by the Faculty, they have severed their connection with that institution, and resigned their respective chairs. They say:

"Being the originators and having labored hard for the success of the College with which we have so long been identified, we can not help but express our regrets at being compelled to withdraw.

"In the meantime, and for next winter, we hereby announce that we intend to conduct a private class in our special work, operative and clinical surgery, and genito-urinary with venereal diseases.

"Yet being in the prime of life, full of energy and hope, we take this method of informing our many friends that it is our expectation to take steps quite soon for the organization of another medical college. While we agree with the almost unanimous opinion that there are enough medical colleges in the country, we can not help indulging the thought from our experiences under very trying circumstances, that we can make a success of the prospective one we have now in view."

For information, address Dr. Eve or Dr. Glenn.

The Kentucky School of Medicine.—The following brief note, for which the Medical Record of New York is responsible, is calculated to mislead those who read it without investigating the real facts in the case:

"At the meeting of the Association of American Medical Colleges held in San Francisco on June 7, 1894, the Kentucky School of Medicine, of Louisville, Kentucky, was dropped from membership in the association."

The real truth of the matter is that the Kentucky School of Medicine was never a member of the American Medical College Association, but the requirements in the catalogue recently issued are higher than are the requirements of that Association. The school has been conducted in strict accordance with the requirements observed by most successful and reputable colleges, and adheres strictly to the three year course, and no school has been more respected by the honorable members of the medical profession. In laboratory, didactic and clinical work the school has adopted the most approved methods, and now that the faculty have completed a large hospital adjoining the college, no school in the country can offer better practical and clinical advantages.

The college is a member of the Southern Medical College Association, and its requirements are really higher and more rigid than those of either of the college associations.—Medical Progress.
Ho! for Hot Springs!—What a splendid opportunity will shortly be presented to go to Hot Springs, Ark., without being suspected of having to "have to!" and what a glorious good time is in store for ye doctors! The great Mississippi Valley Medical Association will meet there November 20 to 23d, and the preparation for a grand re-union, a feast of reason, and a flow of—well—wine—amongst other things—is on a gigantic scale. The committee of arrangements have literally put the little pot in the big one and seasoned with its legs. They have worked the railroads for half fare and the hotels for reduced rates, and oh! what a crowd will be there. Let it not be forgotten that at our April meeting of the Texas State Medical Association an invitation to attend in a body was read, and by resolution accepted; so we have just got to go. The program promises a treat. The big guns will be heard from. Dr. X. C. Scott, of Cleveland, is President (an x-c-lent fellow), and he will make things hum. If any of our readers want to know more about this mass meeting (blue mass), let them drop a postal card to Dr. T. E. Holland, the chairman of committee of arrangements, at Hot Springs, for one of those lovely little folders, descriptive of everything in and about Hot Springs. In this connection, see the advertisement of the great Missouri Pacific and leased lines route in this issue. Tickets at half rate will be on sale everywhere in Texas from November 18, good for twenty days.

Pay-day.—Bills were mailed October 1st to all our subscribers whose subscription has expired, and we hope all who can do so will promptly renew. Especially those who have, from inadvertence or neglect, permitted their subscription to get far in arrears, are called upon to remit, at least in part; and those farthest behind may expect a draft, if not heard from shortly. We earnestly hope they will be prepared to honor it. Pay day ought to come once in awhile, and we have waited on quite a number of our friends quite "a while." Drafts will be made on all who are over two years in arrears. We need money to keep the "Red Back" up to the top notch of excellence, and we must urge our delinquent friends, as Miss Tox did Mrs. Dombey, to "make an effort."

October is the month of cotton, calves, colds and collections. We are not interested in any of these "forces" (four c's) except the latter, and we do earnestly hope and expect that our good
friends will not forget our patience and long suffering (nor their patients and their long suffering) when they go out in quest of cash, or when they sell their cotton, cows, calves, or when they collect any cash (this is the "c' c'son, see?) but will promptly divide with us.

Heaped in the hollow of his [our] desk
The doctor's [the Journal's] bills are laid.
He'll [we'll] rustle 'mongst his patrons [our subscribers] till
The last darned one is paid;
The farmer [the doctor] and his men are paid,
And in their eyes he sees [we see]
—Speculation? No; but cash,
To pay, in lieu of peas!

[Back number revised.]
[We do not want any peas in ours, if you p'ease.—Ed.]

AS OTHERS SEE US.

"The Texas Medical Journal is the very best journal I have seen in the West."—Dr. W. C. Boteler, Kansas City.

Dr. W. B. Outten, the well known Chief Surgeon of the great Missouri Pacific Railway Company, says: "I am always well pleased to receive the 'Red Star of Texas.' It is strong, vigorous and aggressive, and to my conception—thoroughly wide awake and progressive." [That's the size of it.—Ed.]

Dr. I. N. Love, whom everybody knows, says: "Let me congratulate you upon the continued attractiveness of your Journal. It makes me weary to see some of the medical journals that are wafted through the mails, that are better adapted to fill the wastebasket. Doctors all over the country see a journal succeed, and they fancy they can go and do likewise. They fail to realize that it takes journalistic instinct—talent,—hard work, and the expenditure of a great deal of money to make a journal succeed, as you can no doubt well testify."

[It is related of Goldsmith that he was envious of the success of anybody, in any line, and was vain enough to say that what any one else could do, he could do. He laid a wager with Garrick that he could perform an acrobatic feat that he had seen done at a circus, and actually attempted it. He failed, of course, and got his shins skinned for his pains. We have seen some similar foolhardiness and failures in the attempt to establish a medical journal "to fill a long-felt want."—Ed.]

One of the largest drug firms of the United States, a long-time
patron of the Red Back, writes: "We think your Journal one of the best of its kind, being so bright and original, and so widely circulated throughout Texas." [A representative of this firm, who traveled through Texas, informed us that he saw the Red Back everywhere he went.—Ed.]

Prof. Geo. Dock, M. D., of University of Michigan, in renewing his subscription, writes: "Please continue to send the Red Back. I enjoy the reading about the good work going on in Texas, and hope you will keep it going."

A GREAT SANITARIAN ON SPINAL CONCUSSION.

In such a duel as is presented by the contest between railway surgeons of the country, in behalf of their corporations, on the one hand, acting in self-defence, as in some cases where their very existence is threatened by the enormity of the demands made by the rapacity of claimants and their counsel, legal and medical, and by claimants represented by distinguished and able members of both professions, we must expect to see sturdy blows given and taken, and we must look for the strongest and ablest presentation of the side of the claimant, who will not consent to surrender without a struggle, and a strong one at that.

The publication in the Texas Medical Journal and the Galveston News of the paper entitled "Railway Spine," read by the editor of this journal before the National Association of Railway Surgeons at the Galveston meeting last May, and an article by Dr. D. R. Wallace, the veteran surgeon of Waco, Texas, in the Texas Sanitarian, advocating similar views, has drawn out the State Health Officer of the great State of Texas, Dr. R. M. Swearingen, of Austin, a capital good fellow, and a physician of high character and standing in his State, who assails the authors of the papers, and the views presented with great vehemence. He regards the great body of railway surgeons as under the domination of the chief surgeons of their respective roads.

I quote his language, speaking of the more prominent of the chief surgeons of the National Association of Railway Surgeons:

"There are others, we think, who are inspired by less praiseworthy objects, and in this class will be found some of the strongest men among them. They are the 'chiefs (not all, however) of the hospital departments' for great railway systems. These are the men who formulate rules for the guidance of subordinates, furnish the schedule of charges to be made for the ser-
vices rendered by them to employes, pay them their pitiful fees, mould their opinions in harmony with the new dispensation, teach them how to be experts in all manner of railway injuries, particularly the railway spine, and, above all things, to store their minds with useful knowledge, when called upon to give testimony in suits for damages.

"I do not mean to convey the impression that the subordinate surgeons thus taught and drilled will ever intentionally bear false witness, or in any manner do violence to the most stainless conscience. The object of that corporation school of surgery is to organize a corps of doctors who think alike; who believe Gross and Erichsen teach dangerous and mischievous doctrines; and who are always ready for duty when called upon to give pointers to attorneys, or give evidence in courts of justice.

"Dr. W. B. Outten, of St. Louis, one of the chiefs, and an ex-president, I think, of the Association, occupies a high seat in this modern school of surgery, and might be designated as the Professor of 'Theory and Practice.' In the Galveston News of May 11th, he gives some racy theories on the causes of railway concussions."

Dr. W. B. Outten, chief surgeon of the Missouri Pacific railway system, especially falls under his malediction, as do other prominent gentlemen.

I do not believe that Dr. Swearingen, one of the good fellows of the Medico-Legal Society, has in the past established a great reputation as a medical witness in Texas, in railway damage cases. If he has done so, it has escaped my observation. Nor do I think his motive is to bring forward his name as a future aspirant in the courts of Texas, in favor of mulcting improperly and exorbitantly the railways of a State which owes so much to railways for its wonderful growth, progress, and development as Texas does.

Dr. Swearingen is one of the ablest of the sanitarians of the South and West. It is due to his magnificent personality that he has created for the State of the Lone Star a sanitary system as unique as it is excellent. On that he is high authority. It does not disparage his high character as a sanitarian to say that he is not regarded as an authority in damage cases.

Will he oblige the surgeons of the country, and the bench and the bar, with a definition of "concussion of the spine," so that the average juryman or judge will be able to recognize it when he sees it? What has he to say of the criticisms upon Erichsen's definition in the article he assails? What of the opinion of Dr. Joseph Jones, of New Orleans, there quoted? Is there such a thing, Dr. Swearingen, as "concussion of the spine uncomplicated by external lesion of the vertebral column?"
We must be more cautious of impugning the motive of railway surgeons or of railway counsel.

Accidents on railway trains sometimes fracture and break the spinal column. The case cited of a fractured or broken spine of the section hand injured near Manor, Texas, in charge of Dr. Gregg, is one of the rare cases of this kind.

No one can defend such an order, in such a case, as was given, but the case and the order are quite foreign to the discussion of cases of "conclusion of the spine uncomplicated by external lesion of the vertebral column."

Should any steps be taken by honorable surgeons towards arresting the recognized evil of fraudulent claims, constantly presented against railways, under the class designated as railway spine or spinal concussion?

It is fortunate for the new Section on Railway Surgery of the Medico-Legal Society that it is as open to the surgeon of the railway corporation as to the attorneys or surgeons of the claimant.

More of the surgeons of the Medico-Legal Society are probably not surgeons of railways than those who are. And this is true of the legal side also. Is it not time to provide remedies for acknowledged evils, before they become unbearable?

I am obliged to the great Texas sanitarian for his assault, if it will serve to open discussion on an evil so momentous and important as railway spine has grown to be.

Dr. Swearingen's criticisms upon railway surgeons, their intelligence, honor, and motives, are without question ill-timed, not well considered, and should be withdrawn.

It is a question higher than the personal motives of men or of individuals. The evil is colossal, universally recognized, and a scandal and disgrace of our civilization. How to remedy it is well worthy the serious and thoughtful inquiry of every honorable surgeon in the land.—N. Y. Medico-Legal Journal (advance sheets), September, 1894, Clark Bell, Esq., editor.

Book Notices.

An Illustrated Dictionary of Medicine, Biology and Allied Sciences. Including the Pronunciation, Accentuation, Derivation, and Definition of the Terms Used in Medicine and the Allied Sciences. By George M. Gould, A. M., M. D., Author of "The Student's Medical Dictionary;" "12,000 Med-
ical Words Pronounced and Defined;" "The Meaning and Method of Life," Editor of the Medical News; President, 1893-94, American Academy of Medicine; one of the Ophthalmologists of the Philadelphia Hospital. Philadelphia: P. Blakiston, Son & Co. In one compact, large octavo volume of 1633 pages, bound so as to lie open at any page. Prices, full sheep, net, $10.00; half Morocco, net, $10.00; half Russia, with Thumb Index, net, $12.00.

In calling the attention of our readers to this superb lexicon, we feel that we cannot do better than to reproduce the following from the review in the University Medical Magazine, July, 1894:

"The present work is not a revision or a compilation of a previous work, but is entirely new, and is the result of a careful gleaning by the author and corps of assistants of the living literature of the day. The objects which the author has sought to accomplish were, briefly: 1. The inclusion of the many thousands of new words and terms that have been introduced into medicine during the last few years. 2. To give the most complete epitomization of the words of the older and authoritative lexicographers. 3. To include all the more commonly used terms in biology. 4. Keeping the size and purpose of the book well in mind, to give it an encyclopedic character, not only by supplying the usual pronunciation, derivation, and definition of words, but also by showing their logical relations, their bearings, and their practical importance for the worker in literary or clinical medicine. 5. When advisable, to give a pictorial illustration. 6. To cast the influence of the work, in doubtful or disputed cases, in favor of a more consistent and phonetic spelling. 7. To indicate the best pronunciation of words by the simplest and most easily understood method. In scanning through the book with these in mind, we can but say that the work seems to have been well and thoroughly accomplished. The spelling of hemorrhage, orthopedic, etc., with a single "e" instead of with the diphthong will probably seem to some a little radical. It is, however, in line with progress, with the teaching of the leading philologists, and with the most recent and authoritative popular dictionaries. In addition to furnishing concise and accurate definitions and pronunciations, upwards of one hundred tables have been included, in which is classified an immense number of facts collected from various sources. Many of these have been prepared especially for this work, and are not to be found elsewhere. Space will permit us to mention but a few of them. We note a complete table of arteries, giving the origin, distribution and
branches of each; a table of bacteria, covering thirty closely-printed pages, and beyond doubt the most complete to be found anywhere; a table showing the expectation of life; a complete table of muscles, giving the origin, insertion, innervation, and function of each; a complete table of nerves, giving the function, origin, distribution and branches; a table of parasites, covering forty-three pages, and, like that of bacteria, the most comprehensive yet collected; a table of tests, embracing thirty-nine pages, giving, beside the name of the test, reagents employed, characteristic reaction, application and remarks; a table of stains and microscopic technique, covering thirty-seven pages, etc. The other tables, while not so large, are correspondingly as complete and valuable. Although the work is so comprehensive, by rigidly economizing space this vast amount of information has been compressed within the limits of one volume of convenient size for handling. We have no hesitation in stating that more useful information is contained in this book than in any other one-volume medical work in the English language—it would probably be safe to say, in any language. While errors are inseparable from human effort, a considerable search failed to disclose any of moment. No argument need here be advanced of the value of a good dictionary. In the one under review, the student of medicine, of dentistry, of veterinary medicine, of biology, of bacteriology, etc., will find an invaluable companion in his reading. From an artistic standpoint, the work is as distinctive as it is in literary merit. The paper is of fine quality, the type and engraving sharp and clear, and the press-work is of a high order. A very valuable feature, and one that will be much appreciated, is that the book opens perfectly flat, and remains open at any point. A useful index refers one to special tables at once, without loss of time."


This work is based on the microbian theory, and is the result of a demand for an application of antiseptics in general medicine similar to their uses in surgery. It is a matter of some surprise that we should consider asepsis and antisepsis indispensable, and imposed as an absolute rule in general surgical operations, in gynecological practice, in obstetrics, in ophthalmology
and rhinology, and should so far neglect these measures in general medicine, even when the disease is known to be of a microbic nature.

There is, beyond question, much to be gained by proper investigation in the line pursued by Dr. Trouessart in these little volumes, and we heartily commend the books to the general profession.

H.

**Essentials of Practice of Medicine.** By Henry Morris, M. D., with an Appendix on the Clinical and Microscopical Examination of Urine. By Lawrence Wolff, M. D. Colored (Vogel) Urine Scale and numerous fine illustrations. Second edition, enlarged by some three hundred essential formulæ, selected from the writings of the most eminent authorities of the medical profession. Collected and arranged by William M. Powell, M. D. Post 8 vo., 460 pages. Price, cloth, $2.00; medical sheep, $2.50. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.

Morris' Practice of Medicine is arranged in the form of questions and answers, an arrangement of especial advantage to the medical student. It contains the essentials of medical practice in a condensed form, and will be found of much benefit to the practicing physician when his time for studying a case is limited. It is carefully prepared, thoroughly reliable, and we can cheerfully recommend it as one of the very best compends on practice.

H.


The "International Clinics" improves with each volume, and continues to grow in favor with the profession. Volume II of the fourth series contains forty-four lectures by teachers eminent in the medical profession. The following is a partial list of the contributors to this volume: Drs. Henry T. Byford, Henry C. Coe, John B. Hamilton, E. Fletcher Ingalls, George M. Lefferts, G. Frank Lydston, Matthew D. Mann, Charles K. Mills, Paul F. Mundé, Roswell Park, T. Pickering Pick, Thomas R. Pooley,
Prof. Potain, John B. Roberts, A. W. Mayo Robson, B. Sachs, Robert Saundby, Reginald H. Sayre, John C. Shaw, Alexander J. C. Skene, Solomon Solis-Cohen, M. Allen Starr, and a number of others well known to the profession of this country.

We consider these short clinical lectures the most interesting and the most impressive method of teaching medical and surgical practice, and a new volume each quarter, giving the latest facts and practice is a most valuable feature of the work.

The book is of a convenient size, and the mechanical work excellent.

The Psychological Bulletin, published by the Medico-Legal Society, and under the management of the Medico-Legal Journal, will contain for the month of November (prox.):


“Medical Witnesses. From a Physician’s Standpoint.” By Dr. Hubbard W. Mitchell, President Medico-Legal Society.

“Hypnotism and Music.” Abstracts from a paper, by E. A. Bostwick, in Literary Digest, by the editor.

“Medical Jurisprudence of Insanity; Insanity and Spiritualism,” by the editor; and other valuable articles in that line. Those interested in psychological research, should subscribe for the Bulletin, it is only $1.50 a year.

An Intra-Mural View, a very artistic brochure, has been received from The Curtis Publishing Company, Philadelphia, publishers of The Ladies’ Home Journal. As the title indicates, the booklet gives us glimpses of the interiors of the Journal’s offices, and some idea of the work carried on there. The main building, entirely occupied by the editorial and business offices, was designed by Mr. Hardenbergh, the architect of the Hotel Waldorf, New York, and was completed in January, 1893. The exterior is attractive and the interior elegantly appointed and admirably planned. The numerous illustrations, showing the commodious and well-fitted offices, and the accompanying text, giving us some insight into the work of the different bureaus, requiring a force approximating four hundred employees, indicating the wonderful success which The Ladies’ Home Journal has achieved in an almost incredible short time. The first number was issued in December, 1883, so that less than eleven years have elapsed since Mr. Curtis conceived the idea which has de-
veloped into so vast an enterprise. In this short time its merit and steady improvement in all departments have received such recognition that its circulation has reached the enormous average of about 700,000, the largest magazine output in the world. The brochure also describes at some length the work of printing and binding the Journal, which is carried on in a separate building. “An Intra-Mural View” will be sent to any one who will address The Curtis Publishing Company and inclose four cents in stamps for postage.

Publishers’ Notes.

Wanted.—A copartnership with a physician doing a paying and growing practice in a growing town. Address Dr. W., care Texas Medical Journal, Austin, Texas.

The Mellier Drug Company, of 2112 Lucas Place and 721 Locust street, St. Louis, appreciating the tendency towards a general decline in values take the initiative with their Elliott Saddle-Bags, and as will be seen by their advertisement, make the following very low prices: Small, 24 vials, $6.00; Large, 30 vials, $7.00; Extra large, $8.00. Upon receipt of price the Elliott Saddle-Bags will be delivered, charges prepaid, to the nearest express office.

Tarrant’s Seltzer Aperient is unquestionably a blessing. It is known, used and appreciated all over the world. It is a toilet necessity, and no person thinks of traveling or going away from home without it. There are so many conditions in which it affords prompt relief, that it is impossible to describe them. It is not a medicine, but a luxury,—a draught with cool water is most refreshing. See advertisement of Tarrant’s Hop Malt Extract, the only genuine.

For Sale.—Residence and practice in a flourishing small town in the German and Bohemian settlement, where practice is mostly cash. Business about $2000 a year. House of 5 rooms, situated on a block of ground, good out houses, splendid barn and good fruit orchard. Price, $1000, half cash. The money can be made out of the practice the first year, by a good doctor. Reason for selling, to remove to a city. For particulars address E. R. W., care Texas Medical Journal, Austin, Texas.

The Therapeutical Virtues of Sanmetto.—In just appreciation of the therapeutical virtues of Sanmetto, I have to state that in several cases of prostatitis, atony of the urinary bladder, loss of semen and sexual capacity, I have tried the preparation, and in
every instance my patients have derived some benefit from its use. I shall continue to commend Sanmetto to my patients in the like afflictions, with perfect confidence.

Prof. of Surgery, etc., St. Louis College of Phys. & Surg.

Doliber Goodale Co., "Mellin's Food," renew their advertising contract with the Journal for the eighth consecutive year, having first placed their advertisement with us in October, 1887! Such testimonials to the value and effectiveness of advertising in the great and prosperous "Red Back" Texas Medical Journal speak louder than any words; if it didn't pay it is not likely they would have continued it for fun. Merit always wins, and Mellin's Food has only to be known to be appreciated. It is a household word and household necessity, and the way to spread its name and fame is through the pages of the Texas doctors' favorite—the "Star" journal of the South.

Prevention of Tuberculosis.—Some physicians may not believe in the preventive treatment of Consumption unless it is based on anti-bacterian therapeutics, but we are convinced that the best preventives are to keep the health up to a high standard, which is maintained by wholesome food, temperate habits, clothing adapted to the seasons, sanitary surroundings, dry, temperate climate, etc., etc.

When a tonic and reconstructive remedy is indicated, the Elixir Six Hypophosphites, manufactured by the Walker-Green Pharmaceutical Co., of Kansas City, Mo., has no superior.

Rio Chemical Co., of St. Louis, have a new advertisement in this issue, giving first-class testimonials to the value of their splendid preparation, Aletris Cordial. Read it and be convinced. We take pleasure in commending this house to our many readers as one of the strictly first-class houses of the South, whose dealings are always such as to make a customer of every purchaser, and a friend of every correspondent. They are strictly reliable, and first-class. They have renewed their contract this issue, for the seventh consecutive year. They appreciate a good medium, and find the "Red Back" pays them, and spreads the fame of their products.

"The Halcyon."—It will be remembered that Professor J. B. S. Holmes, the eminent gynecologist and surgeon of Georgia, was conducting a private sanitarium at Rome, Georgia, and it was destroyed by fire. Instead of rebuilding at Rome, as it was announced he would do, Dr. Holmes has removed to Atlanta, and established a private sanitarium for the diseases of women, and given it the name above indicated. In our advertising pages, this issue, will be found the announcement of the institution, and we call attention to it. Dr. Holmes is too well known throughout the South to need any introduction at our hands, or
any commendation. He invites correspondence with Texas physicians as to such cases coming to their hands as may need the benefits of a private institution of the kind, and we can assure our readers that they will find both the doctor and the sanitarium up to date, and strictly first-class in every particular.

The Retreat.—In this issue will be found the advertisement of “The Retreat,” at Nashville, Tenn.,—a first class sanitarium—conducted by a syndicate of leading practitioners of Nashville, with Dr. C. S. Lewis, Jr., formerly of Bellevue Hospital, N. Y., in immediate charge as House Physician. Prof. John M. Calender, of Nashville, is President of the corporation, a sufficient guarantee as to the character of the institution. “The Retreat” is for private patients suffering from insanity, or from alcoholic or drug addiction. There is no such institution in Texas, and we know of none nearer than Nashville, and none better anywhere. See advertisement.

Battle Creek Sanitarium.—The Chicago Clinical Review for June contains a write up of this famous institution, giving a detailed description of its lovely and picturesque location, in choosing which, and in the construction of the great aggregation of buildings, hygiene was the prime consideration; and of the new and peculiar methods of treatment there in use. It describes at length the “dynamometer” an invention of the Superintendent, Dr. Kellogg, for testing the several sets or groups of muscles; and especially dwells upon the attention given the diet, and the pains taken to adapt it to the requirements of each individual case. The writer says:

“And here is where the famous health foods come into use. A great army of people have come to recognize the value of these pure foods, and this industry of their preparation—under the immediate attention and supervision of the Sanitarium authorities—has grown to large dimensions and is destined to be one of the most important undertakings ever put forth. That the foods of mankind in general, and Americans in particular, need reformation, will be admitted by all physicians giving the subject serious thought, and that such reformation must be along the lines adopted and originating at Battle Creek, there can be little question.”

“If you wish to smoothen the skin of a lady’s face which has become rough and unsightly, caused by acne, prescribe Pineoline for her, and she will give you many puffs together with thanks, etc.”—Extract from an article by A. O. Lawrence, A. M., M. D., Medical Brief.

The causes of acne, though often obscure, are frequently found in a lowered vitality, commonly associated with functional or organic derangement of the digestive and sexual system. Menstrual irregularities and uterine diseases, play not an unimportant part, various topical irritants also frequently give rise
to it. The treatment should be made into the habit of the patient, and the cause of the trouble ascertained. The treatment of the causes, together with the local that I will mention, will relieve these pimplles which so often, especially in youths of both sexes at the age of puberty, give the face an unsightly appearance. Hot applications will relieve the congestion, and should be applied as hot as can be borne, five or ten minutes three or four times a day. The pustules should be opened either with a needle or a lancet and the pus pressed out, and Pineoline rubbed thoroughly into the pimplles.

The diet should be light and unstimulating. Buckwheat cakes, hot bread stuffs, nuts, cheese and all sweet and rich articles of food should be avoided. It is often advisable to have the patient drink a goblet of hot water half hour before meal times, if there is a dyspeptic condition present. By internal and dietetic treatment and by the local application of Pineoline, not only your-self, but the patient will be surprised at the rapid disappearance of the eruption.

Cascara Sagrada for the Elimination of Uric Acid.—It seems to be the accepted opinion that the pathology of uric acid is more a matter of defective elimination than of excessive formation. Osler says, "certain symptoms arise in connection with defective food or tissue metabolism, more particularly of the nitrogenous elements; and this faulty metabolism, if long continued, may lead to gout, with uratic deposits in the joints, acute inflammations, and arterial and renal disease."

Not getting the desired results, I was led to drop all the so-called antilithics, and rely simply and solely upon a single remedy—Cascara Sagrada. Repeated trials have convinced me that the faulty metabolism is more quickly remedied with this drug alone than with any other or combinations.

Mrs. G., aged fifty-five, was for years subject to uric-acid storms, and without getting relief. I exhibited the aromatic fluid extract Cascara made by Parke, Davis & Co., in ten to fifteen-drop doses, two or three times daily as demanded, finally settling down to one single dose at the close of the day. The effect was not at once apparent, but within two weeks there was marked amelioration of the aggravated symptoms, and in four weeks the swollen joints had almost resumed a normal appearance, the soreness having nearly disappeared. At this writing (two months having elapsed), there is no complaint whatever, but the remedy is continued. No change was made in the diet, as I desired to more fully test the remedy, and am fully satisfied that the good results were due solely to the Cascara. I have tried other brands of Cascara, but they have not been satisfactory, hence I have come to regard the fluid extract above alluded to as the only one upon which I can confidently rely. It never fails, hence my preference.—Doctor W. H. Walling, in the Medical and Surgical Reporter, July 14th, 1894.
Hospital Cases from the St. Louis Female Hospital.

R. M. KIRLEY, SUPERINTENDENT.

CHANCROIDS OF EIGHT YEARS STANDING.

Female hospital case.—L. O'B., aged 39; nativity, Mississippi; occupation, prostitute; was admitted into female hospital in March, 1894.

Family history could not be obtained. She was suffering from severe vaginal inflammation and chancroids on posterior vaginal wall from cervix to labia, underlaid with deep scar tissue. She states that she contracted chancroids eight years ago and has had them ever since. She has no history or evidence of syphilis, and the deep scar tissue indicated that the chancroids have maintained their locality.

CHRONIC PELVIC PERITONITIS.

M. M., single; age, 23; occupation, servant; was admitted April 23, 1894. Family history: Father living and in good health; mother died thirteen years since, cause unknown.

Individual history: Patient was never sick before. Gave birth to a child two years before. Habits temperate.

Present illness: Contracted a cold about two months ago, followed by severe cough, pain in abdomen and severe headache. When admitted into hospital she assumed constantly the dorsal position; countenance apathetic and indifferent; skin clean; appetite lost; bowels regular; tongue coated; urine highly colored and causes burning in passage. Had not menstruated for two months. Has constant headache.


Treatment: Hot poultices over abdomen and dover powders to relieve tenderness and pain, and given the following reconstructive tonic:

R: Codliver glycerine ...................... 5viij
     Nux Vom. Tr .............................. 5ij

M. Sig. Teaspoonful every four or five hours.

Patient was discharged much improved.

PHAGADENIC CHANCROIDS.

A. H., aged 25, a seamstress, was admitted to the hospital April 3, 1894. She had, she said, been infected some three weeks before and had used vaseline. Examination revealed extension-phagadenic chancroids. The parts were thoroughly cleansed and dried; pure carbolic acid was then applied and the sores dusted with iodoform. At the next clinic, two days later, the patient was much improved, the swelling of the labia had subsided to some extent and most of the sores looked healthy. Those which did not were again smeared with pure carbolic acid and dusted with iodoform. Under this treatment the patient steadily improved and was finally discharged, fully recovered.—*Courier of Medicine.*
The Sanitarium
Battle Creek, Michigan.

INCORPORATED 1867.

The largest most thoroughly equipped and one of the most favorably located
in the United States. It is under strictly regular management. Eight Physicians,
well-trained and of large experience. A quiet homelike place, where "trained nurses," "rest cure,"
"massage," "faradization," "galvanization," "static electrization," "Swedish movements," "diet-
ing," "baths," "physical training," and all that pertains to modern rational medical treatment
be had in perfection at reasonable prices. Special attention given to the treatment of chronic dis-
orders of the stomach and diseases peculiar to women. A special Hospital Building (100 Beds) for
surgical cases, with finest hospital facilities and appliances. Large Fan for Winter and Summer
Ventilation. Absolutely Devoid of Usual Hospital Odors. Delightful Surroundings, Lake-side
Resort. Pleasure Grounds. Steamers, Sail-boats, etc.

J. H. KELLOGG, Sup't, Battle Creek, Mich.

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THE HALCYON,
17 WEST CAIN ST.,
ATLANTA, GA.

Dr. J. B. S. Holmes' Private Sanatorium for Diseases of Women is
now completed and open for the reception of patients. The building is entirely
new, designed and built especially for a Sanatorium. It is finished through-
out with hard wood, the walls are hard finished, and precaution has been
taken, in every detail of construction, to render it, with proper care, abso-
lutely clean and aseptic. It is heated throughout with hot water, and, in ad-
dition, all bed-rooms have open grates; lighted with gas and electricity; elec-
tric passenger elevator and call bells; experienced matron; select corps of
trained nurses, both German and American.

Physicians who wish to send this class of patients from home for treat-
ment may be assured that everything possible will be done for their comfort
and restoration to health.

For further information, which will be cheerfully given, please address

J. B. S. HOLMES, M. D.,
17 W. Cain St., ATLANTA, GA.
FORWARD.

D. ALDEN LOOMIS, M. D., LOUISVILLE, KY.

The medical profession must wake up. There is a call "to advance" all along the line. Young blood and young ideas are coming to the front. The older physicians, with their nauseating syrups, tinctures and fluid extracts, are not wanted. The profession is crowded, and the chances are that, in this country at least, it will be more so. The physician to-day must be on the alert for patients. Hospitals, asylums, and infirmaries and drug stores are strongly competing for patients. In them from 10,000 to 15,000 young physicians are being graduated, to enter new and inviting fields of labor. All these facts emphasize the argument, that unless a man is peculiarly fitted for the profession, he had better seek other business. If a physician fails to make a living, it is a bad failure. Business men don't want doctors, and it is hardly the thing to undertake manual labor. The doctor in active practice must have push and audacity. He must anticipate—anticipate, and carry his ammunition with him. In a crowded church, he should be prepared with restoratives for a sudden case of asphyxia. The same in a theatre, and other crowded places. The quick, kind and affectionate doctor is the successful one. He must be a man of resources, and able to make medicines and tools out of nothing. He must do business economically, get his pay commercially, or his work will turn out charity. Diagnose your case quickly, and then apply its remedy. Keep your own medicines. When you are called to see a lady with a distressing backache or lumbago, give her a little specific tinct. of gelsemium every four hours, or rhuz toxicodendron. Ten drops to 5 iv distilled water—teaspoonful at a time. If you are called to see a child suffering with green, watery diarrhoeal discharges, use a little specific tinct. of chamamilla every hour or two. Prepare with ten drops of the tinct. to 5 iv of water. One-half teaspoonful at a time. If a lady has a weak heart, and is nervous, alternate specific tinct. of cactus with pulsatilla every two hours, ten drops to water as above. If a lady is well on in pregnancy, and complains with aching in the back, hips and thighs, use specific tinct. of Macrotys Racemosa, in half drop doses, four of five times a day. If there are cramps in the womb, specific tinct. of viburnum rum in half, drop doses every three hours. She will bless you ever afterwards. If a lady comes to you with a constant and distressing leucorrhoea, advise the use of "Helonia Tablets." They can be had at any first-class drug store, and full directions for using them accompany each box.

My experience in the profession has been a long and blistering one, and I have always found that the best school for studying the pathology and treatment of disease is at the bedside of sick patients.
THE INCREASE OF SEXUAL DEBILITY IN MALES.

BY JAMES ORR, M. D., TERRELL, TEXAS.

[A paper read before the Terrell Medical Society, October 1, 1894.]

I BELIEVE it was Record who said his conception of Hades was a physician’s office filled with importuning patients afflicted with gonorrhœal ailments. If such was his idea, I am sure contracted meatuses, strictures, gleets, and chronic bladder and kidney derangements, contributed but a small percentage to his woes when compared with impotency, sterility, and kindred ailments, for I can imagine no greater supplicant than he whose sexual powers have already failed, or are in a constant state of impending bankruptcy.

Quacks and patent medicine vendors have been the greatest beneficiaries from this class of patients, many of whom, unfortunately, hesitate long ere making their conditions known to their usual medical attendants, hence large sums of money are annually thrown away in this rich field for humbuggery, where the harvest has been abundant, if the numerous and often costly advertisements of “Lost Manhood Restored,” “Private Consultation Free,” “Grand Turk’s Restorative,” “Dr. Blank’s Invigorator,” etc., are to be taken as an indication. This class of advertisements is on the increase, and I take it to be the experience of every regular practitioner that the number of men seek-
ing legitimate medical aid for these diseases has greatly augmented within the past few years.

The importance of this question becomes apparent when considered in connection with the figures of a recent writer, who asserts that one-fourth of all men in the higher walks of life are sterile, and that forty per cent. of them, at the age of thirty-five, are either totally impotent, or suffer from sexual weakness, neurasthenia, or other form of sexual debility or insufficiency.

The Bibliotheca of this subject is limited, but few special books having been written upon it, while its magnitude and importance seem to have escaped the attention of “standard authors,” as our medical and surgical encyclopedias devote but little space to its consideration, some contenting themselves with mentioning it only in connection with other diseases or ailments of which it is a symptom or concomitant. The excellent little work of Prof. S. W. Gross, on this subject, met a long felt want. In addition to this, a few other good books have been given to the profession. These, however, confine themselves mostly to treatment in connection with which their causative influences are considered only so far as it affects therapeutics, hence we find no moral prophylaxis mentioned. No danger signal waving across the pathway of our fellow men, who, yielding to the demands of business, the dictates of fashion and folly or the allurements of vice and licentiousness are implanting the seeds of physical degradation and moral decay in their limited offspring.

In considering the causes of these conditions, early medical writers confined themselves to the idea of sexual excesses or venereal diseases in the person afflicted, in which views Dr. Gross largely concurs. In fact, he gives stricture of the urethra as the prime factor in causing these ailments, nearly always finding it in victims of the habit of masturbation. So far, I have not read anything on the subject of microbes as a cause of sexual weakness, but I would not be surprised at any time to learn that some enterprising foreign investigator had discovered its pathogenic microbe, to which his unpronounceable name would be attached as a handle, that thereafter the little germ might go meandering down the corridors of time with its founder’s name tied to it like a tin can to a dog’s tail. But until some bacteriologist comes to our rescue, we common every-day practitioners must content ourselves with observing conditions, studying facts as we see them, or treating results.

There can be no question of the correctness of Dr. Gross’ posi-
tion in regard to some of the causes of sexual weakness, but I do not think he goes far enough, as anything causing deep-seated and long-continued urethral congestion will effect the sexual powers. In this way, congestion, inflammation and hypertrophy of the prostate, produces sexual neurasthenia, or other form of weakness, hence, in investigating these troubles the prostate and deep urethra must never be overlooked. A knowledge of these facts has recently directed the attention of medical men to "bicycle riding" as a potent factor in the production of congestion and hypertrophy of the prostate, with tissue changes in adjacent organs, for it places the entire weight of the body on a circumscribed area in the region of the prostate and deep seated urethra, where, if long continued, congestion, engorgement and chronic inflammation will inevitably ensue. In addition to this, the attitude of the "cyclist" is such as to place the utmost stretch upon the lower part of the spinal cord, thus producing irritation in the very region from which the nerves are distributed to the organs of generation. If these premises are correct, bicycle riding may be classed with the causes of the increase of sexual weaknesses among males.

Every observant physician must have noted the increase in the number of cases of nervous diseases among his patients, my own experience being that this type predominates, and the experience of other members of the profession with whom I have discussed it does not differ from mine. The cause of this increase of nervous derangements is to be found in weakened nervous systems due to habits and customs of our latter day civilization. We are developing our minds or filling our purses at the expense of our bodies; exhausting our energies, we perform our work by overdraft upon the future, the ultimate result of which is physical bankruptcy, and he who thus draws upon nature's reserve with the same reckless extravagance that the purse proud Baron draws upon his bank of gold is not the only sufferer from his folly, for his offspring yet unborn will bear the fruits of transmitted weaknesses. Again, our system of education is often one of overwork,—a species of cramming,—by which the mental and physical abilities of children are overtaxed, many pupils, particularly bright girls, being able to trace the origin of grave nervous diseases to this very cause. In all cases of overwork and mental strain, the nervous system is first to give way, the most delicate and complicate parts being the greatest sufferers, chief among which we find the organs of reproduction.
Every organ in the body is capable of performing just so much work, and no more, and it may be extended over a longer or shorter period; thus the habitual masturbator, with his constant practice of self-polution, the libertine, with his promiscuous venery, or the married man whose vows are but license to commit marital excesses, may, and often do, boast of their prowess, but in their excesses they are only drawing upon the future, and taking out of themselves forces they never will regain. Add to these conditions mental or physical overstrain, to which the present generation is so much subjected, and we have all the causes necessary to produce the most intractable form of sexual weakness.

The use, or rather abuse of stimulants and narcotics, is a fruitful source of sexual derangements. Every one knows that the intoxicated may and does have lascivious thoughts, but his power generally ends in his imagination. The withering effect of opiates upon the brain and spinal cord have ceased to be matters of speculation, and the alarming increase in the number of victims of this drug needs no argument to show its influence in producing the unfortunate condition under consideration. It perverts and destroys all the functions of the body. The use of chloral, cocaine and the coal tar preparations all tend to the same result, and while some of them, notably cocaine, may temporarily excite the sexual powers their continued use in the end bring exhaustion and with it sexual weakness and decay, for whatever produces extreme modifications of animal function will in the end bring about structural degeneration.

Heredity cuts no important figure in the induction of these conditions. Some of you may doubt this, but I do not. The heredity of sexual depravity is not denied, then why its weaknesses? If man can transmit his mental, moral and physical traits to his offspring, why not a weakness in his vital organism? It is a well established fact that injurious diseases or deep seated impressions on the central nervous system may be transmitted downward to the offspring, and I take it that few greater impressions are made on a man's mind than by the unhappy condition when in the very prime of life he discovers his manhood failing. As life organization and form descend from generation to generation, so may the diseases and infirmities, and in the language of Benjamin W. Richardson, "The knowledge of such descent should increase our responsibility to the unborn. What evil I inflict on myself, what injury I inflict on others, may be transmit-
ted to those yet unborn." Thus weakened nervous systems from any cause are liable to not only induce the conditions we are considering, but to be transmitted to the offspring also.

The next cause to which I shall allude is that of maternal impressions, and while some of you may not agree with me in the premises I assume, I hope to place the matter before you in such light as to at least merit attentive consideration. In "looking over the inhabitants of our own little city I have been profoundly impressed with the number of families who have no children, one or both sterile, going along the pathway of life hand in hand with no future in store but death and the grave. These people know none of the parental cares, joys, hopes or realizations. Their lives are without worldly stimuli, and their names without possibilities for the future. Some of them are but reaping what they sowed in their youth, while others go down by the waters of Marah and drink of the bitter cup provided by a wrecked or misguided ancestry, for every one of them willfully violating the provisions of nature, defying the laws of physiology or prostituting marriage rights in preventing the heaven ordained duty of bringing forth offspring is in some manner diseased or incapacitated, and the number thus situated is on the increase. Large as is the number of families who are childless they are much less numerous than that other class, able to bear children where the offspring is limited to the smallest possible number, one or at most two children, and it is this class that gives our profession so much trouble about means to prevent conception or gestation. Now, if one of these couples approach the marriage bed with no object in view but the gratification of an animal passion, all the time fearing and trembling lest conception should take place, if they should spend months or years planning against and opposing nature's legitimate results and finally in an unguarded moment or through some mishap "get caught," and on account of the failure of numerous and persistently tried means be forced to carry the unwelcome "child of an accident" to its full time and bring it into existence, need we be surprised if it should fail to have normal procreative powers? Children thus born may show no outward sign of sexual weakness or imperfection, but the mischief is there, and at an inopportune or premature time the latent wrong will become a developed fact, blasting hopes and sometimes happiness and homes. This picture is not overdrawn, and if you will eliminate from your cases of sexual weakness those directly traceable to causes pro-
duced by the individuals themselves, you will find a large majority of the remainder in persons descended from parents having small families.

Believing this as I do, I regard the prevention of child-bearing as one of the curses of this country, and I contend that to it is ascribable much of the increase of sexual weakness not alone among males but females as well, hence I am firmly impressed with the belief that "heredity and maternal impressions" play no unimportant role in the production of moral and physical decay of the human race.

Using means, by the male, to prevent conception is another source of sexual weakness, for whenever we prevent the natural processes of nature we weaken or destroy her powers, and I wish to call particular attention to plans used. First, wearing condoms or protectors, an invention of the French, who are said to be the most immoral and lascivious people in the pale of civilization, their use prevents direct contact of the parts, deprives them of their natural warmth and moisture, inhibits delicate nervous sensations, and robs the act of all its refined pleasures, their continued use ultimately obliterating the nerves of sensation and developing a species of sexual bashfulness or neurasthenia. The man is now sexually weak and liable to transmit the same unfortunate condition to his offspring should he accidentally have any.

The next practice to which I wish to refer is that of withdrawing from sexual congress as the act of emission is about to take place, an invention of the devil. It requires no arguments to show physiologists the evil results of this practice upon both mind and body. It is the worst in its effects of all means to prevent conception, and the man who practices it will sooner or later become a moral and physical wreck, and I wish to digress a little to say that the woman who requires either of these practices from her husband need not expect to long retain his affection or his fidelity unless he is mentally weak and badly henpecked, and if she does it will be a notable exception in the wide field of wrong doing around her. As one of our authors says in regard to raising and caring for children, "A woman who can not or will not forego the ephemeral pleasures and pastimes of society should eke out her life as a barren spinster."

It is not the premise of this paper to discuss symptoms or treatment, but to point out the causes of this growing evil to the human race in the prevention of which the church and medical
profession are alike interested. To us as physicians is ascribed the duty of protecting and perfecting physical man, thereby perpetuating the race and giving stability and greatness to our common country. Knowing our duty we should not shrink from performing it fearlessly, faithfully and well, and then let us hope for happier days to come when under moral influences these maladies will practically cease to exist and the nosology of diseases be changed to strike from their list phenomena now too truly registered but then unknown except by the records of the past.

For Texas Medical Journal.

PUERPERAL ECLAMPSIA.*

BY ROBT. T. MORRIS, M. D., HOUSTON, TEXAS.

THE mortality of this disease, maternal and infantile, and the antagonistic views of various authorities, as to its aetiology and treatment, are sufficient excuses for the presentation of these cases and the deductions made therefrom.

Writers differ also in regard to its frequency: Cazeaux writes that it occurs once in every two hundred cases of labor; Parvin places the ratio at 1 to 300; Meigs, 1 to 500. Most authors agree with the last estimate. In examining some of the records of the Charity Hospital of New Orleans, I noticed that there were nineteen cases of eclampsia in 1552 deliveries, or 1 to 81. This discrepancy is due to the fact that a great number of cases were brought to the hospital because they were eclamptics, and if pregnancy had been uncomplicated, they would have received attention elsewhere; furthermore, their sanitary surroundings, previous to entrance, were none of the best, and, as a rule, no prophylaxis was observed.

The ætiology of this disease is, as far as I can ascertain, clouded in mystery. I believe that he who contends that one factor is the causative agent, and overlooks the several conditions operating in the production of this disease, will see many cases not reconcilable to his theorem. While fully seven-tenths of the

*Graduating Thesis of R. T. Morris, M. D., Houston, Texas, late resident student Charity Hospital, N. O. 
*One of three selected for publication by the Faculty of the Tulane University Medical College, out of the one hundred graduating theses presented.
cases are of nephritic origin, we must not forget the remaining, which may be accounted for by the Traube-Rosenstein theory, or may be due to uterine irritation. The pressure and irritation of the child in utero has undoubtedly a causative influence, or one-third of the cases of convulsions would not cease after delivery, spontaneous or otherwise. (Pavrin.) If we consider the hydraæmic condition of the blood of the pregnant woman; the retention of excrementitious matter in the system, whether it be urea, acetone, carbonate of ammonia, or ptomaines; and in connection remember the convulsibility of the "centers," and the undoubted effect of uterine irritation, we will, in the great majority of cases, be able to account satisfactorily for the phenomena presented.

Admitting the nephritic origin of the disease, we are still at a loss to account for the convulsions. Why should excrementitious matter circulating in the blood produce clonic convulsions, insensibility, sterterous respiration, and the train of symptoms so often observed? King presents a very ingenious theory for the production of the disease. He contends that the normal position of the foetus during pregnancy is oblique, and any deviation from this position produces pressure upon the abdominal vessels, which results in renal trouble and cerebral hyperæmia. His treatment is a logical sequence; remedy the malposition and you will prevent the convulsions.

Prognosis.—Madam La Chapelle estimates the maternal mortality at 50 per cent.; Cazeaux, 33 per cent., and Braun, 26 per cent. The infantile mortality is about 50 per cent. The prognosis is influenced by the time of the occurrence of the convulsions, the earlier they occur in pregnancy the more unfavorable the result, and when they occur first after delivery, the more favorable is the result. In one of the cases reported the convulsions occurred seven days after the completion of labor. Boilly saw a case twenty-nine days after labor; Simpson mentions a case eleven days after delivery.

The following cases are not as complete as I wished, but I hope their accuracy will partially compensate for their brevity:

Case 1.—M. B., 16, primipara. Nine hours after delivery, patient had a single convolution, another some hours later. Bromide and chloral were given every hour and a half. Discharged well; child, well.

Case 2.—M. R., 19, primipara. Convulsions fifteen minutes after delivery, controlled by chloroform, bromide and chloral.
Albumin found in urine fifteen days before confinement. Discharged well; child, well.

Case 3.—M. W., primipara. Twelve or fourteen convulsions during labor, but ceased after delivery. Urine contained 20 per cent. albumin. Chloroform, bromide and chloral. Died seven days after delivery from septicæmia; child stillborn.


Case 5.—S. F., primipara. Several convulsions before delivery, but none after. Bromide and chloral. Died six days later from septicæmia; child, well.


Case 7.—M. B., 21, primipara. Convulsions during labor, but none after delivery. Bromide, chloroform and cathartics. Discharged well; child, well.


Case 10.—M. C., 18, primipara. Convulsions during and after labor; forceps; usual treatment. Died; child, stillborn.

Case 11.—F. W., 22, primipara. Convulsions after delivery; forceps; usual treatment. Died eight weeks later from empyema; child, stillborn.


Case 13.—M. R., 19, primipara. Convulsions three hours after delivery and reached seven in number. Pilocarpine, bromide, chloral and chloroform. Urine contained albumin. Discharged well; child, well.


Case 15.—L. S., 16, primipara. Convulsions during labor,
but none after; forceps. Urine, 15 per cent. of albumin, granular and hyaline casts. Discharged well; child, stillborn.

**Case 16.**—E. P., 17, primipara. Convulsions during and after delivery; forceps. Discharged well; child, well.

**Case 17.**—M. S., 21, multipara. Convulsions before admission. Temperature, 105° at time of entrance; forceps, antifebrine and digitalis. Died; child, stillborn.

**Case 18.**—M. G., 21, primipara. Eight months pregnant. Previous history of convulsions. There were over thirty convulsions, and patient remained in a semi-comatose condition for forty-eight hours. Urine contained albumin, granular and hyaline casts. Pilocarpine, chloral and bromide. Discharged well; child, stillborn.

**Case 19.**—M. G., 16, primipara. Four convulsions seven days after delivery. Pilocarpine, morphine, bromide and chloral. Discharged well; child, well.

In addition to the above cases it may be of interest to report five cases of pregnancy which presented every evidence of organic changes in the kidneys, but at no time did they show symptoms of impending eclampsia.

**Case 1.**—A. S. Urine contained 38 per cent of albumin, granular and hyaline casts. Discharged well; child stillborn.

**Case 2.**—M. F., 38., primipara. 60 per cent. of albumin, granular and hyaline casts. Died a few days after delivery; child stillborn.

**Case 3.**—R. S., 24, primipara; 25 per cent. of albumin, granular and hyaline casts. Discharged well; child well.

**Case 4.**—V. T., 29, multipara. General anasarca, granular and hyaline casts. Discharged well; child well.

**Case 5.**—S. W., 19, primipara. 20 per cent. of albumen, granular and hyaline casts. Died from suppression of urine; child well.

It will be observed that fifteen of the nineteen cases occurred in primipara; that in seven of the cases the convulsions occurred previous to labor, with a mortality maternal of 14 per cent., and infantile of 85 per cent.; that in six of the cases the convulsions occurred during and continued after delivery; mother, 50 per cent; child, 80 per cent.; that the remaining six cases were subsequent to delivery, with a maternal mortality of 16⅔ per cent; infantile, 33⅓. One of the children died with convulsions. The following is the total mortality: mother, 26 per cent.; child, 62.
per cent. It is a noteworthy fact that 36.8 per cent. of the cases ceased after the emptying of the uterus.

TREATMENT.—The management of these cases is divided into prophylactic and curative. Beyond question successful prophylaxis is the ideal treatment, but we are not always so fortunate as to ward off the disease, but the danger can be minimized by a careful and persistent examination of the urine to ascertain the presence of albumen or a diminution in the excretion of urea, or the formation of granular or hyaline casts. The efficacy of a regulated diet, hygiene, and an even and unexcited mode of living should be remembered.

The curative treatment may be considered under four headings, viz.: obstetrical management, sedatives, eliminants, and bleeding.

1. The obstetrical management, when applicable, should take precedence of all therapeutic measures. When 33 per cent. of the cases cease, and 33 1/3 of the remaining diminish in intensity after obstetrical interference, its efficacy becomes obvious and too pronounced to be disregarded, notwithstanding the edict of Gooch, "attend to the convulsions and leave the labor to take care of itself."

2. The sedatives in most general use are chloroform, bromide, chloral, morphine, and veratrum viride. Very encouraging results have been reported from the intermittent use of chloroform, but in a good many cases morphine, hypodermatically, will diminish the intensity and prolong the interval between the convulsions, and at the same time diminish renal congestion and assist the diaphoretic action of pilocarpine, which can be given after the administration of the morphine. Veratrum viride has some extremely enthusiastic advocates.

3. There are many eliminants, but pilocarpine, in my opinion, is the best. It may be given in 1/6 grain doses, every two hours, until free diaphoresis ensues. Murphy recommends 1/3 of a grain every six hours, but a better effect is obtained by smaller doses more frequently repeated. To obviate bronchorrhea and increase the action of the pilocarpine, hot baths and drinks should be used. Many observers affirm that pilocarpine stimulates the gravid uterus; if this is true, the drug possesses another virtue in the treatment of the disease. It has been reported that the skin eliminates from fifteen to seventeen grains more of urea under the use of pilocarpine, but while an increased amount of urea in the system is inert, it is reasonable to suppose that toxic
excrementitious matter is eliminated with it, and the good effect is then obtained. Elaterium is one of the best of the many cathartics. One great advantage is that the condition of unconsciousness is no contra-indication to its use.

4. The history of bleeding in eclampsia illustrates the various cycles a measure may pass through before it reaches its therapeutic level. A few years ago bleeding was considered specific in this disease, and every obstetrician carried his lancet, but at the present time bleeding is seldom resorted to.

Listen to the words of Cazeaux: "As a curative measure we must place sanguineous emission at the head of the list." Meigs cries out in defense of this measure: "The lancet, the lancet, and nothing but the lancet is worthy of confidence."

Delivery, pilocarpine, morphine, and cathartics appeal to me as the most rational agents at our disposal.

For Texas Medical Journal.

**CYSTITIS.**

BY E. T. COOK, M. D.,
President Houston District Medical Association; Surgeon in charge of St. Joseph (the County) Hospital.

[Read before the Houston District Medical Association.]

IN CHOOSING the subject of "Cystitis" on which to write a paper, I have not done so with the view of furnishing for your edification a learned treatise on the subject, or a compilation of what authors of repute may have written about the matter, but rather have I tried to present briefly a few points that have come under my observation in the treatment of this almost incurable disease. The prime object of my paper will be to call the attention of the Association to the little success that is ordinarily attained by the methods of treatment now in vogue, and, if possible, invite a discussion of a subject in which I feel a great interest, and in the treatment of which I have by no means had satisfactory results. I have at times been almost constrained to place this disease along with our continued fevers, so far as the success of our methods was concerned. Here we go wildly to treating, getting generally bad results, occasionally good, but always looking wise, and invariably feeling profane.

As idiopathic cystitis is seldom met, save possibly in gouty subjects, I will divide the disease into acute and chronic. The
acute form is characterized by local pain, a sense of weight about the hypogastric and iliac regions, tenderness on pressure, and extreme irritability about the bladder. There is more or less constitutional disturbance. When a small quantity of urine accumulates, an instantaneous desire to void the same occurs, and the act is accompanied with great tenesmus and intense suffering. The urine is highly colored, mixed with mucus or pus, and often tinged with blood. In my experience, I have seldom been able to cut short this form of cystitis, but find that it usually terminates in the chronic form of the disease, gradually undergoing resolution. The introduction of the catheter in acute cystitis, I think, is contraindicated, on account of the irritation produced thereby. I usually give mucilaginous drinks, to dilute the urine, and alkalies, such as bicarbonate of potash, etc., to render the urine less irritating, keeping the patient in bed and using hot poultices or fomentations applied to the lower part of the abdomen. Hot hip baths, persistently used, sometimes give great relief. Of course, if the urine becomes foul and fetid the catheter may be introduced and the bladder washed out, as the danger of retention of the foul urine will be greater than the harm arising from the passage of the catheter. The authorities cite numerous cases of fatal cystitis (acute), death being the result of septicæmia, suppurating kidney, and rarely, peritonitis. I have met no such cases.

Chronic cystitis, the form of the disease that is most commonly met,—and, by the way, have the gentlemen of the Society noticed how exceedingly common it is, and how often they meet it in their practice?—is the form of the disease with which I want to more particularly deal in this paper. The vast majority of cases I have met are the result of gonorrhœa and its sequelæ, the tight stricture. Gonorrhœa which has been neglected, and as a result has entailed on its victim a career of life-long misery. By way of parenthesis, let me say here that I believe the profession has been derelict in its duty to the public in not impressing on their patients the seriousness of an attack of gonorrhœa. I believe that gonorrhœa has entailed more suffering and misery on the human family than even syphilis, and chiefly because our young men have become imbued with the fallacious idea, as they facetiously express it, that "clap is no worse than a bad cold."

A few years ago the profession seemed to be a unit in favor of washing out the bladder in all cases of cystitis. This I followed for a number of years, with by no means satisfactory results. On
the contrary, I found that instead of doing good I often did injury by throwing astringent antiseptic solutions in the bladder. The irritation caused by the passage of the catheter did more harm than good, and of late I never wash out the bladder except to relieve it of foul urine or to disinfect, when it becomes in my opinion necessary to do so.

The treatment of chronic cystitis must always have reference to its cause. If due to stone or stricture no permanent cure can be reasonably expected until these causes are removed.

To sum up, I have found the following course of treatment the most efficacious. Should decomposition of urine—and it most generally is—be a complication, the bladder should be washed out after having drawn off the accumulated urine by throwing into it about two ounces of lukewarm water containing enough permanganate of potash to make it the color of light claret. This can be repeated until the fluid is expelled without the admixture of urine or pus.

Along with this antiseptic local treatment the patient should be given a prescription about as follows:

\[\begin{align*}
R \quad & \text{Balsam of copaib} & 5i. \\
& \text{Tr. cubebs} & 5ss. \\
& \text{Salol} & 5i. \\
& \text{Syr. acaciae} & q.s. 5iv.
\end{align*}\]

Teaspoonful three times a day.

Of course the diet should be regulated, and the patient kept quiet. I have found this to be possibly the most successful treatment I have used. Every physician however, has his favorite line of treatment. The various astringents antiseptics and cauterants are used. As before stated the specific cause must always be sought for, and if possible eliminated, but with me it has often been the case that after removal of the cause, as far as possible, the cystitis has remained indefinitely, finally involving the deeper structures of the bladder and resulting in cystirrhœa. These are the cases to which I have particularly referred in this paper, as having been in my hands almost incurable.

In connection with Dr. Dolen, I recently treated a case of chronic cystitis in St. Joseph's Hospital, Houston. It was very obstinate and would yield to nothing we could devise. If we did hit upon a treatment that seemed to relieve for the time, the least change in the weather would bring a recurrence, if anything, more severe than the last. I had some samples of coal oil emulsion which I prescribed and which did him great good, so he
expressed. The samples gave out and he relapsed back into his former condition.

Being unable to secure any more of the samples, I put him on the prescription cited above, and he began at once to improve, continuing to do so until he was finally discharged about well. I am of the opinion, though, that on the least exposure he will have a recurrence with all symptoms as violent as ever. 

Apropos of the treatment of this disease, I will say that a few weeks ago I read in a medical journal of the treatment adopted by some surgeon of England. He entered the bladder above the pubes, threw in his antiseptic and astringent solution, and drained through the urethra. He reports great success by this treatment, but, of course, it could not be adopted in the general practice, from the fact that very few patients would submit to such radical treatment.

Now, if I have succeeded in merely causing the members of this society to think of this very common disease, and our inability to successfully treat it, to the extent that we will get their views and experience, I feel that the object of my paper has been attained. It is surprising, considering the seriousness of the disease, to see how deficient our literature is on the subject, most recent authors either ignoring it or passing it over as though they were afraid to deal with it.

Correspondence.

Medical Organization in Texas.

COLORADO, TEXAS, October 18, 1894.

Editor Texas Medical Journal:

Certainly every reputable and ethical physician in Texas should be with you in the desire to see the State Association "absorb all the eligible material in the State, and become a power," but when we review the history of medical organization in the older States, all of them, compared with Texas, enjoying better facilities for gathering in State societies the profession, we must conclude we have no ground for indulging the hope such a desire will ever be realized.

As you suggest in your editorial in the September number of the JOURNAL, "the State is too large and the doctors live too far
apart to ever hold them together in an Association by Membership."

This same objection applies to any and all plans, by "districts" or otherwise. You would have about your same number in attendance at annual meetings, and Dr. Larendon would receipt about the same number for annual dues, as under the present plan of organization.

The treasurer's books will show a large majority only pay their dues while in attendance on meetings of the Association. If such be the fact, one dollar a year per member would not pay expenses.

I do not believe a reduction in dues from five dollars to less will add any to the Association, for annual dues constitutes a small part of the expenses. Railroad fare, in many instances hundreds of miles, hotel bills, loss by absence from home, go to make up the larger part of the expenses, and these will remain.

With you, I regret we have so small a number of the physicians of the State in the Association, but I submit Texas is not lagging behind in medical organization. Let us see: California: Number of physicians, 2,700; number who belong to State society, 360, 13.33 per cent.; number who attend annual meetings, —.

Alabama: Number physicians, 1,800; number who are members of the State society, 1,100, 61.11 per cent.; number who attend annual meetings, 225, 20.45 per cent.

Nebraska: Number of physicians, 1,100; number who are members of the State society, 350, 31.81 per cent.; number who attend annual meetings, 150, 43 per cent.

Mississippi: Number of physicians, 2,000; number who are members of the State society, 450, 22.50 per cent.; number who attend annual meetings, 150, 33 per cent. Mississippi has two State societies, and both are included in above figures.

Georgia: Number of physicians, 3,000; number who are members of the State society, 450, 15 per cent.; number who attend annual meetings, 175, 38.88 per cent.

Texas: Number of physicians, 4,000; number who belong to the State society, 386, 9.65 per cent.; number who attend annual meetings, 175, 45.33 per cent. With reference to district, county, and medical organizations in cities, after observation, rendering me to some extent familiar with similar organizations in other States, I do not think Texas will suffer by comparison.
Again, Texas is not behind in her membership in the American Medical Association. Virginia, with over 2,800 physicians, has 38 members. North Carolina, 1,600 physicians, has 17 members. Mississippi has 2,000 physicians, 21 members. Alabama, 1,800 physicians, 20 members. Nebraska has 1,100 physicians, 68 members. Texas has 4,000 physicians, 71 members.

While it is true we have a small per cent. of the physicians in the State in the Association, compared with other States, and this is not as it should be, and is to be very much regretted, still we have a larger per cent. of our membership who attend annual meetings than others, as shown by above figures, and right here lies the secret of success, or failure. It is not in numbers alone, but how many can be induced to attend the annual meetings regularly.

I am under obligations to the secretaries of the State societies included in this letter, for their courtesy in giving information from their respective societies. It was my intention to include others, but it seems they did not deem my letters of sufficient importance to reply to them.

Very truly,

P. C. Coleman, M. D.

The New Mexican Remedy for Dysentery.

Sabine Pass, Texas, October 20, 1894.

Editor Texas Medical Journal:

Less than a year ago Dr. Knox, of Gonzales, published in the Texas Medical Journal a paper on the Mexican remedy for chronic diarrhœa, chaparro amargoso. He recommended it very highly, and testified to the wonderful effect on himself.

At the time Dr. Knox's paper was published, there was a respectable citizen of this county who had been suffering with chronic diarrhœa for several years, and had despaired of ever getting well. His disease had baffled the skill of the doctors. When I read Dr. Knox's paper, I determined to give our unfortunate citizen the benefit of the remedy. I immediately wrote to Dr. Knox to send me some of it. He kindly did so, and I gave it to the afflicted man, and told him how to take it. About one month from that time, I met him in the street, and he joyfully informed me that he was as well as he ever was in his life. I never saw a happier man than he appeared to be. He remarked, "that medicine is worth its weight in gold."
Six weeks ago I was asked to see a lady. She was almost a skeleton from the effects of chronic diarrhoea. She told me that she had been under the treatment of several prominent physicians, but had only been temporarily benefitted. She had little faith of ever being cured. I had procured a fluid extract of the chaparro amargoso, made by the distinguished druggists, Sharp & Dohme, of Baltimore. I gave her four ounces of the fluid extract, and told her to begin with half a teaspoonful, and increase to one teaspoonful, three times daily. She informs me that she considered herself entirely well by the time she had taken half of the medicine. She is now the picture of perfect health.

This is the extent of my experience with the new remedy. It certainly acted wonderfully in these two cases. There are, of course, cases of chronic diarrhoea where disease has created organic lesions of such a nature that nothing can ever restore the bowels to their normal condition. The chaparro will fail in cases of this kind. It is a valuable remedy.

A. N. Perkins, M. D.

The Transactions: A Correction.

Austin, Texas, October, 1894.

Editor Texas Medical Journal:

Your editorial in the October issue of the JOURNAL, headed "Penny Wise and Pound Foolish," is not correct in saying that Dr. West, Secretary of the State Medical Association, declined to insert the President's picture in the last volume of Transactions, on the plea of economy, notwithstanding the engraving was offered to him free of cost. Believing, as I do, that this statement is based upon a misapprehension of the facts, and that you would not knowingly do Dr. West, or any one else, an injustice, I respectfully request that you publish this communication in the November issue of the JOURNAL, in order that the matter may be correctly understood.

I am free to admit that it would have given me pleasure to have had my picture and biographical sketch appear in the beautiful volume of Transactions which Dr. West has given us, but in view of the probable deficit that confronts us, and my desire to not increase this by an unnecessary expenditure of Association funds, I thought it wise to limit the volume to the strictly legitimate work of the Association, and therefore declined Dr. West's
request that I furnish him with the engraving and biographical sketch for the Transactions.

Very respectfully,

J. W. McLaughlin, M. D.,
President Texas State Medical Association.

We Need a Better Medical Law.

Austin, Texas, November 1, 1894.

Editor Texas Medical Journal.

In all civilized countries, the medical profession have been and are the conservators of public health, the world over. There are some matters of public interest to Texas and to all Texans, and of special interest and importance to her medical men as concerning their character, reputation and dignity, and their obligations to the public, to which I wish respectfully to call attention through the pages of the Journal. I would solicit their influence in abating the present very unfavorable attitude in which the profession is placed in relation to the public and its welfare, in consequence of our very defective and unsatisfactory medical law.

The State of Texas, by her wise legislators, has honored the medical profession and done herself credit is establishing a Medical Department of our State University, and so far as means would allow it has been made a medical school of the first class. The curriculum is of a high order, and the course of study is a graded three years course, of seven months each session, and will compare favorably with any medical school in this country. The equipment, laboratories and buildings are a credit and an honor to the State and to our profession; and, let me say, it deserves at the hands of the profession of Texas a fostering care and interest; and let me say here, that the medical profession of Texas will be recreant to its honor and dignity if it does not come to the front in aid of the State in its proper protection and maintenance.

To do our duty in these matters, the profession of Texas should insist, since the State has established the medical school and has made it almost free to the professional students of Texas, at any rate, cheaper than any school of the kind in the United State, that the legislature should abolish in toto the present law regulating the practice of medicine, and require, in the future, that no one will be permitted to practice medicine except those
who have graduated at a school of like requirements for graduation, say of three years graded course of medical instruction of not less than six months sessions, ours being seven. We should not compel our students to go to our school, but since the State has made the course almost free to her students, the State can, with very just propriety, require a like course as she has provided for them.

The present examining boards should and must be abolished. At the last session of the medical school, there were two students who were unable, on examination, to pass from the first year to the second. They quit the school and went before a board, and got licenses to practice, and are now practicing or are trying to practice. The profession of Texas should not submit willingly to this state of things. Whilst I would not recommend legislation that would disturb the status of those who have qualified to practice medicine under existing laws, it is due from the medical profession to insist that a law shall be passed requiring that all doctors who practice medicine in the future in Texas shall have received a medical education equal in degree to the one provided by the State. Respectfully,

T. D. Wooten, M. D.,
President Board of Regents, University of Texas.

Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

UNDER THE CHARGE OF DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

Trichloracetic Acid in Obstinate Epistaxis.—Kosso
tino (Vratch, No. 82, 1894. American Medico-Surgical Bulletin, Oc
tober 15, 1894), recommends for the treatment of obstinate epistaxis a 3 per cent. solution of trichloracetic acid, instead of the customary iron chloride. The end of a probe is wrapped with cotton, and this tampon impregnated with the acid solution; and with this all the interior surface of the septum is painted. A 20 per cent. cocaine solution may be added, to overcome the intense burning. The hemorrhage is said to cease immediately; and the advantages of this treatment over the traditional treatment
with ferric chloride, is stated to consist in the antiseptic and anti-putrescent effect of the acid.

Exalgin in Chorea.—In a recent number of the Archiv für Kinderheilkunde, Dr. Mettenheimer, of Schwerin, relates two cases of chorea in which he thinks the duration was much shortened by the use of exalgin in doses of from a grain and a half to two grains and a quarter three times a day. The additional treatment employed was that customary in the hospital, and consisted of nutritious diet, malt baths twice a week, iodide of iron and cod-liver oil, and systematic gymnastics.—New York Medical Journal, October 20, 1894.

Cold Bathing During Menstruation.—Depasse (Gazette de Gynecologie, October 1, 1894,) believes that cold bathing during menstruation is a beneficial measure, provided women accustom themselves to the treatment by bathing every day for at least eight days before the arrival of the period, when they can continue during the menstrual flow, without any danger. The author relates the case of a very anaemic girl in whom this treatment gave the most satisfactory results. He then refers to the address of Houzel on the same subject, delivered before the recent Boulogne Congress, and in which the following conclusions were set forth: 1. Cold salt water baths facilitate the menstrual flow. 2. They increase the duration of genital life. 3. They increase fecundity in a remarkable manner.

Thyroid Extract in the Treatment of Infantile Myxœdema.—In a recent paper read before the American Pædiatric Society, Osler (New York Medical Journal, October 20, 1894), reported the successful treatment of a case of infantile myxœdema in which the administration of the thyroid extract produced the happiest results, first, in the entire loss of the cretinoid aspect of the child, in improvement in the color, and in the general nutrition; secondly, in the rapid development, as he had grown four inches in height in a period of fourteen months, and had been able to walk and run about everywhere. Before this he had been carried around in the nurse's arms. In the third place the mental development had been proportionately striking; for fourteen months before his vocabulary had consisted of "mama" and "papa," and now he talked fairly well and said anything he desired. No one meeting the child for the first time
would have any idea that there was anything peculiar about him. Although he was still undersized and undeveloped, and not talking as plainly as an ordinary child of its age, the improvement had been very marked and gratifying. At first the child, who had been three years of age and a typical cretin, had taken an amount of the extract corresponding to about a quarter of a gland in each twenty four hours.

Guaiacol in Tuberculosis.—In an interesting paper, Roland G. Curtin (University Medical Magazine, October, 1894) affirms that the class of cases that seem to be most improved by the use of guaiacol is the one where there is a slow progress, a slight rise of temperature, slow digestion from fermentation, and a poor nutrition. The improvement noticed in these cases may be summed up as follows: Improved digestion and nutrition, and diminished breaking down of pulmonary tissue, and consequently less expectoration. In the author’s experience, this drug is beneficial in chronic ulceration of the lungs, no matter whether associated with bacillus or not. From this fact, he is satisfied that the guaiacol has no specific effect upon the tubercle bacillus. He concludes, finally, that guaiacol is not irritating to the stomach, nor is it so liable to produce irritation of the kidneys or hematuria as creosote. The guaiacol seems to act beneficially on the digestive tract, improving nutrition, and thereby assisting repair. Among the advantages of guaiacol over creosote are, 1st, it is more easily taken; 2d, the process of manufacture insures purity; 3d, you know the exact quantity of the medicinal substance you are administering.

The Therapeutic Uses of Creosote Fifty Years Ago.—William Bodenhamer (New York Medical Journal, October 20, 1894) writes an interesting paper on the above subject. The following is a list of formulæ used by the writer:

In the treatment of tuberculosis of the rectum and colon, this mixture was employed:

\[
\begin{align*}
\text{R} & \text{ Ol. creosoti,} \\
& \text{Ol. amygdalæ} \quad 2 \text{ drachms.} \\
& \text{Tinct. opii} \quad 1 \text{ drachm.} \\
& \text{Pulv. acaciae} \quad 4 \text{ drachms.} \\
& \text{Aq. camphorae} \quad 8 \text{ ounces.}
\end{align*}
\]

An ounce of this mixture was injected into the rectum or colon every night on retiring, and every morning immediately after evacuating the bowels.
For chronic catarrh, or ulceration of the rectum, a tablespoonful of the following combination was injected into the rectum night and morning:

\[ R_\circ \quad \text{Ol. creosoti,} \]
\[ \quad \text{Bals. copaibæ..............aa 1 drachm.} \]
\[ \quad \text{Liq. opii sedativi................1 drachm.} \]
\[ \quad \text{Pulv. acaciae .............. 4 drachms.} \]
\[ \quad \text{Aq. camphoræ.................8 ounces.} \]

The following prescription was found beneficial in the diarrhoea attending pulmonary tuberculosis:

\[ R_\circ \quad \text{Ol. creosoti ................. 6 minims.} \]
\[ \quad \text{Sp. ammoniae aromat ................. 1 drachm.} \]
\[ \quad \text{Aq. menth. piperitæ.............. 4 ounces.} \]

A tablespoonful to be taken three times daily.

The following combination is very good in allaying irritability of the stomach in emesis, as in cholera morbus, etc. A tablespoonful to be taken frequently:

\[ R_\circ \quad \text{Ol. creosoti .............. 15 minims.} \]
\[ \quad \text{Syr. simplicis ............. 1 ounce.} \]
\[ \quad \text{Aq. menth. piperitæ.............. 5 ounces.} \]

This prescription is good in obstinate leucorrhœa. Inject two tablespoonfuls per vaginam twice daily:

\[ R_\circ \quad \text{Ol. creosoti} \]
\[ \quad \text{Liq. potassae .............. aa 1 drachm.} \]
\[ \quad \text{Aq. camphoræ............... 8 ounces.} \]

As an ointment, the following is excellent in burns, fissures, abrasions, chilblains, etc.:  

\[ R_\circ \quad \text{Ol. creosoti} \]
\[ \quad \text{Bismuthi subnit.,} \]
\[ \quad \text{Glycerini .............. aa 2 drachms.} \]
\[ \quad \text{Ung. aquæ rosæ ............. 1 ounce.} \]

The following lotion is good in pruritus ani et vulvæ:

\[ R_\circ \quad \text{Ol. creosoti} \]
\[ \quad \text{Acid. oxalici .............. 1/2 drachm.} \]
\[ \quad \text{Aq. camphoræ............... 2 ounces.} \]

The writer concludes his paper by hoping that creosote, which is at present placed in the first rank as an excellent and highly prized remedy in tuberculosis, will continue to maintain its high position and stand the test of time, never to be relegated, like so many valuable remedies heretofore have been, to that limbus from whose bourn so few ever return.
CAESAREAN SECTION.—Under this head Dr. J. H. Carstens, of Detroit College of Medicine, discusses the relative merits of craniotomy and Caesarean section, where either has to be performed. He thinks no definite rule can be laid down in regard to choice, but that every case must be decided on its merits. In his own experience craniotomy is less dangerous to the mother than Caesarean section. With the Tarnier traction forceps, craniotomy is required much less seldom than formerly. He lays down the following rule for his own use and for his students’ guidance:

"If the antero-posterior diameter is three inches or more, the performance of craniotomy adds but slight additional risk to the mother over any severe forceps delivery. Hence, in cases with such a diameter, I think craniotomy is justifiable."

As an alternative and Caesarean section, he thinks craniotomy is the proper thing where the mother has had a number of living children, and the pelvic deformity came on since; but if the woman has had a number of still-born children, or has had craniotomy performed before, and she desires a living child, Caesarean section is the right thing. In cases out in the country, where the details of strict antisepsis are difficult or impracticable, craniotomy should be preferred, as it gives the mother the better chance for recovery.

In cases where the antero-posterior diameter is less than three inches, not only craniotomy but evisceration, and the removal of the child piecemeal would be called for, and here Caesarean section is undoubtedly preferable.

Emphasis is laid on the point that there should be no interference or efforts at delivery made in such cases, but all preparations made for a section at the proper time.

As to the relative merits of the classical Caesarean section and the Porro-Caesarean section, it is stated that the former is the more dangerous and difficult, while the latter is an absolute safeguard against puerperal fever. On the other hand, subsequent pregnancy is possible after the former operation, but impossible after the latter. Here again the author thinks that the choice
will depend on the circumstances of each case, and he therefore makes no rule.

**The Minute Anatomy of the Fallopian Tubes.**—Whoever is interested in this subject will find an article thereon in the June number of *American Journal of Obstetrics and Gynecology*, by Mary A. Dixon Jones, M. D., well written, well illustrated, highly interesting and very instructive. Much painstaking histological investigation has enabled the author to bring out many new and important points connecting the anatomy and physiology of these organs. No condensation of the article would be adequate or satisfactory for lack of the illustrations, but with a view to indicating its general scope and results, the author's resume is appended:

1. In the tube walls are six layers of smooth muscles. The two main layers are the circular and the longitudinal. These interlace; the circular has the broader area and is nearer the lumen, the longitudinal is nearer the peritoneum.

2. The inner surface of the tube wall is made up of myomatous or myro-fibrous connective tissue, which, in turn, is supplied with two muscle layers, a broader longitudinal and a narrow circular, both interlacing.

3. The mucosa has folds with many ramifications serving for the seclusion of the caliber during life. These folds are the result of the alternate contractions and extensions of the two muscle layers of the mucosa, the transverse and the longitudinal, which are visible throughout all the folds and all the ramifications, arranged in bundles close beneath the epithelial layer.

4. Outside of the longitudinal layer of the tube wall is the layer of blood vessels, mainly arteries and veins, in an arrangement similar to that known to exist in the wall of the uterus.

5. Beyond the vascular layers are the two narrow layers of smooth muscle fibers, both being oblique, both traceable from the uterine ostium up to the fimbriated extremity of the tube, and they correspond to the two oblique layers of the wall of the uterus. The two oblique layers are bordered outwardly by the peritoneum, and seem to serve mainly for the regulation of the afflux of blood in the subjacent arteries and veins.

6. The circular and longitudinal muscle layers are antagonistic in their action. If one layer is contracted the other is relaxed. Again, the two muscle layers of the tube wall proper are antagonistic in their action to the muscles of the mucosa.
contraction of the muscles of the tube wall is accompanied by a corresponding relaxation of the muscles of the mucosa. Within the folds the primary, secondary, and tertiary ramifications are produced by alternate contractions of smaller portions of the muscle layers of the mucosa.

NOTES ON DERMATOLOGY.

BY ISADORE DYER, M.-D., NEW ORLEANS, L.A.,
Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor in Skin Diseases, Medical Department Tulane University, etc.

The Third International Congress of Dermatology is to be held in London, July 31st, to August 4th, 1895. Dr. Geo. T. Jackson, 14 East 34th street, New York City, has been appointed Foreign Secretary for the United States.

Dr. A. D. Rockwell, in the Medical Record of October 17th, claims to have obtained marked effect with electricity, applied with both the galvanic and faradic currents, in a case of unilateral hyperidrosis. He comments upon this instance of the effect in influencing directly the function of the sympathetic.

In the October number of the Journal of Cutaneous and Genito-Urinary Diseases, Dr. Geo. T. Jackson reports five cases of skin disease treated with thyroid extract. He suggests that the dried gland is the most convenient form for administration, and is best given in capsule. So far from favorable results obtained, there was lack of improvement in the skin, and disagreeable symptoms, more or less severe, from the administration. Dr. Jackson concludes his paper with an analysis of the cases hitherto reported (while, however, he does not include, those cases reported in the French journals, in one instance numbering twenty cases) in all some thirty cases, in which it would appear the conclusion had been reached, excluding the cases of psoriasis reported. This scarcely bears out the statements made by Benjamin Squire a few months ago, or those so enthusiastically ventured by the French dermatologists, who have really done the most and best of the experimenting. Of six cases of my own, only one gave any untoward evidence of the medication. In this case, a psoriatic, there were marked nervous symptoms,
anorexia, restlessness and insomnia. All of these disappeared when the extract was discontinued. Two of these six cases were undoubtedly benefited, while two were cured. The other two in no way responded to the medication. One must agree with Dr. Jackson, however, in his comment upon the results obtained in cases of psoriasis. As so many cases of psoriasis get well with little or no treatment, the report of a cure under the thyroid extract, can be of very little value, and especially so, when external treatment has been used in conjunction.

Society Notes.

The Northwest Texas Medical Association—Second Semi-Annual Meeting.

This Association was organized in Bowie some six months ago, a brief mention of which fact was made in the Journal at the time, together with an announcement of the officers then elected.

The following is a summary of the proceedings of the second semi-annual meeting, held at Bowie, Bowie county, Texas, October 9th and 10th ult. The programmes sent out were quite pretentious, and reduced rates on railroads were secured, like a "sho nuff" medical association. It promises to be one of the largest, strongest and most popular local societies in the State. The Journal rejoices to see such activity in organization, its hobby, and the one string upon which it has, for so many years kept twanging away. It will be seen that the citizens took a deep interest in the occasion and contributed to make it socially a brilliant success. They had an eye to business, meantime, and availed themselves of the opportunity to have a "trades display." The local paper gave a long account of the happening emblazoned with startling headlines, and from that account for which we are indebted to Secretary W. C. Dunaway, M. D., we extract the following minutes:

Meeting called to order by Chairman of Committee of Arrangements.

The following members answered to roll call: Drs. W L. York, President, Decatur; B. Saunders, Fort Worth; H Riley, Bowie; J. T. Sparkman, Alvord; W. C. Dunaway, Secretary, Bowie; C. C. Davis, Treasurer, Bowie; T. R. Allen, Greenwood;
B. F. Garrison, Chico; C. W. Parker, Alvord; T. H. Clark, Ryan, I. T.; J. F. Elliott, Bowie; W. D. Patton, Bowie; J. M. Stephens, Dan; J. F. Betram, Chico; J. L. Gaston, Bowie; J. D. Burch, Aurora; R. H. Mitchell, Bowie; B. C. Mitchell, Bowie; O. J. Kendall, Wichita Falls; W. B. Kyle, Leeter; W. B. Palmer, Audubon; H. O. Stacy, Quanah; J. V. Clarke, Salona; J. R. Floyd, Paradise; E. A. Johnston, Henrietta; V. C. McNeese, Montague; H. F. Schoolfield, Sunset; W. A. Adams, Fort Worth; T. D. Thompson, Fort Worth; J. M. Gose, ———; J. S. Ross, Bowie; J. P. Clark, Bowie; Sneed Strong, Stoneburgh; Frank Gray, Fort Worth.

This being the second semi-annual meeting, and being temporarily organized, Dr. H. Riley, Chairman of the Committee of Arrangements, introduced Mayor J. H. Matthews, who, in a most appropriate way addressed the body and welcomed the visiting physicians to Bowie’s hospitalities during the deliberations of the association.

President York was then introduced and responded in an appropriate speech.

Dr. York announced that the Association was ready for business, whereupon the Committee on Constitution and By-Laws were asked for a report.

The committee reported in full through its chairman, Dr. Saunders, after which it was read by section and so adopted as reported.

Dr. Saunders explained the importance of the judicial council, and insisted upon a full understanding of it by each member of the Association. It was also further discussed by Drs. B. C. Mitchell and J. L. Gaston.

The President then appointed the following gentlemen to serve on the judicial council, viz: Drs. Allen, Saunders, Mitchell, Sparkman, Davis and Patton.

The body then chose Dr. Saunders its president, and Dr. Clayton C. Davis its secretary.

Following is their report upon membership:

We, the judicial council, recommend the following for membership: Drs. W. B. Palmer, Audubon; H. O. Stacy, Quanah; O. J. Kendall, Wichita Falls; J. V. Clark, Salona; J. R. Floyd, Paradise; E. A. Johnson, Henrietta; W. B. Kyle, Leeter; J. C. McNeese, Montague; H. F. Schoolfield, Sunset; F. D. Thompson and W. A. Adams, Fort Worth.
The Association then adjourned to meet at the City Hall at 9 a. m., October 10th.

**Wednesday.—Morning Session—9:15 A. M.**

The Association met at 9:15 Wednesday morning, Dr. York in the chair.

Dr. Saunders moved that a committee be appointed to have printed 250 copies of the constitution and by-laws, and 250 blank applications for membership. Also that an assessment of $1 be made upon each member for defraying such expenses as might be incurred by the Association. This publication committee consists of Drs. Dunaway and Davis, of Bowie.

The scientific work of the body was then resumed, whereupon Dr. Gaston, of Bowie, Chairman of Section of Practice of Medicine, read a very interesting and instructive paper upon "Continued Fevers," which was ably discussed by Drs. Sparkman, of Alvord, and Johnston, of Henrietta.

The regular proceedings were then suspended for the hearing of some interesting reports of cases by Dr. Mullens, of Fort Worth, upon eye, ear and throat.

Dr. Davis, of Bowie, then read a very interesting paper on hypnotics, which was thoroughly discussed by Drs. York, of Decatur; Sparkman, of Alvord, and Saunders, of Fort Worth.

Dr. Sparkman, of Alvord, presented a paper upon "Croupous Pneumonia" in children, which was fully appreciated by the Association, and ably discussed by Dr. York, of Decatur. Dr. Kendall, of Wichita Falls, then reported an unusual case of hyperpyrexia that recently occurred in his practice. Dr. Riley, of Bowie, also presented a clinical report of mild progressive senile gangrene produced from obstructions of emboli.

The President announced at this time that he had appointed Dr. J. C. McNeese, of Montague, Chairman of Section on Practice of Medicine; Dr. E. A. Johnson, of Henrietta, Chairman of Section on Obstetrics and Gynecology, and Dr. J. R. Flood, of Paradise, Chairman of Section on Surgery.

**Afternoon Session.**

Body called to order by President York. The judicial council then made the following report:

We, the judicial council, recommend the following gentlemen as worthy of membership in the N. W. T. M. Association, viz: Drs. J. M. Gose; J. S. Ross, J. P. Clark, Bowie; Sneed
Strong, Stoneburg, and Frank Gray, Fort Worth. Report received.

Dr. Riley then came forward as Chairman of Section on Surgery with a valuable paper, entitled "History of Surgery."

The report of a case and clinic was next introduced by Dr. C. W. Parker, of Alvord, as also report of operation for ovariotomy by Dr. York, of Decatur. The latter was discussed by Drs. Riley and Kendall.

Dr. Kendall reported a successful operation of "Super Pubic Cystotomy" for removal of stone in a child four years old.

Dr. Saunders, of Fort Worth, then offered a most valuable paper upon "Acute Intestinal Obstruction," making a powerful plea for early operations where the diagnosis was certain; and if certainty in diagnosis could not be reached, the exploratory incision was justifiable in doubtful cases. Fully discussed by Drs. York, Sparkman, Allen and B. C. Mitchell.

Dr. Allen, Chairman of Section on Gynecology, read a paper upon "Accidental Hemorrhage Before Labor."

Dr. W. D. Patton's paper upon the "Bleeding Uterus," was a masterly effort, and it brought out the effects upon that organ, of irritated sympathetic centers. Discussed by Drs. York, Davis and Johnson.

Dr. Frank Gray, of Fort Worth, read a very able paper on "Corneal Ulcers."

The following resolutions were unanimously adopted by the Association:

Resolved, That the N. W. T. M. Association tender a vote of thanks to Misses Mollie E. Jackson and Maggie Simmons and the forty young ladies of the city of Bowie, and to the Bowie string band for that most pleasing entertainment given the Northwest Texas Medical Association on Tuesday evening.

DR. RILEY.
DR. PATTON,
DR. DAVIS,
Committee.

Resolved, That the sincere thanks of this Association be offered the local physicians, citizens and especially the ladies of Bowie for their kind considerations of us while in their midst.

DR. SAUNDERS,
DR. YORK,
Committee.

After a short discussion of Dr. Dunaway's paper on Anaesthe-
sia, and some short but timely talks by Drs. Saunders and York for the good of the Association, it adjourned to meet in the city of Bowie on the second Tuesday in March, 1895.

W. C. Dunaway, Secretary.

THE BANQUET.

At the close of the meeting the physicians of the city tendered the Association a feast in the way of a banquet, which was spread in the Lowrie building, and it was elegant and temptingly prepared.

Dr. R. H. Mitchell, of that city, acted as master of ceremonies at the banquet, during the progress of which toasts were responded to as follows: "The Doctors' Wives," response by J. T. Roberts, of Bowie; "Texas Native Wines," by Dr. J. F. Elliott; "The Ladies of Bowie," by Dr. B. Saunders, Fort Worth; "North Texas Medical Association," by Dr. Round; "The Medical Profession," by Dr. J. R. Allen, of Greenwood; "The Doctors," by Dr. W. D. Patton, of Bowie; "Citizens of Bowie," by Dr. G. T. Sparkman, of Alvord; "Northwest Texas Association, 1894," by Dr. J. L. Gaston, of Bowie; "Relations of Clergy-men to the Doctors," by Rev. W. A. Stuckey, of Bowie; "Christian Science," by Dr. B. C. Mitchell. Dr. Riley closed the speaking with a few well chosen remarks.

To the Bowie physicians, one and all, is due the credit of attracting this notable gathering to Bowie, and the selection of that city as the Association's permanent place of meeting. The occasion closed with a grand ball.

Medico-Legal Society and Section on Medico-Legal Surgery.

There will be a joint session of the Medico-Legal Society and the Section of Medico-Legal Surgery, at the Academy of Medicine, New York City, on Thursday, November 15th, 1894, at 8 o'clock p. m. precisely.

PROGRAMME.

I.

Session of the Medico-Legal Society, the President, H. W. Mitchell, M. D., in the chair:

a. Election of new members and miscellaneous business.

b. Nomination of officers for the ensuing year.

II.

Session of the Section on Medico-Legal Surgery, Chief Surgeon, Granville P. Conn, M. D., chairman, in the chair:
a. Opening address by Chief Surgeon Granville P. Conn, M. D., on "Hygienic Training of Men in Charge of Railway Trains."

b. Discussion of same, limited to five minutes each.

c. "Expert Examination of Plaintiff in Damage Cases, when Ordered by the Court." By George Chaffee, M. D., ex-President New York State Society of Railway Surgeons.


e. "The True Line of Duty of the Railway Surgeon." By Clark Bell, Esq.

f. Discussion, five minutes each, by Surgeon George Chaffee, M. D., Surgeon A. M. Phelps, M. D., R. S. Harnden, M. D., C. M. Daniel, M. D., S. S. Thorne, M. D., J. B. Murdoch, M. D., Nicholas Senn, M. D., W. B. Outten, M. D., G. P. Conn, M. D., and others. Eminent surgeons have been invited to submit views on this subject who can not be present. Reports will be read from various parts of the whole country.

g. "Medical Witnesses." By R. S. Harnden, M. D., ex-President Erie Railway Surgeons.

h. Discussions, five minutes each, by H. W. Mitchell, M. D., Chief Surgeon Estes, Lehigh Valley R. R., M. Cavana, M. D., C. M. Daniels, M. D., and others.

The New York State Association of Railway Surgeons holds its annual meeting at the Academy of Medicine on same day—morning and afternoon session—to which all our members have been invited, and the members of that Society are cordially invited to attend our meeting, and take part in the discussion.

A general attendance is requested. Members, not on programme, wishing the floor, on either subject, will forward their views, in brief, to the Secretary, if unable to be present. Members will please be prompt in attendance.

For Medico Legal Society,

H. W. Mitchell, President.
Clark Bell, Secretary.
F. B. Downs, M. D., Asst. Secy.

For Section on Medico-Legal Surgery,

Granville P. Conn, Chairman.
Clark Bell, Vice-Chairman and Secy.
George Chaffee, M. D., Treasurer.
Abstracts and Selections.

Emasculation of Masturbators.—Is It Justifiable?

A most interesting and sensational controversy has been for some time going on in Kansas between the newspapers and the Kansas Medical Journal, growing out of the action of Dr. F. Hoyt Pilcher's action in castrating a number of boys confirmed in the evil habit of masturbating,—inmates of the Asylum for Idiots and Feeble-Minded Youths,—of which institution Dr. P. is superintendent. Dr. Pilcher was bitterly denounced by certain newspapers, and the action characterized as "cruel," "brutal" and "unjustifiable." The Doctor says this is political campaign thunder. The several publications on the subject are interesting; they are important, too, in the respect, that they show two things: 1st, that there is a growing sentiment in the profession in favor of castration, not only for disease, but as a prophylactic against a long train of evils, and particularly against the hereditary transmission of vice, disease, and the propensity to crime; and 2d, that the public are not prepared for anything of the kind and must be educated up to it. Much literature, and some of it very good, has appeared upon the subject in medical journals, and the conviction that sooner or later emasculation must be substituted for capital punishment, as well as made a penalty for certain minor offenses, is rapidly gaining ground.

The Journal reproduces the following as showing this tendency. The following is from the Kansas Farmer, under the head of "The Family Doctor," a department edited by Dr. Henry Roby, of Topeka:

THE WINFIELD HORROR.

Family Doctor:—Will you kindly tell us whether the operation of Dr. Pilcher on the boys in the asylum at Winfield was humane and justifiable, or whether it was, as some people claim, a brutal crime and deserving of the penitentiary?

E. B. C.

The presumption of both law and science is in favor of the doctor. I have no personal acquaintance with him and no knowledge of his skill and judgment, no knowledge of the conditions of these particular boys, but the presumption is in favor of the treatment said to have been administered. Emasculation is not a crime when done to save a life, or to cure an insanity or an imbecility, as it often is. It is no crime when it is done to restrain a diseased boy from an otherwise incurable tendency to self-destruction, either of suicide or the sure damnation of an unchecked secret vice.
Castrates are very common in oriental countries. Herodotus says that in Persia they were especially prized for fidelity and honor. Justinian's most famous general was an eunuch. The histories of China, India, Persia, Greece and Rome abound in instances of emasculation for various purposes aside from curing disease. From time immemorial to the days of Pope Leo XIII, the vatican choir was supplied with male soprano singers made such by castration. That custom is still very prevalent in Mohammedan countries. All the harems and seragios are guarded by eunuchs. Many people all over the world emasculate themselves as a religious rite. That large and religious sect in Russia, called Skopjis, are all eunuchs. In the third century the celebrated Origen instituted at Alexandria a flourishing sect on that line, taking his cue from Matthew xix, 12.

There is no just ground of belief that the generative glands in the human species are any more exempt from disease and dangerous disorders than any of the other numerous glands, large and small, in the human economy. They are all subject to disease and malformation, and all alike must be subjected at times to the mercies of surgery in order that life and intellect, or both, may be saved. These glands are no more sacred or infallible than the liver or spleen or kidneys or the brain. All these must fall under the surgeon's hand in many instances that life may be preserved and intellect maintained.

The sexual glands in both cases are the very common seat of serious disease. They are the very common source of insanity and crime when their physiological activities are perverted or reversed. Countless murders have been committed under the ardor and fury of a sexual pervert, and many nameless crimes and outrages in domestic life have their origin in disordered sex glands. Many suits for divorce in our courts would be avoided if all the people had perfectly normal reproductive glands. Thousands of invalid women have been restored to health by the removal of hopelessly diseased ovaries.

I am quite sure that if given the authority of law I could go through the jails, asylums and prisons of this country and emasculate a large percentage of the inmates and turn them out in perfect safety to society, where now it would be the extreme of danger and folly to relax their strict and grim restraint. Just as the fury of the war horse is taken out of him by gelding, so the fury of a criminal is. It would be a most beneficent thing for society and the social compact called the state, if all criminals were emasculated. The impulse to crime would be very largely eliminated thereby and the reproduction of criminals would be stopped. Who can measure in money or in words the incalculable benefit to the race if all criminals of both sexes were thus prevented from spawning their ilk in the great stream of human life? Criminal? Nay! Nay! A God's blessing to the world, a boon to all mankind. Who keeps up the steady stream of criminals from age to age? Criminal progenitors largely. Who educate the innocent and unguarded in the ways of crime? The
offsprings of crime who ought to have been rendered incapable of reproduction.

Society—the State—has the power to protect itself against the fearful prevalence of ravaging crime by any well-timed and well-adapted and humane means that wisdom can devise. But this, the most beneficent, humane and successful of all forms of defensive restraint, is left unused, because, forsooth, like false modesty, a false sense of glandular sacredness stands in maudlin mockery and scoffs at the right.

How many rapes, think you, would be committed, if the penalty were certain and swift castration? Why not make the punishment fit the crime? Then, at least, they would never be repeated. This, the only reason—that from a very primitive age of the world, when mankind engaged in Phallic worship, that is worshiping their own generative organs as the creator, down to the present, a taint of that old worship still clings to the race, and one set of organs is esteemed too sacred for invasion even for the beneficent purposes of cure. A wiser doctrine is found in these words from the sacred writings: "If thine eye offend thee, pluck it out. If thy hand offend thee, cut it off and cast it from thee," etc. And if a procreative gland offend thee (seriously) pluck it out and cast it from thee, is equally good, wise and just doctrine. We do it with all other glands amenable to surgery, and why not this one, which is the railroad switch of human life, that derails many a train of fine human impulses from the track of virtue, sobriety and rectitude and plunges it into the ditch of debauchery and crime.

The next legislature can do the State no greater service than to provide for the elimination of uncounted generations of uncreated criminals who are otherwise sure to be a heavy burden on all right-minded and virtuous citizens, and also to provide proper authority and legal support for treating certain public charges according to the most advanced and humane methods of medicine and surgery.

CASTRATION FROM A LEGAL STANDPOINT.

The agitation of the Winfield affair in the daily newspapers may result in great benefit, not in a political sense, but in enlightening the people upon a subject of much importance to them. Could the public be convinced that by removing the cause, out of imbecility might grow manhood, and out of debauchery and crime might grow honesty and integrity, there would be need of fewer such institutions as that at Winfield. The operation for the emasculation of the sexes loses all its horror when looked upon from a scientific standpoint. The ignorant, irrational or criminal application of any good measure will soon make it obnoxious to the public mind. The emasculation of the female for diseased conditions no longer meets with that disapproval which characterized the first period of its history. The operation upon the male possesses fully as many and as great advantag e
as are accorded the other. The operation should never be sanctioned by the physician unless it is, in his opinion, the last resort for a cure.

It ought to be resorted to whenever, in the best judgment of the physician, in every case where it is the one remedial cure of a condition or disease that threatens the life or sanity of the person, and without which both would be in danger.

There never has been a thought on the part of the State or enacting laws regulating any particular practice of the physician in the honest discharge of his function. He has always done so untrammelled. The law has made it a crime for a physician, under the pretense of practising his profession, to commit abortion, and sends him to the penitentiary for so doing; but in all such laws there is a clause that declares it shall be no crime if the same was done, in the opinion of the physician, to save life. No State, by its laws, looks after an honorable physician in his practice. He is in every way protected. He can lop a limb, take out an eye, make an exsection, reduce the linear capacity of the intestines, amputate a hand, and he needs neither notify the police or call in the county attorney. The necessity and his intelligence and honor give him that right. And it is just the same with castration for any cause or reason.

Dr. Wilber's statement that there are laws existing to punish the physician who makes the operation, is incorrect. There is no such law on the statute books of the world. There could not be so long as reason possesses the legislature.

The physician is above the law, so long as his intelligence and knowledge keep abreast the state of the art in his profession, so long as he is honorable and does not lend himself as a tool to the vicious for the commission of crime.

The medical authority of a public institution is there to advise and is there to act in all cases where the disease or condition confronts him. And he can act just as any other honorable and intelligent physician might act in his private practice, with this suggestion: That our institutions are largely in the hands of politicians, and the physician who would expect fair treatment at their hands when it became necessary to do otherwise, is too ignorant of the ways of the world to be at the head of such an institution, and for their own protection it should be upon the pronounced advisement of eminent medical men, proceeded with dignity and done openly; but this is suggested for the personal protection of the physician from the political wolves of all parties, who would at once clamor for his scalp, if party interests were to be subserved thereby.

Speaking about this operation, there are some situations where the legislature should compel its performance.

A brute who has been guilty of the crime of forcible rape should be prevented from further contaminating our race, and in the neglect to do so, there will be trouble with such a fellow three hundred years after he is dead.

The incorrigible criminal, who yields to neither punishment
or leniency, often serves his sentence and returns to society, and unless he is served in like manner, he will haunt the country with his crime generations after he is dead and forgotten.—Kansas Medical Journal.

THE WINEFIELD CASE.

A political supplement of the Topeka Lance, of September 1, 1894, contains eight columns or more denouncing certain operations of Dr. Pilcher at the asylum for idiotic and imbecile youth, established by the State at the city of Winfield. It appears from the face of the article that there were castrations of several boys who had been long confirmed in a vicious habit, which had not yielded to prior treatment, and which operations had been openly discussed and intelligently considered by Dr. Pilcher and other medical men, and which had been sanctioned and advised by a council of capable and efficient physicians. The whole trend of the article alluded to was not in the interest of the science of health or right living, but had for its one supreme object the political purpose to envenom the voter against the administration under whose reign these operations were accomplished. It is hardly considered the province of a medical journal to seek opportunities to reply to campaign documents, but when they involve the honor and standing of the medical profession, it is necessary as a matter of defense, and the ordinary tribute demanded of a professional man to his profession. It appears by the statement of Dr. Wiles, a former superintendent, that several of the persons operated on had in his time been inmates, had long been addicted to the vice, and notwithstanding a course of treatment by him, which he designates as moral suasion, and consisting of good fatherly advice mingled with the persuasiveness of a straight jacket, these persons still continued to be under complete dominion of that vice, and riveted more firmly to it by the emaciated body and enervated mind that are necessarily incident to long continued processes of that kind. The article clearly discloses that moral suasion as practiced by Dr. Wiles in such cases was absolutely ineffective, and cost the State the expense of constant attendance to simply prevent and not to cure. The testimony undisputed throughout this article is as it had to be, if they proposed to speak ex cathedra, that a surgical operation is a sure and lasting cure; that from the time of the operation the body, shorn of a diseased and brutal functions, recovers and gets strong; that the mind, if the lapse has not been too extreme, also recovers and resuscitates all there is of the man to be saved. Dr. Pilcher met this state of affairs when he took charge. He had the futile methods and experiences of Dr. Wiles before him. He could have continued the same treatment, and so could his successors, in the end leaving for the State, relatives and society, idiocy and total bestiality, but without mayhem. Dr. Wiles was in charge four years and eight months, and it is no unjust criticism to say with such poor
results from his course of moral suasion, he ought to have
changed the treatment, more straight jacket and probably less
advice, or vice versa. One thing is certain: prevention was all
he sought at a constant expense to the State, and with increasing
disability and a stronger passion as the habit continued.

Dr. Pilcher, like a brave and capable man, sought something
better. There could be much saved from such wrecks. He
could give back a restored mind and robust health, a bestial
function destroyed, and he did it. He called around him a coun-
cil of competent medical men; they determined on the opera-
tions, for here was cure, and the operations were performed, and
for which he should have the profound respect and acknowl-
edgeinent of the State, humanity and kindred.

This political article has sought among physicians for anath-
ema, and found Dr. Wilbur, of Kalamazoo, Mich., who declares
that such operations are unlawful, unjustifiable, and physicians
who counsel or practice it should be lodged in the penitentiary,
and who declares it unlawful in most States. These operations
are old as the profession, are the remedy, and only remedy, for
extreme and reprobate cases, recognized as legitimate in the pro-
fusion, and constantly practiced by men eminent in standing
and learning. If any State or Nation has declared it unlawful
and punishable for the physician to make such an operation as a
remedy for this devastating vice, and forbids him under the dis-
pleasure of its laws from so doing, we have not been informed of
it. There may be, but Dr. Wilbur must not confound the pun-
ishment meted out to offenders who, for some malevolent pur-
pose, commit this sort of mutilation on the possessor of a sound
mind in a sound body.

These operations are occurring constantly under the trained
eye of skilled physicians, and all honor to the devoted man who
seeks cure and restoration and gives back to the State a restored
citizen, to society an ornament instead of a burden, and who re-
stores him to friends and family clothed in his right mind, rob-
bed only of a beastly and execrated curse.

It is one thing to fling ordinary political mud, and it is an-
other thing to denounce proper conduct and enlightened meth-
ods to accomplish the change of a few votes.—Kansas Medical
Journal, September 8, 1894.

The American Public Health Association.

The following resolutions, looking to the better protection of
the public health, were introduced at the recent meeting of the A.
P. H. A. held at Montreal, Canada. (From Journal American
Medical Association):

Dr. Arthur R. Reynolds, Commissioner of Health, Chicago,
said, in accordance with the suggestion of the reader of the paper, he desired to offer the following resolution:

"Resolved, That the American Public Health Association, in convention assembled, approve and recommend the enactment of sanitary plumbing and drainage laws in the future construction of our buildings, for the better protection of the health of our people."

Under the rules, this was referred to the Executive Committee without debate.

Dr. E. R. Campbell, of Bellows Falls, Vt., drew attention to the last paper read at last evening's session. He moved the following resolution:

"Resolved, That the American Public Health Association, in convention assembled, approve and recommend the enactment of sanitary plumbing and drainage laws in the future construction of our buildings, for the better protection of the health of our people."

The resolution was referred to the Executive Committee.

The following resolution, moved by Dr. Henry Sewell, of Denver, Col., was also referred to the Executive Committee:

"Resolved, That a committee, consisting of not more than five members, be appointed by the President of the American Public Health Association to consider the best form of sanatoria for consumptive invalids, and the most favorable locations for the same within the United States, the report of the committee to be made at the meeting of the Association held in 1895."

Dr. George Homan, of St. Louis, Mo., offered the following resolution:

"Whereas, It is the sense of the American Public Health Association that the pollution of potable waters in America has reached such a point that the national government should be asked to take cognizance of the matter with the view of devising means of prevention and relief; therefore be it

"Resolved, That this Association memorialize the Congress of the United States and ask that they shall authorize the appointment of a competent commission clothed with power to fully investigate the whole subject of the pollution of rivers and lakes by municipal and manufacturing waste, and provided with sufficient means to enable them to conduct the examination in such manner as shall be deemed best, the result of said examination to be published, from time to time, for the public information."

Which was referred, without debate, to the Executive Com-
mittee, owing to the lateness of the hour of adjournment at last evening's session.

Dr. S. R. Olliphant, of New Orleans, President Louisiana State Board of Health, offered the following resolution which was referred to the Executive Committee:

"Be it Resolved, That it is the sense of this Association, that federal surveillance, control, or interference with State quarantine service, as maintained, is unwarranted and meddlesome. That the test of the efficiency of a quarantine service should be its past record, and the confidence and approval of neighboring States and other quarantine officers. That the solution of the quarantine problem should be left to the local health authorities to be worked out in accordance with their individual requirements, and all progressive steps encouraged so long as such advances are made within the limits of safety. That the formulation of regulations by the United States Marine Hospital Service for control of State quarantine stations, without conference with the local quarantine officials, is to be deprecated, and can result only in conflict between State and National authorities. That the United States Marine Hospital Service has rendered valuable assistance in the way of collecting and disseminating information bearing on quarantinable disease, and that it can become otherwise useful by rendering assistance when called upon.

**FINAL DISPOSAL OF GARBAGE AND REFUSE.**

In connection with this matter, the following resolution was offered by Dr. M. S. Inglis, of Winnipeg:

"Resolved, That a committee of this Association be appointed by the Executive Committee for the purpose of promoting the collection and distribution of sanitary literature and health by-laws on, and regulations, to the members of this Association, to be known as the Committee on Distribution of Health Regulations and Reports. Said committee to have power to make such financial arrangements with members as will cover the cost of such distribution."

**Alcohol and Brain Work.**—It is a general impression that alcohol produces temporary ability for increased activity. Dr. Lauder Brunton asserts that "the influence of alcohol upon psychical processes is curious, for while it renders them much slower, the individual under its influence believes them to be much quicker than usual." The same fact is true of all stimulants. They give the individual the impression of greater vigor and strength, but this is simply a deception. Truly "wine is a mocker."
Attention is asked to the letter from Dr. Wooten, published elsewhere in this issue.

Dr. Wooten, in one sense, may be said to be the father of the Texas University,—certainly he has been the prime mover in securing the establishment of a medical branch, and has been indefatigable in its interest. His devotion to the cause has endeared him very much to the medical profession, and his opinion on any subject connected with it, or upon anything that concerns its welfare, should and does receive respectful consideration.

The doctor points out the absurdity of the State permitting, by its lax laws, half educated or not at all educated persons to come into the State to practice, when she has founded a home school and requires a high order of ability on the part of her sons to entitle them to practice; to allow the refuse of other States to come in competition with her own graduates. It is unreasonable and unjust, and although, so far, every effort at a change in our medical act has been a failure, Dr. Wooten has not lost hope, but calls again upon the influential members of the profession throughout the State to aid him in securing the passage of a bill that will remedy the evil. If every physician in Texas who has a proper pride in his profession would personally appeal to the immediate representative from his county, and present the mat-
ter in its proper light, there is reason to hope that, notwithstanding our past failures, we may be able to get a good law; such a law as is in operation in other States. It is a reproach to Texas that she has no medical law. There is practically no restrictions placed upon the privilege; anybody, from anywhere, who can show a diploma of any kind, can, by registering that diploma with the clerk of the county court, practice medicine.

The JOURNAL has had so much to say upon this subject for the past ten years, that it seems almost threadbare; but it has lost none of its interest, however well nigh despairing; and a renewed effort, inaugurated by the venerable President of the University Regents, kindles afresh our zeal, and we, for our part, will lend him all the aid in our power.

The opposition to medical reform has heretofore come from the homeopaths; but the plan suggested by Dr. Wooten surely can awaken no opposition, either from them or from the eclectics.

Dr. Wooten proposes to have printed a list of all the medical colleges which require three or more years graded course, and certain other requirements, as condition precedent to granting a diploma, and to furnish that list to every county court in Texas. He will ask for a bill which stipulates that the privilege of practicing medicine in Texas shall be granted to only those who hold such diploma, and as this list will embrace homeopathic and eclectic colleges as well as the regular, it would seem that all opposition would be disarmed, and there could be no objection to its passage. This is especially true because the status of the long-time practitioner, whether a graduate or not, and of all who have become, under prior or existing laws, legally entitled to practice, will not be disturbed.

In other words, we must accept the evil as it is; let alone all who are now practicing, if legally, but put up the bars against all comers in future who are turned loose half qualified.

The only difference will be, should Dr. Wooten's idea materialize, that there will be discrimination in registering diplomas; now there is none; and the absurdity of licensing a first course student will be done away with. The desired object can be accomplished by a very short amendment to our present law; it will not be necessary to get up a lengthy bill, like those we have heretofore presented.

The JOURNAL hopes all live medical men in the State will canvass the subject with their representatives and senators, and se-
cure the promise of their support for the measure. If necessary, make such promise a condition to support of the candidate. Our next legislature must give us a better law; the interest of the public, justice, everything demands it.

The Transactions, The Association, etc.—The position the Journal occupies in relation to the State Association is peculiar. It is somewhat embarrassing from the fact that the senior editor was for some years the Secretary, and although he resigned in the hope of promoting greater harmony in the ranks, was re-elected and again resigned—thus making all suspicion of "sour grapes" out of the question—there are those ready to attribute to envy, spite or prejudice, any criticism of his successor's work that the Journal may make, however fair, and with whatever assurances of best intentions, and a consideration alone of the Association's best interest. Why should we envy Dr. West the position? It is at best a hard and almost a thankless one,—or being earnestly desirous of advancement, why should we want to hinder the Secretary in the furtherance of his ideas of progress? Though when the progress seems to us backward we just can't help speaking out.

We hesitated about writing the criticism, fearing some such construction; but, as all old readers know, the Journal has, for years devoted much of its space to association matters, and has worked, in season and out of season, for its advancement, and to fail now to criticise what the fairest and most indifferent member must characterize as an error of judgment, whereby the members are put to still further and unnecessary expense, would be inconsistent with the Journal's record and its avowed course and policy. It has been the Association's champion and defender, and in the language of the day, we have "made a specialty" of looking to what we conceived to be its best interests. To say nothing would perhaps be the wiser course, and the one we feel much inclined in future to follow; it is not our funeral.

In this issue we publish a statement from the President with reference to an editorial item in our last. It will readily be understood. We publish it with pleasure, and again disclaim all intention to reflect upon the Secretary or of doing him injustice. What was said in the editorial referred to was the result of the impression left on our mind after a brief conversation with Dr. McLaughlin. In reply to our inquiry why the Secretary did not publish his picture, he said that Dr. West had informed him that
it would add to the cost, and being already overdrawn, it was thought best not to publish it; words about to that effect. In substance we were right; the only difference being the President authorized the omission, which lifts the responsibility from the Secretary's shoulders. A distinction without a difference.

* * *

Dr. Coleman has a short article on organization in this issue. It is indirectly a reply to the Journal's several editorials on the subject. Let it be here understood, the Journal has not counseled abandoning the State Association. We have submitted a suggestion that perhaps, in view of the fact that at the end of thirteen (twenty-three?) years of trial, and of earnest endeavor the Association is but a trifle larger in members than in 1882 (1870), it would be best to give it up, and stimulate local organization, with the view of having once a year a big medical convention of delegates, somewhat after the style of political conventions. The Journal suggested that in event of such convention the cost for membership would be obviated, and that a dollar ante from each delegate would pay expense of hall, etc.; we have not advised reducing the membership fee, as Dr. Coleman seems to infer. If any one knows or can suggest a better plan the Journal will gladly second it. Or, if the members prefer to let well enough alone (is it "well enough" when, for some reason the membership is being rapidly diminished?) we have nothing to say in opposition; but with a membership of 354* the Association can not pay for many more thousand dollar editions of its Transactions, nor longer hold together. Can some plan be suggested whereby members can be induced to attend? Our observation has been that as a rule only those who attend, pay dues; hence a large contingent is annually dropped from the rolls. Let the interested members follow Dr. Coleman's example and give the Journal their views on "how can the profession of Texas be organized into a State Association."

Medical News and Miscellany.

Dr. T. N. Skeen has removed from Wichita Falls to Winsboro, Texas.

* Dr. Coleman makes an error both in the number of members, putting it at 386, and the total number of physicians in Texas; the best estimates put the latter at plus 5000. That, of course, lowers the per cent.
Dr. Rudolph Matas has been appointed Professor of Surgery of Tulane University Medical College vice the lamented Miles.

Wanted.—A copartnership with a physician doing a paying and growing practice in a growing town. Address Dr. W., care Texas Medical Journal, Austin, Texas.

For Sale.—Practice of $2,000, on railroad. Small village, good churches and schools. Will sell residence and give practice and good will. Address R. H., care Texas Medical Journal, Austin, Texas.

One Hundred and Seventy-eight!—That is the figure reached on the matriculation list of the Medical Department, Texas University, and this its third year. We told you so. Excelsior is the word, and the top is the goal! No college will turn out better prepared doctors than the Texas Medical College.

Prof. J. S. Cain, M. D., whose resignation from the Nashville Medical College Faculty, in which he had for sixteen years held the Chair of Practice, we noted last month, we are pleased to see has returned to the old college and taken the Chair of Principles of Surgery, made vacant by the resignation of Dr. Duncan Eve. The Sewanee Medical College (Summer) is not affected by this change.

Official Organ.—The Houston District Medical Association, by resolution adopted October 22d ult., declared the Texas Medical Journal the official organ of that Society, and notice to that effect was furnished the Journal by its courteous secretary, Dr. J. B. Massie. We will have many good papers from them for the benefit of the readers of the “Red Back,” and to begin with, we present one this month from the President, Dr. Cook.

For Sale.—Residence and practice in a flourishing small town in the German and Bohemian settlement, where practice is mostly cash. Business about $2000 a year. House of 5 rooms, situated on a block of ground, good out houses. splendid barn and good fruit orchard. Price, $1000, half cash. The money can be made out of the practice the first year, by a good doctor. Reason for selling, to remove to a city. For particulars address E. R. W., care Texas Medical Journal, Austin, Texas.
Kind Words.—The Texas Medical Journal, published at Austin, with its attractive red dress, chapters of indispensable medical knowledge and its enviable array of patrons, comes to our table a most welcome visitor. It is a fitting example to the profession of what can be accomplished by masterly management and good endeavor. The Journal has few peers, East or West.—From N. A. Medical Review.

Mississippi Valley Medical Association.—For the Mississippi Valley Medical Association meeting at Hot Springs, Ark., November 20th to 23d, the International Route, I. & G. N. R. R., will make rate of one fare for round trip from all points on its line to Hot Springs and return. Tickets on sale November 17th to 20th inclusive, and limited to 20 days for return.

Call on nearest ticket agent for full information, or address D. J. Price, A. G. P. A., Palestine, Texas.

Hymeneal.—Two doctors with but a single thought, two practices that count as one. Our esteemed fellow citizen and long time practitioner Dr. W. J. Mathews will on the 15th inst., God willing, be united in marriage to Dr. Florence E. Collins, late of Austin, and formerly of Wisconsin. We extend a double congratulation to the two doctors now made one, only in one sense, as we learn that each will continue to practice,—and wish them both, singly and collectively, success. The Journal does not exactly catch on to the new racket instituted in this case, of sending out "at home" cards in the name of Mr. and Mrs. Mathews. When Dr. Byron Robinson married Dr. Lucy Wait they both put M. D., to their name, both "before taking" and "after taking."

The Southern Surgical and Gynecological Association will hold its seventh annual meeting at Charleston, S. C., November 13, 14 and 15, inst. A general invitation to attend is extended to the medical profession. [The President, Dr. Cornelius Kollock, of Cheraw, S. C., was a brother-in-law of our late lamented Bishop Gregg, and the Bishop's talented son, Dr. C. K. Gregg, whose untimely death, some four years ago, is still lamented by a large circle of friends, was named for him.]

The programme arranged for this meeting is an unusually attractive one, and the cream of the medical talent will participate. We observe in the list of papers one by Joseph Price, one by
Jno. A. Wyeth, Engelman, J. B. Murfree, McMurry, Lydston, Matas, Wathen, Holmes, J. S. B., and a host of other big guns. Cheap rates have been secured, and there will be a large attendance. For further information address Dr. W. E. B. Davis, Secretary, Birmingham, Ala.

Double Femoral Herniotomy.—Dr. S. E. Milliken, N. Y. (La Revista Med. Quirurg.,) reports a case of double femoral herniotomy at the advanced age of 64 years. Deep sutures of kangaroo tendon were used to close the crural canal, while catgut was employed for bringing together the skin wounds. The dressings were changed the first time on the tenth day, when union was found complete, and the skin sutures absorbed. The highest elevation of temperature was 101° F., which occurred within forty-eight (48) hours and was attributed to the shock of the operation.

Conclusions:—1. Age is no contra-indication to the employment of the radical cure of hernia.
2. Asepsis and antisepsis should be carefully observed.
3. Even in cases of strangulation the radical cure should be attempted, if the condition of the patient warrants the delay.
4. When the truss becomes a source of annoyance, or if the hernia is difficult to retain, the operation should be performed without delay and before strangulation occurs.

Mississippi Valley Medical Association.—The twentieth annual meeting of this well-known organization will be held, as previously announced, at Hot Springs, Ark., November 20, 21, 22 and 23, 1894.

The interest and enthusiasm manifested in all parts of the country concerning the meeting in November is certainly remarkable. The fact that Hot Springs is to be the place of meeting will probably be an inducement for many to attend. From the large number of favorable responses to his preliminary announcement, the Secretary feels justified, even thus early, in predicting an attendance double that of any previous meeting of the Association.

Let every doctor who can possibly leave home for a few days go to Hot Springs in November. Let him take his family and his friends, and not only a profitable meeting, but a royal good time, will reward him for the exertion.

Frederick C. Woodburn, Secretary.

399 College Avenue, Indianapolis.
The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1895, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered.

Essays intended for competition may be upon any subject in Medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1895.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within it the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in the possession of the College; other essays will be returned upon application within three months after the award.

The Alvarenga Prize for 1894 has been awarded to Dr. G. E. de Schweinitz, of Philadelphia, for his essay entitled: "Toxic Amblyopias."

CHARLES W. DULLIS, Secretary.

Questions.—Questions, idle questions, I know not what they mean; questions from the depths of some infernal ignorance or stupidity—to paraphrase Tennyson—are often submitted to this office, to answer some of which would be difficult, some easy. As a sample of the very numerous interrogatories submitted to ye editor, we will mention that not long ago a superintendent of schools in a certain county in Texas asked (without stamp for reply) if we thought a half hour recess at noon for lunch would be prejudicial to the children's health? We replied: Not, if the children were kept in, and not allowed to eat the lunch; that under no circumstances should they be allowed to run about out doors and play, or otherwise get any fresh air in their lungs, or rest their limbs and back. In some insurance blanks there are the silliest questions asked: for instance, if the examiner is of the opinion that applicant has a predisposition to cough,—or—sneeze.

In a certain company's blank there is the question, whether the applicant had any predisposition to accidents; an examiner, a friend of ours, showed us an application which he had just filled, and the following are the questions and answers; applicant had been bitten in the foot by a spider:
10 (a). Was this accident * * * caused directly or indirectly in consequence of disease or bodily infirmity, or was the disability lengthened thereby? (b) or has the claimant any bodily infirmity which renders him liable to accidental injuries, or that would retard recovery therefrom?

Ans. (Give full particulars.) The accident was unavoidable. He has no infirmity which predisposes him to spider spite, and has no infirmity which prolonged a recovery.

11. How do you understand he was injured? Ans. By the spider, in his own artful way, getting down into B.'s sock and biting his leg.

Just as We Expected.—Secretary West has taken exceptions to our criticism of his work, and imputes it to improper motives. He has written a letter to the Texas Sanitarian, which will appear in that publication for November. In this letter, while ostensibly correcting certain alleged mistakes made in the Texas Sanitarian's review of the Transactions, he takes occasion to rap us pretty severely. He says, "there is one member whose approbation I can never hope to gain; I refer to Dr. Daniel."

Now, this is very unfair and unjust. We can assure him that he can never gain our approbation so long as he is so extravagant in the issue of the yearly volume; but we have always commended his work when we thought it commendable. The doctor seems to think that the Journal holds him responsible for the falling off in membership; whereas it is distinctly stated that "the State is too large, and doctors live too far apart ever to hope to enroll and hold more than a certain per cent. as members." We know that for some reason members have dropped out by the score. During 1889 and 1890 there were 506 members carried on the roll; there are now 354.

We do not undertake to reply to the doctor's letter before it is published, but only write this to show the raison d'être of the editorial in this issue headed "Transactions and the Association."

Holiday Excursions to the South-East.—On December 20th, 21st and 22nd, 1894, the International Route will as usual, have on sale Holiday Excursion tickets to South-Eastern States, including St. Louis, Louisville, Cincinnati, Memphis and New Orleans, at rate of one fare for round trip, tickets limited to 30 days for return. Call on nearest ticket agent for full information.

D. J. Price, A. G. P. A.
Hygiene of the Young in Schools.

Dr. J. Chalmers Cameron, Professor of Obstetrics and Diseases of Children, McGill University, Montreal, read before the American Public Health Association a paper on the above subject. The paper was a distinct arraignment of school boards for neglecting to provide hygienic appliances. The lecturer pointed out that some thirty years ago it was remarked by Mr. Herbert Spencer that the first requisite of success in life is to be a good animal, and that to be a nation of good animals, is the first condition to national prosperity. As the nation is an aggregation of individuals, the history of the nation is in a certain sense the history of its individual merits. Its strength, progress and development depended upon the strength, progress and development of its members; therefore, other things being equal, that nation will be most prosperous which secures the highest development for its members. From the age of four or five up to fifteen or sixteen, the period of active growth and development, most children are at school, being educated and trained for their life work. If the schools fulfil their important functions well, and turn out their scholars good animals, well equipped for the battle of life, the first condition of national prosperity will have been attained; but in whatever degree they fail to secure the best results, in the same degree will they hinder national progress.

It seems, therefore, peculiarly fitting that the American Public Health Association should examine carefully the methods of the public schools, and inquire whether the best possible is being done, and whether sufficient attention is being paid to the all-important matter of hygiene. However we may theorize as to the nature of man, we can at least distinguish two essential parts, mind and body; and however we may speculate as to their essence and mode of union, we know at least that all life long they are linked together for weal or for woe—they develop together, mature together, decay together, ever dependent upon each other, reacting upon each other, sympathizing with each other, suffering with each other. When we strengthen the body, we invigorate the mind; when we starve and neglect the body, we starve and enfeeble the mind. It follows, therefore, that for the proper development of the individual, the body must be considered and cared for, as well as the mind. According to nature's plan, body and mind develop simultaneously, not alternately. While bone and muscle, nerve and gland are growing and specializing, the child is busy observing, testing, comparing, gaining a knowl-
edge of his environment, and learning to reason and think. So the process goes on; but by and by the child is sent to school. Is the same plan of development continued? Do our school boards realize that education should look to the physical as well as the mental needs of their scholars, and that strong bodies are as essential to success in life as well-stored minds?

When we look at the curriculum of our schools, we find no lack of studies; perhaps the courses are too extensive, and too much is being attempted. We find that the scholars are carefully graded and arranged in various forms and classes; that their work is thoroughly systematized and that they are taught and examined secundum artem. All are cared for, none are overlooked. But in how many schools is adequate attention paid to the physique of the scholars? In how many is their physical condition examined and studied? Before they are promoted to a higher form they must obtain a certain percentage of marks in their examination, and demonstrate their ability to undertake more advanced work. But is there ever a question as to their physical ability for the new work? At the end of the year they are examined to determine their scholastic proficiency. Is there ever a question as to how the body has fared meanwhile? Some schools have playgrounds and give a recess presumably for play, but play is optional—the children may play or not as they please—there is no grading, no direction or supervision. Some schools have a gymnasium, but in how many is there a competent instructor to examine the scholars and grade or supervise their work? What sort of progress would there be in a school if the scholars were allowed to choose whatever studies they pleased, go into whatever classes they pleased, and study or not as they pleased? And in like manner what sort of bodily development can be expected when the arrangements for physical training are so crude and unsatisfactory? In respect to physical culture our educational system is sadly deficient. Childhood is the time to detect and prevent such deformities as spinal curvature and pelvic deformity.

Not only should children be taught in school how to stand, sit and walk, but more important still, they should be taught how to breathe. In the larger cities a valuable addition to the educational staff would be an inspector of physical culture. School desks are responsible for a good deal of deformity. The desks and seats are of uniform height, while the pupils are of various sizes. If too tall the children must stoop; if too short
they must reach up somehow. No matter whether the spine is curved or the shoulder raised, the chest is compressed. Could not there be, asked the doctor, some simple arrangement of raising and lowering the desks and seats like a piano stool? The doctor considered the bar-bell exercise as most generally applicable to school work. Physical exercise in schools should aim to cultivate the habit of sitting, walking and breathing properly. A child that sits improperly is apt to stand and walk improperly. If the bad habit is not corrected, more or less permanent spinal curvature is apt to result.

Much has been done in investigating the causes of disease and preventing the spread of infection. Can we not go a step further and develop in children strong bodies which will resist the inroads of disease? Bacteriology has taught us that many diseases are directly traceable to the action of microbes introduced into the body from without. The seed, the infective microbe, is the one factor; the suitable soil, the debilitated body is the other factor. Dazzled by the brilliant discoveries of bacteriology, have we not overlooked somewhat the necessity of rendering the soil unsuitable for the growth of the seed by developing the existing powers of the human body? If we attack the problem from both sides, its solution will be easier and more satisfactory. We live in an age of restless activity; now, more than ever, is there need for strong physical frames to bear up in the ever increasing struggle of life. Now, more than ever, are men and women breaking down in middle life, their usefulness cut short when they have become most valuable to society and the State. Now, more than ever is the battle to the strong and staying power is essential.—Journal Amer. Med. Assn.

Book Notices.

A Manual of Therapeutics. By A. A. Stevens, A. M., M. D.. Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College, Philadelphia; Physician to St. Mary's Hospital and to the Southeastern Dispensary; Pathologist to St. Agnes's Hospital. In one volume of 435 pages. Price, in cloth, $2.25. W. B. Saunders, publisher, 925 Walnut street, Philadelphia. 1894.

As its name indicates, this book is only a manual, and is intended especially for students. The author has endeavored to furnish the beginner in the study of therapeutics with an "outline of modern therapeutics, to be filled in and extended by sys-
tematic study of the larger works." The advantages to the student of first becoming familiar with the classification of drugs, together with their physiological action and small range of therapeutical application, before attempting to master a knowledge of their many and varied uses as taught in the larger works, is obvious to any one who has passed over this stage. The great difficulty with the beginner is that he finds more in his textbook on therapeutics than he is able to master, and repeated attempts often result in confusion. It is to give him a clear idea of the ground work upon which to build his superstructure that Dr. Stevens has prepared this excellent manual.

The book is the result of careful study; it is concise and practical and is superior to the average manual, and we heartily commend it to all medical students.

H.

Clinical Diagnosis. By Albert Abrams, M. D. (Heidelberg), Professor of Pathology, Cooper Medical College, San Francisco, Cal.; Pathologist to the City and County Hospital, San Francisco; Author of "A Synopsis of Morbid Renal Secretions," etc.; President of the San Francisco Medico-Surgical Society (1893-'94); President of the Alumai Association of Cooper Medical College (1888-'89). Third edition, revised and enlarged. In one octavo volume of 273 pages, with 28 illustrations and handsomely bound. Price, cloth $2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

The first edition of Dr. Abrams' Clinical Diagnosis was issued in 1890, and it has met with so favorable a reception at the hands of the medical profession that in the short space of four years it has passed to the third edition. This work is not so voluminous as many others, but owing to the excellent arrangement and the many synoptic tables, it is one of the most valuable ready reference works on this subject. In this edition a chapter on insanity, a summary of recent methods of diagnosis and many synoptic tables have been added. This last addition will prove of much value to the student and practitioner, and greatly enhances the value of the volume. We heartily commend the book to the profession.

H.


The 18th edition of this popular anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are-
Three large editions have been sold in England, testifying to the popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies.


The necessity for a book on medical physics, one more complete than the elementary works on this subject, and not so large as to require too much time in mastering it, is very apparent. It is a deplorable fact that a very large number of medical students are totally ignorant of physics when they matriculate, and it is for the purpose of furnishing these students with a work on this subject, giving them all the necessary information and in the shortest possible form, that this book has been written.

The author claims no originality, but he has succeeded in producing a most excellent compilation. The subjects could hardly be presented in a more concise or clearer way. The book will doubtless become very popular with medical students, and it deserves to be.

**The Discovery of Modern Anaesthesia—By Whom Was It Made?** A Brief Statement of Facts. By Dr. Laird W. Nevius, Specialist in the administration of Nitrous Oxide Gas for Minor Surgery and the Painless Extraction of Teeth, Cooper Institute, New York. 111 pages. Printed on fine heavy paper, with a number of full page portraits. Price, cloth, $1.00.

This is the most complete history of the discovery of modern anaesthesia that we have ever seen. The author has endeavored to give an impartial and unprejudiced statement of the claims of the four contestants—Dr. Crawford W. Long, Dr. Horace Wells, Dr. W. T. G. Morton, and Dr. Charles T. Jackson for priority in the discovery. He does not claim to have discovered anything new bearing on the subject, but has compiled facts and figures, showing when and where the four noted men were born, where they received their professional education, when and where they performed their first operations using an anaesthetic, etc.

After giving a careful history of all the circumstances attend-
ing the first uses of ether, nitrous oxide gas and chloroform to produce anæsthesia for surgical work, the author makes the following statements:

1. That Dr. Crawford W. Long, of Athens, Georgia, discovered that sulphuric ether was an anæsthetic and that under its influence surgical operations could be and were performed by him in the year 1842.

2. That Dr. Horace Wells, of Hartford, Conn., discovered that nitrous oxide gas was an anæsthetic and that under its influence surgical operations could be and were performed by him in the year 1844.

3. That Dr. William T. G. Morton, of Boston, Mass., first publicly demonstrated to the world that capital surgical operations could be and were performed without pain under the influence of sulphuric ether, in the year 1846.

4. That Dr. James Y. Simpson, of Edinburgh, Scotland, discovered that prolonged surgical operations could be and were performed by him without pain under the use of chloroform, in the year 1847.

TREATMENT OF TYPHOID FEVER. By D. D. Stewart, M. D., Lecturer on Clinical Medicine in the Jefferson Medical College, of Philadelphia; Physician to the Medical Dispensary of the Episcopal Hospital; formerly Attending physician to St. Mary's Hospital, and to St. Christopher's Hospital for Children; Fellow of the College of Physicians of Philadelphia. One hundred and four pages. Price, in paper covers, 25 cents; cloth, 50 cents. George S. Davis, Publisher, Detroit, Mich.

The opening chapter is on the "Prophylaxis of Typhoid Fever, General and Special," in which the source of infection and the pathogenic germ are discussed.

The second chapter is devoted to the "General Management of a Case of Typhoid Fever." In this chapter, the author gives minute instruction for the care and nursing of the patient, including the diet, the care and ventilation of his room, the bath, the disinfection of the feces, etc.

In the third chapter, the subject of "Specific and Antiseptic Treatment of Typhoid Fever" is discussed. The author gives the preference to the Brand method when it is practicable, but when it is not (and this is the case with the majority of patients we meet in private practice), he favors the antiseptic treatment, and believes that beta-naphthol is the best of all the antiseptic agents that have yet been proposed.

The fourth, and last, chapter is devoted to the consideration of the "Treatment of Special Symptoms and complications."
this chapter, the many complications that come up during the course of the disease are carefully considered, and specific rules are laid down for their management. This chapter is a very important one, owing to the fact that it deals with the symptoms that give the physician the greatest difficulty in the management of typhoid fever cases. The book is an excellent one, and will assist the physician much in his work.


There is, perhaps, no disease that the physician is more frequently called on to treat than gonorrhœa, and certainly none that occasions him more worry and anxiety, and in which he meets with more disappointments. Until very recent years the treatment of this disease was entirely empirical and routine, and only since the advent of bacteriology has some light been thrown on its pathology, and a rational line of treatment become possible. The discovery of the gonococcus, the possibility of its more ready culture and more precision in the question of mixed infections, are important advances made in recent years. One of the most important contributions to the literature of this subject is Dr. Finger's excellent monograph, of which this is the third edition. Many valuable additions have been made in the present edition, and it constitutes an exhaustive treatise, fully abreast of the times, containing all the recent bacteriological investigations as well as the most approved methods of treatment.

Transactions of the Southern Surgical and Gynecological Association, volume VI. Sixth session held at New Orleans, La., November 14, 15 and 16, 1893. Published by the Association, 1894.

This volume, like its predecessors, is a credit to the Association and to the publishing committee. It makes a handsome book of nearly four hundred octavo pages, and is well filled with excellent articles on surgical and gynecological subjects. The papers presented at this meeting of the Association cover a wide range of subjects, and were contributed by men eminent in the medical profession. They are valuable contributions to the literature of surgery and gynecology, and their publication in substantial book form will be appreciated by the entire profession. A volume of transactions so attractive in appearance, and containing so much matter worthy of preservation, merits much praise.
Publishers' Notes.

We wish to call the special attention of our readers to the advertisement of the Renz & Henry Pharmacal Co., which will be found facing reading matter, in this issue.

John Kendrick Bangs' quaint humor is to enliven the pages of the Ladies' Home Journal with a series of twelve articles depicting the club talk of four men about women's affairs. Mr. Bangs calls this club "The Paradise Club"—"paradise," he says, "because no woman nor serpent ever entered into it."

McIntosh Natural Uterine Supporter.—The attention of readers is called to the removal of this firm from Chicago to Philadelphia, and the big reduction in prices of instruments; cut just half in two. These instruments are deservedly popular, because they give satisfaction, being constructed on anatomical principles. See advertisement.

Important.—Systematic study and clinical experience has demonstrated the fact that R. & H. Three Chlorides is thoroughly compatible with iodide potassium, iodide ammonia, iodide sodium, chloride ammonia, chloride gold; strychnine, liquid pepsin, etc., without fear of precipitation or any accompanying bad features, hence a valuable vehicle in their administration.

Sharpe & Dohme have issued their new price list, revised and corrected, with numerous additions to their list of preparations, the most complete list they ever issued. A copy will be sent free to any reader of the Journal who will mention this notice. We assure readers that it is well worth asking for and the stamp on a letter. These tablets have become a necessity with progressive doctors.

CINCINNATI, O., August 8, 1891.

Wayne's Elixir Co.:
I have been familiar with Wayne's Elixir for many years, and I take pleasure in recommending it to the profession, feeling confident that in any case in which a diuretic is indicated that it will give satisfaction. W. E. KIELY, M. D., Prof. Principles and Practice of Medicine, Womans Medical College, Cincinnati, Ohio.

It is impossible to estimate the number of people who die annually of exhaustion in sickness while receiving the treatment that their diseases respectively demand. The friends and relatives are told the same old story, "you did not call me in time. He died of exhaustion before the medicine had time to correct the disease." Renew your patient's strength with Cod-liver
Glycerine, and bridge them over this period until the curative medicine has had time to act. It mixes with all medicines.

Since their introduction, the hypophosphites have firmly maintained their hold on professional and popular confidence, and today are prescribed alone and in combination by more physicians than any other remedy. This is strong testimony to their superior worth, because of their fine tonic and constitutive properties which have been and will continue to be a means of relief and strength to thousands. McArthur's Syrup Hypophosphites (Lime and Soda) Comp. is a reliable preparation worthy of trial. If a stimulant is needed, you may add it. It isn't there when you do not need it, as McArthur's Syrup is simply a tissue builder, a permanent tonic.

To Paraphrase Hoyle's Wellknown Rule.—"When in doubt give Lapactic pills S. & D." They contain ¼ gr. of a specially prepared purified Aloin combined with 1 60 gr. of strychnine, ½ gr. of extract of belladonna and 1-16 gr. of that good old standby ipecac. These pills have been used very largely during the past nine years, and the entire credit of their introduction to the profession belongs to Sharp & Dohme of Baltimore. One of their chief claims of superiority lies in the fact that they never gripe, and this it is claimed is due the purity of the aloin employed by S. & D. Samples will be mailed to any physician who desires to test Lapactic pills in his practice. When writing for the sample mention the Texas Medical Journal.

Cacti and Other Tropical Plants.—Attention, especially of our Northern friends, is directed to the advertisement of Mrs. Nickels. At Laredo, she has the largest and best collection of cacti, agaves, century plants and other tropical beauties, to be found in the world. She can pack and ship them any distance so that they arrive in perfect order, and she gets special low rates. It is well known that most of this class will grow anywhere, and thrive absolutely without attention. Why should everybody who admires these curiosities of plant life not have a fine specimen? Send to Mrs. Nickels for an illustrated catalogue, and mention this note, and you will surely order a few of her splendid plants.

Europhen in the Treatment of Syphilis.—While it is generally conceded that iodoform exerts a very favorable effect upon specific lesions, its objectionable features—unpleasant penetrating odor and toxic properties—have militated against its use in many cases. Efforts were, therefore, made, from time to time, to discover a substitute for this drug, which would embody its desirable properties and be devoid of its disadvantages. Among the numerous remedies proposed Europhen has been found to meet all the indications of iodoform, and possesses the notable advantages of being free from disagreeable odor and poisonous effects,
and of having greater adhesive and covering power. In the
treatment of syphilitic lesions of the skin and mucous membrane
these desirable qualities of Europhen are strikingly exhibited.
It forms an impermeable antiseptic covering under which healing
takes place promptly without the least irritation. It has been
employed with marked success in the local treatment of chancres,
condylomata, ulcerating papules and gummata; and owing to its
strong adhesive power to mucous membranes, it is an ideal ap-
lication for syphilitic ulcers of the nose, mouth and throat.
Europhen may be applied in the pure state as a dusting powder
or in the form of an ointment (ten to fifteen per cent) with vase-
line or lanoline. Injections of Europhen dissolved in olive oil
(five percent or more) have also given good results, especially in
tertiary specific lesions, and deserves a trial. Europhen can,
therefore, be recommended as a perfect substitute for iodoform in
venereal affections, and is an important addition to our list of
topical remedies for the treatment of syphilis in its various stages.

Being convinced of the value of Kola as a tonic stimulant, and
desirous of presenting a preparation which should contain the
active medicinal principles of the drug, yet free from its acrid
and bitter taste, Messrs. Frederick Stearns & Co., of Detroit,
Michigan, after long study and experimental investigations have,
by an original process, produced a preparation, "Stearns' Kola
Cordial," which is one-fourth the fluid extract strength, and is
palatable and delicious in taste. It has been tested in several
large hospitals, and in the private practice of many prominent
physicians.

Dr. E. B. Smith, of Detroit, Michigan, in speaking of the
preparation, says: "Kola Cordial in my hands has supplied a
great want. It seems to be a systemic tonic, acting especially
upon the nervous and vascular systems. The action upon the
circulatory system is a peculiar one, and in surgical cases where
I have administered, it seems to be a valuable addition to our
armamentarium."

Kola owes its therapeutic action to Caffeine, Theobromine,
and a principle peculiar to itself, called Kolanine. Its stimulat-
ing and sustaining effects on the nervous system are more
prompt, powerful, and of longer duration than that of Caffeine
alone. It is also superior to Coca as a cerebro-spinal stimulant,
with none of the objections which so frequently follow the con-
tinued use of the latter. Stearns' Kola Cordial is to be recom-
manded to those whose work subjects them to excessive mental
or physical exhaustion.

Messrs. Frederick Stearns & Co. will gladly mail, on enquiry,
samples and literature, or will forward an original package to
those physicians who are willing to assume the express charges.

The American Disease.—It is a remarkable fact that many of
the most valuable discoveries in materia medica have been made
by laymen, and not until after a lapse of years adopted by the
scientific world. The marvelous stories told by travelers of the uses to which the leaf of the Erythroxylon Coca was put by the South American Indians, were received *cum grano salis* by the general reader, and met with ridicule from the medical world, and not until recently was attention really fastened upon the "miraculous leaf," as it was called by early writers.

The fact that the Indian traveled for days carrying heavy burdens without food, being sustained by the leaf only, demonstrated its powers in sustaining vital energy and restraining tissue metamorphosis. This suggested its use in phthisis and all forms of anaemia, in debility following fevers and after surgical operations. Coca has now taken its place as a reliable remedy in many conditions, such as sleeplessness, despondency, and as a general and heart tonic and invigorator. Its property of strengthening the voice, due to its being a tensor of the vocal cord, makes it very useful for the singer and public speaker, and it is a reliable aphrodisiac without being irritating.

Ordinary coca wines have some value in promoting digestion due to their stimulating properties, but many of the wines on the market are improperly prepared or have too high a percentage of alcohol, which impairs the true therapeutic properties of the coca. Among the later preparations, one known as "Maltine with Coca Wine," has attracted our attention. The well-established reputation of maltine as a food and digestive agent, and as a vehicle, was a guarantee that the combination of maltine, with a carefully made coca wine prepared from fresh leaves and containing a small percentage of alcohol, would prove a valuable acquisition to our list of elegant pharmaceuticals. When it is known that each ounce of Maltine with Coca Wine contains enough diastase to digest thirty ounces of starch at the bodily temperature and all the active principles of thirty grains of assayed huanaco coca leaves, its value will be readily admitted.

"The American Disease," an irritable heart combined with indigestion and nervousness, so common among our business men and almost universal among women of the upper classes, presents a problem of ever-varying embarrassment to the clinician. Alcoholics may mitigate the symptoms of this condition temporarily, but lead to disastrous results. To try to give relief with opiates is little less than homicidal. Maltine with Coca Wine is an ideal combination in these cases, not only on account of the coca, but from the food and diastatic values of the maltine, and is not followed by habit symptoms, for when the condition is relieved, the remedy is no longer needed, and its withdrawal is not followed by depression. In this particular, coca differs from all other stimulants and narcotics.

A well known writer happily characterizes the dual action of Maltine with Coca Wine in the following graphic manner: "The coca boosts the patient and the maltine furnishes the peg that prevents him from slipping back." Other tonics afford only temporary stimulation with nothing to prevent the subsequent reaction.—*Nat. Med. Review.*
CAUSES AND TREATMENT OF CHRONIC MIDDLE EAR CATARRH.

BY R. E. MOSS, M. D., SAN ANTONIO, TEXAS.

[Read at annual meeting of Southwestern Texas Medical Society, Oct., 1894.]

This disease is by far the most common cause of partial or total loss of hearing, and as the hearing is only second in importance to the sight, we readily understand that it is a subject of great importance. I will first briefly allude to the anatomy of the parts primarily involved, and the effects secondarily caused by this affection. The middle ear might be styled the transmitting apparatus, and contains the three bones, malleus, incus and stapes. The malleus with its long arm attached to the membrana tympani, short arm or process to superior posterior wall, and its articulating surface with the incus. The incus has its short process attached to wall above, and its long arm acts a lever and articulates at the extremity with the stapes, which fits into the round window. The incus and malleus articulate with each other by a half ball and socket movement. This is a most marvelous piece of mechanism, and not only transmits the sound waves, but greatly increases them when these joint surfaces work in a harmonious manner. The space above these is called the attic, which opens into the mastoid antrum. We have the Eustachian tube connecting this drum or middle ear space with the nasopharynx. All of this space is lined with del-
icate mucous membrane, which is continuous with that of the nasopharynx. Catarrh of the middle ear is not strictly a local process, but is one of the many manifestations of a general inflammatory tendency of the mucous surfaces, of which the Eustachian tubes, tympanum and mastoid antrum are the parts directly involved in this disease.

We find the nose, nasopharynx, fauces and larynx affected, or evidences showing that they have been. Behind all of this local trouble, there must be a general cause, as a rule, and whether we speak of it as an inherited diathesis, or general malnutrition, we must admit its importance upon the duration and treatment of this affection. Any systematic condition which lowers the vitality of the individual, enfeebles the mucous membranes, rendering them less able to resist agents that act as exciting causes; therefore any condition which produces a permanent lowering of the vitality of the body, acts as a predisposing cause. This will include a great variety of diseased conditions and environments.

Heredity has always been classed as one of the most frequent predisposing causes of this trouble. It is easy to understand how an impaired vitality may be transmitted from parent to child, and in connection with similar environments, such as climatic and hygienic conditions, they would be more susceptible to catarrhal diseases. But the transmission from parent to child of a specific tendency or diseased condition is rarely if ever the case, unless it be in syphilitic and scrofulitic conditions. Probably the great majority of cases begin at or before puberty, therefore age would be classed as predisposing. The disease is such an insidious one, and never gets well of itself, or spontaneously, so those who have it once, have it always. The great majority of patients are not aware of any trouble until some acute exacerbation from exposure to climatic influences, or troublesome tinnitus, causes them to consult a physician. It is quite common, when making a routine office examination, to find an opaque retracted m. t., and inform the patient that he has a chronic ear trouble, much to his surprise.

Climatic conditions, of course, are potent factors in causing this condition, and generally speaking, damp, sudden changes, like we have in the early spring months in the States north and east, favor acute attacks, and exacerbations of chronic ones. To enter into detail in regard to how these changes in temperature, barometric conditions of the atmosphere, etc., bring about diseased conditions of the mucous surfaces, would prolong this pa-
per beyond reasonable length. Modern style of living, with all of its boasted conveniences, comforts, and elegancies, is largely instrumental in preparing the system to take on catarrhal congestions or inflammations. Dyspepsia, in all of its different forms, is a frequent cause, particularly the fermentative variety with acid eructations. Diet, therefore, is of utmost importance, especially in children, not only as a cause but from a standpoint of treatment. It is utterly impossible to cure these cases where there is much disturbance of the digestive organs, without first improving the assimilative functions of the body. Malnutrition causing enfeeblement of the circulation, with nervous stasis, local congestions and relaxation of mucous membranes, is responsible for many cases, and markedly aggravates a case already established. Long hours of work, with professional men, business men, clerks, students, etc., lowering the vitality of the individual, thereby decreasing the resisting power to atmospheric changes. The housewife, with her numerous cares, the society woman, with the jealousies, rivalries, and the physical and mental strain imposed upon them by fashionable life with its late hours, heated rooms, unwholesome, late suppers, etc., adds many patients to the list. This drain upon the nervous energy further complicates matters by enfeebling the functions of all parts of body, thereby causing conditions which are strictly modern, and often alluded to as neurasthenia, or nervous prostration. All of these influences predispose to catarrh, not only of the ear, but of all the air tract.

As exciting causes, we have repeated attacks of cold, climatic changes, excesses of all kinds in diet, alcohol, tobacco, etc. An otitis media may have existed for a long time unnoticed, when sudden changes in temperature, or imprudence, will cause an exacerbation, and the patient attribute all of his trouble to that attack, when in reality his otitis may have existed for years. Occlusion of nares, deviation of septum, closure of Eustachian tubes, either from inflammation or pressure of adenoids, and pharyngeal tonsil.

The inflammation of a nasopharyngitis may extend along the tube to the middle ear, or by partial or complete closure cause rarefaction of the air in the middle ear, thereby causing congestion of the lining membrane, which, if long continued, brings about pathological changes. Organic heart troubles, especially valvular insufficiency, cerebral disease, stomach troubles, men- strual disorders, dental caries, etc., are all put down as causes.
The pathological changes in otitis media may be divided into two classes, the hypertrophic, and the atrophic, or sclerotic. The atrophic changes usually follow the hypertrophic, however, and is really a continuation of the same process. The primary condition may be inflammatory, or mechanical, from occlusion of the Eustachian tube. This latter condition causes an exudation of serum, which may become absorbed, leaving little damage, or marked hyperæmia may set in, with plastic exudate infiltration of tissues, cell proliferation and true hyperplasia. As a result of long standing hyperæmia or inflammation, there is an exudate, especially in exacerbations, composed of serum, round cells and exfoliated epithelium. The serum is gradually absorbed, whilst the round cells increase both in size and numbers, forming bands of lymph which become connective tissue. There is also marked thickening of the m. t., and the entire lining of the middle ear. The tendency of this new formed tissue is like cicatricial tissue elsewhere, and that is to atrophy and contract, causing retraction of the m. t. with partial or complete immobility of the ossicles and increased pressure of the semi-circular canals.

It is during this stage of hyperæmia, and before atrophy begins, that treatment is of any avail. This stage of atrophy progresses until the nutrition of the parts becomes interfered with to a marked degree, then the mucous membrane assumes a white appearance, getting quite thin, and calcareous deposits occur at this time, as noticed by a white line encircling the outer border of the m. t. The ligaments of the bones also receive these deposits, until finally we have complete anchylosis. The inflammation even extends to the periostrum of the ossicular chain, therefore we may have anchylosis, partial or complete, due to fibrous, calcareous or osseous deposits.

The labyrinth becomes involved secondarily in these cases of long standing otitis due to increased pressure upon the fenestra oralis, causing congestion of the labyrinthine blood vessels and acoustic nerve. Therefore we can readily see how essential the operation for removal of the drum membrane and ossicles, thereby preventing further changes of the acoustic nerve. If the operation is too long delayed, we have the retrograde process set up in this nerve which follows prolonged congestion of a nerve, namely atrophy, and finally complete loss of function. Since anatomists in recent years have discovered a decussation of nerve fibres from one ear to the other, and from one nucleus to the
other, we see how necessary, and I might say, imperative it is, when finding one ear in this condition, and the other only slightly affected, or not at all, to remove the ossicles, thereby taking off the pressure, and preventing secondary involvement of the other ear, not by sympathy, but directly affecting the nerve fibres which cross over to the opposite ear.

The symptoms of catarrhal otitis may be so slight as not to be noticed until the patient's attention is called to it by some one who notices the dullness of hearing. Then again, the symptoms may be very distressing, as when there is marked tinnitus or closure of Eustachian tube, causing patient's voice to sound so far away, or as if muffled. Deafness of course is the most pronounced symptom, and varies very greatly. Some patients even with pronounced catarrhal otitis retain their hearing to a useful degree throughout life, whilst others become totally deaf at an early age. There are other symptoms, such as otalgia, neuralgia hallucinations, vertigo, etc., but they are usually transitory, yet at times very distressing. In regard to prognosis there is little to be said, and yet our patients all want to be told positively in regard to their condition, and whether they can be cured. There are so many conditions to be considered before forming an opinion. The general health of the patient, predisposition to catarrhal processes, conditions present in nose, nasopharynx, Eustachian tubes, appearance of m. t., whether retracted or not, mobility of ossicles, duration of trouble, age of patient, etc., etc. To take up each of these subjects would consume too much time; suffice it to say we should promise little in any case, and be very guarded in giving much encouragement. Yet in recent cases where the middle ear catarrh is caused by obstructions, and there are no pronounced secondary changes, the results are frequently very brilliant. If we find the tubes patent, m. t. retracted, thickened or sclerosed, slight mobility of ossicles, constant tinnitus or vertigo, the prognosis is most unfavorable. This condition is gradually intensified with or without treatment, unless we remove the ossicles, until the patient gives up all treatment in despair, and uses the hand behind the ear, or gets some one of the many patent devices advertised to cure or improve the hearing.

The treatment of this disease is constitutional, local, and removing the cause or causes. Our first duty to the patient is to have him overhauled, so to speak, by his family physician, if we have reason to believe any of the bodily functions are not per-
formed in a normal manner. The patient should have specific instructions in regard to a cold sponge, shower, or tub bath every morning, how and when to exercise, proper mode of dress, how to overcome constipation by diet, exercise, massage and habit. This part of the treatment is very important, and the patient must be impressed with the benefit to be derived from faithfully observing in detail the advice given. The nose comes in for a large share of attention. Spurs, exostosis and deflected septums must be removed and straightened. I have never seen a single case where there was a large spur or deflected septum that there was not an otitis media. Hypertrophy of turbinated tissues must be cured, especially posterior hypertrophies of inferior bone. The nosopharynx must receive careful attention, and all adenoid or lymphoid tissue promptly and thoroughly removed, preferably with a Gruber curette, the patient fully under an anaesthetic. The accessory cavities and especially the ethmoid cells should receive careful attention. An astringent alkaline spray, used hot to nose and nasopharynx, is of some value, but upon the whole disappointing to both patient and physician. The Eustachian tube should be carefully looked after, if closed, or its lining membrane inflamed. In acute exacerbations we should be very careful about rough treatment or trying to open by forced inflation. It is better to rely upon general treatment, removing all nasal obstructions, using hot irrigations to nasopharynx, and topical applications to mouth of tubes, with nitrate of silver gr. x1.–½. Later it is well to inflate by means of catheter and douch apparatus, containing iodine, camphor, menthol, eucalyptol or whatever the one in charge may prefer. I find where there is beginning retraction of m. t., and immobility, that Seigle’s pneumatic speculum, properly and persistently used, is of very great value. There are many adjuncts to and changes in treatment that each individual practitioner must select or adopt in each case treated. After faithful treatment for three or four months where the watch is only heard a few inches, or where there is anchylosis of ossicles or sclerosis, we should advise and insist upon prompt removal of m. t. and ossicles. This operation unfortunately, like all surgical procedures, is not always successful, yet in suitable cases, properly diagnosed, the results are highly satisfactory. In this, like all other surgical operations, we should first know how to make a correct diagnosis, excluding disease of labyrinth, or acoustic nerve, and do not postpone too long, or we will have secondary labyrinthine changes.
SPINAL CONCUSSION.

BY JAMES JOHNSTON, M. D., BROWNWOOD, TEXAS.

CONCUSSION of the spine, railway spine, concussion of the spinal cord, traumatic psychosis, hypnosis, traumatic neurosis, meningomyelitis, railway brain, hysteria, paralysis, hyperaesthesia, anesthesia, hypnotism, melancholia, hypochondriasis, hypnosis, traumatic hysteria, traumatized mind, psychoneurosis, hysterical and neurasthenical conditions, traumatic neurosis, meningomyelitis, railway brain, hysteria, paralysis, hyperesthesia, anesthesia, hypnotism, melancholia, hypochondriasis, hypnosis, traumatic hysteria, traumatized mind, psychoneurosis, hysterical and neurasthenical conditions, lumbar cervico-dorsal sprain, sprain of the whole vertebral column, sacral sprain, general nervous shock, functional or dynamic disturbance of the nervous equilibrium, nervousness, photophobia, asthenopia, parasthesia, neurasthenia, the sensory ganglia, the medulla oblongata, stomato-gastric respiratory ganglia, diversity of authoritative medical opinion, its multitudinous symptomatology and its psychology, with sundry other pathognomonic conditions (connected with railroad spine) too numerous to mention.

Above you have a few of the modern technical terms used in this discussion on spinal shock. Oh! what a long tail our cat has got! Is it any wonder that a jury of farmers give heavy damages against a railroad company after hearing testimony involving such terrible terms?

For some time, I have been reading the discussions started in the Texas Medical Journal, and now going the round of the medical press, on the above subject, with some interest, a great deal of disgust, and more mortification. I am now on the shady side of fifty, and have studied medicine since I was a boy. I have been in active practice for thirty years, have made the nervous system a special study for the last twenty-five years, and, with all of this, I know but little on the subject, concussion of the spine; and the more I hear the arguments for and against it, the more cloudy the subject appears to me.

The discussion of this subject reminds me of the Scotchman's definition of politics, viz.: "When a man is talking about what he (kens) knows nothing about, and the man he is talking to does not understand him." That, he says, is talking politics.

The reason this subject does not appear clear to me may be for lack of higher education in my youth. The only letters after my name are M. D. I have never been a "professor" in a college, neither am I a Latin scholar. I know a few Latin phrases,
but I am not so vain or foolish as to put them in print for school children to laugh at, as some writers do.

Pope says, "A little learning is a dangerous thing." Some men get a run through a literary institution, and come out with as many letters after their names as there are knots to the tail of a kite; then they profess themselves authority on all subjects, and think that all the world is looking up to them—like Goldsmith's Village Schoolmaster, "And still the wonder grew that one small head could carry all he knew." If one of them happens to declare the horse is sixteen feet high, he is prepared to prove it, and if the world should refuse to agree with him, he, like the lone juryman who often stands out against the other eleven, thinks they are all fools.

It is evident to every disinterested person that this discussion was not gotten up for the benefit of science. It appears to tend toward doing away with certain principles or conditions in surgery that have been operating seriously in the way of excessive and wrongful damages against railroad companies, etc.

I am not interested on either side of the discussion, and I have no personal feelings whatever for or against any of those who are engaged in it; I do not know one of them personally; but I am jealous for the medical profession (that we have lately heard so much about, as being "tough," etc.), as well as for right and justice.

Railroads are a blessing to the world, and especially to Texas. In law, their rights are the same as individuals.

I have been called into court several times to give testimony, and sometimes it has been for, and sometimes against railroad companies. If properly represented, I have always found them willing and ready to pay all reasonable damages for injuries sustained.

There are some who believe that railroad companies are monsters for robbing the people. Here is a railroad train going at a speed of thirty, forty, or sixty miles an hour. Think of it; it is a sight,—a most terrible thing. If an old Texas long-horn cow happens to be on the track, too poor to get out of the way, in a second she is knocked into a full blooded Jersey or a Durham, with a pedigree as far back as the Irishman's, who said, "When Noah was saved in the Ark, one of me ancestry saved himself in a boat of his own kinstruction." Instead of the railroad company having to pay $5, the real value of the long-horn, it is compelled to pay $100, the price of a Jersey or Durham. It is
known, almost to every one, that railroad companies have to pay excessive damages, sometimes wrongfully, because the science of medicine and surgery has not reached that point where the court and jurors of our country can get clear, reliable, intelligent testimony sufficient to enable them to render a just verdict. In all cases, and as in criminal cases, under the law, when a doubt exists, the rule in practice is to give the defendant the benefit of it. So it is in civil suits against railroad companies; the rule is to give the claimant the benefit of the doubt. To remedy this, some lawyers, and some doctors, drawing large salaries from railroad companies, are moved with a desire to render the best possible service to their employers, or else for some cheap notoriety, have agreed upon a plan to remedy this evil. They perceive the cause of this trouble to be smart attorneys and Erichsen's little work on "Concussion of the Spine," and seeing no way to get rid of the former, their whole force is let loose against the latter, and a few of the great lights (?) have turned loose upon the little book of the author,—one of the greatest surgeons the world has ever yet seen, denouncing him and his work in strong epithets, such as "vampire," etc.; and in order to do their work more effectually, they do not confine themselves to the use of medical journals, "the proper organs for the discussion of medical science," but have their views published in the Galveston News, and other lay publications. But when they thought that they had succeeded in killing their most formidable enemy, lo and behold! a David steps forth, with his little pebble and his little sling, and takes a crack at the hydraheaded Goliath!—Swearingen's criticism appears. It comes out in that champion journal of the cause of science and of the dignity of legitimate medicine, the fearless "Red-Back." It appeared, like Banquo's ghost, to trouble them, and would not "down."

Then our learned friend, Dr. W. B. Outten, of St. Louis, gets off a long and labored article to prove that Dr. Swearingen's theory is wrong, because, he says, he cannot prove it by post-mortem examination, when any tyro in medicine knows that no post-mortem examination ever conducted by the most skillful hand, and the use of the most powerful microscope, has ever shown alteration of the nerves sufficient to account for neuralgia, or other diseases of the nervous system, apart from nervous shock.

In the course of his arguments, Dr. Outten says, in substance, that traumatic neurasthenia can be produced by hypnotism, etc.,
and then winds up by saying that he is honest, and that he has stated facts (?) for Swearingen to disprove.

Now, I would like to know the mode of investigation the gentleman has adopted that enables him to state so positively that his theory is true. Was it from post-mortem examination, or from the array of authorities he has quoted?

Our learned friend from Waco then follows, in somewhat the same strain, but is more modest and not so positive. He thanks Dr. Swearingen for "compliments," uses considerable irrelevant argument to prove nothing in particular, and deprecatingly mentions how hasty the first article was written; "written with pencil," etc. A reader of his rejoinder would naturally conclude that the doctor felt as if he had been decoyed into bad company, and that now he really wishes he had not done it. This is very commendable. Great and wise men sometimes change their views, but fools never.

Those advocates so eager to do away with railroad spine have defeated their own object by establishing the fact that traumatic neurasthenia (the same thing) can be manufactured at will. All that is necessary is for a passenger train to stop suddenly and produce a slight jar. When this occurs near a large city, there will be lots of those "sharp attorneys" to go to work on the passengers, and tell them that their spines are badly shocked, and that they are injured for life, and at the same time give each one a copy of that iniquitous little book of Erichsen's on "Spinal Concussion." Then put the patient to bed, give him light diet, and keep Erichsen's little book at the bed side. Have it explained by the family doctor and the attorney. In this way it will take but a few days to produce a state of hypnosis, and we have a real case of "traumatic neurasthenia."

Now, if this is true, and we cannot doubt it (because these great latter-day lights say so), railroad suits will multiply without limit or cessation, for damages done to the nervous system. Instead of millions being wrongfully extorted from railroad companies in the past, billions will be in the future, because these great lights, in their very honest and innocent efforts to break down the evil "Erichsen and his little book" have blundered, exposed the trick, and given the whole snap away to the smart attorneys:—only, they call it by another name.

This exposure will not only affect the railroad practice, but it will also now take its course in general practice,—of both law
and medicine. If a case can be produced by hypnotism, cases can be cured by the same means, eh?

This will be a boon to suffering humanity, as no medicine will be needed, and no drug bills to pay. Outten, Outten, what have you done!

The magic wand will take the place of the pill bags, thousands of long-haired, lean faith-doctors will get fat, Christian Science will be revived, and scores of other "sciences" will spring into existence. But the poor railroad companies,—what will become of them? This great, huge anaconda will open its mouth like a mighty chasm, and swallow them up, so that there will not be a remnant of them left for the government to buy up, when the third party gets into power.

This—laying all jokes aside—is a great and terrible evil brought about by a few overzealous employes, who do not fairly represent the railroad companies, nor the band of noble, honest railroad surgeons of our country, and for which the railroad companies and railroad company surgeons, as a class, should not be held responsible. We can always find some of these self-wise and great men with numberless letters after their names, indicating title, honor, etc., with much learning and less common sense, in all classes and associations; and instead of being an advantage to society, they are really a great disadvantage, because they are always either in trouble themselves, or are getting others into trouble.

The fact that heavy damages are sometimes obtained from railroad companies, is no reason why these late authorities should try to do away with certain principles or conditions in surgery which are well established. They might just as well say that because they have to pay $100.00 for a $5.00 long-horn cow, represented as a fine Jersey or Durham, that there is no such thing as a Jersey or a Durham cow in existence.

I stated at the outset that I felt mortified on reading this discussion, It is disgraceful. I am sorry that such a thing should have occurred in the United States, and especially in Texas.

The arguments made against spinal concussion are misleading, and can not be in the interest of truth and science. They are contrary to the authorized opinions of ninety-nine per cent. of all the best and most reliably educated physicians throughout the entire civilized world.

I must say in justice to the Texas medical journals, that they have treated this subject fairly and ably, and would especially
commend the editorial in the Texas Medical Journal for September.

In conclusion, I want to notice, briefly, Hon. Clark Bell's remarks on Swearingen's criticisms, asking him to withdraw them, etc. This, I think, is about the most impudent, out of place, and unbecoming the editor of a medico-legal journal, of anything I have ever read.

I have not entered into these remarks on this subject from a scientific standpoint; but if I have succeeded in showing it up to be so ridiculous that it will be stopped, and future discussions of its kind not in the interest of science, I will feel that I have in a measure succeeded in accomplishing my object, and science may be benefited indirectly.

For Texas Medical Journal.

A CASE OF EPILEPSY.

By Dr. Isadore Gluck, Houston, Texas, formerly, Omaha, Nebraska.

Read at meeting of Houston District Medical Society, October, 1894.

C, B., aged 20, epileptic; father of marked neurotic temperament; dyspeptic, hypermetropic. Mother, healthy, of good physique, emetrope; four children, all living. Patient is the second eldest child. He resembles, in type, the father, and had his first attack of epilepsy in 1888. It was a cool summer evening. He was sitting in a tower of a large barn, reading a dime novel. Having a very emotional temperament, the topic of the novel being of an exciting nature, its perusal caused him extreme delight and emotion. Continuing his reading for sometime, he felt a slight sensation of numbness of his tongue, now and then a jerking. Soon his jaw stiffened. He still kept on reading, when at once everything became black before his eyes. He fell backwards, unconscious. He was taken home, bleeding from the mouth, in consequence of his bitten tongue, and was confined to bed for seven weeks, being unable to rise from his recumbent position without becoming dizzy. He recovered slowly. One year and a half after the attack, he commenced to read again, and kept it up until his second attack, which occurred August 26th, 1891, three years after the first.

It was again on an evening. He had been to the theatre, saw
an exciting play, went home with the intention of finishing a dime novel. As he read, he felt all the pleasures and sorrows of the hero, as represented in the chapter he was reading. He experienced sensations varied in character and in intensity; he also experienced a numbness and jerking of his tongue, and when at the end of the chapter, scenes and conditions changed and interest commenced to vanish, the numbness and jerking of his tongue lessened. This activity and repose changing at intervals, numbness and jerking varying in intensity and duration, until, all at once, everything becoming black before his eyes, he lost consciousness, and a second attack ensued. He was found in this condition with his tongue bitten; he was put to bed and slept until morning, when he arose, feeling as well as usual. About a week later he ate some nuts, shortly before he retired, which caused prodromal manifestations, identical with those he had in the two former attacks. For five weeks he was unable to leave his bed, on account of dizziness when attempting to rise.

His condition remained the same, and was, at times, aggravated by the fear of an attack. The numbness of tongue and mouth has never left him, and becomes usually worse towards the close of the day. He never wanted to be alone, but must always have some living object in the room, be it a bird, a cat or a dog.

A year and a half previous to his first attack, he had a fall on his head. There was no injury at the time visible, nor is there any tenderness present. He also had a fall, which caused a deflected septum. His hearing was impaired. He was told by one of his attending physicians that he might expect an attack in any month, at the date of his last attack, and, towards the approach of that date of each month, he felt a great deal worse. He has been under treatment since his second attack, and some time ago he went East to consult a specialist on nervous diseases. The treatment consisted, as far as I can ascertain, of bromides. His last prescription was bromides and pepsin. At the time the patient was referred to me, ophthalmoscopic examination revealed fundus normal, slightly hyperæmic, hypermetropic, astigmatic. I ordered atropia. After using the same for four days, he complained of increasing numbness of tongue and mouth. I tested his vision. He accepted xo.50 cyl axis 90 with xo.50 sph. for each eye.

Although I was convinced that this was not all the latent hypermetropia, I discontinued the use of atropia, as its use ag-
gravated the numbness, and, in addition, produced occasional twitchings of his arms. The test of his ocular muscles revealed exophoria, equal to 4 degrees, which, after return of accommodation, were normal.

Testing his left eye with the correcting glass, he read 20-xx. I then changed to the right, commencing again with letters at the top of the chart. When he reached the middle of the line designated by 20-xx, he stopped, turning his head from the chart, as one does when he wishes to avoid an unpleasant sight. I asked him why he did so, and, after a short pause, he answered, that he could not go on, as he could not articulate on account of the stiffness of his jaw. I naturally discontinued testing his eyes for that day, fearing, if I persisted, I might provoke an attack. Next day I reversed the procedure and began with the right eye. I asked him to read the line marked 20-xx, which he finished reading, when I changed to the left eye, and on the same line, but after he read two letters he was compelled to stop, on account of inability to articulate. Next I tested his ocular muscles for about one-half an hour, causing diplopia and fusion of images, binocular movements of the eye, without producing more than a slight dizziness, which befalls almost any individual undergoing a similar test. Now this patient, who is is peculiarly affected by the sight and reading of a few letters, is, otherwise, able to employ his eyes for hours, and perform the most delicate mechanical work. He writes with the same ease, but he is unable to read what he has written without producing all the manifestations of a beginning attack. These are indeed remarkable conditions. We have here an individual whose optical apparatus will perform its physiological function as a receiver and transmitter of sensations and objects without exciting any unusual phenomena. But let the character of images assume the shape of letters, the corresponding centers become peculiarly excited, and, let the source of excitement be persistent, it ends by upsetting the whole nervous apparatus, producing an explosion of nerve force equal to the magnitude and attempted control of the irritation.

Aside from the case being a unique one, it is highly instructive. After the first attack, it required one year and a half before he could resume reading. During that time he had no special treatment. Abstaining from reading, and avoiding all excitement, were the only therapeutics employed. He could read again without any ill effects. The question naturally arises,
what occurred during and after the attack that made reading impossible, and what influence had the lapse of time and quietude upon his affection? In the light of our present knowledge of epilepsy, and from phenomena above cited, we are safe in assuming that after the fit the corresponding nerve centers became disorganized; that visual impressions were normally received and transmitted by the eye, but that its effect upon the centers of resistance was greater than the power of control. Also, that an irritation, or strain, upon a given center, in character the same as the primary, on the same route, requires a great deal less intensity and repetition to produce attacks. We also might add to this, that the intensity and repetition must be greater to produce same results, in proportion to the intervening time between attacks. In other words, as time causes repair and increases resistance, to produce the same effects, the irritation must be intensified. It took my patient a year and a half to have the damage repaired; time and rest being the principal restoratives. Although normal resistance was re-established, the source of irritation, the defective vision, remained, and thus, after reading again for one year and a half, a second attack was produced.

It was one year later he applied for treatment. When testing his eyes the first day, he could read a couple of dozen, or more, letters; next day he could only read a few, and an attack was imminent. Was the time intervening between the first and second days' test not sufficient for the reproduction of nerve fluid, or whatever it may be, that enters in the composition of central resistance? Or may it be that impressions form imprints upon successive layers, and that there had only been sufficient layers reproduced or regenerated during the twenty-four hours for the production of imprints for a few letters?

It is claimed by various writers on epilepsy that, in order to produce a second attack, the quality of disturbance must be synonymous, and must travel the same route. That dictum does not hold. I believe that, after the first attack, anything that will cause disturbance of vaso motor equilibrium, may cause its recurrence. My patient, one evening, ate some nuts, disarranging his stomach so that he had to go to bed. From that day on he had, every evening after supper (he being a hearty eater, and supper his principal meal), numbness of his tongue and stiffness of his jaw, together with dizziness and palor of face. Were not these epileptic attacks of lesser degree, and were they not caused by vaso motor disturbance? Was not this the cause in
the case of Dr. Ranney, reported in the New York Medical Journal, June 10th, 1892, where the patient had at school thirty-four fits in twelve months, and, after correcting the defects of vision, he states that, "Over nine months had passed since an actual convulsion had occurred. . . . . He imprudently used a lawn mower violently on a very warm day for several hours. As a consequence he was seized with one of his 'old time attacks,' having three severe convulsions and two light ones in the next forty-eight hours."

A good number of enthusiastic ophthalmologists tell us that there are many cases of epilepsy caused by defective vision, and that by correcting the visual and muscular defects the patient is cured. I should like to believe so, but I can not, because it is contrary to the experience of others, and to my own, which is not confined to this case alone, and it is also contrary to the findings of Schroeder, Van der Kolk, Brown-Sequard, Reynolds and Nothnagel. They agree, in substance, that the first seizure would have to be regarded as only a purely functional process, based as yet upon no change in the medulla oblongata or pons, but which, in itself, furnishes stimulus for the development of such, and Nothnagel states that after an epileptic attack changes in the substance of the medulla oblongata or pons have been demonstrated. And because of the occurrence of such a change in my patient, after the first attack had taken place, he was, in spite of the correction of his visual defect, unable to endure impressions of letters any more than he was before correction.

In the light of the above statements, the correction of refractive and muscular errors for the cure of epilepsy must be followed by a correction of the pathological condition, before a cure can be expected or pronounced.

For Texas Medical Journal.

PUERPERAL ECLAMPSIA.

By L. W. Hollis, M. D., Abilene, Texas.

Read before Taylor Medical Society August, 1894, and voted to be sent to the Texas Medical Journal.

ECLAMPSIA means convulsions of various kinds, epileptic, hysterical, etc., but there is a special form of convulsion of general uniformity in symptoms and some collateral circumstances, evidently peculiarly connected with pregnancy and par-
turition, to which the name puerperal convulsion is by general consent given. Its frequency is one in five hundred labors. We find that it is more frequent during labor, but does occur sometimes during pregnancy, and in the puerperal state. It is much more liable to occur in the primapara than multipara.

Regarding the nature and pathogenesis of eclampsia it must be admitted that our knowledge is as yet imperfect, although many theories have been propounded, among them the most important are the following: To lesions of the kidneys which may consist simply of hyperæmia, or if more advanced, of exudation and fatty metamorphosis, or of atropic changes consequent to those previously mentioned.

Allied to this view is that which considers eclampsia a manifestation of uremia or ammonemia, the urea that exists having been oxidized to the further extent of carbonate of ammonia, and in that form contaminating the blood. Some authors lay stress upon conditions of compression as producing renal insufficiency, through interference with the vessels of the kidney. While others believe that it is through encroachment upon the ureters that the kidney becomes affected. I could give many more theories as set forth by eminent authors, but deem it unnecessary. One thing, however, is worth mentioning, and that is, albuminuria in a great majority of cases attends puerperal eclampsia, and in fatal cases well marked lesion of the kidney is found, hence we will say that it is due to that organ. The eclamptic seizure may come on without any warning whatever, though we frequently have some of the following symptoms: Headache, mental depression, dizziness, vertigo, amblyopia, severe gastric pain, with or without nausea, œdema of some part of the body is a very frequent symptom. Though, of course, we don't always have an eclampsia with œdema. Examination of the urine will show albumin, renal epithelium, and hyaline epitheliiæ, and granular cast. The attack resembles an epileptic convulsion, without the initial scream. Speaking from a very limited clinical standpoint, I will say that I have noticed in seven cases out of eleven, that warning was given by involuntary twitching of the index finger, and in three cases the patient asked what is the matter with my finger, just as she was seized with the convolution. The reason that I mention this is to know whether or not others have noticed it. Seeing it in the majority of cases coming under my care, prompted me in calling your attention to it. A slight twitching of the eye lids or the corners of the mouth may
precede for an instant the general convulsion, which twists he face to one side, fixes the pupils either in contraction or dilatation, rolls the eye balls, flexes the limbs with tonic and clonic contractions of the muscles, bends the trunk sideways or backward, swells the neck, congests the visage, and consciousness is lost, the mouth foams, the tongue is often injured by biting it, respiration is at first suspended, then becomes stertorous. After a few minutes the twitching ceases, and the patient passes off into the stage of coma. During and preceding the seizure you have a full bounding pulse, and a general rigidity of the muscles, but now the bounding pulse becomes soft, perspiration attends the relaxed state of the muscles and skin, and if no remission follows, she gradually regains her consciousness, and the nerve storm subsides.

The prognosis for mother is not bright, though many cases properly managed recover, while to the child it is exceeding fatal.

As to the treatment, I think that we can do a great deal toward prophylactic treatment by careful attention to the kidneys with diruretics and suitable tonics. The recumbent position is good practice, as it tends to relieve the pressure upon the renal vessels. The diet should be milk. If we have one attack of eclampsia, we may look for repeated attacks until the uterus is emptied, so that the best practice and policy is to hasten labor at once. If dilatation is not complete, it should be done at once manually, and version or forceps used, but of course we can't always deliver just when we wish. We will now consider the best line of treatment during the period of dilatation and eclamptic seizures. In other words, what will we do during the convulsion, etc., until we can deliver the woman? Chloroform given be inhalation during the attack is indispensable, and acts well in cutting it short. If the patient be plethoric, with full and bounding pulse, I say bleed at once and bleed well. This is an old, but I think good treatment, though condemned by some. When the patient is not a subject for bleeding, then we have two chief remedies at hand. One is the hypodermic injection of verat. vir., and the hypodermic use of morphia. I have not had much experience with the verat. vir. treatment, but have used the morphia treatment and found it good. I will now cite you to a case that came under my care recently, giving you the management of it. I was called to a neighboring town on 27th of last month to attend Mrs. S., who formerly was a patron of mine, but then under the care of Dr. McC. I will say here that she
had given birth to two children before this, and that I attended her, and in the first labor she had puerperal convulsions with breech presentation of the child. I gave her then chloroform, performed version and delivered her of a still born child. Next labor came on about two years afterward. I had her under my care for three months before confinement, and looked very closely into the action of the kidneys and liver. It came on, natural labor, without any sign of convulsions. This now was her third confinement. She was taken the morning of the 27th at 3 o'clock. The doctor was called. There was no dilatation scarcely, but pains at intervals of fifteen to thirty minutes. She was very nervous during pain, and complained of frontal headache. She remained this way for two hours or more, when she called the attention of the doctor to look at her index finger which was twitching involuntarily, and was seized with a very hard and lasting convulsion. The family had me sent for at once. I reached there in about seven hours afterwards. She had had five convulsions when I arrived. The attending physician had given her chloral internally, and let her inhale chloroform during convulsions; her tongue was badly injured. I made examination (vaginal), and found very little dilatation and the os very high, pains coming about every ten to fifteen minutes and marked nervousness existing, with tendency to convulsions with each pain. My first impulse was to bleed her, for she was a suitable case for it, but decided that I would hold up a while on it, and try morphia hypodermically, knowing that she needed rest, and thinking it would act two-fold by quieting the nervous system and giving rest, thereby assisting dilatation, fully deciding to bleed at once if convulsions returned. I commenced by giving her \( \frac{1}{2} \) grain of morphia hypodermically, following with \( \frac{1}{4} \) grain in one hour, giving her \( \frac{1}{4} \) grain three hours later. It acted well, she went into a sound sleep, and remained so for nine hours, without the least nervous symptom. She was awakened by a labor pain. I made examination and found quite a dilated os, with membrane protruding, pains came on nicely, and I thought it would end without further trouble, but not so; she continued in seemingly natural labor three hours with complete dilatation, but head was not engaged, yet I was expecting it with natural delivery very soon, when she was very suddenly seized with convulsions again. I did not bleed as I expected, but applied forceps at once and delivered her. Dr. McC. gave her chloroform during the seizure. The child was seeming dead, yet after
some time of constant work at resuscitation it came to life, but not until I had inflated its lungs well with air. The mother had two slight attacks afterwards, but very slight indeed. I gave her potass. bro. with some good diuretics. She made a good recovery. Child also lives and both doing well.

For Texas Medical Journal.

A CASE OF STRANGULATED HERNIA.

BY DR. A. L. FULLER,
Resident Physician Harris County Hospital, Houston.

THE PATIENT, a colored man, aged about 45, was brought into the St. Joseph's hospital, suffering from severe pain in the neighborhood of the umbilicus. Pain came on suddenly, about two hours previous to admission. He was semi-collapsed, with rapid weak pulse. He gave a history of rupture for over twenty years. Examination revealed a tumor in the right half of the scrotum, which evidently came from the abdomen, and was tense, tympanitic, irreducible and gave no impulse on coughing. On the same side was a suppurating bubo, and on the penis were found two chancroids. Having tried taxis and failed to reduce the hernia, I called in Drs. Hendrick and Morris, and having everything ready for herniotomy, we placed the patient fully under an anesthetic and again tried taxis. Failing again to reduce the hernia, we proceeded to the more serious operation.

After thoroughly cleaning the parts, the chancroids and bubo were cauterized with nitric acid. The canal was laid open and the sac being exposed, was incised, revealing about two feet of small intestine and the cæcum with the appendix, which was about six inches in length. The whole was contained in one complete sac. The constriction was relieved by cutting, and the gut pulled down and examined at the seat of the restriction. Being found thoroughly healthy, it was returned into the abdomen. The sac was then ligated and cut off, the stump being returned into the abdomen and fixed to the wall above the opening by the ligatures, and the canal was closed in the usual manner. Antiseptic precautions were observed during the operation and a dressing applied after a drainage tube had been inserted into the scrotum through an opening in its most dependent part.

For the next three days salines were given in such doses as to give free purgation, and, with the exception of slight tympany,
the patient progressed favorably, his pulse ranging from 110 at first to 85 on the third day, and his temperature ranging from 101 to normal in the same time. On the third day the dressings were changed, and the wound appeared quite healthy. The bubo was again cauterized, as it did not appear healthy, and the dressings were reapplied. From this on to the 12th day, everything progressed favorably, with the exception of one or two superficial stitch abscesses. On the twelfth day, however, the dressings were changed and the wound found open down to the canal, presenting a surface typical of a chancroid, and the cord was seen exposed in the canal. I at once cauterized the wound and the bubo, making sure that this time all infected surface should be reached, dusted the wound with iodoform and calomel, equal parts, plugged it with gauze, and left it to granulate up. For some days the wound made no progress, until on the eighteenth day, though I could get no history of syphilis, I decided on trying antisyphilitic remedies. Under this treatment the wound soon healed, and on the 25th day the patient was discharged, with an injunction to wear a truss for some months. This he has not done, but at present, three months after the operation, he is well and at work. The site of the canal is occupied by a mass of hard cicatricial tissue, which, I believe, will effectually close the canal, and prevent any re-descent of the hernia.

The chief point of interest in this case is the fact of the infection of the wound by chancroidal virus having prevented union by first intention, and made it necessary to allow the wound to granulate, thus producing a somewhat rough modification of McBurney's operation for a radical cure. It was at the time, an extremely annoying incident, but so satisfied am I with the result, that in future, should I be called on to do any operations for a radical cure, I shall choose McBurney's operation as the one calculated to give the best results as to the certainty of success; for while it unquestionably has the disadvantage of being slower than other methods in healing, this is compensated for by a much greater probability of success; this uncertainty of a permanent cure being the weak point of all such operations.

Another point of interest is the fact of caecal hernia being enclosed in a complete sac, as most of the authorities mention this as being a rare condition. It seems to me, however, that this condition should be present more often than not with hernia of the caecum, as the caecum would hardly be likely to form part of a hernia, except in those cases in which it is completely invested
with peritoneum and has a mesentery, unless it were dragged through the canal by a predecending part of small intestine, which would produce the same condition, as, being dragged down in this way, it would necessarily carry a covering of peritoneum with it. Of course, it is quite possible that the caecum might descend behind the peritoneum, but I cannot help thinking that this is a less common method of descent than the one above mentioned.

Current Medical Literature.

NOTES ON DERMATOLOGY.

BY ISADORE DYER, M. D., NEW ORLEANS, LA.,
Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor in Skin Diseases, Medical Department Tulane University, etc.

The Medical Weekly (Vol. II, No. 43) quoting from the Monatsheft f. praktische Dermatologie, of August 15, 1894, says that Dr. Bodara has found trichorrhexis on the increase among the women and young girls in Constantinople. The disease is distinguished: 1—By the development of minute greyish points at the ends of the hairs; 2—By the division of the hair into several filaments. At the affected point the hair becomes bent on itself, at an acute angle, and breaks on the slightest strain, or spontaneously. Bacteriological examination revealed the presence of a small rod-shaped bacillus, with slightly rounded ends, from 0.8 to 1.5" in length and ½" in width. The micro-organism was always surrounded by a clear zone, about ½' in width, and a very delicately tinted membrane. Pure cultures are easily obtained and there is, therefore, no difficulty in studying the successive stages of development. In order to prepare a pure culture of the bacillus, the fragments of diseased hair should be steeped for five or six days in absolute alcohol. Then they should be placed on agar-agar, which becomes clouded in two or three days. The colonies appear in the form of round points, of a dirty gray or waxen color. The author proposes to call this micro-organism bacillus multiformis trichorrhexeos. Inoculation furnished positive and conclusive results. It would appear, then,
that the trichorrhexis referred to, is a contagious parasitic disease, and differs in several particulars from the trichorrhexis nodosa of the text-books. Here there is fibrillary splitting only at the nodose points, while in Dr. Hadara's cases there was intermediary irregularity in the hair fibrillæ. Dr. Hodara is inclined to concede that the disease observed in Constantinople is distinct from the European or hitherto recognized variety.

Much of the November number of the *British Journal of Dermatology* is given to Dr. Leloir's article on "Dermato-Neuroses and their Treatment." He embraces in this class all cutaneous affections secondary to a modification either of the central, ganglionic or peripheral nervous system. The "purely sensory," the "purely motor," and the "vascular, or purely vaso-motor dermato-neuroses." In these classes are considered the hyperaesthetic and anaesthetic conditions, and such reflex disturbances as urticaria and the like.

Finally, the trophic and glandular dermato-neuroses, under the classes given by the author, include many conditions now included in the varieties of new growths, hypertrophies, atrophies, etc. While the article is only begun in this issue of the *Journal*, we must comment upon the strong determination of classes made by the author. Indirectly, certainly, many dermatoses are associated with a variety of sensory, motor, and even trophic disturbances; but it seems scarcely justifiable to determine the classification of these skin affections according to that nerve disturbance. The paper, however, must largely influence the arrangement of the general classes in the next attempt at a classification.

According to Dr. Leistikow (Hamburg) coal-tar possesses the advantage over wood-tar in the treatment of skin diseases. Its effect is more powerful and lasting, especially in pruriginous diseases. It is claimed to be an excellent means of treating dry eczemas of the scalp, neck, etc., and psoriasis, especially when the patches of the latter are situated on the scalp, knees or elbows. On the face the coal-tar is apt to produce an erythema, which would contra-indicate its use in persons who may have occupation demanding out-door life. The tincture of coal-tar recommended is as follows:
\[\text{R} \quad \text{Coal-tar} \quad \text{Absolute alcohol} \quad \text{Sulphuric ether} \]
\[\text{Mix.} \quad \text{For external use.}\]

When this tincture is applied with a brush to the affected parts, the alcohol and ether evaporate, leaving behind a fine layer of tar which can be rubbed off or removed with olive oil. \((\text{Medical Weekly, vol. ii, No. 44.)}\)

Behrend (Berlin) considers that the difficulty in curing pityriasis versicolor is due in many instances to the popular impression that the disease is confined to the covered portions of the body, and that the disease on the exposed parts is a constant source of re-infection. Permanent lasting recovery, says Dr. Behrend, can only be realized by three agents, as far as is known, viz.: (1) tincture of iodine; (2) chrysarobin; pyrogallic acid. Tincture of iodine is objectionable on account of its liability to cause permanent pigmentation.

Pyrogallic acid is less effective than chrysarobin, and the author therefore gives preference to the latter. \((\text{Ned. Wiek., Vol. ii, No. 44.)}\)

All of this is very well, but to my mind chrysarobin and its stain, and likelihood to systemic intoxication is as objectionable as either the tincture of iodine or the pyrogallic acid. The author has completely ignored the factor clinically and fully demonstrated by Nielssen, of Copenhagen, last year. Nielssen demonstrated that the reinfection of pityriasis versicolor, apparently at regular intervals and seasons was strikingly coincident with the time at which the underclothing was changed, viz.: in the spring and fall. He elucidated from a number of cases that before the appearance of the eruption the patient had either worn newly bought underclothes, not having been previously washed, or else the underclothes worn had lain in a clothes press for a season. The fungus or micosporon furfur was found by him on such underclothing, dampness and absence of light favoring the development of the micro-organism. Simple parasiticides will destroy patches of pityriasis versicolor, and that in a short time. After reading Nielssen's article I began observations upon this class of cases and had the satisfaction of confirming his clinical evidence regarding the underclothes theory.
Abstracts and Selections.

State Health Officer's Report.*

AUSTIN, TEXAS, NOV. 20, 1894.

To His Excellency, James S. Hogg, Governor of Texas:

Sir:—I respectfully submit the following report of State quarantine for the years 1893 and 1894:

Your Excellency's proclamations, issued April 2, 1893, and April 2, 1894, respectively, to take effect May 1 of each year, for the protection of the State against the introduction of yellow fever, have been successfully enforced.

The following officers, appointed and commissioned by your Excellency, were assigned to duty at their respective stations on the 1st of May of each year, and with the exception of Dr. Bristow, at Aransas Pass, Dr. Duncan, at Pass Cavallo, and Dr. Weisiger, at Velasco, who were relieved from duty October 1 each year, remained on duty until the close of the quarantine season, November 1. Dr. Weisiger, at Velasco, after having been relieved from duty as quarantine officer, October 1, was assigned to duty, at that point, as quarantine inspector, for the purpose of inspecting trans-Atlantic vessels.

The frequent arrival of vessels at Galveston from cholera-infected countries, made it necessary to retain the quarantine officer at Galveston on duty throughout the year.

QUARANTINE OFFICERS—FOR COAST QUARANTINE.

Dr. A. N. Perkins, Sabine Pass, Jefferson county, assigned to Sabine Pass Station.

Dr. W. F. Blunt, Galveston, Galveston county, assigned to Galveston Station.

D. E. S. Weisiger, Quintana, Brazoria county, assigned to Quintana Station.

Dr. T. G. Duncan, Victoria, Victoria county, assigned to Pass Cavallo Station.

Dr. B. W. Bristow, Flatonia, Fayette county, assigned to Aransas Pass Station.

Dr. A. S. Wolff, Brownsville, Cameron county, assigned to Brazos de Santiago Station.

*We make a few abstracts from the State Health Officer's report, just issued, as of interest to the profession at large.
It gives me pleasure to bear testimony to the courage, intelligence and fidelity with which our officers have discharged their duty; at some times arduous and perilous. This is particularly the case at Galveston, where the duties of quarantine officers are most exacting, requiring a practical knowledge of quarantine, a familiarity with epidemic diseases, and the improved methods of preventing them.

Your Excellency also appointed and commissioned a corps of temporary quarantine officers, or inspectors, for the inspection of interstate travel, in accordance with the Quarantine Act of February, 1891, and assigned to duty as follows:

FOR TEMPORARY QUARANTINE.

Dr. W. M. Yandell, El Paso, El Paso county, assigned to El Paso Station.
Dr. M. K. Lott, Eagle Pass, Maverick county, assigned to Eagle Pass Station.
Dr. T. J. Turpin, Laredo, Webb county, assigned to Laredo Station.

On account of the perennial presence of small-pox in Mexico, and the consequent exposure of the western frontier to the contagion, these officers inspect all incoming trains.

SMALL-POX.

The State is at present, and for some months past has been, entirely free from small-pox. This is exceptionally fortunate, because of the great and constant danger of infection to which allusion has just been made. In Mexico, amongst the rural population, the disease is endemic, and there is such an extensive border line between us which it is impossible to guard at all points. Our inspectors, stationed at the three most important thoroughfares—El Paso, Laredo and Eagle Pass—have been vigilant and efficient in their duty; and although the disease has, in several instances, been surreptitiously introduced across the border, it has, in every instance, been promptly extinguished. At Texarkana, however, the disease made its appearance in May, 1894, introduced from Arkansas; and notwithstanding measures were promptly taken for its suppression, the infection spread, and a small epidemic resulted. Pest houses were established on both sides of the State line, one in Arkansas and one in Texas, the latter in charge of Dr. J. W. Talbot, one of your Excellency's commissioned quarantine inspectors. A cordial co-operation between the health officers of both States was established and main-
The following is a summary of Inspector Talbot's report of the disease:

Total number of cases treated at both county and city small-pox stations, Bowie county and city of Texarkana, all negroes ................................. 7
Total number of deaths ........................................ 2
Ratio of deaths .................................................. 28.44

At Cleburne, Johnson county, also, the disease made its appearance, the first case having developed before the authorities were aware of its presence. This party communicated the infection to a number of persons, all of whom, when discovered, were isolated and watched, and in all there occurred twenty-three cases. The following is a summary of the report made to this office by Dr. T. C. Osborn, the county physician of Johnson county. In the management of this epidemic Dr. Osborn had the assistance of city physician Dr. J. J. Williamson:

Total number of cases of small-pox at Cleburne .... 23
- Whites, 12; colored, 11; males, 14; females, 9.

Total number of deaths ........................................ 5

First case occurred February 23, 1894; last case, April 10th, 1894.

A few sporadic cases of small-pox occurred at intervals at several places elsewhere in the State, but they were promptly isolated, and the infection was quickly suppressed.

In this connection, I beg to refer to a feature in dealing with small-pox, introduced by a conference of State boards of health, respecting interstate notification of the occurrence of certain communicable diseases.

Under the provisions of this agreement, the secretary of every State board of health is notified of the occurrence of small-pox in any State, and its origin, the precautions taken, etc. This notification is without value to us, except as concerning small-pox amongst immigrants. This department has been promptly notified by the health commissioner of New York of the departure for Texas of any immigrants from a small-pox infected or suspected vessel, and in several instances this notification has enabled our local health officer, to whom the information has been transmitted from this office, to identify the party or parties upon arrival, and to keep them under observation until the danger period had been passed. In several instances the introduction of small-pox into Texas has, by this foreknowledge, been prevented.
CHOLERA.

For the past two years much apprehension has been felt lest the Eastern scourge which is now, and for many months past has been, prevailing in parts of Europe and Asia, should be imported into the United States. The system of inspections at the ports of departure, and the sanitary precautions taken with vessels and emigrants before being permitted to sail, inaugurated by the Marine Hospital Service, has reduced the danger to the minimum; and although cholera-infected ships have arrived at New York, the disease has never effected a lodgment on American shores. The danger to Texas was remote, and to be apprehended from interstate communication, as well as by sea. To guard against the former, a medical inspector was appointed by your Excellency for each of the gateways of interstate travel, and assigned to duty. During the season of 1892 and 1893, as long as there was even a remote danger of infection from New York, these officers were kept on duty, and inspected all incoming trains; and although they have not been on active duty this year, they have their camp equipage and outfits stored conveniently, and are prepared at a moment's notice from this office to resume inspections, and, if necessary, establish quarantine.

The following officers, appointed and commissioned as quarantine inspectors, are in readiness at their respective stations to go on duty at short notice, should interstate inspection become necessary at any time:

Dr. Fred C. Combs, Brownsville, Cameron county, assigned to Brownsville Station.
Dr. C. C. Walker, Gainesville, Cooke county, assigned to Gainesville Station.
Dr. W. B. Markham, Denton, Grayson county, assigned to Denison Station.
Dr. J. W. Talbot, Texarkana, Bowie county, assigned to Texarkana Station.
Dr. W. H. Carlisle, Roxton, Lamar county, assigned to Archer Station.

In addition the above Mr. A. L. Webb, not commissioned, was employed temporarily as inspector at Waskom Station.

DIPHTHERIA AND SCARLET FEVER.

A few cases of diphtheria and of scarlet fever were reported to this office as occurring at several points at various times, but by prompt action in isolating them as soon as discovered, and the
proper use of disinfectants and other necessary precautions, the disease in no instance became seriously epidemic. At most, only a few cases have occurred in any locality, and as a rule they have been confined to the houses where they originated.

The State Health Officer has, in many instances, at the suggestion or request of the attending physician, visited the interior to confirm or make the diagnosis in any suspected case of infectious disease, and always, upon the arrival of a yellow fever infected ship at any quarantine station, the State Health Officer, having been notified by wire, has made personal inspection of vessel and crew.

CONSUMPTION.

Though not strictly a quarantinable disease, consumption is now classed as a disease "dangerous to public health," and is generally acknowledged to be contagious. Like other diseases of that class, it is preventable, and there is at present much activity in sanitary circles looking to devising means of limiting its spread and consequently diminishing its mortality. Its control is easily within the power and scope of sanitary science, yet public sentiment would revolt at any arbitrary or radical measures if attempted to be enforced for its suppression. It has been thought by leading sanitarians that much can be accomplished in the direction sought, by educating the people, to some extent, in the hygiene of the disease, and the general principles of sanitation, and by pointing out to them the means, very simple within themselves, whereby the danger of contracting the disease, even from one of the same family, may be greatly lessened, if not entirely obviated.

With this object in view, and to co-operate with the health authorities in other States now active in a sanitary campaign against this fatal disease, which, statistics show, is responsible for one-seventh of the total number of deaths, the following circular letter was issued from this office and sent very generally to medical men throughout the State. It was published also in the Texas medical and sanitary journals.

[Circular omitted, as it has already appeared in the JOURNAL. —Ed.]

DENGUE.

This disease, which usually occurs in the summer and early fall, and which prevailed as an epidemic in Texas in 1886, has not made its appearance in the State since that year. It would not be mentioned here but for the fact that an outbreak at Key
West in August, 1893 and 1894, was thought by your State Health Officer to be sufficient reason for temporarily interdicting travel and commerce with Key West, which action led to some controversy with the health officials of Florida, and correspondence with the honorable Supervising Surgeon-General of the Marine Hospital Service. Dengue, while not generally regarded as a quarantinable disease, has so often been associated with yellow fever, making its appearance sometimes in Southern cities just prior to that of yellow fever, and so closely resembling that disease in certain manifestations, that its appearance in Key West, concurrently with yellow fever in Havana, with which city Key West is in close proximity, and ordinarily, in close relations, that in the interest of the public health of Texas, it was thought best to take no risk that could be avoided, until sufficient time had elapsed to demonstrate the safety of resuming intercourse. This embargo entailed but slight inconvenience to travel and commerce, and was promptly removed as soon as it was deemed entirely safe to do so.

THE FRUIT TRADE.

It was thought possible to permit the importation of fruits from the tropics during the quarantine season under proper restrictions, and at the solicitation of certain dealers in New Orleans and Galveston, the experiment was tried. A conference of Gulf State Health Officers was held in New Orleans February 2, 1894, at which were present representatives from all the Southern States. In furtherance of the plan the following was adopted as the conditions upon which a permit should be granted any vessel to engage in the traffic:

[Rules for the regulation of the fruit trade omitted, having previously appeared in the JOURNAL.—Ed.]

The Texas Star Mills, of Galveston, was granted a permit under this resolution. They fitted out a steamship, the Giller, for this trade, and she made two voyages to Cuba and certain South American ports. Dr. T. J. McFarland, an experienced yellow fever physician, was commissioned by your Excellency as surgeon of this ship, and accompanied her upon the two voyages, his salary and expenses being paid by the owners of the vessel. Dr. McFarland, on his second voyage, found so much opposition on the part of the officers of the vessel to a rigid enforcement of his instructions, that upon his recommendation the permit to the commander of the Giller was withdrawn, and for that season at least, the enterprise was abandoned.
THE IMPORTATION OF SUGAR AND COFFEE FROM INTERDICTED PORTS.

As you are aware, the importation from Cuba of crude sugar in sacks is carried on to some extent by certain refineries in Texas. With a desire to not interrupt this industry if possible, an effort was made to so load the vessel as to obviate the necessity of detention at quarantine, unloading by lighters, and disinfecting at the quarantine warehouse at Galveston, an undertaking involving an immense amount of labor and expense. Accordingly, special instructions were given for loading vessels at ports of departure, so as to enable us to properly disinfect without shifting cargo. But ship officers, with few exceptions, have thus far failed to sufficiently comply with our requirements, and the old rules, in the majority of arrivals, are still enforced.

THE IMPORTATION OF TURTLES

from intertropical ports was carried on to a small extent at Corpus Christi during a part of the quarantine season, under the following stipulations:

QUARANTINE DEPARTMENT OF TEXAS, }

AUSTIN, TEXAS, JUNE 4, 1894. }

Dr. B. W. Bristow, State Quarantine Officer, Rockport, Texas:

DEAR DOCTOR:—The turtle-ship must undergo inspection by you before departure for her cargo of turtles; and you must keep on record the names of all persons on board. On return of the ship, require an oath from the officer in command, stating what ports or places have been touched, and see that the same men, and no others, are on board. You can then, if all are well, and they have not been to any interdicted port, allow the transfer of the turtles to the pen which has been prepared for them. The pens should be sufficiently near to permit you to supervise the transfer of the cargo. The men will not be permitted to go on shore, only as may be necessary in the shipment of turtles, nor must any person be permitted to go on board except the pilot, if a pilot be needed. If you know the officer, or can vouch for the correctness of his statements, it will not be necessary to hold the vessel after the discharge of the cargo, if she wishes to return for another shipment of turtles. If they do not wish to return, hold the men in quarantine five days, and then let them go at liberty.

Very respectfully yours,

R. M. SWEARINGEN,

State Health Officer.

THE STATIONS.

A recent inspection of the gulf coast quarantine stations shows them to be in good condition and repair, except that at Pass Cavallo. This station will require some outlay to put it in
proper condition for service another season. In this connection I would state that the cost of repairs to stations, and vessels necessarily in use, has been a considerable item in the expense of administering quarantine.

**THE QUARANTINE STEAMER HYGIEA.**

This vessel, which has been in constant use for four years at Galveston station, has recently been overhauled, cleaned and repaired, at a cost of $558.32. She is now in first class condition for service, and will last, with proper care, many more years.

**THE BESSIE ROSS.**

The Bessie Ross, a steam vessel purchased for quarantine purposes under a former administration, is lying, and for four years has been, at the wharf at Harrisburg, useless to the service. A watchman is being paid a dollar a day to look after her, and I would recommend that she be sold at auction for what she will bring. The last legislature authorized the sale of the vessel, but up to date I have not been able to dispose of her.

**U. S. GOVERNMENT SUPERVISION OF STATE QUARANTINE.**

It affords me pleasure to state that our relations with the United States quarantine authorities, administered by the Marine Hospital Service, have been pleasant and satisfactory, and no clash of opinion or authority has occurred. Under orders of the Supervising Surgeon-General, Surgeon J. M. Gassaway, of the Marine Hospital Service, has twice inspected the stations on the coast, and has made a favorable report upon the efficiency of their management.

**COUNTY PHYSICIANS.**

Section 14 of the Quarantine law, passed in February, 1891, makes it the duty of every county judge within the State of Texas, after each general election of State and county officers, or as soon thereafter as practicable, to select from the physicians of the respective counties, one of high character and recognized ability, who shall be known as the county physician. In the same section are defined the duties of said county physician, and it is stipulated, amongst others, that he "shall, in all quarantines, establish rules in harmony and accord with the rules prescribed by the State Health Officer; shall respect and obey instructions from said officer, and make written reports to him of their official acts whenever required to do so, giving cause and history of epidemic, number of deaths, etc."

I beg to call your Excellency's attention to the fact that very
generally this requirement of the county judges is neglected, and county physicians have not been appointed in more than about one-third of the counties of the State, and in some of these only after personal solicitation; in some cases repeated by letter to the judge, from this office. As late as February 20th, 1893, finding that there were so many counties not provided with a county physician, as required by law, I addressed the following circular letter to the judges of these counties. In response to this letter a number of appointments were made; but there are still many counties in which no physician has yet been appointed.

CIRCULAR LETTER TO COUNTY JUDGES.

Quarantine Department of Texas,  
Austin, Texas, February 20, 1893.

To the County Judge of ............ County,  
 ............ . Texas.

DEAR SIR:—Your attention is respectfully asked to section 14 of the present quarantine law. It was enacted by the Twenty-second Legislature, and is entitled "An Act to Regulate the Establishment of Quarantine in Texas." If you have not already done so, please comply with its requirements, and at your earliest convenience report to this office the name and address of your appointee. The threatening aspect of the cholera renders it necessary that the Quarantine Department of Texas shall be thoroughly equipped and ready for immediate action in any emergency. You are requested to act with promptness, and I trust you have a proper appreciation of your responsibility in the premises.

Very respectfully yours,  
R. M. Swearingen, M. D.,  
State Health Officer.

* * * * * * * * * *

As the station buildings, boats and wharves, belonging to the Quarantine Department, are now in good condition, the outlay for the next two years to keep them in repair, will be comparatively small. I respectfully submit that forty thousand dollars ($40,000) for each year be appropriated to cover all expenses of State quarantine, and that two thousand dollars ($2,000) per annum additional be appropriated (or as much thereof as may be necessary) to employ an expert in microscopy and chemistry, to make analyses of suspected polluted waters, and bacteriological examinations, whenever, in the judgment of the State Health Officer, such examinations are deemed necessary to protect the public health.

The wonderful advances in the science of preventive measures
against endemic and epidemic diseases within the last few years imposes this requirement, and without it no health department is thoroughly equipped to perform the responsible duties that devolve upon it.

Deeply grateful to your Excellency for the support given, and the great kindness at all times extended to me,

I have the honor to be, your obedient servant,

R. M. Swearingen,
State Health Officer.

Society Notes.

Mississippi Valley Medical Association—Hot Springs Meeting.

[Dr. S. E. Hudson, of the Texas Medical Journal, attended this meeting and speaks enthusiastically of it as one well attended by representative men of the profession from most of the Valley States, and very interesting. From notes furnished by him we compile the following summary of proceedings, being the first journal to give so full a report.—Ed.]

FIRST DAY—MORNING SESSION.

The convention was called to order by Dr. T. E. Holland, Chairman of the Committee on Arrangements at 11 a. m., November 20, 1894.


Dr. Xenophon C. Scott, President, was introduced, who in a neat address presented Governor Wm. M. Fishback, of Arkansas.

The address of the governor was brief and concise. After alluding in a happy way to the honor conferred in addressing so august an assemblage, he dwelt upon the educational progress of Arkansas, and congratulated the medical profession that in the last two hundred years the results of their discoveries had succeeded in doubling the average length of human life. In a few happy sentences he welcomed the visitors to the State.

He was succeeded by Hon. Will H. Martin, who entertained the assemblage for ten minutes in an address of welcome in behalf of the city of Hot Springs, delivering one of the prettiest speeches of his life.

The Chairman of the Committee on Arrangements then an-
nnounced that this evening would be "social night," when the citizens of Hot Springs would meet the visitors in social intercourse.

In the routine, the reports of the Secretary, Dr. Frederick C. Woodburn, of Indianapolis, was heard. After announcement of the Committee on Credentials, the annual address of the President was read. The address was masterly and comprehensive. In the address the President touched upon various matters pertaining to the organization, pointing towards more thoroughness in conducting the business of the Association. He alluded to the fact that this is the first time in the history of the Association that the railroads have made a one fare rate, and in behalf of the convention, thanked Col. H. C. Townsend and Mr. Chas. E. Ware for the interest they took in bringing this to pass. He outlined the moral duties of the physician, and decried the practice of consultation with "quacks" whom he designated as "legalized murderers." He urged that measures be adopted by the fraternity to the end that inventors of surgical instruments be permitted to hold patents on their inventions, and be permitted to obtain the revenue to which the inventor's skill entitles him.

After motion for the appointment of a committee on president's address, the convention adjourned until 2 p. m., sharp.

AFTERNOON SESSION.

In the afternoon the first paper read was by Dr. W. S. Keer, of Mansfield, O.—"Some observations on the rights and duties of medical witnesses." In this paper the reader outlined the difficulties under which expert testimony is given from the lawyer's standpoint. This was the only paper on medical jurisprudence that was read at this convention. The paper was discussed by Dr. Harold N. Moyer, of Chicago, who elucidated some of the shortcomings of the legal fraternity, deducing his observations from extensive personal experience. The discussion was continued by Dr. Hughes, of St. Louis, and Kirby, of Harrison, Ark. The point at issue was as to the matter of compensation for such testimony.

The second paper was "Bone and joint tuberculosis the future field of litigation against railways," by Emory Lanphear, of St. Louis. The burden of the argument was that minor sprains are frequently primary cause of tuberculosis; that tuberculosis is not inherited, but always acquired.
Several papers down on the program were not read on account of the absence of the gentlemen who were to read them.

The next paper was by Robert H. Babcock, of Chicago, on "Enlargement of the heart without valvular disease, with special reference to treatment." This paper was highly scientific, and exceedingly interesting, heightened by the fact that the speaker is entirely blind.

"Oxygen as a heart tonic and some of the benefits which may be derived from its use as such," was the third paper, read by W. T. Baird, M. D., of Dallas, Texas.

Upon motion of Dr. Stuckey, of Kentucky, Dr. W. H. Daily, of Pittsburg, was permitted to read a voluntary paper, "Malaria, a water-born disease," the object of the argument being to establish by experience and proofs by observation that malarial diseases are contracted only by drinking malaria infected water. Dr. Hughes in the discussion that ensued insisted that it is also a vapor-born disease and cited his own experience in substantiation that vapor is the carrier of malaria. In his response Dr. Daily said that without being a prophet, or the son of a prophet, neither the seventh son of a seventh son, he felt confident in making the assertion that within five years the idea that now prevails relating to the matter of conveyance of malarial germs by the atmosphere would be consigned with other exploded theories to the realms of d-n nonsense.

The concluding paper of the day's program was read by Dr. A. Ravogli, the subject being "The influence of early treatment on late manifestations of syphilis." It was a comprehensive paper, scientific and advocated the earliest constitutional treatment after the appearance of symptom, as the initial lesion is no criterion as to the gravity of the lesion.

SECOND DAY—MORNING SESSION.

Little time was occupied this morning in preliminary work before the convention got down to work. The report of the Treasurer, Dr. George J. Cook, of Indianapolis, was read by the Secretary.

Dr. J. M. Ball, of St. Louis, was given permission to make an announcement, and he extended an invitation to the members of the convention to attend a meeting of the Missouri, Illinois and Iowa Tri-State Medical Convention, which meets in St. Louis the first Tuesday, Wednesday and Thursday in April, 1895.

The first paper read in the morning programme was "Intestinal Indigestion," by Dr. A. P. Buchannon, of Fort Wayne, Ind.
The chairman announced the names of the Committee on President's Address—Drs. W. W. Patten, Buffalo, chairman; I. N. Love, St. Louis; Thos. Hunt Stuckey, Louisville, Ky.; A. S. Garnett, Hot Springs, and C. B. Parker, Cleveland.

Dr. A. M. Owen, chairman of the Committee on Credentials, read his report, after which the last paper read was discussed at considerable length.

The next paper was by Dr. J. C. Woodbridge, of Youngstown, O., "Typhoid fever can be aborted; another year's work with no death and no failure in evidence." The paper, a lengthy one, was followed by another, "Ox-gall treatment in typhoid," and inaugurated the most interesting part of the morning's discussion. In his paper Dr. Woodbridge assumed the position that any case of typhoid fever could be aborted in from six to twelve days. These papers elicited the greatest interest and discussion since the meeting convened. The consensus of opinion was antagonistic to the views expressed by Dr. Woodbridge.

Dr. Love, the first speaker, censured in severe terms the dogmatic position assumed by the author in stating that "any physician who lost a patient from typhoid fever should be sued for malpractice."

After elucidating the changes taking place in the intestines during the fever, Dr. Hamilton pointed out the inaccuracies in the tabulated reports submitted.

Dr. Porter, of Texas, gave as his experience of forty years that the conditions contributing to produce the typhoid varied as to the climate, habits and surroundings.

Dr. G. Frank Lydston, of Chicago, pointed out the importance of correct diagnosis—that to do this, time was necessary, it being impossible to make this diagnosis in one or two visits.

Dr. Loving, of Ohio, made a very interesting and witty speech, concluding that the principal treatment was to "cool the patient when hot, to warm him when cool, to stimulate when weak, to tranquilize when wakeful."

Dr. Woodbridge, in conclusion, took exceptions and made strong objections to the outrageous manner in which he said he had been treated. He declared that time alone would confirm the correctness of his views.

Interesting discussion of the paper on "The importance of urinalysis in diagnosis," by Dr. A. B. Walker, of Canton, O.; and "My experience with gold as a therapeutic agent," by Dr. A. M. Owen, of Evansville, Ind.
At the beginning of the afternoon session the Nominating Committee were announced: Drs. Love, St. Louis; Lydston, Chicago; Cook, Indianapolis; Potter, Texas; Collings, Hot Springs; Walker, Detroit; Coffin, Kansas City; Barklay, Pittsburg; Holland, Hot Springs.

The first paper of the afternoon was by Dr. Sterling Loving, of Columbus, O., “Physicians’ Prescriptions.” The paper dwelt upon the carelessness of physicians in their chirography in writing prescriptions.

“Toxics,” by Dr. Wm. F. Barklay, of Pittsburg, was a scholarly and scientific paper.

“Quinine in Chorea,” was the succeeding paper, read by Dr. Frank R. Fry, St. Louis. This paper was discussed at considerable length by Drs. Hughes, of St. Louis; Harold Moyer, of Chicago; Ricketts, of Cincinnati; Ashton, of Texas, and others.

“Reflex Irritation as a Cause of Nervous Diseases,” was the subject of an interesting paper by Dr. Edwin Walker, of Evansville, Ind., which was also discussed at considerable length.

An exceedingly interesting and entertaining paper was that of Dr. Harold N. Moyer, of Chicago, his subject being “Accidents and Injuries from Electric Currents of High Potential.” It was scientific and betrayed great research and observation.

THIRD DAY—MORNING SESSION.

Less than one hundred members of the convention were in attendance when the gavel of the President fell this morning.

After calling the body to order, the secretary read the following telegram:

Detroit, Mich., November 22, 1894.

President Scott, Mississippi Valley Medical Association, Hot Springs, Arkansas:

I am unavoidably detained at the last moment; am greatly disappointed. My warmest wishes and best regards for your meeting. Make each member swear to meet me in Baltimore next May, alive or dead.

Donald McLean,
President American Medical Association.

The first paper of this morning’s session was that of Dr. Frank P. Norbury, of Jacksonville, Illinois, subject: “The Mental Symptoms of Cerebral Syphilis, a Clinical Study.” The paper was an interesting one, but elicited no discussion.
The next paper—"The Surgical Treatment of Injuries of the Head"—by Dr. Chas. B. Parker, of Cleveland, Ohio, suggesting the necessity of exploratory incisions, to investigate certain unfavorable symptoms, and citing interesting experiences. The paper was discussed by Drs. Link, of Indiana, Ricketts, of Cincinnati, Minney, of Topeka, and Walter, of Detroit.

Dr. Geo. N. Lowe was excused from reading his paper—"Spot Specialism"—except by title, on the grounds of just having had his teeth drawn, and consequent difficulty of enunciation.

Dr. B. Merrill Ricketts, of Cincinnati, made a "Report of cases (a), castration for Hypertrophied Prostrate; (b) removal of head of femur for dislocation into lesser sciatic notch; (c) trephine for pressure as a result of fluid in acute cerebral meningitis." Discussion by Drs. Moyer, Walker, of Detroit, Walker of Evansville, and others.

At the close of the discussion, Chairman of Arrangements, Dr. Holland, announced that the hot springs on the Hot Springs mountains would be open to the inspection of the members of the convention during this afternoon. Also, that Dr. Garnett and lady would hold a reception at their residence from 3 to 7 o'clock this afternoon, and that the ladies of the city were preparing an entertainment for the visiting ladies at the Arlington to-night.

The banquet at the Park was announced to be for gentlemen only, the banquet to begin at 8:30 o'clock.

The next paper was read by Dr. William E. Wirt, of Cleveland, Ohio,—"Tumor Albus of the Knee Joint."

Before proceeding to discussion of the paper that of Dr. Meisenback, of St. Louis—"Resection of the Knee for Separation of the Lower Epiphysis of the Femur, a case of two years' standing in a patient thirteen years old"—was called for and read as being of the same class as the preceding paper. This was illustrated with charts, drawings and casts. The papers brought out a prolonged and interesting discussion, participated in by Drs. Ricketts, Lanphear and Link.

"Colles Fracture" was the subject of an interesting paper by Dr. J. E. Link, of Terre Haute, Indiana. Dr. Link, during the reading, exemplified his process of operating in the reduction of the fracture and bandaging, by performing the actual work on a subject before the convention. After an animated discussion the convention adjourned until 2:30 p. m.
Immediately after the convention was called to order in the afternoon, Dr. J. H. Kellogg, of the Battle Creek Sanitarium, made a brief talk, illustrated by charts, of deformities of women.

At the conclusion of his talk, Dr. C. R. Holmes, of Cincinnati, read a paper—"Diseases of the Accessory Nasal Cavities; their Influence upon the Organs of Sight; Modern Surgical Treatment, with report of cases." This was the most interesting paper of the afternoon, and was illustrated by a series of charts, and over a score of parts of skulls showing the frontal sinus exemplifying the results of diseases in the portions of the head. Through the courtesy of Dr. Loeb, granting the essayist his time, Dr. Holmes occupied forty minutes, and was heard with the utmost interest, as a number of new ideas were elucidated which met the approval of the convention. A protracted discussion followed the close of Dr. Holmes' elucidation, participated in by a large number of the physicians in attendance.

"Hydrocele" was the scholarly paper that followed, by Dr. W. C. Weber, of Cleveland, Ohio.

"Case of Traumatic Cataract in Children, Treated by Extraction," was an instructive paper by Dr. James M. Ball, of St. Louis.

"Some Observations on Tonsils" was the subject of a most instructive paper by Dr. L. C. Cline, of Indianapolis. This was one of the most important papers presented, inasmuch as it elucidated some new ideas as to the cause and for the cure of the troubles specified. The experience of the essayist was that in cases where tuberculosis was suspected from the nature of offensive cheese-like globules coughed out, where alarming symptoms existed, and quinzy accompanied, the sole cause of the inflammation of the tonsil resulted simply from these deposits which, removed, and the sacs destroyed, the trouble ceases. The discussion following brought out confirmatory expressions.

"Squint, with Special Reference to an Operation," was a highly scientific paper by Dr. Chas. Beard, of Chicago, who illustrated the operation by original blackboard drawings.

The occasion closed, of course, with a grand banquet, at which the irrepressible Love was toastmaster. The Sentinel says, "he interlarded" the toasts. We infer, therefore, they must have been very dry. The only objection we have to the banquet is, the menu was printed in dog French, and a poor article of it, at that.
Dear Doctor:—The next semi-annual meeting of the North Texas Medical Association will be held in Gainesville, beginning at 5 p. m., Tuesday, December 11, 1894.

Encouraged by the great amount of valuable work done at previous meetings, the members anticipate much benefit from the next.

The City of Gainesville is easily accessible by a number of railroads, and is, in many respects, a delightful place for our meeting.

Let every physician, who is desirous of keeping abreast with progressive medicine, attend. Be assured that the work already promised will amply repay any one for the time spent there.

These meetings are the source of valuable facts and information, obtainable in no other way.

All regular, reputable physicians are cordially invited to be present and contribute something in the way of a paper, or report cases.

You will receive a hearty welcome both from the members of this body and the citizens of Gainesville.

R. H. Chilton, M. D., President, Dallas, Tex.
S. F. King M. D., Secretary, Sherman, Tex.

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PROGRAMME.

SECTION ON THE PRACTICE OF MEDICINE.


"Diphtheria," by J. D. Burt, M. D., Farmersville, Texas.

"Pernicious Malaria," by J. O. Mathers, M. D., Howe, Texas.

SECTION ON OBSTETRICS AND GYNECOLOGY.

"———," by T. W. Wiley, M. D., McKinney, Texas.

"———," by Joe D. Becton, M. D., Plano, Texas.


SECTION ON SURGERY.

"Supra-Pubic Cystomy and Removal of Prostate Gland," by F. D. Thompson, M. D., Fort Worth, Texas.

"Correcting Deformities of the Knee Joint," by M. M. Edmonson, M. D., Dallas, Texas.

VOLUNTEER PAPERS.

TO SECTION ON PRACTICE OF MEDICINE.

"Disturbance of the Sympathetic Nervous System," by Prof. J. B. Marvin, M. D., Louisville, Ky.
"Diphtheria," by W. R. Mathers, M. D., Rock Hill, Texas.
"Pernicious Malaria," by W. L. Higginbotham, M. D., Jamison, Texas.
"A Frequent Mistake in Diagnosis," by Ellen Lawson Dabbs, M. D., Fort Worth, Texas.
"Dyspepsia and its Sequella," by W. R. Howard, M. D., Fort Worth, Texas.
"Delayed Resolution in Pneumonia," by P. F. Ellis, M. D., Bells, Texas.
"Differentiation of the Continued Fevers of Texas," by W. D. Patton, M. D., Bowie, Texas.

TO SECTION ON SURGERY.

"Examination of the Eye in the Diagnosis of Intracranial Affections," by John O. McReynolds, M. D., Dallas, Texas.
"Report of Case of Minie Ball Weighing One Ounce—Thirty Years in Antrum of Highmore," by J. R. Floyd, M. D., Paradise, Texas.

The officers of every regular medical society are urgently requested to send the undersigned the following: Officers and address of each. Please state if auxiliary to the State Medical Society.

Wm. B. Atkinson, M. D.,
1400 Pine St., Philadelphia, Pa.
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DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.

Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Galveston County Medical Society, and several others.

REFORM IN ASYLUM MANAGEMENT.

The principle in physics that action and reaction are equal is exemplified in disease; depression and excitement, bearing the relation of cause and effect, have a direct ratio to each other. It is remarkable also that it is exemplified in many of the phases of social and industrial life and action. We see it strongly illustrated in fashions, for instance. It is the calm and the storm.

Our simile might be carried still further. We see the bound and rebound, the action and reaction, the depression and excitement, illustrated in labor strikes and political revolutions. Witness the great political upheaval in 1892, and the oscillation of the pendulum back to the other extreme in 1894. An evil is to be corrected. Indignation, resentment, zeal—what not, surely not deliberate reason, leads men to go to the other extreme, and hence in redressing one wrong, another is created.

The rebound, in the revolution that has taken place in the management and treatment of insane people, appears to have been excessive, and even beyond the depression. Time was, and not very long ago, when a "madman" was an object of fear and loathing, and a prison house was too good for him. He was possessed of a devil, and it had to be gotten out of him by stripes and blows, or if not to be dislodged, at least his satanship was to be prevented from doing his evil will, by straight jackets and chains.
Now, nothing is good enough for the insane. He is now recognized as a sick man, an irresponsible party, a ward of the State, and is an object of the tenderest solicitude. That is all very well; he should be nursed and taken care of; but the excess to which this solicitude has extended, borders on the absurd. To house a lot of idiots, imbeciles and insane, for the most part, of the pauper class, in palatial residences, and surround them with luxuries must strike any but the morbidly sentimental as ridiculous. For this purpose the State expends vast sums of money. Not only that, but the tender regard for the unfortunate extends to exempting him from work, even though he be physically able bodied. The folly of such policy is made the more manifest when it is reflected that such surroundings, and a constant state of idleness has been demonstrated to be detrimental to the patient. To that class who have delusions of grandeur, we should think it admirably calculated to heighten and maintain the delusions; while the unfortunate dement would hardly be expected to recover his intellect by sitting day after day and gazing in idleness at white walls or masses of brick and mortar. It is enough to make one lose his mind.

Reform is called for: The time will soon arrive when the State cannot furnish magnificent asylum buildings for her insane. In fact it has arrived. Population is coming into Texas at the rate of over a million in a decade. We do not know the ratio of insane to population, but it may assumed that it is such that the insane would in a few years overflow a dozen such palaces as the State has erected and is maintaining at enormous cost at three points in Texas. In fact, the insane are now largely in excess of accommodation. The aggregate capacity of the three institutions is about fifteen hundred, and according to Superintendent White’s report (see elsewhere in this issue), there are over one thousand insane now kept in prisons, and in private homes, cared for by friends. Let one ask himself, what will Texas do with her insane fifty years from now?

* * *

The reform demanded is not confined alone to quarters. More room is needed, and urgently needed, and comfort, convenience, space and durability should be the desiderata, and not elegance and grandeur. As pointed out by Dr. White, employment for the chronic insane,—for all who are capable of doing any kind of work, is urgently demanded. The therapeutic effect that congenial occupation would have upon these patients need hardly
be dwelt upon; it readily suggests itself. But Dr. White appears to think that only agricultural pursuits are to be advised. There can be no doubt of the advisability of putting the able-bodied men to work in the way the doctor indicates; but the Journal would suggest that there are many other pursuits which the inmates could follow, and should be instructed in. For instance, those of a purely mechanical nature,—the manufacture of brooms, buckets, and things of that kind, while the women could be profitably occupied in sewing, stitching shoes, book-binding and a thousand other little employments to which a large number of the afflicted are adapted.

Let the superintendent inaugurate some such reform as is here indicated, and we venture in his next report there would be good results to show. Let him classify his patients and assign each one to some kind of employment, and, if necessary, employ instructors. The blind pupils are taught the useful arts, and many are turned out, capable of making a living. It would not only be a source of revenue to the asylum, but the mind occupied, would sooner regain its equilibrium than if allowed to contemplate familiar objects day by day, and with nothing to do but brood over troubles, real or imaginary.

We give space to a part of Superintendent White's report, bearing upon the subject of reform, and commend it to the earnest consideration of our law makers.

* * *

As desirable as it is that some such reform should be inaugurated as above indicated; great as the improvement would be, in our judgment, the greatest evil of the present system is in the policy governing the appointment of the medical officers.

A superintendent and two resident assistant physicians are appointed with each incoming administration. Two years is hardly time to become acquainted with the inmates and their several ailments,—or to get the "hang" of the business,—and the manner of administering it, financially. It is not sufficient time to learn the individual characteristics and idiosyncrasies of the inmates,—for each case should be studied and treated independently of all others; there should be no routine treatment.

There is no position in which a physician can be placed that requires more tact and judgment, more nice discrimination, than here, in order to know and understand each case, and to put himself in sympathy with it. Confidence in, and respect for the medical officers must be secured from each patient. It is the
sine qua non of successful management. And when a superintendent has demonstrated a fitness and qualification for this work, when, by observation and active experience in the management of asylum affairs, and treatment of insane, he has acquired a training and a special aptitude for it, which can be acquired in no other way—the Journal, in common, we believe, with the best sentiment of the medical profession, holds that it is detrimental to the interests of the State, and the welfare of the unfortunate for whom these great charities were founded, to remove him, and put in his place a new and untried and inexperienced man, whatever may be his learning, or his reputation. Worse still, when, as unfortunately it sometimes happens, his only claim is of a political nature, and the office is bestowed for partisan service.

We repeat, in redressing the great wrong done in the management and treatment of insane, we have gone to the opposite extreme; the pendulum has swung too far from the perpendicular, and an equilibrium should be established. Sentiment prompts the building of palaces and the maintenance of pauper insane in idleness, and politics works frequent changes in the management. Reason and common sense call for a more rational system, and demand that these offices be taken from the domain of politics.

Medical News and Miscellany.

Dr. W. B. Anderson has removed from Taylor to Brownwood.

Dr. Wm. Wilke, of San Antonio, suicided by cutting his throat. Cause, ill health. Aged 60.

Dr. Samuel E. Milliken has been appointed Surgeon to the Randall’s Island Hospital, New York.

Dr. Tiffany, of Baltimore, succeeds Dr. Miles as Surgeon in the Medical Department of Tulane University, says the New York Medical Record.

Wanted—A co-partnership with a physician doing a paying and growing practice in a growing town. Address Dr. W., care Texas Medical Journal, Austin, Texas.
For Sale—My residence, centrally located in a town of 3000; well established practice worth $3500 cash annually. Residence and practice goes for $2500—$1000 cash, the balance on easy terms. For particulars address Dr. Boze, care Texas Medical Journal.

Holiday Excursions to the South-East.—On December 20th, 21st and 22d, 1894, the International Route will, as usual, have on sale Holiday Excursion tickets to South-Eastern States, including St. Louis, Louisville, Cincinnati, Memphis and New Orleans, at rate of one fare for round trip, tickets limited to 30 days for return. Call on nearest ticket agent for full information.

D. J. Price, A. G. P. A.

Died.—At Huntsville, Texas, November 17th, ult., Miss Kittie Walker, daughter of Dr. W. W. Walker, of Shulenburg, and sister of Drs. E. R. and W. H. Walker. She was attending school at Huntsville, and died of typhlitis. The Journal is pained to chronicle the too early fading of this pretty young flower. She was just seventeen, and was the pride and joy of her father's household. Our tenderest sympathies go out to the bereaved family.

For Sale—Residence and practice in a flourishing small town in the German and Bohemian settlement, where practice is mostly cash. Business about $2000 a year. House of 5 rooms, situated on a block of ground; good out-houses, splendid barn and good fruit orchard. Price, $1000, half cash. The money can be made out of the practice the first year, by a good doctor. Reason for selling, to remove to a city. For particulars address E. R. W., care Texas Medical Journal, Austin, Texas.

Medical Consultation Book.—This great work, by Dr. Hachenburg, which has received very high commendations at the hands of reviewers, and which was sold at $7.50 per volume, can now be had in club with the Journal for $2.50,—the two for $4.50,—by addressing this office. By a special arrangement with the publisher, we are enabled to offer the few remaining unsold copies of this splendid work at just 33 1/3 cents on the dollar, to close them out. This is the original revised and unabridged work. Here is a rare chance, doctor.

Economy and efficiency in management have characterized the
administration of the Texas Health Department. The appropriation for all purposes for the past four years has been only $45,000 a year, and in no instance has the full amount of appropriation been expended. It will be seen from the State Health Officers report, extracts from which are published in this issue, that that officer estimates the expenses for all purposes for the next two years, at only $42,000 a year. This is less money, we venture, then is expended by any Board of Health in any State.

Death of Mrs. Garwood.—The Journal is pained to announce the death of Mrs. Garwood, wife of Dr. Alonzo Garwood, of New Braunfels. This most estimable lady died very recently, at her home. We had not heard of her illness, and hence the announcement comes with a greater shock. She was a daughter of the late Senator Geo. Pfeuffer, and was a most accomplished lady. She was a tender and careful mother, a most examplary wife, and the charm and center of a large circle of devoted, loving friends. Theirs was a lovely, happy home, and her death is most distressing. She leaves two little children, George and Lucile, the pride and delight of the home now so sadly bereft. Our tenderest sympathy goes out to our friend, the distressed husband, and to the sorrowing families.

Dr. E. P. Becton.—The many friends of this gifted and distinguished Texas physician will be pleased to learn that he is to succeed Dr. Frank Rainey as superintendent of the State Institute for the Blind, at Austin, and will take charge upon the advent of the new administration. Dr. Becton is one of the most popular physicians in Texas, and acknowledged to be one of the best. He is a natural orator, and at our State Medical Association meetings is one of the standbys and main reliances for a speech. Dr. Rainey, who has been in continuous charge of the Institute for the Blind for twenty years, and has made a most excellent record, upon his retirement will engage in the book and stationery business in Austin. Many of his friends will regret his retirement, and we are sure there will be tears amongst the pupils, to whom he has so long been like a father, and the old employes, who were much attached to him.

Asylum Data.—The reports of Superintendents White, of the Austin branch, and Preston, of the Terrell branch, State Lunatic
Asylum, make the following showing. That of Superintendent Barker, of the San Antonio asylum, not to hand:

<table>
<thead>
<tr>
<th>Terrell</th>
<th>Austin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remaining in asylum, Oct. 31, 1893</td>
<td>783</td>
</tr>
<tr>
<td>Admitted during the year</td>
<td>239</td>
</tr>
<tr>
<td>Whole number under treatment</td>
<td>1022</td>
</tr>
<tr>
<td>Discharged restored</td>
<td>106</td>
</tr>
<tr>
<td>Discharged improved</td>
<td>49</td>
</tr>
<tr>
<td>Discharged unimproved</td>
<td>2</td>
</tr>
<tr>
<td>Died</td>
<td>52</td>
</tr>
<tr>
<td>Remaining, Oct. 31, 1894</td>
<td>813</td>
</tr>
<tr>
<td>Percentage of discharges to No. treated</td>
<td>15.3</td>
</tr>
<tr>
<td>Percentage of deaths to No. treated</td>
<td>5.08</td>
</tr>
<tr>
<td>Cost of maintenance per capita</td>
<td>——</td>
</tr>
</tbody>
</table>

The above is a most creditable showing. For comparison we give herewith the death rate at the Austin asylum since 1886. In that year it was 10.62, then for consecutive years, 5.61, 4.95, 3.22, 4.95, 4.50, 4.40, 3.69. We regret we have not Dr. Preston's full report at hand to make a similar comparison. Nor any report from Dr. Barker.

The per capita cost during the last four years, at Austin asylum, has decreased from $180.34 to $150.48.

It may be interesting to readers to know that at the Austin asylum, during the year, there were produced farm products to the value of... $5,627 96
Garden products... 2,794 90
Dairy products... 3,658 75
A total of... $12,081 61

The Austin District Medical Society will meet in the K. of P. Hall, Austin, Texas, at 10 a. m., Thursday, December 20, 1894. A cordial invitation is extended to all members of the regular medical profession. Good papers, able discussions, election of officers, followed by a banquet at night. Come and be one of us.

S. E. HUDSON, Secretary.

The Free Bath.—The Superintendent of the Hot Springs Reservation in his report says:

"It is with much personal gratification that I am now able to say that the free bath house is kept in as thoroughly respectable

*Lowest death rate ever reported.
†Lowest per capita ever reported.
and cleanly condition as any bath house or hospital in the country.

"If it is charity to cure the helpless indigent people who come to Hot Springs, and who must inevitably die of the diseases with which they are afflicted except for the relief afforded by the use of these baths, and charity is remembered and appreciated by those to whom it is given, then the free bath house at Hot Springs should have a warm place in the hearts of many people to whom it has given back health.

"In most cases the people using these baths are absolutely without the means of procuring medical advice or medicines, and depend entirely on the baths for whatever benefit the waters will give. When with this is understood that the worst cases that come to Hot Springs are indigent persons who find their way to the free bath house, it is wonderful and incredible the number of these that are actually cured. It is true that in many cases a long course of bathing is required, but it is no exaggeration to say that 75 per cent. of all the persons using these baths are absolutely cured, and most of the balance are greatly benefited.

"It should be understood and kept before the public that the capacity of this free bath house is not sufficient to bathe all the indigent persons in the United States. It has two pools for men and two for women, the pools for men being 12 by 12½ ft. each, while the pools for women are only 7 by 12 ft., each. And when it is understood that in this limited space an average of 556 persons have been bathed daily, and that from June 30, 1893, to June 30, 1894, about 203,000 baths have been given, it may be understood also that the house has been run to its capacity.

"I had hoped at this time to give a full half year's report of the operations of the free bath house under the system of issuing tickets only upon written applications, but during part of January the bath house was undergoing repairs and no accurate report could be made for that month.

"The five months, from February to June, are reported here for the purpose of showing the operations of the house as they actually occur.

Table showing number of bathers for five months, February to June, inclusive:

<table>
<thead>
<tr>
<th></th>
<th>Feb’y.</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily average of white males</td>
<td>258</td>
<td>321</td>
<td>336</td>
<td>325</td>
<td>202</td>
</tr>
<tr>
<td>Daily average of white females</td>
<td>26</td>
<td>56</td>
<td>76</td>
<td>64</td>
<td>43</td>
</tr>
<tr>
<td>Daily average of colored males</td>
<td>108</td>
<td>175</td>
<td>205</td>
<td>127</td>
<td>112</td>
</tr>
<tr>
<td>Daily average of colored females</td>
<td>42</td>
<td>97</td>
<td>133</td>
<td>103</td>
<td>80</td>
</tr>
<tr>
<td>Average number of persons bathed daily</td>
<td>434</td>
<td>649</td>
<td>750</td>
<td>509</td>
<td>437</td>
</tr>
</tbody>
</table>
"The matter of discrimination necessary to be exercised in issuing tickets to the free bath house is a matter in which it seems impossible to give entire satisfaction. It may be seen by this report that all possible liberality is observed in making admissions, but those whom we are compelled to refuse, who upon examination do not appear indigent persons, and those who desire to use the free bath house as a matter of economy or convenience, are usually very pronounced in their complaints, and often abusive.

"The wisdom and justness of the rules and regulations under which the house is now operated are amply attested by the number of indigent persons it has cured and restored the means of becoming useful citizens, instead of paupers, as they were before, and the fact that the house is thoroughly clean and respectable and has taken rank as the government free bath house, in place of continuing to be known as the "Mud Hole" as heretofore, is ample consolation to the Superintendent for all the criticisms that may have been made upon him on account of enforcing the rules under which the house is now operated.

"The house is open to visitors and strangers every Wednesday afternoon from 2 to 6 o'clock, during which time bathing is suspended, and visitors given such information as they may desire."

Asylum Reform.—Supt. F. S. White, of the Austin branch of the State Lunatic Asylum, in his report says:

"Our asylum methods are in many instances wrong and misleading; their tendency is often to make lunatics, rather than to cure them. In the commodious, magnificent, well kept and beautiful parks of all modern asylums will be seen hundreds of lunatics sitting, day in and day out, in idleness and misery, watched by attendants who take little interest in them further than to be very careful that no one makes his escape.

"The monotony of such a life is something terrible, when we contemplate that by fostering this idleness and monotony the last hope of the recovery of many is being frittered away. I have for years advocated, and still advocate, with all my power, the necessity of some kind of a change that will result beneficially to those most interested, viz., the poor, helpless patients.

"Visit one of the beautiful parks; you will see dozens of men pacing regularly, solemnly, and slowly, the same path backward and forward which they have worn in the ground near where an attendant sits; others are sitting beside the same stately oak
whose umbrageous branches have shaded them possibly for years. There they sit for hours, wrapt in the gloom of their own meditations, dead to the world, to themselves, and forming only an atom of the great mass of humanity that has crystallized into a so-called well regulated and modern asylum. These cases are all strong and healthy physically; they eat, drink, sleep, and walk out and in daily. Such is their life; no diversion, no change, nothing save a monotonous routine, without a ray of hope in the distance to brighten the gloomy present.

"If there is a class in the world that needs stimulating, moving, jostling and stirring up, it certainly is the chronic insane. It may be asked, how can this condition be remedied? One word, employment, solves the problem. If land near this asylum were not so valuable, I would recommend the purchase by the State of an additional large tract. Double the amount, at least; now in cultivation here, could be cultivated at a very slight increase in expense to the State. It would only be necessary to add a few more attendants; we already have numbers of patients who would in a short time be only too glad to work on the farm. If land could be bought here at say $50 per acre, it would even then be a good investment for the State.

"With 200 additional acres, we could greatly decrease the annual cost of maintenance, and at the same time give employment to every patient that desired or was able to work; the recovery rate would be increased, more could be cared for during the year, and their life rendered not altogether a blank. Owing, however, to the high price of land, it is not probable that the legislature would think best to add any more to the farm here, but it would be wisdom and economy to purchase a large tract of the best tillable land in the State in some county where crops are comparatively certain, and there establish an asylum farm; erect buildings on the cottage system, with a view of adding more when demanded, colonize the great army of the insane thereon, and make them, to a very large extent, self-sustaining. Thousands of bushels of vegetables can be raised, and the surplus canned for future consumption.

"I believe that for a very small outlay a canning factory can be established here that will pay handsomely, and at the same time add very greatly to the dietary of the patients; corn, okra, tomatoes and beans can be grown in great abundance. If these could be canned successfully, the acreage could be increased and a large supply stored for future use.
"With the constant increase of the insane in Texas, and as a consequence the increased cost of their maintenance so prominent before us, it appears that any plan that would decrease either would be very acceptable. The insane are a part of every State; they are not producers, but consumers; in one sense, they are a necessary burden on every government. They are the debris of a too rapidly developing civilization, but like the barnacles that hang to the ship's hull, they hang on to the body politic, and must be taken care of. The dictates of humanity demand that this unfortunate class be cared for; public policy demands that they be cared for as economically as is compatible with their welfare.

"Texas cannot afford to house her insane in shanties and hovels, neither can she afford to provide them with palaces. A happy medium must be found, which, while being comfortable, safe, etc., is at the same time reasonable as to cost."

Book Notices.


This is the seventh issue of this elaborate work. Like the preceding issues, it is issued in five beautiful volumes, and the work, as a whole, contains a report of the progress of medicine and surgery, in all their branches, throughout the world. With the aid of an able corps of associate editors, collaborators and correspondents representing every civilized country of the globe, Dr. Sajous has given us most of the practical results of investigations, observations and experiences of medical men during the past year.

No other work will enable a physician to so thoroughly familiarize himself with all that is new and useful in the practice of his profession. The medical writer can find no other work that will save him so much time and labor in research. With each
issue, the work becomes nearer perfect, though one can scarcely see how the next is to be better than the present one.

The statement made by others that with the removal of the editor-in-chief to Paris the work would lose its distinctive American character, has not only not held good, but it is now as essentially American as ever before. More than two-thirds of the members of the editorial staff are Americans, among whom may be mentioned the following leading men in the profession: Prof. James T. Whittaker, Dr. E. S. McKee, Prof. S. Solis-Cohen, Prof. J. P. Crozer Griffith, Prof. Landon Carter Gray, Prof. James C. Wilson, Dr. Augustus A. Eshner, Prof. J. Lewis Smith, Prof. N. S. Davis, Prof. Frederick P. Henry, Prof. George H. Rohé, Prof. F. E. Montgomery, Prof. J. M. Baldy, Dr. Andrew F. Currier, Prof. Lewis S. Pilcher, Prof. J. McFadden Gaston, Dr. John H. Packard, Dr. W. T. Bull, Prof. Charles B. Kelsey, Dr. E. L. Keys, Prof. J. William White, Dr. W. A. Edwards, Prof. Lewis A. Sayre, Dr. Reginald H. Sayre, Prof. P. S. Connor, Prof. Lewis A. Stimson, Prof. Christian Fenger, Prof. Rudolph Matas, Prof. E. Laplace, Prof. L. McLane Tiffany, Prof. A. Van Harlingen, Prof. H. A. Hare, Dr. David Cerna, Dr. A. D. Rockwell, Dr. Simon Baruch, Prof. James O'Dwyer, Dr. Walter Wyman, Prof. W. Xavier Sudduth, and many others. From this list it will be seen that the work is distinctively American, and that the editorial staff embraces many of the brightest minds in the medical profession in America. We cheerfully commend the book, and believe that every doctor who desires to keep up with medical progress should have it. Much praise is due both the editor and the publishers.

H.


Part II, of appendix, describes a cabinet for holding various test types,—a prism pile—prism-measuring and lens-centering instrument—lens measurer, and several pages of test types.

The book also contains a full page portrait and a biographical sketch of Prof. von Helmholtz, Prof. Donders and Prof. Edmund Landolt.

The author has exercised great care, and has spent much time and labor in the preparation of this volume, and the result is a book of more than usual value to the student of diseases of the eye. The illustrations are excellent and profuse, and the mechanical work, paper, etc., is all that could be desired. H.


The possession by lay people of a knowledge of what to do to give temporary relief in cases of accidents and emergencies, would often result in the relief of much suffering, and sometimes in the saving of human life. That such information should be disseminated among non-medical men, is undisputed, but the strong probability that such knowledge would often be misused and the possessor of it make an effort to usurp the functions of a physician or surgeon to the detriment of the patient, should make us careful in our selection of books for such use. This one of Dr. Doty's seems to be as free from objections as any that could be selected, and the amount of information it contains is abundant and of much practical value. Not only the laity, but medical men as well, would gain valuable information by a careful perusal of it. The author has made a special effort to make it useful to the ambulance corps connected with the different
military organizations, and the book is peculiarly adapted to their use.

Essentials of the Practice of Pharmacy. Arranged in the form of Questions and Answers. Prepared especially for Pharmaceutical Students. By Lucius E. Sayre, Ph. G., Professor of Pharmacy and Materia Medica, of the School of Pharmacy of the University of Kansas. Second edition, revised. Two hundred pages. Price, cloth, $1.00. Interleaved for notes, $1.25. W. B. Saunders, Publisher, 925 Walnut St., Philadelphia. 1894.

This is one of Saunders' popular question compends, and in this edition of the book the text has been revised so as to correspond with the United States Pharmacopoeia of 1890. Some very important additions have been made in this edition, among which may be mentioned: An outline of Drug and Plant Analysis, Structural Formulae of Organic Carbon Compounds used in Medicine, Pharmaceutical Testing of Inorganic Chemicals, and Problems in Allegation and Specific Gravity. The student of pharmacy will derive much benefit from the study of this volume, both in his preparation for attending a school of pharmacy, and in reviewing the course of study.

The Physician's Visiting List (Lindsay & Blakiston's) for 1894.—Forty-fourth year of its publication. Price, in flexible Morocco cover, $1.00. P. Blakiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia.

This is one of the most convenient, both in size and general arrangement, of all the visiting lists. The space for making entries of visits is ample; it also contains a number of pages for "Memoranda," "Address of patients and others," "Nurses' addresses," "Bills and accounts asked for," "Memoranda of wants," "Obstetric engagements," "Vaccination engagements," "Obstetric cases," "Record of deaths," "Cash account," etc. A large number of valuable tables, including "Posological table," "Dose Table," "List of New Remedies," "Incompatibility," "Poisons and Antidotes," "Disinfectants." and many others add much value to this visiting list.


This list is intended to supply the wants of the practitioner at the bed side. The blank pages are arranged in the usual form—
giving space to the weekly call list, obstetric calls, memoranda, etc., etc. The book also contains a nice calendar for 1895, and many valuable tables, among which may be mentioned—table of doses, doses of medicine for children, prediction of date of confinement, artificial respiration, care of galvanic batteries, clinical examination of urine, chemical examination of urine, diagnostic table of eruptic fevers, etc. The book is handsome and convenient.

Publishers' Notes.

See new advertisement of Hastings Truss Co.; in at the last moment.

See Sewanee Medical College new announcement, and note that a course of ten months is now given, and a diploma is granted after attendance on two such courses. This is a wise provision, and reconciles the college with the requirements of the college association.

I will unhesitatingly say that I consider Peacock's Bromides much superior to the ordinary bromides, and the Chioni a I believe to be an extremely successful preparation or a very valuable therapeutic agent. I have used both with excellent success.

JOHN J. SHAW, M. D., Plymouth, Mass.

Arsenauro in Rheumatism.—Dr. W. C. Wile, in his N. E. Medical Journal, for October, speaks very highly of Arsauro (bromide of arsenic and gold) in muscular rheumatism, and under the head of a "gold clinic" details his experience with the remedy, not only in rheumatism, but as a tonic restorative in general debility, and also in other cases where such a remedy is indicated. Dr. Wile is high authority.

Saddle Bags.—The Stephens patent saddle bags are made of the best material. They are simple in construction, compact and convenient. There is no bag on the market that gives more general satisfaction or better service. Don't be deceived into buying a cheap saddle bag when a trifle more will get the best.

Write to the Weller-Stephens Saddle Bag Co., St. Louis, Mo., for descriptive circulars and price list.

Send Twenty Cents in Stamps to McArthur's Hypophosphite Co., Boston, for McArthur's Pocket Dictionary, 1895. "Handiest and most useful little book for the physician that we have seen. Contains doses of drugs including new remedies, a list of
disinfectants and how to use them, antidotes for poisons, methods of treating emergencies, an obstetric ready reckoner and other valuable information." — *Brooklyn Medical Journal.*

The war among the tablet manufacturers gives an idea of the immense profits druggists have been reaping for years. The Physicians Mutual Manufacturing Co. of Chicago claims the credit of breaking the combination as the first manufacturers to sell direct to the physician, reserving no profit for the druggists. Prescriptions, at its prices, average about one quarter of a cent each. See the ad. in this issue. All its preparations are fully guaranteed.

Doctors will be interested in the new announcement of the New Orleans Polyclinic. Clinical material is the prime requisite of a post graduate medical college, and it is well known that New Orleans stands at the head as a clinical center. The great "Charity," with its hundreds of beds, is accessible to the N. O. P., and the professors are as ambitious as they are talented; and that is a splendid combination for a "touch down." Read the advertisement.

WASHINGTON, D. C., September 11, 1894.

GENTLEMEN:—I desire to thank you for samples of the drug, often but poorly imitated, made by your firm and known as "Antikamnia."

The adoption of the monogram on the new tablets and the recall of all the old stock from the market, will prove of benefit to you and the many physicians who may hereafter desire to afford relief by its use. Yours respectfully,

C. E. Postley, M. D., 1429 11th St., N. W.

To the Antikamnia Medical Co., St. Louis, Mo.

Note.—Because of the adoption of monogram tablets of Antikamnia the sale of Antikamnia in powders, as heretofore, will not be discontinued as has been asserted. It is a mistake.

A Famous Show of Beauty.—The show of distinguished beauty, transfixed by famous artists, which is now taking place at the Academy of Fine Arts in New York, has been anticipated by *The Cosmopolitan* Magazine in its November issue, in an article by Wm. A. Coffin, with illustrations of some of the more beautiful faces. The "Great Passions of History" series has for this month's subject the romantic career of Agnes Sorel, who influenced the destinies of France under Charles VII. "The Art Schools of America," "The Great British Northwest Territory," "The Chiefs of the American Press," and the "Public Library Movement," are amongst *The Cosmopolitan*’s table of contents. Survivors of the war and their children will find intense interest in "The Story of a Thousand," a personal narrative begun in
this number by Albion W. Tourgée, who tells in a graphic way, of a regiment which saw fierce service—of its organization, its marches, its sports, and its death-roll.

In many Cases of chronic bronchitis and bronchorrhoea, the emulsion of petroleum is also of undoubted value. The following combination has been found to act well in these cases:

R Terpinolis ........................................ 5ss
Olei eucalypti ........................................ 5i
Syrupi codeinæ ........................................
Syrupi toluatani, aa .................................. 5i
Emulsio petrolei (Angier) q. s. ad ............... 5vi
Misce et fiat emulsio secundum artem.
Signa—5ss one hour after each meal.
The cough and expectoration grow less and the appetite and strength improve.

For asthma and spasmodic cough great benefit has been derived from the emulsion in the following combination:

Elixir chloroformi comp. (McNutt) ............... 5ss
Extracti pinus canadensis .......................... gr.xii
Extracti canabis indicae ............................ gr.vi
Emulsio petrolei (Angier) q. s. ad ............... 5vi
Misce et fiat emulsio secundum artem.
Signa—5ss every one to three hours during an attack, and after meals, subsequently, for a month or two.

Dr. Angelo De Bellomi, of Città di Amandola, Italy, July 22d, 1893, says: 'I am pleased to inform you of the successful results

SEWANEE MEDICAL COLLEGE.
MEDICAL DEPARTMENT
UNIVERSITY OF THE SOUTH, AT SEWANEE, TENN.
(On Cumberland Mountain, 2300 feet above sea.)

Will henceforth teach Annual terms of ten months. Divided into two courses of twenty weeks each.

Will admit students to examination for graduation after attendance upon two such Annual terms.

Will accept attendance upon other reputable colleges in lieu of the Junior term or one course thereof.

Will admit students who have attended two six months courses previously in acceptable school to final examination at the end of six months of the term.

Facilities unsurpassed. Courses thorough. September term opens March 7th, 1895, and closes December 12th, 1895.

For circulars and information address, J. S. CAIN, M.D., Dean.

DR. MEIGS CASE'S SPINAL APPARATUS

THE "MASTER" Surgical Elastic Stockings Patented Non-elastic Stays and Adjusting Loops.

Can't pull apart and consequently last until worn out. All kinds and sizes in thread or silk elastic. Price List and Full Particulars sent on Application. Mention this Journal.

POMEROY COMPANY, 785 Broadway, New York City.
by the use of your Bromidia as hypnotic and sedative. I pre-
scribed it for a lady suffering from severe vomiting due to preg-
nancy, and which threatened to cause abortion from denutrition.
I had previously tried opium, chloroform, creosote, and oxalate
of cerium, all without effect. I gave ten drops in a little sweet
wine three times a day before meals. The vomiting ceased the
first day, four days later I was able to discontinue the use of
Bromidia, and now, after a month, there has been no return of
the vomiting, and the patient is perfectly well.

"I have found Bromidia excellent in delirium tremens accom-
panied with insomnia, also in the delirium of typhoid, and in
bronchitis with neurasthenia following influenza.

"In a case of chronic nephritis where all kinds of hypnotics,
anti-nervealgics and analgesics had failed to give relief, Bromidia,
in doses of a teaspoonful morning and evening, gave relief at
once; and in a few days effected a complete cure. After such en-
couraging results, I am sure Bromidia has a brilliant future be-
fore it."

Treatment of Gonorrhea.—I. Humphrey, M. D., Fairbury,
Neb., says: "The cure of gonorrhea, in some cases, is no trifling
matter, as I long ago learned, not from books, but by experience.
Such remedies as the doctor describes will often produce just
such results, or did for me in my early practice. Any prepara-
tion of mercury, sulphate of zinc, nitrate of silver, acetate of lead,
or, in fact, any and all astringents too strong, given in the early
stage of gonorrhea, will be very likely to result in stricture or
orchitis. Many cases thus treated come to me from other M.
Ds. It is far better to do nothing than to use such remedies,
especially in the early stage. Never use any medicine the first
two to four days after the discharge appears. Use only warm
water frequently injected with a P. P. vulcanized syringe (use no
glass syringe). Use the injection immediately after urinating, so
as to avoid carrying the virus further up the canal. Give at the
commencement a laxative of any bland cathartic, if necessary, to
keep the bowels loose. After three or four days' use of warm
water, use instead:

Rb White pine canadensis (Kennedy's) .... 1 ounce.
Morphia sulph............................ 15 grains.
Aqua f..................................... 5 ounces.

"M. Sig: After passing urine to wash out the canal, inject a
full P. P. syringe of the medicine, holding it in the penis three
to four minutes. Use three times a day.

"If more than one bottle is required, fill the bottle each time
after the first is gone, just the same, only use two ounces of the
pinus canadensis; order plenty of nourishment, no intoxicating
drinks, avoiding all excesses, and you will have no cases of or-
chitis, or stricture, and last but not least, make no failures, nor
will ever need to blister the penis."
Original Contributions.

For Texas Medical Journal.

CEREBRAL SYphilis.

BY R. H. A. BOYD, A. M., M. D., SAN ANTONIO, TEXAS.

I WILL ask your attention first to a history of a case of cerebral syphilis somewhat in detail, and will then present other histories to illustrate certain phases of the disease.

In September of 1888, I was consulted by a widow, aged fifty, suffering with headache, which she affirmed she had had for five or six years, that they were getting worse, and that nothing had helped her. Upon questioning, she said they were worse at night, and during the day there was a general sore feeling all over the head. She was not able to sleep until near morning. She was easily tired, very fretful, becoming more and more disagreeable to those around her. Her whole moral character was indeed changed. She had two grown children, no miscarriages; had a posterior synechia, the result of an old iritis in the right eye. Scars were seen upon her body; the frontal, sternal, tibial bones were sore and tender on pressure.

There were pains in bones at night. After some jogging of the memory, she said she had been treated ten years previously for blood poisoning, but had not had a thorough course of mercury.

She was put on iodide of potassium, grs. xxx t. i. d., and told to report in a few days.

About a month afterward, I was sent for, and found the pa-
tient as follows: Double vision, numbness in arms, limbs and mouth, a partial left hemiplegia, great nausea, and a tendency to stupor.

The family were informed of the necessity of the patient taking the medicine as ordered.

The iodide was increased to a $5i$ t. i. d. Special care was taken to see that she was properly nourished. Inside of two weeks the improvement was marked, and the iodide increased to grs. $xc$ t. i. d.

The patient remarked that was the best stomach medicine she had ever taken!

This treatment was kept up for nearly two years. On several occasions the patient stopped the medicine, and there was a relapse. On one occasion, I found her talking incoherently, face congested, tense feeling in the head, pulse full and slow, evidence of brain congestion.

She was put on elaterium and potassium bromide. In a day or so the iodides were resumed, and she was told emphatically if she wanted to live and get well she had to take the medicine. To-day there is no evidence of paralysis, and she is as well as she ever had been.

Case 2. In the summer of 1885, a policeman brought me a man, aged fifty-five, in coma, with no history of injury, but was asleep on the street. He was not drunk, nor was he suffering from apoplexy, opium poisoning, Bright's disease, or diabetes. I found I could arouse him readily, and he was able slowly to answer some questions. After a somewhat critical examination, I came to the conclusion that he was suffering from brain tumor, which, in all probability, was syphilitic. There was an old scar on his penis, and some tenderness over the long bones. Increasing doses of iodide of potassium were given, and in about two weeks I was able to confirm my diagnosis with the complete history of the case. He was treated for about six weeks, and was then able to be up and around. I then lost track of the patient.

Case 3. In the spring of 1892, a grass-widow, aged thirty-five, consulted me for double vision. All at once she said she saw double. There was no history of headache, insomnia, or numbness, nor pain in bones. She denied a specific history. There was no history of rheumatism, nor tuberculosis.

I was at a loss for a moment to explain the symptom. The lady was intelligent, had one child, was in good social position.
Tentatively, I put her on iodide of potassium, grs. xx t. i. d., for a week. I told her to rest all she could, and avoid all excitement and mental worry. At the end of the week, there was no improvement, neither were there signs of iodism.

I determined to push the dose until the point of tolerance, and found that a 5i t. i. d. was all she could stand, and the symptoms began to ameliorate.

I questioned her again more closely, and got a history of syphilis. She said she was only treated for about six months. Judging from what she said, she had the characteristic secondaries.

I am firmly convinced that relapses in nervous symptoms are very frequent, much more so than we are led to believe from the books.

It is a result of either an improper treatment of the early stages, or it is, as Fournier says, seen in cases where the mucous and cutaneous symptoms are slight.

The cases that have been cited will serve as types of the disease, and will serve for a text of what follows:

Nervous syphilis occurs usually in the secondary, or tertiary stage. It may occur in the primary.

I know of a case where the cerebral symptoms appeared three weeks after the initial sore.

We can not exclude cerebral syphilis if there is a lack of clear history, or a lack of the usual cutaneous manifestations. Wood used to teach that any case of obscure nervous disease, if the person had run any risk, no matter whom, should be given the therapeutic test, potassium iodide, grs. xx t. i. d.

There is no structure that syphilis will not assail; the brain substance, the connective tissue, the bones, the membranes of the brain, the arteries and capillaries, fall easy prey. Hence, we have a great variety of symptoms.

If I go somewhat carefully into the pathology of the disease, I hope I will be excused, on account of its importance.

In the blood vessels we have an endarteritis due to the pouring out of round cells from the vasa vasorum. In consequence of which we have a narrowing, or occlusion of the lumen of the vessels, due to the thickening inward of the fenestrated membrane and the intima.

Thus we have a roughened or altered intima ready to act as a nidus for a thrombus, which in turn may produce an embolus. The muscular coat may waste, and form aneurisms.

Around the blood vessels there is a proliferation of cells of
connective tissue. These cells are peculiar in that they undergo a calcareous or caseous degeneration.

The bones of the skull may be thickened. The membranes at the base are very much affected, and often adherent to the brain.

The pia looks like wetted blotting paper, in the region of the pons, of the temporo-sphenoidal, and of the posterior parts of the frontal lobes. Granulations will often be found amounting in size to small tumors.

The cranial bones at the base will be found infiltrated and surrounded by these diseased membranes.

As yet, the question of syphilis being due to Lustgarten's bacillus lacks the confirmation of the culture test.

At the present time in the symptomatology of nervous diseases, it is fashionable to show up a train of symptoms. We have a tripod on which rests melancholia. There are three cardinal symptoms of exophthalmic goitre. Nor is cerebral syphilis far behind.

In our therapeutics, too, we have the trinity pill. It will be my endeavor to show what is in the trinity business of this disease.

One word of caution, however; don't expect to find all the symptoms in every case. There may be one or two symptoms left out, their place being supplied by others. Still, the symptoms that are usually given are of great importance, and the grouping of these lead us easily to diagnose our cases. Usually, they are prodromata, such as tired feeling, mental apathy, a changed disposition.

In a person of syphilitic history, these prodromata should warn us of the coming storm. The onset of the storm may be sudden, as in my second case.

There is one symptom which is most constant—headache. It may be a slight ache, or it may be so severe as to cause delirium. The patient will often hold his head between his hands, and groan with pain. These headaches appear toward night. They may appear in the morning. They affect any part of the head. If we meet a headache which is excessively persistent, apparently causeless, with marked nocturnal exacerbations, it is, in all probability, syphilitic.

The second marked symptom is insomnia. This is only seen in the early stage. This symptom, and the headache, disappear on the appearance of the third symptom—convulsions, or paralysis. Thus our triad is formed. Those who insist on this triad
say that the memory of the patient is defective, or the symptom so slight as to escape attention. Be this as it may, the grouping of these symptoms should not be wrongly interpreted. In the latter stage, there is a peculiar somnolence.

I have seen it in two forms. First, where it is persistent, as in case two. The patient lies in bed all day, indifferent to everything, can be easily aroused, and answers questions slowly. The second class, the patient goes to sleep at his task, wakes up, and sleeps again. This somnolent condition may last for weeks. It is not necessarily of evil omen. It denotes pressure. Of course, if this is kept up too long, there is a likelihood of brain softening.

The paralysis is usually a hemiplegia, a monoplegia, or a paralysis of one or more cranial nerves. The hemiplegia may be due to a lesion of the cortex, the internal capsule, or the basil ganglia.

The monoplegia is due to a lesion of the motor area of the cortex. This monoplegia may become a hemiplegia. The optic, the olfactory and ocular motor nerves, are the ones usually affected. Rarely are the fourth, fifth, sixth, seventh or eighth nerves involved.

The third nerve is the one most usually affected. The growths of the base are either syphilitic or tubercular. Hence, as a rule, a squint, a ptosis, dilated pupil, or any paralytic eye symptom in the adult, is syphilitic. As a rule, syphilitic paralyses are incomplete. This, as it can readily be seen, has a great bearing on prognosis.

A complete hemiplegia denotes either a hemorrhage or a thrombus. The specific palsies are fugitive; they are extensive and incomplete. They are not due, as a rule, to clots, but to congestions in the region of gummas. Among the motor palsies must be mentioned also aphasia, and it has the same characteristic as other motor palsies. Aphasia and left hemiplegia are almost diagnostic of cerebral syphilis, as illustrated by my first case.

Epilepsy is very common after cerebral syphilis. Fournier says that epilepsy occurring after thirty years of age is never essential epilepsy; excluding uremia and alcohol, it is, in nine cases out of ten, specific.

We may have either the petit, or grand mal. The aura is rarely present; when it is seen, it always assumes the same type.
I believe that most cases conform to the Jacksonian type, rather than to the essential.

Consciousness, as a rule, is not lost. Paresis and hallucination are the types of insanity that follow cerebral syphilis.

The diagnosis of cerebral syphilis can be easily made if we have a correct history, but as it has been said before, the diagnosis must often be made without the history. You can readily conceive how a person may be entirely ignorant of the fact of inoculation. Women often know nothing about it. Physicians are known to have been inoculated in various ways. Then, too, people often forget about their early history; they have no desire to call up former indiscretions.

To be brief, a persistent nocturnal headache and insomnia should arouse us to heroic treatment, for we know that a convolution or a paralysis is staring the individual in the face.

Convulsions after the thirtieth year, not preceded by infantile convulsions nor due to diabetes, traumatism, or to pregnancy or megrims, are syphilitic.

Hemiplegia under forty, is syphilitic.

Symptoms indicative of lesion at the base of the brain in the adult, are syphilitic.

Comatose conditions extending over days, or weeks, not due to traumatism, meningitis, diabetes, nephritis, or typhoid, is syphilitic.

The prognosis, even in seemingly grave cases, is, as a rule, favorable, but it is well for the physician to be on his guard. The lesion may be destructive, as well as nondestructive. Under vigorous treatment, the most desperate cases will get well.

To treat these cases successfully, the physician must have the courage to carry out his convictions. It is no use to give grs. x of iodide of potassium, but the dose must be such that the symptoms either yield or the patient cannot tolerate the drug.

I have never had to give as large doses as some men have, still I would not hesitate to do so if the case demanded it. I have never had to increase the iodide over 3ij t. i. d. Some have given as much as gr. 800 in the twenty-four hours.

Mercury is rather an uncertain drug in this disease. I have seen cases go halting on the mercury, pick up, and make a rapid recovery under the iodide.

The worst case of salivation I ever saw was in one of these cases. Improvement was noticed very soon under the iodides.

The iodides should be given in a saturated solution, gtt. xx to
The dose increased by gtt. iij to v each day, until the point of tolerance is reached, or the symptoms yield. If iodism occur before the symptoms yield, two paths are before us: Either increase the dose by one-third, or keep on increasing daily as before. Strange to say, the iodism under these large doses will disappear, and the large doses are well borne.

But should these large doses increase the iodism, decrease the dose one-half when iodism first appears. Continue then this dose until the iodism entirely disappears, and then commence to increase as before.

The iodidés, in some cases, are not well borne, their prognosis is bad.

Small doses, grs. v to x, often affect the heart in some persons. They should be given after meals, largely diluted in ice water or Vichy. The diet, the regimen and hygiene must also be looked after.

Good food, rest from care and worry, are sine qua non. The care we bestow on these people often adds as much to recovery as medicine. The one without the other will not cure. I am led to think that relapses are excessively common. We can never know whether a gummatous growth is entirely absorbed. Inflammations around these gummas is the rule.

I have made it a rule to treat these cases actively for two years, and ever after that to advise a course of treatment of six weeks every six months. I instruct these people especially that they had brain syphilis, that they are liable to relapses, and that as time goes on the outbreaks of the disease become more obscure, and if a physician is called who knows nothing of the patient's antecedents, he is apt to blunder. I have seen more than one illustration of this.

For Texas Medical Journal.

**OPERATIVE PROCEDURES IN GLANDULAR TUMORS OF THE NECK.**

BY J. E. THOMPSON, M. D., B. S., LOND. UNIV.; F. R. C. S., ENG.

[Read before the Galveston County Medical Society.]

Operative procedures in glandular tumors of the neck are pregnant with such dangers and full of such interesting problems, that they form at once the most dangerous and the
most enticing work an enthusiastic surgeon comes in contact with. Oftentimes it is exceedingly difficult to see a successful termination to an operation commenced under the most favorable auspices, and again an unpromising tumor shells out like an orange from its skin. Familiarity with the pathology of these growths is essential; often more important than a knowledge of anatomy, for it would be manifestly dangerous to attack an aneurism of the carotid under the belief that it was a pulsating adenoma of the thyroid, while many cases of lympho sarcoma are utterly beyond the reach of human aid, where a simple lymphadenoma or tubercular enlargement of the same size might be successfully dealt with.

But pathology, however necessary it may be, is not everything. Many cases present themselves where we find it impossible to diagnose between lymphadenoma and tuberculous glands (Cf. case 2). In case 2 examination of the blood revealed a decided increase in the number of white corpuscles, and a coincident enlargement of the glands in both axillæ led me to suppose that I had a general lymphatic affection, but operation showed an enormous mass of tubercular glands, extending from the mastoid process to the dome of the pleura.

The cases which follow will bring out the various points I wish to emphasize.

CASE 1.—An Italian girl, aged 7, was brought under my notice in June last, having an enormous mass of glands in the left side of the neck, along the course of the carotid artery, extending from the hyoid bone above to the supra-clavicular space below, completely filling the posterior triangle. The tumor showed a depression corresponding to the sterno-mastoid muscle. The glands were nodular, freely movable under the skin, and fairly movable in a transverse direction from the middle line. The child was anaemic, but there was no appreciable increase in the number of white blood corpuscles, nor was there any enlargement of liver or spleen. Temperature was a little elevated in the evening. I made a diagnosis of lymphadenoma (Hodgkins' disease), and advised removal.

The operation was commenced by an incision along the anterior border of sterno mastoid, extending from the sternum to the hyoid bone; another being made from the middle of this, at right angles, across the posterior triangle of the neck, cutting through the sterno mastoid. I then exposed the common carotid artery and internal jugular vein, and proceeded to isolate them from
the growth along its whole length. This was tedious and difficult, as the glands were rather adherent to the sheath of the jugular. The vagus nerve was exposed along the whole field of the operation, and at the lower part of the neck, as I was enucleating some glands which extended rather deeply into the thorax, a spurt of chylous fluid occurred. I had torn through the thoracic duct. The oozing point was seized and ligatured. The glands were then peeled from the third part of the subclavian artery, and when this was accomplished their removal from the posterior triangle and from under the anterior border of the trapezius was easily accomplished. The ends of the sterno mastoid were sutured and the wound drained and dressed. The tube was removed on the third day, and the wound healed absolutely by first intention, no ill effects being noted from the division of the thoracic duct.

Case 2.—A boy, W. M., age 16, was brought under my notice last June, with a large tumor occupying the left side of the neck, dipping deeply under the mastoid origin of sterno mastoid, and completely filling the posterior triangle. The surface of the tumor was nodular, but no soft spots were observed, the whole mass having a uniform consistence. Glandular enlargement co-existed in both axillae. No enlargement of liver and spleen could be made out. An examination of the blood showed a decided increase of white blood corpuscles, and this added to the fact that the temperature was normally elevated every evening, led me to think the case was one of lymphadenoma. The glands, however, were not isolated sufficiently, nor were they freely movable enough on the deeper structures to be absolutely certain; added to which there was distinct adhesion between the growth and the deep vessels. The case was treated by injections of five minims of Fowler's solution of arsenic every other day, with nourishing diet and cod liver oil. The second injection was followed by an acute attack of inflammation, which subsided under the use of hot fomentations and rest; but the glands still continuing to enlarge, operation was decided on.

The usual incision was made along the anterior border of the sterno mastoid, extending from mastoid process to sternum, with a cross incision at right angles, across the posterior triangle to the anterior border of the trapezius muscle. The sterno mastoid was cut through and the growth exposed, with the posterior belly of omo-hyoid tightly stretched over it. This was divided and search made mesially for the carotid artery and internal jugular
vein. While working at this margin of the tumor, the scalpel suddenly passed into the jugular vein which formed part of the capsule. We turned our attention to this vessel at the upper thoracic aperture, and there isolated and ligatured it. The tumor was now carefully removed from the supra-clavicular space to the subclavian artery and vein exposed. The phrenic nerve, covered by a thin layer of fascia, came into view, while great care had to be used in peeling the glands from the cords of the brachial plexus. At the upper end of the wound the tumor and vein, still adherent, were removed from the common carotid artery and vagus nerve which were cleanly dissected, while a prolongation of the tumor, running along the facial and superior thyroid veins, gave a great deal of trouble. The most difficult part of the operation, however, was the removal of the upper part of the tumor which dipped under the posterior belly of the digastric and the stylo hyoid, still firmly adherent to internal jugular. By forcibly pulling these muscles upwards, we managed to pass a ligature around the vein above the growth, which was then removed in toto. All tubercular material was then removed from under surface of the sterno mastoid, the divided ends sutured, and the wound drained behind and closed. At the anterior part of the incision the wounded superior thyroid vein eluded all efforts to pick it up, and the cavity was packed with iodoform gauze to prevent oozing.

The case progressed favorably; there was a little shock, but the patient left the hospital within a week. The wound suppurated, and from time to time small collections of pus had to be evacuated. At the present time the wound in the neck is closed, but there is a slight enlargement of the lymphatic glands at the angle of the jaw and under the chin. During the removal of the upper part of the growth, the parotid gland was cut into, and a twig from the facial supplying the "depressor anguli oris," divided. Examination of the glands showed marked caseation.

Case 3.—W. M., colored, aged 24, applied for relief for a tumor occupying the upper part of the right side of the neck, dipping deeply under the origin of the sterno mastoid and extending to within two inches of the clavicle. The tumor was globular and non-fluctuating, and was firmly fixed to the underlying tissues. There was no anæmia, no enlargement of liver or spleen, and no alteration in the character of the blood. A diagnosis of tubercular glands was made, and an operation demanded.

The usual incision along the anterior border of the sterno mas-
toid was employed. While elevating that structure from the
growth, a large abscess cavity was opened. The common carotid
and jugular vein were exposed, and the growth separated from
them fairly easily except at the upper part of the incision. With
care, however, the growth was separated from its important an-
terior relations, but not before the spinal accessory nerve had
been divided and the vagus nerve and superior cervical ganglion
of the sympathetic freely exposed to view. The upper portion
and the greater part of the lower portion of the sterno mastoid
being implicated in the disease were removed, the wound drained
and closed. The case progressed very satisfactorily, healing
being completed within a week.

I have not been able to follow the case since, but I judge that
all is well.

Case 4.—I. B., colored, aged 25, two years ago applied for
relief on account of a large tumor occupying the left side of the
neck, occupying the upper part of the posterior triangle of the
neck. It was globular and firmly fixed to the deeper structures.
There was no anaemia and no enlargement of liver or spleen, nor
was the blood altered.

I made the usual incision along the anterior border of the
sterno mastoid, and finding the growth adherent to the vessels
above, threw a silk ligature around the common carotid to con-
trol hemorrhage. This was not tied, but my assistant compressed
the vessel against the loop with his finger. The glands which
were found to be tubercular, were removed without much diffi-
culty, as the adhesions to the sheath of internal jugular vein
were loose. The wound was drained, closed, and healed up in a
few days.

Case 5.—A man, aged 35, white, was admitted under my care
having pedunculated malignant growth of the left vocal cord,
which had been causing attacks of intense dyspnœa for about
six months, suffocation being imminent during the attacks. He
had a mass of gland on the left side of the neck about the size
of a tangarine orange. This was firmly adherent to deep struc-
tures, presumably to the deep vessels. After consultation I de-
termined to remove the cervical growth and simultaneously the
left half of the larynx, although this was a serious undertaking
in the patient's weak state.

An incision was made along the anterior border of the sterno
mastoid and the growth exposed. While attempting its removal
the jugular vein was opened and we had great difficulty in secur-
ing the bleeding point. After a tedious operation, lasting fully an hour, the growth, together with three inches of vein were removed, but the patient was too exhausted to allow us to proceed further. I closed the wound and dressed it, intending to excise the larynx at a subsequent operation, but our patient, about five days afterwards, nearly choked in the ward, necessitating an immediate tracheotomy. Broncho pneumonia set in and he died in about ten days.

The diagnosis of glandular tumors in the neck is in the great majority of cases an easy matter, but occasionally one meets with cases presenting insuperable difficulties. Usually confusion arises between lymphadenoma and tubercle, for in both we may have, as I have shown, an increase of the white blood cells, and a rise of temperature in the evening and a certain degree of anaemia. In the latter stages of lymphadenoma the liver and spleen become involved, but the absence of this symptom never discredits a diagnosis. Lympho-sarcoma usually grows rapidly, implicates the deeper structures of the neck when it is absolutely fixed, and sooner or later implicates the skin. I have more than once refused to operate on these cases because I felt morally certain that the growth had surrounded both the carotid artery and the vagus nerve, and any procedure would either be incomplete and partial or would end in disaster. The earlier stages of lympho-sarcoma might be subjected to radical treatment, but as far as my experience goes, I have never seen one in such a stage.

Having made up one's mind to operate, there are many points which require careful consideration:

I. THE SKIN INCISION.

Undoubtedly the best place is the anterior border of the sterno mastoid, closely hugging that muscle, if it is necessary to prolong the incision as high as the tip of the mastoid process. By deviating from this at the upper end it is easy to wound the facial twigs supplying the lower lip, which has happened to me twice.

II. THE DEEPER PART OF THE INCISION.

The second part of the operation should be directed to isolating the carotid artery and jugular vein. *This is the key to the whole operation*, and if the growth can be separated along its whole length, it can be forcibly pulled backward and removed from the posterior triangle, with little risk of injuring any portion of the structures. The glands can be dissected away back
best with closed forceps; in fact, we rather during the early stages dissect the important vessels and nerves from the glands, leaving them undisturbed for a time. The vagus nerve must be preserved, but with care it is not liable to injury. No hesitation should be held about dividing the sterno mastoid, and even, if affected, about removing it "in toto," as the movements of the neck will in no way be interfered with by its absence.

In regard to hemorrhage, the most troublesome is that from the internal jugular vein. Unless one works with a free incision and with plenty of room, a wound of the jugular would prove very troublesome; and very often, by isolating the vein above and below and ligaturing it in both places, the tumor can be removed bloodlessly, and with great rapidity.

Arterial hemorrhage need give rise to no anxiety. At the upper part of the neck the occipital and posterior auricular arteries are the ones likely to be injured, as they course backward; the anterior branches of the external carotid are out of the way altogether, except in instances of implication of the submaxillary and submental lymph glands. It is quite unnecessary to put even temporary ligature around the carotid, except in extensive implication of the latter. In fact, the larger our experience, the less we need such help.

As regards muscles, as I have said before, the sterno mastoid can be removed with impunity; there is also nothing gained by attempting to save the omo hyoid. In cases where the glands extend high up underneath the posterior belly of the digastric it might be advisable to divide the muscle, but I have usually, found that it can be retracted without difficulty.

Nerves should be preserved as far as possible, particularly the vagus, phrenic and sympathetic nerves. The spinal accessory may be removed with impunity. I have never, so far, had occasion to see the hypoglossal or the superior laryngeal, but it would be as well to remember their anatomical position when following up glands among the branches of the external carotid. Injury to the thoracic duct seems never to be followed by any deterioration of strength. I watched case I very carefully to see whether there would be a chylus fistula or any cachexia, but neither resulted. For further information on wounds of the thoracic duct, an interesting paper, by W. W. Keen,* might be consulted.

There is no class of operation where a knowledge of anatomy is more essential, and this must not be hearsay knowledge, but the surgeon must have an accurate mental picture of the exact relations of every structure long before it is exposed; and it is here also that a good anatomist might quickly, unless he were accustomed to meet surgical contingencies, give credence to the often quoted saying that "a good anatomist makes a bad surgeon."

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THE MIRROR TEST FOR NASAL OBSTRUCTION.

BY HANAU W. LOEB, A. M., M. D., ST. LOUIS, MO.

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Read before the Missouri State Medical Association, 1894.

In the Archiv fur Laryngologie, Vol. I, page 175, there appeared an article by Zwaardemaker, of Utrecht, which first called my attention to the possibility of determining the presence of nasal obstruction through the agency of the film of moisture deposited by the expired air upon the mirror. Since this, I have made numerous observations in the direction of making this little experiment of practical utility. Zwaardemaker has well shown the relation between the size of the film and the obstruction. If the obstruction is great, the quantity of air which is able to pass through the corresponding side of the nose will be lessened, and therefore the water in the expired air is comparatively small in amount. As the result of this, the film deposited upon the mirror will not be nearly so great as that which comes from the nostril which presents no interference with the normal supply of air expired. Where the nasal air space is abnormally large, the reverse naturally occurs, so that one can readily determine through the medium of the vapor image upon the mirror which side is obstructed and which side is free.

After making a number of observations, it is easy to determine, almost without comparison if the slightest obstruction exists. Zwaardemaker calls attention to the utility of mirrors held
in a horizontal direction at the level of the chin, lower lip and upper lip. I have been unable in this way either to obtain or to verify his results to any considerable extent.

My common practice is to have a patient stand before a large mirror, with the head thrown well back, and the nose close to the mirror or touching it. He is then directed to expire rather forcibly through the nose, his mouth being closed.

If the mirror be not too warm, the breath image will be very readily observed. The film coming from the obstructed side of the nose will be small in size, and will disappear more quickly than the corresponding film from the other side of the nose. In fact, to my mind, the rapidity of the disappearance of the image is quite as certain an indication of obstruction as the size of the film itself. This however must be noted: the colder the mirror, the more permanent will be the image, though under all circumstances it will be observed that the film which results from the greater obstruction will always disappear more quickly than that which results from a more pervious nasal fossa.

This method of nasal examination appeals not only to specialists, and general practitioners, but also to the patient, for by this means he obtains a visual indication of his condition, and he becomes more willing to submit to such operative procedures as will have the tendency to equalize the nasal cavities. A physician too may note the progress of the case that he is treating by making a record of the breath images at different times in the course of treatment. Out of the many observations which I have had occasion to make I am able through the kindness of my friend Dr. Crusius, to present drawings of some of the most interesting cases. The value of this method of examination will become most apparent by closely studying the individual figures.

Figure 1 exhibits the nasal breath film resulting from the presence of polypi and a spur upon the right septum. The right side being the most obstructed, of course shows its condition by a smaller film upon that side as compared with the other. The section as represented is made as if the patient is sitting in front of the operator. The breath picture is copied directly from the mirror, hence in this film, as well as in all the remaining diagrams taken from the observation through the anterior nares the image represented will be the reverse of the diagram showing the nasal condition, so that to translate the figures
properly the right of one must be understood to represent the left of the other.

Figure 2 shows the result of the removing of the spur and the polypi. The left image is somewhat increased; very properly so, because a greater amount of obstruction was removed from the right nostril than the left.

Figure 3 exhibits the sort of a film which is quite common in cases where a deflection and spur make a decided obstruction. The small air space represented in the left nostril of the diagram makes itself manifest in the small breath film resulting from the nasal expiration through the affected side.

The only case where I was able to get any difference in the nasal breath film from the hypertrophied tonsil is exhibited in Figure 4. In this case the left tonsil was very considerably hypertrophied while the right tonsil was hardly visible.

In Figures 1, 3, and 4, the external dark line exhibits the appearance of the film as it first appears. As the film disappears it is observed to assume the shape and position indicated by the dark surface within the outer line. This is a very important point, and is almost always observed, whenever the patient expires too forcibly. Sometimes both sides appear about the same, until the film begins to disappear, when it separates and exhibits the different patency of the two sides.

Figure 5 is quite similar to Figure 3, the main difference being that the spur in this case is on the right side, instead of the left, when consequently the images are reversed.

Figure 6 shows the same case after the removal of the septar spur. The diagram of the nose shows the improvement that was effected by the operation. In Figure 7 the polypi and the deflected septum exhibit the effects of their presence in the accompanying representation of the film resulting from the application of the mirror test.

In Figure 8, the marked thickening of the septum and hypertrophy of the inferior turbinated suffices to make a decided difference between the breath image of the two sides.

Figure 9 represents a most beautiful illustration of the efficiency of this method of examination. The patient was sent to me by Dr. Barck, who found it impossible to introduce the Eustachian catheter through the right nostril. Before any further examination was made of the nose, or naso-pharynx, the patient was directed to breathe upon the mirror, the result being a decidedly large breath image upon the left side, and absolutely
nothing upon the right side. The accompanying diagram shows what further examinations revealed. The polypus which completely obstructed the right posterior nares was removed by the writer's electro-cautery snare, after which the mirror test was again applied with the result as shown in Figure 10. Certainly no more practical illustration of the worth of this method could be shown.

In Figure 11, the right nostril is obstructed by considerable hypertrophies of both the middle and inferior turbinateds, and as a matter of course the corresponding side shows a greater obstruction than the other side when a comparison of the breath images is made.

Figure 12 shows one of the few cases where a difference between the two sides was shown in the condition known as adenoids of the naso-pharynx. In this case the adenoid growth descended quite low upon the left side, filling a considerable portion of the fossa of Rosenmueller and passing down well over the left turbinateds.

Figures 13, 14, 15, 16 and 17, exhibit various degrees of deflection of the septum, in two cases accompanied by ridge. They are represented here for the purpose of further illustrating the value of this means of examination.

Figure 18 is taken from a case of acute rhinitis, in which there is also a great deflection of the septum of the right side. The left side, however, was more obstructed on account of the greater amount of swelling from the acute inflammatory process. We therefore find from the mirror test, that the right side exhibits a greater degree of patency than the left side. Upon the cocainization quite the reverse is exhibited. The swelling upon the left side was of course very materially decreased. The swelling upon the right side increased somewhat between the time of the first test and the second test, and as a result the left film is very greatly enlarged while the right was somewhat reduced.

In 20 and 21 are shown the result of cocainization in a case of chronic rhinitis, in which there was considerable swelling. Cocaine had the effect of increasing the size of both films.

In Figures 22 and 23, we see under the same circumstances both films increased in size.

Figure 24 shows the expiratory effect of a decided spur upon the right side of the septum, and Figure 25 shows the decided
improvement which was not noticeable to the patient himself after the removal of the spur.

Figure 26 represents the results of this examination in the patient suffering from polypi upon both sides, completely obstructing the right side of the nose, while the left side was more or less open, inasmuch as the polyp was considerably smaller and higher up. The polypi on the right side was removed in a few minutes at the first sitting by the use of the writer's electro-cautery snare, and the mirror test was applied immediately thereafter with the result as shown in Figure 27. This was quite possible, inasmuch as since the polypi was removed by means of the electro-snare, no bleeding whatever resulted.

In conclusion, I desire to commend this method of examination to the members of the Association, feeling sure that it will only be productive of much good, and will throw considerable light upon the subject, which at best does not receive proper attention among the general practitioners of to-day.

321 North Grand Ave.

For Texas Medical Journal.

SOME COMMENTS UPON ERICHSSEN'S "CONCUSSION OF THE SPINE."

BY S. C. RED, M. D., HOUSTON, TEXAS.

[Read before the Houston District Medical Society.]

THIS little work of fourteen chapters, written in 1866, and rewritten in 1882, contains in its few short pages matter of no little interest. The cause of this unusual prominence or interest is due chiefly to the important relation it bears to suits for damages against railroads. It has been the chief actor in these suits so often that many have come to regard it as "Erichsen on Railway Spine," instead of "Concussion of the Spine, by Erichsen." In fact, the work is little known and discussed outside of railway circles. Here, however, it has come in for the anathema of not a few chief surgeons and many subordinate ones.

They recognize in it the means of furnishing to unscrupulous men abundant opportunity to become most accomplished malingerers, for Mr. Erichsen wields a facile pen. He is a bold and vivid picturer of symptoms, a concise and vigorous writer.
With all his brilliancy, however, he has fallen into some errors, plain to the casual observer. For example: Anatomists define the spine as a column of flexible bones, called vertebrae, yet Mr. Erichsen speaks in his very title of concussing this column of bones. To the average medical mind, as well as to the extraordinary one, concussion applies to "An organ, as concussion of the brain." (Dungluson.)

His statement that he follows in the wake of previous writers, and uses their phraseology, is no excuse for a teacher, and one that poses as a scientist. If such men do not use technically correct language, of whom are we to expect it?

If you will pardon the presumption of one who has carefully read his work, I might suggest as a title, "Concussion, compression, and contusion of the back." This comes nearer expressing what he describes in his work. Why he chose such an unscientific and unnatural name, has no satisfactory explanation. He has, I believe, recently suggested "Traumatic Neurosis" as a name for his work, but that even is unsatisfactory, since it covers only a fraction of his cases, and, for the others, names a symptom as the disease.

In his collection of fifty-three peculiar cases, I defy any one to point out more than 25 per cent that can be strictly classed as concussion of the spinal cord. I might even go so far as to say 10 per cent, or even fewer, can not be so classed. That such a condition exists, no one questions, but that spinal concussion (so-called) is rare, I am prepared to defend by his own publication.

Even though Mr. Erichsen claims that railways have greatly increased the affection, yet when he quotes from the records of our civil war, he states, "That 75 cases are attributed to contusions and miscellaneous injuries of the spine." When we consider the countless injuries that were inflicted during that fratricidal war, and that only 75 were reported as being spinal (dislocations and fractures excluded), it is at once patent, the rarity of this affection. Unfortunately for Mr. Erichsen's statement that injuries of the spine have greatly increased since the advent of railways, only two are attributed to that cause.

Still further as to its rarity, even in his fifty-three published cases, you are at times seriously in doubt but that Mr. Erichsen has improperly diagnosed the affection and should have called it cerebral instead of spinal. Not a few of his cases point to compression or contusion. When you consider the anatomy of the
part, viz.: an ounce of spinal cord in a hydrostatic tube, surrounded by bone, ligament, muscle, fat and skin, great is the wonder that it is ever injured. Another point I wish to make against Mr. Erichsen is, that he is credulous, consequently everything that he says cannot be accepted as law and gospel. He takes as true that a patient suffering from pareoplegia of several months standing, had not lost the "normal physical development of his limbs." He not only accepts it as true, but comments on it to the effect that wasting of the tissue must not be considered as necessary to paralysis. The general contour of the limbs may have remained in statu quo, due to a deposit of fat, but for them to retain their "normal physical development," I am satisfied that no one in this audience is prepared to accept unquestioned. To illustrate further his credulity, he comments approvingly on the case of a woman who had a temperature, for three months, ranging from 107° to 122°.

This brings to my mind, vividly, the experience of Dr. DaCosta. One of his female patients kept a ridiculously high temperature, varying at all unseasonable hours in a remarkable manner. The nurse at last detected her heating the thermometer in the candle. After that the temperature registered normal.

This case is very much like what we read in medical journals. And the profession has grown quite skeptical about journal cases.

Mr. Erichsen has further found a condition or state the like of which I have not met. He claims that railway injuries of the spine are peculiar but not different from those produced by other causes; a distinction without a difference. He thinks this peculiarity is due to an undescribed thrill or vibration that accompanies the accident. He leaves the impression that he intends to say: that when the train is wrecked, the whole mass and its contents quiver like the free end of an arrow when stuck in hard wood. I have seen a good many men who have been in wrecks and they all say, "It is done so quickly we do not know anything about it." They have no recollection of a thrill or vibration.

This thrill business is like another instance of the author's credulity. Some nervous female has been imposing upon him.

My belief is, that, taking the same force, the result will be the same, no matter what the cause. It is a matter of common observation that railway injuries are more extensive than appears from external observation of the tissues affected. It is a prac-
tice to amputate higher up than the line of injury would indicate. This condition, if I may hazard an opinion, is brought about by reason of the great force of the causative agent, and not from any peculiarity in the same.

Mr. Erichsen has not satisfactorily digested the subject of definition. First, he claims that concussion of the spine embraces injuries to the bones, ligaments, muscles of the back and spinal cord, yet, in his attempt at definition, the injury is limited to the cord. He defines S. C. as follows: "A certain state of the spinal cord, occasioned by external violence; a state that is independent of, and usually, but not necessarily uncomplicated by any obvious lesion of the vertebral column, such as its fracture or dislocation,—a condition that is supposed to depend upon a shake or jar received by the cord, and in consequence of which its intimate organic structure may be more or less deranged, so that various symptoms indicative of loss or modification of inervation are immediately or remotely induced." This definition is rather ambiguous. When shorn of all superfluities, it may be stated as a shake or jar received by the cord, giving rise to structural change.

The natural tendency of concussion is to recovery; and only occasionally do structural changes result. This is the opinion expressed by Ashurst, and, according to my limited experience, is correct. Three cases have come under my observation out of an hospital experience covering twenty thousand cases among railway employes, and all of these recovered, with one exception. This exception is in an hysterical female who is more liable to attacks of hysteria than formerly. I will ask your indulgence again at my temerity in attempting a definition in which Mr. Erichsen has so signally failed, viz.: A shake or jar of the spinal cord giving rise to functional changes which may be followed by alterations in structure. This definition is not intended to embrace the traumatic neurosis treated so extensively in his work; for example, he relates a case of a man who suffered from a contused wound of the finger caused by the closing of a car door. As a result of this contusion he ultimately suffered from serious central lesions of the nervous system. This case is, indeed, a curiosity; such lesions do not ordinarily result from so simple an injury.

Now, if it is curiosities he wishes to collect, we all can multiply them. I, even, can cite a case of a man out west whose death was caused by the bite of a fly. His classification of teta-
nus as a traumatic neurosis is pardonable from the fact that it was so understood and taught at the time of writing his book.

One general charge I wish to bring against the work is, that it is not up to the general standard of scientific works. No one man can, however, accomplish everything; as the author states, it is a class of injuries not thoroughly understood. He gives a history out of his large experience of quite a number of peculiar cases, delineating their symptoms in a clear and forcible manner.

A study of this work puts the surgeon on his guard against making any kind of prognosis in injuries of the nervous system.

It better equips him to recognize obscure injuries, and furnishes him a rational plan of treatment. His chapter on symptoms will equal any by our classical authors. It is clear, logical and forcible in its delineation of signs and symptoms. Hardly a line but is full of interest to the seeker after knowledge.

These pages teach pleasantly a hard lesson in surgery, and make one thankful for the genius that worked it out. While it is not perfect, yet it will be a fitting monument to the labors of a great man.

I desire now to report the case of a man who consulted me often after I had written this paper. He presents an array of symptoms apparently copied from Erichsen. I will make no comments, and leave you to draw your own conclusions: A. M., 40 years, looked 55, who, three years ago, was so severely affected by an acute pain in the upper dorsal region that he was confined to his bed for two weeks. He does not remember any paralysis, although he was helpless in bed. There were no external evidences of injury, not even a red spot. After recovering from the acute symptoms, he essayed to return to work, but found himself unfit for duty, not that he felt any particular pain or sickness, but was just unfit for his work as a land agent. Then he noticed that he did not sleep as well as usual. This symptom has gradually grown worse, until now his troubled sleep will not last over two hours without an anodyne. His face flushes from no reason whatever. He hears strange sounds. His vision is not so good as it was. He dreads to meet people in the street, even though he is a land agent. He has continual occipital headaches. There are painful spots on his spine, particularly over the point of first lesion, viz.: upper dorsal region. Girdle pains are continually present. From a large robust man of 185 pounds he has fallen away to 130 pounds. In fact, he and his friends notice that he is a changed man. All this came from
sleeping on a hard place in his bed. He has consulted many eminent men, but in vain—and now, the burden of his life is:

The only thing that makes me rue it
'Twant a railroad so 's to sue it.
They gave me arsenic pellets, pills,
To tame my curious spinal ills.
Strychnine? Yes sir—by the pound
For those pains that girdle round.
I'm burnt from occiput to coccyx,
That left me surely in a fix.
One big doctor said I was insane—
That wheels I must have in my brain.
One filled my eyes with iodides,
Some others gave me the bromides.
In fact they gave drugs galore
That heaven or earth has ever bore.
The ’lectric current made me quake;
The patent medicine and the fake
Had a trial, but in vain—
Still round my innards there is pain.
I'm getting worse instead of better—
Its nature now, I'm going to let her
Have a trial, she can do as well.
The doctors so far have played h—!
The only thing that makes me rue it,
'Twant a railroad so 's to sue it.

Correspondence.

Better Organization in Medicine.

WEBBERVILLE, December 8, 1894.

Editor Texas Medical Journal:

You ask for suggestions as to the best means of strengthening and perpetuating permanently the Texas State Medical Association. This is an important question, and one in which every lover of his noble profession ought to be interested.

There are several impediments to be overcome before the Association can be what it should be,—the representative of every
regular physician in Texas. The prerequisites for success, are permanency of location, and a permanent membership. The first could be attained by locating the headquarters of the Association either at Austin or Galveston, where the Association through its officers would be brought in touch with the departments at Austin and the Medical School at Galveston; thereby giving their combined support to the Medical School and Health Officer of the State, and in return receive their aid and influence in securing proper legislation to protect the people, and the Medical School of the State. This would meet the first prerequisite for success, viz: permanency of location. The second can never be met by the annual change of headquarters that only secures the attendance of those nearest the place of meeting and who will never be heard of again, with a few exceptions. The membership must be as permanent as the location, to secure success.

How can this be accomplished? My plan would be to make the State Association a representative law making body, and the final court of appeals for all the medical organizations of the State. Give the county, district, and all other medical organizations now in the State one representative for every — members of said organization, to be elected annually by the society to which he belongs, and make every member of these minor organizations a member of and contributor to the State Association, by the payment of — dollars per annum to the State Association, to be collected by the treasurer of the Society of which he is now a member, as a condition of membership and good standing in either society. Charge $5.00 for each new member joining any medical organization in the State; $1.00 to go to the State Association for every new member. It is estimated that there are 4,000 regular physicians in the State; at one dollar per capita that would give $4,000 for current expenses, then add one dollar for each new member, and I think you would have no trouble to run the State Association on a firm and permanent financial basis. With a permanent organization as indicated, I think the State could be induced to furnish domicile for the State Medical Association and its archives. Then the State Association would be a grand success. Every regular physician entitled to a seat at small cost with the certainty of a sufficient number of elected delegates present to transact the business of the Association. There are other organizations in the State with large membership, many of whom were never in the State
organization who have a right to a seat when present, yet all pay tribute willingly to the State organization.

I send you these suggestions for what they are worth as the means of calling out the opinions of others.

Yours,

L. D. Hill, M. D.
Webberville, Texas.

Medical Legislation in Texas.

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GALVESTON, December 10, 1894.

Editor Texas Medical Journal:

I have read Dr. Wooten's article, and your excellent editorial comments on medical legislation in Texas.

If you will allow me space in your excellent JOURNAL I would be pleased to say a few words on the subject from an Eclectic point of view. We are, and have always been, heartily in favor of proper medical laws. We deem it but right and just, not only to the profession, but to the laity, to have a more rigid supervision by the State, over the practice of medicine. It is our desire that the requirement be raised to the highest limit possible.

While I was President of our State Association I addressed Dr. Sears a letter upon the subject of medical legislation, and urged the propriety of taking some concerted action in the matter, by the presidents of the three schools. The doctor was cordial in his reply, and said he would be pleased to lend his influence to so laudable an undertaking. And later he thought best to defer action till after the annual meeting of his Association at Austin. No further correspondence was had on the matter.

Feeling that some progressive movement was demanded from the exigencies of the case, at the last meeting of our State Association, a legislative committee was appointed to prepare a bill to be placed before our next legislature, with the proper influences accompanying, to cause an early and unbiased consideration of the same, by that body.

Our committee will be pleased to confer with like committee from the other schools of the State, and formulate a law that will be equitable and fair to all parties concerned, a credit to the State, and a benefit to the profession.

Your fraternally,

L. S. Downs, M. D.
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Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Galveston County Medical Society, and several others.

EDITORIAL.

Texas' 'One Man' Health Department.—How is it? Texas has no Board of Health, and less money is allowed for the protection of the public health than perhaps in any State in the Union, and less is expended. Even the very small appropriation of $45,000 a year for all quarantine and sanitary purposes is not all used, but the total expenses have, for several years, been kept safely within the appropriation, notwithstanding a large part of it has gone for building and repairs of stations,—something which in other States is given a separate appropriation.

The health system in operation in Texas, devised as it now exists, and put in operation by the present State Health Officer (he is the author of the bill enacted into a law by the 22d legislature, which created the office of County Physician, and instituted co-operation between county and State for the suppression of local epidemics, whereby a share of the expense—all of which formerly fell on the State, now is borne by the county), has been derided as a "one man quarantine" by certain envious or disappointed parties who deny that Texas has any health system at all. Yet,—and yet,—how is it that Texas is, and for so long has been free from any serious epidemic disease, notwithstanding the frequent appearance of deadly infection at times at various points in the State, and that, too, simultaneous out-
breaks of small-pox, diphtheria, scarlet fever, at points hundred of miles apart? Has any serious, or rather, extensive epidemic yet resulted? Have not several cases of scarlet fever suddenly appeared at Temple, for instance,—or of diphtheria at Waco,—or, as very recently, in a most malignant form, at Hondo, near San Antonio; and have they not been promptly extinguished, like a small blaze, and not allowed to spread?

Four years ago, before the present law was enacted, before the present head of the department was reappointed,* the small-pox, introduced across the Rio Grande from our Mexican neighbors with whom it is perennial, endemic, and amongst the more indigent and ignorant, cultivated you may say—-for, Dr. Yandell, health officer of El Paso, says they will purposely expose their children to the infection, that they may have the disease and be done with it, die or be protected through life,—broke out in local epidemic form in forty-six places in Texas. That is, upon accession to office, the present head of the health department had forty-six local epidemics of small-pox to deal with; there were in all, some where near two thousand cases, but no very extensive epidemic in any one locality occurred, unless we except San Antonio. Within a reasonably short time the State was free of the disease, and with the exception of a trifling number of cases within the last two years, has remained so, and is to-day entirely free from small-pox. And yet, to put down these forty-six outbreaks, entailed little expense upon the State, the little appropriation for quarantine purposes not being even used up. How is it, then, that in Texas, notwithstanding her "one man concern," epidemics do not get a start? Whereas, in Ohio, for instance, as at present in Cleveland, there are hundreds of cases of scarlet fever; and in other States and cities we read of the spread and ravages of diphtheria? In Columbus, Ohio, the scarlet fever made its appearance in the public schools, and despite their boards of health, and the boasted advanced sanitation, and every facility for enforcing it, the disease spread, the schools are now closed, and all the doctors in the city in consultation as to how to stop it. In Chicago recently, small-pox became alarmingly epidemic, (and we know that Illinois has one of the most efficient health organizations in the world),—the number of cases mounting up into the thousands.

* Dr. S. was State Health Officer from 1880 to 1894 inclusive, except 1889 and 1890.
Elsewhere in this issue, we publish a circular letter, issued by the State Health Officer, the head of our wonderful "one-horse," no—"one man" health system, which may throw some light upon the "why." It is because, the first case is isolated, and all who have been exposed are quarantined till after the danger period; and all the necessary precautions against a spread are taken at the inception; the first spark is extinguished, and a conflagration is prevented. It is easier to prevent a fire than to extinguish one. Our "one man" seems, if he is but one man, to be ubiquitous. The first news the people have of an outbreak of dangerous disease anywhere, is the news that the State Health Officer is upon the ground, and that the resources of modern preventive medicine have been invoked to prevent a spread.

Have not the advantages of the Texas system been demonstrated within the past few years,—and that, too, without the expenditure of even so much as $45,000 a year? The appropriation which will be asked for '95, will be only $42,000. The State Health Officer feels assured, that without the occurrence of something now unforeseen, he will be able to run the one-horse concern on even less than heretofore; and $2,000 of that asked for will be to provide for bacteriological examinations. On this point we will have something to say in our next. The good results of which we are boasting, and with cause,—the JOURNAL thinks we have reason to be proud of the showing,—the remarkable exemption from epidemic disease—is still more remarkable from the fact that the Texas health authorities have few of the facilities placed at the disposal of health boards in other States. We should, by all means, be equipped with facilities for bacteriological research for diagnostic purposes, and also with facilities for the new diphtheria treatment; but more of this, later. As to yellow fever, our people have learned to rest in peaceful security. Infected vessels have several times arrived at Galveston quarantine, but—"thus far and no farther";—the days of yellow fever epidemics in Texas are, we hope, happily over.

*   *   *

Texas Quarantine Expenses.—The total expense of administering quarantine for the four years of Governor Hogg's administration, Dr. Swearingen, State Health Officer, has averaged $45,000 a year, less cost of repairs; etc., for 1893-4; and $35,000 special appropriations has been expended for new stations, and equipments and repairs. In no year have the expenditures exceeded the appropriation; and excepting the State Health
Officer and the officer at Galveston and at Velasco,—the former necessarily on duty the entire year, the Galveston officer on duty during the winter after close of quarantine season, on account of cholera in Europe the past two years, and the Velasco officer on duty at half pay after close of season,—the pay of no one officer has exceeded, in any one year, $1800.

Considering the extensive coast line to be guarded, and the extensive frontier border on the Rio Grande, which it is necessary to guard against small-pox throughout the year, this is a remarkable showing. Six gulf coast quarantine stations, and three frontier stations, necessarily in full operation from May to November, making nine stations; and two gulf and the three border stations in operation throughout the year, making five; and in addition to this, during the cholera scare in '92-3 it was necessary to establish and equip four new stations along the north and east State line. These were officered, and their pay, as well as the cost of equipment, had to come out of the regular appropriation, as no provision had been made for, and no prudence or forethought could have anticipated, such contingency. When we reflect, then, that thirteen (sometimes fourteen) quarantine stations were smoothly and successfully conducted on $45,000 a year, less the cost of equipment of new and repairs of other stations, for which no extra provision was made in the appropriation of '93-4, the Journal thinks Texas has cause for congratulation.

THE APPOINTMENTS.

Governor Culberson has done a most sensible thing—one which will be gratefully remembered too by the people of Texas, in re-appointing Dr. R. M. Swearingen State Health Officer. This appointment is a conspicuous exception to the policy introduced by the Governor-elect,—rotation in office,—for in nearly every other instance a new man has been appointed to the head of the departments.

Dr. Swearingen's host of friends throughout the State will rejoice with us at the announcement; and for two years more—four we hope—the people can rest in peaceful security, so far as any fears of epidemic disease might tend to disturb them, in the knowledge that the "Captain is on deck still,"—he who for so many years has successfully guarded the public health with sleepless vigilance. His re-appointment is a deserved compli-
ment. It is a position hard to fill; one which, indeed few could fill satisfactorily. Indeed, under the law, it is an office to which few are eligible. First, the appointee must be a skilled physician, who has had active experience in the treatment of yellow fever, which presupposes that he must, himself, have had the fever,—otherwise he would constitute in his own person a large element of danger, for he must board and go through every infected ship that arrives in any Texas port; and he must also be "pledged to the necessity and importance of both sanitation and hygiene." So,—there are, indeed, few doctors in Texas, who come strictly within the meaning and intent of the law.

Dr. Swearingen has been State Health Officer ten years, and what he didn't know about its duties he has acquired by experience. As his administration has, every year, been characterized by the successful exclusion of foreign infection, and the prompt suppression of that of local origin,—by harmony and economy,—there would not have been a shadow of excuse for substituting a new man in his place; and we congratulate the Governor upon the wisdom and discretion of his choice, the Doctor upon his good fortune, and the people of Texas upon this guarantee of future safety. Especially are the Doctor's Austin friends proud of his election, and the JOURNAL extends to him hearty congratulations.

The Governor has not shown the same wisdom and sagacity, we fear, in some of his other appointments; though, so far as we know, he has in every instance appointed those he believed to be good men; at least, men who came to him highly endorsed. The sentiments of the TEXAS MEDICAL JOURNAL are so well known upon this subject that it is not necessary to say more than that we would have preferred to see Drs. White and Preston reappointed to the asylums, feeling that the best interests of the State and the insane are not promoted by changes in the management, especially, when it has been harmonious and satisfactory, and characterized, by economy and success. As we pointed out last month, Dr. White, who has had a longer experience with the insane than any man in Texas, showed in his report the lowest death rate and the smallest per capita expense since the founding of the asylum; and Dr. Preston's report made nearly as good a showing. However, Governor Culberson had his reasons for the changes; they were satisfactory to him, and we have no further criticism to make.

* * *
Dr. C. T. Simpson, of Temple, has been appointed Superintendent of the Austin Insane Asylum, vice Dr. F. S. White, whose time expired with the outgoing administration. The JOURNAL knows nothing of Dr. Simpson, nor of his qualifications for this responsible trust—further than that he is a respectable physician of Bell county—a practitioner of some twenty years or more. He has our best wishes for success. Dr. White leaves the institute in first-class condition, in smooth-running order, and we hope his successor may have smooth sailing. He has selected, we learn, Dr. T. O. Maxwell for his first assistant. Dr. Maxwell has held the position of second assistant physician under Dr. White for the past four years, and should be of great assistance to the new Superintendent till he "learns the ropes." We are not informed at this writing who will succeed Dr. Maxwell as second assistant; there are several applicants.

Dr. B. M. Worsham, of Ellis county, who, for four years, has been first assistant physician at the Austin Insane Asylum, has been appointed Superintendent of the Southwest Texas (San Antonio) Insane Asylum, vice Dr. Barker, who goes out with the old administration; and Dr. C. M. Rosser, of Dallas, succeeds Dr. John Preston as Superintendent of the (Terrell) North Texas Insane Asylum. The JOURNAL is not prepared to express an opinion upon the wisdom of this selection, nor upon the doctor's qualification and fitness for the position. Dr. Rosser is an active young practitioner, very ambitious of distinction, and no doubt will readily adapt himself to, and qualify himself for his responsible new duties. His assistants have not yet been announced, nor have those of Superintendent Worsham.

* * *

We learn that Dr. White, the retiring Superintendent of the Austin Asylum, will remove to Houston and engage in general practice. Wherever he goes he carries with him the best wishes of the JOURNAL and the people of Austin generally, in whose heart he and his interesting little family have a warm place. Apropos, the employes of the asylum, upon his retirement from the Superintendancy, presented him with a handsome sterling silver tea service as a testimonial of their affection, regard and esteem.

There is some talk of Dr. White's establishing a private insane asylum in Texas, but of this, as yet, we are not prepared to speak. That there is an opening for something of the kind would seem to be demonstrated by the fact that there are far more in-
sane in Texas than can be accommodated in the asylums; and as preference is given by law to the indigent over the pay patients, and therefore a large number of applicants who are well able to pay, have been necessarily refused admission in the State Asylums, it would seem that a private institution for such and kindred cases, would not want for patronage, and could be filled by Texas patients alone. It is estimated by both Dr. White and Dr. Preston that there are over one thousand insane in Texas outside of the asylums; of these, it is to be presumed, a large number would be able to pay for treatment. We hope to be able to have something further to say on this subject by and by.

Dr. Preston, the retiring Superintendent of the Terrell Asylum, we learn, will return to San Antonio and resume general practice there. At the time of his appointment, four years ago, he was doing a large practice there.

Dr. Becton, the new Superintendent of the State Institution for the Blind, who succeeds Dr. Rainey—(who may be said to be the father of the institution, he having been twenty years consecutively in charge,)—is too well known throughout Texas to require any commendation at our hands. The State papers have been very complimentary to the Doctor in speaking of his appointment, which is very gratifying to his many friends.

P. S.—Dr. T. C. Karnes, of Gonzales, has been named for assistant physician at the Southwestern Asylum, San Antonio.

DIGNITY AND IMPUDENCE.—We were once much amused at a picture with the above title. It represented a noble, intelligent mastiff, going along with his head and tail up, and with a "far away look in his eye," beset by a miserable little half breed, or no breed, fise, continually snapping at his heels. The fise was evidently beneath the notice of the big dog, and his attentions did not appear to even annoy him.

There has recently occurred in the course of medical journalism in a sister State, an equally striking illustration of the subject. The Lancet-Clinic, of Cincinnati, published something, copied from the daily papers of that city, concerning the adulteration of food and the public health. A manufacturing firm saw something in it of more than ordinary interest to them, and put in an order for a large number of reprints of said article, or rather, of extra copies of the Lancet-Clinic, for distribution in the interest of their business. In a trial of a druggist which ensued, consequent upon a report of the food commissioners, which re-
port was published in the daily papers, the editor of the *Lancet-Clinic* was put upon the stand, and in answer to questions put to him, related the facts as above: that he had sold to a manufacturing firm 150,000 extra copies of his journal, containing the report of the food commissioners, and some editorial comments on same.

Whereupon a very sore-headed journal of Cincinnati,—the one which championed and defended the Amick layout (that is sufficient to give an idea of the ethical status of said journal),—devotes nearly an entire issue to attempts at ridiculing Dr. Culbertson, and calls the sale of extra copies of his journal the "sale of a soul."

That is pretty far fetched. *It is astonishing to what depths certain disappointed, unsuccessful and envious rivals will descend in their frantic endeavors to besmirch their betters."

The sale of extra copies of a journal, or of reprints, in any number, needs no defense. It is perfectly legitimate; Dr. Culbertson had as much right to sell 150,000 copies as he had to sell one, and the sale of such a quantity indicates that it was *worth buying*, or the parties would not have bought it; it may be considered a pretty shrewd business transaction.

The sore-headed journal is simply jealous. Nothing has ever appeared in its columns to make anybody want more than a single copy,—and one copy filled with such spleen and ill-nature as the one referred to is more than enough for anybody. As the editor is careful enough in his language to keep safely within bounds of the libel law, Culbertson just goes straight along, not noticing the little rival, snapping at him, any more than did the *other* big dog referred to above notice the little fise; not even condescending to notice him.

The only thing we see in the transacation to condemn is, Dr. Culbertson should have known better than to mail this extra edition as second class matter; he should have known—and if he did not, his ignorance is inexcusable—that they should have been uniform with his regular edition to be entitled to the rates. *It seems to us if we had filled an order for reprints or for extra copies, we should have delivered them by express to the purchasers; mailing them, unless it was a part of the contract, should have been their business."

But they couldn't make Culbertson tell what he realized from his sale,—that's what's the matter with the little sore-head; that might be called the soul of the sale, which is about as near as
any unprejudiced person can come, upon reading the facts, to seeing any "sale of soul," or anything else unbecoming a legitimate journal.

The *Lanceł-Clinic* is a success; it cannot afford to notice everything that barks at it.

**Great Men Will Differ.**—It is well known that the American Medical Association favors a Bureau of Public Health with a health commissioner in the cabinet.—It is also well known that the New York Academy of Medicine are opposed to such movement, and favor a National Board of Health. It is strange how men look at the same thing through different glasses. The President, in his message to Congress, favored legislation in the interest of the public health, and here is what he said: let our readers construe it and decide which is right, the Academy of Medicine organ—the New York *Medical Record*, or the American Medical Association's organ—*their* journal:

President Cleveland, in his message to Congress, makes the following recommendation: "I am entirely convinced that we ought not to be longer without a National Board of Health or national health officer, charged with no other duties than such as pertain to the protection of our country from the invasion of pestilence and disease. This would involve the establishment, by such board or officer, of proper quarantine precautions, or the necessary aid and counsel to local authorities on the subject, prompt advice and assistance to local boards of health or health officers in the suppression of contagious disease, and in cases where there are no such local boards or officers, the immediate direction by the National Board or officer of measures of suppression, constant and authentic information concerning the health of foreign countries and all parts of our own country, as related to contagious diseases; and consideration of regulations to be enforced in foreign ports to prevent the introduction of contagion into our cities, and the measures which should be adopted to secure their enforcement. There seems to be at this time a decided inclination to discuss measures of protection against contagious diseases in international conference, with a view of adopting means of mutual assistance. The creation of such a national health establishment would greatly aid our standing in such conferences, and improve our opportunities to avail ourselves of their benefits. I earnestly recommend the inauguration of a National Board of Health, or similar national instrumentality, believing the same to be a needed precaution against contagious disease, and in the interest of the safety and health of our people."

What the New York *Medical Record* said: "It can be easily seen, by the wording of his recommendation, that the establish-
ment of a new Department of Government is not intended or considered at present necessary. This is the view which has been taken by leading sanitarians all over the country, and is the one that has been voiced by the Academy of Medicine in its carefully prepared bill.'

What the Journal A. M. A. said: "It is very apparent from the President's words, that he would lose no time in approving an act establishing a Department of Public Health."

REDUCTIO AD ABSURDUM.—Dr. Mark H. Millican has issued a pamphlet, forininsl castration of criminals. He reviews the several papers which have recently advocated this measure as a substitute for capital punishment, and to stop the breed, and his chief, if not sole argument is,—that to castrate a man destroys his dignity! He says: "It is almost inconceivable to me that enlightened men will destroy a man's dignity." Hanging, we suppose, does not; incarceration in the penitentiary preserves it, and the "dignity" of a masturbator should not, by any means, be interfered with, even though the practice destroy his mind and body. Dignity! Where is the "dignity" of a rapist, an assassin or a murderer? As Dr. Daniel said in his paper ("Castration of Sexual Perverts"): "It is a remarkable civilization that will break a criminal's neck, yet will respect his testicles." And again, "the sexual organs seem to be regarded as something sacred, and the right to exercise them, ad libitum—even to produce pauper and criminal offspring—is held as something inalienable;—notwithstanding the offender may have forfeited his citizenship, and with it, all other rights, civil, religious and political."

Dr. Millican reduces the subject to an absurdity; he inferentially deprecates a race of "undignifieds"; fears that the offspring (?) of the castrated will—Weismann to the contrary notwithstanding—be born without those elements of "dignity," and theirs, in turn, will hand down the acquired state,—without a moment's reflection as to how races are propagated, and that to prevent the propagation of criminals is one of the objects sought. Go and poultice your head, doctor. A race of eunuchs!—Oh—that is rich!

Denver now has a bacteriological laboratory. Dr. La Garde is in charge, and will make a research in all cases of infectious disease occurring in Denver. All cities should follow the example. Such laboratories are a necessity.
Medical News and Miscellany.

Dr. A. Jay Sibley has removed from West Point to Austin, Texas.

The Life and Labors of Pasteur, by the late Prof. Charcot, is published in the Cosmopolitan for January. It is intensely interesting to doctors.

Dr. W. E. Shelton, of Austin, sustained a serious loss on the night of December 22d, having his office and library badly damaged by fire and water.

Death of Dr. Perl.—The Journal is pained to announce the death of Dr. M. Perl, of Houston, a prominent long-time physician of the Bayou city. He died of apoplexy, January 2d, inst.

Dr. Van B. Thornton has removed from Galveston back to Hempstead, his former home. The change is necessitated by rheumatism; the climate of Galveston did not agree with him. The Thornton Infirmary, at Hempstead, was burned on the 30th of November. It will be rebuilt.

Save 50 Cents.—The Mississippi Medical Monthly, one of the best and most spirited of our Southern exchanges, can be had for fifty cents by subscribing for it through us. The Texas Medical Journal and the Mississippi Medical Monthly club, both for $2.50. Here is a good opportunity to get two of the best Southern journal for a very small sum.

Prof. Jas. Kennedy, M. D., Ph. G., Professor of Chemistry in the Medical Department, University of Texas, and President of the School of Pharmacy, has resigned his position, and will return to San Antonio and resume practice, his resignation to take effect at the end of the present session, June 1st. So far as we know, no one has been selected to fill the chairs.

The death rate of Chicago, according to official report of the City Bureau of Vital Statistics, is as follows: Deaths in November, 1894, 1,633; population, 1,600,000. Ratio in 1,000 inhabitants, 1.02. Annual deaths per 1,000, 12.25. An excellent
showing for Chicago. It is the result of sanitation, and is about one half the death rate prior to digging the big ditch.

Medical Consultation Book.—This great work, by Dr. Hachenberg, which has received very high commendations at the hands of reviewers, and which was sold at $7.50 per volume, can now be had in club with the Journal for $2.50,—the two for $4.50,—by addressing this office. By a special arrangement with the publisher, we are enabled to offer the few remaining unsold copies of this splendid work at just 33½ cents on the dollar, to close them out. This is the original revised and unabridged work. Here is a rare chance, doctor.

Doctor, do you need a battery? The Journal has several new McIntosh batteries, both Galvanic and Faradic, which will be sold to subscribers at less than manufacturer's best discount prices. We have one 24-cell Galvanic, the catalogue price of which is $55; one 12-cell ditto, the catalogue price $30; one McIntosh "No. 3 Physician's Battery," $30, and a ditto "Family Battery" listed at $10. From the above list prices we will make a large deduction. We solicit correspondence. If you want one of the above, we will make the price satisfactory.

The death rate of New Orleans for the last week in December, 1894, according to official report of the State Board of Health, was as follows: "Death rate per 1,000 per annum for the week—Whites, 35.35; colored, 59.31; total white and colored, 41.91." That indicates a terrible mortality. The principal diseases causing these deaths (204 for the week, in estimated population of 254,000) were: Typhoid fever, 5; phthisis pulmonalis, 17; malaria, 5; heart disease, 8; bronchitis, 6; pneumonia, 19; chronic Bright's disease, 10; infantile "debility," 13, etc.

Testimonial to Sir Joseph Lister.—It is proposed to raise a subscription of 2 guineas each (about $10.23) with which to pay for a portrait of Sir Joseph Lister, to be presented to him as a testimonial. He has recently retired from active hospital and teaching work, and this is thought by his friends and admirers to be a fitting occasion to thus testify their regard. So we are informed by circular letter from J. Fred W. Silk, Honorary Secretary. Those who wish to subscribe, should address Mr. Silk, 39 Weymouth St., Portland Place, London W., England.
Changes in the Memphis Medical College.—In consequence of the death of Prof. Sim, the following changes have been made in the faculty organization of the Memphis Medical College: Prof. W. B. Rogers, M. D., becomes Dean, and Prof. B. G. Henning takes the chair of Principles and Practice of Medicine, while Prof. H. D. Wilford succeeds Dr. Henning in the chair of Materia Medica and Therapeutics. Prof. A. G. Sinclair, M. D., succeeds Prof. Sim as editor of the Memphis Medical Monthly. The school and the journal have both lost their strongest pillar in the death of Dr. Sim.

An oculist, satisfactorily endorsed as to ability and character—none other need apply—can, for $2,500, half cash, balance to suit, if secured, buy, out and out, a well established special practice paying now, and for several years past, from $500 to $700 cash per month, in one of the best cities in Texas. Seller will remain long enough to thoroughly establish his successor; will guarantee delivery, and then retire altogether from special practice in Texas. Handsome suite of offices, rent free for a term of years, with complete equipment of furniture, fixtures, instruments and appliances, go with the practice. A rare offer. Double the amount has been refused for a limited partnership. Satisfactory reasons for selling. Purchase of residence optional. Address "Oculist," care Texas Medical Journal, Austin, Texas.

Antitoxine in America.—Supervising Surgeon General Wyman, M. H. S., announces (abs. San. Reports, Dec. 14, 1893), that Passed Assistant Surgeon J. J. Kinyoun has returned from Paris and Berlin, where he thoroughly informed himself about antitoxine, its mode of preparation and use; and invites boards of health to detail medical men to go on to Washington and study the new treatment under Dr. Kinyoun.

Texas should, by all means, take a hand in this. Texas should have a laboratory for the preparation of the immunizing serum, and the new therapy should be taught. Something of the kind could best be established in connection with the Medical College, which is endowed and its officers paid by the State. There surely must be a fund available for such work, out of the Medical College appropriation. There is none available out of the Quarantine fund, and it would be difficult, we assume, to get the legislature to see the necessity of a special one. In Texas horses are abundant and cheap; ponies, suitable for the purpose of inocu-
lating, can be bought at, from five to fifteen dollars each. Who will move in this important matter?

The Deadly Oyster.—An epidemic of typhoid fever at Middle-town, Conn., has been traced to eating raw oysters, the last thing in the world to be suspected of harboring "germs." It was learned that the dealers were in the habit of depositing their stock of oysters in the mouth of a little river, and that a private sewer discharged its contents just above the bed; further, that the excreta of a typhoid fever case had been passed through the sewer; hence the contamination.

Thus the necessity of government control of all streams, and prevention of contamination, becomes more imperative day by day. We do not see why it is that the same precautions are not taken with typhoid fever as with cholera, diphtheria, scarlet fever and small-pox. It is a disease dangerous to public health; the poison is known to be in the dejecta, and it is known also that a person must swallow that poison in order to get typhoid fever. It would seem almost criminal, therefore, that through neglect of nurses and others in charge of a case, innocent persons should be subjected to the possibility of swallowing this poison. To throw the dejecta of typhoid fever patients where it can get into running water, should be made an indictable offense. Why do not physicians impress upon families the necessity of destroying this poison, as they do with regard to the dejecta of cholera, and the sputa of consumptives, diphtheria, scarlet fever, etc.?

Medical Legislation.—It will be seen by reference to Dr. Downs' letter that the Eclectics are moving in the direction of medical legislation and propose co-operation. Well, for our part we want no co-operation either with the Eclectics or the Homeopaths. If we can not get legislation to suppress quackery without having to recognize Eclectics and Homeopaths, we will do without it. The JOURNAL refuses to recognize any "schools;" there is but one school, the regular physician, and as those irregulars have always opposed every attempt on the part of the regular profession to secure suitable legislation, we will certainly not consent to join hands with them against all other irregulars. If we co-operate with one class, where shall the line be drawn? We let down the bars to admit one kind of stock and all the sheep and goats will get in. If the medical profession accept the assistance of Eclectics and Homeopaths in the matter of leg-
islating against quackery, we should call on the Christian Scientists and all the rest for help.

No; let's go it alone, hit or miss, succeed or fail. We can not compromise our dignity as physicians by giving even this quasi recognition to these irregulars.

And, indeed, if we understand the matter as proposed by Dr. Wooten, it is to ask for a law that will recognize no diploma except from a high grade school; that does away with all “boards” and requires no examinations,—the only qualification being the possession of a diploma from a college which requires not less than three courses of not less than six months each, in three (or more) separate years; said list of colleges to be prepared by a commission of regular physicians. In said event we do not need, nor want, nor will we accept “assistance” from these parties.

Ring Out the Old Year; Ring in the New.—The “Red Back” sends greeting to its hosts of readers, and wishes them all a happy New Year. We wish them a big improvement on old 1894, which knocked out so many, and slightly damaged all the others, and bid them cheer up; take a fresh hold on life, and determine to get more good out of 1895 than most of us did out of 1894. It was a hard year on the natives sure enough; but still, we have much to be thankful for. The “Red Back” has felt the universal depression, of course, but we are still in the ring, undismayed—not at all discouraged; but on the contrary as full of hope, vim, vigor and determination as in its younger days when it was “but a little kid.” Our friends have shared with us and have stuck to us; and thus encouraged we are still determined to give them the best medical journal that can be gotten out in Texas, or anywhere else.

We are glad to see that organization is still going on, and in a little while we hope to see the profession fully organized into local societies. Then we can have a yearly convention of medical delegates, even though the State Medical Association should continue the even tenor of its way, and decide to not make any change.

* * *

APROPOS of the above, we are informed that the seeds sown by the JOURNAL some months since have, some of them, fallen in good ground and have sprouted. Our editorial “Shall the State Association be abolished?” in which we advocated a change in its organization, has attracted the serious attention of the think-
ing members, and they realize that something must be done to check the downward course of the Association, or its days are numbered; and correspondence has been going on amongst the leaders, which we are informed will result in bringing about an active consideration of the subject at our Dallas meeting.

We also learn that steps are being taken to secure a full attendance at Dallas. We shall live in hopes.

**Vital Statistics.**—It is much to be regretted that in Texas there is no provision for the collection and preservation of vital statistics. Every effort on the part of the medical profession to secure such legislation as would make it a duty to report and record every birth and every death, has been a failure, because the legislators do not appreciate the importance, nay, the necessity, of such record. True, in the office of Commissioner of Insurance, Statistics and History, there is a pretense of collecting such statistics, but as it is not made compulsory on physicians and midwives to report births and deaths, it is not done, only just "when they feel like it," we suppose, for, in a report of that department awhile ago, about one-fourth of the deaths were put down as "cause unknown." As the Texas Legislature is now in session, and the *Journal* understands that an effort is to be made to secure legislation to "regulate the practice," we suggest the following as timely, and that the movers in the effort at legislation incorporate in their bill some provision for the registration of births and deaths.

Dr. Arthur R. Reynolds, Health Commissioner of Chicago, in a paper on "Needed Legislation," which was read before the State Board of Health Auxiliary Sanitary Association, in Springfield, Illinois, in November, 1894, says:

Under our system of deputizing this duty to the county clerks, without even a nominal compensation to the reporting physician or midwife, there is possibility of immediate oversight, and the chances for defects in the records are multiplied. There is no doubt that births go unreported to a very large extent in all parts of the State, and this is also true as to deaths, except in the cities and towns which enforce the burial permit ordinance of the State Board of Health, or its equivalent.

The advantages and needs of accurate birth registration are daily demonstrated in the experience of the health department of the city of Chicago; questions are constantly arising which cannot always be answered, for the lack of it. This is not a matter of merely scientific interest; it is a practical one, and I think it should be impressed upon our legislators that what we ask in this direction is not solely in the interest of State medicine, or of
sanitary administration. As a matter of fact, while these interests are of importance to us, the full and authentic record of births is of greater and growing importance to the public.

There is hardly a relation in life, from the cradle to the grave, in which such a record may not prove to be of the greatest value. For example, in the matters of descent; in the relations of guardians and wards; in the disabilities of minors; in the administration of estates; the settlement of insurance and pensions; the requirements of foreign countries in matters of residence, marriage and legacies; in marriage in our own country; in voting and in jury and militia service; in the right of admission and practice in the professions and to many public offices; in the enforcement of laws relating to education and to child labor, as well as to various matters in the criminal code; the irresponsibility of children under ten for crime or misdemeanor; the determination of the "age of consent," etc. As the country becomes more densely settled, and the struggle for existence sharper, many of these matters, which have hitherto been of minor significance, will take on a deeper meaning and acquire greater importance.

Contagious Diseases.—The State Health Officer has just issued the following circular letter to county physicians in Texas:

DEAR DOCTOR:—I respectfully invite your careful consideration of the quarantine law passed by the twenty-second legislature, wherein your official duties are clearly defined, and the fact made apparent that the responsible duties imposed upon you can not be borne by any other person.

When a case of small-pox, diphtheria or scarlet fever occurs in your jurisdiction, promptly notify your county judge and your commissioners, and ask for the authority to establish quarantine as directed by law. Even one day's delay might multiply the number of those exposed to the infection, and greatly enlarge the circle of danger.

When the report of a case of acute infectious disease reaches you, proceed at once to investigate; and if in doubt as to a diagnosis, give public health the benefit of the doubt, and assume that it is dangerous until time demonstrates the fact that it is not dangerous. If it is not an infectious disease no one is hurt, and sensible people will not object to the inconvenience you have given them. If the report proves to be correct, place a yellow or a red flag in some conspicuous place about the front premises, separate the one sick from the well, and if possible to do so, in case of small-pox, vaccinate all who have been exposed. This isolation and segregation should be enforced for at least ten days after the dismissal of the last small-pox patient.
With regard to either of these diseases, no definite time can be fixed when a patient may safely go out. As a general thing, when the patient is fully convalescent, and all desquamation has ceased, he should be cleansed thoroughly with a warm bath and soap for three or four consecutive days. If at the end of that time there is no roughness of skin, he may be dressed in clean clothes and taken from the room; he is no longer, then, a source of infection. All rags and articles of little or no value that have been used, or allowed to remain in the sickroom, should be burned. All sheets, towels, pillow-slips, spreads, in fact, all articles that will bear it without injury, should be thoroughly boiled. The room and furniture should be cleansed and disinfected. The ceilings and walls, if of ordinary hard finish, should be scraped and whitewashed or calsomined; ordinary plank rooms may be whitewashed. All woodwork should be rubbed off with damp cloths, and the floors well scrubbed. Care should be taken to remove all dust from the ledges of the doors and windows, and all cloths used in the cleaning process should be burned. Upholstered furniture, or articles too valuable to be burned, or which can not be scrubbed or boiled, can be disinfected in situ. Cracks or openings of all kind in the room should be stopped and the room thoroughly fumigated with burning sulphur. Pillows, mattresses and feather beds, all hair stuffed cushions or furniture should be ripped open, so as to subject their contents to the action of the sulphurous fumes.

The above is, in a general way, about the best course to pursue, modified, of course, to suit circumstances and individual cases. Too much care can not be taken to prevent contagion.

Your guards ought always to be reliable men, who will minutely carry out your instructions, and they should never be allowed to enter infected houses. Nurses should be impressed with the absolute importance of keeping at a safe distance from the guards and all other persons liable to contagion.

The physician in charge should wear a long rubber coat when within the infected house, and immediately after leaving it, should wash his coat, hands and face in some strong germicidal solution,—the bi-chloride I think preferable,—and brush hat, boots and shoes with a whisk-broom dipped in the same solution. These precautions do not give a partial or possible immunity to the physician, but they do protect others, and give assurance to intelligent communities that their medical officer is not a walking nidus of infection.
The State Health Officer will at any time when necessary, visit cases of doubtful diagnosis, and confer with county or city health officials. Whenever any community is threatened with an invasion of contagious or infectious disease, a fearless performance of duty by local health officers, will, in the majority of cases, avert an epidemic. The public look to them for protection, and no sacrifice of self, or of comfort or convenience, should be spared to secure it.

I have the honor to be, your obedient servant,  
R. M. Swearingen, M. D.,  
State Health Officer.  

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Death of Prof. F. L. Sim, M. D.  

The following resolutions were unanimously adopted by the Memphis Medical Society:  

WHEREAS, It has pleased Almighty God in his infinite wisdom to remove by death our professional brother, therefore be it resolved,  

1. That we reverentially and submissively bow before this divine decree.  

2. That in the death of Dr. Sim this Society has lost the moral support and the intellectual strength of a gentleman of exalted personal worth. He was wise in counsel, sound and prudent in judgment, learned, dignified, cogent and courteous. It regards his death as an irreparable loss, a public calamity, a private sorrow, and its members mourn for him as for a beloved brother.  

3. That death has torn from the ranks of medicine a man who worshiped at her shrine with an idolatrous devotion. Upon its successful prosecution he concentrated all the energy of an intense enthusiast, and after a long life of the most arduous service, immolated himself upon her divine altar. Medicine can ill afford the loss of so noble a devotee.  

4. That as a journalist he was bold, aggressive, trenchant, ever battling for the true, the pure and the good. His purpose to elevate medical thought and the ethics of his profession was fixed and broad. Over the horizon of journalism, by reason of the going down of this intellectual sun, there rests the gloom of a deep, dark shadow.  

5. That society, and a long list of mourning patrons will sadly miss his magnetic presence, his cordial greeting, his sunny smile; the stricken and the bereaved, the widow and the orphan, his sympathetic tear and his material aid.  

6. That we offer to his bereaved family our tenderest sympathies, and point them above to the source of true consolation.  

7. That these resolutions be spread upon our minutes; that a
copy be sent to the family of the deceased, also be published in the Memphis Medical Monthly and in the daily press.

The Texas Medical Journal deeply deplores the loss to the profession of this great and good man: we mourn his loss, too, as that of a personal and very dear friend; and we fully share in the sentiments above so beautifully expressed. Peace to his ashes. Dear, generous, warm-hearted Sim! The poor of Memphis are called on to mourn a loss, sad indeed to them,—a benefactor of his race.

Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

UNDER THE CHARGE OF DAVID CERNA, M. D., PH. D., Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

Quinine in the Treatment of Cholera.—In an interesting paper, Erskine B. Fullerton, of Columbus, Ohio (N. Y. Medical Journal, August 18, 1894), draws the following conclusions: Ten grains of quinine in powder, diffused through a small quantity of water, or in acid solution, at hourly intervals, until twenty to forty grains have been given, afterward pro re nata, should be the ordinary instructions; the same dose at half-hourly intervals for a sufficient time in collapsed or in foudroyant cases; smaller doses, perhaps, at longer intervals in choleraic diarrhoea. There should certainly be retained, of other treatment, appliances for the restoration of heat; saline hypodermoclyses to supply lacking serum to the blood; morphine hypodermics to allay pain and cramps, with enteroclyses of quinine where, as past experience shows rarely to have been the case, the remedy is vomited; and in the sequent enteritis or otherwise persistent diarrhoea, calomel in small doses should not be lost sight of. That by so treating our patients we may hope for a mortality in collapsed and collapsing cases of about 14 to 25 per cent. only; that by earlier administration of the remedy, instead of the use of other agents that have heretofore permitted so many cases to run on into collapse and death, we may reduce the mortality in such cases to 2 to 5 per cent. only, seems a fair assumption for the best of reasons—i. e., it should be so, and so far it always has been so.
The Best Treatment in Heart Disease.—Robert H. Babcock, of Chicago, Ill. (The Journal of the American Medical Association, November 17, 1894), concludes an able paper on the above subject as follows: 1. The position taken by Fraentzel, that rest is injurious in the treatment of all forms of heart disease is untenable, and the reasons he assigns are incorrect. Prolonged rest is detrimental, undoubtedly, in cases of enlargement of the heart without valvular disease, particularly if secondary to arterio-sclerosis, and in cases of fatty or other degeneration of the cardiac muscle. 2. The cause, however, lies in the circulation outside of the heart and not, as stated by Fraentzel, in the liability of cardiac, like striped voluntary muscle, to degenerate as a result of prolonged inaction, since the heart muscle can not during life be subjected to complete repose. 3. When compensation has become destroyed in valvular lesions of the heart, particularly mitral stenosis and aortic incompetence, rest is indicated theoretically and is beneficial in practice. 4. Bradycardia would theoretically contra-indicate prolonged rest. 5. On the other hand, it is called for in paroxysmal tachycardia, but should not be maintained, after having shown its powerlessness to affect the heart rate. 6. Acute inflammatory or degenerative affections of the heart indicate rigid rest in the recumbent position.

The Use of Antipyrin in Large Doses.—One case of hysterical fits and two cases of chorea are reported by McCall Anderson (British Medical Journal, December 1, 1894), to show the good effects of antipyrin administered in large doses. According to the writer, antipyrin is the most valuable of all the coal-tar derivatives. The initial dose should not exceed ten or, at most, fifteen grains. When this quantity is well borne it should be increased cautiously to forty and even fifty grains three times a day. The author concludes that: 1. Antipyrin is not the dangerous drug which some observers have led us to suppose. 2. It may be given in safety in large doses, even in the case of children, in most cases, although the initial dose must be small, and it must be slowly and cautiously increased, the patient being always carefully supervised. 3. In large doses it often yields surprisingly good results, and in chorea it is the only medicine from which cures may confidently be anticipated.

Action and Uses of Strontium Salicylate.—In a study of the action and therapeutic uses of strontium salicylate, H. C.
Wood, of Philadelphia, Pa. (University Medical Magazine, January, 1895), gives the results of his experience. He has employed the salt in a large number of cases, in doses of from 15 to 120 grains a day. The general result of these trials shows that in doses of from 5 to 10 grains, given after meals, the salt very commonly improves digestion, and in the dose of 5 grains an hour after meals, in flatulent dyspepsia and various conditions of tendency to fermentative changes in the alimentary canal, it is a useful intestinal antiseptic, which has seemed to the author to give better results than do salol, naphthol, or other of the older antiseptic remedies. It does not produce cinchonism as readily as do the older salicylates, but it is entirely capable of causing a pronounced degree of cinchonism. He has not been able to test the drug in acute articular rheumatism, but it would probably be less efficacious than the ammonium salicylate. In muscular or subacute rheumatism as well as in chronic gouty conditions with a tendency to digestive disturbance, he has found it to be a very valuable remedy, exerting the action of the salicylate upon the diathesis, and improving instead of injuring the digestion. It may be given in solution, but is best administered in capsules; a five-grain capsule is of moderate side, and of these two or more may be taken at once. It is probable that it would be well administered in compressed tablets, but in that way the observer has not tested it. The taste of strontium salicylate is similar to but distinctly less offensive than that of the ordinary salicylates, so that if preferred it may be given in weak solution.

The Serum Treatment of Diphtheria.—In a discussion at the Munich Bezirksverein (Munchener Medicinischeh Wochen-schrift, November 6, 1894), Buchner observed that this serum, experimented with in various laboratories, has yielded excellent results, yet, to prevent disappointment, caution is needed in drawing conclusions from clinical experience. The antitoxine has great resisting powers against light, heat, etc. Von Ranke first referred to clinical investigations made in December, 1893, with a serum obtained from Behring. Of eight severe cases so treated, seven died, and after death a form of lobular pneumonia was found. At first it was not quite obvious whether this pneumonia was to be connected with the treatment. In September and October, 1894, Aronson's serum was used. Among nine cases; three died. In one case of severe septic diphtheria, the
serum produced no effect. In two severe cases, no change was noted; perhaps the serum was not used in sufficient quantities; one severe and four medium cases recovered without intubation. The author’s impressions of this serum were favorable. Von Ranke then tried Behring’s serum again. In twelve cases of severe diphtheria there was only one death, and that from the most severe septic form of the disease. The numbers are too small to base conclusions upon, but the investigations will be actively continued. The mortality from diphtheria has hitherto been terribly high. Seitz delt with the preventive inoculation; two cubic centimeters of Behring’s serum No. 1 were used for this purpose. The duration of the protection conferred is not long. Septic diphtheria and other complications are not contraindications to the use of the serum, but such process cannot be expected to be influenced by it. Renal complications, paralysis, and laryngeal stenosis, are rarer with the serum treatment.

Book Notices.

Medical Jurisprudence, Forensic Medicine, and Toxicology. By R. A. Witthaus, A. M., M. D., Professor of Chemistry, Physics, and Hygiene in the University of the City of New York, etc., etc., and Tracy C. Becker, A. B., LL. B., Counselor-at-Law and Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo. In four volumes. Volume II. Large 8vo, 751 pages, illustrated with wood-cuts and three plates, two of them in colors. Price, in muslin, $5.00; in brown sheep and in law style, $6.00 per volume. Sold by subscription only. William Wood & Company, Publishers, 43, 45, 47 East Tenth Street, New York City.

In the preparation of this volume the same general rule has been followed as in the one that preceded it.

The opening chapter is by Prof. Edward S. Wood, M. D., of Harvard University, on “Examination of Blood and Other Stains.” Prof. Wood devotes eighty pages to the consideration of this subject, giving in detail the composition and properties of blood, the methods employed, chemical, spectroscopic, microscopic, etc., for the identification of blood stains. Menstrual stains, lochial stains, nasal blood stains, and seminal stains, are given due consideration by him.

The second chapter is on “The Examination of Hair,” by the same writer; and the sub-headings are distinction between human and animal hairs, distinctions between hairs from different por-
tions of the body, from what individual did the hairs in question originate, and were the hairs in question pulled out, or did they fall out spontaneously?

Chapter III was written by Prof. J. Chalmers Cameron, M. D., of McGill University, Montreal, on "Abortion and Infanticide." Fifty pages are taken up in the discussion of abortion, and eighty-two pages in that of infanticide. Everything, it seems, that would throw any light on these subjects; in a medico-legal sense, is here given. In considering the subject of abortion, the writer states that "four main questions suggest themselves: 1. Has abortion taken place? 2. If so, was it spontaneous (from natural causes), or induced (by the intentional act of the mother or any other person)? 3. If intentionally induced, was the act justifiable or criminal? 4. Did the induced abortion injure health or destroy life?"

Criminal abortion, measures used to produce abortion, sequelæ of abortions, the duties of medical experts in cases of criminal abortion, and illustrative cases, are the subdivisions made by Dr. Cameron in his discussion of the subject. The subject of infanticide has received from the learned doctor the consideration that its importance demands. Plain rules are laid down for the guidance of the physician in determining the viability of the child, the probable length of time it lived after birth, whether death was due to natural causes, or to violence, violent causes of death, and methods of performing a post mortem examination upon a new-born child for medico-legal purposes.

"Determination of Survivorship," by Tracy C. Becker, LL. B., and John Parmenter, M. D., is the subject of the fourth chapter of this volume.

Chapter V is devoted to the subject of "When Medical Examination or other Inspection of living human body is permitted or required by Courts of Law; and is written by Tracy C. Becker LL. B.

"Pregnancy, Labor, and the Puerperal State," by J. Clifton Edgar, M. D., is the subject of the sixth chapter, and these subjects receive careful attention at his hands under the following sub-headings:

Average duration of pregnancy and protracted gestation; relation between menstruation and impregnation; diminished duration of pregnancy viability; live birth; resemblances—mother marks; substitution of children; supposititious children; disputed pregnancy, labor, and the lying-in state; the symptoms and
signs of pregnancy in the living; feigned pregnancy; feigned labor; feigned lying-in state; signs of recent delivery in the living; signs of recent delivery in the dead; corpus luteum; superfetation; the period that must elapse after delivery before the woman can again become pregnant; unconscious impregnation; pregnancy and delivery; post-mortem parturition; and can the foetus live after the death of the mother?

Chapter VII is on "Sexual Incapacity in its Medico-legal Relations." This chapter was written by Irving C. Rosse, M. D., and is divided into the following sub-headings:

Impotence and sterility; disputed sexual capacity and paternity; impotence and bastardy; sexual incapacity and adoption; sexual incapacity as it concerns the dissolution of a valid marriage; relative sterility; genesis incapacity in criminal affairs; the plea of impotence in accusations of unchaste conduct; the causes of sterility and impotence; impotence and sterility in women; sterility from congenital and other defects; pathological conditions of sterility; impotence in man; and influencing conditions arising from accidents and disease.

The next chapter is on the subject of "Medico-Legal Considerations of Rape," and is written by J. Clifton Edgar, M. D., and James C. Johnston, M. D. This chapter will be of great interest to Southern physicians and lawyers who come in contact with the colored rape fiend and his outraged victims.

"Unnatural Crimes," by Irving C. Rosse, M. D., is the subject of the next chapter. The subjects of sexual inversion, bestiality; pederasty, tribodism, irrumation and fellation are discussed in this chapter.

"Railway Injuries, their Clinical and Medico-Legal Features," is the subject of the next chapter. This chapter was written by W. B. Outten, M. D., and is really an exhaustive monograph by one of the leading railway surgeons of this country, and in it the various railway accidents and resultant injuries are discussed in detail.

The volume is completed by a well written chapter on "Simulated Diseases," by W. Thornton Parker, M. D.

A Primer of Psychology and Mental Disease. By C. B. Burr, M. D., Medical Superintendent of the Eastern Michigan Asylum. Member of the American Medico-Psychological Association, the State Medical Society, the Pontiac Medical Society. Corresponding Member of the Detroit Medical and Library Association. Price, in cloth, $1.00. George S. Davis, Publisher, Detroit, Mich. 1894.

This little book containing 84 pages of reading matter is divided into three parts.
Part first treats of psychology, and is a very clear, concise statement of the essentials of this science, and prepares the reader for—

Part second, which treats of the various forms of insanity. To the general practitioner not skilled in the diagnosis of mental diseases, this portion of the book will be especially helpful in enabling him to determine the form of insanity with which he has to deal, and the probability of recovery.

Part third discusses the management of insanity.

After speaking of requisites to be found in the Medical Attendant the author treats of administration of food, medicine, personal attention and nursing, exercise, employment and diversion, correcting pernicious habits and checking morbid impulses, manual and mechanical restraint, etc. The author nowhere speaks of the kinds of drugs to be used. This is beyond the scope of the work.

It is an excellent book for those who have time to read only a primer. F.


If a copy of this little book could be placed in the hands of every mother and child’s nurse in this country, it would be the means of preventing much suffering and the saving of many lives. The vast majority of the diseases of early childhood are caused by improper feeding, and usually as the result of ignorance on the part of the mother. Dr. Holt has, in this book, laid down rules for their guidance that can be easily understood, and the possessor of a copy of it would have no difficulty in feeding the baby the proper food at the right time and in proper quantities.

We heartily commend the book to the consideration of every physician who is called on to treat digestive disorders of infancy and childhood. H.

**A Hand-Book of Medical Microscopy for Students and General Practitioners,** including Chapters on Bacteriology, Neoplasms, and Urinary Examinations. By James E. Reeves, M. D., Member of the Association of American Physicians; Ex-President of the American Public Health Association; Ex-Member and Secretary of the State Board of Health of West Virginia; Ex-President of the State Medical
Society of West Virginia; Author of a "Practical Treatise on Enteric or Typhoid Fever," etc., etc., etc. With a glossary and Numerous Illustrations (partly in colors). Price in cloth, $2.50. P. Blakiston, Son & Co., Publishers, 1012 Walnut Street, Philadelphia.

A large number of general practitioners realize the advantages that a thorough knowledge of the use of the microscope would be in making a correct diagnosis, and many of them would be glad to avail themselves of this valuable aid, but they have not the time to, and can not afford the expense of going to a medical school to take a special course in microscopy. The idea of gaining a perfect knowledge of the use and application of the microscope at home, has not occurred to most of them. But with Dr. Reeves' little book as his instructor, it would not take even the mediocre very long to become master of this branch of the medical science. In this book Dr. Reeves gives plain and thorough instructions for the selection of the microscopic outfit, how to work with the instrument, preparation of animal tissues, fixing and hardening of tissues, cutting sections, fixing sections immediately on the slide, staining and finishing, and formularies for preparing stains.

He also devotes a chapter to bacteriology, one to the examination of neoplasms, one to urinary examinations, one to the examination of the blood, one to the sputum, one to fecal discharges, one to mucous cylinders, one to micro-organisms of the skin, and one on micro-organisms in foods and drinks.

Quite a number of the illustrations are in colors, and greatly enhance the beauty and merit of the book.

H.

The Medical News Visiting List for 1895. Weekly (dated, for 30 patients); Monthly undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style is one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, $1.25. Philadelphia: Lea Bros. & Co., 1894.

The Medical News Visiting List for 1895 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with the most approved remedies, and a table of doses. It also contains sections on examination of urine, artificial respiration, incompatibles, poisons and antidotes, diagnostic table of eruptive fevers, and the ligation of arteries. The classified blanks (160
pages) are arrangrd to hold records of all kinds of professional work, with memoranda and accounts. Much care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding, nothing seems to be left wanting. When desired, a Ready Reference Thumb-letter Index is furnished, which will save manifold its small cost (25 cents) in the economy of time effected during the year. In its several styles the Medical News Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this invaluable pocket companion.

**Essentials of Nervous Diseases and Insanity: Their Symptoms and Treatment.** A Manual for Students and Practitioners. By John C. Shaw, M. D., Clinical Professor of Diseases of the Mind and Nervous System, Long Island Hospital Medical School; Consulting Neurologist to St. Catherine’s Hospital and Long Island College Hospital; formerly Medical Superintendent King’s County Insane Asylum. Second edition, revised. Forty-eight original illustrations, mostly selected from the author’s private practice. Price, in cloth, $1.00. W. B. Saunders, publisher, 925 Walnut street, Philadelphia. 1894.

As its name indicates—this little work of one hundred and ninety-four pages, is only a manual, and is not intended to take the place of the larger and more complete works on the same subjects. It is intended to be used especially as a primer for advanced students.

The various diseases of the nervous system are treated of in a concise way, and the essential facts, as at present understood, bearing on their etiology, pathology, etc., are clearly stated.

The scope of the work would not permit the author to include all of the diseases coming under the nomenclature of diseases of the nervous system and insanity, but he has exercised good judgment in selecting those frequently met with in general practice. The arrangement and descriptions are the most simple that could be made.

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**Publishers’ Notes.**

**Eczema and Acne Remedy.**—Sample free. Address: Box 359, El Paso, Texas.

**Vin Mariani.**—Our readers will find this standard preparation advertised in this issue. Its value is beyond question, as over five thousand physicians have certified to it.
The advertisement of the Pasteurine Chemical Co. appears for the first time this issue. Attention is requested to it.

Don't fail to read the new and attractive "ad." of Codliver Glycerine in this issue. Codliver Glycerine has stood the most crucial tests, and is worthy the confidence of the profession.

The advertisement of John Wyeth & Bro., the old and popular house of manufacturing chemists of Philadelphia, is renewed for 1895. Our readers all know the house, and it must be a tyro indeed who has not used its preparations. Send for revised list of tablets.

For Sale.—A good practice, where there is a great deal of surgery done in connection, worth fifteen hundred dollars a year. Physician who buys will be appointed surgeon for two railroads. Reason for selling is on account of going abroad. Address, "Railway Spine," care this office.

Many members of the Class of 1879, Jefferson Medical College, of Philadelphia, are desirous of having a class reunion on the occasion of the fifteenth anniversary of their graduation. Owing to changes, comparatively few addresses are known, and therefore this means is resorted to, with the hope that every member of the class of 1879 who reads this notice will communicate at once with their class president, Dr. Philip R. Koons, Mechanicsburg, Cumberland county, Pennsylvania.

The Maltine Manufacturing Co., 168 Duane street, New York, renew their advertisement with the beginning of the new year. Every physician in Texas must have used some of their many preparations of Maltine,—they are as indispensable as flour or meat. But Maltine with Coca Wine, a new liquid preparation, may not be so well known to them, and their attention is called to this advertisement. It is an ideal preparation and recommends itself in many conditions. Send for a sample.

In reference to Pineoline (Walker) I wish to say, I have found it so efficacious in eczema that I cannot do without it. A case of twenty years' standing has yielded to its influence and has not appeared on the parts affected for nearly four months. I now have another bad case in a child whose family have suffered through four generations. It is a typical case, and has baffled the skill of the best physicians.

W. H. Veatch, M. D.

Carthage, Ill., August 10, 1894.

Coughs and Colds Have Arrived.—These are the days when the good old familiar prescriptions of syrup of tolu, ipecac and squill are again presented to the druggist. But the trouble with this is that the syrups nauseate, and accomplish no good. The
acute pain or painful sensations so often attending the violent movements of coughing and so generally present in pleuritis, and less so in bronchitis, is promptly relieved by a combination of Antikamnia and Codeine. The cough is controlled. Often all that is necessary to effect a cure is to diminish the pain, control the cough, and lower the temperature. Tablets containing $4\frac{3}{4}$ grains of Antikamnia and $\frac{1}{4}$ grain of Codeine will accomplish it.

The Brownwood Sanitarium, in charge of Dr. James Johnston, of Brownwood, Texas, is advertised in this issue. It is conducted especially for the treatment of the opium and whisky habits and kindred ailments. Dr. Johnston is well and favorably known to the profession as a skilled physician who has had much experience in such diseases. We commend the advertisement to the careful consideration of physicians who are called upon to advise this class of patients.

Bellevue Hospital Medical College has renewed it advertisement for '95. Every physician who has a student reading with him owes it to his student to conscientiously advise him where he can get most advantages in the pursuit of a medical education. In order to do this he should be thoroughly informed, himself, on the facilities and resources of each college, should investigate the claims of each and fairly weigh them. There is no college in the United States which stands higher or which the medical profession more fully endorse than Bellevue. See advertisement.

Armour.—This name has become world wide famous; not only on account of the great charities and beneficences of the honored bearer of it, but among the medical men, in connection with "Armour's Nutrient Wine of Beef Peptone," and other preparations of digestive aids. The advertisement of the Armour Laboratory is renewed with this issue, and attention is hereby called to it. The Armour Laboratory is furnishing Dessicated Thyroid gland at $1.00 per ounce, and will send sample free to any physician who desires to try the new treatment.

Chronic Cystitis, Sub-Involution of the Uterus, Abortion, Stone and Cystitis, Enlarged Prostate.—R. W. Felkin, M. D., L. R. C. P. Edin., L. R. C. S. Edin., F. R. S. E., F. R. G. S., etc., etc., Alva St., Edinburgh, Scotland, says: "I have used Sanmetto extensively; indeed, on two occasions the chemists were out of stock. I have been exceedingly pleased with it in numerous cases. I may especially mention three cases of chronic cystitis, three cases of sub-involution of the uterus, one case of abortion, one case of stone and cystitis (unfavorable for operation), and four cases of enlarged prostate. I shall go on prescribing Sanmetto as occasion serves."

In the treatment of nervous diseases and general debility, McArthur's Syrup Hypophosphites demonstrates its restorative
powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The hypophosphites of lime and soda gives the much needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent, as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues. Thus the patient is gradually brought up to his normal condition.

Panopeptine.—Fairchild Bros. & Foster, the enterprising and enlightened manufacturing pharmacists and chemists, of New York, have for some time been advertising Panopeptine, and it is to be assumed that our readers have all become familiar with its superior virtues. The Journal desires to say to those who have not yet used it that like every other preparation given the profession by this reliable house, it is good, and will be of much service in your practice. Not only as a nutrient and tonic, thoroughly sterilized and digested, which eminently fits it for acute disease, but secondarily as a sovereign remedy for or resource against sleeplessness, that exhausting and debilitating curse, whenever due to fatigue or mental worry, or malnutrition. Messrs. Fairchild Bros. & Foster wish to hear from the Texas doctors, their opinion of Panopeptine, and those who have not used it, if there are any, will be furnished a sample package upon application, and mention of this notice. We endorse the house as thoroughly reliable.

The Thermometer.—Probably there is nothing in the physicians armamentarium that is in such constant and universal employment as his clinical thermometer. It assists him in making his diagnosis, aids in forming a prognosis, and reveals many indications for the administration of certain remedies that without its help would pass unnoticed. But to be of this assistance the instrument must be dependable. It must be accurate and its testimony unimpeachable, otherwise we had better far grope along in the dark, as in days of old, depending on the pulse rate and surface heat for our estimation of the fever present. Unfortunately, many of the thermometers now on the market do not meet these requirements, or at least only for a short time, when gross inaccuracies occur. To prevent these changes with age there is but one remedy: thorough seasoning of the tubes (at least two years) before the register is engraved. This precaution practically does away with the errors so frequently found in the readings of the index.

As it is always a pleasure to recommend an article of genuine worth, we would call the attention of our readers to the fact that Taylor Brothers Company, of Rochester, N. Y., have placed within the reach of all a thermometer which approaches as near as possible to perfection. It is guaranteed free from defects and
an accompanying certificate notes corrections within 1:10 of a degree.—*Louisville Medical Monthly.*

The Hypnotic Action of Trional.—In a paper read before the Therapeutic Society of Paris, October 24, 1894, Dr. Vogt (*Medical Week* November 2), formulates the results of his experiments with Trional as follows: "Among true hypnotics Trional may be regarded as one of the most efficient. It is distinguished by its solubility and the promptness of its action which is manifested within ten to twenty minutes. This remedy gives excellent results in the treatment of insomnia of neurasthenic patients, a condition in which it is especially indicated. It is administered in doses from 1.0 to 1.5 gm., (15 to 25 grains) on retiring in the evening and taken in broth or milk as hot as possible. The patient always enjoys a calm untroubled sleep, and on waking feels refreshed. Should the hypnotic effect of Trional not be manifested within forty-eight hours, its use may be temporarily suspended, and in any case it should not be taken more than for five or six consecutive days. Trional is to be preferred to Sulfonal, the hypnotic effect of which is much slower and less powerful while being exhausting in the long run and liable to determine certain inconveniences such as haematoporphyrinuria."

Dr. Vogt recommends the administration of small quantities of bicarbonate of soda during the day to patients who are taking Trional regularly at night. He calls especial attention to the feeling of comfort which the patient experiences on awaking, a sensation which neurasthenics appreciate as highly as the sleep itself. All these patients he says, complain of the after-effects produced by the other hypnotics, such as nausea, vertigo, palpitations while with Trional they awake refreshed, feel well during the day and take the remedy without repugnance at night. In the favorable cases a complete cure of the insomnia in a few days.

Liquor Sedans.—This I find to be a utero ovarian sedative and anodyne of exceptional value, as in my hands it has produced the most brilliant and flattering results, far exceeding my most sanguine expectations.

Mrs. W., æt. 44 years, and approaching the menopause; very anæmic, thin, and of a nervous temperament; much anorexia at times; habitually constipated; complains often of headache and palpitation, with frequent but scanty micturition; menstruation very irregular, returning every three to five weeks, and lasting from two to four days; flow small in amount, and nearly colorless; attended with violent pains in the lumbar region, groins, with general tenderness over the hypogastric region; no organic lesion of the heart, simply functional, as a result of other lesions.

Upon examination, I detected retroversion of the uterus of the second degree, and a profuse leucorrhæa. Had previously almost exhausted the materia medica in seeking a remedy for her
ARSENAURO
Extract from CLINICAL REPORT.

"In cases of neurasthenia, epilepsy, sciatica, secondary and tertiary syphilis, the results obtained from the administration of Arsenauro and Mercauro, force me to the conclusion, that these gold solutions possess some very remarkable therapeutic value which tho' apparently not yet fully understood, is none the less most gratifying."

CHAS. ROOME PARMELE CO., 98 WILLIAM ST., N. Y.

In Alternative-Tonic

FORMULA  
ACID CHLORIDES OF FERRUM ARSENICUM ET HYDRARGYRUM

TREATMENT  
R  
Ellixir Three Chlorides R & H
PURE AND SIMPLE

ADD—if essential, IODIDES, IODINE, BROMIDES, SALICYDATES, STRYCHNIA, PEPSIN, PANCREATIN, CHLORAL HYDRATE, GOLD, MANGANESE, CALCIUM CHLORIDE, AMMONIA CHLORIDE, MINERAL ACIDS, CODEIN, Etc.

IN RHEUMATOID and GOUTY DIATHESIS

FORMULA  
COLCHICINE  
DECANDRINE  
solantine  
IODIC ACID  
sODIUM SALICYLATE

DOSE: TWO DRACHMS

Henry's Tri-Iodides  
PURE AND SIMPLE

Remember—To push promptly to a mild cathartic, then gradually diminish to drachm doses

RENZ & HENRY PHARMACAL CO., Louisville, Ky.
relief; had given Hayden's viburnum comp., aletris cordial, fluid extract viburnum prunifolium, cannabis Indicae, etc. As a dernier resort, I ordered Liquor Sedans, one drachm four times a day, to be continued during menstrual period; Fowler's solution with bromides; and an injection for the leucorrhœa; also placed a Thomas' retroversion pessary. Saw her four days later; met me with a smile, and remarked the "new medicine" was going to "cure" her. Her improvement has been steady and rapid; appetite greed; menstrual epoch unattended with pain; discharge higher colored and more profuse, lasting from five to six days, and more regular than before for years. Leucorrhœal discharge disappeared; does not suffer with palpitation or headaches. Such is my happy success with that grand therapeutic agent, Liquor Sedans.—Medical Age.

Paskola.—There has been a bitter controversy carried on over the asserted value of this preparation as a flesh producer. With this the Texas Medical Journal has nothing to do, but we advertise it on its merits. In inserting the advertisement we are requested to publish the following, extracted from an editorial in Annals of Hygiene,—the editor being well known authority on such subject. He says that he has "persistently refused to publish commendations of any article of the merits of which he was not personally cognizant. He has not been asked to defend paskola from what is said to be an unjust attack upon its merits by manufacturers of rival goods.

"The details of this commercial warfare we are ignorant of and care nothing about. Ever since its introduction the editor of this journal has been using paskola in his practice, and is still doing so, because he has found it to be the best and most readily assimilable flesh-producing article that has yet come to his notice. He has found it to be what he believes it is claimed to be—namely, a predigested vegetable food, most acceptable to the most delicate stomach, and when given in connection with one of the peptones, forming an ideal combination in those conditions of general exhaustion wherein the debilitated stomach seems unequal to the digestion of ordinary food.

"We have only one fault to find with paskola, and this fault we do find with all predigesting foods, and that is their presentation to the public for use without professional advice.

"The doctrine of evolution reminds us that nature does not tolerate any useless parts, and that use is the absolutely necessary condition for the survival and continuance of any person or part of a person. The stomach is no exception to this rule, and it is with a feeling of general anxiety that we find predigested articles of food offered to the public. The very torpor and inactivity of this organ, which must result, will, we fear, have a tendency to gradually evolute this most important organ into a lesser and still more less condition of functional power.

"We are quite confident that if anything derogatory to paskola has been said or published, that such has been done unjustly and from unworthy motives, and we say this because of practical experience with this article."—Annals of Hygiene.
I AM led to write this article by the results that I have occasion-ally seen of the careless treatment of the smaller injuries that railway employes are liable to. A man gets his fingers "pinched" dropping a coupling pin on them, or gets one or more fingers considerably lacerated and contused by having them caught in making a coupling. He applies to a doctor, who washes off the hand with a solution of bi-chloride of mercury, or some other antiseptic solution, perhaps only allowing the solution to flow over the injured fingers; then dusts the wound with iodoform, aristol, or similar powder, and wraps the finger in antiseptic gauze, cotton and a bandage, and, I suppose, trusts to Providence for the balance. The wound will heal read-ily with such a dressing, but the probabilities are that within a few days the part will become swollen and painful; the tempera-ture goes up, and upon removal of the dressing we find the wound hot, dry, red and swollen, or pus has already formed and bur-rowed into the adjoining tissues, often resulting in a very serious condition regarding the future usefulness of the member. Espe-cially is this true of the hand, which can be rapidly damaged by the burrowing of pus along the sheaths of the tendons and along the lymphatics to the palm. This is too frequently the result with such injuries, and it should not be so. It can be avoided,
not only in most cases, but I believe in every case that is seen early. Very true, these wounds offer the greatest obstacles to perfect antisepsis. The whole member is perhaps covered with grease, dirt and cinders, ground into the tissues, and in some cases it is impossible to render the wound completely sterile, but I believe that in every case sterilization can be so nearly perfect-ed that the wound is safe from damaging infection. The few microbes that remain are soon disposed of by the living cells of the tissues and the wound heals nicely. This result can not be secured, however, by the method of procedure indicated above. It is not enough to render the wound alone aseptic, but the sur-rounding skin must also be brought to a condition of approx-imate asepsis. I say approximate, for I do not believe it is poss-ible by any means at our disposal, to rid entirely the skin with its sebacious and sweat glands of bacteria, but we can destroy the great bulk of them and we then expect the tissue cells to de-fend the injured part from invasion. The living cells may not be able to cope successfully with a dozen pyogenic cocci, but if we destroy ten of the dozen by our methods of cleanliness, the tissues will be able to get rid of the remaining two.

After thoroughly cleansing the skin and the wound, attention should be directed to the determination of the extent of the in-jury. The wound should be carefully explored, clots removed and the condition of the bone ascertained. All this requires care, especially with reference to the bone, for a fracture, even of a finger, may be overlooked in badly swollen fingers and a hasty examination.

During the exploration of the wound an antiseptic solution should be allowed to play over the parts, thus utilizing the ma-nipulation necessary for the examination in also cleansing the wound. The solution should reach every recess, and, if it be hot, it will be very efficient in arresting the capillary oozing, which is often quite free in this form of injury. If this is not sufficient to control the hemorrhage, elevation, and pressure made with ice cold compression usually succeed.

If stitches are necessary they are put in now and a piece of protective is laid over the wound, followed by several thicknesses of antiseptic gauze, which is itself covered with baked cotton and a sterile bandage applied over the whole.

The special technique employed in the treatment of this class of injuries, and all others as for that matter, is not so important as a thorough understanding and a careful application of the
principles of antisepsis and asepsis. The secret of success is cleanliness and attention to details. Unnecessary pain is always to be avoided, but the complaints of the patient must not be allowed to interfere with the proper treatment of the wound. A little ether may be given if the pain is great.

The following methods are practiced at the International and Great Northern railroad hospital at this place, and give very satisfactory results. Bruises and sprains are satisfactorily treated with hot solutions of lead, water and laudanum, applied with cloths kept constantly wet, and, after pain and swelling have subsided, friction with a stimulating liniment. Now and then a badly sprained wrist, ankle, or knee will require a splint or plaster bandage, which should be removed as soon as the pain has ceased, for I believe recovery is sometimes retarded by allowing a sprained joint immovably fixed upon a splint until it has grown stiff. Hæmatomas following contusions should be left alone for two or three weeks, and if by this time the tumor is not perceptibly diminished, the parts are cleansed by the process to be described later on, and a free incision made, the clot scooped out, the sac thoroughly irrigated and antiseptic dressing applied.

LACERATED AND CONTUSED WOUNDS.

Every lacerated wound that is met with in railway surgery is also a contused wound, sometimes the laceration, sometimes the contusion constituting the greater part of the injury. These are the wounds that show the bad results of improper treatment so often and so clearly that I am surprised to find so many good surgeons disposing of them as mere trifles, and, in their haste, will apply a dressing which has not a claim to antisepsis, or asepsis. I am sure this is, in most cases at least, due to carelessness and not to ignorance. The cases are treated as follows: The surgeon scrubs his hands and forearms with a good stiff brush, using plenty of soap and water, washes off the soap with clean water, cleans the nails, uses the brush again, then washes with alcohol and finally with a solution of bichl. of mercury, 1 to 1000. Note that the brush is used on the fingers after cleansing the accumulations from beneath the nails. This is important. Otherwise the septic matter loosed in the process of removing the sub-ungual dirt is more likely to fall out into the wound than if it had been left undisturbed. Having cleansed the hands thoroughly, a softer brush is used for scrubbing the injured parts. Soap and water are used and the surrounding skin must be scrubbed
faithfully, the brush being drawn more gently but firmly over the wound several times in finishing this step of the process. The hairs are shaved off and the soap washed off with clear, boiled, water. Now the surgeon's hands are cleaned again, to rid them of the dirt from the patient's skin in cleansing the wound. After dipping them again in bichloride solution, an assistant irrigates the wounded parts with the same solution, and the surgeon proceeds to ascertain the extent of the injury. The finger explores every part of the wound, enlarging the opening if necessary to admit the finger and permit a thorough search for foreign bodies, pieces of bone, blood clots and the like. It will sometimes be necessary to make a counter-opening to remove a splinter, or other foreign body, or to permit of a further examination. I recall a case in which I dissected up a flap from the dorsal surface of a finger, extending from near the root of the nail to near the second phalangeal joint and removed eight wooden splinters. A piece of pine wood a quarter of an inch in diameter had entered over the ungual phalanx, and, striking the bone, split, and pieces were forced in every direction. The entrance wound was small, and I never suspected the amount of injury until I had made the incision for the purpose of removing a splinter that I could not get at through the entrance wound. I finally stitched the flap in place and the wound healed, but a few weeks later the patient returned with a small opening on one side of the finger, from which there was a slight discharge and in which I found another small splinter. According to the patient's statement this was the seventh splinter he had removed since the finger had healed, making fifteen splinters in all that had been removed. Having determined the exact extent of the injury, and at the same time cleansed the wound, the surgeon next clips off with scissors all fragments of tissue that are clearly devitalized and in some instances it will be better to trim the edges of the wound, else the badly contused margins will slough and prevent primary union. On the other hand it is important to preserve every piece of tissue that there is hope will live.

Spurting vessels are ligated with sterile catgut, or twisted, all oozing controlled by hot antiseptic douching, or by elevation and pressure made with ice cold compresses.

If there is a great deal of contusion, but few, if any sutures are employed, and in any case they are drawn no tighter than is necessary to nicely approximate the edges. As a rule it is unwise to attempt to cover up a gap made by the loss of a consid-
erable amount of tissue by pulling unduly upon the surrounding tissues with sutures. On account of the contusion the parts are much more liable to slough than is the case in other wounds, and failure to unite is the rule where thus treated. In cases where the end of the finger has been almost severed through, the nail being held on by palmar tissue, a single suture passed through the skin at the tip of the finger and carried over the nail and through the skin at the root of the nail and tied, will hold the cut surfaces in perfect contact.

If drainage is necessary, a few strands of sterile catgut or silk will serve the purpose very well. Gauze strips laid in the wound drain the larger wounds perfectly.

The dressing made use of consists of a piece of rubber tissue with holes cut in it to permit discharges to pass through, laid next the wound; over this an abundance of 1-2000 bichloride gauze, a layer of baked cotton, and an aseptic bandage covers the whole.

I am not enthusiastic in the use of "dusting powders" in the treatment of recent wounds. I have never seen any good derived from their use, and they form, with the secretions, a mass, that looks filthy, if it is not so. In infected wounds and in granulating wounds that are somewhat sluggish, I have thought that iodoform is useful, and I do not doubt the efficiency of other powders in selected cases.

This dressing will not be removed for a week, if everything goes well. No hemorrhage, little or no pain, no rise of temperature and no odor tells me to leave the dressing alone. In removing and renewing the dressing, the same precautions are taken as in the first dressing. The outer dressings which have been exposed are removed down to the bichloride gauze, and at this point the surgeon cleanses his hands thoroughly as described above, and then proceeds to remove the balance of the dressing. If it is hard, or sticks, warm sterile water is allowed to flow over it until it is soft and comes off readily. Avoid roughly tearing the dressing off, thus breaking loose the feebly united edges and giving the patient considerable unnecessary pain, which is inexcusable. The parts are cleansed of secretions, stitches removed if the wound has united, or if tension is made upon the stitches by swelling to any great degree, drains removed if there is no longer any indication for them, and the wound with the surrounding parts freely irrigated with hot bichloride solution, 1 to 2000.

In applying the second dressing, the protective may be left off,
unless there are granulating surfaces to be covered. Otherwise this dressing is the same as the primary one. It may be left on a week, ordinarily, and in many cases it will be the last dressing necessary.

All instruments are boiled and placed in a solution of carbolic acid, 1 to 40, before being used. Silk is boiled and catgut should be used cautiously, unless it be sterilized by the surgeon himself, as the so-called sterilized catgut of commerce is generally nothing more nor less than a hot bed for germs. I very rarely use it on this account. My experience with “sterilized” rubber drainage tubes has been the same or worse.

INFECTED WOUNDS.

Small infected wounds should be curetted well and be dressed antiseptically. Small lacerations or abrasions that have become infected, causing swelling, pain, enlargement of lymphatic glands, and suppuration a little later, usually heal without further difficulty if thoroughly curetted and douched with 1 to 1000 bicarbonate solution and dressed in the same way as described above. Deeper infected wounds should be curetted, freely irrigated and packed lightly with gauze. I think this is decidedly the best method of dealing with these wounds, but because of the pain entailed in curettage, it is not always practicable. If the patient will not take ether, nor submit to the pain of curettage, then nothing more can be done in this direction. In these cases I have gotten fairly good results from thorough irrigation with bicarbonate solution, injection of hydrogen peroxide and light packing with iodoform gauze. These are the cases in which iodoform does its best. Perfect cleanliness and good drainage should be secured, an antiseptic dressing applied, and changed every day or every other day, according to the amount of discharge, until suppuration has ceased, when the dressing may be left on several days or a week.

For Texas Medical Journal.

CASTRATION IN HYPERTROPHY OF THE PROSTATE GLAND.

[The University Medical Magazine for this month, February, '95, will say, editorially:

WHEN Dr. J. William White first suggested to the profession the operation of castration for the relief of hypertrophy of the prostate gland (Address at the annual meeting of the
American Surgical Association, June 1, 1893, *Annals of Surgery*, August, 1893) on theoretical grounds, although strongly supported by experimental evidence, it is doubtful whether any one appreciated the full value of the recommendation. Cases of prostatic hypertrophy are of extreme frequency. Sir Henry Thompson found that one man of every three over 54 years of age examined after death, showed some enlargement of the prostate; one in every seven had some degree of obstruction present; while one in fifteen had sufficient enlargement to demand some form of treatment. In this country to-day, as shown by the last census, there are more than three millions of men over fifty-four; of these, according to Thompson’s estimate, which genito-urinary specialists consider a conservative one, about two hundred thousand are sufferers from hypertrophy of this gland. This number seems very large; but the assertions of Thompson unquestionably express a general rule, and in fact every surgeon must have seen men in whom some prostatic overgrowth existed before the fifty-fourth year. The lives of such patients are threatened because, if the obstruction is not removed, the health is rapidly undermined by the retention of urine, and the consequent fermentative changes, the deleterious influence of backward pressure on the kidneys, the frequent use of the catheter, and the loss of sleep incident to the incessant demands to void urine. Heretofore the surgeon has been unable to afford distinct relief from the distressing symptoms of an advanced case of this affection. If the patient’s general condition would warrant the very considerable risk, some form of prostatectomy was performed. The suprapubic method was recommended for a time, but the difficulties encountered in its performance, the frequency of suprapubic fistula as a sequel, and the high mortality following the operation have led to its almost total abandonment. Perineal prostatectomy is also attended with considerable risk, on account of the free hemorrhage, which can not be controlled during the operation, and the prolonged anesthesia which is necessary. In addition to this, the operation is a bungling one, in which the enlarged gland is removed by cutting, scraping, or gouging, while the instrument is out of sight, and much of the time it can not be guided even by the finger. Combined suprapubic and perineal prostatectomy enables the operator to reach and enucleate the gland with greater freedom, but it is an operation of such gravity that it would be contraindicated in the very cases in which the demand for relief was most urgent.
Perineal prostatotomy is little more than a palliative measure, which does some good, temporarily, by draining the bladder and inducing slight contraction of the middle lobe of the prostate in the healing process. All of these operations confine the patient to bed for several weeks, which is, in itself, objectionable, and in addition require the use of the bougie for a long time afterwards.

In view of these facts, it is not strange that surgeons should have presented Dr. White's suggestion to patients suffering from the consequences of prostatic hypertrophy, nor is it unnatural that such patients accepted this chance for relief from a condition that in many cases was rapidly and surely impairing the health of a person otherwise vigorous and, apparently, without this trouble destined to enjoy many additional years of life.

With the testes already or soon to become functionless, and with the contemplation of a long period of intense suffering which will be relieved only by death, sentimental objections pale into insignificance, and the problem of securing relief without placing the life in danger is the only one entitled to consideration.

Cases of castration based upon Professor White's deductions soon began to be reported. Ramm, of Christiania, Norway, recorded two in September, 1893; Haynes, Los Angeles, Cal., and White, Philadelphia, each report three cases; Finley, Baltimore, reports two cases; Smith, St. Augustine, Fla., Powell, London, Mayer and Haenel, Dresen, Moullin, London, Thomas, Pittsburg, Ricketts, Cincinnati, Swain, Bristol, England, and Bereskin, Moscow, each record one case. Thus far eighteen operations have been published. All have been more or less successful, and usually the relief from the distressing symptoms and the shrinking of the prostate have been marvelous. The least favorable cases have experienced infinitely greater relief than has been obtained by any method heretofore employed. At least as many unpublished cases have been operated upon with equally favorable results. There have been no deaths from the operation: of course, few would be expected in the hands of competent surgeons.

To those familiar with these cases, the rapid shrinking of the prostate and the simultaneous relief afforded the patient have been truly wonderful. The operation has therefore passed the experimental stage, and has legitimately established for itself a position among the most successful operative procedures. In deed, the results have been so uniformly favorable that castration
may now be considered a specific for hypertrophy of the prostate.

It is necessary, however, to utter a word of caution here. Castration is not indicated in every case of prostatic enlargement or urinary obstruction. To secure uniformly successful results one must be certain that the condition from which the patient is suffering is appropriate for the operation. Cases of prostatic abscess, prostatitis, tumors of the prostate and of the region of the neck of the bladder, and other forms of obstruction in the neighborhood of the prostate must be distinguished from true prostatic hypertrophy. Without careful discrimination, both the surgeon and the patient will be disappointed, and the operation will unnecessarily be brought into discredit.

As it stands to-day, however, in appropriate cases, it appears to mark an advance in the surgery of the prostate, which, when the gravity and the frequency of the condition of hypertrophy are recalled, together with the more or less ineffectual and always dangerous methods of treatment which have prevailed, must be a source of congratulation not only to Professor White but to the profession at large, and to thousands of patients who, having outlived their sexual lives and earned an old age of mental and physical repose and intellectual enjoyment, have had only a few short years of torment and misery to look forward to on account of this hitherto intractable disease.

For Texas Medical Journal.

**CATARRH AND ITS LOCATION IN THE HUMAN BODY.**

BY W. W. PUGH, M. D.

It pervades the entire mucous membrane, or more minutely speaking, it affects the mucous lining of the ear, eyes, nose, throat, bronchial tubes, alimentary canal, rectum, vagina and uterus, or womb.

Headache is often caused from catarrh of the frontal sinuses. Sore eyes is caused from catarrh.

Deafness is often caused from catarrh of the middle ear or eustachian tubes.

A discharge from the nose is caused from catarrh of the mucous lining of the nose or its hidden cavities or sinuses.

Hoarseness is the indication of catarrh of the pharynx, which
causes the vocal cords to become enlarged and thickened, which produces the harsh sound while speaking. We often find catarrh of the mucous lining of the tubes in the liver and kidneys.

Female urinary derangements are easily traceable to catarrh of the pelvic organs.

And last, but not least, hemorrhoids, piles and constipation, in a large measure, are caused from catarrh of the mucous membrane of the lower bowel.

Now, as I have realized this to be true, and have treated a great many cases affected with catarrh with good results, I have invented an article which I have called Pugh's Douche Receptacle, for the treatment of catarrh of the rectum, bladder, vagina and womb. It is so made or arranged that any one, the most delicate, can use the proper medicines indicated with the aid of this Receptacle, with the greatest ease and comfort. With the medicated wash in a fountain syringe, the patient can sit upon the Receptacle and introduce the nozzle in rectum or vagina, which is much easier than the old way of sitting over a pan or bowl while taking the douche, which is a great strain on the muscles of lower limbs. I have noticed catarrh often follows the "grippe" as a sequel, just as it does in measles and other diseases affecting the mucous membrane, and in these cases I have not been disappointed in my treatment, and catarrh of this nature is most always certain to affect the nervous system.

Therefore, a good mucous alterative and nerve stimulant, with the cleansing of the affected parts daily, makes a good team to pull your patient out of a distressing condition.

Correspondence.

Diphtheria and Membranous Croup.

Editor Texas Medical Journal:

For some time I have been reading a discussion in the Dallas News and Fort Worth Gazette, between Drs. Bealle and McKnight, of Fort Worth, relative to the difference between diphtheria and membranous croup. I am young in the profession, having only twelve years experience, and do not contribute this article to the Journal for the purpose of controversy, far from it. But one of the principal reasons that I ask for space in one of our Texas
medical journals is, to ask the profession of Texas to report the cases of membranous croup that each has had, and note how many cases of so-called membranous croup have, like diphtheria, proved contagious. All authority that I have searched claims them two separate and distinct diseases. And when Dr. Bealle (whom I know well, and admire) spoke out, through the columns of the Dallas News, saying that they were the same disease, it startled me. I could hardly believe that he said it, so I wrote him at once, and his answer verified the statement, and further, he referred me to the New York Record of September 24, 1894, saying it was a settled fact. In a few days I find a letter to him, from Cyrus Edson, M. D., Health Physician of New York City, saying that they were identical, and was the result of bacteriological work. Saying further, that because a case of membranous croup does not spread to others, is no reason why it is not contagious, for we see cases of undoubted diphtheria in families, where none others were infected, though subjected to it. I admit all this seems strong evidence, but it is certainly hard for one to concur in such belief when his own experience, though very limited, points directly opposite; and further, when such men as DaCosta, Loomis, Burnette, and others, claim them as two separate and distinct diseases.

Dr. McKnight now speaks in defense of the duality of the two diseases, and gives his reasons as follows: 1st. That diphtheria is highly contagious, and membranous croup is not. 2d. Diphtheria is highly infectious, membranous croup is not infectious. 3d. Diphtheria is inoculable, membranous croup is not inoculable. 4th. In diphtheria, the membrane primarily invades the tonsils, uvula and pharynx, while in membranous croup it primarily invades the larynx. 5th. In diphtheria, there is usually serious systemic disturbance, while in membranous croup there is very little systemic disturbance. 6th. In diphtheria, the glands of the neck are secondarily invaded, in membranous croup they are never involved. 7th. Diphtheria is usually epidemic, membranous croup is never epidemic, but always sporadic. 8th. In diphtheria, paralysis is a common sequella, in membranous croup this is never found. 9th. In diphtheria, Klebs-Loeffler bacillus is found, in membranous croup it is never found. 10th. In diphtheria, albumen is nearly always found in the urine, in membranous croup it is never found.

With the above facts before us, it is hard to believe them one and the same disease. And further, Dr. McKnight also has a
letter from New York, written by the celebrated Dr. R. C. M. Page, a professor in the Polyclinic of the City of New York, relative to the details of the two diseases. He says, "I believe in the duality of membranous croup and diphtheria. Both produce strangulation if they invade the larynx, but the pathology of these two diseases is absolutely different." Saying further, that "it is as absurd to state that a child who has been choked to death by a rope around his neck has died of diphtheria, as it is to state that a child who has died of idiopathic membranous croup has died of diphtheria."

This likewise is some evidence that they are separate and distinct diseases. I warrant the assertion, that not a doctor in the State of Texas, except some in the larger cities of the State, can call to mind a single case of membranous croup that, like diphtheria, has proved contagious. I have had nine cases of membranous croup in the last twelve years, and in not a single case have I found it either contagious or infectious, and at the same time everything was favorable for the spread of the disease, if in the least contagious or infectious. For, believing then, as I undoubtedly do now, that it was not contagious or infectious, I did not prohibit the rest of the children of the family from the bedside of the little sufferer. No, nor did I even prohibit them from kissing the dying lips of the child. The fatality of this disease is not in question, but I wish to say that diphtheria is in no wise more fatal than membranous croup, and as a remedy for it, in my opinion, there is none save the knife (in tracheotomy), and that must not be postponed too long, or it will do no good.

Of the nine cases coming under my observation and care, seven died. Six died without the operation, one died during the operation, and two were snatched from death by the timely use of the knife.

I wish here to report the last case that came into my hands, that is of very recent date.

I was called, on the night of the 22d day of October, to see a three years old child of one of our towsmen, Mr. McD., who had, as he thought, ordinary croup, or spasmodic croup. When I arrived, I found her with that peculiar cough you always find in croup. Not attaching much importance to it, thinking it spasmodic croup, and would soon subside, I gave her Sy. Ipecac and Bro. Amo., and directing them how to administer it, left for home, promising to call by next morning. In making my morning calls, I found her, to my disappointment, no better. I at
once suspected a more serious trouble, "membranous croup," so I made a thorough examination of the throat, but found nothing but a congested, dry condition of it. I then ordered the inhalation of steam, with no good results perceptible. Knowing now that I had undoubtedly a case of membranous croup to contend with, although not having yet seen the membrane, I at once put her on Mur. Tr. Iron and Potass. Chlo. every two hours, and at the same time used a mop as far down her throat as possible, immersed in a mixture of Borac. Acid 5i, Tanno. Glyc. 5ij, F. E. Hydrastis Cand. 25 5i, hoping that it might have some influence if in contact with the invading membrane; but if either did any good, I failed to see it. In fact, nothing that I did made any impression upon it. Later in the evening, I could plainly see the membrane. The breathing became worse, and I knew now, as I expected from the beginning, that tracheotomy was the only hope for recovery. So I at once informed the parents, making all necessary arrangements to operate when the emergency came. At 10:30 o'clock that night it was plainly evident that the time of action was at hand. So I had my friend, Dr. W. W. Wallace sent for, to assist me. He came, and found matters as I saw them, and we at once sent for our worthy and reliable druggist, Mr. Sam Stenson, who administered the chloroform for us, and with the assistance of Dr. Wallace, I opened the trachea just beneath the cricoid cartilage. We had no hemorrhage, nor any trouble in introducing the tube, and after a few minutes the breathing became easy, and she lapsed into a quiet sleep, remaining so for several hours. In this instance, the knife undoubtedly saved her from death, and that in a few hours. She progressed splendidly, and on the tenth day the throat and trachea trouble had ceased. She could run about the house and yard all day, with the tube tightly corked, breathing with no difficulty through the larynx. Thinking that the time had come to remove the tube, we did so, applying two or three layers of gauze around the neck, covering wound. She went along nicely, breathing through the proper channel, until late in the evening, when the breathing became wonderfully embarrassed, so much so that the reintroduction of the tube became urgently necessary. I put it back, and let her wear it for two weeks longer, and took it out again, removing it early in the morning. She did nicely again, until 10 o'clock at night. As soon as she went to sleep, the breathing became hard, and the family sent for me at once. I found her breathing very difficult when asleep, in fact, she
could not sleep. I had Dr. Wallace sent for. We both watched
her for two hours or more. The breathing became little better,
seemingly, and Dr. Wallace went home, both of us thinking pos-
sibly it might subside, knowing that it was due to the want of
harmony of the respiratory muscles. He had not left me long
until she awoke from a short sleep, fighting for breath. I saw
at a glance that something had to be done quickly, or she would
expire. I at once tried to introduce a small tube, but failed,
then a smaller, and failed. The opening had closed almost en-
tirely—so much so that you could scarcely introduce a curved
aneurism needle. I did use the needle, however, but not until all
life seemingly had gone. She was in a manner dead. I sepa-
rated the trachea wound with the needle, applied my mouth to
the wound, and inflated the lungs three or four times, and suc-
cceeded in introducing a small rubber tube. The breathing came
back in sighs, the livid face began to show signs of returning
life, and in two hours she was resting well, and slept the balance
of the night, waking up in the morning as bright as a lark. I put
in a small silver tube the next morning, stopping it up well with
a cork, and letting her breathe through the larynx. She is do-
ing nicely, with no more trouble. I shall let her wear the tube
until she can sleep well with it tightly corked, before removing
it again, feeling certain that the trouble is due to the want of
harmony of the respiratory muscles of the larynx and glottis.

I have diverged somewhat from the subject in reporting this
case, but hope you will pardon me, for in reporting this case, be-
sides its features of interest, I wish to show that it certainly
could not have been contagious or infectious, as Mr. McD. had
four other children in the house—yes, in the same room,—and
none were infected, though it seems to me that everything was
very favorable for them to have been infected, if infectious.

In the other eight cases, it was the same as regards the chances
of infection. While this is a report of only nine cases, it does
seem to me that it should have some weight as regards its con-
tagiousness and infection. Let the doctors of the State report
their cases of membranous croup, and see how many cases are
found to be contagious or infectious.

As to the question being settled, I am not satisfied, and desire
more evidence than Dr. Bealle and Dr. Edison's opinion on the
matter. One thing is very certain to my mind, and that is, if
they are one and the same disease, our definition of diphtheria is
absolutely wrong.

Fraternally yours,

Abilene, Texas.                        L. W. Hollis, M. D.
Abstracts and Selections.

Reminiscences of Dr. J. Marion Sims in Paris.

BY EDMOND SOUCHON, M. D.,
Professor of Anatomy and Clinical Surgery, Tulane University, New Orleans, Louisiana.

[Read at the meeting of the Southern Surgical Association, at Charleston, S. C., November 14, 1894.]

I have often related to my friends the manner in which I happened to meet our surgical genius, Dr. J. Marion Sims, in Paris, and his first experiences in the French capital. They all were much interested in this, as they were in everything pertaining to this great and good man, and they repeatedly asked me to write out the little story for the benefit of the profession at large. I, to-day, comply with this wish, regretting very deeply for all concerned that my pen is not more gifted, so as to do better justice to my hero and to my readers.

In the fall of 1860, I entered the old Charity Hospital, on the rue Jacob, as a benevolent student, in the service of the venerable and world-renowned Professor Velpeau. It was my first beginning in the study of medicine. Facilities to beginners over there are not so great as they are here, in our Southern hospitals especially, and in order to have a chance to come in close contact with the professor and the patients, a simple voluntary student of the service had to be over-zealous with all, particularly the all-powerful interns or lords of the service. After several months of trial, I had succeeded in ingratiating myself with them all, and having been intrusted with the registration-book of the in-coming and out-going patients, with the number of bed, diagnosis, and dates, I had managed to to be on as fairly good terms with Professor Velpeau as a little insignificant nobody like myself could be with such a magnate as was the great Velpeau in such a place as the great Paris at that period. This may seem rather hard to American students, but it is all true, none the less.

Early one morning in the latter part of October, 1861, the year the War of Secession broke out, I was going to the hospital, and, as I was about to enter the gate, my attention was attracted at once by the face and appearance of a man who was coming
toward the gate also, but from the opposite direction. That the face and appearance struck me at once, will readily be believed by all those who have had the happiness of knowing our great American surgeon. Its characteristic soft and sweet expression, together with his deep-set, bright eyes and prominent, bushy eyebrows, the half-smiling expression of his mouth, left uncovered by the absence of mustache or beard, made a much deeper impression on me than a glance ordinarily produces. I also at once recognized that he was a foreigner, and no Englishman at that, but surely and unmistakably an American, perhaps, hastily thought my young rebel heart, a Southerner; he must be that, I thought immediately afterward, because he looked so gentle and good, and yet, withal, so firm and self-reliant. All this took but a few seconds, and I continued my course toward the ward to which I was assigned, walking through the yard with another student, and the stranger coming up behind. When I reached the door of my ward, I went through and closed it; it was soon opened again, and closed; turning around, I noticed my "American." The doctor told me later that at the foot of the stairs the other student went in another direction than I, and he was perplexed for a moment as to which one he would follow; after a little hesitation, he said to himself: "Well, I think I will stick to the little one." The little one was myself.

I walked to the bed of the patient who took care of the white aprons the students wear over their clothes, and as I was putting it on, the stranger came up to me, and after a most suave bow, said, in a very slow and deliberate manner, that the Frenchman he thought he was addressing might have some chance of understanding: "Will—Professor—Velpeau—be—here—today?" I burst out laughing, and answered him in fluent English: "No, sir; Professor Velpeau is absent on his vacation, and will not return before two weeks." The beautiful face brightened up at the sound of the English language where and when he so little expected it. "Where are you from," said he, "that you speak English?" "I am from the South, from New Orleans," said I, thinking that that would cool his enthusiasm if he were a Yankee. But far from it; he grasped my hand and pressed it so as to crush it. "Why," said he, "I also am a Southerner; I lived a long time in Montgomery, Alabama." That made us friends at once. I showed the doctor around the hospital, and finally asked him what he had come over here for.

"Well," said he, "I am Dr. Marion Sims, now living in New
York, who has invented a method of operating for vesico-vaginal fistula with almost invariable success." He looked at me to see if the name had made any impression on me, but it fell flat; we had never heard of Dr. Marion Sims in Paris. Furthermore, we all knew that nobody in the world knew anything about vesico-vaginal fistula except Professor Jobert de Lamballe, of the Hotel Dieu, and even under him, vesico-vaginal fistula was cured only exceptionally, even when using his procede de glissement (sliding process), and the idea of this new man coming to Paris to teach French surgeons how to cure vesico-vaginal fistula almost infallibly, somewhat shook my faith in my new friend.

He said he had a letter for Professor Velpeau, from Dr. Valentine Mott, of New York; that he was anxious to see the professor, to get a case to operate on before him, and thus to demonstrate his method. "Well," I said, "the professor will be here in some fifteen days," soon enough for your good, I thought to myself.

During that time, the doctor was living in a little boarding house in the rue de l'Universite, close to the hospital. He had invited me to dinner upon our very first meeting, and I went there once or twice to give him all the points about those men he was most likely to meet. He was all the time sanguinely confident, and looked so sweet, so modest, so magnetic, that I began to feel a very strong drawing toward him, and by the time Velpeau was to return, I was wound up to a high pitch, and as eager as my friend that he should have a case soon.

Finally Professor Velpeau arrived, and I sent word to Dr. Sims immediately; he soon came to present his letter, which Velpeau read at once and fluently, but when it came to speaking to Dr. Sims, he was at a loss to express himself, and looked around for me. It was always the case when prominent English visitors came to the hospital. Although the Englishmen read and wrote French as well as the Frenchmen read and wrote English, a good deal better than I could then, yet when it came to talking they had the greatest difficulty in understanding each other, and I was always hunted up to help them along. At that time Velpeau was nearing the end of a most hard-worked career, and, although age and success had softened him, yet he still bore the effects of his lowly, rough, peasant birth, and of his hard-earned victory. At times, the stiff haughtiness of the former years of struggle came over him. It did so, to some extent, at that time, and he was not to Sims exactly what he should have been, as I
thought, and his coldness to him made my heart ache somewhat, as I took that to be of ill omen. The truth was that the name American, at that time in Paris, always evoked the name of Barnum, and the fact that a comparatively young surgeon posed as a successful operator on vesico-vaginal fistula, when scarcely any one, not even Jobert de Lamballe, ever succeeded in Paris, had rather prejudiced Velpeau against Sims.

After a few, very few words, Velpeau said to me, "Eh bien, que veut-il?" "Well, what does he want?" I translated the sentence to Sims, who at once modestly but firmly answered, "I want a case to demonstrate my operation, if the professor will be kind enough to procure one for me." "All right," said Velpeau, "I will get him one," in a way that showed he had but little confidence in the final result. Then he turned around, without a hand shake or a word more to Sims, and went on with his visit. I felt quite hurt, but could say, and said, nothing. Velpeau was the idol of all young aspiring surgeons, the demi-god of the day. Nelaton was just looming up then, and had not as yet had his famous Garibaldi case, which gave him world-wide fame.

For several days, no case turned up. Sims was there every morning. I would introduce him to the younger surgeons who always swarmed around the old master, that he might not forget them. To every one who inquired about his object, he said, "I want a case," and I myself would then say, "He wants a case."

At last the case came! And, just as luck would have it, a case of moderate difficulty. "Thank the Lord," said I, with my American pride roused now to a high pitch for fear Sims should fail! When he told me he was sure to succeed, it was a great relief.

By this time the whole of the old Quartier Latin had heard of the news, which had rapidly spread from hospital to hospital. On the day of the operation, the famous little operating-theatre in the old Charity Hospital was overcrowded with students, and the arena below crowded also with the most distinguished professors of surgery of the French capital; Velpeau, Nelaton, Ricord, Malgaigne, etc., all but Jobert de Lamballe, who would not come.

Before beginning the operation, Dr. Sims proceeded to demonstrate it graphically, by using a piece of thick and hard cotton batting, through which he cut a hole representing the fistula, then he pared the edges slantingly in one strip, next he passed
the silk threads and the wires, etc. The doctor called on me to translate as he spoke. I was not expecting this, and before such an audience, and I felt shy and scared, but he so insisted with his sweet eyes and smile that I got up, trembling all over, and with a quivering voice would repeat in French each sentence as he uttered it in English. Gradually, however, I found that it was not so very hard, I became emboldened and went through the whole procedure with comparative comfort. After the demonstration, Dr. Sims proceeded with the operation, which he performed with the skill and grace which characterized him. It was done in comparatively no time, closely watched and followed all the time by the French professors. When the doctor finally said it was done, a salvo of applause broke out from the benches; the professors rendered justice to the manner in which the operation had been performed, while reserving themselves mentally until the day when the sutures would be removed.

Dr. Sims attended to that case himself in the ward, and during the following days felt all along confident that it would be a success; and a success, a tremendous success, it turned out to be.

On the ninth day the same amphitheatre was again packed to witness the removal of the sutures; the case was pronounced cured, and this was confirmed by the French surgeons, who congratulated Dr. Sims.

The enthusiasm of the French students far exceeded their former outburst, and, since they could not very well carry Dr. Sims on their shoulders in triumph, they took hold of me in his place, and the resident students carried me to their mess-room to breakfast with them; a great and unprecedented honor in those days, for I was but a vulgar, simple, insignificant first-year student! I did more talking than eating, and the result of the excitement of mind and of heart was a very fine first-class headache that sent me to bed and lasted twenty-four hours.

However, some seemed to think that it might have been a chance cure. But these were soon to be set right. Immediately after the success of the first case, Dr. Sims started on the war path for another, which was soon procured for him by a physician in private practice. But this case came very near being a Water-loom. It was taken to a private place, the Hotel Voltaire, on the Quai Voltaire. The patient was a short, fat, stumpy little woman, and very obstinate. She, all of a sudden, absolutely refused to be operated upon unless she was given chloroform and put fast asleep. This much annoyed Dr. Sims, because in those days it
was not thought quite safe to place a patient on the left side, the side of the heart, to give chloroform to the extent of keeping her perfectly still, since nothing could be done otherwise, and for such a long period as an hour or two. We were far then from the ideas of the present day. There was no overcoming her stubbornness and her will had to be done. It all went well for a while, a good while, but, all at once, the breathing became stertorous, the face blue, and the pulse flagged. The operation had to be suspended until she recovered. The operation was then resumed, but soon had to be stopped again, for the same reasons. Things were looking a little blue also, and as though the operator would not be able to complete the operation. But it was not to be so; it was to be completed, but it took Sims' whole nerve and skill to bring it to completion. During all that time the distinguished guests present said and did nothing, leaving Sims and his assistants to do all the fighting and get all the odium in case of failure, but all the credit in case of success. At one time I spoke to Velpeau to ask him what he thought of the condition of the patient, he shook his old silvery head, and I imparted to Sims what I took that to mean, that he might make the best of it. Finally the patient rallied and was put to bed. At the end of the usual time this case was pronounced a success.

A couple of weeks later Professor Jarjavay secured another case, upon which Dr. Sims operated at the Hospital St. Antoine. At the time of the removal of the sutures, a week or so later, Dr. Sims was not pleased with the appearance of the parts, and expressed his apprehension of some ulceration setting in and destroying the work done to a greater or lesser extent. Professor Jarjavay said that even if there was a fistulette (a small fistula) left, it would not matter much. Although he seemed to say this in a good spirit, yet it occurred to some that some people would be glad to hail this as a failure of the so-called infallible American method. But no fistulette occurred, and that case was also placed on record as a complete success.

From that time on cases were quite frequent, and naturally so, since hardly any were ever cured before, the stock of fistulæ was very great, and cases were not wanting. It was especially in private practice that they appeared to be abundant, and Dr. Sims scored success after success with the greatest ease. However, he again struck another hard case, even a worse one than the one at the Hotel Voltaire; it was the famous case of the "Countess" out in the country, in a chateau, a patient of Professor Nélaton. She
also insisted upon taking chloroform, and when the operation was about half through, she showed all at once most alarming symptoms. It was then that Nelaton uttered the legendary cry, "Head down," which every one conversant with these matters must remember. After much labor and still more anxiety the poor illustrious patient was revived and the operation was safely completed. It turned out also a complete success.

Cases followed one another wherever the doctor went; in Paris, London, Germany, etc., he was kept busy with fistulae and other female cases. It was he who then sowed the first seeds of true gynecological science and art throughout Europe, the science so eminently and thoroughly American.

The doctor's reputation had acquired such proportions that the French Government presented him with the decoration of Knight of the Legion of Honor, the highest ambition of all Frenchmen.

---Reprint.

Is it the Beginning of the End?

BY JAMES WEIR, JR., M. D., OWENSBORO, KY.

When we come to examine the history of the world we find evidence that certain nations have, at times, reached a high state of prosperity, and have then degenerated to such a degree that they have either passed entirely out of existence, or have lapsed into a state of semi-barbarity. This has generally been brought about by conquest, but the races conquered had first become enfeebled by their habits of thought and manner of living. It is a well-established fact that luxury brings debauchery, and that debauchery occasions degeneration. All nations that have, heretofore, reached the zenith of their prosperity, have been engulfed, at some time or other, in the maelstrom of luxurious habits, and haven fallen under the lethal influence of a degeneration occasioned solely by debauchery; for the luxury and debauchery of one class brought increased poverty on, as well as excess in, other classes, and poverty and excess are prominent factors in the production of degeneration, as we shall see further on in this paper. Says the brilliant author of "Psychopathia Sexualis," Krafft-Ebing: "Periods of moral decadence in the life of a people are always contemporaneous with times of effeminacy, sensuality, and luxury. These conditions can only be conceived as
occurring with increased demands upon the nervous system, which must meet these requirements. As a result of increase of nervousness, there is increase of sensuality, and, since this leads to excesses among the masses, it undermines the foundations of society—the morality and purity of family life. When this is destroyed by excesses, unfaithfulness, and luxury, then the destruction of the state is inevitably compassed in material, moral, and political ruin.”

Such was the condition of the Latin race when the fierce and hardy Vandals overran the Roman peninsula; such was the condition of the Assyrians when Babylon fell beneath the onsloughts of the great Macedonian; such was the condition of the Egyptians when the northern myriads swept down upon the fertile valley of the Nile and destroyed forever the once powerful and all conquering kingdom of the Pharaohs; and such, too, was the condition of the French nation in 1794, when anarchy unfurled its red banner at the head of the most gigantic social revolution the world has ever known. At the present time, community of interests, as well as higher civilization, would utterly forbid the total subjugation of one civilized nation by another, such as occurred in the olden times; hence no nation need fear annihilation from such a source. The danger comes from another point, and consists in the almost certain uprising, at some time in the future, of degenerate individuals in open warfare and rebellion against society.

The question whether the world is growing better or worse is often debated, and can be answered affirmatively on both sides. Better, because superstition, bigotry, and dogmatism have given away, to a great extent, to the tolerance and freedom of higher civilization and purer ethics in normal, healthy man; worse, because crime (and I mean by crime all antisocial acts) has greatly increased on account of the pernicious influence of degeneration. That superstition, bigotry, and dogmatism are on the wane, and that they will, sooner or later be entombed in that depository of obsolete savage mental hebetude—absolute and utter oblivion—a glance at the success that science has achieved in the warfare waged against it by the church, will at once declare. (Throughout this article I use the word church to express priests of any and every denomination, whether Jew, Gentile, or Pagan, Protestant or Catholic.) A short incursion into this subject, i. e., the church’s warfare on science, is absolutely necessary, for the triumph of science over its enemies—superstition, bigotry, and
dogmatism, coincidentally, ignorance and illiterateness—shows that the civilized world, at the present time, is markedly different in some respects from the world of ancient, mediæval, and even comparatively recent times; and, in summing up, this changed condition will be a weighty factor in making up an answer to the question which heads this paper.

When Olympus first faded away from the enlightened eyesight of the Greeks, and changed into space besprinkled with stars; when Zeus no longer held his divine court on its mystic summit; when oracles became mute and the fabled wonders of the "Odyssey" either vanished or resolved themselves into prosaic commonplaces under the investigations of the sceptic or the accidental discoverer, the church made a most strenuous protest against the destruction of its traditions. Some of these early seekers after truth were killed and their goods confiscated. The church issued its edict against heresy (and any doctrine that taught a belief antagonistic to the accepted tenets of pagan mythology and theogony was heresy), and hurled its anathemas against the heretic. Olympus, in the eyes of the church, still existed, and Zeus, the man-god, still quaffed the sacred ambrosia in its shady groves. The Sirens still sang their entrancing songs, while Scylla and Charybdis were ever stretching out eager arms toward unwary mariners. Gigantic one-eyed Cyclops, with Polyphemus as their leader, still patrolled the shores of Sicily and kept their "ever-watchful eyes" turned toward the open sea. The hardy Greek sailor landed on the Cyclopean island, and discovered that Polyphemus, and Argus, and Brontes, and Steropes, and all the other one-eyed monsters were nothing but sea-wrack, boulders and weeds. He sailed farther, past Scylla and Charybdis, and discovered no greater dangers than sharp rocks and whirlpools. Yet farther he sailed out into the mysterious sea, and the only Siren's song he heard was the whistling of the wind through the cordage of his vessel. In vain the church thundered against the daring investigator. Neither fire, nor sword, nor imprisonment, nor death itself, could check the march of truth. Mythology and pagan theogony had received their death-blows; superstition, bigotry, and dogmatism were elbowed aside and gave place to dawning science. The church held that that which had been believed by pious men for untold ages must necessarily be true. Science, in the garb of philosophy, with cold, dispassionate criticism proved that these hitherto accepted truths were arrant fallacies. The poets and writers then took up the
subject, and finally the people fell into line; so superstitious, bigot-
ed, dogmatic mythology died, intellectuality took its place, and higher civilization took a step forward.

With every new discovery, with every victory over supersti-
tion, bigotry, and dogmatism, civilization took a step upward until it stands to-day as far above the civilization of those old days as do the giant stems of the mighty red-woods above the chaparal and undergrowth of the California forests. In its bat-
tle with superstition civilization has grown strong, hardy, and, above all, vigilant. This last quality it will need most of all in its coming battle with the combined hosts of antisocial degener-
ates. In its battle against the church, civilization has gained the right to think for itself. It has demanded, and is now re-
ceiving, to some extent, the right of education, of erudition; and education is, and will be, a most potent warrior against degenera-
tion.

That a luxurious manner of living eventually leads to debauch-
ery, and that debauchery is a prime factor in creating degenera-
tion, no physiologist of the present day will for one instant deny. I wish to show, in this paper, that luxury is hurrying us toward a social cataclysm, beside which the downfall of the Roman Em-
pire, the destruction of ancient Egyptian and Babylonian civiliza-
tions, and the bloody days of the French Revolution, will sink into utter insignificance.

A brief resume of certain historical epochs will be necessary in order to furnish a parallel from which I wish to draw several indisputable and incontrovertible conclusions.

The Roman people, under the leadership of its ancient heroes, was a nation of hardy warriors and husbandmen. That pre-
eminent military genius, Julius Cæsar, had carefully fostered this warlike spirit in the bosoms of his compatriots, and by a series of brilliant campaigns had made the Roman nation the most powerful on the face of the globe. The Roman legions were not only victorious on land, extending their conquests into Iberia, farther Gaul, and still farther Britain, but the Roman triremes also swept the Mediterranean, from the Pillars of Hercules to the shores of Syria and Egypt. Wealth poured into the country from all sides and the people revelled in a boundless prosperity. Luxury had already begun to enervate the hardy soldiery at the time of Cæsar's assassination, yet not enough to show degenera-
tion and demoralization. The empire under the first emperors steadily grew richer and more powerful, and the luxury of the
rich more unlimited and licentious. At length a change can be noticed. The Roman legions, hitherto victorious over every foe, are now frequently vanquished; conquered tribes upreared the standard of revolt and refuse to pay tribute; the territorial boundaries of the empire materially shrink, and its once conquered provinces pass out of its dominion forever. The gradual degeneration of this nation is faithfully mirrored in the characters of the emperors who governed it. Nero, Caligula, Tiberius, Caracalla, and Messalina, the depraved wife of Cladius and daughter of Domitia Lepida, herself a licentious and libidinous woman, were but accentuated types of the luxurious and debauched nobility. Not only did the nobility become victims of degeneration, but the poorer classes also lost their virility, until at last we find the stability of the nation preserved through the instrumentality of foreign mercenaries. The greatness of this once widespread empire dwindled away, the freedom of its institutions contracting along with its shrinking boundaries, until we find it lapsed into a state of barbarian despotism under the son of Aurelius; and, had it not been for outside influences, it would have eventually fallen into a state of utter and complete savagery.

Now, let us turn to a much older civilization. When the first conquerors of Egypt about whom history can tell us so little, first occupied the fertile valley of the Nile, the country, in all probability, was inhabited by negroes. This conquering race drove out or enslaved the native population and founded the ancient kingdom of Egypt. This kingdom waxed strong and mighty until at the time of Rameses the Great, three thousand two hundred years ago, it was the most powerful monarchy in the whole world. This mighty son of Ra, Meiamoun Ra, or Rameses, as he is most generally styled, was a warrior and a statesman. He led his victorious troops north, east, and west, conquering nations as he went, until he dominated and brought into a state of vassalage over two-thirds of the known world. Wealth flowed into his kingdom from all the surrounding countries, consequently luxury, with its never-failing associate, debauchery, made their appearance and the decadence of this mighty kingdom set in. It is true that many Pharaohs reigned after Rameses, and that the monarchy maintained its greatness for a long period of time; but luxury had taken hold on the people at the time of their greatest prosperity and had sown the seeds of degeneration, which flourished and grew apace, until the emasculated and effeminate people yielded up their independ-
ence to the conquerors, and passed out of existence as a nation forever.

Now, let us turn to a recent civilization. At the time of Louis XVI. the French nation was thoroughly under the influence of degeneration consequent to a luxury and licentiousness that had had a cumulative action for several hundred years. The peasantry and the inhabitants of the faubourgs, owing to their extreme poverty, itself a powerful factor in the production of degeneration, had lapsed into a psychical state closely akin to that of their savage ancestors. The nobility were weak and effeminate, the majority of them either sexual perverts, or monsters of sensuality and lechery. The middle class, then as ever the true conservators of society, seeing this miserable state of affairs, attempted to remedy it. Not fully understanding the dangers of such a procedure, they allowed the degenerate element to share in their deliberations. Their moderate and sensible counsels were quickly overruled by their savage associates, who brought about a Reign of Terror (with such psychical atavists as Marat, Danton, and Robespierre at its head), the like of which the world had never seen before nor has ever experienced since. I have demonstrated, in the three instances of history cited above, that degeneration has invariably followed luxury, and that a social and political revolution has been, invariably the result of this degeneration; therefore, as we ourselves are entering upon an epoch closely akin to the three several epochs just mentioned, it will be well for us to study the phenomena that bring about such revolutions.

It is conceded by everyone that man completed his cycle of physical evolution many thousands of years ago. Since his evolution from his pithecoid ancestor the forces of nature have been at work evolving man's psychical being. Now, man's psychical being is intimately connected with, and dependent on, his physical being, therefore it follows that degeneration of his physical organism will necessarily engender psychical degeneration. Hence, if I can prove that man, by leading a life of luxury or one of poverty and want, produces physical degeneration, it will naturally follow that psychical degeneration will also accrue; and, as one of the invariable results of degeneration is atavism or reversion, both physical and psychical, the phenomenon of a social revolution characterized by pronounced savagery and barbarity, in which society is overthrown and anarchy instituted in its stead, will no longer appear strange and unnatural.
Neurasthenia, or the loss of nervous tonicity, is a prime factor in the production of degeneration. The offspring of neurasthenic parents always show degeneration in some form or other. That luxury produces neurasthenia can be demonstrated beyond the shadow of a doubt. Nine-tenths of the clientele of the gynecologist is derived from the wealthy, luxurious and fashionable class. The same may be said of the neurologist and alienist. Paresis and kindred forms of insanity are, almost exclusively, forms of degeneration affecting wealthy people; while the proportion of sexual perverts among the rich is remarkably high.

Let us see if we cannot discover some of the factors in the causation of such wide-spread and abundant neuroses among those fashionable and luxurious individuals who arrogate to themselves the title of “Society.” Man is, naturally, a diurnal animal, but the fashionable world has reversed the natural order of things and has made him a nocturnal animal. Now, the long continued influence of artificial light exerts a very deleterious effect on the nervous system; hence, it is not to be wondered at that so many men and women of society are neurasthenic. Not only are those individuals who, voluntarily and preferably, spend the greater portions of their lives in artificial light, rendered nervously irritable, but those also who are driven by force of circumstances to turn night into day are likewise afflicted. Several years ago I met a distinguished editor at Waukesha, who was suffering greatly from nervous exhaustion. He told me that he was so situated that he did all of his work at night, often writing until three o’clock in the morning. I advised him to quit this and to do his editorial work during daylight. Not long after he wrote me that he had followed my advice, and that he was a new man in point of health. The loss of nervous vitality makes itself evident by a feeling either of exhaustion or irritability. The fashionable devotee, in order to counteract this, either stimulates the system with alcohol, or exorcises the “fidgets” by the use of sedatives, such as chloral or morphia. The baneful effects of such medication are not at once appreciable, but if continued for any length of time they will eventually result in a total demoralization of the nervous system. Time and again have I seen fashionable men and women, at the close of the season, veritable nervous wrecks. What necessarily would be the effect of physical and psychical lesions like these on a child begotten by such parents? The inevitable result would be degeneration in some form or other. Again, many men and
women stand the drain of a fashionable season on their nervous systems without attempting to recoup through the agency of drugs, and at the end find themselves physically and psychically exhausted. They go to the seaside or some other resort, and, in a measure, recover their nervous vitality, only lose it again during the next season. This continues for season after season, the nervous system all the time becoming weaker, until some day there is a collapse ending in hysteria, paresis, or some other of the hundred forms of neurotic disorder. What will be the effect on the progeny resulting from the union of such individuals? Again the answer must necessarily be—degeneration. Artificial light is not the only cause of this nervous irritability. The long and continued intercourse of the sexes in the ball room, where the women are dressed so decollete that they excite sensuality in the men, very frequently without the men being conscious of the fact, must necessarily exert a deleterious effect on the nervous system. Contact of the sexes in the dance is only pleasurable because of that contact. I am fully aware of the fact that this idea is scouted and denied by those who indulge in the waltz and kindred dances. They claim that no thought of carnality ever enters into their feeling. I know from personal experience that they are honest in this declaration, yet from a psychical standpoint they are woefully in error. Æstheticism and carnality are by no means as dissociate as the aesthete would have us believe. All pleasurable emotions that have their inception in the senses are fundamentally of carnal origin. The waltz is æsthetic, yet all of its pleasure is based on an emotion closely akin to sensuality. Men derive no pleasure from waltzing with one another, nor do women under like circumstances.

Nature demands, in the interest of health, a certain amount of exercise. The luxurious society man or woman utterly disregards this demand of nature, consequently indigestion, with all of its associated ills steps in, and becomes an additional factor in the production of nervous exhaustion. To tempt the appetite, highly seasoned foods, many of which are deleterious and injurious, are prepared and taken into the torpid and crippled stomach. Finally, nature rebels, and the unfortunate dyspeptic is forced to go through life on a diet of oatmeal, or, weakened by lack of healthy sustenance, the brain gives way and the victim passes the remainder of his or her life in a lunatic asylum. Children begotten by miserable invalids like these, beyond a peradventure,
must necessarily be degenerate. Indigestion is not the only ill that nature inflicts for any disregards of her laws. She is a rough nurse but a safe one, consequently she forbids the rearing of her hardiest creation, man, in hot houses, as though he were a tender exotic. The luxurious individual pampers his body, following the dictates of his own selfish desires and utterly disregarding the laws of nature, and, before he reaches middle age, discovers that he has become an old, old man, weak in body, but still weaker in mind. The children resulting from the union of the various neurasthenics described above are necessarily degenerate. As they grow up they show this degeneration by engaging in all kinds of licentious debauchery, and unnatural and perverted indulgences of appetite. In nine cases out of ten they will spend the fortunes inherited from their parents in riotous debauchery, and will eventually sink, if death does not overtake them, to the level of their fellow-degenerates—those who have been brought into existence by poverty and debauchery, and who await them at the foot of the social ladder. Among such degenerate beings the doctrine of socialism, of communism, of nihilism, and of anarchy have their origin.

Now, let us turn our attention to the evidences of luxury and debauchery, and the consequent evidences of degeneration which obtrude themselves on all sides. The reckless extravagance of the nobility of the old world is well known. Vice and licentiousness even penetrate to the royal households, and princes of the blood pose as roués and debauchees. As I have demonstrated elsewhere, degeneration in the wealthy classes of society generally makes itself evident by the appearance of psycho-sexual disorders. The horrible abominations of the English nobility, as portrayed in the revelations of Mr. Stead, are well known. Charcot, Segalas, Féret, and Bouvier, give clear and succinct accounts of the vast amount of sexual perversion existing among the French, while Krafft-Ebing informs us that the German empire is cursed by the presence of thousands of these unfortunates. When we come to examine this phase of degeneration in our own country, we find that it is very prevalent. This is especially noticeable in the larger cities, though we find examples of it scattered broadcast throughout the land. The editor of one of our leading magazines, in a remarkable series of letters, has shown that the wealthy New Yorkers revel in a luxuriousness that is absolutely startling in its license. Thousands are expended on a single banquet, while the flower bills for a single year of some
of these modern Luculli would support a family of five people for three or four years. Bacchanalian orgies that dim even those of the depraved, corrupt, and degenerate Nero, are of nightly occurrence. Drunkenness, lechery, and gambling, are the sports and pastimes of these ultra-rich men, and it is even whispered that milady is not much behind milord in the pursuit of forbidden pleasures.

Psycho-sexual disorders are not the only evidences of degeneration in the wealthy, by any means. Many a congenital criminal is born in the purple, who shows his moral imbecility in many ways. Sometimes he sinks at once to the level of a common thief, but generally his education keeps him within the pale of the law. Always, however, his sensuality is unbounded, and he will hesitate at nothing in order to gratify his desires. This unbridled license has already had its effect elsewhere. We see that it has even corrupted the guardians and conservators of the public peace. The recent investigation of the police board of New York shows a degree of corruption that is simply overwhelming, and that the same state of affairs exist in Chicago, New Orleans, St. Louis, and other large cities, I have every reason to believe. There are yet other evidences of degeneration; witness the eroticism that is to be found in our literature. Unless a book appeals to the degenerate tastes of its readers, it might just as well never have been published. This is not cynicism; it is plain, unvarnished truth—witness the success of "His Private Character," of "Is This Your Son, My Lord?" of hundreds of other works of the same character. Again, turn to the stage and we find the same thing. The tragedies and comedies of Shakespeare are shelved, while society plays and "living pictures" hold the boards. Salacity, with only sufficient covering to barely hide downright lewdness, is everywhere apparent. Now, what is the result of all this? There can be but one answer, and that is degeneration. That which happened centuries ago will happen again, for man is governed by the same laws of nature now as he was then.

Statistics show that insanity is markedly on the increase. This is not to be wondered at when we take into consideration the fact that debauchery is the rule, and not the exception, among certain classes of people. Syphilis, one of the most productive causes of degeneration, is exceedingly active throughout the whole civilized world. Blashko states that one out of every nine or ten men in the city of Berlin is tainted with syphilis. This
is wholly attributable to the unbounded sensuality of the people. Crime of every description is rearing its hydrahead and clasping in its embrace an alarming proportion of human beings. I have shown elsewhere\(^1\) that the congenital criminal is the result of degeneration, and that he comes from all classes of society. He is, however, most frequently the product of the lower class, and lives and dies among his congeners. I have shown also\(^2\) that the anarchist, the nihilist, and the socialist, belong to the same category of degenerate beings. Poverty, brought on by the luxury of the rich, by war, and by high taxation, has, during the last millenary period, been very fertile in the production of degeneration in the old world. Lack of food and sanitation, the usual adjuncts of poverty, are powerful factors in the production of degenerate individuals. The old world has gotten rid of these people as rapidly as possible by unloading them on our shores. Year after year, practically without restriction, thousands of these antisocial men and women have swarmed into our country, until we, comparatively speaking, a nation just born, contain as many of these undesirable citizens as any of the older nations. They still continue to enter our gates, and we are adding to their number, as I have shown, by our own production. Some day—and I greatly fear that day is not very far distant—some professional anarchist (for there are professional anarchists as well as professional thieves) will consider that the time is ripe for rebellion, and, raising the fraudulent cry of "Labor against Capital," instead of his legitimate cry, which is "Rapine, Murder, Booty!" will lead this army of degenerates, composed of anarchists, socialists, nihilists, sexual perverts, and congenital criminals, against society. And who will bear the brunt of this savage onslaught? The ultra-rich? By no means. The great middle class—the true conservators of society and civilization, will fight this battle. It will be a strife between civilization and degeneration, and civilization will carry the day. There would have been no French Revolution had the middle class been as wise then as it is to-day. They were taken by surprise at that savage, bloody time, but as soon as they recovered, how quickly they brought order out of chaos! Education is the bulwark of civilization, and the great middle class, freed of dogmatism, bigotry, and supersti-

\(^1\) Vide American Naturalist, The Recidivist.

\(^2\) Vide Century Magazine for October, The Methods of the Rioting Striker an Evidence of Degeneration.
tion, is welcoming education with open arms. It is gaining recruits, and is strengthening its defenses, so that when the end comes its enemies may find it fully prepared. When this fight takes place, millions of dollars' worth of property will be burned, and thousands of lives will be sacrificed, but when the smoke of battle clears away, civilization will be declared the victor. And the ultra-rich, what of them? They will simply open their purses, like they did in ancient Rome, and pay for the privilege of being protected. The sober middle class is a business people, and they will demand and obtain assistance from their wealthy brethren. From the signs of the times and the evidence before me, I have no hesitation in declaring that I believe that the beginning of the end is at hand. This social cataclysm may not occur for many years, yet the agencies through which it will finally be evolved, are even now at work, and are bringing the culmination of their labors ever nearer and nearer as time passes.—

N. Y. Medical Record, Dec. 29, 1894.

Texas State Medical Association.

SECTION ON OPHTHALMOLOGY AND OTOLOGY.

Physicians interested in this branch of practice, and desiring to contribute papers for the next meeting of the State Medical Association (4th Tuesday in April), are invited to do so, and are respectfully requested to notify me, giving title of paper, not later than April 10th. This is desirable and necessary, in order that a proper place in the proceedings may be assigned each paper, and the title, and hour set for reading paper, may appear in the programme. ROBERT E. MOSS, M.D., Chairman,
San Antonio, Texas.

Prof. Loomis died recently, as, we suppose, all medical men know by now. He left over a million dollars. Of this, he gave a hundred thousand to his son Harry, and a like amount to the New York Academy of Medicine, in trust, the interest to be used annually in giving an entertainment. Now, that's nice. They will meet, but they will miss him, and will drink champagne to his memory, and bless him.
A SPECIOUS PLEA.

It was the immortal "Josh Billings," we believe, who said, "the worst thing for a man to know is something that 'aint so." A superstructure, however grand and imposing, will tumble down if built on an insecure foundation; so the most glittering deductions, drawn from incorrect premises, will fade, vanish into thin air, when it can be shown that there is no foundation in fact for the predicate; when it can be demonstrated that it is an assumption,—something taken for granted, without proof, and not a fact, the props are knocked from under the argument, and the superstructure tumbles down.

Our grave neighbor of the Texas Sanitarian, in the January number, has an editorial which illustrates and carries out this idea. It is very pretty, well written, and plausible; it shows up an awful condition of things which demands immediate reform. The principal trouble with it, however, is, it is built upon an assumption of something that "aint so."

The Texas Sanitarian has good authority for its predicate, but there certainly is a mistake somewhere, as we will endeavor to show.

Taking Dr. Jerome Cochran's paper, published in the Alabama Medical Age for Nov., '94, for its basis, the Texas Sanitarian's indignation is aroused by a statement of the author with reference
to the Mobile quarantine; and assuming that the author knows
whereof he speaks, takes his word for it, that the Mobile quar-
tine is weak and unreliable; and thereupon writes a lengthy arti-
cle advocating the surrender of State control of quarantine to the
United States government, and the organization of a board of
health in Texas. He says:

"It will doubtless be as surprising to many of our readers as
it was to us, to learn that the quarantine service at Mobile is not
subject to the State Board of Health, nor of the Mobile Board of
Health, but is a 'close corporation,' composed of several mer-
chants and business men, and two physicians. The business
members of this quarantine board are not quarantine experts, and
possess but little, if any, scientific knowledge of quarantine mat-
ters. They are doubtless selected for these positions solely to
protect Mobile's commercial interests. The two doctors on the
board may or may not be quarantine experts; but be that as it
may, their votes and their voices would count for little when the
commercial interests of Mobile are jeopardized by a rigid en-
forcement of quarantine rules, notwithstanding the doctors on the
board believe this necessary. As Dr. Cochran says: 'Mobile is
a commercial city. Her merchants are naturally impatient with
any restraint placed on her commercial intercourse with foreign
countries, and so is under special temptation to relax her quar-
antine rules to such a degree that they could not be depended upon
to afford reasonable protection to the people of the State.'"

Surprising indeed, for such is not the case by any means, with
all respect to our neighbor and Dr. Cochran.

The doctor then reasons from this, taken as a fact, that all
other States are endangered;—a defective predicate, and fallacious
deductions, as a matter of course.

As to Mobile being a commercial city, the same can be said of
all sea coast cities, New Orleans, Galveston, Charleston, etc.;
and the same conflict between the commercial interests and the
public safety exists there, and the same "special temptation to
relax," etc.; but we will aim to show that however good au-
thority Dr. Cochran is, and however well informed generally
about quarantine matters he may be, he must be mistaken as
to the Mobile quarantine being subject only to control of the
business interests, and is, therefore, practically no quarantine.
The argument the Texas Sanitarian makes, therefore, for the
surrender of State control of all quarantines to the United States
government, because, as asserted, the State does not control the
Mobile quarantine, is no argument at all. Such a state of affa-
irs as is represented to exist at Mobile would not be tolerated a moment;
else Surgeon-General Wyman of the Marine Hospital Service,
and his inspectors, have been derelict, and ought to be im-
peached; for, to our certain knowledge, all the Gulf State quar-
antine stations have been diligently inspected by Surgeons Gas-
saway and Kenyou, and others, and if there had been such a
condition existing at Mobile, the Marine Hospital Service are
legally obligated and required to take charge of the port, and put
an officer on duty; as we will presently show.

Regarding the want of a uniform set of rules, it is a
little remarkable that this usually well informed gentleman
but debutant editor, is not better posted. Prior to inspec-
tion of stations, a close comparison of all State quarantine rules
was made, with the rules promulgated by the Marine Hospital
Service under the law of February 15, 1893, to which we will
presently more fully refer, to see that there was no conflict; that
they corresponded, and were uniform; and where they did not;
the Marine Hospital service amended them, or made additional
rules, and caused them to be enforced by State authorities, thus
creating the very condition, the absence of which the Texas San-
itarian bemoans and makes part of his special pleading for Uncle
Sam to help Texas hold down the quarantine end of our san-
itary work, and calls on the Texas Legislature to give us a State
Board of Health to do what is now done under the present law
efficiently and satisfactorily, and actually without cost to the
State; i. e., look after local outbreaks of infection in the State;
for under the present law, county physicians do that, under the
orders, it is true, of the State Health Officer; but they are paid
by the county. The law was enacted especially to relieve the
State of this burden. The doctor does not know perhaps, that prior
to that enactment the State had to pay the expense of all small
pox cases and all other infectious diseases,—pay for the infected
articles burned, etc; and that those items amounted sometimes to
many thousand dollars annually, and that at this moment, there
are claims of the kind against the State, unpaid, amounting to
something like sixty thousand dollars, incurred under Ross' ad-
ministration, and before the present law went into effect and
made each county pay the expense of its own epidemics. Hence,
if we understand the doctor,—to take away quarantine from the
Texas health system—there would be only internal sanitation
to look after, and he asks for a board to do this. We differ
with him as to the advisability of such step, however strong an
advocate of a State Board of Health the "Red Back" is known
to be. To take away State control of quarantine would, in our
judgment, render a State Board unnecessary; but be that as it may—a difference of opinion,—until the legislature can be made to see the necessity of giving Texas a State Board of Health comprising all the functions of a State Board—QUARANTINE, vital statistics, supervision of sale of foods, drugs, etc., supervision of streams to prevent contamination, a bacteriological laboratory, etc., something the profession has not heretofore been able to do, and we have had to accept just what they would give us,—we incline to the belief that it is best, wisest and most economical to let things rock along as they are; which we endeavored to show in our last issue was very well indeed. And here we take occasion to say, and the writer is in position to say and to know, that the head of the present health system is as strong an advocate of a board of health as any one; but like the writer, he wants a board with all that is implied by the term and not a make shift; and he thinks as we do, that in order to have such board, it is by no means necessary, and certainly not advisable, to give up quarantine control.

Dr. McLaughlin, the Texas Sanitarian's new editor, is honest and earnest in his appeal for a board; but in our judgment, goes too far when he proposes to surrender to the United States, State control of all quarantines. Here we have, first, a life-long democrat voluntarily offering to abandon the principles for which our fathers "fit, bled and died"; for, if the right to guard and protect her own borders against disease, be surrendered, why not all other State rights? Why not turn over our judiciary and legislative,—the military, the school system,—every right as a State? The principle is surrendered when one single right is conceded.

But the remarkable part of this phase of the doctor's subject is, he asks the Texas Legislature to do it. He calls upon them to "seriously consider whether it is not better to transfer the management and expense of our coast quarantine to the national government [with a big N, and a big G], in view of the danger"—imagined to exist in consequence of the (assumed) defectiveness of Mobile's quarantine!

It would, indeed, be a refreshing spectacle to see the Texas Legislature endeavoring to make the transfer! Such thing might be done by an act of Congress,—and here comes in another remarkable feature of the doctor's argument,—for as a matter of fact, Congress did, on the 15th day of February, 1893, practically give the United States Marine Hospital Bureau control of all quarantines, State and municipal (without the expense, however),
and empowered the Supervising Surgeon General to set aside any quarantine officer of any State or municipal station, and put an U. S. M. H. S. Surgeon in charge at his option,—his opinion of the efficiency of any station to protect, being formed upon reports of his inspectors who, under the law, as we will presently show, are required to inspect, and who did, twice, last fall, inspect every station from Maine to California. The doctor evidently didn't know this. Where has the author of the Texas Sanitarian's editorial, which is as full of holes as a mosquito bar, been all this while? What sort of a "Rip" sleep has he been in that he should not have known of facts of so much importance as the existence of the right of supervision, inspection and control of quarantine by the Federal Government, given the Marine Hospital Service under the law we quote below? against the passage of which all the matter of conflict between commerce and public safety was gone over in Congress for weeks,—the question of State rights talked threadbare, urged against it in vain,—and the "black eye" thought by some to have been given State rights in giving the Marine Hospital Service the right to "invade the territory of a State without an invitation." Why, the first section we quote shows how empty is the assertion that Mobile practically has no quarantine:

Section 1 of said act provides: "That it shall be unlawful for any merchant ship or other vessel from any foreign port or place to enter any port of the United States except in accordance with the provisions of this act and with such rules and regulations of State and municipal health authorities as may be made in pursuance of, or consistent with, this act." * * *

Section 3 prescribes: "That the Supervising Surgeon General of the Marine Hospital Service shall, immediately after this act takes effect, examine the quarantine regulations of all State and municipal boards of health, and shall, under the direction of the Secretary of the Treasury, co-operate with and aid said State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards and in the execution and enforcement of the rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State or territory, or the District of Columbia, from another State or territory or the District of Columbia." * * *

And further that * * * "at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not sufficient to prevent the introduction of such diseases into the United States, or into one State or territory, or the District of Columbia, from another State or territory,
or the District of Columbia, the Secretary of the Treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States from foreign countries, or into one State or territory, or the District of Columbia, from another State or territory or the District of Columbia, and when said rules and regulations have been made they shall be promulgated by the Secretary of the Treasury and enforced by the sanitary authorities of the States and municipalities, where the State or municipal health authorities will undertake to execute and enforce them; but if the State or municipal authorities shall fail or refuse to enforce said rules and regulations, the President shall execute and enforce the same, and adopt such measures as in his judgment shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose."

Section 4 provides: "That it shall be the duty of the Supervising Surgeon-General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, to perform all the duties in respect to quarantine and quarantine regulations which are provided for by this act."

It thus appears all through the act that the national quarantine system provided for by Congress has necessarily inspective and supervisory powers [and control] over the sanitary authorities of the State or municipality; i. e., State or local stations.—Opinion of Asst. Attorney-General U. S., in Abstracts of Sanitary Reports U. S. M. H. Service, Washington.

But, it seems he did know something about the right of the M. H. S. to "invade a State for health or quarantine purposes without an invitation," for, while protesting that it should not be done, he exultingly cites an instance in which it was done, in support of his argument why it should be done all the time! He says: "Only last year a case of yellow fever got through the quarantine at Brunswick, Ga., and died in a logging camp near the city. From there it spread into the city, and no one can say where it might have gone, had not the Federal government, through the Marine Hospital Service assumed control of matters." * * * "As soon as yellow fever broke out in Brunswick," says he, quoting Cochran, "the Marine Hospital Service pushed aside the Brunswick quarantine, put a quarantine around the city, put a quarantine on all the railroads, and established a camp of detention for refuges in transit for places of asylum."

The facts in the case, and we got them from the United States Government Abstracts of Sanitary Reports, issued by the Marine Hospital Service weekly—are these:

The captain of the bark, Anita Berwind, in quarantine at Brunswick, in June, 1893, developed yellow fever. Passed As-
sistant Surgeon Dunwoody, of the M. H. S., was sent to the assistance of the local quarantine officer, and the sick man was taken to a camp remote from Brunswick, eight miles up the little river, at the mouth of which the bark was lying in quarantine, and there in charge of Dr. Dunwoody and the State officer was quarantined. He died June 27th. No means of communicating the infection to Brunswick existed, and no case occurred in that city (nor in camp) until, for some reason not stated—the Marine Hospital Service—a month and a half later—sent a young M. H. S. surgeon, Dr. Brannan, to take charge of the State quarantine. He did so, and on the 12th of August was taken sick with yellow fever, at the quarantine, and was carried into or went into town,—where he died. There was no infection in Brunswick until he introduced it, and on the 17th of August, the fifth day of Dr. Brannan's illness, and nearly two months after the captain had died in camp up the river,—Surgeon Guiteras, of the M. H. S., telegraphed Supervising Surgeon-General Wyman, M. H. S., "Diagnosis (Brennan) confirmed; prognosis bad; thus far it appears that the city is not infected."

Here, then, is illustrated one of the beauties of the government control of State quarantine. An unacclimated officer is sent to an infected quarantine station—which had demonstrated the efficiency of quarantine, by the bye,—takes yellow fever and is permitted to go into the city, where he lights up an epidemic; whereas, under State control of its own quarantine—aided, it is true, unasked, by the M. H. S.,—with an experienced State officer in charge, a case occurs and is sent to the woods and quarantined, and no other case occurs, it is "stamped out," and yet Dr. McLauglin gives the M. H. S. credit for "pushing aside" the State quarantine, and "stamping out" an epidemic, for which the State officers were in no way responsible, and which would not have occurred in all probability if matters had not been interfered with. He uses the "facts" as he gets them from Dr. Cochran, as an argument why the United States government should take entire and permanent control of all State quarantines.

With the United States government's report of the occurrences at Brunswick before him, it is hard to understand Dr. Cochran's version as quoted above by Dr. McLauglin. It is clearly a misstatement, and could not have been intentionally so. No yellow fever "got through the quarantine at Brunswick." The disease did not "spread from there (the camp) to the city." The M. H.
S. "assumed control of matters" long before "yellow fever broke out in Brunswick," and it did not "break out there" at all, until the M. H. S. Surgeon Brannan introduced it, nearly two months after the case at camp had died.

Dr. McLaughlin has made a good argument from bad premises, and we give him credit for his intentions, but we must differ with him, as we have done. The times are not yet ripe for a successful application to the legislature to enlarge the scope of its sanitary supervision in the interest of public health, and until it is, we will have to be content, refused as we have so often been, to let well enough alone. When times get better; when a more liberal spirit prevails in legislative halls and there is a prospect of success, the "Red Back" will not only second the demand for a State Board of Health as is a board, but will lead the fight,—as it has heretore done.

The Wooten Bill to regulate the practice of medicine and to prescribe the qualifications of physicians and surgeons, now before the Texas legislature, has been reported back by the committee on public health with the recommendation that it do pass, as amended by the committee. It repeals all acts in conflict with it, of course.

The amendments suggested consist of substituting the State Superintendent of Public Education, President of Board Regents State University, and the Presidents of the (three) different State Medical Associations—"regular," homeopathic [irregular], and eclectic [defective.—Daniel,]—for the Governor, Attorney-General, State Health Officer, President Board of Regents and the Dean of the School of Medicine of the Texas University, who were proposed in the bill as originally drawn, as a "Board of Medical Control;" they make also the National Association of Medicine of each of the "schools" the judge of the standing of the diplomas issued by the colleges of the respective "schools of medicine," instead of "the school of medicine to which the different colleges belong," as provided by the bill. [Of course, the school of medicine to which the colleges belong, must have a head; the committee propose the National Association of each school as the head.] This "Board of Medical Control" shall meet at Austin at least once a year, and as often thereafter as necessary; members to receive $5 per day when on attendance at meetings; the Secretary of State shall be Secretary of the Board, and shall attest all acts of the Board under seal of the State. The
Board shall prepare a list of all the reputable medical schools and colleges in the United States and foreign countries, a copy to be furnished to the clerk of each organized county in Texas, on or before the first of October each year, and as often as the Board may issue a revised list. Lists shall be open to public inspection.

By reputable colleges is meant one whose regular course of medical instruction embraces at least three full sessions of at least three months each, exclusive of special summer courses, and which is otherwise accredited as reputable by the National Association of Medicine of the school to which it belongs.

Before any person shall be permitted to practice medicine or surgery in any of their branches, he shall exhibit his diploma; the clerk shall examine it and satisfy himself that it is genuine and that the person presenting it is the identical person to whom it was originally issued; thereupon he shall issue to the applicant a certificate that the diploma has been so exhibited to him and approved. [Just how the clerk is going to determine these points is not stated in the bill.] The clerk shall keep record of all such certificates issued, with dates, and all data, and shall have a fee of $1.00 for each certificate.

This certificate then is the warrant and license to practice in any county in Texas,—the certificate to be recorded in the office of the clerk of that county to which the owner may remove; should he change location, a fee of $1.00 for recording is to be paid to the clerk of the county to which he removes, every time the doctor moves [and some of them move about as often as Willis King's "branch water men.'']

All persons now holding temporary certificates or other authority to practice medicine under the present law, short of full regular certificate of satisfactory examination by the existing examining board, shall be required to surrender the same, and are not to be permitted to practice except in compliance with this act.

The act shall not apply to those who may have already qualified for practice under the act of Aug. 1, 1876, unless they hold only temporary certificates, or some "kind of authority to practice medicine short of a full certificate issued by examining boards under said act;" nor to those who "may have been regularly engaged in the practice of medicine in this State in any of its branches for five consecutive years prior to the 1st January, 1875;" nor to "females who practice midwifery strictly as such;" nor to "non-resident physicians who are graduates from respect-
able schools of medicine having not less than a two year's course of instruction and who have been in the actual practice for five years; *provided,* such physicians shall first apply for and obtain certificates as above required."

* * *

The only criticism the JOURNAL has to make, besides the clerk's having to sit in judgment as to the *genuineness* of a diploma and the identity of the person presenting it, with the one to whom it was issued, is, the bill fails to define what is meant by the "practice of medicine," a defect which has heretofore rendered all Texas medical laws inoperative. This is most important; it should be clearly defined. The writer is apprised of the fact that at this moment an old gentleman who does not pretend to be a doctor at all, is under arrest for selling electric belts, and is being prosecuted for violation of the medical act,—and we know of no one authorized to say to the court that selling electric belts is or is not "practicing medicine." We are afraid, however, that the title of the bill will defeat it. As the JOURNAL has often pointed out, the legislature do not concede to the doctors the right to *regulate the practice.*

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**Medical News and Miscellany.**

**Dr. E. R. Walker** has removed from Cistern to Weimar.

**Dr. Jas. W. Cole,** late of Howe, Texas, has located at Kennedale, Texas.

It is "Sir" Jno. Eric Erichsen now. He has been made a Baronet. Railway spine still lives.

A bill is now before the legislature making castration the penalty for rape or attempted rape, in accordance with what seems to be a popular demand.

**D. T. Terrill Jackson,** late of Iredell, one of the first graduates of the Texas Medical College, was married on the 9th inst. to **Miss Mary Davis,** daughter of Mrs. R. H. Smith, of Austin. The doctor will locate in Waco, we learn.
Dr. B. F. Church, for several years Assistant Superintendent of the North Texas Insane Asylum, at Terrell, resigned the position and has gone to Baltimore to study at the Johns-Hopkins University and at the Presbyterian Eye and Ear Hospital.

Dr. F. B. King has removed from Lampasas to Houston. Dr. King practiced four years in Burnet and six years in Lampasas; at the latter place he was surgeon of the G. & C. R. R. and President of the Board of Examiners, 27th District and also of the Pharmacy Board.

Dr. Karnes.—The Journal is pleased to learn that Dr. W. C. Karnes, of Gonzales, who has been appointed Assistant Superintendent for the S. W. Texas Insane Asylum at San Antonio, and who was recently badly wounded while turkey hunting, has about recovered and will soon be able to go on duty at his post.

Quarantine Appointments.—To date of going to press the following appointments of quarantine officers have been announced: At Brazos de Santiago, Dr. A. S. Wolff, re-appointed; Sabine Pass, Dr. A. N. Perkins, re-appointed; Pass Cavallo, Dr. T. J. McFarland, vice Dr. Duncan; Aransas Pass, Dr. J. D. Westervelt, vice Dr. B. W. Bristow. (Dr. Bristow, it is understood, declined the appointment in view of the contemplated reduction in salary as recommended in the governor's message; he could not accept the appointment at a reduced salary. The State loses a valuable officer in Dr. Bristow; his services during the past four years gave entire satisfaction to the authorities.) At Galveston and at Velasco no appointment has yet been made. Of the inspectors on the Rio Grande, Drs. Yandell and Turpin are re-appointed and Dr. Lott is succeeded at Eagle Pass by Dr. A. H. Evans, a worthy successor and a first-class man.

Book Notices.

A System of Legal Medicine. By Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., etc., and Lawrence Godkin, Esq., of the New York Bar, with the collaboration of Prof. James T. Babcock, Lewis Balch, M. D., Judge S. E. Baldwin, Louis E. Binsse, Esq., C. F. Bishop, Esq., A. T. Bristow, M. D., B. F.

This volume, which completes this most admirable "system," contains 738 pages, with 84 illustrations, and treats of a variety of subjects of the greatest interest to the student of legal medicine. The opening chapter, by Wm B. Hornblower, Esq., of the New York bar, is on "The Duties and Responsibilities of Medical Experts," and no physician, who has been called on to testify before a court, can fail to be interested in this chapter, and every physician should familiarize himself with the rules here laid down for his guidance in giving testimony before courts of law.

The chapter on "Insanity in its Medico-Legal Bearings," is by the able editor, Allan McLane Hamilton, M. D. This is a carefully prepared article covering one hundred and forty-nine pages of this volume. The causes and development of insanity, the different forms of insanity, the responsibility of the insane, the responsibility of those in charge of the insane; in fact, insanity in all of its medico-legal bearings receives due consideration in this article.

"Mental Responsibility of the Insane in Civil Cases," is the subject of a short chapter by Calvin E. Pratt, Justice of New York Supreme Court.

"Insanity and Crime," by B. Sachs, M. D.; "On the Relations of Mental Defect and Disease to Criminal Responsibility," by Louis E. Binsse, are the subjects of two most interesting contributions to this volume.

"Aphasia and other Defects of Speech," is the subject of a valuable contribution by Charles K. Mills, M. D.

Charles L. Dana, M. D., devotes more than sixty pages to the discussion of the now popular subject of "The Traumatic Neuroses: Being a Description of the Chronic Nervous Disorders that follow Shock and Injury." This subject, under the names
of railway spine, railway brain, traumatic neurasthenia, traumatic hysteria, concussion of the spine, etc., has received much attention during the past few years, and Dr. Dana advances some original ideas on the subject, and makes of it a very interesting and instructive chapter.

The following list of subjects next claim our attention:


These two volumes, constituting Hamilton's "System of Legal Medicine," are worthy of the highest commendation. The contributors were selected from the highest ranks of the medical and legal professions, and each and every article in the two volumes bears the stamp of a master. The work as a whole demonstrates the possibilities of close application and persistent toil. It is one of the great books of this century.

H.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. By various authors. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Genito-Urinary Diseases, formerly Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. With illustrations. In three volumes. Vol. III, Dermatology. Price per volume, cloth, $6.50. D. Appleton & Co., publishers, New York City.

This volume of 976 pages and with 131 illustrations, completes the "System of Genito-Urinary Diseases, Syphilology and Dermatology." Vol. I, of which quite a lengthy review appeared in this JOURNAL some months since, was devoted to the consideration of Genito-Urinary Diseases. Vol. II treated only Syphilol-
ogy, and Vol. III is an exhaustive treatise on Dermatology. The majority of the leading dermatologists of this country have made contributions to this volume, and the result is one of the most practical and complete works that we have on the subject of diseases of the skin.

The advances made during the past few years in this particular branch of medical science, the improved methods of investigation and persistent research have demonstrated the existence of a number of pathological conditions heretofore unknown, and this has necessitated the introduction of new terms to convey a correct conception of these conditions. No less than forty different diseases are now recognized as distinct clinical entities, which a few years ago were unknown, or were identified with other dermatoses. Many diseases, the essential nature of which was formerly but imperfectly understood, have, through recent research and bacteriological study, become more clearly comprehended, and the close relation of certain affections, previously regarded as wholly unrelated, has been demonstrated by this same method of investigation. The necessity, then, for a work complete in all essential details, and thoroughly up to date, is quite apparent.

The editor has done excellent work in selecting his collaborators, in arranging and classifying the new material, and in assigning to each subject the space that its importance demands. The book will no doubt be adopted as one of the principal textbooks on dermatology, and it is sufficiently comprehensive to serve as one of the best books of reference. It is a superior work in every respect, and the editor, contributors and publishers are deserving of the highest praise for the high character of their work.

H.

Essentials of Refraction, and the Diseases of the Eye.
By Edward Jackson, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; attending Surgeon to Wills Eye Hospital, etc.

PART II.

Essentials of Diseases of the Nose and Throat. By E. B. Gleason, S. B., M. D., Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary of Philadelphia; formerly Assistant in the Nose and Throat Dispensary of the Hospital of the University of Pennsylvania, and Assistant in the Nose and Throat Department of the Union Dispensary, etc., etc. Second edition, revised; 290 pages, 120 illustrations. Price, cloth, $1.00. W. B. Saunders, publisher, 925 Walnut street, Philadelphia.
This volume constitutes No. 14 of Saunders' popular "Question Compends." The purpose of the author to include in this book an exposition of only settled facts and established principles, leaving to larger works on the same subjects the discussion of those questions which are still in doubt, and those purely theoretical, is a very wise one. The capital operations in ophthalmic surgery are but briefly noticed, and lengthy discriptions of the anatomy and physiology of the parts have been omitted. For these points the student is referred to appropriate works on each.

It is purely a practical work, intended to furnish the student and practitioner with the essentials of diagnosis and treatment, and to those who can extend their studies in this direction, a good foundation for their future progress. The book is far above the average "compend" and is worthy of careful study. H.

A Manual of Human Physiology, Prepared with Special Reference to Students of Medicine. By Joseph H. Raymond, A-M., M. D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in the Hoagland Laboratory. 382 pages, with 102 illustrations and four full-page colored plates. Price, cloth, $1.25. W. B. Saunders, Publisher, 925 Walnut street, Philadelphia. 1894.

The author deals with the main facts of human physiology from the standpoint of a teacher. His twenty year's experience as a teacher of physiology to medical students has led him to the conclusion that in the short time allotted to the study of physiology in medical schools, students can assimilate only the main facts and principles of this important branch of medicine; hence the necessity for a work dealing with only the essentials on this subject. There is no denying the fact, that the larger text-books, from the vast amount of matter contained, and the lengthy discussion on abstruse subjects, are confusing to the average medical student, and especially to those who are attending their first course of lectures. The author of this volume has endeavored to supply a work, short and practical, yet complete in essentials, and peculiarly adapted to the use of the medical student, and in this he has succeeded well. The book is well written throughout and is profusely illustrated. H.

The Nurses' Dictionary of Medical Terms and Nursing Treatment. Compiled for the use of nurses and containing descriptions of the principal medical and nursing terms and abbreviations, instruments, drugs, diseases, accidents treatment, physiological names, operations, foods, appliances, etc.,
etc., encountered in the ward or sick room. By Honnor Mor
ten, author of "Sketches of Hospital Life," "How to Become
Publishers—W. B. Saunders, 925 Walnut street, Philadelphia;
The Scientific Press (limited), 128 Strand, London, W. C. All
rights reserved.

This dictionary is intended for the especial use of the nurse at
the bed side as a temporary reference, and in this capacity it will
serve an excellent purpose. Such words, terms, instruments, ac-
cidents, operations, foods, appliances, etc., as are of most inter-
est to nurses, and a knowledge of which will be found useful to
them are considered in this little volume, and in the briefest prac-
tical way.

The book will be of much service to nurses, and it possesses
two especially valuable features, viz.: simplicity and brevity.

H.

Essentials of Anatomy, Including the Anatomy of the Visc-
cera; arranged in the form of questions and answers. Pre-
pared especially for students in medicine, by Charles B. Nan-
crede, M. D., Professor of Surgery and of Clinical Surgery in
the University of Michigan, Ann Arbor; late Senior Surgeon
to Episcopal Hospital; late Surgeon to Jefferson Medical Col-
lege Hospital; late Professor of General and Orthopedic Sur-
gery in Philadelphia Polyclinic, etc., etc. Fifth edition; with
an appendix on the osteology of the human body; the whole
based on the last edition of Gray's Anatomy. 388 pages; 80
fine illustrations. Price, in cloth, $1.00. W. B. Saunders,
publisher, 925 Walnut street, Philadelphia. 1894.

In the short space of six years Prof. Nancrede's Essentials of
Anatomy has reached its fifth edition and its fifteenth thousand.
It is one of the best and most popular short works on anatomy,
and is deservedly popular with medical students. The fine oste-
ological plates that have been added in this edition, increase the
worth of the book very materially, and the demand for it will no
doubt be even greater than in the past.

H.

The Treatment of Naso-Pharyngeal Diseases and Their
Aural Sequences. A Lecture delivered at the Missouri Med-
ical College, by H. N. Spencer, A. M., M. D., Professor of
Diseases of the Ear. J. B. Lippincott Co., Publishers, Phila-
delphia, Pa.

This small volume contains a general summary of Prof. Spen-
cer's usual teaching on the subject of naso-pharyngeal diseases
before the classes of the Missouri Medical College. He gives
his methods of examining the nose, throat and ear, the instru-
ments and appliances necessary to make these examinations, and the proper line of treatment to be instituted for the relief of the various disorders affecting these cavities. The book is thoroughly practical and will be found useful to all, but especially so to the general practitioner. It is printed on nice heavy paper, with flexible covers, and contains a number of illustrations. H.

AN ILLUSTRATED MONOGRAPH ON KOLA. Published under the direction of F. E. Stewart, M. D., Ph. G., Director Scientific Department, F. Stearns & Co. Formerly Demonstrator and Lecturer on Materia Medica and Pharmacy, Jefferson Medical College, etc. F. Stearns & Co., Publishers, Detroit, Mich.

This very interesting monograph is a scientific treatise, carefully compiled by scientific and professional men, and is not, as one would suppose, an advertising circular. It is bristling with facts concerning Kola, and one who studies it carefully will come out well posted on this important medicinal agent, its name and synonyms, habitat, history, botany, cultivation, collection and transportation, substitutions and adulterations, chemistry, its active constituents, physiological and therapeutical action, in fact, all about Kola, and what it is good for.

The F. A. Davis Co., of Philadelphia, announce that they will issue, early in February, a companion book to Dr. R. von Krafft-Ebing's famous treatise, "Psychopathia Sexualis," entitled "Suggestive Therapeutics in Psychopathia Sexualis," it being a translation of the original by Dr. A. Schrenck-Notzing, of Munich, collaborator with Krafft-Ebing. This book will contain about 325 pages, and be sold by subscription only, at $2.50 per volume, in cloth. It will be of the greatest importance as an authoritative work on suggestion as a therapeutic agent in the hands of the intelligent practitioner.

Publishers' Notes.

Eczema and Acne Remedy.—Sample free. Address: Box 359, El Paso, Texas.

The recent observation of many investigators in both Europe and America that glycerine is the most active desolvent of lithic calculi in the liver, kidney and bladder, demonstrates the wis
dom of the use of Codliver Glycerine in these conditions; because it is a strong tissue builder as well, and these cases are usually much emaciated.

RICHMOND, IND., Dec. 15, 1891.

Wayne Elixir Company, Cincinnati:

GENTLEMEN:—Wayne’s Diuretic Elixir has given me better service for the diseases in which it is indicated, than all other remedies combined.

Respectfully,

J. E. TAYLOR, M. D.

Canon Doyle on America.—Canon Doyle’s impressions of the literary phases of American life are to be contained in an article to appear in the next issue of the Ladies’ Home Journal. The article was originally intended to be the novelist’s impressions of American women, but this plan was altered, and the article to be printed in the Journal will give Dr. Doyle’s ideas of “Literary Aspects of America.”

Ohmann-Dumesnil, author of the well-known work on Dermatology, Professor of Dermatology and Syphilology and Venereal Diseases; Editor of the Illustrated Quarterly Atlas of Dermatology; Consulting Dermatologist to the St. Louis Hospital; to the St. Louis Female Hospital; Dermatologist to the Alexion Brothers’ Hospital; to the St. Louis Polyclinic and Emergency Hospital, etc., says: “I have been prescribing the Elixir Six Iodides for some time past and find it most excellent in its action.”

Doctor, do you need a battery? The JOURNAL has several new McIntosh batteries, both Galvanic and Faradic, which will be sold to subscribers at at less than manufacturers’ discount prices. We have one 24-cell Galvanic, the catalogue price of which is $55; one 12-cell ditto, the catalogue price, $30; one McIntosh “No. 3 Physician’s Battery,” $30, and a ditto “Family Battery” listed at $10. From the above list prices we will make a large deduction. We solicit correspondence. If you want one of the above, we will make the price satisfactory.

The proprietors of Tongaline and Ponca Compound have just issued a neat and convenient Physicians’ Pocket Diary and Daily Memorandum Book, which contains much useful and valuable information for the general practitioner. It was the intention to have one in the hands of every physician in the United States by January 1st, but if through an error in addressing, or negligence on the part of the postoffice officials, any physician should not have received a copy, it will be mailed on application to the Mellier Drug Company, 2112 Lucas Place, St. Louis, Mo.
Dubuque, Iowa, Dec. 5, 1884.

Theodore Metcalf Co., Boston, Mass:

Dear Sirs:—The bottle of your Coco Wine, mentioned in yours of the 3rd, came duly to hand, and has been all used in a lady patient with threatened lung trouble and great debility with depression of spirits. She improved greatly under its use. Should she seem to demand it, I shall resume the administration of your Coco Wine, and bear it in mind for other cases. Thanks for your favor, I remain very truly yours,

Asa Horr, M. D.

San Francisco, June 28, 1894.

To the Doliber-Goodale Co., Boston, Mass.:

Dear Sirs:—Mellin's Food has given entire satisfaction in the Creche at the California Midwinter International Exposition, and it gives me great pleasure to so advise you.

I have made use of no other infant food, but have used Mellin's Food exclusively for feeding the infants and children left in the Creche, during the whole term of the fair.

Yours truly,

(Miss) Columbia J. Von Schmidt,
Matron of the Creche at the California Midwinter International Exposition.

Trypsalin.—Fairchild's Diphtheria Solvent.—Trypsalin is an effective, innocent and agreeable solvent for false membrane and exudation in diphtheria, tonsilitis, etc. It is to be applied by an insufflator or powder blower to the throat. In severe cases it should be used frequently,—at 15 to 30 minutes' intervals, until the desired effect is obtained and relief experienced; thereafter at longer intervals. In mild cases, apply every three or four hours.

Trypsalin simply dissolves morbid membrane and mucus; exerts a marked healing effect; is without action upon healthy mucous membrane, and is entirely innocent. It may therefore be applied as freely as proves necessary and desirable in the discretion of the physician, either for adults or infants. Originated and made only by Fairchild Bros. & Foster, New York.

Dysmenorrhea and Metrorrhagia.—"An unmarried lady, aged 35, with a previously good personal history regarding her general health, called upon me a few months since, seeking relief from dysmenorrhea and metrorrhagia. Bearing in mind the formula of ponca compound, and being impressed with its application for the conditions presented, I prescribed the preparation in doses of one tablet t. i. d. The abnormal conditions very soon responded favorably to this treatment. The painful menstruation improved, and the menses became more regular. She took the tablets as directed for two or three weeks, and later on expressed herself as
very much relieved. I saw her a few days since, and she said that now, during her menstrual periods, she experiences little or no pain.'—Belcher Hyde, M. D., 282 Macdonough St., Brooklyn, New York.

Russia’s Empress Gains Strength.—The producers of Mariano Wine (Vin Mariani) should, according to report, soon have a splendid market in Russia for their nerve and brain tonic, as the Dowager Empress has, at the suggestion of the Princess of Wales, drunk it since the death of her consort, with the most remarkable and beneficial results. It seems that Her Majesty is one of the many delicate persons with whom stimulating drugs like quinine, iron and Peruvian bark disagree, but such is not the case with the wine tonic referred to. It is well known that the Princess of Wales also derived increased strength of brains and nerves from it during her last great trials. Moreover, in consequence of the benefits obtained by the Empress, a great demand for this tonic has sprung up among ladies of Russian aristocracy suffering from "nerves."—The Court Journal, London, Jan. 12, 1895.

Most practitioners have hobbies. As long as therapeutics is so largely empirical (for after all is said and done and we look wise over our ratiocinations over physiological action of remedies we must confess that expiricism still thoroughly tinctures practice) hobbies will prevail. Every doctor has one or more favorite laxatives. Some swear by cascara, some by aloin, either singly or combined, as in the little "old reliable" Lapactica S. & D. while others prefer extemporaneously prepared products, according to the abnormal conditions present in each case. The latter, while probably more scientific, is not always feasible, especially in the country where one must dispense everything he prescribes. A reliable little granule is much more easily carried and dispensed than a liquid preparation. This may be one reason why Lapactic Pills are so frequently used. Another and better reason is that they do the work. At least, that seems to be the opinion of those who have used them most freely.

Considerable interest is being evinced by physicians regarding the tonic stimulant action of Kola, and it is coming to be largely used in cases of nervous exhaustion, as it combines the invigorating properties of caffeine, with the stimulating effects of theobromine and kolanin, which latter peculiar principle is claimed by some investigators to be superior to cocaine as a stimulant, without the enslaving properties of the latter alkaloid. This peculiar principle is found more abundantly in the fresh (undried) Kola nuts, and taking advantage of the knowledge of this fact, Messrs. Frederick Stearns & Company, of Detroit, Mich., have been the first to place on the market a Wine of Kola, for which
they have coined the fanciful title "Kolavin," to distinguish
their product from similar preparations which, in time, will un-
doubtedly appear. "Kolavin" is a delicious aromatic tonic wine, each dose (a tablespoonful) of which contains 30 grains of the
fresh (undried) Kola nuts. It is a prompt and active stimulant,
and is useful in all cases where such a stimulant is needed. Samples of "Kolavin" may be obtained by addressing the manu-
facturers, Frederick Stearns & Company, Detroit, Mich., who are
headquarters for Kola nuts in this country, having introduced
the drug to the medical profession in 1881, and being the sole
importers of the fresh (undried) nuts from Africa. Their Scien-
tific Department has recently issued an elaborate monograph on
Kola, profusely illustrated, which is worthy of a careful perusal,
and will be sent to any physician who will apply for a copy.

Cod Liver Oil: What is it?—Reynold W. Wilcox, M. D.,
LL. D. Professor of Clinical Medicine and Therapeutics in the
New York Post-graduate Medical School and Hospital, has pub-
lished a paper under the above heading. It is of value as
throwing new light upon this old, very old subject, in as much
as it discredits certain recent theories put forward to the effect
that the virtues of cod-liver oil reside in an active principle, an
alkaloid or set of alkaloids, and the hope that some day it may
be given in granules. The most active of the group is mormhuol,
and he says it is only found in brown oils and not in freshly
made and pure oil. Its action is precisely like that of ptomaine,
and he says they are putrefactive or cadaveric alkaloids, and
that "to assume that mormhuol represents the active properties
of cod-liver oil is to assume that cod-liver oil is useful only in
proportion that it is putrefied." Cod-liver oil he says is a food,
and quoting Farquharson says: "Cod-liver oil is more readily
assimilable of all oils. After being emulsified by the pancreatic
juice it comes in contact with the bile which distinctly increases
its power of passing through moist animal membrane, * * the
biliary principles incorporated in its own structure aid in its be-
ing easily absorbed by the lacteals." He says: * * * For
fourteen years I have used an oil of which the only recom-
modation it claimed was that it was obtained from fresh livers
by cold expression. * * * Its use was far more satisfactory than
that of emulsions or mixtures of whatever sort.

During the past few months I have used with great satisfac-
tion the Improved Lofoton Cod-liver oil made by Parke, Davis &
Co., which is simply an oil obtained on the site of the fisheries
from the livers of the fish at the time they are taken from the
water. The process of manufacture is carefully carried out so
that absolute cleanliness and freshness of the material shall be
secured and that no decomposition shall take place. The disa-
greeable odor and flavor is removed, but no constituent impor-
tant for its use as a food is taken out. Specimens kept for
months have as yet shown no change. The problem seems to
be solved. A food to be of its highest usefulness must be palatable; the most weighty objection is now done away with.

Terraline in La Grippe, Broncho-Pneumonia.—I read with unusual interest an article on "Some Experiments with Terraline" in the November number of Food. Showing that your conclusions are correct, and that we have a valuable addition to our therapeutic list. I submit the following case:

Miss—, a young lady of delicate physique, aged about 20, had a severe visitation of la grippe, in the winter of 1891, from which she apparently recovered only to have a severe recurrence of it the following winter. From the second attack she did not entirely recover, and when in July, 1893, she consulted me, her respiration was rapid and shallow, with an inability for even slight physical exertion; pulse small, quick and frequent, 120; countenance pale, cool and clammy; temperature 100; a deeply seated cough that greatly aggravated a constant, severe pain in the left side; worse at night, often preventing sleep; appetite mostly absent; marked debility and prostration; weight about 84 pounds.

I felt satisfied that my patient had had broncho-pneumonia in her last experience with la grippe, and even at the time of my taking the case her lung was crippled with an effusion of catarrhal products into the lung tissue. As she had taken cod liver oil, iron, quinine, strychnine, etc., without experiencing relief, I immediately put her on terraline, manufactured by the Terraline Company, Washington, D. C.

In a short time she experienced improvement in the appetite, with a gradual amelioration in the cough. Under the continued use of terraline she reported herself in December last as "nearly well." Fearing she might again contract la grippe, I ordered her to Southern Georgia, and to continue the medicine. Recent advices from her report her condition improved beyond the most sanguine expectations; appetite restored; cough entirely gone; sleeps well; weight 128; in short, declares herself "perfectly well."

Throughout the treatment only terraline was given, and I would emphasize the fact that improvement speedily began under its use.—J. R. Garber, M. D., Stanton, Ala., in Nat. Med. Review.

In this, our day of modern and more exact medication, when physicians are awake to the fact that their success in therapy depends largely upon the manner in which drugs are administered, and that the very best selection of remedies in a given case may be, and often is, rendered inert if not positively injurious by improper or injudicious combinations, they should look well to it that the patients and themselves are not made the victims of incompetent or unscrupulous druggists.

While we are disposed to believe that a larger portion of druggists are worthy the confidence imposed in them, it is a painful
fact that substitution is rife in our midst, and not a few druggists, for the sake of a little extra gain to themselves, will not hesitate to thwart the best efforts of the physician and jeopardize the life of the patient. Nothing can be more injurious or alarming than this custom, unless it be the careless or incompetent physician, and it should call out a most rigid watchfulness on the part of the physician, and a merciless condemnation and exposure of men who stoop to this criminal practice.

It is this sort of thing which has helped to call out and develop the best efforts of the manufacturing pharmacist, who seeks to place in the hands of the physician the elegant preparations of to-day—concentrated, pure, and of exact dosage. Besides these, combinations of old and time-tried remedies, the value of which has ceased to be an unknown quantity, have been taken up and preserved from the hands of the incompetent and slovenly, and prepared in such a way as to avoid chemical incompatibility (the bane of the average doctor) and therapeutic antagonism, and insure purity of drugs and exactness of dose, well as elegance.

This is well and effectively illustrated in the Elixir Three Chlorides (R. & H.), which, while it contains only drugs of well known properties as old as medicine itself, is accomplishing results never before attained by any of these agents, singly or in combination, such as they were, and that too with an elegance and safely heretofore unknown. R. & H. Three Chlorides has become a standard in the hands of all the best talent in the land, having long since passed the experimental stage. Yet this valuable preparation has its imitators and substitutors.

Again, we say, let the physician be alert, and if he would obtain the best results and avoid disaster, let him look well to the steel and tempora of his blade.

Renz & Henry Pharmacal Co.

Louisville, Ky.

The Real Value of the Medicinal Peroxide of Hydrogen Preparations Found in the Market.

BY H. ENDEMAN, PH. D., CHEMIST,
Formerly with the Health Department of New York City.

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical journals, I concluded to examine all the brands of peroxide of hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

The reports on the subject which have come to my knowledge are quite contradictory, and my object is to impart to the medi-
cal profession the results of my experiments, which have been made on fourteen fresh samples, purchased by me in duplicate, directly from the manufacturers or their selling agents.

These brands have been tested for the volume of available oxygen, the amount of residue, the degree of acidity, and the amount of soluble baryta salts contained therein, as per following table:

```
<table>
<thead>
<tr>
<th>No.</th>
<th>Brands</th>
<th>Volume of Available Oxygen determined by Means of a Solution containing 500 Grams of Manganese Dioxide per liter of Solution</th>
<th>Residue obtained from 100 C. of Peroxide of Hydrogen dried at 120 degrees C.</th>
<th>Acidity expressed in cubic centimeters of Normal Volatile Soda Solution for 100 C. of Peroxide</th>
<th>Baryta found in Soluble Baryta Salts contained in 100 C. of Peroxide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>John Bene’s Peroxide of Hydrogen Medicinal</td>
<td>10.50 0.1886</td>
<td>2.19 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>2</td>
<td>Hydrozone</td>
<td>27.35 0.2180</td>
<td>2.11 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>3</td>
<td>Larkin &amp; Scheffer’s Peroxide of Hydrogen Medicinal</td>
<td>9.65 0.1206</td>
<td>6.75 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>4</td>
<td>Mallinckrodt’s Peroxide of Hydrogen Medicinal</td>
<td>9.55 0.1408</td>
<td>1.43 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>5</td>
<td>Marchand’s Peroxide of Hydrogen Medicinal</td>
<td>16.55 0.564</td>
<td>1.29 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>6</td>
<td>McKesson &amp; Robbins’ Peroxide of Hydrogen Medicinal</td>
<td>10.95 0.0540</td>
<td>0.44 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>7</td>
<td>Merck &amp; Co.’s Peroxide of Hydrogen Medicinal</td>
<td>0.50 0.2418</td>
<td>4.57 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>8</td>
<td>Oakland Chemical Co.’s Peroxide of Hydrogen Medicinal</td>
<td>10.50 0.0382</td>
<td>0.34 0.0017</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>9</td>
<td>Peuchot’s Peroxide of Hydrogen Medicinal</td>
<td>10.60 0.4674</td>
<td>1.77 0.0018</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>10</td>
<td>Powers &amp; Weightman’s Peroxide of Hydrogen Medicinal</td>
<td>8.40 0.0839</td>
<td>2.03 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>11</td>
<td>Pyrozone, 3 per cent</td>
<td>11.20 0.0534</td>
<td>0.76 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>12</td>
<td>Rosengarten &amp; Sons’ Peroxide of Hydrogen Medicinal</td>
<td>3.10 0.1002</td>
<td>0.25 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>13</td>
<td>Smith, Kline &amp; French Co.’s Peroxide of Hydrogen Medicinal</td>
<td>6.15 0.0880</td>
<td>2.6 None</td>
<td>0</td>
<td>0.004</td>
</tr>
<tr>
<td>14</td>
<td>E. R. Squibb’s Peroxide of Hydrogen Medicinal</td>
<td>12.40 1.004</td>
<td>12.04 None</td>
<td>0</td>
<td>0.004</td>
</tr>
</tbody>
</table>
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Br referring to this table, it is easily understood that sample No. 2, "Hydrozone," is far superior to any other brand which has ever been made, not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of peroxide of hydrogen before being used to make "hydrozone."

I attribute to this small quantity of essential oils the great superiority of hydrozone over any other brands of H2 O2 as a healing agent.

When hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available oxygen, and its bactericide power still remains the same as the bactericide power of sample No. 5, which contains 16.55 volumes of available oxygen.

Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "pyrozone," which contains 11.20 volumes of available oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of salicylic acid. Very likely the salicylic acid has for its object to increase the bactericide power, but, unfortunately, I fear that in impair the keeping properties of this preparation.

Acidity.—The fourteen brands which I have examined contain free acids (phosphoric, sulphuric, muriatic); and I must say that peroxide of hydrogen medicinal should never be made neutral before using, even in the most delicate cases. Neutral peroxide of hydrogen rapidly decomposes under all conditions of exposure.

The keeping properties of H2 O2 solutions vary a great deal with the degree of purity and the percentage of free acids contained therein.

If the proportion of acid is too large, the profession well know that it acts as an irritant upon diseased surfaces. If it is too small, the solution don't keep well.

My opinion is, that a standard solution of medicinal H2 O2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.
2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.
3. It should not contain any soluble baryta salts.
4. It must be free from sediment.
It is to be noticed that the brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.
The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation. Brand No. 14, which is sold as a ten volume solution, is really twelve volumes, but it is too acid. Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About ten per cent above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but, on the contrary, they run from 35 to 55 per cent. below.

—25 William street, New York City.

**Alteratives.**

**(By the Editor.)**

"Alterative" is a term in medicine we much object to; it is, on the face of it, a confession of ignorance. It belongs to the age in medicine when the "humoral" pathology prevailed; when "mundifying," "incarnating," and "laudable pus" were correct surgical terms. It is too vague and indefinite; it conveys no meaning.

The action of drugs has been studied, and classified according to their action. Those that are not *something else*, are "alteratives"; they are the great class of unclassified. While the action of most drugs is known, no one knows how or why they act. Those whose action is not perceptible immediately, but which do, after a longer or shorter time, bring about, in some obscure way, trophic changes, are understood to be "alteratives," and their use is empirical, necessarily. So is medicine for the most part.

As to the modus operandi, is it not possible that the action of all medicine is due to a certain intelligence resident in the tissues, the presence of which we must acknowledge, because of certain manifestations? Is it not that when what we call an emetic, is administered, the system in some way, to us inscrutable, recognizes the presence of something which, if not eliminated, will do harm? (We say it irritates, and excites reflex action;—but why?) Can not the action of purgatives, diuretics and sudorifics be accounted for in the same way? Why will one substance vomit and another purge? Why will not one substance blister, as well as another? Does not the intelligence which presides over the terminal nerve filaments in the skin recognize the presence, in a fly blister, or a mustard, of some destructive agent in contact with the skin; and is not the pouring out of serum an intelligent effort to interpose protection? The flow of tears, when a cinder enters the eye, looks very like an intelligent effort to wash it away. Then, how do "alteratives" act? We know—especially
in conditions of engorgement or hyperplasia—that some medicines do bring about absorption and relief. Is it not possible that such drugs are, in a sense, a food, and supply something that is needed in the economy? We know that the system has a way of selecting, from what is put into it, those elements which are needed, and of throwing off those which are not. Even the brutes are guided in some mysterious way to the selection of those elements which are required in the economy. A hen, for instance, does not know (with our kind of knowledge) that she needs lime, nor, indeed, does not know what lime is; but she will eat an egg shell, all the same, thus, unconsciously, we must suppose, catering to the wants of her system. May it not be that there are in the mineral and animal kingdoms, by God’s providence, those elements which, when taken into the system, are selected in the same way for remedial effect? The savages have remedies; the cattle and the beasts know where to find certain “herbs” that give relief in certain states. They have no doctor, to prescribe a puke, a purge,—or an “alterative,”—if the condition is obscure. Our friend Tompkins used to say, “when in doubt, give calomel,”—the typical alterative. He used to say, “send down a searcher, and await developments,” and often a single dose of calomel would set his patient all right. We have all seen “broken doses of calomel” bring about a change, and we say, it acts on the glandular system, the absorbents. To “arouse the secretions,” was once the great prevailing practice, because, with increased flow of bile, of saliva, of intestinal secretion, nutrition appeared to be improved, absorption stimulated, and an “alterative” effect brought about. Hence, it has come to be recognized that there are in our pharmacopoeia such drugs as “alteratives,” in the sense that their administration will bring about changes in some way not exactly understood or accounted for, which are beneficial, which seem to restore the equilibrium, and we make use of them, however empirical. The disappearance of a large fibroid in the abdominal wall has been brought about by hypodermic injections of ergotine, and we all know the value of iodide of potassium in certain hyperplasie.

In this connection, and especially with regard to the pelvic viscera, it is known by long observation, that a certain class of remedies, of which the viburnum family are a representative type, will exert decidedly good influence.

There is a wide range in which these vegetable alteratives can be and are used, and guided by experience,—used intelligently, with success. We are too impatient and often do not give dame Nature a chance. Her curative powers are wonderful, often not only without that “assistance” which we claim to give her, but in spite of our obstruction by injudicious interference. (Witness spontaneous version for instance! It has been known to occur— in the doctor’s absence while he was gone for his instruments).

It would be advisable we think, in these days of resources, to
wait a little before resorting so freely to the knife in certain uterine and pelvic troubles. And as regards dysmenorrhea, amenorrææ, subinvolution, menorrhagia, chronic metritis, etc., it might be well to avail of the resources afforded by our long list of "alternatives,"—as intelligently prescribed as our confessed ignorance of the action of this class of drugs will enable us to do.

There are on the market several combinations of vegetable alteratives, from which much good has come in this class of troubles, and we know of none that are more entitled to confidence as having been found by experience to fill the requirements than Ponca Compound. It is a composition of the best drugs of the class, and consists of appropriate quantities of ext. ponica, mitchella-repens, caulophyllum, helouin, viburnum, etc. The Viburnum Compound of Dr. Hayden is another typical combination, especially adapted to engorgements and hyperplasæ of the pelvic viscera.

The value of these preparations in a long list of ailments as enumerated above has been abundantly attested by leading practitioners and writers all over the world. By whatever means the change is brought about, be it "alterative" or what not, this class of vegetable drugs has been found singularly beneficial in those peculiar feminine pathological straights,—and an intelligent and persistent trial of their "alterative" powers would doubtless save much suffering, and forestall latter the use of the knife perhaps.

The Texas Medical Journal's Club Offer for 1895.

Doctor, select your journals of the year 1895. The Texas Medical Journal ($2.00 a year) will be sent with any of the following publications at the following club rates:

With the Journal of the American Medical Association ($5.00), both for ........................................ $6.00
With the Annals of Gynecology and Pediatry ($2.00), both for ........................................ 3.60
With the Annals of Hygiene ($2.00), both for ........................................ 3.60
With the Annals of Surgery ($5.00), both for ........................................ 6.00
With the International Journal of Surgery ($1.00), both for ........................................ 2.75
With the University Medical Magazine ($2.00), both for ........................................ 3.60
With the Cosmopolitan Magazine ($1.50), both for ........................................ 3.25
With the Literary Digest ($3.00), both for ........................................ 4.40
With the Recollections of a Virginian ($1.50), both for ........................................ 3.10
With the Texas Sanitarian ($1.00), both for ........................................ 2.50
With the Eureka Springs Medical Journal (50cts.), both for ........................................ 2.30
With the Miss. Medical Monthly ($1.00), both for ........................................ 2.50
MR. PRESIDENT:—I desire to call the attention of this society and through them that of the people generally, to what seems to me an imperative demand for radical reformation in prevalent methods of conducting our asylums for the insane, that most unfortunate of all classes of the afflicted, who with reason dethroned and mental co-ordination gone, stand as jabbering idiots, helpless and often hopeless cares upon the bounty of loving relatives or the Christian charity of a civilized people.

In offering this paper I desire to say at the outset, that I do so without in any manner intending a reflection of any kind whatever upon these physicians who have had sufficient "pull" to enable them to be recipients of political preferment at the hands of the lately inaugurated administration. I am not writing for, or against anybody, but in the interest of medical progress, in the cause of humanity, and against a practice that is wrong. In this light I desire this paper considered.

The first point I wish to mention is the insufficient medical attention allowed these poor people, and I know of no better way of doing so than by using the asylum at this place as an illustration. Here we have over 900 people, 800 of whom, sick
in both body and mind, have been sent here for medical care, and only three physicians to treat them. Of these the superintendent has so much of his time occupied with the numerous details of governing and controlling the institution that he can do little more than act as consultant and advisor of his assistants, consequently we find the medical attention of this large number of insane patients devolving on two assistants who are often inexperienced practitioners. It requires a very brief calculation to show you that one man can not under any circumstances visit and do justice to 400, or the half of that many patients per day; as a result only those in bed sick, or so violent or unruly that the attendants can not handle them, ever receive any professional treatment. It is no fault of medical attendants that they do not receive it, but the fault of the politicians running the State, who are always ready to make political capital by applying the pruning knife of economy to every appropriation asked for for those poor non-voting and uninfluential unfortunates.

It is no use to say that all do not need medical attention, for they do. When any person is crazy he needs it, and if better professional care were given these people the percentage of cures would be greater. This alone should be sufficient incentive to the adoption of a more liberal course in this matter, yet it is but a little in comparison with the lasting good to be obtained in this vast field for medical research and investigation, which is now practically neglected, because those in charge have no time to study cases carefully, to accurately arrange statistics or comparisons or communicate their findings to the medical profession.

Mr. President, I do not wish to be considered extravagant in my calculations, but I honestly believe that an asylum as large as this one, should have at least six sub-assistants added to its present staff, in order to secure anything like adequate medical attention to those entrusted to it, in addition to which the unlimited field for research and investigation would enable them to collect and disseminate information nowhere else attainable, that would be of untold benefit to this, as well as future generations. Less than $10,000 per annum would pay for this additional medical service, the benefits of which could not be measured by ten times that amount.

The next thing to which I wish to direct your attention is the necessity for removing the control of institutions from the domain of partisan politics. "To the victors belong the spoils," should
not apply here, where of all other places experience is of so much importance. No one should be placed upon the staff of any asylum who does not expect to make neurology a specialty, and the physician who takes one of these places "just for the pay there is in it," as a reward for political support, or for the sake of holding an office, does an injustice to himself, to the profession, to those in his care, and to mankind generally.

A few years ago the legislature very wisely sought to remove the asylums from politics, by providing for the appointment of boards of managers for them who were to serve six years, so arranged, however, that a majority of the old board should always hold over; to these boards were given the entire management and control of the asylums. Under this law they are required to elect the the superintendent "who shall be a physician skilled in the treatment of the insane." The superintendent nominates his assistants, etc., who are subject to confirmation by the board. Governor Ireland approved this law, and faithfully carried out its provisions, but Governor Ross, finding it in his way, declared that feature allowing boards to hold over unconstitutional, that he might get a board to carry out his wishes in charge of the Austin asylum. The Terrell asylum was not interfered with, and the old board continued its management until Governor Hogg assumed the reins of State, when, presto. He selected all leading employes, and then appointed boards to whom his word was law, and no one could be appointed or removed without his consent; thus were the wheels turned backward, and when Mr. Culberson was nominated, he pledged himself to carry out the policies of his predecessor, which he has faithfully done in the management of the asylums, for he gave out the names of his appointments even to assistant places in the various asylums several weeks before his inauguration. Of course every one who has read the law knows that the governor has no right or the authority to name the superintendent at Austin and Terrell, and that his assumption of the power to name assistant superintendents, stewards, matrons, etc., is, if possible, a greater violation of a plain statute. I sometimes find myself asking the question if any governor would have thus trampled the rights of lawyers under foot.

These actions are one of the demands of the spoils system, and let us see how it works. Dr. Preston, with his experience and eminently successful management, is removed, to make room for a personal and political friend of the governor, who is wholly
and entirely without asylum experience. Dr. F. S. White, who has had eleven consecutive years of experience in asylums in Texas, and whose annual report makes the best showing in the State, is made to stand aside for one who has no experience whatever in the treatment of the insane or managing any large institution.

I have nothing to say against these gentlemen who are so fortunate, but I condemn the system that permits such use of the greatest eleemosynary institutions of the State, and I know of no better way of remedying this matter than by a change in the organic law of the State placing all the penal and charitable institutions under the supervision of a Board of Charities and Corrections, elected by the people, as the Railroad Commissioners are to be, so a majority will hold over at each election. Such a board could manage all the State asylums and prisons much more cheaply, efficiently and systematically than now. Of course, such a change would deprive the governor of a lot of patronage, but no public service was ever injured by such deprivation.

The next thing to which I wish to direct attention, is, while asylums are built and supported for the care of the sick and afflicted, no physician has, except Dr. Graves, at San Antonio, ever been appointed on the board of managers; yet who is better qualified to judge of the fitness of men or measures in such places than a physician? The reason for discriminating against doctors on these boards is two-fold: First, there is a little rivalry or jealousy between the professions of law and medicine; the lawyer governors are inclined to tardiness in recognizing us as parts of their administration, or necessary parts of any political system. Secondly, doctors cannot be depended upon to carry out the policies of governors in running these institutions when they are different from their own conceptions of right and necessity; hence, doctors are not wanted on these boards, notwithstanding they are medical establishments.

Lastly, I wish to mention the policy governing appropriations for these asylums, which is aptly illustrated in the actions of the last governor, who approved bills establishing costly and sometimes useless courts, costly commissions and superfluous boards, but vetoed the appropriation, on the ground of economy, for a hospital for sick and dying lunatics, or by Governor Culberson's message, in which his largest percentage of reductions in State expenses is made in the items of asylums.

To recapitulate, I believe the cause of humanity, the interests
of science and the good of the whole people would result in taking our asylums out of partisan politics, electing the managers, one of whom shall be a physician as above indicated; increase the medical attendance sufficiently to allow every inmate to receive constant supervision and careful attention; to make sufficient appropriation to generously provide for the care and maintenance of these poor people; to collect for the benefit of mankind all the information obtainable by a careful study of their unfortunate conditions. The attainment of these ends should enlist the co-operation of every lover of medical science, every believer in Christian philanthropy, indeed, of every patriotic citizen regardless of personal or political preferences.

For Texas Medical Journal.

**MEDICAL FADS AND FADDISTS.**

**BY LE ROY DIBBLE, M. D., KANSAS CITY, MO.**

[Read before the Jackson County (Mo.) Medical Society.]

The rise and fall of medical fads in the world's history would form a curious medley, if accurately written. In discussing them, I shall confine myself to the most prominent that have arisen in the last quarter of a century,—those that have come under my own observation.

There seems to be an innate tendency in the minds of certain individuals to run after fads. This mania is not confined to medical men, by any means. Unhappily, the medical man, like the theologian, deals in a kind of hidden mystery, largely founded on faith. It is not so long ago, in fact, that medical science, so-called, was made up largely of charms and superstitious incantations, as witness the savage tribes of our own day and generation.

The author of this article, not many years ago, was in the Austrian Tyrol, and while wandering through a remote village, was surprised at a barber's sign. Three little brass dishes (our modern pus pan) attracted my observation, and hanging over them was a white horse's tail. Entering into conversation with the proprietor, I learned that he was not only the village barber, but the village surgeon as well. He shaved the heads of his customers, and also bled them in the spring and fall. I had heard of these things, but had never seen them. My curiosity
being excited, I asked him about his business, and was informed that he shaved or bled his customers for ten kreutzers. I asked him the use of the white horse's tail, and was informed its function was to be waved over the dish while the blood was flowing, to prevent the evil spirits from entering the open vein. The barber's pole, as seen in this country, is never seen there, and few people know the significance of the alternate red, blue and white stripes. The red denotes arterial blood, the blue, venous, and the white stripe the bandage to be applied after the operation. So, you see, that even in a highly civilized country, in these remote mountain regions, such superstitions still remain. They only differ in kind to our more modern superstitions, that have been changed into fads. In my short career, I can look back over the wrecks of a startling number of such that have shot athwart the medical skies in meteoric showers, only to be extinguished in nothingness, after leaving an ugly scar on the hands of the party holding them when they exploded.

The first fad that I recollect was cundurango. It had the indorsement of one vice-president, the clergy (they nearly all indorse a nostrum if it is a gift), and many eminent laymen. It had a brief but inglorious career as a sure cure for cancer. Only the older members of the profession remember it.

The next was chloral hydrate. It was to relieve all the pains that flesh is heir to, and was vaunted to supercede the old and tried opium in all its forms. By trial, it has been relegated to the realm of "plain drunks," and not very useful even in these cases.

Then the laity had its turn at the liver-pad, and what a heaven given boon it was to be; how beautiful in theory—as theories usually are. All you had to do in the morning was to adjust your liver-pad, and aches and pains vanished as if by magic. It also "fell down," after the advertisers had emptied the livers of the public and filed their pockets. The copper wire worn around the waist mingling with the acid perspiration and excreta of the body was said to act as a perpetual battery and give you perfect "electropoise," whatever that means.

Soon after came the electric disk, worn around the neck (a la savage), price only 50 cents. It was so cheap it was said "if it didn't do any good it wouldn't do any harm," and yet it filled the vacuum of a "long felt want."

Then dear old General Pleasanton solved the problem of life by evolving that marvelous theory of blue glass, and the "dear
people” fairly reveled in the luxury of sunlight modified by blue tints.

Brown-Sequard’s elixir next had its “running.” It was to turn back the “tide of time,” and make old men young again. The injected “lean and slippered pantaloon with shrunk shanks,” was to enter immediately into the dissipations, follies and excesses of callow youth. Fortunately for the human race, it did not succeed. It emanated in the senile brain of a once honored scientist. Peace to his ashes. Let us kindly draw the veil of charity over his weakness; we all, at some time in our lives, have done some things we would not care to have inscribed on our tombstone.

Koch’s lymph, that was to destroy the fell destroyer of a large portion of the human race, next shot like a comet into the medical horizon. It was incubated in the brain of a much vaunted scientist. Its birth was heralded to the world under the sheltering wing of royalty. It proved to be a failure also; and after much coddling and nursing, it was abandoned and died.

Mythel violet, that mysterious nothing in color, that was to stay one of the most dreaded diseases that the human race is heir to, next was heralded as a great wonder. It vanished in a night as it were, and left naught behind but doubly disappointed hopes of those afflicted with cancer.

Christian science, emanating in the fertile brain of imagery in that land of “steady habits, isms and beans,” takes no note of material things—even life itself, or its tenets, is only a myth. But why dub it Christian more than Pagan, Mohamedan or Brahmin, the writer knows not (and there is surely no science about it), since all known religions are tinctured with the same mystery. It seems a kind of “black art,” as old as the human race, and those who revel in mystery, and shout about things they know the least about, will revive it, from time to time, under a different name, and modify it to suit new conditions. As a curative agency, it seems to be a little less tangible, if possible, than homeopathy.

Osteopathy and orificial surgery seem at present to be a local affliction (it may become general later). All disease, according to its ritual, is caused by dislocation of the bones. When “set,” the disease they have caused disappears. It don’t mention a cure where wheels are loose in the head. They will be adjusted by some new fad yet to be discovered.

And now, “finally, brethren,” we come to the last, and there-
fore the greatest fad—antitoxine. I am aware that I am now treading on dangerous ground. So many enthusiasts are swearing by this new discovery. I hope they will not have occasion to swear at it. Let us look over the ground carefully and note results. How many of these cases that are reported as diphtheria, really are such? Without the proof of cultures, the evidence is absolutely worthless. Of thirty cases recently reported in Berlin, but five gave the cultures, and three out of the five died. I was somewhat startled when I read the label on the bottle: “Use your usual remedies;” and if you do, then what? Are we to suppose no cases of diphtheria have been cured by the “usual remedies?” This is “shot-gun” practice with a vengeance. Who knows which shot killed or cured? Let us take a dispassionate view of the field, hold fast to that that is proven good, and keep out of the public prints until the worth of a proposed remedy is thoroughly established, lest there be another rude shock in store for the medical profession. It can’t stand many such as Koch’s lymph gave us, and hold up its head in the scientific world. I hope we have found something; but let us wait and see.

I shall only mention a few of the more prominent fadists:

Dr. Fawning is a gentleman with an oleaginous, unctuous countenance, who washes his hands in invisible soap and water, and assures you with a profound bow that your last expression is his exact views better expressed. There is not a new fad but he is the first to embrace it and extoll its virtues, and by this means he get his name in the public prints so dear to his heart, and incidentally much free advertising. He is often a delegate to read a paper before some distant society, and heralds the fact through the daily press, but usually fails to appear. If he does, minus a paper, for he might be obliged to express some positive views on some subject.

Dr. P. D. Q.—Invariably an ignorant, blatant charlatan, a product of our defective system of medical education. Too much should not be expected, however, from the fountain-head from which he sprang. A fountlet is seldom more pure than its source. His real abilities lie in the direction of a pot-house politician, carrying a hod or trundling a wheelbarrow. He’s a shining example of a medical “misfit.”

Dr. Buncombe—A veritable “Bombastes Furioso, or army in buckram,” a braggart, a bully, and a blusterer in the profession. If by any chance he can worm himself into your case, he will insinuate to the patient and friends that if you had done so
and so, as he would have done, all would be well. He is a man to be avoided as you would a cyclone.

Dr. Mounte-Bank—A man who spreads himself before admiring constituents as ignorant as himself; a man who never learned the difference between being noted and notorious. He is usually from some remote region and assumes the proprietorship of a personal organ to advertise himself, before he has lost his shambling gait from driving cows to pasture, gotten the cockle burrs out of his hair and the odor of the barnyard from his clothing.

Dr. Q. A. Explorer—A gentleman who is always looking for a small piece of intestine that God in his munificence had left over when he created man. The knowledge of its existence stimulates the faddist to great exertions, in order to relieve his patient of this superfluity and incidentally of any surplus cash the victim may possess. Wealthy people have appendicitis|that demands immediate operation, poorer ones have colic or plain belly-ache that is usually relieved by peppermint and sugar, or something equally simple and efficacious. In after years, when the faddist contemplates with wonder the marble shafts he has raised to an over wrought imagination, it is to be hoped he will drop a silent, but penitent tear over the "memoriams" that confront him.

Dr. W. B. Ripper (specialist), from New York or Philadelphia, "after attending a post-graduate course of six weeks, etc., etc., and now being thoroughly qualified," parades himself before every society that will listen to his self-laudation. He seldom fails to tell the general practitioner how ignorant he is, even if he has grown gray in practice, and he himself, only a beardless stripling. The knowledge that such an organ exists as an ovary, is like planting a red flag in the face of a mad bull. In after years it is hoped he will look back and sigh at the barren waists he has created.

Dr. Plainliar—A man of marvelous resources (in lying), a veritable miracle worker, who reports "my last thousand cases of lapciotomy without a death." This marvelous record is usually exhibited before the Podunk Valley Mutual Admiration Society (limited) and veritably "knocks down the groundlings" who furnish the champagne and "funeral baked meats" after the performance.

Dr. Steadfast—A plain unassuming man, a scholar and a gentleman, with no fads and no superfluous appendages to his name.
He stands like a lighthouse or a storm swept shore. No matter how severe the tempest of fads and "isms" the light of his good common sense shines steadily and constantly. In the community where he dwells, he has the respect of the thinking educated people. He is never rich, his heart is too big, for no worthy person comes to him and is turned away. And when he is called to that "great beyond," he is sincerely mourned by rich and poor alike as a friend and counsellor, and his memory treasured in after years as the "noblest work of God, an honest man."

For Texas Medical Journal.

**TREATMENT OF TRAUMATIC CATARACT—**

By Extraction of the Lens.

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BY JAMES MOORES BALL, M. D.,
Professor of Ophthalmology and Otology in the St. Louis College of Physicians and Surgeons; President of the Tri-State Medical Society, of Iowa, Illinois and Missouri; Editor of the Tri-State Medical Journal; Member of the Medico-Legal Society of New York, etc.

[Abstract of a paper read before the Mississippi Valley Medical Association, at Hot Springs, Arkansas, November 23, 1894.]

CASES of lenticular opacity, caused by a foreign body which remains in the eye are always extremely dangerous owing to the introduction of pyogenic germs on the one hand, and the dangers of sympathetic ophthalmia on the other. Such cases must always remain an opprobrium to ophthalmology. However there are many cases of traumatic cataract attended by rapid increase of intra-ocular tension, peri-corneal injection, iritis or irido-cyclitis and ultimate excavation of the optic nerve head, in which the foreign body either lodges in the lens or is withdrawn at the time of injury. It is concerning such cases that I wish to speak.

For years the practice of the profession has been to use atropia if the symptom be not severe, and to perform linear extraction if the symptoms be acute. This operation—linear extraction—is a relic of that surgical age when antisepsis was unknown. Performed for the purpose of relieving undue tension and evacuating the lenticular fragments, the very nature of the operation has been such as to diminish the first only temporarily and defeat the second indication frequently. The situation of the cor-
neal incision has been such as to preclude the possibility of removing all the fragments of the swollen lens. The oblique course of the wound has rendered its patency impossible while favoring its closure. Furthermore the incision made by the ordinary keratome was too short. That such objections are not chimerical can be seen by a study of the accompanying diagram:

![Diagram showing site of corneal incision in linear extraction.](image)

Fig. 1—Diagram showing site of corneal incision in linear extraction. The line, b. c. wound made by keratome in linear extraction. 1, site of wound made in operations by the writer.

In the cornea we find that flap wounds gape more than linear ones, but the tendency towards gaping depends more upon whether the wound traverses the cornea perpendicularly or obliquely. The former is more particularly the case in wounds made with the Graefe knife in which the knife passes through the cornea from within outwards, while the latter condition exists when the lance knife is used. These wounds do not gape, because the instrument passes obliquely through the cornea and the lips of the wound close like a valve. The closure is caused by intra-ocular pressure. This force presses as strongly upon the posterior lip (a) of the wound as upon the anterior (b). The wound must be made to gape before the softened lens matter can be evacuated. Gaping of the wound can be produced, not by the application of force opposite the site of corneal incision, but only by pressure applied just peripheral to the wound (at c in figure 1). You can readily imagine that such a wound will not permit the removal of all the diseased mass; in fact, only the softest portion of the lens can be evacuated, and irrigation of the anterior chamber is not to be thought of. Such, then, are the objections to an operation which has the sanction of authority and the prestige of age. For reasons already mentioned I contend that this operation is unscientific.

Have I anything better to offer? The proposition which I have to advance is this: In cases of traumatic cataract, with rapid increase of intra-ocular tension, an operation should be performed and that operation should be not linear extraction, as has been the rule heretofore, but an extraction made with the Graefe knife.
and with the incision located in the corneo-scleral junction. The knife should cut from one-third to two-fifths of the corneal-circumference, according to the extent to which the softening process in the lens has advanced. If glaucomatous symptoms supervene with softening of only a small part of the lens, the corneal incision should be large, if the softening involves the whole of the lens the incision should be of less extent. The extent of the incision in the cornea, so far as healing is concerned, is of little importance, provided we make an aseptic operation. The chief merit of the operation which I am here to advocate lies in the avoidance of the valve which we saw produced by the linear method; in other words, my method in these cases permits the free evacuation of all the lenticular substance with the least amount of traumatism. An iridectomy is not made. All debris is removed at once. This cannot be accomplished by the linear method.

810 Olive street.

For Texas Medical Journal.

THE MANAGEMENT OF CHRONIC INVALIDS.

BY GEO. W. CHRISTIAN, M. D., OF HOUSTON, TEXAS.

Read at Houston District Medical Society, December 31, 1894.

If the management of acute diseases taxes the knowledge and skill of the physician, he will often be put to more serious straits in handling the sub-acute and chronic troubles that will often confront him. Cases of chronic invalidism will be frequently met whose symptoms are so obscure and divers as to make it no easy task to locate the leading element which has brought the patient slowly from health to a state of utter worthlessness, to whining invalidism and misery.

The physician of acute observation and ripe experience will recognize in many patients, and especially among the more intelligent class of females suffering with the acute troubles so common to the female generation organs, a tendency to chronic invalidism, and should, by the exercise of a stronger will power than their own, endeavor to prevent such tendency. Nowhere in medicine can it be said with greater truth, "that an ounce of prevention is worth a pound of cure," than in this.

Chronic invalids will nearly all be found anaemic, have gone
the rounds, too, from doctor to quack, from quack to fake, from fake to quack; have run the gauntlet of the various nostrums, tried all the tonics, magnetic healers, electric belts, Christian science fads, mineral waters, etc., all, too, to no purpose. Their list of complaints and symptoms are too long and numerous, too, for one man in an ordinary lifetime to acquire a knowledge of, though one redeeming feature nearly always exists in this class; that is, they can not remember all at once themselves, and will give it to you in broken doses as it were, but will generally insist, at each sitting, on commencing at the head of the list they have made out, for fear that you will not remember, or that they may have omitted something which, if neglected, might be the im-
portant link in the chain of their distress.

Our first efforts should be devoted to securing the confidence of this class of patients, and to do this is probably the most trying and difficult part of our art. We must allow these patients to tell their tale in their own way, and consider with due deference their opinions. If we fail to do this in the outset, we will have lost ground that will be very hard ever to recover. After we have heard attentively what they have to say (and we can, by good generalship, generally help them through the long list), before giving an opinion, we should make a thorough examination of all vital organs, especially lungs, heart, stomach, bowels, liver, kidneys and generative organs, if they have any, and then, if we have gained their confidence, and can assure them of a cure in the end, our task will be a much easier one than might appear. The stronger we can make our first impressions, both mental and physical, the easier will be the road to a successful issue.

The nutrition of this class of patients is always under par, and we can make no substantial progress until we improve this. If the patient is of a constipated habit, treatment had better be begun with a very active purge and hot baths, followed by cold sponging and general massage.

The food should be light, nutritious, and easy of digestion, and in quantities to suit the digestive capacity; better keep the patient hungry than overdo this. A change of associations and surroundings, too, is always desirable. If no more can be done on this line than simply rearranging the room, better do so. The mind, too, should be cheerfully employed. Find out what will please and interest the patient most and direct their thoughts in that direction. Anything to occupy their attention, and divert their thoughts from themselves. Politics, art, literature, religion,
dress, or something to divert them. Get them to do something in some line daily, and watch attentively their progress; encourage them by letting them see that you are interested in them. If bed-ridden, get them out, if only for a few moments, but be careful never to overtax their strength. Should you do this, you will have lost some of your influence over them.

Give whatever of drugs you will, but bear constantly in mind that no line will take the place of proper food, sunshine, fresh air, and cheerful employment. Is it by careful attention to the apparently insignificant details that we must succeed, if at all, in the relief of this class of patients.

I can better illustrate the application of the foregoing principles by rehearsing the histories of a few cases that have come under my personal observation:

Mrs. M., the wife of a prominent minister of this State, had been bed-ridden for two years. What first put her there, I am unable to tell. Her medical advisers had failed to get her out. She was sure she had some womb disease; her doctors assured her not. She had, in consequence, lost all confidence in their ability to cure her. I listened with attentive zeal to the history of her case. She made out a very strong one. After a careful examination, I found only a slight retroflexion of womb, certainly not of itself of sufficient import to account for the long period of invalidism. This was corrected, and patient persuaded out of bed; bowels vigorously moved, with directions for baths, sunshine, food and exercise. In ten days patient rode a distance of ten miles to my office, and five years afterwards, remained happy in the enjoyment of good health. Mrs. M. was about thirty-five years of age, and the mother of three or four children; has had one, to my knowledge, since something over a year after her recovery.

Mrs. G., about thirty years of age—no children—had been for ten years or more dragged around to different medical celebrities, one year of which was spent in this city, under some of your local celebrities. She was finally given over as entirely hopeless. She was quite a living skeleton, and withal a morphine habitue. Her bowels were either too loose or the reverse; appetite nil or ravenous. Had not been able to sit up for many months from weakness. The womb was found low down in the pelvis and fixed there from post-inflammatory action; hard to the touch, and nearly immovable. She was and had been liberally supplied with drugs, under which she had grown steadily worse. Her
beef, wine, iron, malt, morphine, etc., were all confiscated. She was bathed daily with cold water, beginning with a wet towel and hurriedly given at first, and the plunge and shower given later, when she had gained sufficient strength to tolerate them. Was put upon a pure milk diet and kept on it alone for six weeks. The quantity, too, was regulated to suit the digestive capacity. Not more than eight ounces were given the first six hours, which was daily increased till one gallon daily was reached in the six weeks. The doors and windows were thrown wide open and kept so. Her body bared and exposed to the morning and evening sun for about one hour. Massage was given daily, commencing with about twenty minutes and gradually increasing till three hours a day was reached. Locally she had hot vaginal baths with vaginal and rectal massage. Her mind, at first, was put to rest, by not allowing any one to see her except her nurse and myself, and all literature denied. After four weeks she was allowed to see a few cheerful friends, and more gradually brought to reading and writing. In two months the patient was out of bed, in three months was walking three miles a day for exercise, in four months was in good flesh, round and rosy, looking well, feeling well, declaring that she was well, and after twelve years, she remains so. Now, I wish to emphasize that this case never took a dose of medicine after she fell into my hands, and is to-day a living monument to the power of cold water, sunshine, proper food and common sense.

Mrs. G. L., aged twenty-eight years; after five years of invalidism from imaginary kidney and liver disease, was by teaspoonful doses of water taken thrice daily, with proper bathing, feeding, exercise, and mental diversion, restored to health and usefulness.

One of the most trying experiences of my professional life was to get out of bed the wife of a well-to-do and over-indulgent husband. She had been an invalid for more than twenty years, and had not been out of bed, even to sit up, now for over two years; was very weak, and had lost about all the flesh she could spare. She clung to her invalidism with more than ordinary tenacity. After I had her red and rosy, fat and plump, she still declared herself no better, and would not stir. After getting rid of her husband, I decoyed her into a carriage, behind a lively team, and had her jolted, at a rapid pace, for ten miles over a rough road, and thereby broke the spell that bound her.
The regular monthly meeting of Terrell Medical Society took place to-day, with a good attendance present. Dr. B. F. Church, President, presided, and Dr. James Orr, Secretary.

After routine business, Dr. Orr, for Committee on New Remedies, reported on the use of guiacol in sore throats, he having used it in twelve cases of acute tonsilitis, in three of which pharynx and pillars of fauces were affected, without a single failure, all the cases being promptly relieved. His method of applying the remedy is by means of a small mop, or camel's hair brush, by which it is applied, pure, to the affected parts, being sure to reach all the diseased surface. This treatment is repeated every three hours, until subsidence of the acute symptoms, not more than three applications usually being required.

Drs. Anthony and Monday have used guiacol to reduce the temperature after the method of Da Costa. They cleanse a small place on the epigastrium and rub ten drops of pure guiacol over it, then cover with paper and a few folds of cotton cloth. In a few minutes diaphoresis takes place, and temperature rapidly falls to normal.

Dr. Dumas reported an interesting case of puerperal septicæmia, in which he removed a number of disintegrating blood clots from womb four days after delivery.

Dr. Mathews reported two cases, in same family, simulating scarlatina so closely his inability to trace the origin of the infection alone prevented his announcing a diagnosis as such. The Society asked that this family be watched, to note any further development of the disease, in order to take precautions against its spreading if more cases develop and it should prove to be veritable scarlatina.

Dr. Orr contributed a paper on "Physicians who have died in Terrell," which was a brief resume of professional character and services of eleven physicians who have died here since 1879. In this a high compliment was paid Drs. F. D. Hallonquist, J. T. Webb, John Inabnit and H. L. Parsons. The paper was ordered printed.

Drs. Neeley and Dumas were appointed contributors for the next meeting, which takes place Monday, February 4, 1895.
Terrell Medical Society has been in existence since 1881, and is very prosperous, having a good membership of earnest workers. Its meetings are held the first Monday in each month, at 2:30 p. m., and are always full of interest.

James Orr, Secretary.

Houston District Medical Society.

Regular quarterly meeting held in Houston, December 31, 1894. Vice-President R. W. Knox, M. D., presiding; Dr. S. C. Red, acting Secretary. The President, Dr. E. T. Cook, and the Secretary, Dr. J. B. Massie, absent on account of sickness.

After transaction of routine business, Dr. G. W. Christian read a paper on "Chronic Invalidism." [Published herewith, the Texas Medical Journal being the official organ of the Society.—Ed.]

Discussion was opened by Dr. J. W. Scott, who approved of Dr. Christian's plan of treatment. He thought also that the rest-cure and massage offered resources that should not be ignored.

Mr. Morris (Robt. T.) gave it as his opinion that the aetiology of chronic invalidism had been too much neglected. He could not agree with Dr. Christian that there is no lesion. He took as a basis of his remarks that all disease has a "lesion," whether it can be demonstrated or not.

Dr. Bacon thought the term "chronic invalidism" embraces cases with and without pathological lesion. He cited instances from his practice and experience which demonstrated that the complaint in many instances is purely mental.

Dr. F. M. Davis endorsed the paper and recalled some of his experiences which bore out the position taken.

Dr. S. C. Red stated that it had been his practice to manage chronic invalids just the same as children are managed, whose mental faculties have not been fully developed, or invalid adults whose mental faculties are in abeyance or abnormally functioning.

Dr. L. Knox expressed the opinion that the confidence of the patient was not so difficult to acquire as to retain. He looked upon quacks and charlatans as therapeutic agents, especially adapted to this class of cases.
Dr. Renfro spoke from the text "mind rules matter," and related some "hoodoo" experiences.

The talk then drifted into reminiscences, and a chatty and pleasant interchange of experiences and opinions was indulged in for an hour, when, on motion, the Association adjourned to the Burton building, where an excellent banquet was spread. Toasts were offered to the "medical profession," to certain "medical men," to the "ladies," to the "press." The festivities were prolonged till after 12 o'clock. They saw the old year off and the new year in, and vowed and resoluted, then and there, to repeat the performance—as many as are spared—each recurrence of the day, December 31st.

The American Sanitary Association.

The American Sanitary Association has been formed. W. Thornton Parker, M. D., Secretary, Groveland, Mass., has issued the following:

OBJECTS: To aid in the maintenance of public health; to discourage the manufacture and sale of impure and injurious foods and medicines; to encourage the introduction of wholesome and honestly manufactured articles of foods, medicines, clothing, and sanitary appliances in general; to examine and certify as to the character of foods, medicines, and sanitary appliances; to distribute, for the benefit of the general public, information concerning sanitary matters.

Medical men, sanitarians, and others interested in public health, are cordially invited to become members. The enrollment fee is $2.00. Annual dues, $1.00.


The annual meeting of the American Medical Publishers' Association will be held in Baltimore, on May 6th, convening in the parlors of the Eutaw House, at 9:30 a. m. An interesting programme is being prepared, to which publishers are invited to contribute in the way of a paper on some subject connected with the medical publishing business.

Medical journalists should make the Baltimore meeting a representative one, and thus demonstrate the value of the Association.
Abstracts and Selections.

A New Operation for the Radical Cure of Inguinal and Femoral Hernia.

BY CHARLES A. L. REED, A.M., M.D., CINCINNATI,
Dean of the Faculty and Professor of Abdominal and Pelvic Surgery in the Cincinnati College of Medicine and Surgery (Medical Department of the University of Cincinnati).

Hernia, when treated by surgical methods, is a safely curable condition. I place this declaration at the head of my paper for the reason that, by its position, I wish to make it emphatic. The necessity for this emphasis arises from the fact that many persons, not in this audience of select surgeons, but beyond this Association, in the medical profession and out of it, are victims of the opinion that nothing can be done for these cases of rupture. As a result, large numbers of persons endure inconveniences and pain arising from the protrusion or from a truss, or both, until they are overtaken with what too frequently proves to be a fatal strangulation. It has fallen to my lot, during the last twenty years, to do a considerable number of operations for the relief of strangulated hernia. I can say, with entire candor, that no class of cases has ever impressed me so profoundly as have these unfortunate victims of neglect, for I assume that, in the light of the demonstrated results of surgical practice, cases of rupture that are not operated upon are essentially neglected. The agonizing pain, the intractable obstruction, the persistent vomiting, the active peritonitis, the fatal collapse, are too often the elements of the tragic picture that the surgeon is called upon to contemplate. It is precisely these conditions, in lesser or in greater degree, that sooner or later come to the majority of all victims of these forms of rupture. There is hardly a practitioner but that can recall cases in which an entirely reducible hernia had given no trouble for the twenty, thirty or more years since its occurrence, when all at once, and apparently without cause, it would slip past an even well-fitting truss, become strangulated, and utterly defy reduction except by surgical means, or, if these were withheld, end in death. It is a knowledge of exactly these facts, together with the pain and discomfort of a truss and an embarrassing sense of physical incapacity, that prompts almost every
person who is ruptured to seek some means, not of palliation, but of cure. Advanced surgeons, such as Bassini, Macewen, Marcy and McBurney, have responded to this demand by devising operations that have reduced the mortality to a minimum and the primary recoveries to a maximum, but it can not be said that the medical profession, as a body, has appreciated this practice at its full value. On the contrary, these cases are either turned over to the truss vendor, or are permitted to fall into the hands of the surgical charlatan, whose only stock in trade is a squirt-gun and some tea made from white-oak bark.

The truss has done some good, and much harm. That it has been a valuable support to many people, that it has enabled many who were otherwise incapacitated to resume and maintain their avocations with a sort of comfort, and that the inflammation provoked by its pressure has closed the ring for a time in a few cases, comprises practically the sum total of its good results. On the other hand, that it has lured many persons into a false and even fatal sense of security, can not be denied. The most serious indictment, however, which can be brought against the truss, is that, probably in a majority of all cases in which it is employed, it only aggravates the real condition that it was intended to cure—a fact too frequently lost sight of simply because the pad, persistently applied, represses the hernial protrusion for the time being. The real damage is done by the truss in a two-fold way: The first consists in the fact that a "well-adjusted" pad must necessarily dilate the ring into which it is being continuously pushed by the elasticity of the spring; the second consists in the fact that the tissues around the ring waste, just as all tissues waste or atrophy under persistent pressure, and consequently, that the parts which it is so important to strengthen are really weakened in a very serious way by the truss.

The treatment by injecting irritating fluids under the skin, presumably into the ring, but really wherever they may lodge, needs only to be mentioned to be condemned. Although it was at one time subjected to careful trial by the medical profession, after its inauguration by Heaton, the verdict has been rendered against it. That it ever commanded sufficient recognition to be subjected to trial is due to the fact that it was vaunted as a method of practice before what now comprises modern surgery was elaborated. To-day the practice has no footing, except in the hands of persons outside the pale of the profession. The condemnation of the practice arises not only from its extreme dan-
ger and demonstrated inefficiency, but because it violates the most important axiom of surgery, namely, that all parts of the field of operation shall be under the inspection and control of the operator.

The operations which have been devised and generally practiced for the cure of hernia, whether done in connection with strangulation or as an elective procedure, have, to my mind, had a common defect, which, more than any one factor, has been responsible for the recurrences which mar the statistical tables of able operators. This defect consists in the fact that in all of the operations—Macewen's, McBurney's Marcy's, Bassini's—the attempt is made to do the operation through the canal itself, with the result that conditions within the pelvis which really cause the hernia, are left practically undisturbed. These conditions consist of an infundibular peritoneum and a serous track which, particularly in congenital cases of scrotal hernia, is left in primitive continuity, being only temporarily obstructed by inflammatory exudate. What is needed is to practically invert the infundibulum, close the internal ring, fix the cord in position of increased obliquity, and obliterate the canal.

An operation which I have devised, and which has proven primarily successful in my hands, and which meets the points I have just enumerated, is done as follows: The incision (in inguinal hernia) is made from a point two inches above Poupart's ligament, obliquely downward and inward, as nearly as possible coincident with the axis of the inguinal canal, to a point at the base of the scrotum. The dissection is then carried into both cavities. The protruding viscera is then reduced, and carefully inspected after being brought out above. The sac is then carefully dissected from its scrotal connections, and reversed by invagination. It is then opened by two incisions, one toward the pubis, the other toward the ilium, being thus converted into an anterior and a posterior flap. The cord is now dissected loose and caused to enter the canal, now denuded of its peritoneum, at its outer angle. The internal ring is now closed by several interrupted sutures, animal or pure silk, these sutures being applied beneath the peritoneal flaps formed by splitting the sac, care being taken that in the closure of the ring undue pressure shall not be brought to bear upon the cord. The posterior peritoneal flap is now excised, the stump being ligated should there be any demonstrated necessity for doing so. The anterior peritoneal flap is carried across the now obliterated internal ring, and
is stitched by interrupted sutures to the posterior parietal peritoneum. This flap may be made broader by further dividing the peritoneum. The external ring is now closed by passing a number of sutures through its pillars external to the cord, which is now fixed in the internal (pubic) angle of the outlet of the canal. The incision into the abdomen is now closed by interrupted figure-of-eight sutures, the internal loop embracing the peritoneum, the aponeurosis of the transversalis and of both oblique muscles and the external loop, embracing the superficial fasciae, fat and skin. These sutures should not be more than three-sixteenths of an inch apart. The incision into the scrotum may be closed in the ordinary way. Drainage should not be employed, except in the presence of marked oozing or obvious infection.

The reasons underlying these successive steps need but little elaboration. (1) The incision through the abdominal wall is important, because it places all of the conditions under the direct control of the operator. (2) The inversion and bisection of the sac furnishes two excellent instrumentalities for the further obliteration of the canal. (3) The complete enucleation of the cord from within the pelvis outward still further denudes the canal of its serous lining. (4) The suturing of the antero-posterior pillars of the internal ring strengthens the parieties at the most strategic point, and secures the occlusion of the canal by the deposit on it of firm cicatricial tissue. (5) The transplantation of the peritoneal flaps (a) destroys the infundibular form of the peritoneum and (b) completely protects the now closed ring from dilating by visceral pressure.

On general review of the operation I feel that it can be commended for the following reasons, viz.:

1. It is safe. There ought to be no deaths from it when done in uncomplicated cases under sanitary surroundings and by an operator skilled in abdominal surgery.

2. It causes but little loss of time. The surgical period is over within a week, although a longer time ought to be taken to permit the parts to become firm. A truss should not be worn after getting up.

3. It is comparatively painless. In the absence of internal ligatures compressing nerve trunks, it is gratifying to note the absence of all pain except the slight soreness of the superficial incision.

4. It is curative. The complete closure of the internal ring
and the obliteration of the canal successfully prevent the recurrence of the hernia.

487 W. Sixth Street. —Reprint.

The Diphtheria Cure.

The matter of the control or supervision of the use of the antitoxine, the new diphtheria cure, is engaging the attention of the local authorities in Berlin, and Dr. Kinyoun, of the Marine Hospital Service, reports that on November 4th, Professor Koch convened a meeting of the Prussian board of health for determining what action should be taken in that regard. Professor Koch had expressed the opinion that there should be some government supervision of the serum, so that it could always be relied upon. If there was no such supervision, it would not be very long before spurious articles would be put on the market, and not only a good remedy would be brought into disrepute, but lives would be sacrificed when they might be saved.

It was decided at the meeting of the board that all serum intended for use in Prussia should be inspected and tested for its purity and strength before it would be allowed to be used. This step, the doctor reports, was satisfactory to all parties concerned, and will be the means of insuring a good article of standard strength at all times for Prussia.

In this connection Dr. Kinyoun calls attention to what will evidently occur in our own country. Many persons will, during the coming year, commence to prepare the serum as a business enterprise, and there will, without doubt, be many worthless articles called anti-toxine thrown upon the market. All the serum intended for sale, he believes, should be made or tested by competent persons. The testing, in fact, should be done by disinterested parties.

The anti-toxine, says the report of Dr. Kinyoun, never will work miracles. It has its limits like any other agent, and like a perfect piece of machinery will not accomplish the full result unless directed by a skilled hand. "Some persons affected with this dread disease will succumb, it matters not how soon we apply the remedy. The majority will, however, I am sure, recover if the anti-toxine is given early and properly."

In closing, the report expresses the hope that soon every State and municipality will take the proper steps to provide facilities for supplying the remedy to the people.
Incorporated in Dr. Kinyoun's report are a number of tables or charts, showing the effects of the respiration, pulse and temperature of the administration of the anti-toxine in various cases.

* * *

Dr. Kinyoun discussed anti-toxine before the Washington Medical Society. A reporter says:

"The life-destroying effects of diphtheria need no longer be dreaded. Dr. Joseph J. Kinyoun, of the United States Marine Hospital Service, as the representative of this government, attended the recent Medical Congress in Paris. While absent the doctor made a thorough study of the anti-toxine treatment and brought home with him a quantity of the serum.

"Before the District Medical Society last night Dr. Kinyoun read a paper on the 'Anti-toxine Treatment for Diphtheria.' He described the successful tests of the inoculation of the serum, and maintained that the efficacy of the treatment had been established beyond question. The doctor said he was in favor of governmental or municipal control, or at least supervision, of the manufacture of the anti-toxine to insure its being of standard quality."—Journal H. S. and C., of S. S., February.

[By all means the manufacture and sale of this important preparation should be under medical supervision and control, else the very name will soon become a reproach. Texas should have facilities for its preparation, but we can not just now hope for any sanitary legislation that is likely to cost the State anything;—legislators have "retrench" on the brain. We will have to look to the M. H. S., for our supply I suppose, for the present.]

Dr. Charles A. L. Reed, of Cincinnati, announces the removal, during March, of his private hospital for abdominal and pelvic surgery, from 487 West Sixth St., to his recently acquired property in St. Leger Place, Walnut Hills. The situation is salubrious, quiet, high, and possesses a commanding view, while the hospital itself fulfills all modern requirements.

His Idea of Luxury,—"It seems to me maw has a mighty easy time," sniffed Johnny, who was shoveling off the sidewalks in the back yard for the third time since breakfast. "She hain't nuthin to do but stay in the house all day and doctor her neuralgia."
THE ANTITOXINE TREATMENT OF DIPHTHERIA.

The wonderful development of bacteriology within the last few years has certainly revolutionized medical science, and recent discoveries in that field seem to threaten the complete overthrow of every old system of therapeutics. In spite of the newer remedies, legion in number, which modern chemistry has elaborated and continues to elaborate, serum therapy to-day seems bent on changing materially the course of medical treatment at large. The chief claims of serum therapy appear to be directed to supersede the rational application of drugs from a knowledge of their physiological action. Whether serum therapy, an eminently scientific method of combatting disease, has come to stay, or whether it will eventually be substituted by a still later method, remains to be seen. The last word has certainly not been spoken by the tongue of bacteriological investigation.

Pasteur, Koch, and other modern investigators, whose brilliant labors have become classical in experimental medicine, have laid down principles of great scientific importance in the treatment of disease from the modern view of pathology, principles which, forming as they do an epoch in the progress of the healing art, are chiefly the outgrowth of bacteriological research. But it can not be gainsaid, indeed, that the modern treatment of disease has not come up fully to our expectations. In fact, the disap-
pointment in the treatment of pulmonary tuberculosis by Koch's
serum, following an unnecessary, untimely and unfortunate over-
zealousness for the previous brilliant achievements of the German
savant, is yet quite general. An undue exaggeration of Koch's
claims, and not by that investigator himself (let it be said in all
justice), but by others much less qualified in the matter, blinded
for the time being the general good judgment of the medical
profession, a circumstance which, sad to relate, soon led to dis-
aster. Later investigations, however, made under calmer judg-
ment, in Berlin, and particularly by Kitasato in Japan, appear to
inspire to renewed hopes with regard to the therapeutic value of
tuberculine in a modified form. Koch's battle, therefore, has not
been entirely lost, apparently, and victory may yet be obtained
with repeated combats by new forces under the direction of the
same able German leader.

The treatment of diphtheria by a method identical to that of
Koch in tuberculosis, is at present receiving a great deal of at-
tention in the medical world, especially after the extensive ex-
perimental researches and clinical observations of Roux, embod-
ied in a memoir read by this author at the recent Congress of
Hygiene at Budapest. Serum therapy in the treatment of dip-
theria is not an absolutely new discovery; nor does Roux him-
self, we believe, claim it as such. The treatment as recommended
by Roux is new so far as its application to the human being is
concerned. But many years ago Behring and Kitasato for the
first time called the attention of the profession to the peculiar
properties of the serum of animals immunized against tetanus
and diphtheria. The researches of these two experimenters have
been more or less confirmed by later observers, particularly in
regard to the successful employment of tetanus antitoxine in the
treatment of human lock-jaw.

The work of Roux, confirmatory to a large extent with respect
to the use of serum in diphtheria, is so highly interesting from
a scientific as well as from a practical point of view, that we pro-
pose to summarize, as briefly as possible, the essential portions
of the subject under consideration. Following closely the work
of Behring and Kitasato, Roux has tried, since 1891, in the treat-
ment of diphtheria, an antitoxine serum, first upon the lower
animals, and then, having ascertained its efficacy in these cases,
on the human being. According to the results obtained, the
mortality seems to have been reduced from 50 to 26 per cent,
which is, to say the least, a very good showing.
The diphtheritic toxine is first prepared by cultivating the virulent bacillus of diphtheria in broth in the damp air. Flat bottomed flasks are used, in which is introduced a small quantity of alkaline broth, peptonized at 2 per cent; and are then placed in the incubator at a temperature of 37° C. A current of damp air is made to pass by means of a rubber tube, through a corresponding wash bottle. At about a month culture is sufficiently rich in toxines to be utilized. The cultures are then filtered through a Chamberland tube, and the clear liquid is placed in flasks well corked and kept in the dark. As a general rule, 1-10 of a c. c. is sufficient to kill, in the course of twenty-four hours, a guinea-pig weighing 500 grammes. To immunize animals the diphtheritic toxine is first mixed with one-third of its volume of Gram's solution*, and then injected as follows: A medium-sized rabbit can stand at first, without inconvenience, ½ c. c. of the mixture. The injection is repeated after a few days, and the process is kept up for several weeks, gradually increasing the amount of iodized toxine, or lessening the quantity of the iodine, until the pure toxine is introduced. The animals experimented upon must be weighed frequently in order to avoid a loss of weight; if the latter occur the injection must be suspended, otherwise a fatal termination will be the result.

Of all the animals used for this sort of experimentation, the horse appears to be the easiest to immunize, and to furnish, at the same time, the greatest amount of antidiphtheritic serum. In the horse, the toxine is injected under the skin of the neck, in gradually increasing doses. After about eighty-seven days, Roux has been able to inject into the jugular vein of a horse as much as 200 c. c. of diphtheritic toxine, without the animal experiencing any bad effects. The serum removed in this way from the horse, has a preventive power superior to 50,000; in other words, a guinea-pig weighing 500 grammes will resist an inoculation of ½ c. c. of a violent diphtheritic culture, if the animal have previously received a quantity of serum equal to 1-50,000 part of its weight. The milk of a well immunized cow is a good source of antitoxine, but, though it may render good service, such antitoxine is said to be less powerful than the serum. The serum obtained from the horse can be kept well, without undergoing any changes, in sterilized flasks to which a

*Gram's solution is composed as follows: Metallic iodine, 1 gramme; iodide of potassium, 2 grammes; distilled water, 300 grammes.—Ed.
small piece of melted camphor has been added. The serum dried
in vacuo can be sent to any distance, and resumes its preventive
properties when dissolved in eight or ten volumes of sterilized
water. The latter solution gives rise to a slight local swelling,
an effect which does not seem to be produced by the natural
serum.

The action of the serum in diphtheria of the mucous surfaces
has been carefully studied by Roux through experimentation
upon the lower animals, his observations being divided into four
series, as follows: 1. *Serum injected as a preventive remedy.* Fe-
male guinea-pigs always resist the action of the virus when a
sufficient amount of the serum is injected prior to the vaginal in-
oculation. The false membranes are formed it is true; but, com-
pared with control experiments, the fever is less intense, and
there is less redness, less swelling of the mucous membrane. By
the second day, the local lesions diminish, and the mucous mem-
branes begin to show a reparative action. The animals thus in-
oculated preventatively, recover, while those used in the control
experiments die on the sixth day. 2. *Serum injected after inocu-
lation.* After about twelve hours, when all the symptoms of
diphtheria are well marked, an injection of the serum produces,
shortly afterward, a rapid diminution of the symptoms, and a
final cure. 3. *Action of the serum on animals whose tracheas are
inoculated.* Guinea-pigs and rabbits inoculated with the diph-
theritic bacilli through the trachea, die in from three to five days.
But when thus injected after having received the serum, those
animals exhibit no symptoms whatever of the disease. Again,
the development of diphtheria is arrested if the serum be injected
afterward. 4. *The serum in diphtheria complicated by the associa-
tion of other bacteria.* The association of two kinds of microbes,
diphtheritic bacilli and streptococci, produces in rabbits a diph-
theria of rapid march, precisely as is observed in very young
children. The symptoms and lesions are the same in both cases,
and there appears a broncho-pneumonia, accompanied with an
abundant bronchial secretion. In these cases, the serum rarely
cures; not because there is an increase in the formation of diph-
theritic toxines, or because the action of the antitoxine is hin-
dered, but because the cells attacked by the streptococci no
longer feel the stimulating action of the antitoxine. It appears,
then, that in these cases larger amounts of the serum are re-
quired.

The results obtained by Roux in the treatment of diphtheria
in the human being; are then described at length. He shows, in the first place, that during the years 1890, 1891, 1892 and 1893, of 3971 children admitted in the diphtheria ward of L'Hospital des Enfantes Malades, at Paris, 2029 died from the disease, giving a percentage of mortality of 51.71. From the first of February, 1894, to the time of preparing his communication, Roux applied the serum treatment on 448 children suffering from diphtheria in the same ward. Of this number 109 died, the percentage of mortality in this instance being only 24.25. All the conditions being the same, the difference in the two percentages speaks in favor of the new treatment. The serum employed in the latter cases was obtained from immunized horses, its activity being between 50,000 and 100,000; that is, a guinea-pig receiving 1-50,000 part of its own weight of the serum, would support a few hours later, without inconvenience, a dose of the toxine sufficiently powerful to kill, in about thirty hours, another guinea-pig used in the control experiment.

In the children observed, the injection was made subcutaneously. It caused no pain in the majority of cases, and no local reaction. The injection was made preferably under the skin of the flank, the initial dose of the serum being 20 c. c. Twenty-four hours afterwards, another injection was made, the amount introduced varying from 10 to 20 c. c. The average weight of each one of the children treated was fourteen kilos (3½ pounds), so that in the first injection each little patient received about 1-1000 part of its own weight of the serum. The minimum dose of the antitoxine injected to each patient during the treatment, was 20 c. c., and the maximum 125 c. c. During convalescence, a few days after the administration of the serum, ill-defined eruptions appeared, resembling urticaria. These eruptions were not accompanied with any feverish reaction, and were evidently due to the antitoxine.

It is alleged that the general condition of the children treated as above described, improves rapidly, unless the disease is far advanced. The appetite soon returns, and the loss of weight is only slight. The false membranes cease to form in the twenty-four hours following the injection, and become completely detached in from thirty-six to forty-eight hours. The cervical ganglia remain engorged, but there is no infiltration of the cellular tissue surrounding them. The temperature is rapidly lowered under the action of the serum, the depression occurring generally on the day following the first injection. The fall of the temper-
ature is sudden, and is usually a good sign. But if the temperature does not fall soon below 30° C., the prognosis is not so favorable, and it is then advised to repeat the injections of the serum. Compared with the action on the temperature, the pulse is but little influenced by antitoxine. The pulse never becomes normal before the temperature, but throughout the course of the treatment it is not so irregular. The serum prevents the action of the toxines upon the kidneys, and, probably on this account, considerably diminishes the amount of albuminuria.

Roux concludes his remarkable paper by pleading against a hasty surgical interference, even if the child exhibit a croupy breathing. The serum should be tried, and we ought to wait as long as possible. To enhance the action of the antitoxine, this local treatment is recommended: Two or three daily irrigations with simple boiled water, or, better still, with water containing 5 per cent. of Labarraque's solution; no swabbing with caustic or toxic substances, and no phenic acid, no corrosive sublimate, the accidental swallowing of which remedies implies danger.

Such is the work of Roux. Should his treatment prove a permanent success, his name shall be written with letters of diamond in the golden pages of history, as one of the great benefactors of mankind.

But (notwithstanding later researches with Koch's lymph), the great tuberculine failure haunts us still. The lesson we learned in that celebrated ridiculous craze, can not be forgotten so soon. Therefore, placed on our guard, advised by a calm judgment, but thoroughly unbiased, we patiently wait for further developments in the treatment of diphtheria with antitoxine before we can accept, with any degree of absoluteness, the claims of the great French investigator. For certainly, in this age of untrammeled scientific research, the magister dixit of old times is no longer tenable!

D. C.

The Small-Pox Outbreak.—Small-pox made its appearance in several places in Texas recently, almost simultaneously. It was reported at Wortham, in Freestone county, Richland, in Navarro county, Fort Worth, and other points, a few days after it was first reported at Taylor. The manner in which it originated emphasizes the necessity not only for a general and extensive vaccination of all non-immune persons and revaccination of many others, and also for a law, rigidly enforced, in every town and city, requiring every householder, and every physician es-
especially, and in fact all persons who have knowledge of the presence of any case of contagious disease, to report it at once to the proper authorities, under heavy penalty for failure.

The circumstances were these: A man named Straub kept an eating house of some kind at Taylor. He fed a Mexican, and in default of payment, took his blanket! Straub’s child—a boy—luxuriated in this tropical delicacy, and caught small-pox. (This would look like “poetic justice” if it were not for the fact that the boy, and not the avaricious father, suffered, and the Mexican also,—the innocent cause of it: he froze to death, we suppose, as it was during the ten days’ blizzard.) The boy continued to go to school till the disease broke out in him, and then his father put him to bed in a shed-room adjoining the apartment where he fed citizens and transients, daily, and concealed the nature of the malady. Meantime, there is no telling how many persons were exposed, nor the extent to which the infection has been scattered. In a short time afterwards the disease is reported at the points above mentioned, and elsewhere, and “quarantine” is the order of the day. State Health Officer Swearingen visited all of the infected points, and the local medical officers have the disease under control. As soon as a case is developed, it is at once isolated and put under guard, and all who are known to have been exposed are also separated and kept under observation till the danger is passed; are disinfected, clothing changed, etc.; and after death, or recovery of a case, all the necessary sanitary measures are invoked to prevent spread. Meantime, general vaccination is urged, and is practiced by the more intelligent part of each community. But for the concealment, and the fact that many who were exposed got away, there would be no danger of a spread. As it is, wherever one develops the disease, if isolation both of patient and exposed, be promptly done, there need not occur any other cases. There is no necessity for one town to quarantine against another, unless the disease should become epidemic,—of which there is no danger if the sanitary officers do their duty; the quarantining should be confined to the disease; shut it up, allow no communication, then there is no necessity of shutting it out.

* * *

This brings up the subject of compulsory vaccination. It has long been a disputed question whether any government, State or municipal, has the right to compel vaccinations. It is claimed by those opposed to vaccination, that it is an invasion of personal
rights, and is unconstitutional. We do not see, in this enlightened age, and in the light of the very evident fact, that vaccination will prevent small-pox, and that nothing else will, how any intelligent person can object to it. They take fearful risks, and are, sooner or later caught, if they travel. It would appear to us that the State, undoubtedly, has the right to compel vaccination as a police measure for the public safety. In the days during the war and just after, when there was so much spurious vaccine matter, and it was run through several systems—often producing results nearly as bad as small-pox itself, one could, with a show of reason, object to having one's family vaccinated; but now all matter sold is guaranteed, and at the worst it can produce only a little excitement, perhaps fever and headache—and whether constitutional or not, every non-protected person should be compelled to be vaccinated. It is suggested, as a means of obviating the "constitutional" objection, that evidence of recent successful vaccination be made a *sine qua non* to any child entering one of the public schools. Teachers of private schools also could make it a condition. In fact, the legislature should pass an act requiring something of this kind attached to the charter of every town or city. When vaccination becomes general, and not till then, will small-pox disappear from terra firma.

* * *

We had nearly said "stamped out"; that is a figure of speech we much object to; it is played out; it is obsolete; it has lost its meaning and application,—if it ever had any,—yet everybody seems to understand what is meant by it. No one "stamps" upon a case of small-pox; no one "stamps" upon anything that I know of. It is assumed that there is a resemblance to a fire, and that in the beginning a fire may be extinguished by stamping upon it, but even this—the only shadow of a simile that I can see, is pretty far fetched. Let us say, of small-pox, suppressed, exterminated. It is like another figure of speech, much abused; that is, of victory "perching upon a banner," success "crowning one's efforts." How can victory "perch" on anything? Let us have a new form for expressing these ideas.

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**Asylums in Politics.**—Dr. James Orr touches this subject in plain United States language in a paper in this issue. Read it. The folly of disregarding the plain letter of the law in relation to the appointment of superintendents, has been clearly demon-
strated under two administrations, and the unfortunate results of attempted administration of such institutions by novices, should serve as object lessons, and warn future governors against a repetition of it. But precedent is powerful in law, and justifies (?) many things.

There is much truth and force in what Dr. Orr says; but medical sentiment has been, tardily, it is true, aroused on the subject, and somebody has forestalled Dr. Orr's complaint in a measure, by getting before the legislature an act which, if it becomes a law, will, it is believed, remedy the evil complained of as regards the appointments. It repeals the law now in force, does away with the board of managers, or, rather, takes away the appointing power (they have not had the selective power for eight years or more, and their power to appoint has been limited to appointing the governor's selection), and puts it straight into the governor's hands, but it specifies in unmistakable language that the appointee shall have had not less than two years active experience in the treatment of the insane in an asylum.

It has been objected that there are few, very few physicians in Texas who will in future be eligible, under a strict construction of this act. But it can be answered by the fact that during each administration there will be graduated and made available five physicians in the persons of the five assistant superintendents, two at Austin, two at Terrell, and one at San Antonio. The hope and immediate prospect of promotion to the superintendent's place will serve as additional stimulus to these young men to study and qualify themselves.

This bill has passed the senate, and at this writing is before the house committee. It is thought that it will become a law. If so, it will remove asylum superintendents from the list of political offices, which constitute the power of patronage. Dr. Orr will have more to say on the subject later, he says, especially if any one replies to his paper. The JOURNAL invites discussion of the subject.

RAPE IN TEXAS—CASTRATION THE ONLY REMEDY.—By an official report, published recently in the Statesman, it is shown that in 1893 and 1894 there were 155 indictments for rape in Texas, and 37 convictions [the number of executions not stated]. It was stated in the report that the number, 155, was an increase of 20 cases over the previous two years! There must have been, then, in 1891-2, 135 cases, an increase of about 15 per cent.
That the crime should so greatly increase in face of the fact that death is the penalty, looks a little remarkable; but when it is seen that only 37 are convicted out of 155 indictments, the wonder ceases. May we not find here an explanation of why, now and then, "Judge Lynch" takes a hand? If the death penalty by hanging does not lessen the crime; if the law is so loosely administered that three-fourths of the offenders escape conviction, is it any wonder that the people now and then "take the matter in hand? Yet it seems that even lynching will not stop it. What then are the people of Texas to do?

There is at present before the legislature a bill to make castration a penalty for rape, and we learn that the Senate committee have reported favorably upon it. We learn, also, that a popular Senator has strongly objected to it, on the grounds that it is "a cruel and unusual punishment" and that the Constitution prohibits such punishment. Away with all such maudlin sentiment and infinitesimal hair splitting. If the castration of a buck negro who has raped and murdered a young child, is cruel and unusual, what would the Senator call the fate of that child? The bill ought to pass by all means.

The people make the laws. By observation and experience it is ascertained what evils are to be met and punished, and a law is constructed to meet each offense. But there are crimes, new and unusual, and surpassing in horror any known heretofore to civilized man, and for such crimes no adequate punishment has been provided. The crime of the monster Smith, at Paris, and of Nichols, in this county, were more than rape. The former was too horrible even to be classified; it was rape, plus murder, plus everything diabolic that can be conceived. There is on our statutes no law to punish such crime; it was not dreamed of when the penal code was made. Castration, even, would not meet the requirements of such a case. Are the people to be blamed then, if, in their frenzy and despair they forgot, awhile, their humanity, and inflicted the only punishment at all adequate to the case?

But the law should aim at something more than punishment; its chief object should be the prevention of crime, and it is patent to the most casual observation that hanging has utterly failed to diminish crime. We want something that will, and, at the same time, fulfill the other ends of jurisprudence,—protection of society—prevention of repetition, and,—of greater importance, perhaps,—that will stop the breeding of criminals.
Castration, or castration plus penitentiary, will, in our judgment, fill all the requirements; it will lessen the crime of rape. Let every doctor who reads this, write to his representative, requesting him to vote for the bill.

**The Milk in the Cocoa-nut.—**For several weeks past, Cincinnati and New York papers have contained much stuff on the subject of consumption, written by two certain notorious parties who claim to have a “chemical cure” for that disease. The citizens of El Paso, Texas,—a favorite and well known resort for consumptives,—issued a protest against large numbers of indigent persons flocking to their town too far advanced in consumption to hope for climatic or any other kind of benefit, even if they were able to provide themselves with all the requisites of living. The protest was justifiable, from every standpoint, and was really in the interest of humanity, those poor creatures going to El Paso under the delusion that a few months residence in that climate will cure them. They become a burden to the city, and necessarily suffer.

About the same time, in Cincinnati, two hospital surgeons, very properly, separated the consumptives from others, and put them in a ward especially provided for them. It was a coincidence, we learn, that this ward had been at one time used for small-pox cases.

These Cincinnati “philanthropists” who have a chemical cure to sell, and are therefore purely philanthropic,—entirely disinterested,—thereupon rushed into columns of print, threatening to prosecute with all their money, power, influence, ability (and, we may add, gall), anybody who would dare to send a poor consumptive to a small-pox pest house, or to interfere with his going to El Paso, or elsewhere,—hades, if he wished, after his own fashion. (Oh, mighty men of valor! “Shoot anybody’s sheep that comes out in the middle of the road to bite me.”)

We wrote Health Officer Yandell, at El Paso, inquiring what it was all about, any way; whence this tempest in a teapot; and here is his reply:

**El Paso, Texas, February 24, 1895.**

*Editor Texas Medical Journal:*

Dear Doctor,—Yours of the 21st inst. received yesterday, too late for answer that day. The El Paso Board of Health appointed a committee to prepare resolutions setting forth the fact that consumption is a contagious disease; that in persons in the last stages of the disease, death is hastened, rather than retarded,
by coming to these high altitudes, and that destitute persons, unable to work, coming to this city with the disease, can not be cared for by the city, as such numbers come that it is entirely out of the question to do anything for them, and they will probably die on the streets if they do come. I held, and still hold, that the disease is very slightly, if at all, contagious here, as is evidenced by the fact that although from fifteen to thirty years is the age at which the disease is most frequently developed, not one of the thousands of white persons coming here in childhood and passing fifteen years, or coming here between fifteen and thirty, has developed the disease. The papers did not generally give a lucid account of the proceedings of the Board of Health. Amick saw the opportunity to work the press for a lot of free advertising and my impression is that his telegrams were "fakes." The most radical measure proposed by any member of the board was the adoption of the circular sent out last year by our State Health Officer, as expressing the views of the board. Quarantine against consumptives was never mentioned or thought of, but originated in the fertile brain of the Cincinnati quack, I suppose.

Yours truly,

W. M. Yandell.

To "Regulate the Practice."—The Texas profession is still alive to the necessity of making an effort to secure better legislation in the interest of the public; and although every effort, so far, has failed, they seem to be not discouraged, but determined to renew their exertions. In our February number, we gave an outline of the bill introduced by Dr. Wooten. At this writing, it has not passed. There is at the same time now pending in the legislature a mongrel bill, introduced by whom we know not, which provides for four examining boards, including one for the "physico-medicals," whatever that may be.

The Houston District Medical Society are moving in the matter, and have sent out a request to all the local Texas Medical Societies to co-operate with them, and to memorialize the respective county representatives in the legislature on the subject. They have set the example themselves, by issuing the following memorial. Ex-President E. T. Cook was sent up to Austin by the Houston Society, as delegate, instructed to push the memorial by personal interviews with the members:

MEMORIAL.

The Houston District Medical Association memorializes our representatives in the legislature, praying them to procure an amendment to the act to Regulate the Practice of Medicine in the State of Texas, to the effect that all that part of the law requiring or permitting any one to register a diploma, be eliminated, so
that any one desiring to practice medicine in the State of Texas shall first procure and register with the clerk of the district court of the district in which such person may reside or sojourn, a certificate of proficiency from some accredited medical examining board in the State of Texas, under penalties prescribed by the Penal Code of the State of Texas.

Yours truly,

S. C. Red, M. D.,
President, Houston District Medical Association.
Robt. T. Morris, M. D., Secretary.

Pollution of Streams.—It is gratifying to observe a gradual awakening of the public to realization that prevention is not only "better than cure," but also much cheaper. We see that in several States bills have been introduced looking to a preservation of the general health, and recently in Congress there has been a bill introduced, which, if it become a law, will be far reaching and comprehensive for good. The oyster epidemic, of which we made mention last month, served as a forcible object lesson, and occurring as it did, up there in God's country, New England, it moved the people to action.

The pollution of streams is one of the most fruitful sources of sickness, and especially, of typhoid fever. It can only be prevented by the closest watch, and the enforcement of the most rigid measures; and while we are in for "State rights," and believe it is the duty of each State to look after the health of its own people, yet if the State will not do it the United States government should do it; it is a matter of such importance that we should not stickle on form, or stand on the manner of doing it, so it is done, and well done. In the matter of preventing the pollution of running streams it would be impossible we apprehend, to secure co-operation of all States interested in, or through which runs any particular river or stream, and no amount of watchful care on the part of one State would insure safety to those States through which the stream runs; hence, it becomes imperative upon the United States government to take the matter in hand.

Congressman Bartholdt, of Missouri, has formulated a bill to this effect, and it has been introduced into Congress. We give below the provisions of the bill. It provides for a commission, to be appointed by the President, and is in substance as follows:

"That a commission shall be appointed to investigate fully the subject of the pollution of rivers and other natural sources of water supply where the sanitary condition of the people of more
than one State is affected or threatened to be affected by such pollution, this commission to consist of three members, to be appointed by the president, by and with the consent of the senate, whose compensation during the time when actually engaged in the performance of their duties under this act, shall be $10 per diem each and reasonable expenses.

"Section 2. The commission shall meet in Washington, D. C., within 30 days after the passage of this act, to consider the methods to be adopted in the investigation, and it shall have authority and be empowered to make use of the services of chemical, bacteriological and sanitary experts, and of such persons as it may judge most competent by reason of their special knowledge and experience to afford it correct information on the subject of its inquiry, as well as in formulating its methods and in carrying them into effect. It shall meet thereafter from time to time at such places as it may consider best suited for the furtherance of its inquiry.

"Section 3. The commission shall report to Congress at its next session the progress made in the investigation undertaken under this act, and shall submit such suggestions as may seem desirable with the view of remedying any insanitary conditions that have been developed by its work."

Dr. George Homan, Health Commissioner, discussed the question with Major Charles Smart, Surgeon of the United States Army; an expert chemist and analyser of water, who has done a great deal of work for the National Board of Health, at the last annual meeting of the American Public Health Association at Montreal. At Dr. Homan's suggestion last month Dr. Smart drafted this bill, and in his letter submitting it to Dr. Homan, said that the bill met with the approval of Dr. Sternberg, Surgeon General of the United States Army. Before it was forwarded to Congressman Bartholdt the bill was submitted to and approved by Mayor Walbridge.—Exchange.

Progress in Medicine.

Abortion of Small-Pox.

The latest discovery.—Our readers will doubtless recall Dr. T. C. Osborn's article in the Texas Sanitarian on the abortion of small-pox after the fever had set in; the arrest, as he claimed, of the disease; the prevention of eruption and consequent pustulation and ergo the prevention of pitting. Also the Texas Medical Journal's remarks on it at the time. Dr. Osborn used a strong solution of corrosive sublimate all over the body, and claims that it destroyed the colonies of bacteria in situ.
It is believed now that the disease can be aborted by the injection of serum of an immune animal, and experiments are being made at Washington in that direction. The following we take from the U. S. Government Abstracts of Sanitary Reports. It will be read with interest:

"Just previous to the reappearance of small-pox in this city I had made arrangements with Dr. Ralph Walsh, proprietor of the national vaccine farm, to conduct a line of inquiry concerning the nature of vaccinia, and, while engaged in this, took advantage of the cases of small-pox to put a theory into effect. It has been already demonstrated by Maurice Raynaud and Sternberg that the blood serum of an immune animal destroys the potency of vaccine lymph. It has occurred to me, as well as to others, that this fact could be utilized in the treatment of small-pox by the injection of this serum in patients suffering with the disease.

"Accordingly, on December 23, 1894, I took a liter of blood from a heifer calf which had been previously vaccinated on November 26. At the time of bleeding, the local effects of the vaccination had disappeared, the animal to all appearances was sound and well. As soon as the blood was withdrawn it was taken to the laboratory, where on the next day, about 350 c. c. of tolerably clear serum were drawn off.

"A part of the serum was transferred to a small sterilized flask, while another part of equal quantity was passed through a special filter in order to remove the blood corpuscles and any chance bacteria which might have contaminated it.

"About 35 minims of pure vaccine lymph (two days old) was added to 2 c. c. of the filtered and unfiltered serum respectively. After a few hours' exposure, the serum was sent out to the vaccine farm, and a small heifer was inoculated in the usual manner with each sample. The results were negative in both instances, demonstrating that the process of filtration does not affect its power. The substance which possesses this neutralizing power is soluble, and not confined to the corpuscular elements.

"Accordingly I prepared a considerable quantity of this filtered serum and sent it to Dr. Elliot, the physician in charge of the small-pox hospital, accompanied with the request that he would use this serum upon such cases of variola as were in his judgment suitable for the experiment. It was suggested that the treatment be given to fresh cases before the stage of pustulation, for these I thought would react more favorably to the serum than older cases.
"As a trial dose 15 c. c. was suggested, to be repeated within from eight to ten hours if there was no reaction or amelioration of the symptoms. It was, however, the opinion that a larger dosage would have to be given before such effects would be noticed.

"It was suggested that a careful note should be made of the patient's condition before the administration of the serum, and accurate observations be made of the pulse, respiration, temperature, the presence or absence of albumen in the urine, and the condition in the eruption. It is much to be regretted by Dr. Elliot and myself that an opportunity did not offer to give serum to cases in the first stage of the eruption, whereas the treatment was confined to two which were in the pustular stage.

"Being in telephonic communication with Dr. Elliot, we managed to discuss the cases from day to day, and make mutual suggestions as to the modification of treatment. Dr. Elliot kindly sent the notes of the cases under treatment and embodies therein his conclusions, drawn from his observations on the effects of the serum."

[Dr. Elliot's report is omitted. One case died, and the other was thought to be modified by the treatment.—Ed.]

"From the history of the two cases treated with the serum, it appears that it does have a modifying effect upon the disease, especially upon the eruption (Case II).

"I am informed by Dr. Elliot that it was his belief that by administering the serum to the first case, life was prolonged at least seventy-two hours.

"Since it appears possible to modify the pustular stage of smallpox, and in this case have little or no pitting follow, it certainly appears reasonable to assume that it would have even yet a greater power over the disease in its first stages.

"Since it seems possible to mitigate the attack of variola, it also appears rational to presume that the serum would have power to render susceptible persons refractory to the disease. It is intended to pursue my investigations on these lines and incorporate the results of my experiments in a forthcoming communication.

"Very respectfully submitted,

"J. J. KINYOU

"Passed Assistant Surgeon, M. H. S."

* * *

And as germane to the subject, we reproduce the following
from Dr. Murfee's new Journal of Health, Sanitation and Clima
tology of the Southern States, published at Washington, and
mention of which will be found elsewhere in this issue:

"Up to this time the researches of bacteriology have been of
more benefit to preventive medicine than to therapeutics. Only
in a very limited measure has the knowledge of a specific cause
of disease been conducive to specific treatment. The latest dis-
coveries of bacteriologists, among whom is our distinguished
fellow member, Col. George M. Sternberg, Surgeon-General
United States Army, seem to indicate a new departure in the
treatment of infectious diseases.

"Although as sanitarians we are more directly interested in
preventive than curative medicine, yet the subjects are so closely
allied that progress in one is a step toward the other. In this
connection we deem it appropriate to reproduce the following ex-
tract from the masterly address, "On General Medicine," read at
the Detroit meeting of the American Medical Association, by our
esteemed friend, Dr. A. L. Gihon, Medical Director United States
Navy: 'Erhlich's experiments with pathogenic toxalbumins, Sewall's, showing that immunity from poisoning by rattlesnake
venom may be produced by small doses of its toxic agent, and
other facts, give strong support to the view that all infectious
diseases are due to the action of substances resembling the tox-
albumins already discovered, and that acquired immunity from
any of them is due to the formation of anti-toxines in the blood
of the immuned animal.'

"Sternberg suggests the possibility that in these diseases the
toxalbumin, which gives them their specific character, is a prod-
uct of the living cells of the body of the infected individual, and
says the inference is justifiable that the blood of tissue-juices of
any individual who has recently suffered an attack of small-pox
and scarlet fever contains an anti-toxine which would neutralize
the active poison in the circulation of another person immediately
after infection.

"Dr. Sternberg holds the experiment warrantable to ascertain
whether a small quantity of blood drawn from the veins of the
protected person would suffice to arrest or modify the course of
these diseases. The transfusion of a moderate amount of such
blood might be curative, or confer immunity in advance of in-
fection, and possibly an anti-toxine may be obtained from the
blood of vaccinated calves, which would have a curative action
on small-pox.
"Dr. Sternberg has himself demonstrated, by recent experiments with the blood of vaccinated calves, that there is something in the blood which does neutralize the specific virulence of vaccine virus, both bovine and humanized.

"These experiments are still in their infancy; it is impossible to foresee the results they may lead to. A new light seems to be dawning."

The Use of Horse Hair in Surgery.

BY C. M. DANIELS, M. D.
Chief Surgeon W. N. Y. & P. R'y., Buffalo, N. Y.

In presenting this subject I lay no claim to originality in the use of horse hair in surgical practice, as it was suggested to me ten years ago; but having used it extensively during the period mentioned, and not having seen the subject referred to but once in surgical literature, I venture to present this paper which will certainly, be commended for its brevity.

For many years, surgeons have been faithfully searching for the ideal suture, one that would be non-irritating, small in caliber, easily adjusted and afford the closest approximation of the skin layers, and this with special reference to wounds of the face or exposed parts where the avoidance of scars, more or less unsightly, is a great desideratum.

Catgut, silk and silkworm gut have long been used, but in the first we have a rapidity of softening and relaxation that will not infrequently result in a gaping wound. In the second, the resulting "stitch marks" which are frequently long in disappearing, added to the occasional irritation, and in the silkworm gut the rigidity of the suture itself makes each undesirable in superficial wounds, and all require dressings or coverings held by bandages, which are both disagreeable and cumbersome, especially when the patient is able to be about or upon the street. I speak with special reference to those wounds, which in themselves, are not serious enough to confine the patient, this being the class of cases where I feel free to recommend horse hair sutures, and upon which I note the following points:

1. Instead of a large or medium sized needle as required with even small strands of catgut, silk or silkworm gut, with the horse hair a small eye needle, curved or straight, according to
the preference of the surgeon, can be used, and thus minimize the size of each puncture of the skin.

2. Horse hair, when prepared as I will suggest later, has a firmness that will give support to the skin, and very materially aid in keeping in approximation the edges of the same, and more nearly resembles silkworm gut in its action in the tissue.

3. Where wounds are both lacerated and contused, with the fine needle, we can pick up many small but valuable parts which may be saved by gentle adjustment, and I will mention here that success, in any case, depends upon the care used in the introduction on one side, and exit on the other, of the needle near the margin of the cut or torn surface, which should always be at right angles to the incision or skin margin, so that when the tie is made the strand will be of the same length upon the under as upon the upper side, and at a little to one side of the wound line.

4. Horse hair sutures can be placed much closer together than other suture material, with less danger of strangulation of the skin margins, this in itself better assuring perfection of adjustment and more satisfactory results, and a "reef" or "granny" knot only, is required, being smaller than the ordinary surgical tie.

5. Horse hair will not bear any great amount of tension, and could hardly be recommended for use in the flaps after a major amputation, except to place between other sutures for the purpose of more carefully approximating the skin margins.

6. After the introduction of horse hair, the skin being accurately adjusted and operation having been performed under the aseptic surgical procedures of to-day, except in excessive injuries, no dressing is required other than carefully drying the parts and brushing over with a layer of aseptic flexible collodion, which, as it dries, will aid the horse hair in holding the skin in position.

With special reference to facial wounds, the field for the fastidious surgeon is here a great one, as horse hair at almost any hue of fast colors can be obtained, and he can place almost invisible stitches, from the color of the skin of the albino to that of the darkest African.

And now a word relative to the preparation of horse hair for surgical purposes: The convenience of the stable places it in every surgeon’s hands, and the hair needs only a thorough washing with soap and water, then for two or three days in 1 to
1,000 hydrarg. bichlo. solution, and transferred to 95 per cent. alcohol until used. I believe that when this material is more generally used and appreciated, that surgical supply houses will place it upon the market, and I have already made such a suggestion to one of them, and without hope of reward.—Journal Am. Med. Assn.

Medical News and Miscellany.

Dr. J. Q. Burton has removed from Jacksonville, Texas, to Mt. Selmon, Texas.

Dr. B. W. Palmer, for some years editor of the Detroit Medical Age, died at Nyack-on-the-Hudson, January 4.

In a recent fire in Jewett, Texas, Dr. W. T. Evans lost his office, books, instruments and stock of drugs. No insurance.

Dr. Emory Lanphear has resigned from the faculty of the St. Louis College of Physicians and Surgeons, and also from the editorship of the college organ, the St. Louis Clinique.

The Texas Medical College (Medical Department, University of Texas).—The legislature has made an appropriation of $40,500 for the medical branch, in addition to the $35,000 for the University proper.

Sic Transit.—The Wooten Bill to Regulate the Practice of Medicine came up in the Texas Senate on March 3d as the special order of the day, and was, on motion of Senator Steele, indefinitely postponed.

The French Government has made a decree shutting out American cattle on the alleged ground of pleuro-pneumonia. Minister Eustis has entered a protest. This will throw it into the courts, and act as a stay, at least for some months.

Fort Worth Medical College.—A letter from Prof. E. J. Beall, M. D., of the Medical Department Fort Worth University, reports "about seventy good students" in attendance on lectures, and good grounds for expecting 150 next session. Good!
Dr. G. W. Cain, of Elgin, an old resident physician of that place, a member of the State Medical Association and of the Austin District Medical Society, died at his home on the 7th of February, ult., of "heart failure," says the Texas Sanitarian.

Singular Fact.—The total amount necessary to run the great State of Texas is $2,750,000, that being the amount, in round numbers, of the estimate on which the appropriation will be based. Texas has, in round numbers, 2,750,000 inhabitants, and produces 2,750,000 bales cotton.

Died, February 21st ult., Dr. Grace Danforth, at her home in Granger, Texas. Dr. Danforth was a talented lady physician, who, had she lived, would have achieved distinction. She was sister of Dr. C. A. Danforth, whose early demise the JOURNAL was called upon to chronicle a few months ago.

The quarantine steamer, "Bessie Ross," purchased by Dr. Rutherford when he was State Health Officer, and named by him, and which has for four years been lying unused at the Harrisburg wharf, has been sold by State Health Officer Swearingen, for $2500, by special act of the legislature authorizing sale. She cost $15,000.

A Fellowship in Pharmacy, Chemistry and Pharmacology, to be known as the "Stearns Fellowship" has been established at the University of Michigan at Ann Arbor, and endowed by Frederick Stearns & Co. by $600 donation. Messrs. Stearns & Co. only recently presented the University with an art collection comprising hundreds of paintings of Japanese fishes.

We ought to have an inspector of all drugs and medicines of the patent kind, in addition to a strict law regulating their sale. In Boston, recently, there was brought to the notice of the board of health a patent "face-bleach," consisting of a four ounce mixture, containing 27 grains of corrosive sublimate. We don't know if it would bleach, but it would surely blister.

The Senate Committee have recommended $42,000, the amount estimated and asked for by the State Health Officer as the appropriation for the quarantine department. The joint committee has not yet reported. Should this appropriation carry, $2000 of
it will be devoted by the State Health Officer to bacteriological research. The House Committee has reported $40,000.

The Texas State Medical Association—let it be remembered—meets in Dallas on the 4th Tuesday next month—April. If the Secretary should send in the program and announcement in time, they will appear in our April number. Meantime the papers for the Section of Practice should be sent to Dr. J. W. Carhart, LaGrange, Chairman, or to Dr. J. H. Frey, Dallas, Secretary.

Castration for Hypertrophy of the Prostate.—In our February number we published Dr. J. William White’s paper on this subject. Dr. L. M. Green, in Lancet-Clinic, reports another case successfully operated upon, in addition to those reported in Dr. White’s paper. The success of the operation is considered established and it will doubtless be called “the White operation.”

A funny question has been sprung: Is there any sound where there are no ears? Does the falling of a tree, for instance, make a noise when no one hears it? We invite a discussion through our columns; it will give readers something to puzzle over as they jog along over curduroy roads “dollar-a-mile” (on paper), and relieve the strain of figuring how one is going to make the promises of his patrons, pay his grocery bill.

The Medical Examiner is a monthly journal devoted to the exposition of the theory and practice of physical diagnosis, and to the study of disease. It is published in the interest of medical examiners for the Army and Navy, for Life Insurance, for Accident Insurance, for Masonic Insurance, for Police Departments, for Fire Departments, for the Pension Bureau, for the Civil Service and for Railroads, etc. G. W. Wells, A.M., M.D., Medical Director Manhattan Life Insurance Co., Editor. Subscription, $2 a year. Club with Texas Medical Journal, both for $3.

Home Industry.—We see by the Detroit Journal, of Feb. 9, that a reporter of that paper has made a tour of Parke Davis & Co.’s laboratory, and has given their antitoxine industry a voluntary and complimentary write up. The Journal describes the mode of manufacture in a most realistic way, and states that the antitoxine will be sold early in the spring. Parke Davis & Co. are surely wide-awake, enterprising chemists, and are usually the
first to put upon the market a new drug, or a new discovery in therapeutics—thus seconding the efforts of the investigators in medical science.

Professor Isadore Dyer, of Tulane University Medical Department, New Orleans, has resigned the editorship of the Department of Dermatology in this JOURNAL on account of press of professional duties. In this connection we must state that the same cause is operating to prevent the other members of the JOURNAL's staff of collaborators from contributing their usual quota to the several departments, but we are advised that upon the close of the college term they will all resume the pen; and this summer we will give the readers of the Red Back a most acceptable variety of medical reading. Bear with us.

To Prevent Blindness.—The subject of the prevention of blindness by timely precaution has been agitated for a year or so, and it has culminated in steps to put the theory into practice. The Ohio legislature has passed a law requiring physicians and midwives to give timely attention to all infantile sore eyes, and Texas is following in the same line. A bill to prevent blindness is now before the legislature and probably will be passed. It requires midwives to report to a physician every case of sore eyes in the new born, and requires physicians to report to the health authorities those cases of a contagious nature.

P. S.—The committee reported adversely, and the bill will not pass.

Dr. F. S. White, so long and so favorably known to the profession of Texas as the able Superintendent of the State Lunatic Asylum at Austin, has located in Houston and will engage in general practice. The JOURNAL is pleased to learn that he has formed a co-partnership with Dr. E. T. Cook, a leading physician of the place. Dr. Cook is County Physician and President of the District Medical Society, and is well known throughout the State. Dr. White still has it in contemplation, as we announced in a recent issue—at some future time—to establish a sanitarium for the treatment of nervous diseases—a line in which he has had such long experience and such splendid results, but will postpone it until times get better. The Houston people are to be congratulated upon the accession of Dr. White and his estimable lady to their society and citizenship.
Bills and Bills.—There is now before the Texas legislature, in addition to other bills of interest to doctors, mentioned elsewhere, a bill to "regulate the practice" of pharmacy. It prohibits the refilling of a physician's prescription without written authority, where the prescription calls for opium, cocaine, mor- phine, etc.; a bill to "regulate the practice" of dentistry, requiring examination before a Dental Board; a bill to create a "State Embalming Board" to "regulate the practice" of embalming, in the interest of public health. There is also a bill to make appropriation for the payment of a large amount of quarantine bills, incurred under Gov. Ross' administration, over and above the appropriation for quarantine purposes. It amounts to about $70,000. The annual appropriation was then about what it is now, forty to fifty thousand dollars. Since which time the total expenses of quarantine have been kept within the appropriation.

"Health Sanitation and Climatology of the Southern States" is the name of the latest addition to our long list of medical (and allied) journals. We have received Vol. 1, No. 1. It is in a pretty, salmon colored cover, contains thirty pages, and is illustrated by pictures of scenery along the French Broad River. Dr. W. C. Murphy, Washington, D. C., is editor and publisher. [It has a pretty long name; we don't know what the doctor calls it when speaking of it, but suggest for convenience "the Journal of H. S. & C. of the S. S.]

Publications of this branch are getting to be very numerous. It shows increased interest in it which is very gratifying. Preventive medicine will be the medicine of the 20th century; most of the progress now being made is along the line of research as to causation. Means of prevention will naturally follow. The public is being slowly but surely educated up to an appreciation of the possibilities of State medicine. Dr. Murphy says in his saluta- tory: "The time will come when an educated public opinion will unite with the advances in medical science in demanding statutory provisions for disease, infection and the spread of epidemics as much as those which now govern our finance, commerce and property rights." And again: "Sanitarians estimate that if one half the money expended in curing consumption [Who "cures" it, doctor? Nobody pretends to cure it but Amick, we believe.—Ed.] were devoted to its prevention, the disease, within the next twenty years, could be effectually stamped out."

Texas State Medical Association—Section on Surgery.

FORT WORTH, TEXAS, Feb. 25, 1895.

DEAR DOCTOR—The time is rapidly approaching when the Texas State Medical Association will convene at Dallas.
It is earnestly desired that the Surgical Section be sustained at its former high standard.

We cordially invite you to contribute a paper upon some surgical subject, and advise us at your earliest convenience as to the title of same, that it may appear in the official program and receive its deserved consideration.

A. C. Walker, M. D., Ch'n. Sec. Surgery.
E. D. Capps, Secretary, 514 Main street.

Book Notices.

Diseases of the Chest, Throat, and Nasal Cavities. Including Physical Diagnosis and diseases of the Lungs, Heart, and Aorta, Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland, and Oesophagus. Third edition, revised. With 240 illustrations, 8vo, 718 pages. By E. Fletcher Ingals, A. M., M. D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of the Throat and Chest, Northwestern University Woman's Medical School, etc., etc. Price, muslin, $5. William Wood & Co., Publishers, 43, 45 and 47 East Tenth Street, New York City.

The second edition of Dr. Ingalls' book met with a cordial reception by the medical profession generally, and he has found it necessary to issue a third edition in less than two years from the time the second was printed. In this edition, no great alteration has been made in the text, but several minor changes have been made, and a few pages have been added, to keep abreast of our advancing knowledge on the subjects under discussion.

The subjects of the etiology, pathology, symptomatology, diagnosis, prognosis, and treatment of the diseases of the respiratory and circulatory organs, are here presented in a convenient form.

The volume contains thirty-seven chapters, fifteen of which are devoted to the consideration of diseases of the chest, fourteen to that of diseases of the throat, seven to diseases of the nose, and one to diseases of the thyroid gland and oesophagus.

Of the fourteen chapters on diseases of the chest, four are devoted to the consideration of physical diagnosis, six to pulmonary diseases, two to the heart, two to cardiac diseases, and one to diseases of the thoracic arteries. The fourteen chapters on diseases of the throat are allotted as follows: Two to the throat and its examination, four to diseases of the fauces, one to diseases of
the pharynx, and seven to diseases of the larynx. Of the seven chapters treating of diseases of the nose, six are on diseases of the nasal cavities, and one on diseases of the naso-pharynx.

The book contains an appendix, giving many valuable formulae for gargles, trochisci, vapor inhalations, spray inhalations, dry inhalations, pigments, insufflations, and nasal douches.

The general arrangement of the book, the amount of space allotted to each subject, and the thorough manner in which each subject is discussed, all contribute to its superior worth. One of its many valuable features is the parallel tables in making differential diagnosis. The author's experience as a teacher of practice of medicine and laryngology has rendered him conversant with the needs of the student and practitioner, and has enabled him to produce a book of the greatest interest and utility to them.

H.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By Ch. Bouchard, Professor of Pathology and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a preface, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne, and Examiner in Physiology, Conjoint-Board of England. In one octavo volume; 302 pages. Extra cloth, $1.75 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry street.

The thirty-two lectures in this volume treat of the operation of poisons introduced from without or generated within the body of men, and the part they play in health and disease. They deal with the production and elimination of poisons by the organisms; the toxicity of urine, the part the toxic principles in urine play in producing uræmia; toxicity of the blood and tissues; toxicity of the fluids and of the contents of the intestines (bile and the products of putrefaction); intestinal antisepsis; pathogenesis of uræmia, distinction between the symptoms of the pre-uræmic period of nephritis and the symptoms of intoxication; the part played by organic substances and mineral matters in uræmic intoxication, the therapeutic pathogenesis of uræmia; transitory or acute auto-intoxication of intestinal origin—internal strangu-lation and constipation—gastric disorders—indigestion—poison-ing by tainted meats; chronic gastro-intestinal auto-intoxication dilation of the stomach—etiology, pathogenesis and therapeusis; auto-intoxication of intestinal origin; typhoid fever, pathogenic therapeusis of typhoid fever, antisepsis of the internal medium, retinment of high temperature, new mode of bathing in fevers,
dieting of fever patients; auto-intoxication of bile, pathogenesis of jaundice, malignant jaundice, aggravated jaundice; the toxic nature of pathological urines; pyocyanic disease; poisoning accidents in diabetes; poisoning by pathological poisons; cholera; and the general therapeutics of self-poisoning.

A careful study of this book will convince any one that auto-intoxication, or self-poisoning, is a much more important factor in the production of pathological conditions than is generally supposed, and that putrefactive processes in the alimentary canal and the development of physiological and pathological alkaloids play an important part in many diseased processes until lately unknown or misunderstood.

The practical application of the knowledge gained in this volume is in the prevention of the introduction of poisonous or putrefactive substances, the elimination of toxic matter, and the destruction of these poisonous principles in the economy by the administration of suitable antiseptic agents.

In the treatment of typhoid fever, for instance, the advice of the author to depend largely on the administration of antiseptics, is in accord with the latest teaching by the more progressive men of our time, and there can be no doubt that by this method the course of this disease (and many others) can be favorably influenced. The book is a most excellent one, and no physician can give it careful study and not be greatly benefited thereby.

H.


This is the first volume of what may justly be termed the crowning medical publication of a century rich in the literature of the healing art. The last great work of this kind, devoted to internal medicine, that of Ziemssen, was published before the new science of bacteriology was developed; and it is fitting now that the publishers of the English translation of that work should bring out a new encyclopedia of modern medicine as it is at the end of the nineteenth and beginning of the twentieth centuries. As we learn from the announcement, the work will consist of twenty volumes, the first twelve being devoted to the systematic affections, including diseases of the skin and nervous system, and the remaining eight containing treatises on the
infectious diseases. The writers have been chosen from all the countries of Europe, as well as from America, and are almost without exception, men of international reputation who have won for themselves a position in the first rank of medical teachers.

Volume I., which has just appeared, treats of disease of the uropoietic system. The first article, on diseases of the kidneys, is from the pen of Dr. Francis Delafield, of New York. The classification of kidney diseases, which the author makes, is extremely simple, and assists the reader greatly in arriving at a clear understanding of the morbid changes which these organs undergo. The diseases of the renal pelves, the ureters, and the bladder are presented in two excellent articles, by Mr. Reginald Harrison, London. These are followed by two systematic and lucid treatises on the diseases of the prostate and male urethra, by Dr. G. Frank Lydston, of Chicago. The diseases characterized by changes in the urine (haematuria, cystinuria, chyluria, pyuria, etc.) The albuminuria of nephritis and diabetes mellitus are not included in this article. The closing treatise of the volume is one on the diseases of the female bladder and urethra, by Dr. Howard A. Kelly, of Baltimore. In this article the author describes at length his new method of examination of the bladder and ureters in the female, which we believe has never before been described in any text-book or treatise.

A Manual of Modern Surgery, General and Operative. By John Chalmers Da Costa, M. D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia; Chief Assistant Surgeon, Jefferson Medical College Hospital, etc., with 188 Illustrations in the text, and 13 full-page plates in colors and tints, aggregating 276 separate figures. Price in cloth, $2.50 net. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia. 1894.

This volume of 809 pages is not to be confounded with the incomplete compends of surgery, but is intended to occupy a place between these and the large and cumbrous textbooks. Its aim, as the author announces in his preface, is to present in clear terms and in concise form the fundamental principles, the chief operations, and the accepted methods of modern surgery; and in this purpose the author has succeeded most satisfactorily.

To operative surgery has been given more than ordinary space and attention, the most important procedures being fully described, giving also the instruments and appliances necessary, and the position assumed by patient and operator.
Fractures and dislocations, the most important part of surgical work, especially with the general practitioner, are here fully discussed, a large amount of space being devoted to their consideration.

Diseases and injuries of special parts and organs, the head, the heart, the bones and joints, the spine, the digestive tract, the abdomen, the rectum and anus, the muscles, tendons, nerves, etc., have received careful discussion.

Orthopedic surgery has received due attention, and surgical dressings, antiseptics, anaesthetics, etc., are given the attention their importance demands.

The book is thoroughly practical, and as concise as can be made to include the essentials in surgery.

H.


Dr. Owen, when a tardy and incredulous public shall have done him justice, will be immortal. The discovery of the cipher which for perhaps a hundred years has been believed to lie hidden somewhere in Bacon's writings, whereby the secret so securely locked up for three centuries is at last revealed; the deciphering of the wonderful, thrilling secret history of Elizabeth and her times—the revelation of the fact that Bacon was the rightful King of England—and the manner in which he was defrauded of his birth-right ought to constitute one of the most striking epochs of the nineteenth century, and live forever in history,—and it will. The importance of the discovery can scarcely be comprehended. Shakespeare is so enshrined in the hearts of all people that it will be hard to dislodge him; to make them realize that all the glory which has so long surrounded his name was but a borrowed light, and by rights belongs to another. But this, Dr. Owen has, in our judgment clearly demonstrated. It is utterly absurd to suppose for a moment that he could have manufactured the story; and had he done so, no mortal man could have put it into the language with which it is clothed. Dr. Owen asks no one to take his word for anything; he submits proof as strong as those from holy writ—in substantiation of every claim. In volume 4, just out, he reveals the secret which readers have been so long and impatiently expecting,—the how he found the key, and the manner of deciphering.

While a medical journal is not exactly the place for a review of a work of the kind, we make this mention here believing our readers will be interested in the subject, and will want to read the
works. It is most intensely interesting, thrilling, astounding, and may well challenge belief. It will, no doubt, and should be, dramatised.

__LANDMARKS IN GYNECOLOGY.__ By Byron Robinson, B.S., M.D., Chicago, Ills., Professor of Gynecology in the Chicago Post-Graduate School; Gynecologist to the Woman's Hospital, the Charity Hospital, and the Post-Graduate Hospital. In two volumes, of about 110 pages each. Price per volume, paper cover, 25 cents; cloth, 50 cents. George S. Davis, Publisher, Detroit, Michigan. 1894.

These little volumes are written in Dr. Robinson's usually happy and interesting style. They contain an abstract of some of his lectures at the Chicago Post-Graduate School. He divides the subject into prominent "Landmarks" for convenience of teaching, and for the purpose of impressing upon practitioners the chief features of gynecology.

His "Landmarks" are as follows: (1) Anatomy; (2) Menstruation; (3) Labor; (4) Abortion; (5) Gonorrhea; (6) Tumors.

It is safe to say, says the author, that in one of these landmarks will be found the disease from which the patient suffers. The author presents some original views and new classifications; and his writings give evidence of personal labor and investigation.

__A MANUAL OF PRACTICE OF MEDICINE, PREPARED ESPECIALLY FOR STUDENTS.__ By A. A. Stevens, A. M., M. D., Lecturer on Terminology, and Instructor in Physical Diagnosis in the University of Pennsylvania; Demonstrator of Pathology in the Woman's Medical College, etc., etc. Third edition, revised. Illustrated. Price, cloth $2.50. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.

This book was written for the especial use, and at the request of medical students. There is no denying the fact that the average text-book on the practice of medicine is confusing to the mind of the beginner in the study of medicine, because of the theoretical discussions in which it engages, and the very minute details it observes in presenting any subject to the student. In this condition of things, a more concise work, if proper care and judgment have been exercised in its preparation, will prove of greater value to the medical student than the very large textbooks.

This book of Dr. Stevens has been prepared with the greatest care, and the very difficult task of leaving out that which is of the least importance, has been well performed. We take pleasure in recommending the book to medical students. H.
A TREATISE ON DIPHTHERIA. By Dr. H. Bourges. Translated by E. P. Hurd, M. D., Professor of Pathology in the College of Physicians and Surgeons, Boston, Mass., Physician to the Newberry Hospital, etc., etc. 173 pages. Price, paper cover 25 cents, in cloth 50 cents. George S. Davis, Publisher, Detroit, Mich. 1894.

Dr. Bourges has written a very interesting monograph on the important subject of diphtheria. He gives its history; etiology, bacteriology, symptoms, complications, progress, duration, termination, diagnosis, prognosis and treatment.

In all he has exercised care and judgement that the information furnished might be as complete, as fully up to date and as practical as possible. He has not attempted to give the innumerable variety of therapeutic methods and agents which have been proposed for diphtheria, but has confined his recommendations to such agents as have stood the test of continued trial. No doctor can read the book without profit.

H.

ESSENTIALS OF DISEASES OF THE EAR. Arranged in the form of questions and answers. Prepared especially for students of medicine and post-graduate students. By E. B. Gleason, M. D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia; Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia. Price, in cloth, $1.00. W. B. Saunders, publisher, 925 Walnut St., Philadelphia, Pa.

This volume contains 147 pages, and is No. 24 of Saunders' Series of Question Compend, It was the intention of the author to supply a book mainly for physicians who may desire to take a post-graduate course in Otology. There can be no doubt that a book arranged in the form of questions and answers is of greater value to the physician who wishes to make a hurried review of the subject than is a large text-book. In a book of this kind and prepared with as much care and painstaking as this one has been, everything essential to the subject can be compressed into very small space.

H.


This book contains one hundred and twenty-five pages of reading matter and is interleaved for taking notes. The book will be
valuable to both teachers and students. To the former it will furnish printed headings that may be used in the class room, serving as a guide during the elaboration of the subject by the teacher. To the student it will furnish an outline of the principal facts in human embryology, and the blank pages afford convenient space for taking notes of the lectures.

The book does not go into the details and theories of human embryology, but for these the student is referred to larger works dealing with this branch of medical science. The volume is a handsome one, and we believe will become quite popular. H.

**Essentials of Diseases of the Skin, including the Syphilodermata.** Arranged in the form of questions and answers. Prepared especially for students of medicine. By H. W. Stelwagon, M. D., Ph. D., Clinical Professor of Dermatology in Jefferson Medical College etc., etc, etc. Philadelphia: W. B. Saunders, 1894. $1.00.

This is the third edition of this book. It is clearly written, nicely illustrated and contains much that is of value, not only to the student but to the practitioner as well. Dr. Stelwagon is one of our ablest teachers of dermatology, and what he says on this subject may be considered as authority. H.

**Publishers’ Notes.**

Eczema and Acne Remedy.—Sample free. Address: Box 359, El Paso, Texas.

Dr. Charles Day, M. R. C. S. etc., 79 St. Mark’s Square, West Hackney, London, writes, on January 17th, 1893: I have prescribed your preparation, Iodía, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhœa, and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodía on the part, and the discharge gradually dried up.

Chorea.—The following treatment for chorea is highly recommended by Dr. L. E. Lemen, Professor of Clinical Surgery in the Gross Medical College of Denver; Health Commissioner of Denver; Surgeon to St. Joseph’s Hospital; Division Surgeon of Union Pacific Railway; President of State Board of Commissioners of Insane Asylum, etc., etc.: “Put the patient on Fowler’s solution of arsenic and continue until the eyelids show distention, then stop the arsenic and administer Angier’s Petroleum Emulsion until this symptom disappears.”

Dr. Lemen claims that, by alternating these two remedies in this way, he has never failed to cure the worst cases in from three to five weeks.
Pasteurine combines the antiseptic power of Ceylon cinnamon oil or essence, devoid of its irritating properties, and has in addition the germicidal properties of citric acid, eucalyptus and gaultheria in such an artistic and scientific combination as to produce a decidedly elegant preparation with very effectual antiseptic powers.—Maryland Medical Journal, February, 1895.

Doctor, do you need a battery? The JOURNAL has several new McIntosh batteries, both Galvanic and Farradic, which will be sold to subscribers at less than manufacturers' discount prices. We have one 24-cell Galvanic, the catalogue price of which is $55; one 12-cell ditto, the catalogue price $30; one McIntosh No. 3 Physician's Battery, $30, and a ditto "Family Battery" listed at $10. From the above list prices we will make a large deduction. We solicit correspondence. If you want one of the above, we will make the price satisfactory.

General Lord Wolseley makes a most important contribution to the literature of the China-Japan war. In an article for the February Cosmopolitan, he discusses the situation and does not mince matters in saying what China must do in this emergency. Two other noted foreign authors contribute interesting articles to this number. Rosita Mauri, the famous Parisian danseuse, gives the history of the ballet, and Emile Ollivier tells the story of the fall of Louis Phillippe. From every part of the world, drawings and photographs have been obtained of the instruments used to torture poor humanity, and appear as illustrations for a clever article, by Julian Hawthorne, entitled, "Salvation via the Rack." Mrs. Reginald de Koven, Anatole France, W. Clark Russell, Albion W. Tourgée, and William Dean Howells are among the story tellers for the February number of The Cosmopolitan.

The Retreat, at Nashville.—The JOURNAL calls attention to the advertisement in this issue, of this well known private hospital for the treatment of insanity and all forms of nervous disease. It is well known that there are many more insane than can be accommodated in the State institutions; to say nothing of the reluctance well to do and refined people have to placing an afflicted member of the family in such asylums, and there is, therefore, a want supplied by the Retreat,—privacy—comfortable quarters—quiet—the highest skill, and the attention of experienced assistants. The Retreat is in immediate charge of Dr. E. L. Lewis, Jr., and Dr. John H. Callender, the well-known Alienist and Neurologist, is the Consultant. It will be remembered that Dr. Callender was one of the experts chosen in the celebrated Alice Mitchell case. He was formerly Professor of Physiology, and is now Professor of Diseases of the Brain and Nervous Diseases and Forensic Medicine in the University of Tennessee and Vanderbilt University Med. College. He was also a long while in charge of the Tennessee Insane Asylum. He is, therefore, well known to the profession and to the people of the United States as a man of the highest order of attainments, while his
experience and observation are second to no one in America. Write to Dr. Lewis for further particulars, and mention this notice.

Treatment of Gonorrhea.—I. Humphrey, M. D., Fairbury, Neb., says: The cure of gonorrhea in some cases, is no trifling matter, as I long ago learned, not from books, but by experience. Such remedies as the doctor describes will often produce just such results, or did for me in my early practice. Any preparation of mercury, sulphate of zinc, nitrate of silver, acetate of lead, or, in fact, any and all astringents too strong, given in the early stage of gonorrhea, will be very likely to result in stricture or orchitis. Many cases thus treated come to me from other M. Ds. It is far better to do nothing than to use such remedies, especially in the early stage. Never use any medicine the first two to four days after the discharge appears. Use only warm water frequently injected with a P. P. vulcanized syringe (use no glass syringe). Use the injection immediately after urinating, so as to avoid carrying the virus further up the canal. Give at the commencement a laxative of any bland cathartic, if necessary, to keep the bowels loose. After three or four days' use of warm water, use instead:

Rb White Pinus Canadensis (Kennedy's) .... 1 ounce.
Morphia sulph ....................... 15 grains.
Aqua ferv ......................... 5 ounces.

M. Sig.: After passing urine, to wash out the canal, inject a full P. P. syringe of the medicine, holding it in the penis three to four minutes. Use three times a day.

If more than one bottle is required, fill the bottle each time after the first is gone, just the same, only use two ounces of the Pinus Canadensis; order plenty of nourishment, no intoxicating drinks, avoiding all excesses, and you will have no cases of orchitis, or stricture, and last, but not least, make no failures, nor will ever need to blister the penis.

Digestion and Diet, by Sir William Roberts. The appearance of this little book almost marked an era in the field of physiological chemistry, and at once stamped the author as an authority on all subjects pertaining to human food.

In speaking of starch, he says: "The importance of starch as an article of human food has perhaps scarcely been duly recognized. If we regard the enormous proportion in which the seeds of cereals and leguminous plants and the tuber of the potato enter into our dietary, and the immense percentage of starch in these articles, it is probably not too much to say that fully two-thirds of the food of mankind consists of starch."

It is deplorable, but a fact nevertheless, that intestinal or pancreatic indigestion is rapidly increasing, and starch must be omitted from the dietary of a patient so afflicted, for, notwithstanding its importance as a food, if it is not digested it rapidly foment, and is consequently worse than no food at all.

It is in cases of this kind that an artificially-digested starch food like Paskola proves of greatest value, for not only does it
The New Antipyretics

As the season is approaching when it is reasonable to expect there may be more or less of *la Grippe* or Influenza, which prevailed in this country several years ago, we desire to call the attention of the Profession to the compressed form for administering the following remedies, insuring immediate therapeutic results, the Compressed Tablet being much more readily soluble than the ordinary pill, with greater convenience and absolute exactness.

The large number of these Compressed Tablets which we have sold, has proven the efficiency of these remedies, as well as the great favor with which our process of compression has been received by the medical profession.

The absence of any excipient,—the Tablet consisting merely of the dry powder compressed—must commend itself to the physician; resulting in the rapid disintegration and assimilation by the system, which is not possible with the ordinary pill, prepared by means of gum or some other excipient, which hardens the mass and prevents rapid solubility.

The following comprise the remedies of this character which we are prepared to supply:

**ANTIPYRINE, 1, 2, 3, 5 and 10 Grains.**

**ANTIPYRINE and QUININE.**
(Antipyrine 2 grains, Quinia Sulph. 2 grains.)

**ANTIPYRINE and SALICYLATE of SODA.**
(Antipyrine 2 grains, Salicylate of Soda 2 grains.)

**ACETANILID, 1, 2, 2 1-2, 3, 4, 5, and 10 Grains.**

**ACETANILID COMPOUND (Dr. Aulde’s), 1-2 Grain.**
(Acetanilide 7-20 grain, Caffeine 1-20 grain, Soda Bicarb. C. P., 1-10 grain.)

**ALSO, 2 AND 5 GRAIN TABLETS OF THE SAME FORMULA.**

**ANALGESINE.**
Acetanilide 3 grs., Chloride of Ammon. 1 gr., Citrate of Caffeine ½ gr., Bicarb. Sodium ½ gr.

**ACETANILID and SALOL, 2 1-2 Grains of Each.**

**ANTIFEBRIN, 2, 3 and 5 Grains.**

**ANTIFEBRIN and CHOCOLATE.**
(Antifebrin 5 grs., Sweet Chocolate 10 grs.)

**PHENACETINE, 1-2, 1, 2, 3, 5 and 10 Grains.**

**PHENACETINE and CAFFEINE.**
(Phenacetine 3 grs., Citrate Caffeine 1½ grs.)

**PHENACETINE and SALOL.**
(Phenacetine 2½ grs., Salol 2½ grs.)

A paper, embodying a number of formulae as prescribed with marked success in both hospital and private practice in different phases of *la Grippe*, giving in detail the chemistry of all the Antipyretics and other remedial agents now being largely prescribed by our most eminent practitioners, for the prevailing disease, will be sent on application.

JOHN WYETH & BROTHER, Philadelphia.
present this most important element of the human diet in a form ready for immediate assimilation, but it aids the digestion of other foods.

The uses of such a preparation are legion, and Paskola is destined to fill an important place in the newer materia medica. A supply of the product will be gladly sent, express prepaid, to any physician who may wish to test it in his practice.—Reprinted in the Daily Lancet.

The Physiological Action of Sulfonal, Trional and Tetronal.—In an essay of seventy-two pages to which was awarded Alvarrenga prize of the Royal Academy of Medicine for 1894, Drs. Vanderlinden and DeBuck, of Ghent, detail a long series of experiments made on animals with a view of elucidating the physiological action of the disulfones, comprising Sulfonal, Trional and Tetronal. Their conclusions which are based upon these investigations, as well as upon an exhaustive study of the literature are as follows:

1. Sulfonal, Trional and Tetronal exert real toxic effect on the organism of the rabbit and guinea pig, although in a comparatively feeble degree.

2. The degree of toxic power diminishes from Tetronal to Sulfonal. Our experience does not yet permit us to determine positively the toxicity of the three products.

3. Medium sized doses do not influence—in any perceptible manner—the metabolism of the rabbit. They do not, as such, give rise to a destruction of the albuminous molecule. The modifications observed (increased elimination of urea and of chlorides) are due to the diuresis which always accompanies the administration of moderate doses.

4. The diuretic action is, in fact, inversely proportional to the toxic action.

5. The modifications induced in the metabolism of the rabbit are due to the loss of appetite and consequent comparative state of inanition of the rabbit. The increase in the secretion of urea and of salts, comparably to that of simple inanition in the rabbit, in cases where it exists is always accompanied by active diuresis. If the latter fails, the mean proportion of urea eliminated by the sulfonized rabbit falls below the proportion eliminated by the rabbit in simple inanition.

6. Sulfonal, Trional and Tetronal are not, properly speaking, poisons of the blood. The modifications which they produce in the relative number of red blood globules are due to a lymphagogue property.

7. They produce hypoleuocytosis.

8. The greater part of the phenomena observed under their influence can be interpreted on the ground of an indirect modification of the physico-chemical properties of the blood and of the tissues (hydramemia, modified alkalescence). It must be left to future observations to furnish the proof of this fact.

9. The morphological changes produced by toxic doses of Sulfonal, Trional and Tetronal in the principal organs of the body are of slight extent.
HEMORRHIOIDS, AND TREATMENT.

BY C. T. YOUNG, M. D., WACO, TEXAS.

Read before the Waco Medical Association, February 12, 1895.

For convenience I will divide hemorrhoids into the old division, external and internal. External hemorrhoids are those developing outside the external sphincter muscle, due generally to a varicosity of the external hemorrhoidal vein, and is therefore an affection of the general venous circulation. Internal hemorrhoids are those developing inside the external sphincter muscle. They develop from the internal or superior hemorrhoidal veins, and are connected with the portal circulation.

EXTERNAL HEMORRHIOIDS, thrombus, varicose, inflammatory connective tissue. Thrombotic pile is a small round or oblong tumor, due to coagulation of blood in a dilated hemorrhoidal vein, or rupture of the vein, with consequent extravasation of blood into the subcutaneous connective tissue of the anus. They are painful at first, owing to unusual tension, but if left alone, for ten days or so, the pain generally subsides, and the clot is usually absorbed, leaving only a slight induration; if irritated however, these piles may set up a cellular inflammation, which will eventuate in marginal abscess or subtegumentary fistula.

Treatment: Both cold and hot applications have been highly recommended, but the radical treatment is so sure and simple, I
think is the only one due consideration. Having cocainized the parts, lay the sac freely open, clean out the cavity well, and wash with boracic acid solution, then pack with iodoform gauze; if necessary apply slight pressure until bleeding is controlled. After twenty-four hours remove packing and allow wound to heal, keeping parts clean by bathing two or three times a day in cold water.

**Varicose Hemorrhoids.**—This form of external piles are tumors composed of varicose veins about the verge of the anus. They are seen more frequently in men of sedentary habits, and women in the higher classes of society. They are usually due to constipation and prolonged straining at stool. These tumors are not circumscribed, as are the last, and it is difficult to locate their boundaries. During and after the acts of defecation, or straining, they swell and become very prominent, and cause an uneasiness rather than pain, which disappears after the circulation is re-established.

*Treatment:* When uncomplicated these piles should be treated with a sponge frequently dipped in ice-water, for about fifteen minutes at each sitting, two or three times a day, and at bedtime apply thoroughly an astringent ointment. Dr. Tuttle, of New York, uses ung. stramon. ung. belladona, ung. ac. tannic a part. I think any good astringent ointment will suffice. The patient's bowels should be regulated, and he should avoid prolonged straining.

**Inflammatory External Hemorrhoids.**—The tumors originate in the inflammation and swelling of the anal folds. They are called Cripps' oedematous piles. They are tumors having a muco-cutaneous covering containing distended arteries and veins with more or less serous effusion. They are due to traumatism, or irritation either from within or without the rectum. Anal or rectal ulcers with irritated discharges, fissures, chancroids, improper toilet material, rough wiping, improper use of the enema tube, rectal masturbation, hard fecal masses, etc., may all produce them. This variety of piles being so very painful, disables more than any other kind.

*Treatment:* The cause of these piles should be removed, then cold water with sponge described above will cure very readily.

**Connective Tissue Hemorrhoids.**—This class of piles is often improperly spoken of as condyloma, (so says Kelsey). They are truly connective tissue piles having a mixed cutaneous and muco-cutaneous covering. They are due to irritation
causing hyperæmia of the parts. That may result from either of the three varieties mentioned above, or malignant or specific disease of the rectum. They are liable to become inflamed from very slight irritation or traumatism of the parts, and get very painful, which sometimes leads to ulceration and sloughing.

_Treatment:_ They should be treated by regulating the bowels, frequent use of cold water, and if necessary clipped off with scissors.

**INTERNAL HEMORRHoids.—**While there has been long division of internal hemorrhoids it is only necessary to make two classes; that is, capillary and venous or varicose.

Capillary hemorrhoids are composed of the terminal branches of the superior hemorrhoidal arteries and veins, and their connecting capillaries. They are situated upon the rectal mucous membrane, with a very thin covering, which accounts for their bleeding so easily when touched. The tumors are very small and can not be made out by touch, but come into view when the patient strains, and rectum is opened by surgeon's thumbs, or speculum. I have never treated a case of this class of piles, but have seen both pure nitric acid and electro-cautery used, with good results in each case.

Venous, or varicose internal hemorrhoids, are recognized as the ordinary internal piles; they are a mass of freely anastomosing veins, bound together by connective tissue. The veins are tortuous, usually varicosed and dilated into sacs and pouches. Many of this class of cases are due to constitutional and local causes, which, if properly treated, the piles will disappear. Intestinal indigestion, hepatic congestion, proctitis, cystitis, urethral stricture, retroversion or prolapse of uterus, rectal ulceration, kidney disease, heart disease, are frequent causes of hemorrhoids. By treating correctly any of these troubles, with soothing applications to the hemorrhoids, frequently the hemorrhoid disappears. When these measures fail, an operation is imperative. I will state, before starting in to discuss operating, that patients should all be prepared for the operation, and the operation done under an anæsthetic. I shall only mention five operations, viz.: injection, clamp and cautery, ligature, crushing and Whitehead's operation. The injection method is very successful in simple internal varicose hemorrhoids where there are no complications, and the sphincters are comparatively relaxed. It requires some skill and experience to apply it. Its aim should be to produce inflammatory induration in the hemorrhoid and
subsequent absorption, and not to produce sloughing. The tumor should be brought into view with as little manipulating of parts as possible, thoroughly cleaned, the needle having been previously cleaned, is introduced from its base into its center. The blood should then be pressed out (as much as possible), and about four minims of the fluid injected—I use the solution recommended by Dr. Tuttle. It is a modified Schuford's. Ac. carb., 3iss; ac. salicyl, 3ss; soda biborate, 3i; glycerine, q. s. ad., 3i.

This treatment can be used without taking the patient from his daily vocation, and gives no pain.

Clamp and Cautery.—When there is an operation imperative, I think none equal to the clamp and cautery. The tumors should be located and counted before the sphincters are dilated. The cutaneous portion of the hemorrhoid should be dissected off with scissors, then the tumor should be grasped at the base by the clamp, in a line parallel with the axis of the gut. Cut it off with scissors, and cauterize the stump. Dust the parts with iodoform, insert a small piece of iodoform gauze, apply a good compress and a snug T bandage. On the third day move bowels; in one week or less your patient will be attending to his duties.

Ligature.—You are all familiar with Allingham's ligature operation, 'tis unnecessary to give the technique. I will simply point out its disadvantages (to my mind) compared to the clamp and cautery. First, it takes longer to perform the ligature operation; second, there is more pain after operation from sphincteric contraction, as a patient very well described to me on one occasion: "I could get along very well if I did not have so much of this d—d winking." Third, instead of having a smooth, healthy ulcer the day we operate, we have no ulcer till the ligature sloughs off; fourth, the operation usually necessitates the use of the catheter; fifth, it involves the danger of secondary hemorrhage; sixth, it confines the patient to bed for a considerably longer time.

Crushing.—This is virtually the clamp operation without the cautery. It is perhaps less painful than clamp and cautery, but it is not near so safe in regard to hemorrhage and sepsis. Its usefulness is greatly limited, as there are but few cases applicable to this operation.

Excision, or Whitehead's Operation.—This operation consists in removing the whole pile-bearing area. An incision
is made around the anus at the junction of the skin with the mucous membrane. The latter, with the hemorrhoidal tumors, is dissected from the muscular wall and upward till the upper limit of the hemorrhoids is passed, then excised. The mucous membrane is then brought down and stitched to the skin. When we get union by first intention, and have not cut too far into the skin, this operation is an ideal one, so far as result is concerned. If there should be a slight mistake made in operating, you will have stricture (which is worse than the hemorrhoid) ulceration or prolapse, and unless a man is an expert surgeon he had better select some other operation for hemorrhoids. I have been there.

DISCUSSION.

DR. HALBERT:—Mr. President and gentlemen: I was very much interested in the paper. I have never tried Whitehead's operation. I have seen it performed several times, and there are two or three points in it that impressed me. I remember the last time I saw it performed. The first thought that struck me was that if I performed that operation I would dissect out that fellow's external sphincter muscle. The next difficulty in the way was the fear that we could not sew together the mucous membrane closely and nicely and snugly like it ought to be done. He just dissected off a little of the mucous membrane and then made his attachments, and then, as he cut off more of the mucous membrane, he attached it again. I don't believe, on the whole that Whitehead's operation is justifiable, except in very bad cases, where there is prolapsis of the gut. But, as the doctor says, when it is properly performed and the result is proper, it is an ideal operation. I think the best operation, on a general basis, is the operation with a clamp and cautery. It is simple and rapid, and the patient recovers very rapidly. The operation with the ligature he speaks of, I had a case of that kind once, and it nearly scared me to death. He bled himself nearly to death before I got to him. Before I left him his pulse was a little too quick, but I thought it was nervousness. I know that my trouble was that instead of applying the ligature at right angles with the gut, I must have applied it parallel with the gut.

DR. FOSCUE:—I saw Dr. Shuford operate several times, recently, in which he used his speculum and his fluid. Don't know what the result is going to be yet. It is a very nice operation.
pain, although he claims that he doesn’t give a particle of pain. I think, in the majority of those cases the operation can be done under cocaine, that is, external hemorrhoids.

Dr. Black:—I recommend the treatment as set forth and can add nothing to it. The paper presents the subject in all forms. I have always used the ligature in the few cases I have treated, except those little bluish hemorrhoidal tumors that are external and cause so much itching and pain. I have not tried any method except the ligature, and my method has been to transfix the tumor and ligate it just as you would ligate the pedicle in ovariotomy. I have not treated many cases, but I have not failed. I do not think that my experience is worth drawing on, to teach any one here. I do not know that I would follow the same plan that I have always followed. It occurs to me, that a man who is a surgeon, must be governed by the condition of the tumors and the character of the tumors. I have never been much impressed with the idea of using the injection. I know that it succeeds, but I know that it sometimes produces horrible ulcers and fistules and abscesses. I have never used it. It has never occurred in my practice, but it has in other gentlemen’s practice, and I have seen accomplished surgeons refuse to operate in that way after they had tried it once or twice, saying that they believed it was dangerous, and while it may succeed eight times in ten, if it fails twice in ten, I do not think it should be used. I prefer the ligature. I do not know that I have any reason to prefer that over the clamp and cautery, but I have used the ligature and I have not used the clamp and cautery, although I have seen it used half a dozen times, probably, and with success. I have been profited by what has been said about the matter; am glad to have heard Dr. Young’s paper. I should be glad to hear this subject well discussed for my own benefit. It is an important subject.

Dr. Hunter:—Just a word, Mr. President. I am very much pleased with the doctor’s paper. It is a great paper, and it shows that he is thoroughly conversant with the subject and with the technic of the different operations. Different surgeons have had different results from the different operations. The surgeon who is fond of the knife, never agrees to the injection operation. Now, I think, that the injection operation, take it altogether, causes less pain than any other operation. The patients, as a rule, in my judgment, get well quicker than with most any other operation. They don’t have to stay in bed as long. If there are
a good many piles, as a matter of course it is not best to operate on all at once in these cases. Take one at a time and the man will hardly have to go to bed at all in a great many cases. The other operations are good operations. I believe I prefer the clamp and cautery. But the ligature is an ideal operation with a great many. But take it altogether, I think, I like the injection operation best.

Dr. Olive:—I think, Mr. President, the gentleman has dealt pretty thoroughly with the pathology of the subject, and his paper certainly deserves pretty thorough consideration at the hands of the members present, and as far as pathology is concerned, I don’t think anything can be added. It shows a great deal of research, and he has dealt with the subject in a masterly manner. As to the treatment, I don’t believe that he mentioned that the bowels should be thoroughly opened, but it was simply an oversight if he didn’t, before any sort of operation is resorted to. As to Whitehead’s operation, I think it is one that can only be resorted to as a dernier ressort and by a surgeon of great skill in that class of operations, and I think it requires a great deal of care and skill in doing it correctly and deriving any benefit from the operation. I think it a good operation, though, when it is used as a dernier ressort. I agree with not only the essayist, but also with Dr. Halbert as to the clamp and cautery. I think that is an ideal way of dealing with internal hemorrhoids, and I think it is a very useful method, and one that is not used as often as it should be.

As to the injection method, I think that is a method that is not to be resorted to in an indiscriminate and unscientific manner. I think, that as the essayist spoke of it, it is certainly a useful remedy.

I think a distinguished specialist in a town about the size of Waco, a year or two ago, had a case that he injected into the bowels some sort of fluid, I don’t know what, and it seems to me that the result of that was an abscess of the liver, and I think patient died with the piles, or the result of the piles treated by the injection method.

Dr. Gawne:—I would like to ask Doctor Young if this Whitehead’s operation is the same operation that Pratt has been making such a furor about in Chicago?

Dr. Young:—Yes, sir.

Dr. Gawne:—I do not know that I have had experience enough in the management of piles to be of any importance to
any one, though I have made a number of operations. My method has generally been with the needle and ligature. I usually dilate the sphincter thoroughly so as to get at the piles readily. Some of these piles are almost fibrous in feeling. These I have always ligated, and some of the smaller ones I have injected, with very good success, as I have thought. But I have seen a great deal of the results of Pratt's operation. This man Pratt, of Chicago, is quite a homeopathic gentleman. I have not seen the operation as done by the doctor himself, but as done by his satellites that took up the practice in my immediate neighborhood who advocated the Pratt operation, or amputation, as they called it, of the hemorrhoidal area, for almost every ailment of the human system. And I know of a case that was actually operated on for a skin affection of the face. Another case of hopeless insanity. Those were both patients of mine, but they went over to these people, because they promised to cure them. I saw, subsequently, some very bad results from this operation. I am not claiming that it was on account of the operation in itself, but it appeared to me that it was on account of the operation being perhaps poorly done. In many of these cases the patient would be troubled afterwards by an ulceration at the point where the skin and the mucous membrane were stitched together, and would suffer a great deal. I know some of these people that had been patients of mine and had gone over to this wonderful doctor, who cured all things by amputating the hemorrhoidal area. I, perhaps, would ask them how they were getting along. Well, they would say, doctor, I am getting along pretty well, but I can't sit down. They hoped they would be better, but they couldn't sit down. And some of these cases came subsequently under my observation, and I found there to be a line of ulceration around the point where I suppose the stitches had been put in binding the mucous membrane and the skin together. I think myself that that would be a valuable operation under certain circumstances, but it has got into very bad repute in my part of the country on account of its being advocated for all sorts of ailments.

Dr. Compton:—Mr. President, I agree with the gentleman, except my plan in hemorrhoids is ligature. I have used the injection, but I have gotten better results out of the ligature, and for that reason I prefer it. I have enjoyed the doctor's paper very much.

Dr. King:—Mr. President and gentlemen: I do not know that
I can add anything to the paper and to what has been said already on the subject. I want to thank the doctor for the paper. I think it is a very complete, concise paper on the subject, and one that we all appreciate and enjoy.

Dr. Hale:—Gentlemen: I have enjoyed the paper very much indeed. It has been a paper of the kind I like to hear. It is practical and to the point. As to the different methods, they have all been used in the hands of different men successfully to a greater or less extent, and they all have their advantages. To give my experience wouldn't be worth anything to anybody, but I want to thank Dr. Young for the paper he has presented us.

Dr. Young:—Gentlemen: I think Dr. Halbert is jesting a little about being afraid he would dissect out the muscle, because he knows very well that he could get the mucous membrane down without dissecting out the muscle. As to Dr. Halbert's case with that ligature, that was simply due to the weakness of the tissues on one side of the ligature. One side broke down much more readily than the other. Those cases Dr. Black mentioned, if he had applied a little ice water to them they would have gone back anyway.

Dr. Kelsey was one of the finest hemorrhoidal surgeons in the United States. He has tried this injection method very thoroughly. He has injected carbolic acid from 10% clear on up to pure acid, and has never gotten very favorable results. There is a way to inject this. You have got to empty that pile and get it clear of blood, and get a perfectly clean needle, and inject a fluid that will not set up inflammation.

Dr. Olive spoke of the bowels. I mentioned, before I started out with the internal piles, that the patient was to be properly treated. I never went into that because I knew every one knew how that was.

Where there are no ulcerations, or any complications and things of that kind, and the sphincters are moderately dilated, as they usually are with these hemorrhoids, you will get good result from the injection, provided you do not use it strong.

Dr. Gawne speaks of Pratt's operation. I saw a party come over into New York to Dr. Kelsey to be operated on after Pratt had performed an operation, and the trouble with that operation was that he had extensive prolapsation, because he had cut too far into the skin and it contracts and pulls the mucous membrane down.

Dr. Compton speaks of the ligature in preference to the injec-
tion. Well, I think, if he gets the proper cases, he would like the injection if he would try it. I have seen that used several times, and I have used it myself, but then you have to have the proper cases. You have not got to use it when there is any complication, nor when the sphincters are dilated, or anything of that kind.

N. A. Olive, J. W. Hale,
Secretary. President.

For Texas Medical Journal.

METRITIS.

BY ROBT. T. MORRIS, M. D., HOUSTON, TEXAS.

[Read before the Houston District Medical Society.*]

IN SELECTING metritis for discussion, I feel some trepidation; first, because it is a subject about which so much can be written, and my time is limited, and, second, because of a realization of my inability to thoroughly grasp the subject and place it before you in a rational light.

The uterus is the portal for, or the cause of the great majority of pelvic diseases. Through it the gonococcus enters, producing acute inflammation, or remains latent or quiescent until traumatism or excessive venery causes it to break forth with renewed energy, leaving its impress in the form of endometritis, pustules, and pelvic peritonitis, or uncleanly midwifery and careless operators introduce the septic germs which produce the train of symptoms so well known; consequently the important position the uterus occupies in relation to pelvic troubles makes it necessary to as clearly as possible comprehend its diseases. I venture the statement that any inflammatory condition of the ovary, any salpingitis, pelvic-peritonitis or perimetritis, in the great majority of cases, can be traced, directly or indirectly, to some previous or present uterine disorder. Pozzi has the following to say: “I do not think there are any cases of ovaritis, properly so-called, that are not preceded by endometritis. It is true that one or the other of these conditions may have existed without leaving any permanent trace, but a study of previous symptoms will prove that they did exist.” Scott, of Washington, says “Clinically,

*The Texas Medical Journal is the official organ of the Society.
an almost constant feature of pelvic-peritonitis is salpingitis, and the septic salpingitis follows upon a septic endometritis."

Before entering into the question, it may not be amiss to briefly review the histological anatomy of the uterus and its adnexa. The tubes and uterus are formed from the ducts of Müller, which connect with the anterior part of the segmental body, or pronephros. The ducts passing downward and inward coalesce and form the uterus, that portion above remaining as the fallopian tubes. Thus it will be seen that the uterus and tubes are embryologically the same, and that there is a direct continuation of mucous and muscular tissues. This fact should be borne in mind, for it will explain the etiology of many tubal troubles. You all know how intimate the anastomosis is between the uterine and ovarian vessels, and that there is a chain of lymphatics at the angle of the uterus, passing behind and below the tubes and below the ovary and tubes, and also that the net work of lymphatics which cover the surface of the ovary communicate with the lymphatics of the peritoneum. The mucous membrane of the body of the uterus is covered with columnar ciliated epithelium, and contains the uricular glands, while that of the cervix is covered with squamous epithelium, and contains mucoid glands, which, under pathological conditions, become the ovules of Naboth.

The term metritis is used in its broadest sense,—uterine inflammation. While we can not arbitrarily draw the line, and say, here endometritis begins, and there ends, because a morbid condition of the mucous membrane necessarily affects the muscular layer, and vice versa, and while the line of demarcation between cervical and corporeal inflammation is not distinct, the preponderance of one of these conditions justifies their separation.

We will first consider corporeal inflammation. I will not mention the multitudinous classifications, but will adopt the simplest—acute inflammation and chronic inflammation.

ACUTE INFLAMMATORY METRITIS.

Without question, the cause of this condition is septic infection; although there are a few cases of auto-infection, the greater part are hetero-infection. As Winter, Hausmann, and others, have shown that pathogenic germs are always present in the cervix and vagina, and although they may be in a latent or attenuated condition, we can easily understand how auto-infection could supervene, or how a favorable medium for their propaga-
tion, such as a retained placenta or gravid uterus would cause them to regain their usual virulence. Unclean hands and septic instruments are the usual methods of producing hetero-infection. Many a case of uterine trouble and diseased adnexa can be laid at the door of the gynecologist who, either from ignorance or criminal indifference, observes not the sacred law of asepsis and antisepsis. Another prolific cause of this condition is the gonococcus. While perhaps Noeggerath exaggerated somewhat the sequelae and persistence of gonorrhoea in the female, when he stated that out of one hundred women whose husbands had contracted gonorrhoea previous to marriage, ninety would suffer with some form of pelvic trouble, and the remaining ten would be liable at any time to acute gonorrhoeal inflammation; nevertheless, the gonococcus as an etiological factor in acute pelvic troubles occupies a very prominent place. An ill-fitting pessary, and especially a stem pessary, may give rise to acute symptoms of metritis, which generally disappear upon removal of the cause. Again, any mechanical condition of the uterus which produces venous stasis, as sub-involution, displacement, stenosis of cervix, incomplete development, or laceration, may at the menstrual period, or from exposure, predispose to this condition; but they more frequently produce chronic metritis.

The symptoms are those resulting from any acute infection with septic absorption, such as rigors, fever, local pain, throbbing and redness; in addition, there may be tubal disease, with inflammation of the adjacent tissues, and a purulent discharge from the womb.

The pathogeny is as follows: "The uterine tissue is increased in volume, and softened, with a red color mottled with yellow. The inflammation of the mucous membrane is of an interstitial type. The glands are unchanged, but there is a peculiar alteration in the inter-glandular tissue, the cells being far more numerous than usual, and so tightly packed against each other that there is none of the homogenous intercellular substance left."

TREATMENT.

The same general rules will apply here as in any morbid condition—remove the cause and treat the result. If the source of the trouble is a retained placenta or engrafted villi, remove and curet; if gonorrhoea is present, vaginal and intra-uterine injection of nitrate of silver or bichloride of mercury will generally suffice, if not, the probabilities are strong that there is a mixed
lesion, and curettage is necessary. In cases of acute metritis with tubal involvement, except fluid tumors, curettage is positively indicated; that is, in cases of purulent salpingitis and perimetritis. In the American Text-Book of Gynecology you will find the following: "In the light of its causation and pathology, curettage is positively indicated in every case of tubal and peritoneal trouble, when there is a suspicion that the infection originated in the endometrium. Then one of three methods must be adopted; either poultices and hot douches, curettage and treatment of the uterus as any septic cavity, or a primary coelotomy. The first is the method of the midwife, and merely allows the infection to work its will in the pelvis; the second is surgical in every sense of the word, while to adopt the third in every case stamps a man as blind to reason and to the work of other men, and willing to open a fellow-being's abdomen rashly and unnecessarily."

That seems somewhat a radical and dangerous procedure, as there are many cases where a positive diagnosis can not be made, and curettage under those circumstances might rupture a pus tube and produce a fatal termination; but if the diagnosis is certain,—and a careful examination, under the influence of chloroform, should always be made,—the most logical and rational method to pursue is to remove the source of contamination by curettage, and by such means many cases of non-cystic salpingitis and pelvic peritonitis can be cured before they become a permanent pathological entity. There are cases where curettage is not so necessary: such as those comparatively mild in character, which occur at the menstrual period, and complicated with uterine malposition, and also those due to exposure or excessive venery. Rest, salines, hot douches, and cervical punctures, will answer every purpose.

CHRONIC METRITIS.

This condition, pathologically, may be divided in the following classes: Interstitial metritis, hypertrophic and hyperplastic, glandular metritis and sclerotic metritis.

INTERSTITIAL METRITIS.

Pozzi, in speaking on interstitial metritis says: "the inter-glandular tissue which you have seen gorged with cells in the acute form so that it resembled granulation tissue is transformed into true cicatricial tissue in which the number of cellular elements steadily increase. The glands undergo the opposite al-
teration, being strangulated in places and transformed into cysts are so compressed in their whole extent, that they artophy, and thus we may have a few glands scattered through the connected tissue altered into cysts in places or totally destroyed." Or in other words, we have a true connective tissue sclerosis. Sometimes there are no glands present, and connective tissue is substituted for the normal mucous tissue. The most common malignant disease of the uteri of young women is sarcoma of the endometrium, which is always preceded by an interstitial inflammation. Abortive endometritis and membraneous dysmenorrhea are types of interstitial inflammation. Hemorrhage is quite a constant feature of this condition.

GLANDULAR METRITIS.

Wyder recognized the two forms of the glandular metritis, the hypertrophic and the hyperplastic. In the former there is an epithelial proliferation with multiplication of glands; in the latter there is an increase in the number of glands. Between the interstitial and glandular type we find the polypoid type, which partakes of both, with a large increase of mucous tissue. This is the fungous or vegetative type.

There are also uteri characterized by hypertrophic or the later stage sclerotic conditions. There is an enlargement of the uterine wall due to increase of connective tissue between the muscles and around the vessels. It may remain thus, forming the hypertropic form, or the connective tissue may contract and become sclerotic.

TREATMENT.

There are some cases of metritis due to venous stasis dependent upon displacements, stenosis, etc., others due to constitutional causes which can be cured by rest, pessaries, douches, tampons and tonics. But when there are far advanced anatomical changes, nothing but the curette will cure, and sometimes that will fail; especially in those cases with large lacerated cervices, when trachelorrhaphy or amputation of the cervix must be resorted to.

CURETTMENT.

Polk says, "Of all conservative operations upon the uterus the simplest and the farmost reaching in its results is curettage with drainage and depletion which is obtained by the plentiful packing of its cavity with sterilized gauze." Quite a number of operators differ as to the technique of the operation. Instead of mentioning the points of difference, I will hurriedly relate the manner in which I would perform it.
The operation should be performed the first few days after menstruation, and it is advisable in our southern climate to put the patient on small doses of quinine a few days previous. A large saline should be given from sixteen to twenty-four hours previous, and an enema the morning of the operation, and if you are ultra aseptic, the rectum may be washed with a boric acid or salicylic acid solution. The vagina should be douched with bi-chloride of mercury, one to three thousand, thoroughly taking special precaution to cleanse the interior and posterior cul-de-sac and the vaginal portion of cervix so as to remove the germs that always exist in those localities. The douches should be given three hours previous to, and again immediately before operating. Pre-supposing that the rules of asepsis and antisepsis are observed, the cervix is well dilated; although some say "it is illusory as regards the escape of secretions, and that it lasts but a few hours." After dilatation a dull curette in a gravid uterus,—Thomas' for instance, but a sharper one in other cases is used, previously ascertaining the depth and direction of the cavity with the uterine sound. The posterior and anterior face, the fundus, the angles, and the sides, are scraped in the order named. It is well to steady the cervix with vulcella forceps. After curretting, the cavity is flushed with a double current catheter, using mildly carbolized or sterilized water; then cauterized with saturated solution of carbolic acid, reflushed and packed with iodoformed gauze. The gauze packing is a very essential feature, and as Polk says, "there are few cases of chronic uterine inflammation in which depletion is not demanded; wherever any degree of involvement of the wall is present it is a necessity, and nothing gives this better than gauze. Pack it in place firmly and abundantly, and apart from the drainage, which it secures, it will force the uterus into contractile efforts, and produce the disintegration and absorption of the adventitious tissue.

The completion of the operation does not terminate the case, as some seem to think, for the predisposing cause quite frequently remains, which should be removed. And again, there are hard, woody, sclerotic uteri, which do not yield to any treatment but hysterectomy, which should be the last resort. I will only mention a few words in regard to morbid changes in the cervix. The cervical changes generally depend upon laceration or corporeal diseases; hence Emmet's operation or currettage will cure the case.

In conclusion I will say, if we correct displacements, repair
lacerations, remove foetal debris, and insist upon and practice obstetrical and gynecological asepsis and antisepsis, metritis and perimetritis, salpingitis and ovaritis, and pelvic peritonitis will become pathological rarities, and the sneering remark "once in the hands of the gynecologist always in the hands of the gynecologist" will react to the discredit of the promulgator: or to be more concise, take care of the uterus, and the adnexa will take care of themselves.

For Texas Medical Journal.

HIP DISEASE IN CHILDREN.

ABSTRACT OF A LECTURE BY DR. SAMUEL E. MILLIKEN, M. D., Surgeon-in-Chief, New York Infirmary for Crippled Children.

THE CLINICAL features of hip disease in children are varied, but the three cases spoken of, although representing different stages, were similar, in that none of them had had abscess.

Hip Splint.—The protection (extension) hip splint was employed. While it is impossible to produce complete immobilization with this splint, the movements of the hip joint are materially lessened. While this splint has the mechanism of the so-called extension apparatus, the greatest benefit obtained from it is that of protection. As yet we have no walking splint by which a uniform or constant amount of extension can be maintained.

The late Mr. H. O. Thomas, of England, has long ago demonstrated that with perfect immobilization and protection of the joint from concussion, very good results could be obtained. The greatest objection to his splint was that the patient had to walk on crutches. During the treatment of hip disease, careful measurements should be taken at least once a month. Where great muscular spasm exists, the patient should be kept recumbent, with the joint perfectly immobilized. Should that fail to relieve the reflex symptoms, Buck's extension should also be applied. By this means, the deformity can oftentimes be materially lessened, and thus be in better condition for wearing the protection splint. It is occasionally necessary to administer an anaesthetic for the purpose of correcting muscular spasm, after which the plaster-of-paris hip spica should be applied, and the joint kept quiet for ten days or two weeks before the hip splint is applied.
Complications.—Aside for the deformity which is produced by muscular spasm, we must not forget that ankylosis may be true or false, as is the case with other joints. If bony, a subtrochanteric osteotomy will be required; while if only fibrous or tendinous, the contracted structures can be divided.

Abscess.—Unless the abscess is so large that the mechanical treatment is interfered with, it should not be operated upon; however, should it develop rapidly, rather than allow an otherwise healthy structure to become involved, a free incision should be made, and the cavity drained, thus to avoid a series of disagreeable sinuses, which often follow the old method of allowing hip abscesses to evacuate voluntarily. Aspiration of these abscesses rarely proves effective, and often increases the suppurative process by the entrance of the external air.

Excision.—I am happy to say, the advocates of excision of the hip joint in children, are growing less each year, as experience has shown that conservative methods offer more favorable results, and the dangers of flail joint and retarded development are too well known to call for any further comment.

Attention to the general health during the treatment of tubercular joints, is of the greatest importance. Those engaged in special work are at times, no doubt, guilty of paying too little attention to the patient as a whole, and direct all their attention to the one particular lesion for which they were consulted. The digestion in these children is usually weak, and we should not expect large doses of cod-liver oil to be assimilated at first, but should be administered in small doses, and gradually increased.

The involvement of other joints and pulmonary tuberculosis, can be best prevented by keeping the general health in the best possible condition. Fresh air, and a long sojourn in the country during the summer months, works wonders with these anaemic subjects.

"The Excelsior Disinfector" is the name of a neat patented device for disinfecting and deodorizing. It is highly endorsed by leading physicians. The editor of this JOURNAL is using one in his family with much satisfaction, and has recently given it a practical test in sick room. It dissipates or destroys all foul odor, and a pleasant aroma permeates the room afterwards. Price of the outfit is $2.75, with fluid enough for four months.

Mr. F. E. Huck, of Austin, is the agent for Travis county, to whom orders should be sent, or applications for further information.
Correspondence.

Asylums in Politics—Medical Legislation—Medical Organization, etc.

LETTER FROM DR. DANIEL PARKER, CALVERT, TEXAS.

Editor Texas Medical Journal and Readers thereof:

I am but little given to obtruding my opinions on the brethren, not for the reason that I do not think well of them, but for the reason that the presumption is that they are of not much consequence to anybody else; but just now several topics, semi-professional, are warring in my mind for utterance, and I feel somewhat as I imagine the zealous convert does when called to preach.

In the first place, I want to say, that I do not like the way the officers of our insane asylums are changed quadrennially; no, not a bit. It is all wrong. No doubt Gov. Culberson will feel badly about it when he finds out that I think so, but I can’t help it. That is the way it looks to a plain, single-barreled doctor, and I had as well say so. Personally I do not know whether Drs. White and Preston were properly equipped to fill the positions they have just vacated or not. I believe they were, as they made a good showing and all men speak well of them. If they were not, it certainly was a great wrong that they should be retained so many years to act for those unfortunates who are incapacitated to act for themselves. If, however, as I believe, they were well qualified to discharge the duties of the position they held, what good reason can be given for removing them and filling their places with men without special training for the work? None in reason or common sense. A man who would conduct his private business in such a manner, that is, discharge competent and experienced men and place inexperienced men in charge, would not be able to get credit among prudent business men for goods enough to start a peanut stand. It was wrong in "box car letters," if the governor did do it. I do not question the character or ability of the gentlemen appointed. I have met only one of them, and he impressed me as being not only a man of ability, but a man of affairs; good timber to make a superintendent out of; but he is not the man I take him to be, if he would claim to be as well qualified to fill the position he now holds as
the retiring superintendent was. Anyway, if he does as well as I think he will, I hope, when the present administration changes, the coming man will not find it expedient to trade in the afflictions of the demented and oust him, to make place for a tyro. No doubt, there are a hundred physicians in Texas who are good material for superintendents, but at present we have places for only three. Let us have three good ones, and when they become skilled in the work let us retain them "during life and good behavior." This may not be good politics, but it is good policy, good sense, and humanity, and nothing else is. The present system of appointing is wrong. The governor is no better qualified to appoint superintendents of asylums than Dr. McLaughlin is to appoint judges of the courts, and it is no more fitting that he should do it. Neither the welfare of the sick, or the appointment, or official tenure of medical officers should be subject to the needs or caprices of executive aspirants. The profession are so accustomed to being ignored in such matters that we take it as a matter of course and let everything go by default. I believe we have a duty to perform. Let us all speak out.

Now a word on the well worn subject of State Medical Association. The whole trouble lies in the immense size of our State. It requires no prophetic power to say that comparatively few physicians north of Corsicana will attend an Association at Galveston, Austin or San Antonio, and that but few south of Waco will attend at Dallas or any north Texas town. There are many willing, but they just cannot afford it, and that settles it. If this statement is true, what sort of an attendance would there be if it was permanently located at Galveston or Austin, as advocated by some. It would immediately become a State Association in name only, and if it succeed at all, would become simply a local organization. No, brethren, keep the thing on wheels. Give us a sniff of salt water one year, the aroma of the pine and jessamine another, then a whirl over the breezy and boundless prairie, and finally lest the fires of our State pride should burn low, let us visit the matrix of Texas liberty, the Alamo, and worship at the shrine of valor as well as of Æsculapius. Texas is too big to take in all at once, but we can "hug her in spots," as the man did his big wife, and that is the only way to have a State Association. Like all the rest, I have a plan that is a great improvement on our present organization, but have no time to develop it here and now.

Right here I want to sandwich in a little family matter where
nobody but kin folks will see it. I have had an illusion dispelled, I might say an idol shattered. On the first of the year I received a document signed by the great surgeons of a great railroad corporation appointing me local surgeon of said corporation, which, after enumerating the duties I was expected to perform (which were principally to hustle unfortunates off to the general infirmary as quick as possible), concluded with the statement, that in consideration of these services, I would be granted the princely compensation of an annual pass over the road, and apparently to make it as worthless as possible, it was specially stipulated that said corporation was not responsible for the life, limb, or property of any one using it. The pass was enclosed. Well, I was considerably taken back. I did not know whether the great surgeons had reason to believe that I was just fit for an emergency dresser, and had nothing to do but ride up and down the road for pay, or whether there was really some magic potency in a pass, as I had never seen one before; so I put it aside, turned it over occasionally, and used all the theurgic phrases I knew, such as "hocus pocus," "presto, change," etc., until I was convinced it was no kin to Aladdin's lamp, but was just an ordinary piece of paste board, and that if I got anything out of it, I would have to ride on the "steam cars" to get it. This conclusion having been reached, I informed the generous gentleman that however true it might be, I was not willing to admit that my service were worth nothing, that I would accept the position with thanks upon the basis of a reasonable fee for actual services rendered; otherwise I would return the pass, etc. The result was, we didn't trade, and the pass was returned.

Now for the illusion. I had thought that it was a compliment—not a very large one, it is true, but still a compliment—to hold the position of local railroad surgeon, and to use a mercenary phrase, there was some money in it, just a little, but enough to make it respectable. Also, when I heard or read of railroad surgeons traveling singly or in bodies over the country, I said to myself, it is well, these great men need rest, and as is fitting, the lucrative character of their engagements with generous corporations enables them to indulge in much needed relaxations, when lo and behold, the poor devils were riding out their doctor bills, out collecting, you might term it.

Now, seriously, while this may seem to be a personal matter and consequently not a proper subject for publication, I take it for granted that the proposition submitted to me is the usual one,
and I respectfully submit that it is so little short of a professional insult, that any man who has proper respect for the profession ought never to make or accept it.

It could hardly be expected that such a rambling letter as this could be brought to a close without some reference to the trite subject of medical legislation. In common with all the scribes I believe in medical legislation, but I have never seen any proposed yet that suited me. I believe that every one who has arrived at the age of discretion should be allowed to have any man, or woman, that he chooses to give him his medicine, and that he should be allowed to take any kind of medicine or nostrum he wants to. That is democracy, and I believe in democracy in medicine, religion and politics. The law should only protect the public and citizen against imposition. No man should be allowed to practice medicine or advertise to cure without giving his name, degree, if he has any, system of practice, college at which he graduated, and date of graduation. This should all be conspicuously displayed. If he is not a graduate, let him display his name, system of practice, and afterwards, write Dr. S. C. (doctor so-called). Then a man knows the brand, and takes his choice, whether he pays his money or not. The same principle should apply to the sale of medicines. Those who so desire should be provided with an opportunity to purchase and fill their stomachs with all the vile nostrums they can hear of. The law should simply provide them with reliable information as to what they are taking. If a man wants "Bile Beans," "Peruna," or "Sheep Saffron," he ought to have it. Just let him know that bile beans are composed of such and such proportions of podopholin, gambogue, etc. Peruna, of stump water, R. G. whisky and sugar, and sheep saffron, of so many pellets to the pint, and then let him revel in well informed but unobstructed taste. Such a law could be passed and enforced. It would be reasonable, democratic, and goes far enough for a Texan. It would do more towards the suppression of quackery and the sale of patent medicines than all the stringent prohibitory laws that could be placed on the statute books.

The people resent having their private affairs meddled with. Just give them light and they can be trusted to take care of themselves, and light is just what quackery tries to avoid.

Sincerely yours,

Daniel Parker.

Calvert, Texas, March 16, 1895.

P. S.—Since writing the foregoing I have read Dr. Orr's article
in the Journal for March. I am glad to see it. Let us have firing all along the line. I did not know before that any law except that of economy, good business and common sense, had been violated in the asylum appointments, and I have no doubt ninety per cent. of the people are as much in the dark as I was. Let us have "more light."

D. P.

Society Notes.

TEXAS STATE MEDICAL ASSOCIATION.

Preliminary Announcement and Programme of the Twenty-Seventh Annual Meeting.

ANNOUNCEMENT.

The "Texas State Medical Association" will hold its twenty-seventh annual session in Dallas, Texas, April 23d to 26th, inclusive. All reputable physicians are respectfully and urgently invited to attend, and aid the Association in holding up the standard of scientific medicine in this State.

Reports from all portions of the State encourage the hope that this meeting will mark an epoch in the history of the Association, and that there will be made an earnest and, we trust, a successful effort, to unite the separate medical organizations of Texas as members of a grand State Medical Association.

The medical profession of the State has just cause to be proud of its local medical societies, and of the excellent work they have done. They should be encouraged and fostered, and should carry the membership of every eligible physician within their territory; but they should not be regarded as rivals of the State Association.

Many valuable papers have been promised this meeting by well known physicians of this State, and distinguished medical men from other States have accepted our invitation to be present and read papers. Altogether, there are good reasons for believing that the meeting at Dallas will not disappoint those who look forward to the occasion as a "feast of reason," nor are assurances lacking that our hospitable friends in Dallas will make it a "flow of soul":—There will be at least food for thought, and rest and entertainment for the body.
Never before has scientific medicine received an equal amount of encouragement and intelligent recognition by the thinkers of the world, as it has within the past decade. These have been called forth by the exact and scientific methods that have been pursued in the investigations of medical questions,—and to the brilliant achievements of medicine within this period. It is safe to say that the value of medical discoveries within this time, if measured by the amount of good they will do for man, are not excelled by those in any other branch of science.

The records will bear me out in saying that Texas physicians have been no laggards in this race, but the record would be far more valuable if it included the unrecorded work that has been done by Texas physicians who claim to be too busy to write. We have an abundance of recorded clinical hospital observation, but an insufficiency from the rural districts. The meeting at Dallas will give the busy country doctor an opportunity to compare his medical work and results with those of his city brothers, and it is hoped the opportunity will not be neglected.

In conclusion, permit me, doctor, to urge you to attend the Dallas meeting and assist in making "The Texas State Medical Association" the representative Association of the medical profession of the entire State. We should remember that "In Union there is Strength."

J. W. McLaughlin, M. D.,
President T. S. M. A.

The Committee of Arrangements reports as follows:

TRANSPORTATION.—Information has been received from Mr. J. S. Keenan, General Passenger Agent, of the G., C. & S. F. R. R., who kindly took the matter in charge, that the railroads of the State have agreed to make a rate of one and one-third fare for the round trip upon the certificate plan. Passengers paying full fare, going to the meeting, and securing a receipt for the same. In order to be good for return trip at one-third fare, this receipt must be signed by Dr. H. A. West, Secretary, and stamped by Mr. W. G. Wilkens, Passenger Agent G., C. & S. F. R. R., at Dallas, who has been made joint agent to represent the other roads. Delegates are requested to present their certificates upon the first day of the meeting.

HOTEL RATES.—The hotels of Dallas have agreed to make a reduction in rates, but as details have not been received, they will have to be published later.
TEXAS MEDICAL JOURNAL

PRELIMINARY PROGRAMME.

The session will begin Tuesday morning, April 23d, at 11 o'clock. The place of meeting will be the City Hall. Members are requested to assemble early, in order to register, as far as possible, before the opening. The Secretary, Treasurer, and Reception Committee, will be present to attend to registration. Applicants for membership will sign blank forms, giving postoffice address and county. Each application must have the signatures of two members, and be accompanied by the initiation fee, $5, and dues for one year, $5, also by the diploma or other satisfactory evidence of graduation from a regular medical college. Applicants will receive badges when they exhibit the Treasurer's receipt. Members will receive badges after registration, and they are urgently requested to register promptly. The badge is an evidence of membership, and will not be given others.

The meeting will be called to order by the President, and prayer will be offered by Rev. C. T. Scofield.

Dr. McReynolds, on behalf of the local profession, will deliver the address of welcome.

As the titles of papers appearing in this programme were received by the Secretary in time to be arranged in their proper places, they will take precedence of those offered subsequently. Several titles of papers, prepared and to be offered, have been received from gentlemen who are not members of this Association, nor of affiliating societies, and not accredited by members of either. Such titles will receive recognition after application of the authors for membership have been favorably acted upon by the Judicial Council.

SECTION ON PRACTICE OF MEDICINE.

2. The value to the general practitioner of a knowledge of nervous and mental disease.—Landon Carter Gray, M. D., New York.
3. The treatment of dysentery.—H. A. West, M. D., Galveston.
4. The climatic causation of disease, and the distribution of certain diseases in Texas.—I. M. Cline, M. D., Galveston.
5. Enteric fever.—W. B. McKnight, M. D., Springtown. Discussion opened by H. A. West. M. D., Galveston, and J. W. Burch, M. D., Aurora.
6. The healing power of drugs.—Q. C. Smith, M. D., Austin.
7. Phenacitin as a toxic agent.—David Cerna, Ph. D., M. D., Galveston.

8. The importance of post nasal catarrh as applied to general practice.—Wm. Caston, M. D., Corsicana.

9. Asthma, its causation and treatment, with report of cases.—J. W. Hunter, M. D., Waco. Discussion opened by Dr. L. Ashton, Dallas.

J. H. Frey, M. D., Sec'y, Corsicana.

SECTION ON OBSTETRICS AND DISEASES OF CHILDREN.


2. Report of two cases of tubal pregnancy.—J. E. Thompson, M. D., Galveston.

3. Maternal impressions.—G. W. Parker, M. D., Houston. Discussion opened by J. E. Gibson, M. D., McKinney.

A. H. Schenck, M. D., Sec'y, Kinney, Texas.

SECTION ON SURGERY.


2. One month's work at the Randall Island Hospital, with remarks on ether anaesthesia in children.—Sam'l E. Milliken, M. D., New York.

3. Establishment of a permanent artificial opening for the relief of impermeable organic stricture of the urethra.—St. Cloud Cooper, M. D., Jefferson.

4. Tetanus.—P. C. Coleman, M. D., Colorado.


6. Prostatic troubles and their treatment.—J. P. Oliver, M. D., Caldwell.

7. Fecal fistulæ and artificial anus.—J. E. Thompson, M. D., Galveston.

8. Paper, title not given.—C. A. Smith, M. D., Tyler.

E. D. Capps, M. D., Sec'y, Fort Worth.

SECTION ON MEDICAL JURISPRUDENCE.


2. Theoretical reflection upon increase of mental unsoundness in Christendom.—D. R. Wallace, M. D., Waco.

B. F. Church, M. D. Sec'y, Terrell.

SECTION ON STATE MEDICINE, ETC.

2. Ophthalmia neonatorum.—J. O. McReynolds, Dallas. Discussion opened by Dr. J. W. Carhart, La Grange.
3. Specialism in medicine.—Wm. Caston, M. D., Corsicana. I. N. Suttle, M. D., Sec'y, Corsicana.

SECTION ON DERMATOLOGY.
1. Report of Chairman S. E. Hudson, M. D., Austin.
2. Eczema.—F. E. Daniel, M. D., Austin. M. M. Smith, M. D., Sec'y, Austin.

SECTION ON GYNECOLOGY.
2. Etiology of cystic tumors of the uterus and adnæxa.—Wm. H. Wathen, M. D., Louisville, Ky.
3. Therapeutic value of certain tonics in cancers of the uterus. —G. Wiley Broome, M. D., St. Louis, Mo.
6. Report of four laparotomies, including one case of hysterectomy and one of appendicitis.—J. Cummings, M. D., Austin.
8. Surgical treatment of uterine fibroids.—R. E. Haughton, Midland, Texas.

E. L. Menefee, M. D., Sec'y, Granbury.

SECTION ON OPHTHALMOLOGY, ETC.
3. The relative importance of various affections in the promotion of impaired vision.—J. O. McReynolds, M. D., Dallas.
5. The care and preservation of the eyes.—Frank W. Boyd, M. D., San Antonio.
7. Otitis media: Report of cases.—R. H. Clinton, M. D.,
   Dallas.
   Ophthalmia neonatorum and some suggestions in regard to
   legislation.—W. P. Davis, M. D., Houston.

SECTION ON MICROSCOPY AND PATHOLOGY.

1. Report of Chairman Allen J. Smith, M. D., Review of re-
   cent work in pathology.
2. Further remarks upon parasites of man encountered in
   Texas.—F. Herff, M. D., San Antonio.
3. The antitoxin of diphtheria in practice. Reports of sev-
   eral cases.—Wm. Gammon, M. D., Galveston.

H. A. West, M. D., General Secretary,
2020 Market St., Galveston.

A Medico-Legal Congress.

We have received the following notice:

NEW YORK, March 14, 1895.

There is a project on foot to have a medico-legal congress of
the Medico-Legal Society in the summer vacation, either in this
city or in some seaside watering place near New York, the point
not yet fixed. Would you take an interest in and a part in that
congress under either of the branches hereinafter named? The
section on Railway Surgery would organize that department of
the congress. The Psychological Section, that of psychology,
and embrace mental medicine and all questions of social or crimi-
nal kind, and appropriate committees on other subjects. It
would involve an enrolling fee to cover the cost of it of say $3,
so as to pay for a bulletin to include the papers. Would you
prepare a paper for it? Would you be willing to attend it? It
would be either the end of July or early August, or late August
and first of September, and last two or three days. It would
embrace—

1. Railway Surgery, under the charge of the officers of that
   section.
2. Psychological Medicine, under the charge of the officers of
   that section, embracing all questions of mental medicine.
3. Medico-Legal questions, pure and simple.
4. Microscopy, biology, etc.
5. Chemistry and toxicology, etc.
6. Criminology and sociology.

Would you act as one of the officers of the congress?

Faithfully yours,

CLARK BELL.

The quarantine law has been amended so as to reduce the State health officers's salary to $2500 a year, and all quarantine officers on the coast are cut just half, $150 a month. The bill, as introduced, fixed the salary of coast quarantine officers at $200, in accordance with the governor's wishes; but the "yarb tea" fellows said they ought not to be paid any more than the inspectors on the Rio Grande; that the position is a sinecure, and the officers have nothing to do but fish for tarpon, and so the bill stands at this writing, April 8th. Just in what shape it will ultimately come out no one can prophesy. The 24th is a wonderful body of men. There are twenty-two populists in the house, and two in the senate,—a mere sprinkling, and yet they actually shape legislation; they have the democrats by the nose, and lead them to extremes. They are retrenchment-mad. As they get $2 a day they think that amount is enough for anybody. Two days were wasted in saving to the State $200 cut off of the salary of a clerk, and two hours were wasted in cutting the governor's ice allowance from $36 to $18. Could parsimony go further? It is estimated that each hour of legislative session costs the tax payers $200, and yet they will spend days in saving an item of $100.

Is there sound where there are no ears? In reply to this interrogatory propounded in the March number of the JOURNAL, Dr. C. F. Dight, of New Orleans, sends us an interesting letter. He takes the negative side and says, in effect, that "sound is something requiring for its production a responsive hearing organ. The falling of the tree agitates the air and causes wave-like vibrations to pass through it, which vibrations are not sound, but movement, only, of air, but which, striking the drum membrane of the ear, causes it also to vibrate, and these vibrations are transmitted to the brain, where they give rise to the sensation called sound. Sound, therefore, is the final result of a series of vibrations, beginning usually in the air and ending in the brain,—the sound proper being wholly within the cranium."

We guess the doctor is right, for, it would seem, if sound is, itself, an entity, complete in itself, a deaf man could hear it.
That there is a want of understanding between the medical profession of the State and the legislators, has been manifest many times. The Journal earnestly believes the repeated failure to secure medical legislation is to be attributed to this, rather than to any want of respect for the profession, or want of intellectual capacity on the part of the members, as has been charged. True, there is, in every legislature, a certain element who think it smart to ridicule the efforts of the profession, and in the present session this element is represented by a little pudgy fellow serving his first term, with head the size, shape and color of a cocoanut, and eyes like a 'possum's,—he who ridiculed Dr. Wooten's bill, and amended by exempting the old lady with her "yarb tea" (whereupon his sort went into paroxysms of hilarious hilarity and bubbled over with suppressed mirth); but the majority are sober, serious men, who, in our opinion, want to do right.

The profession, in our judgment, are themselves partly to blame for the repeated failure to secure medical legislation. In the first place, as the Journal has before pointed out, the title of our bill has always belied our intentions. A bill to regulate the practice of medicine conveys to the mind the idea of control, and creates a suspicion that we want to monopolize the practice. A senator asked the writer if we proposed to regulate the practice of those of other schools; and when it was explained to him
that the bill was an effort to protect the public from the ignorant and incompetent, he remarked, "That is not what your bill asks for."

Dr. Wooten's bill did not require an examination, and therein, had it passed, would have failed of the desired end. It provided for the acceptance of a diploma as **prima facie** evidence of qualification, and as **license to practice,**—but that diploma must have been granted by a college requiring not less than three years, of three sessions of not less than six months each, as a condition to graduation. In this there is an element of equity, in that as Texas requires so much of her own graduates, no State should have the right to foist its graduates upon us, turned loose with less preparation. Dr. Wooten did not ask for this bill because he believed that it filled the requirements, but because, in the light of past experience, he thought it was the best we could do; it is the only form of bill the homeopathics and eclectics will not oppose. They dread the very mention of examination, and fight any bill that provides for it.

It is perhaps best that it failed, because, while it would have been some improvement on the one we have, it would not entirely remedy the evil, and for our part, we insist on an efficient bill, or none, and we believe, in time, we will get it;—it will take time,—we must educate a legislature up to the requirements, undeceive them on many points, and make them understand many things they do not now understand. And to do this, we must begin at the beginning. Here is what we propose:

When candidates are announced for the next legislature, let the medical men pledge themselves to vote for no man who will not agree, after having been enlightened on the subject, to support a bill to **suppress the indiscriminate practice of medicine,** a bill restricting the privilege of practicing medicine to those who can show to a legally organized authority that they are qualified to practice, no matter how, when or where they acquired the knowledge, nor **how long it took them.** Let the aspirant for legislative honors be disabused of the prevalent idea that a diploma is a **license.** Let him know that a diploma is only "evidence of a degree having been conferred"—only presumptive evidence of qualification, it matters not whether from a two or a four years school, and, according to repeated court decisions, **conveys no rights whatever;** that to practice medicine is a **privilege,**—one which the State, in the exercise of her police powers for the protection of the public health, has a right to grant or refuse; and
that it is a privilege fraught with such dangers and responsibilities that it should have every safeguard thrown around it.

It would seem a self-evident proposition that a man, ignorant of the human system and its economy, and ignorant of the properties of drugs, should not be permitted either to prescribe or dispense drugs that may, and often do, destroy life.

Disabuse the candidate's mind of the belief that seems to have possessed every legislative body that has assembled at Austin for ten years at least,—that a selfish motive underlies our efforts. Make them see that a broad humanitarian principle,—a desire for the well being and the protection of our fellow man, and not a selfish motive, actuates the profession in thus pointing out the danger, and asking the legislature for protection; and that the reason the people themselves do not ask for protection, and the profession do so for them, is that the people are in blissful ignorance of this great danger; the oily-tongued sharper may kill with impunity, and deceive the bereaved parent or husband or wife. They do not appreciate the danger, nor know the need of protection, any more than the orphan knows the need of the guardian appointed by the court.

Were this done, and pledges of support of some such bill as will remedy this crying evil of quackery and degradation of the very name of medicine, required as a condition for the support of the medical men at the polls, our next legislature would be composed of men ripe for and pledged to grant the request, and we may confidently hope for success, despite a sprinkling of Simpsons, who may never be enlightened.

**Relationship of National and State Quarantine.**—It will be remembered by readers of the Texas Medical Journal that in our February issue there was an editorial under the head of "A Specious Plea," in which we took issue with our neighbor, the Texas Sanitarian, on the above subject,—"The proper relationship of State and National Quarantine." The Texas Sanitarian advocated a complete surrender of control of all the State quarantines, unasked, to the national government; i. e., to the Marine Hospital Service. The basis for this proposition was the statement of Dr. Jerome Cochran, of the Alabama State Board of Health, in the Alabama Medical Age of November, 1894, and quoted by the Texas Sanitarian, in effect that the Mobile quarantine is not subject to control of either State or local board of health, but is a "close corporation," composed of business men,
who would not enforce strict quarantine measures if it interfered with commerce; in effect, that Mobile was practically without quarantine protection, and constituted, therefore, a standing menace to the other States, etc. The Texas Sanitarian further pleaded, as a reason for surrendering State control to the United States government, that there is no uniformity in quarantine regulations.

This position we controverted, and sought to show that the predicate upon which the argument was based was fallacious, and therefore that the deductions amounted to nothing. We denied the proposition that the Mobile quarantine is weak and inefficient to protect; and while we were not able otherwise to demonstrate it, we cited the law to show that such condition as was represented to exist at Mobile is inconsistent with the ordinary discharge of duty by the Surgeon-General of the Marine Hospital Service; that either the regulations at the Mobile quarantine are as strict as at other ports, and they are as rigidly enforced as at any other station, else the Surgeon-General is guilty of gross neglect of duty; for it is especially made his duty to see that all State and local quarantines are efficient, and if not, to make them so.

The question was submitted to the Surgeon-General of the Marine Hospital Service, and we have the pleasure of giving herewith his reply, conveyed in a courteous letter under date of March 18 (ult). The Surgeon-General says:

* * * "Replying to the questions in your letter of the 11th instant, seriatim, I have to state, in answer to the first question, namely: 'Is Mobile practically without quarantine protection, and are the other States thereby endangered'—that the written report of Surgeon W. H. H. Hutton, of the Marine Hospital Service, upon the quarantine station at Mobile, in accordance with printed instructions (a copy of which I enclose for your information), contains the assertion that 'the quarantine facilities [at that port] are ample for the care of such shipping as comes to that port'; and I will further add that other States are not endangered by the character of this quarantine. [Italics ours.—Ed.]

"As to the rules and regulations governing coast quarantine, you are informed that they are practically uniform. * * * The method of enforcing this uniformity is seen in the printed instructions to medical officers inspecting local quarantines, already referred to. * * *

"With regard to your inquiry, 'Have not State rules, where
not in accord with, and up to the requirements of the Marine Hospital Service, been amended or re-inforced by others, promulgated by the Marine Hospital Service? I would state that all State quarantines have readily agreed to carry out the regulations prepared by the Marine Hospital Service for the government of quarantines.

"Finally, it may be added, that the law provides for the assumption of quarantine control by the United States wherever it may be inadequate [as contended by us.—Ed.], and in this event, an appropriation is available; but for the performance of quarantine functions under other circumstances, specific appropriations are [have to be?] made."

It will thus be seen that the Texas Medical Journal is fully sustained by the Surgeon-General in the position taken, in every particular; and that we have made good the assertion that it "aint so," with regard to our neighbor's predicate, thus destroying the force of his argument.

The Pervert, Wilde.—Revelations in London, in connection with the arrest and imprisonment of Oscar Wilde for a "nameless crime," have shed a light, the phosphorescent glow rather, that emanates from a charnel house, upon the man's character; and in that light we can now understand the warp of his intellectual nature. The perverted sexual sense has dominated his life, morally and intellectually. We now know him to be a moral monster, and we have always regarded him as an intellectual freak. We can read a deeper meaning now between the thoroughly enough disgusting lines of his salacious novels, and every sense of decency revolts at the suggestions therein brazenly presented, while a blush mantles the reader's cheek. Like some huge, filthy beast, wallowing in the spring whence flows a crystal stream where thousands drink, he has polluted the current of modern light literature; muddied the stream; aye—poisoned it! He is, and has been, an enemy to society, and there is no knowing the amount of harm he has done,—not alone in his writings—but by his beastial practices. He has prostituted youths—boys—to his depraved, perverted lust, and naturally has made criminals of them; for, what pride, sense of honor, self-respect, or respect for God or man, could such boy ever have, having been so degraded by this beast in human form?

Reformers may prate, and societies for moral purity may resolve; but there is but one remedy for the evil, and that is,—
CASTRATION. In the interest of morality, of humanity, of civilization; in the interest of the rising generations, and for the protection of youth from the accursed perverts of the leisure class of luxurious debauchees to which Wilde and Douglas belong—it is demanded; and Oscar Wilde should be the first example. "Nameless crimes"? Why should a civilization that will tolerate such crime, blush at calling it by its proper name? It is a false modesty. The evil exists. We can not shut our eyes to it, however gladly we would do so. The issue must be met; the evil eradicated.

Laws are made to meet crimes as they are developed in the progress of civilization. There is yet no law for these crimes against nature. In America, however revoting and abominable the crime, the criminal can only be indicted for a misdemeanor, and fined ten or twenty dollars. The statute should be changed, and each crime defined, and classified, and a penalty attached to fit the crime. There is but one penalty for beastiality, pederasty and the like abominations, and that is castration. Imagine the moral effect upon the British aristocracy—the debauchees of his class—that public castration of the beast—Oscar Wilde—would have! It ought to be done!—Justice—poetic justice cries aloud for his damned—thrice damnable appendages.—Upon the altar of morality, in the best interests of an outraged society—as an atonement, they should be offered up for the preservation of virtue and the protection of those youths whose hard lot, no doubt—want—cruel want,—hunger—starvation—drive them to submit to degradation a thousand times worse than death, in the desperate struggle for existence which their cruel environment has entailed. Who does not pity the boy—who can sufficiently ex- crate or denounce the vile parody on man who would thus gratify his beastly propensity! Hanging is too good for him. Let him be castrated and branded—"this is the man whom Lord Queensbury denounced to the police as a criminal against nature, the vilest known to even that body."

GOVERNOR CLARK AND THE PRACTICE OF MEDICINE.—The high ground taken by Gov. Clark, of Arkansas, in support of an efficient medical act, his intelligent appreciation of the situation, and his support of the better element of the profession in their efforts to suppress quackery, is in such contrast with the ignorance, indifference or prejudice of most non-professionals as to
deserve more than passing notice; we owe him thanks. All honor to him, we say.

The Journal is indebted to Dr. J. A. Dibrell, of Little Rock, for a copy of the Arkansas Gazette containing Gov. Clark's message, vetoing a bill which the legislature had passed, repealing an efficient law requiring examinations by a State board; and recognizing diplomas, required examination only of non-graduates, and that too by county boards, of the judge's selection; restoring, in short, the old law which had been found by trial to be a mere farce. From the governor's message we select the following:

It is the opinion of myself, in common with a large part of the public, that the State board system has a tendency to make examinations more independent and impartial, and to make the granting of license depend more upon merit, by freeing such from the local influences of favoritism or prejudice. The matter to be investigated and notified to the public is the fact of the possession by the applicant of sufficient character and learning to take upon himself the responsibilities of a learned profession, which has to deal with the most vital interest of the human family, and not the question of whether or not he and his family connections are popular in the locality of his residence. I can not believe that it is the desire of any worthy applicant that this should be the case, but I prefer rather to believe that it is the desire of such as have not acquired a knowledge of the fundamental principles of the profession in a college of reputable standing, and to have the benefit before the public of an examination conducted by a board absolutely impartial and independent of personal or local considerations, and one whose membership is of such a character as to bear testimony that the successful applicant is qualified to the degree the public have a right to expect.

There was probably a time when a somewhat less stringent system of preliminary examination was tolerated in the interest of supplying remote localities with medical men even partially qualified. But this time has long since passed in Arkansas. The means of acquiring the necessary learning, supposing the native ability to exist, are now so plentifully to hand and at an expense fairly within the reach of any who choose to make the proper efforts, that it is discreditable to the pride of any candidate for the honors of the medical profession, to find him opposing any examination that a fair and intelligent board should subject him to.

That our State board is of such a character I am fully persuaded to believe. Because I believe the present law contributes to a greater degree than will the bill I herewith return, to elevate the standard of character and learning among the recruits to the ranks of the medical fraternity, and more largely confine the exercise of this important privilege to worthier persons at home,
and will prevent an influx from other localities of a large num-
ber of persons who are prevented from imposing themselves
upon the public there by laws similar to that which now stand
upon our statute books, I am constrained to withhold my ap-
proval.

The legislature passed the act over the veto, nevertheless,—
more’s the pity.

Ho! For Baltimore!—The attraction at Baltimore is unpre-
cedented. There will be a very full attendance of the American
Medical Association, and the sections and the general sessions
will be held under one roof. The railroads have made arrange-
ments to run special trains of vestibule cars, with dining-room
coaches and sleepers, at the usual reduced rates, and will grant
delegates and their families special excursions out of Baltimore
at round trip rates; thus enabling one during the thirty days for
which his ticket to Baltimore and return is good, to make a trip
to New York or Philadelphia, and put in a month at the Poly-
clinics or Post Graduate schools and big hospitals; to run down
the Potomac to Mt. Vernon and Old Point Comfort; there will
be a special excursion to the Gettysburg battlefield, and a day
spent on the grounds. At Baltimore, in addition to the splendid
scientific entertainment prepared, the social features will be bril-
liant and pleasant. There will be a grand reception by the
Johns-Hopkins Hospital, and another by the local profession, at
one of the leading hotels. Texas delegates should time their
departure so as to catch the "Big 4" train, which leaves St.
Louis Sunday afternoon, May 5. That is the best route.
Delegates from South and West Texas—Galveston, Laredo, etc.,
—should take the I. & G. N. R. R. to Longview. From
West and Central Texas, the T. & P. to Longview, the T. & P.
from Longview to Texarkana, thence the Iron Mountain Route
to St. Louis, thence over the Big 4 to Cincinnati, and the Ches-
apeake & Ohio thence to Washington. This latter takes them
through the famous Cheat River country, famous for its lovely
scenery, lovely at all times, but grand in its spring attire. Tick-
ets will be on sale at all depots on the above lines, and agents
will be pleased to give all desired information. Let every Texas
doctor, who can possibly get off, make his arrangements to enjoy
the "trip to Baltimore." (May 7th to 10th inclusive.)

The meeting of the Texas State Medical Association at Dal-
las, beginning fourth Tuesday this month, April, promises to be
unusually full of interest, judging from the very elaborate pro-
gram published herewith; and it is especially gratifying to learn,
as we do, that preparation is being made by the reception com-
mittee and citizens, to entertain delegates in a social way; and
further, the indications are that there will be an unusually large
attendance and from all parts of the State. The central location
of Dallas and the attractions and the low rate of fare insure a
large attendance. All this is especially gratifying to the JOUR-
NAL, whose life has been largely devoted to building up and
maintaining this organization, and especially demanding a high
state of ethics; because, at the Austin meeting, when Dallas was
selected by the nominating committee for this meeting, in the ab-
sence of any invitation,—something which has never occurred
before, to our knowledge,—there were those to say we would not
be welcome; that the Association had volunteered to meet at
Dallas; had gone there unasked, and that we might expect a
turn of that dreaded cold shoulder. The hatchet is buried, and
reunited, North, South, East and West Texas, represented by the
JOURNAL’s readers, will once more smoke the pipe of peace, and
be happy. Let all go who possibly can. The time will be well
spent, and none will ever regret it. The JOURNAL will, as
usual, publish the proceedings in the May number. All aboard
for Dallas!

The Pacific Coast Association of Examiners was organized at
at Portland, Oregon, January 30, 1895. Dr. F. M. Bell presided,
and Dr. H. W. Coe, of Portland, acted as Secretary. Sixty-six
physicians became members, representing Oregon, Washington,
Montana, Idaho, British Columbia, California and Utah. Dr.
Richmond Kelley, of Portland, Ore., was elected President, and
the following were elected Vice-Presidents for their respective
States: Dr. L. M. Sims, of Kalama, Washington; Dr. W. J.
McGuigan, Van Couver, British Columbia; Dr. F. D. Bullard,
Los Angeles, California; Dr. C. K. Cole, of Helena, Montana,
Dr. C. L. Sweet, Boise, Idaho; Dr. S. C. Baldwin, Salt Lake City,
Utah; Dr. J. D. Fenton, Portland, Oregon. Dr. H. McCoe, of
Portland, was elected Secretary. The annual dues were fixed at
$2. The Medical Examiner, of New York, was made the official
organ. The question of “careless examinations” was discussed,
and, upon motion of Dr. Amos, of Portland, a provision was
placed in the by-laws, calling upon the executive committee to
summarily dismiss any member, who, upon sufficient evidence,
should appear to have acted either in a careless manner, or in collusion with the agent, to the loss of the company, and to the detriment of more rigid examiners. Dr. H. W. Coe read a paper on Over-weight, which is published in the February number of the Medical Examiner.

Why can we not have an Association of Life Insurance Medical Examiners in Texas? The Journal suggests that one be formed at the Dallas meeting of the Texas State Medical Association this month.

American Medical Association Meeting, at Baltimore, May 7th to 10th, 1895.

The coming meeting of the American Medical Association, to be held in Baltimore, in May, will undoubtedly be very largely attended and promises to be one of the most successful and interesting meetings of recent years. A great many were prevented from attending the San Francisco meeting owing to the length of the journey, but this will not be the case with Baltimore, as the running time is only about twenty-nine hours from St. Louis.

A great many interesting papers will be read and a general good time is already assured.

After adjournment cheap round trip tickets can be procured from Baltimore to New York and return, and members will be accorded the privilege of a stop-over at Washington and will undoubtedly be given the privilege of taking a steamer at Washington and going down the Potomac river to Old Point Comfort, on the sea-shore, and home via Richmond, Charlottesville, White Sulphur Springs and Cincinnati.

Already the Big Four route and Chesapeake & Ohio Ry. officials are figuring on rates and arrangements, and it is their intention to fix up an attractive itinerary.

The scenery along the Chesapeake & Ohio Ry. is beautiful at any season of the year, but it is particularly attractive in May, especially in Virginia. All vestibuled throughout, lighted by electricity, carry dining cars, elegant sleeping cars and observation cars, and the entire line is operated on the Block Signal System. The Chesapeake & Ohio is essentially a tourist route and is famous for the magnificent scenery through the Blue Ridge and Alleghany Mountains and the many noted health and pleasure resorts and famous battlefields scattered along the line.
The Big Four route is the western connection of the Chesapeake & Ohio, and the combined lines present the most attractive and comfortable route to the Baltimore meeting.

For further particulars, maps, etc., address

THE C. WELLS,
Traveling Passenger Agent C. & O. Ry.,
Dallas, Texas.

Medical News and Miscellany.

The Small-pox scare is about over; nobody hurt.

Harvard has abolished intercollegiate foot-ball. Sensible.

Dr. J. P. Hendrick has removed from Houston to Huntsville.

Dr. A. C. DeLong has removed from Gleam to Lexington, Texas.

Dr. J. T. Carter has removed from Warrenton to Walhalla, Texas.

Doctor, write to us about a new battery. We have them from $10 up, and will give you a bargain.

The Peacock Chemical Company, of St. Louis, Mo., have removed their office and laboratory to 112 and 114 North Second Street.

Legislature finally passed bill creating a School of Dentistry in the Medical Department of our University, and appropriated $15,000 therefor.

In the trial of Dr. E. Potthast, at Columbus, Texas, for the killing of Dr. Grace, at Weimar, Texas, the jury rendered a verdict of not guilty.

Quarantine.—The governor has issued his annual proclamation instituting quarantine against all ports south of latitude 25° N., to take effect May 1st, prox.

Dr. James Kennedy, of San Antonio, formerly Professor of
Pharmacy in the State School of Pharmacy, Galveston, died of Bright's disease, March 27th, age 32.

Dr. M. K. Lott, our esteemed friend, for four years the efficient quarantine inspector at Eagle Pass, was at the Capital this week, and honored the JOURNAL with a call.

It is to be hoped that a large delegation of Texans will attend the Baltimore meeting of the American Medical Association, on May 7-10. Every inducement is offered. See notice elsewhere.

Dr. G. W. Wells, of New York, associate medical director of the Manhattan Life Insurance Company, and editor of the Medical Examiner, was in Austin last week, and honored the JOURNAL's office with a call.

Dear Doctor.—In making up your budget for expenses to Dallas, do not fail to put in the item, "$2 for subscription to the redback." There will be a paper in next issue, alone worth the price of a year's subscription.

As we are mailing out, there is going on in New Orleans a conference of Gulf State health officers, who are trying to devise a means of permitting the importation of fruit from tropical ports during the close season. It is a little risky, but it can be done.

Remember the American Medical Association meeting in Baltimore, May 7, 8, 9 and 10. This will no doubt be the largest meeting held for many years; the time of the year, reduced railroad rates, and the place of meeting, all favor a large attendance.

Dr. Jno. Preston, the long-time Superintendent of the N. W. Texas Insane Asylum, has located at Austin and engaged in general practice. The JOURNAL extends a cordial welcome to the doctor, and congratulates Austin upon this acquisition to her citizenship.

Attention Curio-Seekers. The JOURNAL is authorized to offer for sale a rare historical relic in the shape of a Mississippi and Alabama Railroad Bank Bill of March, 1837, in good preservation. This is a relic of the days of Mississippi's repudiation of her bonds.
The Passing of the "American Lancet."—With the issue of the American Lancet for the current month, Dr. Leartus Connor, after a service of nearly twenty-four years, retires from the editorial chair, and with his withdrawal the publication of the Lancet comes to end.

Hypnotism in Court.—A Missouri judge has recognized hypnotism as a factor in murder. A man committed a murder, and pleaded that he was induced to do it by another man. The murderer was acquitted, and the "other man" was convicted of the murder. Whither, oh, whither are we drifting?

Speaking of large doses of morphine, we are promised for next issue Dr. J. F. Eaves' account of treating (with permang. pot.) the assassin who slew four persons at Millican recently. He attempted suicide by taking a dram of morphine. Dr. Eaves saved him, so he can now be hanged. Another triumph for science.

The Buffalo Medical Journal will celebrate its semi-centennial shortly, by increasing its reading pages from sixty-four to eighty, and making other improvements. The Journal extends its congratulations to Brother Potter; but we want it distinctly understood that he has not been editing the Journal all these years. Long may he and the Journal live and prosper.

For Ophthalmia Neonatorum, a sure cure has been discovered, and that too, by a Texas legislator. When the bill to prevent blindness by compelling early attention to sore eyes in the new born, was before the legislature, an old fellow, calling himself "doctor," hooted at the idea, and said "a little mother's milk dropped in the baby's eye would cure it sure pop, every time." It killed the bill.

His Occupation.—Magnetic Healer Fannin, an individual well known in Texas, we are informed, has remained in Austin all winter, and has cultivated the rustic and populist element of the immortal 24th legislature to some purpose. To him is attributed, mostly, the defeat of the medical act, and he was heard to say that holding down medical legislation has been his occupation here ten years. He is the "vitopath" referred to in the senate discussion.
Medical Editors, publishers and business managers are cordially invited to attend the second annual meeting of the American Medical Publishers' Association, at the Eutaw House, Baltimore, Md., May 6, at 9:30 a.m. Subjects of vital importance will be discussed, and a profitable and pleasant session is anticipated.

LANDON B. EDWARDS, M. D.,
President, Richmond, Va.

CHARLES WOOD FASSETT,
Secretary, St. Joseph, Mo.

The Columbus Medical Journal has taken up the position of the Texas Medical Journal, the Texas Sanitarian and the California Southern Practitioner as to the insurance companies paying physicians for information when referred to by applicants for position as medical examiner, and the Editor, and Medical Director Curtis of the Equitable, are engaged in a bitter controversy. The Journal is right. It has ceased to be a question here, and the Austin physicians send in a bill for $5 every time a request is made for information about an applicant, and for our part we always get our money.

The International Route.

Do you propose to attend the Baltimore meeting? If so, please remember the International Route and connections offer superior facilities.

Through sleepers, Laredo, San Antonio, Austin and Taylor to St. Louis and Chicago; San Antonio, Austin and Taylor to Memphis; Galveston, Houston and Palestine to St. Louis daily without change. Call on nearest I. & G. N. ticket agent for full information regarding rates, routes, etc.

D. J. PRICE, A. G. P. A.,
Palestine, Texas.

Texas Graduates.—In the Memphis Medical Journal we find an account of the Commencement Exercises of the Memphis Hospital Medical College, and amongst the graduates the names of the following Texas students. We will be pleased to receive from other colleges a list of Texas graduates for publication: A. J. Borden, Homer; A. A. Blasingame, Deuman; J. E. Baldwin, Kleburg; W. M. Bowen, Navasota; J. W. Edwards, Mt. Pleasant; W. Y. Fowler, Valley Springs; A. J. Halbrook, Marietta; R. H. Lasator, Haughts Store; F. V. McKnight, Black Oak; J.

Journal Pi(e).—The Journal of the American Medical Association came near losing its plant by fire, last week; a fire broke out in the printing office, and but for prompt discovery and prompt action, the entire concern would have been destroyed. As it was, the composition was "pied." We don't know whether the entire plant was pied or not, nor whether in fact it was a pie plant. It may have been a rhubarb plant (aye, there's the rhub). The office was deluged by the fire engines, but Editor Hamilton's spirits was not in the least dampened (had it in the closet, may be) by having cold water thrown over his work, as he triumphantly announces that the Journal came out on time, notwithstanding. Hamilton is the "hot stuff," and a little fire doesn't scare him worth mentioning.

Louisville Doctors have a Street Fight.—The Courier-Journal of April 4th, contains a lengthy account of a street fight between Dr. D. S. Reynolds, a well-known oculist of that city, and Dr. Ed Richardson. It seems that Reynolds got the "best" of it, if there was any "best" to so disgraceful an affair; neither was hurt, barring a slight scalp wound on the back of Richardson's head, where it came in contact with the pavement. The account says that it is the result of an old feud; that Richardson confesses to have written several years ago a defamatory letter about Reynolds to "an oculist in Texas," which letter was published in Louisville, and claims that he struck Reynolds for looking at him as they passed on the street; while Reynolds says he knocked Richardson down,—held him down, but forbore to punish him,—for striking at him. "Doctors will differ," but they shouldn't fight.

Patent Communion Service.—A Michigan clergyman thinks he has solved the individual cup problem. The Rev. Charles E. Lee, of the Second Baptist Church, Grand Rapids, Mich., has invented an individual church communion service and has had it patented. It consists of a pyramid of three disks attached to a central standard. The disks have apertures into which seventy-five tiny cups shaped like grapes repose, each holding a spoonful of wine. At the top of the standard is a ring and swivel. A
long handle with a hook at the end is used in passing the standard. The hook fits in the ring at the top, and by turning the disks around, the filled cups are always easily reached. As rapidly as used the cups are inverted, and there is an attachment to catch drippings. The disks and standard are made of any metal desired, and are susceptible of elaborate ornamentations. The grape cups may be of silver, gold, or china, according as a church may desire.—N. Y. Med. Record.

Editor Hamilton, of the Journal of the American Medical Association, says: "We have received a great many photographs of members of the Association, but a very small percentage of the membership," and calls on all hands to send in their phiz by return mail. What's he going to do with them? Good Lordy! not going to print them, I hope! What have they been cured of? and was it Hood's, or Celery Compound? It is to be hoped they are not to be attached to papers and sent out with reprints. That thing is getting very common; in fact, more common than proper. Br. Bernays sent out one recently. It is not in good taste. We always think of Douglas' $3 shoe, and Beeman's chewing gum. Do those fellows think they are pretty? We don't; but there' no accounting for taste. It might be justified on the grounds of "practical teaching," like old Squeers, the Yorkshire school-master; he made Smike spell "horse," and then go and curry his horse, so as to impress it on his mind.

An American Milk Yarn.—E. Marsh, of Mineral Township, in America, comes to the front with a story that is both wonderful and unique, but true in every detail. About five weeks ago a Durham-Alderney cow, aged two years, gave birth to a calf, and they began to milk the cow, but were thunderstruck when they discovered that its milk was black. The calf, however, thrived upon the milk, and last week Mrs. Marsh, having overcome her prejudices, decided to try some of the milk. It tasted the same as other milk, only it was much richer, and by leaving a crock of it to set four hours, nearly two inches of cream, a little lighter in color than the milk, would rise to the top. Two gallons of the cream were churned and four pounds of butter were secured. The butter was examined by a chemist, who pronounced it perfect butter only in color, and gave the reason for the color, something yet unknown to science in the blood of the animal. The butter much resembles coal tar, and has a de-
licious taste. People are coming from far and near to see the freak, and Mr. Marsh has been offered big sums for the cow. He has decided not to sell her, however, in the hope that he can raise some more stock of the same kind. A roll of butter will shortly be sent to Franklin and placed on exhibition. The milk makes fairly good ink and the cream might be used for printers' ink.—Food and Sanitation.

Grape Seeds in a Healthy Appendix.—Dr. McBurney presented a vermiciform appendix containing two grape seeds, removed under the following circumstances: He was operating upon a patient for abdominal tumor; the healthy-looking appendix thrust into view, and on feeling of it he appreciated two concretions. Thinking it wise to act in time, he removed it, and the bodies which had been felt were found to be two grape seeds. The notion had been very prevalent that grape seeds were dangerous on account of their liability to lodge in the appendix and set up inflammation. Dr. McBurney had received letters regarding this matter from various parts of the country, a recent one being from a large horticulturist in the West, who said he would be greatly indebted to him if he could state that grapes were not dangerous. Dr. McBurney had always been able to reply that he thought grapes were harmless, since he had never seen a grape seed in the concretions contained within the appendix. It had so happened that the first exception to this experience was in a case in which he had incidentally removed the healthy appendix and found within it two grape seeds.

Dr. Polk remarked that he had seen grape seeds cause appendicitis in but one case.

Dr. Biggs made some remarks upon the work of the Board of Health in producing diphtheria antitoxin for use in the city.—N. Y. Medical Record.

Diphtheritic Conjunctivitis Treated by Serotherapy.—Dr. Jessup recently communicated a report to the Royal Ophthalmological Society of two cases of diphtheritic conjunctivitis treated by Klein's antitoxin. The first case was that of a boy, aged 19 months, with false membrane on the conjunctivae of both eyelids of the left eye, with a patch on the uvula, swelling of the subparotid lymph glands and albuminuria. Three injections were made; the total quantity of the antitoxin used was three grams. The membrane disappeared in five days without leaving any
trace on the conjunctivæ, though the only local application used was distilled water. In the second patient, also a boy aged 8 months, there were membranes on the palpebral conjunctivæ of both eyes, enlarged glands and a muco-purulent discharge from the nostrils. Two grams of the antitoxin were used in two injections and the false membrane disappeared in four days. Hayward examined the membranes in both cases and discovered large quantities of the Löffler bacillus. In his opinion the cure was certainly due to the antitoxin, because these cases are generally accompanied with purulent ophthalmia and ocular lesions which are very slow in healing. Coppey, of Brussels, has also reported a case in a little girl of 1 year, with severe ocular diphtheria cured in four days after one injection of Behring's serum.

—Journal A. M. A.

Just after the ignominious failure of the Wooten bill some of the medical gentlemen of San Antonio, sent up a bill to regulate the practice, a very thorough bill, a bill which requires examination, the only test of qualification, and it was introduced into the house, and duly referred to the committee on public health. Drs. J. V. Spring, B. F. Kingsley and F. M. Hick, of San Antonio, and Dr. Bennett, of Austin, appeared before the committee and presented the case. The chairman, a Mr. Bumpass, asked Dr. Spring "if a man owns a cure for cancer, a man not educated in medicine, but who can cure cancer by local application, would your bill exclude him?" Dr. Spring replied that examination upon the various branches of medicine was the test, and if his man was ignorant, as admitted, and could not pass examination, of course he would be rejected. Mr. B, then—we are informed—pointed to scars on his own face and claimed that he had been cured of cancer by this man and his salve, when the doctors had failed, and for his part, he would insist on allowing such men to practice.

It is hopeless to expect ever to educate such a blockhead up to a comprehension of the situation. Well,—what do you expect of men who can leave home and business and come here and serve the State as legislators at $2 a day? After the first sixty days—during which time they get $5 per day—the pay is $2, and the way they hold on, away up towards May, is proof conclusive that the pay is the inducement. So long as Texas pays her legislators laborers' wages we may expect just such displays of ignorance. There are intelligent gentleman, and many of
them, who come here at heavy loss; but they are in the minority, it seems.

A chance to take a post-graduate course in Baltimore, Philadelphia or New York, and attend the big meeting of the American Medical Association, all on one trip, and reduced railroad rates, is now open to the physicians of Texas. This is an unusual opportunity, and we believe that not a few of our readers will take advantage of it. The meeting promises to be one of the largest ever held, and the social features will surpass anything that has preceded it. Various entertainments in the city of Baltimore, excursions to Washington, New York, Old Point Comfort and Gettysburg are among the good things promised. The trip to Baltimore will be a most pleasant one. Good train service, the best of accommodations and quick time are assured. If a party of Texas physicians can be made up to meet in Texarkana on May 4th, they can reach St. Louis by the morning of May 5th, where they will join the delegation from that city, and travel with them over the Big 4 and the C. & O. roads to Washington, thence to Baltimore. The I. & G. N. and the Texas & Pacific roads will have tickets on sale in ample time to reach Texarkana by the 4th, and the Iron Mountain train will arrive in St. Louis on the 5th, and make close connection with the Big 4 train which will carry the St. Louis party. The route through Arkansas and Missouri over the Iron Mountain, from St. Louis to Indianapolis and Cincinnati over the Big 4, and from Cincinnati through West Virginia and Virginia and to Washington over the Chesapeake and Ohio, is one of the very best and most picturesque that could have been selected. The scenery is magnificent throughout almost the entire route, and that in the Alleghany and Blue Ridge mountain ranges is unsurpassed anywhere.

Parties from Galveston, Houston, San Antonio, Austin, and intermediate points, should start on the night of May 3d, and those from Dallas and Fort Worth on the morning of the 4th, reaching Texarkana in time for the Iron Mountain Cannon-Ball train, which leaves Texarkana for St. Louis at 3 p. m. on the 4th. See that your tickets read via the Iron Mountain, Big 4, and Chesapeake & Ohio railways.

We hope to see a full attendance from Texas, and we can assure everyone of a pleasant and profitable trip.
Large Doses of Morphine.—W. A. Clark, M. D., contributes the following to the New York *Medical Record*: "The following is the history of a case in which I failed to obtain any narcotic effect from some quite large hypodermic injections of sulphate of morphine.

"Mrs. M——, aged sixty-seven, widow, no children, laundress. About two years ago was given several hypodermic injections of morphine for severe abdominal pain. Powders containing the drug were soon substituted and gradually increased, until before her death she was consuming twelve grains of morphine daily.

"January 16th.—Aneurism of abdominal aorta diagnosed, and being in considerable pain, she was given the following:

\[ \text{Rx} \quad \text{Morph. sulph} \quad \text{gr. xxx} \\
\text{Aqua} \quad \text{iv} \]

*Sig:* Teaspoonful every quarter hour until relieved.

"The hospital steward being called during the night, gave the following quantities at quarter-hour intervals: One-quarter grain, hypodermically; four grains by the mouth; two grains, hypodermically; three grains respectively; no result.

"January 17th—Remedy repeated as before. I was called about 7:30 p. m., and found her in intense pain. I gave the following quantities hypodermically, at quarter-hour intervals, commencing at 8 p. m.:

"Three grains, five grains, seven grains, in two injections, eight grains in two injections, six grains; no effect. Eight grains by the mouth was then given until 11 p. m., when the stock on hand gave out, making a total of eighty-three grains consumed in three hours, with no appreciable effect. The sulphate of morphine had been prepared by a reliable firm, one-quarter grain from the same bottle giving a full effect in another patient. I might add that she had been consuming, daily, eight ounces each of whisky and port wine, and a quart bottle of beer, until about two weeks before her death, which occurred January 21, 1895.

"At the post-mortem examination no aneurism was found. Under the right kidney half of a hair-pin old, and corroded was discovered, with considerable localized peritonitis and old adhesions."

Another Texas Journal.—We have received Vol. 1, No. 1, of *The Hygeia*, and welcome it to our table and exchange list. It is a neat little journal of twenty-eight pages—in a pretty pink
cover, issued by Drs. T. J. Bell & F. G. Kirkscey, at Tyler, Texas. Dr. Bell is one of the best known, and deservedly popular physicians in Texas, and stands high in the profession, having been first vice-president of the Texas State Medical Association, and has several times presided as chairman of important sections. His ambition to give East Texas a publication in the interest of "Hygiene and Curative Medicine," and incidentally devoted to organizing the medical men of the East, is commendable, and should he fail of realizing his fondest hopes, it will not be for lack of merit or effort on his part. We wish the fledgling abundant success, and its worthy senior editor,—our friend Bell,—especially, a long career of usefulness in the field of journalism.

The editors launch their little venture with a classical salutatory,—pay tribute to the Gods of medicine of old time, touch upon the benefits and blessings of hygiene, and in closing (with an eye to business) simulate the immortal Wegg—and drop into poetry; thus:

"So then 'Hygeia' is afloat; And with sails well trimmed, and machinery all new, We are encouraged to believe we will carry her through. We only ask our friends to give us a pull, And not kick us, and cuff us, and treat us cool; That when our barque is safe on the other side East Texas may boast with pardonable pride Of the little 'Hygeia,' the Gem of the East,— The land of milk and honey—the best in the world! Then, give us your aid, Friends,—we are not begging, nor want to be paid, For what we don't earn, Or give value received to you in return!"

We had not before suspected that our friend Bell was a poet; that to his other gifts of mind was added the "divine afflatus;" or, did the other editor thus eloquently and touchingly fling Hygeia's "banner to the breeze?" May favoring winds waft her to a safe haven; and we trust no one will "treat her cool."

Condensed Milk.—It is decidedly refreshing in these days of sanitary scares and sensations to meet with such a common-sense and encouraging utterance as that of Prof. Albert Leeds, chemist of the Stevens Institute of Technology, on the subject of condensed milk. In consequence of sundry sensational newspaper items on the subject, published last summer, the professor was
requested by the New Jersey State Board of Health, and by some local boards, to investigate the various brands—some fifteen in all—of condensed milk in the market, and his report is now made public in the current number of the American Journal of the Medical Sciences. As was to be expected, some of the specimens were condemned—more particularly those which had undergone changes due to specific bacterial ferments getting into the milk before the process of condensation. But instead of making these the theme of a general hysterical condemnation of all condensed milk, the analyst sensibly points out that the interests of the public coincide with those of the manufacturers in most respects, and that, apart from the propriety of its use for infant nutrition, much can be said in praise of the great value of condensed milk as a manufactured product. He says that it would be a great loss to the canners were they to use or purchase watered milk, since the chief expense of the condensation is in the evaporation of the water; and dairymen dishonest enough to water milk are those most likely to have impure wells, improper food and un-clean surroundings. Not from added water, but from water used in washing utensils is danger to be dreaded, and the same remark is true of the original milk itself. It is out of the question, Professor Leeds says, for a canner to employ a bacteriologist to examine the milk used, and the hardening and putrefactive changes which the condensed milk sometimes undergoes are usually due to failures in cleanliness, etc., at the dairy. Later on the canner will participate with the public in the great benefits of a rigid system of inspection that will, first of all, begin with the dairy and the cattle themselves. The Journal is aware that, as a result of municipal milk inspection in many large cities, the dealers themselves are the most efficient agents in keeping the producer up to the mark. They not alone have frequent analysis of their supplies made by the municipal analysts, but many dealers employ appliances for milk analysis in their own depots, and are thus enabled to detect promptly the grosser forms of adulteration and to locate the responsibility.—Journal A. M. A.

The extreme of parsimony was manifested in the Texas legislature last week when an amendment to the appropriation bill was introduced (and is now in great danger of passing), cutting off the provision supply of Asylum Superintendents and Assistant Superintendents. The law gives the Superintendents $2500 a year and their boarding and rooms; it requires them to "live at
the asylum," and to give their whole time to the institution. The 24th has reduced the pay to $2000, and now seeks to compel them to either pay their board to the State, or to go elsewhere to board, or to furnish themselves. This is simply infamous; it is a great wrong to the unfortunates, for no qualified physician, capable of ministering to their needs, can be found to take a superintendency at $166 a month and find himself and family. That the bill will, if it pass, cripple the service; compel those now in charge to resign, is almost certain. The Journal sincerely hopes that a wiser policy may prevail.

A Dangerous Thing.—Hostess: Mr. Dinerout, are you not going to eat your strawberries, they are the first of the season?

Mr. Dinerout (a chronic boarder): Thanks; not if I know myself; they will spoil my appetite for prunes."

The Antitoxine Treatment of Diphtheria.

There are signs that we shall soon be prepared in this country to give this treatment all the trial that may be needed to demonstrate either its efficiency or its comparative worthlessness, for the sources of abundant supplies of the antitoxine are fast multiplying. Among recent additions to these sources is the Massachusetts board of health. The Boston Medical and Surgical Journal for March 28th, publishes an official statement by the secretary of the board that it has prepared a supply of antitoxine for the benefit, primarily, of such communities in the State as find it difficult or impracticable for any reason to supply themselves with the new agent from reliable sources. We are glad to see the following passage in the statement: "The board does not propose to offer it for sale, but its gratuitous distribution will be under strict conditions designed to prevent abuse and waste and to obtain the most beneficial fruits. Each bottle is marked with a number and the date of the preparation of its contents. No antitoxine will be issued except upon a pledge that a full statement of the observed effects of its use will be returned to the board at the termination of the case. In all instances possible a bacterial diagnosis will be insisted upon." It will be seen that the Massachusetts board does not seek to attach a commercial tail to its operations and therein it shows due respect for the rights of citizens of the State, while in no wise neglecting anything that an official sanitary board may properly undertake in the way of facilitating the amplest trial of the new treatment.

Doubtless it is yet too early to declare that the efficiency of the antitoxine treatment has been demonstrated, but it must be said that the prospect of such a demonstration is apparent. Whenever any inquiry of this sort is before the profession, and
especially when it is before the public, as in this instance, there are never wanting those who set their faces with the fixity of fanaticism against the measure, can see no good in anything so novel and radical, and seize upon every misadventure in its employment to confirm and justify their opposition. Such a misadventure has recently happened in Brooklyn—namely, the speedy death of a diphtheria patient after receiving an injection of the Behring serum. The death has not at the time of our going to press been explained satisfactorily, but we feel sure that no blame can be attached either to the physician who gave the injection, or to the firm that imported the serum. The unfortunate occurrence enforces, however, the need of minute caution.—Ed. in N. Y. Med. Journal April 6.

[Since the above was printed we have received a circular issued by W. H. Park, M. D., Assistant Director of Hospital Bacteriological Laboratory of the New York City Board of Health, accompanied by a certificate from E. H. Wilson, M. D., Chief Bacteriologist of the Brooklyn Health Department, to the effect that two vials of the antitoxine of the same lot as that used by Dr. Kortright in the case of Bertha Valentine, whose violent death followed in ten minutes after the injection, was submitted to bacteriological tests, and were found to be absolutely free from living germs of any kind, and Dr. Park says further, the unfortunate result * * * can not be attributed in any way to the antitoxine which was employed.

Dr. Wilson says: "Speculative theories may be advanced as to the cause of death in this case, the true cause not having yet been determined, but the above experiment [omitted here] demonstrates that the cause was not inherent in the antitoxine.''
—Ed.]

Hydrophobia Inoculation.

Dr. A. Lagorio, Director of the Pasteur Institute, of Chicago, furnishes the following summary of the preventive inoculation against hydrophobia attained at that institution since its inauguration, July 2, 1890:

From July 2 to December 31, 1890, persons treated, 37.
From January 1 to December 31, 1891, persons treated, 562.
From January 1 to December 31, 1892, persons treated, 101.
From January 1 to December 31, 1893, persons treated, 107.
From January 1 to December 31, 1894, persons treated, 59.
Total, 366.

341 persons were bitten by dogs, 9 by horses, 7 by cats, 5 by skunks, 2 by wolves, 1 by a mule and 1 by a pig.
195 persons received severe and multiple bites on the hands and wrists, 47 on the head and face, 47 on the arms and shoulders, and 77 on the legs and thighs.

Following the role of Pasteur the patients treated have been classified into three categories:

First—Persons bitten by animals recognized and ascertained to be rabid by the control experiment made in the laboratory or by the death of other persons or animals bitten by the same animal. Of this category 123 were treated.

Second—Persons bitten by animals recognized to be rabid by the symptoms of the disease shown during life. Of this category 160 were treated.

Third—Persons bitten by animals strongly suspected to be rabid. Of this category 83 were treated.

The number of persons bitten by rabid animals, prior to the Pasteur anti-rabic treatment, was as follows:

Eighty-eight per cent for the bites of head and face, sixty-seven per cent for the bites of the hands, and twenty to thirty per cent for the bites of the limbs and trunk. We feel, therefore, pleased at the results attained at this Institute, as only two deaths have been reported out of the 366 patients treated; thus giving a mortality of 0.54 per cent.

Besides the above 372 persons applied for treatment, but were sent back, as it was recognized, either by the control experiments or by history of the case, that the animal was not rabid; their wounds, however, were treated free of charge.

The Institute will thankfully acknowledge any assistance or donations from private individuals or institutions contributed for the relief of the poor.

Book Notices.

A CLINICAL MANUAL OF DISEASES OF THE EYE, INCLUDING A SKETCH OF ITS ANATOMY. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School and Hospital; Surgeon to the Manhattan Eye and Ear Hospital; formerly Professor of Diseases of the Eye in the University of the City of New York, and in the University of Vermont; Consulting Surgeon to the Brooklyn Eye and Ear Hospital; President of the New York Academy of Medicine; Honorary Member of the Medico-Chirurgical Society of Edinburgh; Honorary Fellow of the
Academy of Medicine of Havana, Cuba, etc., etc. Octavo, 650 pages, 178 engravings in the text, nearly all original, two full-page chromo-lithographic plates, and a full-page black plate. Bound in extra muslin at $5.50, and in sheep at $6.50. William Wood & Company, Publishers, 43, 45 and 47 East Tenth Street, New York City.

This book is divided into four parts. Part I, embracing five chapters, treats of the anatomy and physiology of the eye and its appendages. Part II also contains five chapters, and discusses the relative frequency of different diseases of the eye, methods of examination, therapeutics, and surgery of the eye. Part III, which contains fifteen chapters, treats of diseases of the eyelids, the lachrymal apparatus, the conjunctiva, eyeball, and orbit. In Part IV, the conditions of the eye requiring the use of glasses, errors of refraction and accommodation, strabismus, and affections of the ocular muscles, are carefully considered in eight chapters.

The author's aim was not to prepare a cyclopedic text-book of ophthalmology, but to furnish the practitioner with a book that contains a complete and safe guide for the management of cases with eye diseases. The author's large experience in the treatment of diseases of the eye, and his well-known easy and interesting style of writing, have served as contributing factors in the production of this valuable work.

In part first, a good description of the anatomy and physiology of the various parts of the eye and its appendages,—eyebrows, eyelids, muscles, tarsal cartilages, cilia, blood vessels, conjunctiva, cornea, uveal tract, choroid, retina, optic nerves, etc., is given. This part of the book is unusually rich in illustrations.

In part second, the relative frequency of different diseases of the eye is discussed. This part also explains the methods of examining the eye, including the use of the ophthalmoscope and the ophthalmometer. The principles of treatment and remedies applicable, and surgical operations on the eye, are included in this part of the book.

Part third treats of diseases of the eye and its appendages in the following order: The eyelids, the lachrymal apparatus, the conjunctiva, the cornea, the sclera, the iris, the ciliary region, the choroid, the retina, the vitreous humor, the optic nerve, glaucoma, the crystalline lens, the orbit.

In part fourth, which considers errors of refraction and accommodation, strabismus, and affections of the ocular muscles, the author differs from many of the leading ophthalmologists, and
expresses his convictions in no unmistakable terms. He thinks that too much stress has been put upon the condition of the eyes in producing constitutional symptoms.

He teaches that there are no reflex symptoms from the eyes, unless the eyes themselves give warning that they are not doing their work properly. He thinks that the profession generally have committed a grave error in believing that any morbid constitutional condition, of more than a passing nature, can be dependent upon an error of refraction, or a latent insufficiency of an external muscle of the eye. The practice of referring cases suffering with migraine, vertigo, chorea, etc., but without any ocular symptoms, to the oculist, and their treatment for ocular defects in the hope of relieving the head symptoms or neuroses, he regards as unjustifiable and useless. He cites a number of cases suffering with head symptoms, some of whom had been under the care of oculists for a long period of time, and who were finally cured by appropriate treatment directed to the general system, no treatment whatever having been directed to the eyes.

The book is thoroughly practical, contains much that is valuable, not only to the specialist, but to the general practitioner as well.

H.

A SYNOPSIS OF THE PRACTICE OF MEDICINE FOR PRACTITIONERS AND STUDENTS. By William Blair Stewart, A. M., M. D., Lecturer on Therapeutics; late Instructor on Practice of Medicine in the Medico-Chirurgical College of Philadelphia; Demonstrator in the Philadelphia School of Anatomy, etc. One large octavo volume, about 434 pages, cloth, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

This book, which is a carefully prepared synopsis of the Practice of Medicine, is intended to give to the busy practitioner and student, at a small cost, concise and accurate information on the etiology, symptomatology, pathology, diagnosis, prognosis and treatment of disease.

It is not intended as a substitute for the more voluminous works on this subject, for they have their proper uses, but as a ready reference work when the physician's time for study is limited, and especially when he wishes to refresh his memory on the most important points in practice, and at the same time secure information fully up to date, this volume will serve an excellent purpose.

The book is not only carefully written, but good judgment has been exercised in leaving out that which is of the least im-
importance that the volume might be of convenient size and the discussions brief.

It is printed on fine heavy paper, and handsomely bound; in fact, both the author and publisher have done their work in a highly creditable manner.

H.

**Notes on the Newer Remedies, their Therapeutic Applications and Modes of Administration.** By David Cerna, M. D., Ph. D., Demonstrator of Physiology, and Lecturer on the History of Medicine in the Medical Department of the University of Texas; formerly Assistant in Physiology, Demonstrator of, and Lecturer on, Experimental Therapeutics in the University of Pennsylvania, etc., etc., etc. Second edition enlarged and revised. Cloth, 250 pages. Price $1.25. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.

This little volume furnishes the physician with much reliable information not easily obtained elsewhere. In fact, it would be impossible to find in any other single volume the amount of real information concerning the newer drugs found in this.

The author does not attempt to make any classification, but takes up the newer remedies in alphabetical order, giving their physical properties, solubility, therapeutic applications, administration, and chemical formula. The facts are stated in the briefest possible way, thus permitting the discussion of the greatest number of subjects in the smallest amount of space. The book forms a very valuable addition to the various works on therapeutics, and the condensed form in which it is prepared makes of it a convenient book of reference. The author has given especial attention to therapeutics, and the practical value of the book is very much increased thereby.

H.


The main feature for commendation of this book over other similar works is that each illustration shows the direction of the various turns of the bandage with arrow-heads, and each turn is properly numbered; this renders the book a self-instructor by the reader of it, who has but to put the various bandages about the limbs of an office companion a few times: when the "trick" of
its application upon a patient has been learned. It takes the place, in this way, of hospital drill. Besides the "Roller Bandages," the various Ts "Cravats," "Slings," "Tailed," "Adhesive" and "Plaster" bandages, and "Immovable Dressings" are given. The book is divided into sections treating of "The Bandages of the Head," of "The Body," of "The Upper Extremity," of "The Lower Extremity," "Knots," "Strappings," "Compresses" and "Poultices" with full description of making and applying the same. There is an illustration for nearly every bandage described. It has been recommended as a text book in various medical colleges and hospitals in this country, and has had two editions sold abroad. A medical student could profitably spend his vacation evenings in mastering the application of bandages by using this book as a guide, and to a practitioner it would not come amiss.

SYLLABUS OF GYNECOLOGY, Based on the American Text-book of Gynecology. By J. W. Long, M. D., Professor of Gynecology and Pediatrics in the Medical College of Virginia, etc., etc. 131 pages. Cloth. W. B. Saunders, 925 Walnut St., Philadelphia. $1.00 net.

This syllabus has been arranged in conformity with the American Text-book of Gynecology, and will be highly appreciated by those who have read that book. The subjects are arranged in tabular form, and the author has not hesitated to differ from or add to the Text-book whenever, in his judgment, it was best to do so.

The syllabus will be especially valuable to the medical student in attendance on lectures. The outline of the lecture will be before him, and as blank space is left for the purpose, he can make such additional memoranda as seems to him of the greatest importance. It will also serve as a ready reference for the physician and will assist him in many cases in making a diagnosis.

H.


Hydriodic acid is one of our most important therapeutic agents, and we welcome any information concerning it. Mr. Gardner was the pioneer in its manufacture, and in its introduction to the medical profession, hence what he has to say on this
subject will be received with more than the ordinary interest. He has devoted much time and care to the preparation of this little volume, and it will doubtless meet with much favor at the hands of the medical profession.

Among the contributors to the book are Drs. W. Gill Wylie, John V. Shoemaker, Prof. Germain See, and many others. The subject of the hypophosphites, their therapeutic application, mode of administration, etc., is included in this volume.

To anyone interested in these subjects Mr. Gardner proposes to furnish a copy of the book free upon application to him for it.

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This valuable work has reached its fifth edition, which bespeaks its popularity, as well as the author's efforts to keep it fully up to the recent advances made in medicine.

An intermediate book is needed, between a compend and a treatise on the practice of medicine, and Dr. Hughes' work fulfills that want, and he presents a volume equally valuable to the student and the busy practitioner. His long experience with quizzing students for the U. S. Army examinations, and his large clinical experience makes his book unusually complete for one of its size. It presents the latest aetiology of diseases, and the most recent treatment, which makes it invaluable to the profession. The author devotes much space to skin diseases, and appends a section on mental diseases, which is constantly demanding more attention upon the part of the general practitioner. The work being bound in flexible morocco, with gilt edges, makes it an ornament to any library. M. M. S.

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Essentials of Chemistry and Toxicology—For the Use of Students in Medicine. By R. A. Witthans, A. M., M. D., Professor of Chemistry and Physics in the University of New York; Professor of Chemistry and Toxicology in the University of Vermont, etc. Twelfth edition; 314 pp. Price, cloth, $1.00. William Wood & Co., publishers, 43, 45, 47 E. 10th street, New York City.

This little volume is prepared especially for the student and
practitioner of medicine. It will be found of every day use to
the physician, as it treats fully of physiological chemistry, which
is one of the most important foundations of rational medicine.
Much attention has also been directed to the chemistry of therape-
utics, while the chemistry of pharmacy has been passed by
without notice. The book is short and practical, and will serve
the purpose for which it was intended most admirably. H.

Laboratory Guide for the Bacteriologist, by Langdon
Frothingham, M. D. V., Assistant in Bacteriology and Veter-
inary Science, Sheffield Scientific School, Yale University.
Illustrated. Price, cloth, 75 cents. W. B. Saunders, Pub-
lisher, 925 Walnut St., Philadelphia. 1895.

This book is arranged as conveniently and concisely as pos-
sible and will be found a great convenience to the student of bac-
teriology in his laboratory work. Heretofore it has been neces-
sary to refer to the large text-books and search through many
pages of matter in order to find directions for the preparation and
examination of bacteriological specimens. Here we have this
information in one convenient little volume. H.

Where to Send Patients for Water Cures and Climatic
Treatment. By Dr. Thomas Linn, Doctor of Medicine,
Faculty of Paris; Doctor of Medicine and Surgery, University
of New York, etc., etc. 44 pages, paper cover. London:
Henry Kimpton, 82 High Holborn, W. C.; Hirschfield Bros.,
Bream’s Building, Fetter Lane, E. C.

This little volume furnishes definite information regarding the
European mineral waters and health resorts; the special ad-
vantages of each in various diseased conditions, the climatic con-
ditions, etc. It also contains an alphabetical table giving a list
of maladies, with names of the best places to send patients to in
Europe. H.

Publishers’ Notes.

Eczema and Acne Remedy.—Sample free. Address: Box 359,
El Paso, Texas.

Alcoholic Nausea.—If the stomach of your patient is nauseat-
ed by the excessive use of alcoholic stimulants, administer one
or two teaspoonfuls of Seng every hour or two until his stomach
is O. K.
Not Afraid of Antikamnia.—"I would not hesitate to take fifteen grains of Antikamnia at a dose and even repeat it every half hour, if required. I am subject to severe attacks of neuralgic headaches, and I take big doses with no untoward effects."—Dr. C. Alex. Garnsey, Batavia, Ills.

Pulmonary Troubles.—After a practice of nearly thirty years, and quite an extensive one in regard to pulmonary troubles, having used all of the emulsions, maltines, and different preparations that are recommended for said troubles, I find Terraline one of the most efficient and pleasant preparations that I have ever prescribed.

Clay, Ky., February 8, 1895.

W. I. Moore, M. D.

It is impossible to note the number of people who die annually of exhaustion in sickness while receiving the treatment that their diseases respectively demand. The friends and relatives are told the same old story "you did not call me in time. He died of exhaustion before the medicine had time to correct the disease." Renew your patient's strength with Codliver Glycerine and bridge them over this period until the curative medicine has had time to act. It mixes with all medicine.

La Grippe, with Scanty Secretion and Retention of Urine.—Sanmetto acted very satisfactorily in a case of a lady fifty-three years of age suffering from la grippe, accompanied with scanty secretion and retention of urine. Sanmetto was given in doses of two teaspoonfuls every four hours, and within twenty-four hours her urine was passed freely and without pain.


Filley, Mo.

Albert Lynch, the famous French artist, who received the highest Salon prize for his panel of "Spring," has been engaged by The Ladies' Home Journal to draw a series of designs for the cover of that magazine, which, as the reading public knows, changes its cover design each month. Lynch is, perhaps, one of the best-paid artists in France, and these covers will cost The Ladies' Home Journal nearly $1000 apiece. But this only demonstrates the enormous expense to which magazines are put in the production of their numbers.—R. H. Stoddard, in N. Y. Mail and Express.

After an attack of the grip the patient finds himself in a state of extreme weakness and prostration, from which condition he is tediously brought to his former good health. Remedies which stimulate his exhausted nerves too vigorously do so at the expense of his general condition. Then comes the relapse.
hypophos. comp. McArthur conveys to the tissues the revivifying and vitalizing agent phosphorous in its most oxidizable and assimilable form. Thus the true vitality of the nerve structure is restored by renewing the nutrition of the tissues themselves.

Secure a Position.—Wanted, for office work, on salary, in most every county in the South and West, a young lady or gentleman. Those from the country also accepted. Experience not necessary; in fact, prefer beginners at a small salary at first, say to begin, from $30.00 to $60.00 a month.

Chances for rapid promotion good. Must deposit in bank cash, about $100.00. No loan asked; no investment required. It is a salaried and permanent position. (Strictly office work.) The enterprise is strongly endorsed by bankers. Address P. O. Box 433, Nashville, Tenn. (Mention this journal.)

I have for a number of years been subject to periodic attacks of hepatic congestion, and, after going the usual rounds without much benefit, I determined to try Peacock's Chonia. I am free to say that the results obtained from the use of two bottles were eminently satisfactory. Prior to its use my urine was very light colored, and it was gratifying to see it return so promptly to its normal condition. The sclerotic change was also very perceptible. Peacock's Chonia is a frequent ingredient of my prescriptions. I have had remarkable results from its use.

J. PIERCE ROBERTS, M. D.

Shenandoah, Pa.

"The Florence."—At Fort Worth, Texas, Drs. Beall, Walker and Capps have established and put in successful operation a high class private sanitarium, especially for the treatment of female surgical diseases, and it is fitted up with every convenience and facility that modern sanitary science can suggest for the comfort and safety of patients. Dr. Beall has a reputation as a surgeon-gynecologist, second to none in America. As a successful laparotomist, his record has been unexcelled; and his large experience has demonstrated that Fort Worth possesses climatic influences decidedly favorable to abdominal operations. The buildings and grounds are picturesque and inviting. In short, Texas can boast of this institution as being fully up to requirements in every detail. See announcement in this issue, and correspond with the firm as to terms for accommodation, etc.

One Hundred Points of Perfection.—It is only a few years since the Pabst Brewing Company's malt extract was first placed on the market. It was introduced as the "Best" Tonic, and through its excellence soon became a general favorite. At the great Columbian Exposition at Chicago, the Pabst Malt Extract was ex-
examined by the Government Chemist and the Board of Judges, and the result was the highest flattery that could be bestowed. Of all the host of malt productions they examined, coming both from this country and from Europe, the "Best" Tonic was selected as the only one thought worthy of the highest rank. It was marked with the 100 points of perfection. Such a distinction has never been conferred in the history of expositions. It recognized the Pabst Malt Extract as the head of scientific malt foods and in advance of the highest previous attainments in the production of malt extracts.

Positions guaranteed under reasonable conditions. Do not say it can not be done, till you send for one hundred page catalogue of Draughon's Practical Business College, Nashville, Tenn. This college is strongly endorsed by bankers and merchants all over the United States, as well as foreign countries. Four weeks by Draughon's method of teaching book-keeping is equal to twelve weeks by the old plan. Special advantages in Shorthand, Penmanship and Telegraphy.

Cheap board. Open to both sexes. 36 States and Territories now represented. Write for one hundred page catalogue, which will explain "all." Address J. F. Draughon, President, Nashville, Tenn. (Mention this journal.)

N. B. This college has prepared books for "home study," book-keeping, penmanship and shorthand.

It is a matter of fact that every new preparation, in order to bring out its usefulness, must be made known at large. This the writer endeavors to accomplish, as much as possible, by the insertion of an advertisement of his preparation in all first class medical and pharmaceutical prints, whose editors and proprietors are of good standing. All of these gentlemen willingly recognize the originality of this preparation, and are willing to recognize the immense work which had to be done for a long time by day and night, and the pecuniary sacrifices which had to be brought for fully twenty years to make "Talcum" known to the professions at large, and they are, no doubt, now willing to make a due discrimination between the original and the base imitations which are beginning to appear.

In his 69th year, with a record of over fifty years in active pharmacy and in medical science, the writer trusts to receive from his friends and confrères all due consideration they think him entitled to.

Respectfully,

Julius Fehr, M. D., Ancient Pharmacist.

Hoboken, N. J., 1893.

Visceral Steatosis: Reporting Cases Treated with Poke-Berry.

In the summer of '94, having a case of emphysema in a very corpulent subject, to whom I had been giving morphine and
digitalis with some relief, I concluded to try the poke-berry, and see if it reduced the amount of superabundant fat upon the pathological condition present. The following is a true report of the case:

In May, T. S. B., age 48, native, came and complained of the usual symptoms of emphysema and cardiac weakness. Treatment: Morphine sulphate, gr. 7½, three or four times a day. Result: Some relief, but not satisfactory to patient, who still complained. His weight was, at this time, 236 pounds. In early July I put him on phytoline, m. x, half hour before and one hour after meals. In three weeks he experienced much relief from the shortness of breath, and had lost, in weight, ten pounds. Then I weaned him away from the morphine, and stopped the digitalis, but continued with the phytoline. In six weeks he had lost thirty pounds, and had no aggravation of the emphysematous symptoms; in fact, he said that he hardly had any trouble at all, and although his breathing was still a little short, the distress had entirely disappeared. In three months, the weight was 180 pounds, and in October the phytoline was rapidly decreased, until a week later the remedy was entirely discontinued. His weight to date remains the same (180 pounds), and no recurrence of emphysematous or cardiac trouble has taken place.—Extract from an article by W. W. Baxter, M. D.

A Plea for Accurate Thermometers.—In the August issue of a well-known medical journal, I find a little editorial on the "Importance of Permanent Accuracy in Clinical Thermometers." This is a subject on which I have very strong opinions, and it has given me great pleasure to find that they are shared by the editor of the above mentioned journal. Too much stress can not be laid on the absolute necessity of accuracy in the thermometers when it is considered what an important part they play in the diagnosis of disease. Some two or three years ago I was summoned in consultation to Buffalo. Two physicians were already in attendance, and very much alarmed over the condition of their patient. On examination, I found no occasion whatever for alarm, or even for the consultation. The only symptom to cause anxiety was the very low temperature. The thermometers they had used were of a well-known foreign manufacture, and registered from 96° to 97° one having been purchased on that same day, duly certified. On taking the temperature with my own thermometer, which was one I had used and proved absolutely accurate in a number of cases, I found that the temperature was normal. My thermometer was manufactured by the Taylor Brothers Company, of Rochester, and it was a source of great gratification to me that an American thermometer should prove itself so much more valuable than instruments made abroad. This is only one instance in many where I have found the superiority of the "Taylor Certified" thermometer over all others.
It seems to me that this point is one of importance, and one, too, that has never received the attention which it deserves. If you can't depend on your clinical thermometer how can you have any confidence in your diagnosis?

Rochester, N. Y. J. A. Biegler, M. D.

A Topical Agent.—An acquaintance and association with a large number of specialists in diseases of the throat, nose, and associate diseases, as well as with the general practitioner, under whose care a large percentage of such ailments come, would indicate a united and almost universal inquiry for some more efficacious local or topical application in this line of affections, and one, too, which may possess antiseptic, astringent, and tonic properties when applied to the affected mucous membrane. Not only this, but a remedy, or combination of remedies, which shall be very easy of application, agreeable to the patient, and free from the disgusting properties so often incorporated in such agents, is a desideratum not to be overlooked, or even passed over lightly. In following this matter up, and reasoning from a scientific as well as practical standpoint (and what is so convincing as practice?), a combination of the acid chlorides of arsenic, mercury, and iron, properly proportioned and combined, has proven, in the hands of quite a large number of able practitioners, to meet the above requirements in a really gratifying degree, and promises to prove a valuable addition to the armamentarium as a gargle, spray, and douche. Doubtless the very best eligible preparation for this purpose is the R. & H. Three Chlorides; in fact, this is the preparation with which a great number of tests have been made, and the most satisfactory results obtained. Besides the acid chlorides of iron, arsenic, and mercury, this preparation contains the calisaya alkaloids; these latter, however, are in no way deleterious, but rather beneficial, owing doubtless to their topical and absorptive effects,—and results obtained from this combination seem to be decidedly more satisfactory than the first three agents alone. Whether this be due to the presence of the alkaloids or the superior manner of combining the salts of the elements, we do not presume to say, but certain it is that it is very effective in many forms of inflammation of the naso-pharyngeal cavity, in their acute, semi-acute, and chronic forms, simple or specific, besides always readily obtainable and decidedly economical. We speak only in general terms, the above hints being sufficient to set the thoughtful physician thinking. The R. & H. Three Chlorides should be diluted to one-half, or generally one-fourth its original strength, for children or for very sensitive mucous membranes. In many cases a full strength may be used when the case is chronic, or to a non-sensitive membrane, or when the probang is employed.

Louisville, Ky. Renz & Henry Pharmacal Co.
Original Contributions.

For Texas Medical Journal.

Reflections upon the Increase of Mental Unsoundness.

By Dr. D. R. Wallace, M. D., LL. D., Waco, Texas.

Read before the Texas State Medical Association, at Dallas, April 24, 1895.

Were it a matter of enough import to call for an explanation, I might state that this paper is indebted for its origin to the suggestion of friends, professional and unprofessional, with whom I have exchanged views upon the subject,—to lay before the profession certain opinions I have entertained now for years, upon the ætiology of mental unsoundness during the latter half, more particularly, of the nineteenth century. These views may be of little worth, but have not been hastily formed. They have grown up in my mind as the result of twenty years observation and of experience with the insane. Though much has been written upon the subject, little consensus of opinion has been reached; no more, perhaps, than existed forty-five years ago, when professional attention was called to it—I believe for the first time—by Dr. Kirkbride, of Philadelphia. It looks, to be sure, like carrying coal to Newcastle, or, to use a figure nearer home, like bringing artesian water to Waco, to be going over ground so thoroughly gleaned. For into what nook and corner of the subject have not Dick Hack Tuke, Mills, Mitchell, Hammond, Spitzka, and others, directed their researches? What
ætiological factor have they not tortured into telling all its secrets? What aspect of men or things have not Charcot, Comusat and Sapilli made the most of? Not to mention an army of other explorers on both sides of the ocean, as Lewis, Clouston, Brown, in England; Meynert, Crafft-Ebing and Mendel, of Germany; Voison, Luy, Achille and Forille, of France; Tamburani, Golgi and Mosilli, of Italy, and Kowalenski, of Russia.

Still there have been advanced for professional consideration and acceptance no explanation that explains the apparently contradictory phenomena connected with the increase of mental unsoundness during the period mentioned. It is not overstating or even straining the truth to say, the explorers among the brainiest, brawniest, most scientific workers of our times, have one and all retired from the quest, with the consciousness all too apparent that their labors were a failure, their efforts an abortion.

These reflections, it is needless to premise, are not intended to cover the whole field of the causation of mental unsoundness. Too vast a stretch of territory for one excursion,—the outlines, indeterminate as they are, certainly enclose too vast an area for one hasty survey. There is an outlying province of this bizarre, ill-defined domain that seems almost to have entirely escaped the researches and even observation of explorers. Upon this it is the purpose to fix the attention in these reflections,—modestly and rightly called theoretical, as not being susceptible, in the present state of our knowledge, of scientific verification.

There is a curious fact challenging attention at the threshold of the inquiry:—The period during which this increment in mental unsoundness has seemed most conspicuous, is just that in which the progress of the race in material development, in sciences, in the arts and appliances of civilized life, in the advancement of the institutions of civil government,—securing to the individual the most liberty and the greatest freedom compatible with public safety,—intellectual activity and moral power, have been most pronounced, in fact, unparalleled in the annals of the race.

There is another feature characterizing this period believed from the standpoint of these reflections significant. There has been an increasing unaccountable prevalence of crime in every stratum and walk of life.

Mental unsoundness in verbal strictness evinces its presence, it would seem, quite as often by outbreaks of crime as by breakdowns of madness. The oft quoted lines of Dryden as to the
close relationship of "great wit and madness," would, it is believed, be nearer the truth, if made to read:

"Much crime to madness sure is close allied,
And thin partitions do their walls divide."

The criminal, a creature of his surroundings and associations, may not be discriminated from the man with mental disease. Indeed, it is not difficult to take the philanthropic position that all criminals are insane, because not in sympathy with the moral conceptions of their times—not in harmony with their environment. It goes without stating that it were not difficult to imagine conditions in which mental integrity, either intellectual or moral, would be impossible, as, on the other hand, it were easy to conceive of others in which mental unsoundness—madness or crime could hardly exist.

From statistics,—the most reliable within reach, and doubtless correct enough for all practical purposes,—there is, throughout Christendom, one insane to every four hundred of the population. In certain States of the American Union, notably in California, a mixed and motley population, and in Massachusetts, the most highly educated, the number of the insane to the population is much greater, being about one to every two hundred and fifty. Among the aborigines of America, insanity is seldom met with; in British India, among the native population it is rare; in Arabia, almost unknown. Insanity in China is estimated at one in every five thousand; including idiocy, one in every two thousand; while in Japan it is said that any form of mental impairment is seldom met with, except in those portions of country which have been longest and most subject to foreign influence. These figures will strike us as the more extraordinary when it is recollected how extensive the opium habit prevails, especially among the Chinese. All tolerably informed people know that the effects of the habit have been greatly exaggerated by Christian missionaries and others.

How is it we occidentals, Christians, appear to such disadvantage when compared with these heathen Chinese? Are not we Christians, especially we of the United States, the people? Have we not the greatest and best government on the planet—the only decent one, in fact? Our politicians tell us so, and they know. We have the only true religion, so our priests inform us. Their information is direct from the Deity, so there can be no mistake. We know it. True enough, no doubt, still the ugly fact glares out upon us from every part of our great country,
that insanity is more common among us than elsewhere among men; and worse still, that it is alarmingly on the increase; while its congener, crime, follows hard after. The most thoughtful and best informed minds amongst us are almost, if not quite, ready to conclude that it is becoming so rampant as to seriously endanger the republican institutions of our glorious country and the greatest government in the world. It is certainly worth while to look into the condition of our country,—its religion, laws, manners and customs, habits of our people, the philosophy of life of our times. Peoples or nations, like individuals, pass through successive stages of development. They are born, grow up, grow old, decline, die. They have their youthful aspirations, manly convictions and ambitions, doubts and distrust, of seniscence and decrepitude. It may not be unprofitable to run a parallel between a republic, full of youthful aspirations and manly ambitions, and China, having run her career and now resting in her religion and philosophy, enjoying the calm and tranquility of age. Having passed through the phases of national life awaiting all peoples, a study of the manners and customs, institutions of government and religion of this remarkable people may serve to light up the intricacies and obscurities of our subject.

Marco Polo visited China, in company with his father, Nicolo, and uncle, Maffeo, in the 13th century, and published an account of his travels about six hundred years ago. The Polos were received with distinguished consideration and honor by Kublai Khan, the emperor, and Marco made governor of a great province. They were not only princes at home, but what was much better and more to the purpose, were educated in all the learning of their age and country. Hence they were very useful to Kublai Khan in regard to certain arts and phases of European civilization imperfectly or quite unknown in China, and were in turn given every opportunity to see the country and to become acquainted with the arts and sciences, religious institutions and philosophy of the country. They were finally permitted, but much against the wishes of Kublai Khan, to return to their own country loaded with presents of such value that we are assured there was not a royal exchequer in Europe that could have purchased the precious stones.

It is stated that on their return these enterprising Italians were received with distinction and accorded every honor except that of being believed when they related what they had seen. Even
on his death bed, Marco was urged, in the name of religion, as he valued his soul, to retract his alleged falsehoods. But he re-affirmed them with his dying breath, and there is now no doubt that he spoke substantially the truth.

So far was China in advance of anything Europe had to show, Polo's account of Chinese civilization and material development was regarded by Europeans not only as incredible, but impossible, nor was it verified until the present century. Their immense gilded palaces and porcelain towers, their civil engineering in spanning vast rivers and ravines, tunneling through mountains, laying down aqueducts and canals with a skill hardly equalled in the west in our own times, were of course incredible to our savage ancestors of Europe. Even then the common people are described in China as dressing in brocade, silk and broadcloth, living in houses adorned with rich tapestry, when our ancestors were living in caves and hollow trees and mud hovels, and dressing in skins with wisps of straw about their legs.

With an area less than that of Europe, China contains a population estimated at over one-third of the human race. Their method, manners and customs, dict, social relations, institutions of government and religion, bottomed on an unchanging philosophy of life, have undergone no change for ages for the reason that long since these people attained to an ideal perfection in their civilization as adapted to their climatic condition and the genius of the race.

Dr. J. W. Draper, "Intellectual Development of Europe," an authority, says: "It demands the highest policy to govern populations living in great differences of latitude. Yet China, stretching over 20 degrees of latitude with a difference of temperature between the northern and southern provinces of 25 degrees F., has not only controlled her climatic strands of people, she has made them, if not homogeneous, yet so fitted to each other, that they all think and labor alike. The organization of the national intellect is the principle by which it is accomplished. A broad foundation is laid in universal education. The way to public advancement is open to all. Merit, as tested by repeated and the most searching competitive examinations is the passport to office." Our author adds: "The Chinese has heard of our discordant opinion, our intolerance toward those who differ in ideas from us, of our worship of wealth, of the honor we pay to birth; he has heard we sometimes commit political power to men so little above animals that they can neither read nor write; that
we hold military success in esteem, and regard the profession of arms as the only suitable occupation of a gentleman. It is so long since his ancestors thought and acted in that manner, he justifies himself in regarding us as having hardly emerged from the barbarian stage."

To this picture limned by the cunning hand of the immortal Draper, I beg to add a patch or two of coloring from my own personal observation of these people, as I saw them some years ago on the Pacific slope. I was struck with their intelligence, efficiency and fidelity as laborers. Their dexterity is something wonderful. As servants I have seen nothing equal to them anywhere. I visited their banks, their vast mercantile houses, their Joss houses, their theatres, and even their banqueting halls. Such homogeneousness, such equality, had never entered my conceptions. The millionaire and laborer sat side by side dressed just alike,—the former putting on no airs of superiority; the latter showing no sign of conscious inferiority. The most perfect social equality exists between all classes. The Chinese coming to this country of course are from an inferior stratum of society, yet I think they are the most intelligent laborers we have. General Grant, in his trip around the world, mentions four very great men by whom he was particularly struck, Lord Beaconsfield, Prince Bismarck, Gambetta, and the Prime Minister of China, but he says, perhaps the greatest of them all was the prime minister of China. When it is remembered that the Chinese we see upon our western slope are from the least intelligent part of the population, one is struck with their fine cranial development, their quiet, immobile features and measured movements. Stolid want is less common among them, than among any other nationality; in fact, may be said to be unknown. They manifest a singular exemption from the ambitions, envies, jealousies and other corroding passions, unhappily so common among the Aryan races. What is more significant, as will be made more apparent in what follows, is the singular fact that they are perfectly satisfied with their philosophy of life and with their religion. The fundamental doctrines of their famous teachers, Confucius, Lao-tse, et al., it never occurs to them to question. Beset with no doubts, they leave the world with a quiet resignation unknown in other lands. The writer was told by the wife of a missionary, thirty years in China, "they seldom or never change their religion for that of the Christians;" that they would hang about the missions, seemed to be interested in
religion, but it was only to obtain employment and be fed; and it was only the lowest class that would do this; that invariably when they came to die, as she had repeatedly witnessed, they would return to the faith of their fathers. "The only way," she added, "to make them Christians is to civilize them."

The United States has an area of over three millions of square miles,—stretches from north to south over 25 degrees of latitude, not including Alaska, and from east to west over 64 degrees of longitude, including every variety of soil, climate and scenery, inhabited by twenty-five or thirty civilized European and Asiatic nationalities, not to mention fifty or sixty aboriginal tribes with all their diversified feelings, notions, ideas and opinions, social, governmental and religious. Spanning this vast expanse from New York to San Francisco, from Chicago to New Orleans, from Portland, Maine, to San Diego, telegraphic communications make the whole one vast neighborhood, from every part of which at our breakfast tables, waiting for our steak and muffins, we read the doings and sayings. Out traveling the sun, we know three, five, seven thousand miles away the happenings at London, Paris, Rome, Vienna, Berlin, St. Petersburg, Pekin and Canton before, estimated by clock time, they actually take place. What an incongruous heterogeneous mass of discordant, intellectually indigestible material from all over the world is served up by the morning papers with our breakfast.

New York is nearer, to say nothing of the safety and comfort of travel, to San Francisco than it was to Boston a hundred years ago. Chicago travels to Cincinnati in eight hours, to New York in twenty, St. Louis in ten, to New Orleans, Galveston and San Antonio in forty-five, or to Seattle and San Francisco in seventy-two. As a result of such rapid intercommunication, what a motley commingling of peoples of all classes and nationalities! The race in the past have known nothing like it,—nothing approximating it. As little has mankind known in the past of the material development of our times, of the discoveries in the arts and sciences, comforts, conveniences and appliances of modern life. Old methods are gone;—new ones have come to take their places. There are new ways of doing old things;—new ones are being invented every day, originating new callings, trades and professions, with their new ideals and mechanical appliances,—thus changing or modifying all the economic relations of life. New facts, changed relations, new methods, heretofore untried fields of effort and striving, generating novel ideas, thoughts and sen-
sation within the mind, stimulating the imagination and giving to it new wings on which to soar through the limitless regions of fancy, filling the soul with new hopes, ideals and aspirations, and with them, alas! every depraved appetite, passion and lust, incident to human nature. The appetite goads, passion corrodes, ambition rages, making their victim a pandemonium, the home of every unclean thing.

A word as to the development and functions of the brain,—"The dome of thought, the palace of the soul."

The practiced detective and others that find their account in such study and observation, are able to interpret the facial expression, the pose, conformation and movement of the body, so as to read the character, business, calling or profession of a given individual with almost unerring precision. Most persons can tell with a mere coup d'œil a man's nationality. As a rule, the Chinese all look alike in the main. Why? They have had the same or similar surroundings, the same scenery, been thinking the same thoughts, and doing the same things for thousands of years,—resulting in the establishment of, not only a corresponding facial expression, but of a structural development of the body as well. So true are the words of Tennyson,

"I am a part of all I have met,"

and Byron’s lines,

"I live not in myself, but I become
Portion of that around me";

or as Shakespeare puts it,

"My nature is subdued
To what it works in."

These facts are obvious to common observation; but though less obvious, there is another fact, far more potent over human destiny, viz.: these corporeal changes necessitating corresponding modification of the brain and whole nervous mechanism, result in commensurate changes in the character,—in the whole emotional, intellectual and moral man. Let it be borne in mind these changes come not in a day. They are secular—requiring ages for their accomplishment, and for them to come to a state of equilibrium. During the period of their coming, extending it may be through hundreds of generations, the brain, the most specialized tissue known to histology, and pro tanto unstable, is rendered by the process still more so, making it greatly more liable to take on diseased action.

Europe, during the millennium, from the 5th to the 15th cen-
tury, desolated by religious and fanatical wars and bloodshed, followed by famine and pestilence, did not double its population. China, blessed with peace and quiet, and under the same imperial dynasty, doubled her population six times. We are accustomed to hear these harmless people called heathens and pagans. It may be that they are rightly so stigmatized. They are Buddhists. Having passed through the phases of their national life, as an individual passes from childhood to old age, they are now in a condition of national decrepitude and quietude. As a consequence they are not so progressive, certainly not so aggressive as Western peoples. It is believed, however, that they excel Aryan races in many very important particulars. To be sure, we are infinitely their superiors in many of the arts and sciences, especially those of war. We know how to kill each other a great deal better than they do, and we seem to take infinitely more pleasure in it than they do. In correspondence with their environment, they are physically, intellectually and morally at rest, as shown by the placid expression of their countenance, cranial development, dress, manners, customs, methods, institutions of government, art, religion and philosophy. They know nothing of the wild passions that distract the life, and maddening into fury, hurry on vast aggregations of people to war and bloodshed among occidental nations. In all these particulars more diversity than exists among the people of the United States, can hardly be imagined. The most supernormal occultism and the theosophy of India a thousand years ago, as interpreted and popularized in the writings of Madame Blavatsky, the positivism of Auguste Comte, and the bald materialism of Maudsley, Clifford and Frederick Harrison, in a word all forms of philosophy flourish side by side. Professing the simple faith of the humble Nazarine, every system of theology is equally welcome,—whether it be the Essenism of Origen, the Manichæism of Augustine, the dyspeptic pessimism of John Calvin, John Knox and Jonathan Edwards, the Armenianism of Wesley and Whitfield, the polygamous vagaries of Joe Smith and Brigham Young, or the wild rantings of the Salvation Army and the modern evangelist, it is of no consequence, our people are ready to run after it all the same.

In manners, customs and habits, ethics and government, opinion is equally unfixed, unstable. With no fixed system of philosophy, no accepted religion, our people are afloat at the mercy of the winds and waves without chart or compass, a starless vault overhead, on a shoreless sea, the great ocean of mortal
life and human destiny,—the sport of chance and of every igno-
rant fanaticism. We have few beliefs, hardly any convictions,
and no faith. What religion we have is wholly intellectual, is
of the head and not of the heart. We persuade ourselves that
we are Christians, but in the proper sense of religion we are not
religious. We have religious institutions, not for the promotion
of true religion, but for the upbuilding of the denominations.
Our charities spring from the head, not the heart. The simple
teachings of the Christ have been left behind in the way, or
have been so stultified as to have lost their original spirit. They
are well described by a Buddhist author, Mozoomdar, in a recent
work entitled, The Oriental Christ. He says: "Was not Christ an
Asiatic? He and his disciples were Asiatics, and all the agencies
primarily employed for the propogation of the gospel were
Asiatic. Yet the Christ that has been brought to us in India is
an Englishman, with English manners and customs about him,
and with a temper and spirit of the Englishman in him. Hence it
is that the Hindu people shrink back. Go to the rising sun in the
East, not to the setting sun in the West, if you wish to see Christ
in the plentitude of his glory and in the fullness and freshness of
the primitive dispensation. In England and Europe we find apo-
sotolical Christianity almost gone. We find the life of Christ formu-
lated into lifeless forms and antiquated systems. Look at this
picture, and that:—this, the Christ of the East, that, of the West.
When we speak of the Western Christ, we speak of the incarna-
tion of theology, formalism and ethnical and physical force.
When we speak of an Eastern Christ, we speak of the incarna-
tion of unbounded love and grace." Such is the Christ from the
oriental standpoint, we take as our great exemplar. We form
intellectual conceptions of him and embody them in systems of
theology, but true faith in him we have none. A few Sundays
ago, a minister of the gospel standing in his pulpit in Boston said:
"Do you know, my hearers, that all the diseases of the nervous
system and brain are alarmingly on the increase?" He voiced
the consensus of opinion throughout the so-called civilized
world. Given the above conditions of the people of the United
States, would not the enlightened psychologist, knowing the
effect of physical agencies upon the physiological activities of
man—upon his nervous system, his brain, his intellect, his
affectional and emotional nature,—know, antecedent to all
observation, that this must be the effect of the material develop-
ment of our times? Nor would his prognosis stop here. He
would foresee that such a people must be steeped in wickedness, guilty of every crime, actual or constructive, to which unrestrained selfishness can incite, or perverted emotion or blind passion, urge on its victims. That murder, suicide, robbery, dishonesty of every sort, have become so common as to hardly excite notice, we all know; but has it occurred to us that this is just what we should expect under the circumstances as the legitimate outcome of the conditions existing among us.

Philosophy is the guide of life. Religion purifies motive, and consoles grief. The people of this age and nation, stimulated to intense inordinate activity by the material developments of the time, are without the guidance of philosophy, or the purifying, supporting consolations of religion. In place of true philosophy we have the airy subtleties of metaphysics and the meaningless refinements of psychology. For the refining, ennobling, purifying, consoling influences of religion adapted to human nature, we have the hair-splittings of theology with about as much spiritual life in them as there is in a corpse. The masses of mankind are incapable of formulating a rational theory of the universe, that is to say, a theoretical system of the world. To them true religion is the more indispensable. May I ask, without offense to the religious sentiments of my countrymen, is not religion meeting the wants and aspirations and stage of development of the race, the great want of our times? The greatest preacher of our age and country, if not in the world, after having preached over fifty years, in one of the last sermons he ever delivered, makes this sad confession: "I am bound to say, that in the history of the world, while religious institutions have been valuable, and done a great deal of good, they have perhaps done as much harm as good. There is scarcely one perversion of government, there is scarcely one persecution of men, there is scarcely a single one of the great wars that have depopulated the globe, there is scarcely one great heresy developed out of the tyranny of the church, that has not been the fruit of institutional religion; while that spirit of humanity that was to give the institution its motive power, has to a certain extent, died out of it."

To the philosophical inquirer, the cause is not far to seek nor hard to find. We have already alluded to the fact that a metaphysical theology has taken the place of a religion of simple faith. "The Autocrat of the Breakfast Table," though in a humorous way, tells us many stern truths, none more so, than when he says: "Insanity is often the logic of an accurate mind
overtasked. Good mental machinery ought to break its own wheels and levers if anything is thrust among them suddenly, which tends to stop them or reverse their motion. We frequently see persons in insane hospitals, sent there in consequence of what are called religious mental disturbances. I confess that I think better of them than of many who hold the same notions and keep their wits and appear to enjoy life very well outside of the asylums. Any decent person ought to go mad if he really holds such or such opinions. It is very much to his discredit in every point of view if he does not. Perhaps more than one of you hold such as I should think ought to send you straight over to Summerville, if you have any logic in your head, or any human feeling in your hearts. Anything that is brutal, cruel, heathenish, that makes life hopeless for the most of mankind, and for entire races, anything that assumes the necessity of the extermination of instinct, which was given to be regulated—no matter by what name you call it—no matter whether a fakir, or a monk, or deacon believes it—if received, ought to produce insanity in every regulated mind. That condition becomes a normal one under the circumstances. I am very much ashamed of some people for retaining their reason when they know perfectly well that if they were not the most stupid or the most selfish of human beings, they would go mad at once."

In this playful paragraph the great man who has recently left us, full of years and honors, suggests more of the real cause of the increase of mental unsoundness of our times than is to be found in ponderous tomes that might be named, written to explain it.

To those who most need the consolations and support of religion in the struggles of life—in times of darkness and gloom—in their bereavement when earth-born hope is dead and they know not where to look, the ministrations of institutional religion or theology, are dead-sea apples, turning to ashes in the grasp of grief and sorrow. By the cultured and learned, capable of hair-splitting metaphysico-verbal distinctions, these theological teachings—such of them as are plainly at war with the common sense and experience of mankind—are refined away. By the extremely low, depraved and ignorant they are unheeded. It is upon the middle class, with a corresponding amount of intelligence and virtue, who want to know the right and to do their duty, upon whom these man-made systems of theology, emptied of all religion, fall with most deplorable, disastrous effects. The
amount of misery thus inflicted upon the most numerous and worthy portion of the human race, we may never know; but we may form some idea, may make a guess approximating the reality, when we inspect the statistics of lunatic hospitals and see what numbers of these plain, good people—with whom words have no meaning other than that attached to them in the every-day intercourse of life; with whom a spade is a spade, are within the walls of these institution. Think of it, this is just the class one would suppose would suffer least from mental unsoundness of any kind, being free from pinching want, carking cares, corroding passions, exciting, maddening ambitions—causes, popularly thought to be most productive of this class of troubles. The stratum of society below furnishes the criminals, as a rule. This is the general tendency—exceptions, of course. The lower stratum contributes to the criminal class, the middle to the insane class, the upper to both. Once and again an intellectual giant, like Hugh Miller, of "Old Red Sand Stone" memory, is forced by his theology so far out of his rapport with common sense and experience as to fall a victim to insanity and suicide; while occasionally a good and unlettered man is frightened by the hobgoblins of mediaeval dreamers from the moorings of reason into the darkness of insanity.

Though not carried out on all the lines intended, as the survey is assuming proportions not contemplated, I close. If the above is true, or even an approximation to the truth, it is not difficult to see why mental unsoundness is on the increase, at least, in this age and country.

For the imperfections of execution in the paper, I bespeak your indulgence; for its shortcomings generally, your kindly criticism, tempered with charity.

"The more I think of it," says Mr. Ruskin, "I find this conclusion the more impressed upon me:—that the greatest thing a human soul ever does in this world is to see something, and to tell what he saw, in a plain way." I have tried to see something along the lines indicated and have thought I saw it. I thought I saw,—it may have been illusion—a mirage. I need not remind you how difficult it is for one to get himself down on paper. We need not the genius of a Lord Bulwer Lytton, to tell us: "Writing, after all, is a cold, coarse interpreter of thought. How much of the imagination, how much of the intellect is lost while we seek to embody it in words." Our own Holmes, the Poet Laureate of
the medical profession of the United States, has versified the idea in the lines—

"Our whitest pearls we never find,
Our ripest fruit we never reach,
The flowering moments of the mind
Drop half their petals in our speech."

DISCUSSION ON DR. WALLACE’S PAPER.*

There was a ripple of excitement throughout the hall during Dr. Wallace’s closing remarks. As soon as he had finished, there was a loud burst of applause, and Dr. S. H. Stout, of Dallas, sprang to his feet. Dr. Stout made a long and vigorous argument, which was frequently interrupted by applause. He said that he could not agree with Dr. Wallace in regard to the latter’s views in comparing the Chinese and the American people. There is a reason why among the Chinese there is not so much insanity as among us, but it is not the same reason as Dr. Wallace explained. With the civilization of Europe and America, and again when Columbus discovered this country, a new spirit of adventure was awakened. It developed a wide-awake people, who were disposed to make money, by legitimate trade if possible, and if not, to make it by piracy and robbery. To-day the same state of affairs almost ruled. In the inordinate desire of greed for gain we overlooked the rules of hygiene, and often overburdened our minds with hopes of financial gain which did not pan out. The adventurers mentioned had a tendency to override the spirit of Christianity. I don’t think that Christianity itself is anywhere at fault, but the progress of the times has been the cause of departing, in a great measure, from the spirit of Christianity. While the Chinese are believers in Confucius’ religion, and we are believers in the Biblical religion, we can not attribute insanity any more to our belief than to theirs. I think that in ninety-nine cases out of one hundred insanity is due to a too intense occupation of the mind. The Chinese do not aspire to civilization, while we have no end to our aspirations in this cause. I believe that normal psychology should be introduced into the medical schools of the world, and that the medical fraternity should be taught its doctrines, as much as they are taught any others.

Dr. O. L. Williams, the next speaker, said he agreed with Dr. Wallace, except that he believed Dr. Wallace rather overstrained the religious condition with the pathological condition. Dr. Williams said he believed Dr. Clopton, in his paper on physical culture, had struck the key note of the preventive of insanity. He admitted that there was an increase in the number of insane patients, and said that the remedy was to begin at the cradle.

*Taken entire from the Dallas News’ report, in its issue of April 25th, as we have not been able to get a copy of the Association stenographer’s report in time for this edition.—Ed.
The wave of intemperance in liquors, in cocaine, in morphine, and all that class of stimulants, is the result of unsystematical development of the human organs. The remedy lay in physical culture early in youth.

Dr. G. C. Head spoke next. He said he was loath to attack the paper, or to make any violent criticisms of it, on account not only of the age of the author, but also on account of its great literary skill, which he considered wonderful. At the same time he was not prepared to stand by and indorse the sentiments, or to have them disseminated among the medical profession at large as receiving an indorsement from this Association. If the paper is to be construed as a direct or indirect attack upon the great moral and Christian institutions of our nation, the Texas State Medical Association can not afford to indorse it. The Texas State Medical Association can not afford to let the paper go out among the young people of the State.

Dr. A. G. Clopton next arose. He expressed his entire disapproval as to the gist of the paper. The paper itself seemed to give to the Christian religion the cause of insanity among our people. I deny that. (Applause.) When the paper was being read, my mind was carried back to a number of cases within my knowledge that had been carried to an asylum and to private institutions, and among them all I could not point to a single minister of the gospel. (Applause.) Nor do I remember the instance of one ever going insane. (Renewed applause.) I myself am a church member (applause), and in looking over the number of church members with whom I have been associated, I do not recall one from the living church of God who has gone to an insane asylum. (Applause.) I admit that I have known persons who have gone insane through religious fanaticism, but Dr. Wallace's paper can not be applied to Christianity at large on that account. I wonder how Newton ever kept out of an asylum, for he was certainly insane, so we have just been told. Yes, and I wonder why the venerable Gladstone is not in a madhouse, according to Dr. Wallace's theory, for his is the living embodiment of the Christian faith.

Loud applause greeted the conclusion of Dr. Clopton's remarks.

Dr. A. H. Schenk spoke next. He said: 'It has come to my mind that the causes of degeneration so noticeable to-day are the effect of the literature of the times on the minds that are now developing. I have recently seen the statement that it would not be long until a woman who read books like 'Trilby' and 'The Heavenly Twins,' would give birth to devilish triplets. (Applause.) A line of writers has recently developed who take up pathological and psychological subjects and treat with them. Their writings show they are not prepared to do justice to the subject. In 'Trilby,' for instance, and other books on the subject of hypnotism, there is a great misconception shown on the part of the writers on one subject over another. The writer of 'Trilby' and the writers of other novels of a like character make things
appear natural that are not true. I think the literature of the times has a tendency to produce a very evil effect on the mental and physical growth of young persons."

Dr. J. W. Carhart, who waxed warm in his argument, spoke next. He said: "I do not wish Dr. Wallace's paper to pass without putting in my protest. The paper shows a decided disadvantage to the religion of Jesus Christ as compared with that of Confucius. I admit that there is less insanity in China than in America, but at the same time I insist that the Indians, the aboriginal inhabitants of this country, were not insane. We ought to be cautious how the sentiments of this paper are indorsed by the Texas State Medical Association. We do indorse the religion of Jesus Christ and not of Confucius. (Applause.) The venerable Dr. Stout has given us the key to the increase of insanity in this country—the rush for wealth—and he has also given us the origin of this. This continues in spite of the elevating, the refining, the ennobling, the dignifying influence of the Christian religion, but the time is coming when the religion of Jesus Christ will prevail over that of Confucius, and the cross will surmount the crescent or any other emblem of paganism or outside creeds. (Applause.) This is no time and no place for the Texas Medical Association to pronounce the religion of Jesus Christ a failure (loud applause) and to work for a new religion. We, as members of the Texas Medical Association, are not here to do that, and I simply want to enter my protest against our doing that. The literature, the frivolities, the vices and intemperance in various forms in this country are responsible, in my mind, to a great extent for insanity and the many nervous affections which we, as a people, are suffering from to-day."

As the speaker sat down, Dr. Wallace arose and walked to a place beneath the President's desk. He faced the audience. He was visibly affected by the remarks made. He said: "I had no idea I had said one word that could, by any possible construction, be interpreted as arraigning Christianity. I have as great a veneration for the name of Jesus Christ as has Dr. Clopton or the presiding officer. (Applause.) I have as high a conception for the morals taught by the Savior as these gentlemen. I arraigned theology and said not a word about Christianity, and dely you to show me one word in the paper that arraigns Christianity. I do not care whether the paper is published or not; it would not derogate anything from me nor add anything to me, but I wish to say to the young men of the Association that things have come to a fine pass when a man who has been for twenty-seven years a member of this body, who had more to do with its organization than any other man, who had tried to live a blameless life, should be arraigned before this Association as the author of a paper against the Christian religion. I am against theology. I believe it is the curse of the country, but at the same time I have given forth no expressions against the meek and lowly Jesus or his teachings. On the contrary, I especially tried to make myself distinctly understood as indorsing him. I said not one
word against the Savior, nor do I feel it in my heart; but, gentlemen, is the Christianity of these gentlemen (here the doctor waved his hand in the direction of Drs. Clopton, Head and others) so ready to topple over that it won't bear the least insinuation or discussion? (Applause.) If it is, it is in a bad way, surely. As for Dr. Clopton, or any one else indorsing me, I don't want their indorsement. I like to meet with the approbation of my fellow-men, but if I must do it at the expense of stultifying myself, I can not do it. (Applause.) What I have said, I am willing to face at the judgment seat. (Applause. I take it as exceedingly unkind that any of these gentlemen should have seen fit to arraign me here on this occasion. They have arraigned a man, to say the least, who means as well as they do.” (Applause.)

As soon as Dr. Wallace had finished, a motion was made that his paper be printed in the proceedings. There were a dozen seconders. The Secretary explained that the usual mode of procedure was to refer papers to the Publishing Committee. The first motion was so amended. The chair put the motion, and yeas and nays seemed evenly divided. There were loud calls for a division. The chair requested those in favor to rise, while the Secretary counted them. Only thirty-two stood up. There were fully over one hundred members present. When those against the motion rose, the Secretary could only count ten. Dr. Clopton, and the majority present, did not vote. The paper was referred to the Publishing Committee by a majority of twenty-two. The session closed shortly afterward, at 1 p. m., adjourned until 2:30 p. m.

The Journal is surprised and regrets to learn, as we do, by a letter from Secretary West, that the Publishing Committee decline to incorporate the paper in the annual volume of Transactions.

For Texas Medical Journal.

MORPHINE NARCOSIS.

The Case of the Quadruple Murderer.

BY J. F. EAVES, M. D., MILLICAN, TEXAS.

On January 30th, I was summoned, by the sheriff of this county to attend a man three miles south of town, suffering from an overdose of sulphate morphia. I reached him at 7:30 a.m., and found that he had taken, the evening before, about 9:30, twenty-four and three-quarters grains of sulphate morphia. He was almost pulseless,—none at the wrist,—his
respiration was not perceptible. The pupil was contracte thoroughly, eyelid remained open when pushed back, skin cold, and completely cyanotic. With a Camman's stethoscope, I found his heart beat twenty-six per minute, and very weak. I told the sheriff that it was foolish to try to do anything to restore him, as he would be dead in less than an hour, but he (the sheriff) was very anxious that he "be cured," and to satisfy the ardent peace officer, I gave $\frac{1}{4}$ gr. apomorphine and 30 min. of as heavy solution of the permanganate potash, dissolved in hot water, as my hypodermic syringe would carry. When the needle was introduced, there was no sign of any pain whatever. Noting no change, at 8 a.m. I repeated the permanganate, and then left him to die, and went to breakfast, about three hundred yards away. When I returned, at 9:30 a.m., I found, on introducing the needle, some signs of pain, or muscular reaction. At 10 a.m. the same dose was repeated. At 10:15 the pulse at the wrist was plainly felt, and counted 41 per minute; respiration had returned to a perceptible degree, but too irregular to be counted. At 10:45 the permanganate was repeated, together with $\frac{1}{4}$ gr. apomorphine. Near 11 o'clock he vomited most of his dinner, eaten the day before. At 11:30 the permanganate was repeated, and at 12:05 p.m., when the same dose was administered, he uttered some incoherent words and caught at the syringe. The same dose, a heavy saturated solution, was then administered every thirty minutes, until about 2 p.m., when Dr. Bell, of Navasota, arrived, and with his assurance that the antidote, which seemed to me to work like magic, would do no harm, he having had experience with the remedy, and after a hasty consultation, we gave hypodermically 180 mins., or a 30-min. hypodermic syringe six times, as fast as we could introduce it. nothing more was then given until 3:30, I having been called away, leaving Dr. Bell, who gave the last of a 210 grain solution.

The sheriff left with the patient in a wagon at 4 o'clock, for Bryan, a distance of twenty miles.

When I arrived that morning, and saw the man's condition, and found from the druggist that he had sold him 25 grains of morphine, and from his relatives, who saw him take the whole of it, read a note confessing having killed all the people at section 12, I thought he would surely die, and felt that it would be better for him and the people.

I think the condition of his stomach prevented the absorption of the drug, possibly, to some extent, for it looks like that
amount ought to kill any man in ten hours. I write this article, and hope if any of the profession have occasion to use this antidote they will report it in the Journal, so I will see their opinion, and results. I believe it was there where I first saw it mentioned as an antidote.

For Texas Medical Journal.

**RELATIONSHIP OF GONORRHEA TO DISEASES OF THE FEMALE PELVIC ORGANS.**

**BY RUSSELL CAFFERY, M. D., SAN ANTONIO, TEXAS.**

ATTENTION is continually being called to the fact that chapters of modern, as well as ancient text-books devoted to the subject of the importance of gonorrhea as an etiological factor in the disease of the female pelvic organs, are characterized by a brevity and lack of harmony equally misleading and confusing.

The reason for this is not obvious unless it be in the fact that different observers, employing widely varying methods for diagnostic purposes, necessarily arrive at different, if not faulty conclusions.

It is true, an accurate knowledge of what the gonococcus of Neisser will and will not do, when liberated in the genital tract of a woman free from already existing disease, is denied even to the most careful observers, yet an approximate idea is obtained by the intelligent study of the anato-pathological lesions found during repeated operations upon cases of pelvic disease of unquestioned gonorrheal origin.

There should be an increasing demand for a more definite knowledge of this subject, and very properly, too, for the magnitude of the question can not be overestimated when its effect upon the health, happiness and general welfare of a vast number of the human family is taken into consideration.

As a rule, the general practitioner finds little time left him for investigation into the etiology of pelvic disease, therefore feels that he must depend largely upon the opinion of some one of his specialist brethren for guidance. This is unfortunate, and it would seem eminently proper for physicians, when called upon for diagnosis in an acute inflammatory condition of the genital tract, to disregard all theories and isms, and proceed with the
profound consciousness of the importance of early diagnosis, to bring to bear all modern and scientific means for diagnostic purposes, such as a clear previous history, existing lesions, physical and microscopical character of utero-vaginal discharge, would afford us. (It is not believed that the actual transmission of the contents of a diseased uterus and vagina, by way of the lymphatics, is demonstrable upon the living subject, therefore fails of diagnostic value.)

The necessity for early diagnosis, followed by prompt interference, will be realized when physicians generally come to understand that the infective principle of gonorrhea is the most widely diffusible, and is followed by the most rapidly destructive pathological process known as being common to the genital tract.

The ancient ipse dixit that a specific urethral discharge in the male becomes innocuous when it reaches the subacute stage, still finds favor with a few; it is misleading, and will certainly result disastrously if allowed to prevail when determining the cause of acute disease in the female pelvis.

Differential diagnosis sometimes has for a basis the social rank of individuals, which can not be too severely condemned; for what is diagnosed as gonorrhea in the courtesan should not be called catarrh of the womb when found invading the home precincts of society's pace makers.

These remarks, it might be said, were occasioned by my observations in ten cases of tubo-ovarian disease of undoubted gonorrheal origin, under treatment recently. Out of the entire number, I was familiar with the condition of pelvic contents of three of them previous to infection; the other seven came under observation after the disease had progressed to encysted pus tubes and abscessed ovaries. The necrotic process was, without exception, more extensive on the left side, and all complained of those symptoms that indicated localized pelvic peritonitis, with its concomitant ills. Nine of these cases submitted to abdominal section, with two deaths resulting; the tenth waived all operative interference.

By this rough analysis of the history and pathological condition presented, it is believed some very interesting lines of thought are suggested, lines upon which we must all travel before we are prepared to stagger around under the burden of a surgical diathesis. So, then, the not very flattering record of two deaths out of nine celiotomies is hereby presented, but as statistics are only valuable to the surgeon when they are highly
classified, therefore, in grouping these cases, the aim has been to eliminate everything not belonging to this distinct class of disease. Finally, let it be said, that no effort has been made to ascribe to gonorrhea any undue etiological importance in diseases of the female pelvic organs, but instead, a plea is meant to be entered for a more thorough and systematic effort, on the part of physicians, to determine the specific or non-specific character of utero-vaginal discharges when called upon to care for women suffering from acute vagino-endometritis.

For the Texas Medical Journal.

**RHINOLOGICAL DON'TS.**

*What Not to Do in Nasal Affections.*

BY EDWARD J. BERMINGHAM, A. M., M. D.,
Surgeon-in-Chief to the New York Throat and Nose Hospital.

Read before the Texas State Medical Association, April 23, 1895, and contributed by author to Texas Medical Journal.

DON'T speak of nasal catarrh as a disease. It is a symptom of irritation of the mucous membrane lining the nasal cavities, and has various causes.

DON'T make a diagnosis without a careful anterior and posterior rhinoscopic examination.

DON'T forget that the nose is meant to breathe through, and that complete or partial obstruction means mouth breathing and all its dangers.

DON'T fail to examine the nasal cavities in all cases of asthma, hay fever, deafness, and chronic cough.

DON'T use a palate hook in making a posterior rhinoscopic examination or post-nasal application. If the patient be trained to breathe through the nose, the soft palate will hang perpendicularly and the examination will be easy.

DON'T forget to cleanse the nasal cavities before making an examination or medicinal application. Medicated sprays or insufflations into the cavities lined with inspissated mucus are applied to the mucus and not to the membranes lining the cavities.

DON'T use salt water for cleansing, but an alkaline, non-irritating, antiseptic, and deodorizing solution of the proper specific
gravity to promote osmosis. Bermingham’s solution* meets the indications.

DON’T use a Thudicum douche or a syringe; nor any apparatus where the force of the stream is under the control of the patient. The Bermingham douche† is simple and has no objectionable features.

DON’T forget that all diseased conditions of the nasal mucous

* Bicarbonate of soda .................. 2½ drachms
Biborate of soda .................. 2½ drachms
Salicylate of soda .................. 2½ drachms
Thymol .................. 2½ grains
Menthol .................. 2½ grains
Glycerine .................. 2½ ounces
Alcohol .................. 5 drachms
Distilled water, sufficient to make 8 ounces.
Oleum pini Sylvestries .................. 5 drops.

M. A half teaspoonful of this mixture should be added to four teaspoonfuls of tepid water, just before using in the nose.

† Dr. Bermingham’s nasal douche is here represented exact size. It has a capacity of about seven drachms, generally sufficient for a thorough cleansing. It is to be used in the following manner: Fill the douche with

the cleansing solution properly diluted, and at a temperature of about 100° F., close the funnel with the index finger, insert the nozzle into the nostril so that it closes the latter completely, throw the head slightly backward, raise the finger closing the funnel, and allow the solution to enter the nostril and flow through it to the naso-pharynx, around the posterior margin of the septum, until it emerges from the other nostril. This nostril should then be closed with the finger, so as to keep the nose filled with the solution, and the parts bathed in it for two or three minutes. The process should be repeated on the opposite side. Unless the patient breathes through the mouth quietly and naturally all the time he is using the douche, the solution will run down the throat. He will, however, become expert in using it in a day or two. After its use the nose and naso-pharynx should not be cleared for three minutes, when the solution will have drained away.
membrane will sooner or later produce middle ear disease; and that they may produce asthma and other reflex affections.

Don't permit the patient to use cocaine under any circumstances.

Don’t use cocaine except for diagnostic or operative purposes.

Don’t forget that a five per cent. solution of antipyrine will contract the blood vessels, that its action is prolonged far beyond that of cocaine, and that the patient will never contract the cocaine habit by using it.

Don’t use cocaine in acute rhinitis. An antiseptic cleansing solution, followed by a spray of five per cent. solution of antipyrine, and small doses of quinine and belladonna internally, is the treatment indicated.

Don’t use irritating applications to the nasal mucous membrane in hypertrophic rhinitis. Cleansing is of the first importance in the treatment of this condition.

Don’t forget that a saturated solution of iodoform and tannin in ether is the best application to make to a diseased nasal mucous membrane. It should be made by means of the spray, both anteriorly and posteriorly to the pharyngeal vault.

Don’t abandon the iodoform treatment if you do not possess a spray apparatus. Use the compound stearate of zinc with iodoform in an insufflator.

Don’t discard the iodoform treatment in hypertrophic rhinitis unless the patient strenuously objects. Then try a five per cent. solution of antipyrine, or a one per cent. solution of menthol in albolene.

Don’t fail to see and treat all hypertrophic cases three times weekly, and have the patient cleanse thoroughly at home at least twice a day.

Don’t trust the patient, but ascertain, by examination at each visit, that he cleanses the nasal cavities thoroughly and properly.

Don’t forget that cleanliness is the sine qua non in the treatment of atrophic rhinitis. If it be neglected, all other treatment will fail.

Don’t fail to operate and restore the calibre of the nasal passages in all cases of stenosis causing total or partial obstruction of nasal respiration.

Don’t cut or cauterize unless stenosis exists to a degree to obstruct respiration.

Don’t hope to relieve catarrhal symptoms if stenosis exists, unless you correct the stenosis.
Don't fail to distinguish between hypertrophy of the turbinated bone and hypertrophy of the tissues covering the bone. The differentiation can be made in a few minutes by the application of cocaine and pressure with a probe.

Don't treat chronic hypertrophy of the tissues covering the turbinated bones with astringents. Destroy a portion of the tissue with the galvano-cautery if the hypertrophy is anterior. Remove it with the Jarvis' snare if it is posterior.

Don't use complicated instruments where simple ones will answer.

Don't use a saw to remove small spurs and crests on the cartilaginous septum. The Chappell annular knife will answer better.

Don't use the electric drill or trephine to remove exostoses if the work can be done with a small saw.

Don't use force in using a saw. Simply guide it and allow it to do the cutting.

Don't fail to open an abscess of the septum at the earliest opportunity. You may thereby prevent destruction of the cartilage and deformity of the nose.

Don't remove polypi with the forceps. Use a wire écraseur and cut through the pedicle by turning the screw. Don't pull.

Don't straighten a deflected septum by fracturing and replacing until you have prepared the nasal cavity on the concave side for the encroachment on its calibre. The inferior turbinated bone on this side is generally hypertrophied, in which case a portion of its entire length should be removed.

Don't be in too great haste to plug the nose in cases of hemorrhage after operation. The most copious hemorrhage will usually cease within fifteen minutes.

Don't plug until you have ascertained where the blood comes from, and then place the plug so as to make proper pressure on the bleeding points.

Don't plug with anything except iodoform gauze.

Don't attempt to arrest epistaxis not due to traumatism by astringent injections. Find the bleeding point and touch it with the galvano-cautery.

Don't forget to examine for adenoids in the pharyngeal vault.
by introducing the finger through the mouth up behind the soft palate.

Don't attempt to treat adenoids by astringents or caustics. The Gottstein curette and the Quinlan forceps will remove them thoroughly. The finger of the operator, introduced behind the soft palate into the pharyngeal vault, will not only locate accurately the smallest growth, but will determine when all are removed. Don't leave the smallest particle behind.

Don't forget that enlarged tonsils obstruct the posterior nares and are a prolific source of nasal and aural disease.

Don't neglect the tonsils in cases of mouth breathing pointing to nasal obstruction. If they are enlarged remove them with the guillotine or destroy them with the galvano-cautery.

Don't give a general anaesthetic for operations in the nose. You need a good light, and the patient's assistance in removing blood clots. Besides, the added dangers of an anaesthetic, though slight, should be avoided. Cocaine, properly used, is sufficient for nearly all intranasal operations.

Don't neglect constitutional treatment in syphilis of the nose. Tertiary syphilis, the form usually met with, requires large doses of the iodide. Locally, the best treatment is iodoform in spray.

Don't rely exclusively upon topical means in treating affections of the nose. Tonics are always indicated when the general system is at fault.

Don't expect to cure nasal catarrh in an habitual smoker.

For Texas Medical Journal.

THE DANGERS OF POTENT DRUGS IN THE HANDS OF CARELESS INVALIDS.

E. B. JACKSON, M. D., HOUSTON.

Some few weeks ago I was applied to by a lady who wished to have a needle removed from her forearm. She was addicted to the hypodermic use of morphine, through which practice the accident happened to her.

After removing the needle, I listened to her history, which dated years back. The history started with an account of uterine pain, closely followed by gastralgia and cardiac derangement, and finally by neuralgic headache which led up to her terrible habit. She was now suffering from dilatation, palpitation,—perhaps softening of the heart muscle,—and alarming anaemia.
Morphine no longer entirely relieved her attacks of pain, colic and syncope; so, seeing the salutary stimulating effect of the cocaine used in the needle extraction, she procured an ounce of a four per cent. solution. For her spells of cardiac pain, choking and unconsciousness, I had prescribed nitrite amyl, and directed her husband to use one to five drops on a kerchief given her by inhalation on the occasion of her attack. In his absence, she undertook to use a dose of cocaine, filling her syringe from the similar sized bottle of amyl, but used only five drops of the liquid. The pulse quickly jumped to 160, the face flushed crimson, the breathing became hurried, the sight dimmed, vertigo set up, and her heart almost ran away with her. Retaining consciousness, she prevailed upon her husband to administer a syringe full of the cocaine solution (30 m. 1/4 gr.), thinking to be made easy without fail, wherefore the deception in dose, as in reality she had hitherto used only ten minims to the dose; but the result was rapid and happy, the symptoms dispersing almost as quickly as they had appeared.

The next example which I report is, indeed, a comedy of errors. About one year ago I was treating a German lady, in her seventies, for "shingles." The band of eruptions was some three inches wide and extended half around the body. After cleansing the surface with a warm antiseptic wash, and touching all the parts which presented a weeping aspect with a weak solution of nitrate silver, and painting over all with collodion, I prescribed a castor oil emulsion containing thirty drops of laudanum to the tablespoonful every five or six hours, as required; also a wide roller of cotton wool to be covered thoroughly with corn starch; also collodion for reapplication upon the occasion of the next dressing. A grandchild two years old, was now brought in with an abscess three or four days old, under its chin, for which a poultice, simply, was prescribed. Before leaving, a grandson-in-law was prescribed for, for salivation, he having salivated himself; also a prescription of yellow oxide of mercury ointment was given to a daughter, for what seemed to be a phlyctenular conjunctivitis (such cases I never treat or even prescribe for, excepting those who are actually too poor to consult a specialist). The next day I found the daughter had rubbed her lids with the collodion, and rubbed her mother's side with the ointment, and had applied the cotton wool and corn starch to the baby's chin. Only the grandson-in-law carrying out directions to the letter. Five days later, when the grandmother was in great pain (and
the shingles are painful without mercury ointment), she got the bottle of castor oil emulsion and took a dose every hour, until three were taken (90 drops, laudanum), which gave her a good night's rest.

Society Notes.

The Late Meeting of the Texas State Medical Association.

It has been customary with this JOURNAL for years to publish a synopsis of the proceedings of the annual meeting of the State Medical Association, and the JOURNAL expected to give a full report of the late meeting in this issue; but we failed to receive a copy of the minutes from the stenographer, and having taken no written notes, we have to rely upon our memory, and partly upon the very unsatisfactory and disconnected report in the Dallas News.

* * *

The 27th annual meeting was held in the fourth story of the City Hall; up four flights of steps ye delegates and members had to climb—old and young; there was no elevator, and we can vouch for the assertion we heard more than one man make,—"it makes a fellow tired."

The meeting was looked forward to for months, with anxiety and interest. It was designed to be a harmony meeting, a final reconciliation of the sections, north and south, between which there was a split some years ago, it will be remembered,—they split on the subject of religion; or, rather, because of a criticism of the JOURNAL (whose editor was at that time Secretary), strongly deprecating the introduction of religion into the President's address and in the discussion,—protesting against a repetition of it, as dangerous to the peace, and foreign to the objects of the Association. Exceptions were taken to our remarks. Feeling was engendered, and the northern delegates largely withdrew.

The editor resigned the position of secretary in the interest of peace, and worked for a restoration; harmony was restored; the last disturbing element had been eliminated, and this meeting was to cement the new union.

In one sense it was a failure, we regret to say. The north showed up strongly, thus evincing a willingness to forget and forgive, and come back into the fold; but the south was very
scantily represented, there being but two representatives present from Houston, two from San Antonio, three from Galveston and five from Austin. It was not due, however, to any disaffection on the old score, but was a coincidence, perhaps; or due to hard times,—or, was it due to an inherent defect in the organization of the Association? Whatever may have been the cause—the attendance was slim, not over one hundred and fifty being in attendance, and the last day the attendance upon the installation of the new officers was reduced to about thirty.

* * *

The President called attention to the steady yearly decadence of the Association, and in his "address and recommendations" suggested the appointment of a committee to report upon the best means of arresting it; of removing the causes, if they can be ascertained—and of promoting a new growth, with the properties in it, of adhesion; some plan by which physicians who have never been members, may be brought into the fold; others, who have been in, and who have dropped out, brought back,—and all made to stick.

The JOURNAL, it will be remembered, several times called attention to the steady decline in membership, and has as often expressed its opinion of the cause. We have advocated a change in the organization, and have insisted upon a reduction of the cost of membership. But the consensus of opinion appears to be adverse to converting the Association into an annual convention of delegates from local societies,—to be thoroughly organized—as advised by us,—preferring to adhere to the original plan.

We give below the report of the committee on the subject of arresting the downward tendency, etc., and it will be seen that amongst their recommendations is a reduction of cost of membership, and economy in disbursements; a less costly volume, and less compensation to the secretary, who now has the aid of a stenographer.

The committee, through its chairman, Dr. Wooten, reported as follows:

In our judgment the first and fundamental requisite for reviving and extending the usefulness and efficiency of the organization is an intelligent and practical understanding of its objects and reason for existence. The purpose of the State Medical Association is, to promote scientific research and investigation in the profession, with a view to the practical application of the great principles of medical science to the daily needs of human—
ity and the current practice of the physician. To that end its meetings should be devoted to terse, pertinent and vigorous discussion of recent discoveries, approved experience and well-attested facts in the domain of medicine and its allied branches. It was never intended that the time and attention of the members should be consumed in idle speculations, imaginary exploits or vapid generalizations. Neither was it contemplated that essential and fundamental principles should be reiterated and renewed at every session, and in prolix and prosy dissertations on elementary topics with which every intelligent and properly-equipped doctor is presumed to be already familiar. The social pleasures of these annual meetings are incidental to these main objects, and it is safe to say that even they will be greatly enhanced by a rigid attention to the scientific aims of the organization.

Having in mind these practical purposes of the organization, and believing that their accomplishment is the surest way to increase the attendance and enlist the interest of the profession of the State at large, we recommend, or suggest, the following methods of attaining them:

1. That no paper intended for presentation to the Association or any of its sections, should exceed a length that will permit of its being read within twenty minutes. All papers should be presented to the chairman of each section a sufficient time before the meeting of the Association to permit of its examination by him and the secretary of the section, and it shall be the duty of the chairman and the secretary of each section to examine all papers thus submitted, to eliminate all irrelevant, improper and useless matter therefrom, and if it exceeds the above length, to cut it down by striking out all but the most important and valuable matter, so as to bring it within the specified limit. The paper, if deemed worthy of presentation to the Association, shall then be returned to its author for revision, in accordance with the action of the chairman and secretary of the section, and also for the author to prepare a brief and comprehensive synopsis of its contents and purport. All papers and discussions shall be strictly scientific, and shall not involve or refer to religious or other foreign subjects of debate.

2. All papers presented the Association, and its several sections, shall be presented simply by reading the synopsis prepared as above suggested; and unless the Association, by a vote, shall call for its reading in full, it shall be discussed and referred to the proper committee by its synoptical contents alone, and not by reading it to the Association.

3. In the discussions of all papers, no member shall be permitted to speak more than once to the same subject, and all speeches shall be limited to five minutes in length, which may be extended to ten minutes by vote of the Association.

4. The publication committee should exercise a wise but rigid discretion in the publication of papers presented to the Association, whether by synopsis or in full, and should not publish
any but papers of practical and permanent value to the profession. The discretion thus vested shall not be taken away from the publication committee by a vote of the house of less than four-fifths majority.

5. The membership fee for initiation should be reduced to $2.50, and the annual dues to $2.50, so as to encourage young men and new comers to join, and to retain their connection with the Association. It is also believed that the expenses of publishing the Transactions can be reduced, and that the salary now paid the Publishing Committee can be reduced, or partly divided with the Secretary, whose labors are much lessened by the stenographers.

6. The prolific and pernicious source of weakness in the Association heretofore, in which it is not different from many others, has been the prevalence of self-seeking in the disposition of the principal offices of the organization. To the end that this may be effectually stopped, we recommend that all nominations for the officers of the Association shall be made by a nominating committee, who shall be required to nominate no man for any office who has been or is an aspirant for it, or who has directly or indirectly solicited the same at the hands of the committee, or any member of it.

7. Another source of annoyance, amounting to a positive hindrance to the success of our meetings, is the inability to hear the papers and addresses that are read before us. We suggest that whenever it is apparent that any person can not make himself heard in the delivery of a paper before the body, it shall be the duty of the President, or chairman of a section then in the chair, of his own motion, or upon the suggestion of the members, to have said paper or address read in an audible and intelligent manner by the Secretary, or by some member of the Association competent to do so; and if necessary, a reading clerk shall be appointed at each meeting for that purpose.

8. We recommend that the Association do encourage district and county associations, as valuable adjuncts to this organization.

* * *

The meeting was a success, if judged, not by numbers, but by the quantity and quality of work done in Sections; there were many able and valuable papers read, all, or most of which will appear in the volume of Transactions about July or August, and from time to time in the JOURNAL. We give, this issue, two of the papers; the very strong and scholarly paper by Dr. Wallace, which created so much excitement,—and, we fear, feeling, in as much as the Publishing Committee has since refused to publish it in the yearly Transactions; and one by Dr. Bermingham, the well known specialist of New York, contributed to the JOURNAL by the author's especial request, after having been read by the Secretary. Dr. Bermingham was not present.
Some of the papers, however, were not so good, as was to be expected. There was one paper read of which the Dallas News says:

Dr. J. W. Hunter, of Waco, read a paper on "Asthma—Its Causation and Treatment, with Report of Cases," after finishing which he invited ample discussion of the subject. Several members had discussed the subject casually, when Dr. Yates arose and opposed the reception of the paper by the Association for publication, on the ground that it advertised proprietary remedies. This brought Dr. Hunter to his feet. He said that he did not read the paper as an advertisement of proprietary medicines, but for the benefit of medical science. He said that he was an old member of the Association, and that he had a right to read anything he wanted to. A motion was made, however, to exclude the paper from publication, which received seconds from all parts of the house. The motion was carried.

Dr. Hunter is traveling agent for a firm who manufacture a preparation "good for asthma."

* * *

There were present a number of distinguished medical men from abroad. They were treated with marked courtesy, and we feel sure can have no cause to regret having been with us on that occasion. Their presence was a compliment to the Association. It shows that the work heretofore done by the Association has attracted attention. That is one reason why we deplore the slim attendance. Amongst those present were Prof. Richard Douglas, of the Vanderbilt Medical College; Prof. Landon Carter Gray, of New York; Dr. J. M. Kellar, of Hot Springs, too well known to require any introduction anywhere in these United States where medicine is known or talked; and Dr. G. W. Wells, the able and distinguished medical director of the Manhattan Life Insurance Co. of New York, and editor of the sprightly Medical Examiner, a monthly journal devoted to the insurance examination interest.

* * *

The Association did a graceful thing in transferring from the active to the honorary members list the honorable and venerable Dr. Samuel Hollingsworth Stout, A. M., M. D., L.L. D., the distinguished Medical Director of all the Hospitals of the Southern Confederacy, and Dr. Daniel DuPre, another old Confederate surgeon. Drs. Gray and Douglas were also made honorary members.

* * *

It would seem invidious to select for special mention and commendation any paper or papers which were read, where so many
were good; but we will be pardoned, we hope, for referring especially to that by Dr. J. T. Wilson, of Sherman, on "The Modern Methods of Educating Girls." It was regarded by many as a brilliant paper, though it read simple, plain truths. Dr. Wilson vigorously assailed the present method of conducting the schools, colleges and educational institutions of the country. He referred to the harmful or want of proper clothing and food of girls, and the want of care for their condition by their parents. He said that the nerotic girlhood of the period was due to the absolute neglect of mothers. Dr. Wilson, when asked for the paper for publication, refused to give it to the public.

Dr. Landon Carter Gray said, it was a splendid paper, and that Dr. Wilson deserved great credit for his courage in making public matters which every medical man knows have existed, but which few have had the courage to put into definite assertions, or to publicly announce.

* * *

Dr. J. O. McReynolds, of Dallas, welcomed the Association in a handsome speech, as did his Honor, Mayor Holland. The Committee of Arrangements left nothing undone, not only to make the visitors comfortable and happy, but to assure them of a cordial welcome. There had been some talk of the cold shoulder being possibly turned towards us; but there could hardly be conceived a more cordial, pleasant greeting than that given the visitors. The best men of the profession were in and out the hall—participating more or less in the proceedings—as their duties to patient spermitted. Drs. E. L. Thompson, S. Eagon, J. M. Pace, H. K. Leake, H. N. Mosely, R. H. Chillon, Armstrong, McReynolds, Letcher, Dupre, Stout, were in and out greeting every one with a smile, a handshake and a welcome.

* * *

Dr. J. S. Letcher, of Dallas, in the absence of the appointed chairman, presided over the Section on Practice, and made an able and dignified Chairman.

* * *

Elegant receptions were given the guests at the residences of Drs. Thompson, Leake, Chilton, Eagon, and Letcher; and a royal Reception and Banquet was given them at the Oriental Hotel.

* * *

The Oriental Hotel is a magnificent establishment, perfect in every detail for comfort and convenience,—extremely swell. It was beautifully decorated with flowers and ornamental plants in honor of the occasion. The only objection this scribe found to
it was the menu in French! What an absurdity! and bad French at that; spliced out with plain English, whenever the "Chef," or whoever prepared it, stumbled on a word the French for which he did not know. Give Texas doctors good wholesome, plain food, called by its name in plain United States, and they are "at home."

* * *

We missed our old stand-by, Dr. W. P. Powell, of Willis, as did every member present; for it is the first meeting he has failed to attend in twelve years, to our certain knowledge.

* * *

Of course, notice was taken of the death of our grand old surgeon, Dr. Cupples, which occurred only four days previous to the meeting. No one present was in possession of sufficient data in his life's history to there and then prepare such resolutions as his great and honored name, and the place he occupied in the Association and in the affections of the members, demanded. The committee, of which Dr. Wooten is chairman, we believe, will prepare a sketch of his life, and resolutions of respect, etc., and have it appear in the local papers first, and then in the Transactions.

* * *

Another excellent paper was that of Prof. Clopton, on Physical Culture. It should be extensively circulated and read, for the Professor is an authority on physiology, being teacher of that branch in the Texas Medical College, and one of the Association's ablest speakers and writers.

* * *

And the handsome, dashing young Scotch-Irish favorite, Preston C. Coleman, of away out west, was unanimously elected President! Told you so! It will be remembered the Red-back nominated him for President just a year ago—in our last May number, just after the election of McLaughlin last meeting; and it is with much pleasure and satisfaction that the Journal presents herewith his photo and biography.

Dr. T. J. Wagley, of Cleburne, another talented and dashing young doctor—young—i. e., compared to some of us—old fellows—ahem!—was elected 1st Vice-President; Dr. West was re-elected Secretary, and (of course) Dr. J. Larendon was re-elected Treasurer (for the twenty-second consecutive year).

* * *

Dr. J. W. McLaughlin, the retiring President, made a dignified and able presiding officer. His address, which occupied an hour and thirty minutes, was listened to (it was delivered on the
second night) with close attention by a splendid audience of ladies and gentlemen. It was pronounced a most learned effort. The subject was the "Dynamics of Medicine," or words to that effect.

* * *

Our fine looking colleague, Bennett, of the Texas Sanitarian, was chosen as President of, and presided over the Nominating Committee. He doesn't speak to anything less than a Major-General now.

* * *

Dr. McReynolds in his paper on Ophthalmia Neonatorum said that 15 per cent. of blindness was due to ophthalmia neonatorum. This paper is most important, especially in consideration of the fact that the late lamented 24th Texas legislature refused to pass a bill to prevent blindness by requiring infantile sore eyes to be attended to at once. It will be remembered that in our last we spoke of an old fellow on the committee on public health, last legislature, who killed the bill by saying, "Mother's milk will cure all the baby sore eyes." Dr. McR. despairs of legislative aid, therefore, and says:

"Now, by what means can we secure the enactment of appropriate laws looking to this urgent need? Several States have already statutes relating to this important subject. But with regard to a disease so extensively found all over the country, so rapidly destructive when not met with intelligent treatment at the threshold of its career, and so easily controlled by methods at our command, the broadest legislation is the best. And it would be most desirable to have a law on this question enacted by the national congress, and if this at present is impracticable, try the State legislature, and if this distinguished body has no time to consider the public health, happiness and economy, then we can begin with the plain and humble spirit of charity, at home. And I propose, yea, I do now, at this very moment, petition the city council of Dallas to take such action with regard to this disease as will result in its complete prevention in our city, or successful issue when once developed. And I advise that an ordinance be enacted similar to the following: First, that all obstetrical attendants, professional and non-professional, shall be required to carry into execution those measures which will protect the infant against ophthalmia neonatorum. Second, that when the disease has become established in any case, efficient medical service shall be procured without delay."

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It is most gratifying to observe that many new members were added to the roll at Dallas. We have not been able to get a complete list, but amongst the members were: Drs. T. G. Duncan, of Victoria; E. P. Davis, of Houston; E. J. Neathery, of Van Als-

Dr. Landon Carter Gray contributed a paper on the "Value of Knowledge to the General Practioner of Nervous and Mental Disease." Dr. J. B. S. Holmes, of Atlanta, Ga., also contributed a paper, which after being read and voted to be published in the Transactions, was handed to the Texas Medical Journal for publication. It will appear in our next issue.

Our Dr. S. E. Hudson is absent, and will leave yours truly the bag to hold, so to speak—an entire month. He left on May 3rd, for Baltimore, to attend the meeting of the American Medical Association, the Editors' meeting, the Medical Publishers' meeting, etc., at Baltimore; thence he went to New York. Here he will put in a month at the polyclinic and the hospitals, and then take a run up Niagara and other points, having a good time generally, we hope. Mrs. Hudson accompanies the doctor. Treat him well, all ye friends of the "Red-Back," and of Daniel individually; he's worthy of it; he's a better man than "we," but not half so good looking.

The Texas State Medical Association will meet next year at Fort Worth, last Tuesday in April. Hope to meet you all there.

The general appropriation bill passed by the legislature just adjourned, gives the Quarantine Department $33,000 a year, for all purposes. Senate bill 130, which was finally passed, reduced the salary of the coast officers very heavily, to-wit: from $300 a month to $150, except at Galveston; the officer at that port is to receive $200, and will most likely be kept on duty throughout the year. The other coast officers are on duty usually only dur-
ing the quarantine season—May to November. On the Rio Grande, there are three inspection stations, Laredo, Eagle Pass and El Paso. The instector's pay has been fixed at $150 a month (they formerly received $5 a day, and were on duty the entire year, on account of the prevalence of small-pox in Mexico). The State Health Officer suffers a reduction in his salary also, his pay being fixed at $2500 a year, just a fraction more than the officer at Galveston receives.

The mutilation of this bill in the senate was the result of a misapprehension of facts as to the relative duties of the officers, notwithstanding everything had been fully explained to the committee having charge of it. The senators evidently intended to make the pay of quarantine officers uniform, and hence it was fixed at $150, with exception noted. They did not seem to understand that the inspectors are at home,—are on duty all the time, and only have to inspect trains, and other incoming travel. They can carry on their practice meantime. They were being paid, under the old law, $5 per day, and as the new bill gives them $150 a month, it is practically the same thing. But the quarantine officers on the coast are taken from their homes from May to November. Their practice, of course, is neglected, and likely to go to the bow-wows, or some other fellow, during their absence. They are isolated, perhaps on a sand bank away out in the gulf, or on some dangerous point, or pass, exposed to the heat, to danger of infection, to storms; live hard and lead a lonely life, and suffer many hardships. They receive pay only for six months,—sometimes five months,—and were paid $10 a day; they are now to get only $150 per month.

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The new law, senate bill 130, was made in accordance with the governor's suggestions, and to meet the cut in the appropriation. It provided $200 a month for the coast, and $150 a month for the border officers; but the senators, as stated, thought they should all fare alike, and hence the reduction in the pay of the coast men. It will be seen that while the border officers, who have a comparatively easy berth, and, if on duty all the year, receive $1800, the coast officers are only paid $900 for the six months they are on duty. It was the governor's wishes that the former receive only $1000, and the latter $1200, presumably (the latter) for six, and the former for twelve month' service. The bill as prepared and introduced, would have very nearly met his views, as it provided for $200 a month for six months on the coast, and $100 a month for a year (probably) on the border.
DEATH OF DR. CUPPLES.

It is with feelings of profound sorrow and regret that the JOURNAL chronicles the death of that great and good man, Dr. Geo. Cupples.

We grieve for the loss of a dear personal friend; the whole medical world shares with us the loss of the great surgeon and physician; the Texas profession, especially, is bereaved. He was our Nestor,—leader; pioneer in all that was good and great in medicine, and in his life and walk an exemplar of its highest and best attributes.

He was a progressive man, a man of resources and of action. Endowed with a broad intellectual capacity, as a practitioner he brought to bear a mind stored with the lore of three continents, ripened and matured by an experience of half a century. As a surgeon he had scarcely an equal; a superior, nowhere. His work is immortal. He was a rare man. Only those who were admitted into his affections really knew him; to strangers he appeared dignified to austerity, reserved even to repulsion. He was not what is called a popular man. But to his
friends he was gentleness and goodness personified, open, frank, generous; full of quaint humor, and a boon companion in leisure hours. His rugged Scotch character had received, in early days, a French veneering, the result of student life in Paris some years, and politeness and courtesy were his characteristics; the "American," however, predominated at last. Dr. Paschal, in his beautiful oration, which we herewith reproduce from the S. A. Express, has paid such spendid tribute to his memory, that we are impoverished, and can find no fitting words in which to express our own sense of bereavement.

Accompanying this we reproduce his likeness from a steel engraving, made some ten years ago. Of late years he had had no picture taken. We learn that Dr. Cupples leaves much valuable matter in manuscript, which, the Journal hopes, one day his friends will cause to be published.

Notwithstanding his advanced age (79 years), to the hour of his death his mind was unclouded, while his physical energy and strength were matter of common comment. His hand was as steady as at the age of twenty,—his mind as clear, his judgment as unerring. He was performing laparatomies a day or so before he was stricken with the malady which robbed us of our favorite, and the West of her great surgeon. (He is reported to have died of some intestinal obstruction.)

As exemplifying further his physical strength, he drove—he drove himself oftener than otherwise—the most spirited horses; he would have no other, and always drove a pair. The love of horses was one of his characteristics. He was denied the happiness of having children of his own, but he took to his heart with all the warmth of a father's love, little Georgie and Tod, the little boys of his step-daughter, Mrs. Lamkin.

In the bright Empyrean realms, far beyond the skies,—the abode of noble souls,—illumined and made glorious by the presence of Eternal God, may his gentle spirit find its guerdon of rest; and when the arch-angel shall recount his many benefactions to suffering man, may a crown of glory, too, be his. Amen.

**BIографICAL.**

Dr. George Cupples was of distinguished Scottish ancestry, himself and father having been born in Scotland. Dr. Cupples' father was a surgeon in the English navy, and his mother's father, John Campbell, was a captain in the English navy.
Dr. George Cupples himself became connected with naval service, having enlisted as staff assistant surgeon in the Spanish service in 1836. In 1838 he resigned, and in August of the same year he graduated from the University of Edinburgh, studying also in the hospitals of London. Dr. Cupples then went to Paris where he studied until 1843 for the purpose of occupying an official position in the hospitals of France. In 1844 he sailed for America, coming direct to San Antonio from Paris. During the Mexican war he enlisted in Hays' second regiment of cavalry and served throughout that struggle as a surgeon. When the civil war began he entered the Confederate army as first surgeon of the 7th Texas regiment of mounted volunteers, serving in the campaign of New Mexico. In December, 1862, he was appointed Medical Director of the Eastern Military District of Texas, and continued in charge until he was ordered to join Sibley's brigade in Louisiana. The following summer he served as senior chief surgeon of division, and in June, 1864, as Medical Director and Inspector of the cavalry corps of the Trans-Mississippi department up to the close of the Red River campaign. He gave his parole at San Antonio at the surrender.

Dr. Cupples was President of the Texas State Medical Association in 1874, and again in 1878. His chief distinction was won by his achievements in surgery. He was the first to introduce into Texas anesthetics—ether first and chloroform afterwards. He was the first in the United States to perform the extirpation of the tongue for cancer, by Nunnelly's method, and to perform the operation of ovariotomy in a child under eight years of age, and to perform Freunde's operation for the extirpation of uterus and ovaries. The first two operations were successful, but in the third the patient died within fifty-four hours. He was the first in Texas to amputate at the hip joint and knee joint with success.

Dr. Cupples was twice married. His first wife, whom he married in Paris, was a Miss Alexie Bourland, a Belgium lady. She became an invalid shortly after their marriage, and it was the hope of bettering her health that induced Dr. Cupples to come to San Antonio. The climate benefited her, for she lived sixteen years after moving to this city. In June, 1874, Dr. Cupples married a second time, the lady being Mrs. Laura L. Sheahan. His wife and a step-daughter (Mrs. Lamkin) survive him.
Dr. P. C. Coleman, President-Elect Texas State Medical Association.

Dr. Preston Chiles Coleman, of Colorado county, Texas, whose portrait we have the pleasure of presenting to our readers herewith, is a Tennessean by birth. He is a son of Dr. Waller Preston and Fannie Black-Preston, both of Scotch-Irish lineage. His early education was received in the common schools of Tennessee, and at the age of 18, he begun the study of medicine. He read at night and at such leisure times as his labors on the family farm afforded. After about two years of this course of reading, he went to Nashville and attended a course of medical lectures at the Medical Department, University of Nashville. That was the session of 1872-3. At the close of the session he resumed work upon the farm, acquiring there and then a strong physical development and vigorous health. Entering the Medical Department, University of Louisville, the next session, he took a second course. Was graduated M. D., in the spring of 1874.

Dr. Coleman is a physician by birth and heredity, we may say. He descended from a line of ancestry amongst whom were many doctors. His relatives were physicians, with few exceptions; uncles and cousins. His father was a classical scholar and a physician of fine attainments, and up to the date of his death in 1870, was the leading practitioner in the section of the State where he resided. Many of the relatives also attained distinction in the profession. Notably the Yandells, of Louisville, who are cousins of Dr. Coleman.

After receiving his diploma, Dr. Coleman located at his old home, and took up the work where his father had left it at his death. Here he practiced till 1883, when being seized with the "Texas fever," he removed to Colorado county—then away out west, on the frontier. In the meantime he had been bereaved of his young wife, to whom he was married, two years after graduating (in 1876). Her maiden name was Bettie Mitchel; she died in 1882.

Settled in his new home, and having determined to remain there, Dr. Coleman again married; his second wife being Miss Lucy Ham, of Tyler, Texas; they were married in April, 1885. There have been born to them five children; three girls and two boys.
DR. P. C. COLEMAN.
Believing in organization in medicine, the doctor set a praiseworthy example by immediately joining his county medical society upon entering upon the practice, and also joined the Tennessee State Medical Association; and during his residence in Tennessee he never missed a meeting when it was possible to be present. We may say the same of his connection with the Texas State Medical Association. Few members have manifested the same zeal and devotion to the interests of the State Medical Association, and none could have been more faithful and punctual in attendance. He joined the Texas State Medical Association in April, 1885, and has attended every annual meeting, having to travel several hundred miles each way in order to do so—say when the meeting was held in Houston or Galveston. This record, we dare say, is without a parallel.

Moreover, Dr. Coleman has shown an unswerving devotion to the Association's every interest, cheerfully working in every capacity to which he has been assigned. He has been Chairman of Section, has served—and well—on various committees, and for four years was on the judicial council at the stormiest period of the Association's history. He has, indeed, fairly won the honor bestowed upon him unanimously by an admiring and appreciative constituency, and he will most worthily wear it. He has also contributed valuable papers to several of the departments, all of which are presented in the Transactions of the Association; most of them have been reproduced in the Texas Medical Journal, the New York Medical Record and other leading journals.

In 1892 Dr. Coleman was elected First Vice-President of the Texas State Medical Association, and has served as delegate to the American Medical Association, of which body he is an active member.

Dr. Coleman will make a successful and popular president. He will work for the up building and permanency of the Association, and is already, by correspondence and personally, endeavoring to enlist a large number of the influential men who have for various reasons, heretofore held aloof from the organization.

Dr. Coleman is a graceful and forceful speaker, and will make us a president of whom we will have occasion to be proud.

Dr. Wallace's Paper.—The Journal presents this remarkable paper in this issue, together with a stenographic report of a part of the discussion on same, made by the stenographer of the Dallas News.
It is certainly a strong paper, evincing much learning, deep research and a high order of scholarship; and even a casual reading of the remarks made upon it, must convince any unbiased person that it was not quite exactly understood;—for, taken in the sense of an "attack upon religion," as viewed by Drs. Stout, Clopton and Carhart, Head and others, it would have been indi- creet to say the least, and, indeed, eminently impolitic in the writer to read it before the Association. This is true as to the Texas Medical Association especially. Such a paper as this is construed to be by the gentlemen mentioned, would be out of place before any medical association, still it might be read with impunity before any other State association; but in view of the fact alluded to elsewhere, that the introduction of theology into the deliberations of the Texas State Medical Association, some years ago, and its prompt and vigorous denunciation by the Texas Medical Journal as unwise, injudicious, foreign to the objects and dangerous to the peace of that body, and the feeling that followed the controversy, resulted almost in the dismemberment of the society; and in further view of the fact that the old sore has only just finished healing—such a paper as this is construed by some to be, would naturally act as a bombshell.

But, it will be seen that Dr. Wallace distinctly disclaims any attack upon religion, and challenges any one to point out a single line in the paper that can be so construed. Who, then, is responsible for the introduction of that dangerous subject into the discussion?

That the subject has again been brought into controversy every friend and well wisher of the Association must sincerely regret; and while we have said that we would henceforth take a back seat and let the Association run itself, without any suggestions from us as to its course or policy, we must repeat, that such subject should be strictly tabooed, forbidden, in the future; for while, what Dr. Carhart says of the Association, "endorsing Jesus Christ," may be strictly true—if put to vote—we must remember that individually every member of the Association is not a Christian;—e. g., we know, to our own knowledge, that there is at least one most worthy gentleman, whose name appears on the roll of membership, and who has contributed valuable matter to our Transactions, a very distinguished gentleman, who, by the by, perhaps, fortunately, was not present, who is an orthodox Jew; and there might be others besides the Journal, disposed to inquire by what authority did Dr. Carhart under-
take to declare what are, or what are not the religious beliefs of the Association as a body? And, as it is essentially a scientific organization, what matters it, whether, individually or collectively, the Association endorses or does not endorse, Jesus Christ? Has it come to pass that a man must give satisfactory evidence of his orthodoxy as a Christian before his contributions to science will be accepted? It seems so.

The paper, although rejected by the publishing committee of the State Association, will live in the annals of medicine. The Journal is the only place where it is now published; but it will be copied, and will be read, years from now, perhaps, with a clearer and more dispassionate conception of its spirit and intent, and when the spirit "I am holier than thou" shall cut no figure, is estimating the value of a contribution to the literature of medical science. And while it may not be pronounced—far from it,—a solution of the paradox of increase of insanity pari passu with enlightenment and civilization, it will be valued as showing, doubtless, one of the factors or concomitants at work in its production.

The showing of hands and declarations of faith which certain of the members thought proper to make we regret to say, would have—must have made a member of the Jewish persuasion, had he been present, feel that he had no place in that body. While a stranger would most likely have drawn false conclusions as to the nature of the meeting and its objects.

Religion and theology have no place in the deliberations of a body whose declared mission is the advancement of medical and allied science, and the promotion of fraternal good will; and the Journal sincerely trusts that there will not be a repetition of this dangerous precedent. In this hope we feel sure every true friend of the Association, and well-wisher for its success, must cordially join us.

Medical News and Miscellany.

Dr. Sam W. Hart, of Mineola, charged with killing Charles Apel, was acquitted May 8th.

Our friend Dr. H. H. Darr, of Caldwell, lost his office by fire, on the night of April 30th, ult.; loss, $500.
At a late meeting of a certain medical society in Texas, a certain measure was proposed, and it is said the man who "kicked" most was a one legged doctor.

The Commencement Exercises of the fourth session of the Medical Department of the University of Texas will take place Wednesday evening, May 15th, 1895, at 8 o'clock, at the Opera House, Galveston.

A Large Enterolite.—Dr. Wylie, of New York, recently removed a stone two inches long by an inch wide, from the intestinal tract, at the ileo-cecal valve. The stone had produced obstruction of the bowels.

The Austin District Medical Society will hold its next quarterly meeting on the 20th of June. A full and interesting programme will be mailed to members in due time. All regular physicians accessible to Austin are cordially invited.

The third International Congress of Dermatology will be held in London, August 4th to 8th, inclusive, 1896. Mr. Jonathan Hutchinson is President. The Vice-Presidents for the United States are Duhring, White (of Boston), Nevins-Hyde, Bulkley, Keys, and Fox.

A Rival.—Bill Nye says he is very apprehensive that the pleasant relations heretofore existing between him and his brother millionaire Vanderbilt, whose "ranch" in North Carolina adjoins his, are to be interrupted, and the beginning of a feud, which will become famous he says;—will even rival the celebrated Mellin's "feud."

We have received from the Rio Chemical Co., of St. Louis, a complete map of the world, corrected up to date. Size of map, 27x27 inches, mounted, ready for hanging. This is really a very accurate and convenient map, and will be useful to any physician. If you have not already received one, write to the Rio Chemical Company, St. Louis, Mo. They will be pleased to send it to you, prepaid.

The Young Governor says he is a friend to education, but he has, nevertheless, vetoed every appropriation for its advance-
ment that could be reached, to-wit: $6000 for electrical plant for University, and $5000 to keep up the library, and some other items; and with regard to the Medical Department, he vetoed the allowance of $2000 for each year, 1895 and 1896, for salary of instructor and assistant for the training school for nurses. This latter the JOURNAL regrets very much, as it cripples,—forestalls in its infancy—a movement which, if fostered, would be productive of much good,

Fort Worth Medical School, or more properly the Medical Department of the University of Fort Worth, held its first annual commencement on April 25th, ult. There was an interesting program for the occasion, and the JOURNAL regrets its inability to be represented on the occasion. A write up of the event was promised us, but to date it has not been received. The following young men received the degree "M. D.": Thomas Jones, Tip M. Collins, Nicholas L. Dudley, Alvin B. Minton, John W. James, Benjamin F. Loring, William N. Wardlow.

Excursion to Monterey and Mexico, via International Route.—A special excursion train will leave San Antonio on the morning of June 6, 1895, for Monterey and Mexico City. Rates, San Antonio to Monterey and return, $5.00, and to Mexico City and return, $20.00, tickets limited to fifteen days for return. Stop-over will be allowed at all points in Mexico. Call on nearest agent I. & G. N. R. R. for full information, or address D. J. Price, A. G. P. A., I. & G. N. R. R., Palestine, Texas.

We have received from Dr. James E. Reeves, of Chattanooga, Tennessee, author of "Medical Microscopy," two valuable mounted microscopic slides, one of them being a section of inguinal gland from a Hong Kong Bubonic Plague patient, and the other a section of an anthrax lung from a guinea pig. The section of inguinal gland shows up beautifully the little bacillus with rounded ends described by Kitasato and Yeisen. Both of the sections are beauties, and should any of our readers desire to possess duplicates of either or both slides, they can be obtained from Dr. Reeves at $1 each.

A. M. A., Baltimore.—Telegram to Texas Medical Journal, Austin: Officers for ensuing year—Dr. R. Beverly Cole,
California, President; Dr. J. J. Chisholm, Maryland, First Vice-President; Dr. J. E. LeGrande, Alabama, Second Vice-President; Dr. A. B. Clark, Massachusetts, Third Vice-President; Dr. T. Sutler White, Kansas, Fourth Vice-President; Dr. Frank Woodhite, Pennsylvania, Secretary. Association will meet next year at Atlanta, Georgia.

The Journal congratulates Brother LeGrand, of the Alabama Age. But what's the matter? they swapped off, or let go, the invincible Atkinson, so long time Secretary.

A Substitute for Laceration of the Perineum.—The venerable Dr. W. A. Morris, of Austin, some years ago, wrote an article in which he advocated the making of a bilateral incision in the vaginal rim in cases where a posterior laceration was considered inevitable. The paper was based upon an experience in several cases treated in this manner, and claimed the following points of advantage:

1. Only a nick in the rim on both sides, a quarter of an inch deep, made when the tissues are tense, is all that is required.

2. The incisions, when made, are easily repaired by a few stitches.

3. The danger of sepsis is much lessened by the track being sound over which the discharge passes, the wounds being above, out of the way.

The above suggestion has never received the attention which it deserves.

The Chair of Pharmacy in the Medical Department, University of Texas, made vacant by the resignation of Prof. Jas. Kennedy, since deceased, will have to be filled by the Regents next month. The selection of a successor is very important, and the claim of every candidate should be and will be closely investigated. There are several aspirants, amongst them the Journal learns is Dr. L. Myers Connor, of Dallas. Dr. Connor is very strongly endorsed. He is the originator of the Texas State Pharmaceutical Association, and is its President. Not only is he endorsed by his Texas constituents, but will present, we are informed, a very strong testimonial from Dr. Wm. Simpson, President of the American Pharmaceutical Association, Raleigh, N. C.; one from Prof. Robt. G. Eccles, the famous chemist of Brooklyn, and one also from Prof. C. S. Halleberg, Director of the National Institute of Pharmacy, Chicago. Ceteris paribus, we would prefer a
"home" man for the place, and nominate Dr. Connor. Dr. Eagon vouches for him also, and that is sufficient guarantee.

Governor Culberson vetoed the bill which took the appointing of asylum superintendents out of the hands of the board of managers and placed it directly in the hands of the governor, but restricting the appointment to physicians who have had not less than two years' experience in asylum management. He said:

"The bill too narrowly limits the number of physicians from whom selections may be made. * * * * * Nor is it deemed wise to limit the appointment of superintendents to physicians who have specially treated the insane. These superintendents perform other and equally responsible duties as those of mere attending physicians. They care for great properties, direct the economical expenditure of more than $100,000 annually, control and manage a large retinue of employes and servants, and should be selected as well for their executive and administrative capacity, as for their professional skill and learning."

What's the matter with making the selection from the trades and arts? say a foreman of a big factory, or something of the kind; why a doctor?

Death of Dr. Cupples.

[From the San Antonio Express.]

After an illness of twenty-one days Dr. George Cupples, at 4 o'clock, Friday morning, April 19th, succumbed to the ravages of time, and passed away at the ripe old age of seventy-nine years.

Up to the very day when his last illness seized him, Dr. Cupples attended to his large professional practice, and the news of his death was a great shock to his host of friends, who did not even know of his illness. He met the angel of death as he met every trial, danger, duty and responsibility in life, calmly, resolutely, fearlessly and philosophically, a knightly Christian gentleman.

In the death of Dr. Cupples San Antonio loses one of its most distinguished and honored citizens, one who has been closely identified with every interest of the city for more than half a century. He was among the first physicisians to locate in San Antonio, and for many years he and Dr. Ferdinad Herff were about the
only physicians of note in this section. Everybody who knew Dr. Cupples was his friend, and his death has cast a shadow of gloom over the entire city.

The professional attainments of Dr. Cupples were of the highest order. His record and early training were such as few men enjoy, and the many important official positions he has been honored with in the line of his profession attest a recognition of these facts. Dr. Cupples was a remarkable man in many respects, a man of strongly marked individuality of character, and yet not possessed of those eccentricities that are often found in men of genius or exceptional abilities. Modest and gentle as a woman, thoughtful to the verge of gravity, dignified almost to austerity, a refined nicety of manner and expression upon all occasions, gave such a caste and tone to the entire man that to those who possessed neither the time, patience, ability or opportunity to penetrate beneath that urbane and placid exterior he seemed too scrupulously particular to meet and deal with the practical professional problems requiring the exercise of energy, promptness, nerve, skill and strong common sense. But no man who knew him well enough to form an intelligent opinion ever fell into this erroneous estimate of his character. To his eminent skill and learning as a practitioner, acquired in the Universities of Edinburgh, London and Paris, he added the vast knowledge acquired in an active practice and in a field unusually rich with opportunities.

At the grave Dr. Frank Paschal, a lifetime friend and pupil of the deceased, delivered a short oration. He said:

"SORROWING FRIENDS AND COLLEAGUES:—Your sad faces and bowed heads speak the feeling you have for Dr. George Cupples, and there is little need for words to express the reasons why you hold his memory dear; his deeds live with you and are far greater to tell than are words.

"The life of Dr. Cupples makes one of the most beautiful pictures that the mind can conceive. A life full of honor, humanity, love and self-sacrifices; a life given to mankind for more than fifty years, and all because he loved his fellow-men. And he loved his work with all his heart, his life, his soul. With him, to do good, was to do his duty, and it came spontaneously from his heart.

"His brain was a storehouse of information, not alone in medicine, but in everything that goes to make man great in the possession of knowledge, and it was his ability to apply this knowl-
edge that made him a giant among men. No one could be long
in company with him without feeling that they had learned a
great deal, and each hour spent with Dr. Cupples taught those
whose privilege it was to associate with him, new lessons, and
none better than the members of our profession knew how to ap-
preciate the wisdom of this grand old man, and rely upon his ad-
vice and judgment.

"It was given to Dr. Cupples, that which is allotted to but
few, that he should retain his mental faculties in their full
strength in his declining years, and thus enable him to do the
grand work for which he had so ably fitted himself until his last
brief illness called him to his eternal rest.

"It was not for sordid gain that Dr. Cupples practiced his pro-
fession, for had it been, affluence and wealth would have sur-
rrounded him long before his summons came; it was for the love
of his profession, and the good that he could do, that made this
great philanthropist battle with disease. And the call for mercy,
whether from the most humble or the greatest, met with the
same willing and prompt response.

"The dangers that beset him from an unsettled condition of
this country in his first years of practice, and the dangers from
disease weighed as naught; but strong in the feeling that he was
doing his duty, he carved his name among those of the great
heroes.

"He was always abreast with the advances of his profession;
was the first physician in this State to use an anaesthetic, and
was always foremost to satisfy himself of the value or worthless-
ness of new remedies or discoveries. He was a brilliant surgeon,
possessing every attribute that makes the surgeon, and when his
mind was assured of the necessity of the knife, his fertile brain
guided his skillful hand with unerring success. As a sanitarian
he was ever zealous to advise and counsel for the welfare of the
State and community, and no one worked harder, or was more
interested in providing for the proper sanitation of this city.

"He was relentless in his efforts to secure medical legislation
that would protect our people against frauds and impostors, and
his last work was a bill that he drafted about a month before his
death, but which he failed to see become a law. Could he speak,
he would tell his colleagues that they could pay him no greater
tribute than to take up the work that he laid down, and carry it
on until the State, that he loved so dearly, is placed in the fore-
most rank in medical advancement and medical civilization.
"As a citizen he loved law and order, and respected the right of others, and gloried in the prosperity of his adopted country. As a friend he was kind, generous and true, and there are many who remain to tell of his acts of friendship. His life work attested to his Christianity, and drew him in sweet communion with his Maker.

"Those who knew the worth of this noble man will long mourn him. His ministrations and assuring words of hope and encouragement to the multitude of sufferers will be sadly missed, but his acts that made him great will always remain in the memory of a grateful people, and their tears will water his grave."

* * *

The active pall bearers were Dr. Frank Paschal, A. W. Houston, Gen. W. H. Young, Dr. J. V. Spring, Dr. E. R. King and L. Orynski. The honorary pall bearers were Mayor Henry Elmendorf, Dr. G. G. Watts, Dr. D. Berry, Col. Elias Edmonds, Dr. A. S. McDaniel, Dr. F. M. Hicks, Leonard Garza, Dr. B. F. Kingsley, Dr. L. L. Lacey.

The Southwest Texas Medical Association and the San Antonio Pharmaceutical Association attended in a body.

The remains were interred in the San Fernando cemetery besides those of his first wife.

RESOLUTIONS OF RESPECT.

At a called meeting of the West Texas Medical Association, held last night, the following resolutions were unanimously adopted:

WHEREAS, The Divine Ruler of the Universe has seen fit to remove from among us Dr. George Cupples, our friend and the founder of the West Texas Medical Association, as well as its first president, who was the pioneer of organized medicine in the State of Texas, a leader and adviser, who seldom if ever erred; therefore be it

Resolved, That in the death of Dr. Cupples, not only we, but the whole profession have lost an honored and faithful co-laborer, and the community has cause to mourn the loss of a skillful and learned physician, an honest and sympathizing friend.

Resolved, That by his kindness of manner, by the thoughtful interest he always manifested in the younger members of the profession, by his encouragement, his earnestness and his example he had endeared himself to all, and that if we would fitly honor and cherish his memory we must emulate his zeal and vie
with each in carrying forward the great work he loved so much, and in which he was ardently engaged.

Resolved, That we tender to his family in this sad hour of affliction our heartfelt sympathy.

Resolved, That these resolutions be handed the family of our deceased brother, and to the daily papers and to the Texas Medical Journal, and be spread upon the minutes of this Association.

John V. Spring,
Frank Paschal,
C. E. R. King,
G. G. Watts,
D. Berry,

Committee.

At a called meeting of the San Antonio Druggists' Association, held last night, the following resolutions were adopted:

WHEREAS, It has pleased an all-wise Providence to remove from our midst by death Dr. George Cupples; therefore be it

Resolved, That the San Antonio Druggists' Association, while bowing with resignation to the will of the Almighty, do learn with sorrow of the demise of that distinguished citizen and illustrious member of the medical profession.

Resolved, That the City of San Antonio in the death of Dr Cupples has lost one of its most respected, venerable and upright citizens, and one who stood by the city in time of need, and whose many good deeds will perpetuate his memory and be more lasting than monuments of marble.

Resolved, That the medical profession has lost one of its brightest ornaments, but to his record it can always point with pride, which stands out in bold relief and challenges the admiration of mankind, and will be a shining model and beacon light for the present and future generations yet unborn.

Resolved, That the San Antonio Druggists' Association have lost a loyal friend, patron and supporter, one who by his wise counsel and example gave spirit and emulation to our Association.

Resolved, That the public at large have lost a benefactor, both as a citizen and physician, whose genial and helping presence and skill will ever be missed.

Resolved, That we extend our heartfelt sympathies to his bereaved family in this the sad hour of their affliction.
Resolved, That a copy of these resolutions be furnished his family and printed in the city papers.

George J. F. Schmitt,
George H. Kalteyer,
C. Schasse,
A. Dreiss,
E. Reuss,
W. R. Clavin,

Committee.

Medical Advertising and the Mails.

New York, March 28, 1895.

To the Editor of the New York Medical Journal:

Sir:—I received to-day (in common with many other victims, I suppose) a pamphlet containing some twenty reproductions of photographs of syphilitic skin lesions. Many of the pictures were of men stark naked, and showing uncommonly well-developed genitalia. One picture showed the genitalia, and but little of the man.

This pamphlet, issued to advertise some proprietary nostrum, was sent by mail to my house, and lay for a while on the table of my waiting room in an unsealed envelope, so that any woman or child prompted by curiosity might easily have inspected it, which they would have been all the more prone to do since the wrapper was marked in large letters, "for medical men only."

While photographs of this kind have a legitimate place in systematic works on syphilis, to use them for purposes of commercial exploitation is disgusting, and to thrust them into a man's house in such a way that any member of his family—the women, the children, and the female servants—may easily get hold of them, is a signal invasion of his rights.

I have sent the pamphlet, with the wrapper as I received it, to the Postmaster-General at Washington, with the request that the postoffice take means for the abatement of this nuisance. For scarcely a week goes by without there arriving by mail, in open envelopes, pamphlets marked in large letters on the covers, "Painful Menstruation," "Sterility," "Impotence," or some such title calculated to arouse curiosity, and it is some trouble to be obliged to tear these to pieces small enough to be useless before throwing them into the waste basket. But pamphlets of this sort are petty annoyances compared with the ostentatious indecency of the publication received to-day.

While we may call on the postal authorities to protect us from having these things thrust into our houses in unsealed envelopes, yet the ultimate cure for this evil (steadily on the increase) must be sought in the attitude of the medical profession itself, which
should mete out a stern disapproval to all who, for the sake of selling their wares, offend against decency and good sense.

WALTER MENDELSON, M. D.

NEW YORK, March 29, 1895.

To the Editor of the New York Medical Journal:

SIR:—A letter has reached me from a medical practitioner of this city in which he complains regarding a pamphlet recently sent out by our company. This pamphlet is intended to show the therapeutic value of arsenauro and mercauro. It is entitled "Twenty Photographs for the Medical Profession Only," and it means exactly what it says. My response to the complainant will be found herein. May I ask that you publish it?

CHARLES ROOME PARMELE.

[Mr. Parmele's inclosure.]

"NEW YORK, March 28, 1895.

"— —— M. D., "— Street, New York:

"DEAR SIR:—Your favor of even date just received. If our pamphlet has reached other eyes than your own in your house, the writer exceedingly regrets the fact. Upon both the envelope and the pamphlet are the plain Anglo-Saxon words, 'For the Medical Profession Only.' Far worse illustrations appear in the medical journals and in medical text-books, and if you subscribe for any you must know that neither reach you in sealed envelopes. It occurs to us that every physician who keeps pace with medical progress must constantly receive in his office many things which are profitable to him, yet not intended as an amusement to the household. The writer claims to possess proper instincts as to morality, propriety, and refinement; hence the wording on the envelope and on the pamphlet.

"You speak of our goods as nostrums. Permit us to say that they are not such; they are very remarkable chemical products and indorsed by professional colleagues of yours whose utterances we do not believe you will have the temerity to question. We do not permit the laity to have any of our literature, our work being done in strictly ethical channels.

"Pardon us if we offer the suggestion that, inasmuch as your office and residence are in the same building, you do as other medical practitioners do—namely, insist that communications addressed to you be opened by you and not inspected by those to whom the communications are not addressed. If the members of a household should inspect every medical journal which comes to a physician, your line of argument would exclude the very data which make medical journals of value. How about the New York Medical Journal, the New York Journal of Gynecology and Obstetrics, the American Journal of Obstetrics, the Journal of Cutaneous and Genito-urinary Diseases? All of them contain illustrations of interest to a physician, but not of profit to his family. Very truly yours,

"CHARLES ROOME PARMELE."
[The above is reproduced from the *New York Medical Journal* as being of interest to all physicians, and especially as there are differences of opinion among physicians on the subject. There are two sides to this question, as there are said to be to all questions; and undoubtedly, in our opinion, Mr. Parmele is on the correct side. He might have asked his doctor-correspondent if his family do not have access to his medical library? Many physicians keep most of their medical books at home, for night reading, and if he were not afraid Susan or Jane, or some member of his family, might get hold of Morrow's *Atlas*, for instance. Physicians who will allow the average daily paper, and we blush to say it, especially the religious papers, to come into their families, with all the vile stuff they publish—pictures and all—ought not to complain of strictly medical works; for they—the papers—are infinitely worse; they put evil thoughts in the minds of young persons which would never be suggested by any such pictures as are described; they incite to immorality. For instance; a lady is assured of immediate relief—for suppression, but is cautioned not to take the medicine if pregnant! An *abortifacient* recommended as sure to produce the desired effect.

Why not ask Mr. Postmaster Wilson to taboo Gray's *Anatomy*? Out on such prudery.—*Ed.*]

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**A Texas Doctor in Luck.**

Friends of Dr. L. W. Cock, late of San Marcos, Texas, will be pleased to learn that he has perfected a device for disinfecting, and for preserving meats, etc. It is an ingeniously constructed apparatus which burns sulphur, boracic acid, and some other ingredients, liberating a gas which has been said to be a pure bisulphide of carbon. This gas, while deadly to all germ, insect and parasite life,—and even to higher organizations, rats, mice, roaches, ants, etc., is said to be free from danger to man. The doctor is in Chicago; has organized a stock company, and has gotten all the pecuniary assistance necessary to introduce his invention. He writes the *Journal* that experimental tests have been made which show it is especially well adapted to disinfecting hotels and sleeping cars. In his pamphlet the doctor very pertinently says:

"Why should you be required to occupy a room at a hotel, a berth in a sleeping car, or a state-room in a steamer, unless the same has been disinfected, when it may possibly have been occupied the night before by a consumptive or a person suffering from
small-pox, diphtheria, yellow fever, typhoid or scarlet fever, or a score of other diseases? Why, we ask, should this be required of you, any more than that you should be required to sleep between the same sheets his body has polluted—when for a few cents the apartment can be fumigated with the Acme, which will insure safety and cleanliness.

"Surely, the prices charged and paid for those accommodations are large enough to warrant the expenditure of five or ten cents to rid the room of all disease germs, and guarantee the guest or occupant an atmosphere to stay in, as pure and sweet as that in the mountains."

The doctor is right.

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Book Notices.


Volume I. of this work was issued three months ago, and a notice of that volume, together with an outline of the plan and scope of the entire work, appeared in the March number of the JOURNAL. It is the purpose of the publishers to issue one volume every three months, until the whole series of twenty volumes have been published. That it will be the greatest medical work of this century, and a worthy successor of the great but too ancient Encyclopædia of Ziemssen, we have no doubt.

In this volume, the following subjects are considered: Addison's Disease, and other Diseases of the Adrenal Bodies, by Sir Dyce Duckworth, M. D., LL. D., of London—31 pages.

Diabetes Mellitus, by Carl Von Noorden, M. D., of Frankfort-on-the-Main—154 pages.

Rheumatism, by T. J. Maclagan, M. D., of London—143 pages.

Gout, by Henry M. Lyman, M. D., of Chicago—182 pages.

Arthritis Deformous, by Archibald E. Garrod, M. D., of London—64 pages.

Diseases of the muscles, by G. S. Dujardin-Beaumetz, M. D., of Paris—48 pages.

Obesity, by M. J. Oertel, M. D., of Munich—103 pages.

The index covers twelve pages.
It will be seen that each subject is here allotted to a great medical man, and each one has contributed an exhaustive monograph on the subject assigned to him. The discussion of each disease, its history, causes, course, complications, morbid anatomy, etc. is so complete, the information here given on the subject is so full, that nothing seems to be lacking to make of this the ideal reference work. Some idea of the completeness of these articles can be gained by a perusal of the following subheadings used in Dr. Lyman's article on Gout:

Synonyms, history, definition, morbid anatomy, chemical characteristics of the tophi in gout, visceral lesions in gout, changes of the blood in gout, the urine in gout, symptomatology of gout, symptoms of acute gout, symptoms of chronic gout, chronic gout with visceral complications, irregular gout—abarticular gout, visceral gout affecting the digestive organs, hepatic changes, gouty affections of the circulatory apparatus, the respiratory organs, the nervous symptom, the influence of gout upon the genito-urinary organs, the influence of gout upon diseases of the skin, manifestations of gout in the organs of special sense, the morbid affinities of gout, the hereditary consequences of gout, the relations between gout and other intercurrent diseases. Etiology, geographical distribution of gout, climate, mode of life, heredity, age, sex, diet, bodily and mental exercise, season, poisons. Diagnosis. Prognosis. Pathology. Treatment, hygienic and prophylactic, diet, exercise, bathing medicinal treatment, alkalies, salicylic and benzoic acids, mineral acids, purgatives, mineral waters, treatment of acute gout, retrocedent gout, chronic gout, treatment of the obscure manifestations of the gouty diathesis, bibliography.

This volume contains a total of 739 pages, and is a handsome book.

H.

The International Medical Annual and Practitioners' Index. A work of Reference for Medical Practitioners. Thirty-seven Editors and Contributors. 648 pages. Illustrated. Thirteenth year—1895. Price in cloth. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York City.

"Treat's Annual" has been before the profession for the past twelve years, and the majority of American physicians are familiar with it. It furnishes valuable information not only concerning new remedies, but new applications of old ones. Whatever of real value to the profession has been contributed to medical literature during the year, through the medium of medical
journals or otherwise, the new discoveries, new inventions, etc., is carefully noted in this volume and the main facts given. The greatest difficulty met with in the preparation of this volume, was to keep it within such reasonable limits as to render it a handiwork of reference without sacrificing its completeness.

The year 1894 witnessed many advancements in the science of medicine; a further study into the pathology and causation of disease has, in many instances, suggested a new line of therapeutics, and a further study into the physiological and therapeutic effects of certain drug has suggested new uses for them; some new remedies have been discovered, and some inventions in the way of appliances, etc., have been made during the past year, and all of these things have received their due consideration in the "Annual" for 1895.

Among the list of contributing American physicians to this volume we notice Drs. Allan McLane Hamilton, H. P. Loomis, John Ridlon, A. D. Rockwell, W. Blair Stewart, J. Madison Taylor, W. Gilman Thompson, W. B. Vanderpoel, Robert L. Watkins, Irving S. Haynes, and F. W. Koch.

Leading physicians of England, Scotland and other countries have assisted in the work of preparing this year's Annual. H.

We are in receipt of Frederick Stearns & Co.'s newly revised trade pamphlet on Wine and Cod-Liver Oil. This describes, in a concise manner, the theory relative to the active principles contained in cod-liver oil, on which they base their claim that the most effective method of administering cod-liver oil is by employing these active constituents of the oil from which the fatty matter has been removed in solution in a delicate wine. The results obtained from clinical work done with their preparation of Wine of Cod-Liver Oil, have been so uniformly favorable as to substantiate their claim that patients build up more rapidly, without becoming nauseated or suffering from digestive disturbances, on Wine of Cod-Liver Oil, than when the plain oil or emulsions of the oil are employed.

They have embodied in this little treatise nearly two hundred reports from physicians in active practice throughout the United States, and have compiled a therapeutic index, giving a list of ailments in which Wine of Cod-Liver Oil may be appropriately prescribed with benefit to the patient, and in most instances citing authorities who have employed it in these cases. Stearns' Wine of Cod-Liver Oil is a meritorious preparation, and should
become known to every practitioner, for its efficacy, palatability, and ease of assimilation. It is a valuable aid to physicians who employ cod-liver oil in their practice.

Messrs. F. Stearns & Co. will be pleased to forward a copy of treatise to any physician who will apply for it.

Publishers’ Notes.

Elizabeth Stuart Phelps, Mrs. D. D. T. Whitney, Robert Collyer, and Walter Besant are all going to tell in The Ladies’ Home Journal of either the man or woman who most influenced their lives.

Rudyard Kipling to Revisit India.—Much interest will be felt by the public in the return of Rudyard Kipling to India. He has just agreed to furnish a regular contribution to the Cosmopolitan Magazine for the coming year, beginning his work upon his return to India. India has never been critically considered by such a pen as Kipling’s, and what he will write for the Cosmopolitan will attract the widest attention, both here and in England.


This book of 200 pages, which contains all information on the subject, with reprints of elaborate articles by leading contributors to medical literature, will be mailed to doctors mentioning this publication.

Send full address to Charles Marchand, 28 Prince street, New York.

Doctor, do you need a battery? The Journal has several new McIntosh batteries, both Galvanic and Farradic, which will be sold to subscribers at less than manufacturers’ discount prices. We have one 24-cell Galvanic, the catalogue price of which is $55; one 12-cell ditto, the catalogue price $30; one McIntosh No. 3 “Physician’s Battery,” $30, and a ditto “Family Battery” listed at $10. From the above list prices we will make a large deduction. We solicit correspondence. If you want one of the above, we will make the price satisfactory.

Secure a Position.—Wanted, for office work, on salary, in most every county in the South and West, a young lady or gentleman. Those from the country also accepted. Experience not necessary; in fact, prefer beginners at a small salary at first, say to begin, from $30.00 to $60.00 a month.
Chances for rapid promotion good. Must deposit in bank cash, about $100.00. No loan asked; no investment required. It is a salaried and permanent position. (Strictly office work.) The enterprise is strongly endorsed by bankers. Address, P. O. Box 433, Nashville, Tenn. (Mention this journal.)

Positions guaranteed under reasonable conditions. Do not say it can not be done, till you send for 120 page catalogue of Draughon's Practical Business College, Nashville, Tenn. This college is strongly endorsed by bankers and merchants all over the United States, as well as foreign countries. Four weeks by Draughon's method of teaching book-keeping is equal to twelve weeks by the old plan. Special advantages in short-hand, penmanship and telegraphy.

Cheap board. Open to both sexes. Thirty-six States and Territories represented. Write for 120 page catalogue, which will explain "all." Address J. F. Draughon, President, Nashville, Tenn. (Mention this journal.)

N. B. This college has prepared books for "home study," book-keeping, penmanship and shorthand.

Perhaps the most beautiful series of pictures ever presented of the Rocky mountains will be found in a collection of fourteen original paintings, executed by Thomas Moran for the May Cosmopolitan. To those who have been in the Rockies, this issue of the Cosmopolitan will be a souvenir worthy of preservation. This number contains fifty-two original drawings, by Thomas Moran, Oliver Herford, Dan Beard, H. M. Eaton, F. G. Attwood, F. O. Small, F. Lix, J. H. Dolph, and Rosina, Emmett, Sherwood, besides six reproductions of famous recent works of art, and forty other interesting illustrations—ninety eight in all. Though the Cosmopolitan sells for but fifteen cents, probably no magazine in the world will present for May so great a number of illustrations specially designed for its pages by famous illustrators. The fiction in this number is by F. Hopkins Smith, Gustav Kobbe, W. Clark Russell, Edgar W. Nye, and T. C. Crawford.

The Barnes Medical College.—The above institution has just finished a most successful session, the third of its existence. Its growth has been phenomenal beyond all the dreams of its promoters. It now stands eleventh in number of its students in the United States. Those who have a larger number are institutions of many years standing. The Barnes graduating class numbered 64, all bright men. The general average of the class in their examinations was over 80 per cent. The college challenges emulation in this regard. The institution is about to erect a new building. They have outgrown their present quarters and must increase their accommodations. The building will be about a hundred feet square, and situated on the corner of Thirtieth and Chestnut streets, in the west end of the city, a beautiful location,
with the most pleasant of associations. As for the interior, the board of trustees and faculty will spare neither skill, pains nor money to make it all that it should be, the best in the country.

The faculty are competent and obliging. The prices charged, while not small enough to lower the dignity of the character which the degree of M. D. has ever conferred, are not so high as to shut out those young men whose only financial means depend on their own personal exertions.

Write to Dr. Pinckney French, the Secretary, for catalogue, etc., and mention this journal.

Aristol in Ophthalmic Practice.—Diseases of the eye form a promising field for the employment of aristol both by reason of its antiseptic and cicatrisant properties, its ability to arrest suppuration and act as a protective covering over wounded surfaces. Some time ago Dr. Wallace (Therapeutic Gazette) reported a number of cases of interstitial keratitis in which after subsidence of the acute symptoms aristol proved very effective in clearing up the debris of the inflammation and removing the irritation and congestion of the conjunctiva and cornea. In most instances a remarkably rapid improvement in vision occurred after insufflation of the remedy into the eye. Corneal ulcers both of traumatic and infectious character have also been successfully treated with aristol by Bourgevis, Vignis and Hegg, and according to the two latter authors it has an especially advantageous action in scrofulous phlyctenular keratitis of children. It was usually employed in the form of the powder dusted on with a brush while Meurer recommends its use in a 10 per cent. ointment in blepharitis and phlyctenular kerato-conjunctivitis. Recently Dr. House, of Elberfeld (Therap. Monatsh. Feb. 95) has detailed his extensive experience with aristol in eye affections. He writes as follows:

"In cases of indolent ulcers of the cornea with purulent base it is occasionally an admirable remedy, causing separation of the slough where other remedies have proven ineffective. Aristol was used in the form of the powder, applied thickly to the ulcer with a brush, and the eye was kept closed for a short time after its application. After two days the base of the ulcer had become perfectly cleansed. Aristol, however, does not take part in the reparative process, and after separation of the slough other remedies should be resorted to. In form of a 5 per cent. ointment aristol proved very serviceable in ulcerated blepharitis, and on account of its freedom from irritation it possesses some advantages over the yellow oxide of mercury. Of course care must be taken to epilate the diseased ciliae from the ulcerated places. I have also secured excellent results from a 5 per cent. ointment in the treatment of obstinate cases of recurring hordeola (the ointment being rubbed into the ciliae at night). Aristol, therefore, is a remedy as equal in efficiency as the celebrated precipitate and superior to the latter in suitable cases."
Original Contributions.

For Texas Medical Journal.

Miasmatic Paralytic Fever, or Pernicious Malarial Fever.

BY D. L. PEEPLES, M. D., NAVASOTA.

Recognizing the minimum amount of literature on this all important and most formidable departure amongst the forms of malarial fevers, I can but feel constrained to attempt a small contribution of experience, or personal observation concerning this dreaded disease. In typical cases, the first paroxysm jeopardizes life to such an extent, that it not unfrequently goes beyond the controlling influence of all appropriate remedial agents. The secondary is but the relentless clasping mortuary shackles.

The tertiary causes man to stand in a state of awe, confused and dependently gazing upon the mysteries of God, developing a metamorphosis, subsequently and without loss of time, rendering carnality to assume its spiritual and eternal form. I have already commented, in regard to the dearth of literature on this subject, as far as my knowledge goes, and necessarily my observation forces me to assume a position differing materially from the writings of our authors in the text-books, concerning certain descriptive characteristic features of this disease, probably due to the locations of the different malarial districts. However, to describe this disease as we see it here, I, as I have already stated, must deviate in my semeiography, and also indulge in some
hypothenetical pathology, as it was not yet clear. It is to be regretted, that our best authors have never had a case of miasmatic paralytic fever to fall under their observation. The condition alluded to will subsequently be taken under consideration in my nomenclature. If I am not assuming a position of pedantry or ostentation, I would in my inaccurate and practical way, suggest for consideration an appropriate epithet for this disease prevailing in our Southern clime. The appellation, pernicious, could scarcely be more appropriate or expressive of its gravity, but the epithet I desire to present is quite descriptive of the disease itself; e. i. "Miasmatic paralytic fever," as designated previously.

My ascription of the adjective, paralytic, will be explained all along in its application. The internal viscera, the nervous and circulatory systems rapidly succumb to a state of syncope from a peculiar influence of malarial virulence, if not promptly and efficiently met. This phenomenal and powerful morbid influence immediately begins to preside over the nervous system, resulting in muscular peristaltic paresis.

Strange, but true, both extremities of the alimentary canal retain their functional muscular activity, while a profound paralytic state exists below the pylorus, and above the ileo-caecal valve. A constant hypertonic muscular contractility of the stomach results from a reflex irritability, also biliary distention, local and foreign ecchymosis. The alimentary canal is almost entirely coated with a thick viscid and elastic mucus, of different hues and characters, rendering the absorptive function very defective indeed, and at times completely lost. We must have visceral paralysis before confirming our diagnosis of typical cases of miasmatic paralytic fever... It may be congruous to state that I have a most prolific field for malarial study. There is no occlusion, obstruction, adhesion, strangulation, loops, intussusception, fold, hernia, nor any spasm, present to develop this phenomenal inertia. Therefore visceral paralysis positively exists, as the evidence is abundant, and space will not permit further discussion demonstrating this fact, I shall now indulge in its brief hypothetical pathogenetic etiology. It is a condition, a fixed state of the nervous system, originating from the toxiferous effects of malaria. It is highly probable that the floor of the fourth ventricle is in a state of hyperæmia, or covered with minute extravasations, and also an ecchymotic state of other sections of the medulla oblongata tending to produce antiperistatis of the stom-
ach, and developing this phenomenal suspension of peristaltic function. It is not to be forgotten that all the spinal gangliæ eventually reach this pathological state with the exception of the two lower pair, and probably the impar ganglion. Recognizing the centrifugal generation of impulses through the right par-vagum and taking for granted, the experiments of Brachet resulted in any conclusive facts, then the confirmation of this pathological hypothesis is still more evident. At this stage the heart is thrown into a most terribly cacosophatized condition, condition enormously increasing the frequency of its pulsations, diminishing its volume and force through efferent impulses from central irritation at the pneumogastric origin. The respiratory organs become characteristically impeded, labored, nervous, and here the Cheyne Stokes' respiration is vividly pictured. The lungs are in a state of hypostatic congestion, rapidly filling with a viscid tenacious mucous, which soon results in an asphyxiated dyspneic condition as the end approaches, termed "the death rattle." The non-medullated nerve-fibers and filaments, or the plexuses of Auerbach and Meissner terminate in paresis, therefore, this vermiculation is lost. The experiments of Muller will render this morbid condition pathognomonic, or sufficient to demonstrate the facts I have attempted to prove. The revelation in the discovery of the vaso-motor nerves, by Brown-Sequard, is of considerable interest to the pathologist when he studies the morbid influence of malaria over the sympathetic nervous system governing calorification, nutrition and secretion. The blood of an infected patient who resides in a fertile malarial district is a field of multiplication for the exceedingly rich hæmatozoons of Laveran, or the plasmodium, which proves to be a rapid and violent poison to the functions of innervation. To recapitulate slightly, would say from my observations, that there is an accumulation of hæmatozoonian blood, if I may so speak, which rapidly results in capillary statis around the various spinal and other gangliæ. All the filaments, or ganglionic roots of the great sympathetic, become in a state of ecchymosis charged, with teeming millions of plasmodium in their destructive richness, and but little invigorating, or oxygenized blood to restore this functional depreciating innervation, which facilitates the development of this phenomenal paralytic peristalsis. This paresis and the thick viscid mucus contained in the alimentary avenue, will establish to some extent the specious idea of the non-physiological influ-
ence of the most powerful purgatives along the course of the ten
million villi of the canal.

The liver and spleen are congested to some incomprehensible
extent, but owing to their extreme softness and vascularity,
especially the latter; it is indeterminate on palpation, as there
is no induration defining the borders.

ETIOLOGY.—This disease originates strictly from malaria, be-
ing non-contagious, non-transmissible from one person to an-
other, except by inoculation, and attacking either sex, all ages,
and races, the negro being less prone to succumb, on exposure.
The elucidation of the properties and habitat of malaria at the
present day, by scientists, is not yet satisfactory, but suffice it
to say, it is one of the lower forms of life, probably of the amœ-
boid type. The amœbæ have been discovered in drops of blood
taken from a malarial patient. The divisibility of malaria into
the bacillus malariae of Klebs and the micrococci, etc., will not
be discussed for want of space. The principal point in favor of
these existing living amœbic organism is their analogous amœ-
boid movements, to that of the white blood-corpuscles, only pos-
sessing greater activity. It is highly probable that the day is
not far distant when these malarial molecular organisms will be
considered more of a parasitic or amœbic character than bacteri-
ologic. However and whatever malaria may be, it is introduced
into the system through the respiratory organs, in fruits, unster-
ilized surface water, and speciously there is to some extent, an
osmotic process of infection through the porocity of the epider-
mis.

SYMPTOMATOLOGY.

The symptomatic course of miasmatic paralytic fever is here
detailed, but not by diagnostic discrimination, though, if space
permitted, a beautiful opportunity would be happily utilized in
the classification of malarial fevers, designating this as a dis-
tinct type, arising from the same cause, and intensified by cli-
matic influences. Occasionally a premonitory choleraic state is
observed, but as the disease advances, synchronously the bowels
are paralyzed, hence a cessation of peristalsis, but a continuation
of nausea and vomiting.

The onset may or may not be ushered in with a chill, but its
peculiarity is characteristically a phenomenon. A full prolonged
and quivering inspiration is comparatively frequent, and carries
with it a slight nervous hissing vibration. Chilliness at times
and flashes of heat are realized, with pallor and lividity of the
face. The skin generally cyanotic, the surface cold, clammy and especially the extremities. The trunk is sometimes hot, the extremities vice versa. The eyes are bright and clear, with dark and ecchymotic rings below them. The expression depicts alarm, looks pinched, worn, fatigued, and deathly, though the mind almost invariably remains perfectly rational until death. Visceral paresis is thoroughly developed, even beyond the influences of the most powerful purgations, and mechanical means that may be utilized. The heart becomes disturbed and rapidly yielding to the toxic influence of miasm. The kidneys are generally undisturbed, though scantiness, and rarely retention, may occasionally be observed. The temperature generally ranges from 99° to 102° F., sometimes higher, and if the exacerbation is not too excessive, is a favorable indication. Patients lie in the dorso-decubitus position. As the disease progresses he turns on his side, not by preference, but for convenience and protection to avoid asphyxia in his vomit. Not infrequently the tongue is unaltered as to its previous state, and especially so in the early stages, though sometimes dry, pale and cold. Sometimes resembles a sliced blood beet, again brown and heavily coated, occasionally black. Generally there is oppression to a great degree of uneasiness over the epigastric region, but no pain; probably due to weakness and approaching respiratory failure. A burning heat is not unfrequently appreciated in the stomach, with excessive and almost insatiable thirst. The patient is heard with incessant cries for ice, ice water, etc. He feels and exclaims in pitiable tones his inability to imbibe the water from a gushing fountain. He calls for frequent facial and chest sponging with ice water; demands rapid and vigorous fanning to the last. Streams and springs of former days are vividly portrayed in the thirsty patient's mind, and he is heard to cry out in most compassionate tones for only one glass from that sparkling stream. Water, water! is a frequent and pitiable cry. Champagne, water and all refreshing drinks on imbibition are instantaneously disgorged, as a rule. Retching is almost an ever present and distressing accompaniment.

Immense quantities of bile are not unfrequently ejected during emesis, and varies in color from an orange yellow to a spinach green, from a dirty golden seal to a black "coffee dregs." Frothy and viscid mucous is constantly disgorged. On the discharge of an enema, it will be found to contain muco-gelatinous particles characteristic to the "scrapings of hog intestines"; slight streaks
of blood are occasionally to be observed, interlaced in the mucous. Tenacious and viscid mucous, similar in variety of colors to that of the vomit, is abundantly discharged, minus stercoraceous material on the administration of copious enema. Tympanitis is scarcely ever present, though not necessarily absent. The bowels are silent, but in favorable cases borborygm may be heard during or after the crisis.

Respiration is characteristically impeded, labored, intermittent, irregular, panting, and what I would like to term dicrotic, rapid, stridulous, and double panting, with a considerable pause, now and then. The heart sounds are sometimes tumultuous, loud, terribly confused and indistinct. In children its sounds resemble the rapid and irregular rubbing of the palms across each other.

The rapidity and irregularity of the pulse is so great at times, in adults as well as in children, that we are incapable to properly count it, probably ranging above 200. Now comes a nervous, haggard, restless expression, commingled with tranquility and comfort. The pulse now compressible, wiry, exceedingly intermittent, irregular, sometimes cored, dicrotic and finally lost, marbleized extremities, cold surface generally, profuse clammy sweats, vomiting ceasing, the mind clear, respiration intensely labored, and the patient departs this life generally propped up in bed. Duration, from six to seventy-two hours.

Treatment.—The virulence of malaria varies in intensity in the same locality during different years. The following tables will doubtless exhibit some interest. The first table is taken from families who live within a stone's throw of my own residence, and within the last four years:

<table>
<thead>
<tr>
<th>Family</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recoveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redford</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ashe</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Horlock</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Stewart</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pender</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Conoly</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>West</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Stickney</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Franklin</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>6</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

Visceral paresis occurred in each case.
Table of 1894, with diminished heroic treatment:

<table>
<thead>
<tr>
<th>Family</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recov.</th>
<th>Taken</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>July 2</td>
<td>July 4</td>
</tr>
<tr>
<td>Ackerman</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>July 14</td>
<td>July 18</td>
</tr>
<tr>
<td>Morgan (negro)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>July 18</td>
<td>July 19</td>
</tr>
<tr>
<td>Maddox</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>July 29</td>
<td></td>
</tr>
<tr>
<td>Stoneham</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>Aug. 3</td>
<td>Aug. 3</td>
</tr>
<tr>
<td>Reedy (negro)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>Aug. 7</td>
<td>Aug. 7</td>
</tr>
</tbody>
</table>

The last case was taken at 12 m. and died at 2 p. m., perfectly conscious. I did nothing but administer quinine and whisky per rectum, eight or ten gr. mild. chlor. per oris, and 1/6 morphia hypdermically, as I could see no hopes for her. She was down town that a. m. and, as stated, taken at 12 m. The results of treatment will correspond to the ability of the physician to sustain cardiac action, peristalsis, and establish thorough cinchonism, therefore three vital principles devolve upon the practitioner: purgation, cinchonism and stimulation; the former will not infrequently be found impossible, until the paresis yields to the two latter principles, which sometimes will occur when rigidly pursued. It matters not the criticisms made concerning the administration of calomel, I will uphold, sustain, and laud its efficiency, as observation, experience and results develop a mortality reduction in its employment. The judicious administration of mild. chlor. is to be persisted in from the outset to and sometimes during convalescence. The drug meets the condition as near as the selection of any other single drug. The protiodide is utilized with very happy results also. A combination of the mild. chlor. protiodide, podophyl. sod. bicarb., with a few minims of ol. anise, or mint, made into powders, will, to some extent, allay nausea, and is quite effectual in arousing the secretions. A host of remedial agents could be readily suggested, but of doubtful utility. This may be followed by

- Phus. sod. ............................................. 3ii
- Sod. et pot. tart. ................................. 3iii
- Sol. cit. mag ..................................... q. s. Oj

To be taken at stated intervals. Nausea and vomiting is sometimes diminished by the use of ox. cerium in xx to xxx gr. doses. Creosote, carbol. acid and binn. sub. nit. may be beneficial. Morphia and atropine stands pre-eminent in controlling
nausea, and especially the former, but must be cautiously administered on account of its contra-indications in regard to the secretions. Ice pellets are refreshing, ice cold water dashed in the face, and vigorous fanning, are very pleasant and beneficial in relief of nausea. The nit. strychnine hypodermically, in large and repeated doses, is paramount for three reasons: its antimalarial, muscular peristaltic, and stimulating influences. Sul. mag., introduced subcutaneously in the abdominal wall, I have found useful in assisting to unload the bowels. I have abandoned the idea of extensive blisters over the abdomen, as it is of doubtful utility in the extreme, and frequently does harm by influencing the kidney secretions. Sparteine is remarkably useful as a cardiac stimulant, and its dirurectic powers. Nitro-glycerine, for its rapid and powerful stimulating properties hypodermically, is to be greatly appreciated. Arsenic is quite applicable. Liquid peptonoids, also, for its palatable and nutritious therapeutic qualities. Referring to the salts of quinine, would say the bimur. is preferable. I use the three gr. tablets of S. & D., giving as many tablets, hypodermically, as may be desired at each insertion. My method is to employ the drug per oris, rectum, and hypodermically, simultaneously, if possible, and a repetition of the dose as may be indicated. The maximum amount I ever administered in twenty-four hours was 5i without any evil results whatever. It appears to me that quinine antagonizes malaria, and vice versa, hence immense quantities may be taken with impunity. The same may be remarked of mercury. Unfortunately I have crippled patients for months by the extensive hypodermic use of bimur, though, if dissolved in 50 per cent. aa water and glycerine, the pain is greatly diminished on its introduction, and the improbability of abscesses. Whisky and chloroform, administered internally and hypodermically, are very beneficial in warding off the chill. Copious hot water enema, with fl. ext. aloe, are appropriate. Have used pure hot glycerine by the pint per rectum, with rectal tubes, without any effect, also hot ol. ricini in same quantities, with similar results. Ol. tiglii is ineffectual per oris. The most reliable enema consists in the introduction of a strong solution of sod. bicarb., followed by a solution of tartaric acid, immediately borborygm is heard, and probably resulting in fecal discharges. In 1894, I endeavored to depart from heroic treatment, and the result was a departure of most of my patients suffering with this disease.
Hereewith beg to submit a condensed report of a few surgical cases, all done in private practice:

Case No. 1.—Nephrectomy for Sarcoma.—On April 6th, 1894, Mary N., aged 13 months, was brought to me for examination. Her family history good, free from tuberculosis, cancer, or syphilis. She was rather small for her age, but in good health up to early in January, three months before I saw her. At that time she became irritable, and suffered considerable digestive disturbance, accompanied with loose bowels. Her mother, at this time, detected a small tumor, about the size of a hen's egg, in the right lumbar region. She consulted her family physician, who diagnosed the case as enlargement of the liver. The child continued under his treatment until the latter part of March. She was then carried to my friends, Drs. R. L. Harbin, of Calhoun, and W. C. Nixon, of Nannie, Georgia. Both gentlemen kindly referred the case to me. After a thorough examination, my diagnosis was given as sarcoma of the right kidney. The child was brought to my sanatorium on the 9th instant, three days later, for operation. A dose of oil was given, with instructions that nothing be allowed for nourishment except its mother's milk, and nothing be taken on the following morning. The next day, after an all-over bichloride bath, the abdomen was thoroughly cleansed with oil of turpentine, tincture of green soap, and then again using bichloride.

Nephrectomy was done by making an incision, beginning near the lower border of the 8th rib, and extending down on the outer side of the linea semilunaris to near Poupart's ligament. As the tumor was quite large, pushing the peritoneum far over to the left, I had hoped to do an extra peritoneal operation, but in making my incision and reaching the capsule, I found it so firmly adherent to the peritoneum as to be unable to separate it without doing great and serious damage, and perhaps lacerating this membrane. Again, on account of the immense size of the growth, I was unable to enucleate it without going into the ab-
dominal cavity. I was forced to make a transverse incision, extending from about the middle of the longitudinal one, three inches in each direction.

After considerable difficulty, the capsule was detached from the peritoneum, and the tumor turned out. It was my purpose to have ligated the artery and vein together, and the ureter separately, but as considerable time had been consumed in breaking up the adhesions, I ligated the ureter and vessels en masse, using silk. The peritoneum was closed, without flushing, by a running suture of fine silk. A drainage tube of rubber was placed in the lower angle of the wound, which was thoroughly cleansed with sterilized water, before closing. The incision was closed with deep sutures of silkworm gut, which, however, did not include the peritoneum. It was dressed with sterilized gauze, with bichloride cotton on it. The tube was removed at the end of forty-eight hours. The patient was put to bed in good condition, having lost not more than an ounce of blood. At the end of twelve hours, her temperature had reached 100. The following day, at 3 p. m., twenty-eight hours after the operation, her temperature had reached 102½, considerable distention of the abdomen, but no gastric disturbance had shown itself.

I gave her one grain each of calomel and soda, with instructions that one-half grain of each be given every four hours until three grains had been given, or until the bowels had freely moved. The first dose acted freely within three hours, she passing six immense lubricoid worms within the next twelve hours. The following day her temperature was normal, and so continued until the fourth day, when there was a slight elevation, reaching 100. I examined the dressings, and found some redness at one stitch, which had been drawn too tight. This was removed, and a little pus escaped, when her temperature, in six hours, dropped to normal, and so continued. On the sixth day, every alternate stitch was removed; the remainder the day after. With the exception of the one stitch-hole abscess, the incision healed without suppuration. No opium was given, and she took no nourishment except her mother's milk. After the first twenty-four hours, she had water ad libitum. The tumor, with the kidney, weighed 3 3/4 pounds. The kidney rested almost as a flattened shell upon the surface of the tumor. The patient returned to her home in three weeks. She continued in excellent health until March of the present year (1895), when she died of acute pneumonia.
Case No. 2.—Capt. D., aged 56, Alabama, came to my sanatorium October 20th, intensely weak, pulse 130, temperature 102, swelling in right iliac region as large as a foetal head. He stated that two weeks before he was seized with a severe pain about three inches to the right and a little below the umbilicus, accompanied with high fever, and vomiting. He was treated for liver disease, until he became so alarmed about his condition that, as ill as he was, he left home and came to Atlanta, consulting my friend, Dr. E. H. Richardson, who promptly referred him to me. Upon examination, I diagnosed perforative appendicitis, with suppuration. His condition was so extreme, that I operated within an hour after he came into the sanatorium. He was given a hypodermic of strychnia 1-30 of a grain; the skin over the abdomen was cleansed thoroughly with oil of turpentine, green soap, and then a bichloride solution, 1 to 100. An incision was made from McBurney’s point, extending two inches downward. Just as my knife entered the abscess sack, he coughed, and the pus spurted at least three feet high. About a quart of extremely fetid pus was discharged. The cavity was thoroughly irrigated with boiled water, after which peroxide of hydrogen was freely used, and the cavity packed with iodoform gauze. I did not search for the appendix, which I am sure had been entirely destroyed by the suppurative process. The dressings were removed each day, and peroxide of hydrogen used, and the packing of iodoform gauze reintroduced. His improvement was continuous, and he left the sanatorium November 19th, with the wound entirely healed, and he in excellent condition. His health has continued good, as letter dated April 11th states.

This case illustrates how wisely and well nature takes care of her subjects. This old gentleman had traveled more than three hundred miles, with only a thin membrane between him and eternity; for had this ruptured, and the contents of the pus sack gone into the peritoneal cavity, how soon would septic peritonitis have ended his life.

Case No. 3.—Mrs. C., age 21, Nullip, Kentucky. Married two years. Began menstruation at fifteen, and without pain until marriage. Up to marriage, had been in excellent health,—weighed 143 pounds. Soon after marriage, suffered an attack of pelvic peritonitis, and from that time until she came under my observation, her health had steadily given way, and when I saw her she only weighed 90 pounds. Suffered with insomnia, no appetite, poor digestion, constipation, frequent and painful mic-
turition, backache, intense pain in the pelvis, most severe on the left side; constant bearing down sensation while standing or walking. On examination, found the uterus firmly fixed, and left ovary and tube very much enlarged, also fixed, extremely sensitive and tender. The right also fixed and enlarged, but not to the same extent. An ovariotomy was done October 20th, and upon opening the abdomen I found the ovaries and tubes adherent to everything within their reach. After much difficulty, the adhesions were broken up, and the ovaries and tubes removed. The abdomen was thoroughly irrigated with boiled water at a temperature of 105, and glass drainage used, the tube remaining forty-two hours. Her recovery was uninterrupted, and she is to-day in perfect health; free from pain, good appetite, perfect digestion, sleeps well, and weighs 125 pounds. The left ovary and tube were both filled with pus, the right ovary cystic, and the right ovary filled with blood. The cause of the trouble in this case was, in my opinion, beyond a doubt, gonorrhoea, the deadliest of all enemies to the health of women. I report the case as a typical one, to show the terrible ravages that it can commit in so short a time. I could report a number of such cases.

Case No. 4.—Mrs. H., aged 32, multipara. North Carolina. Menstruation profuse, and intensely painful; severe headache, insomnia, acute pain in back, bearing down sensation in pelvis, inability to stand or walk. Had not walked a step in nine months. A confirmed opium habitue. Upon examination, I found the right ovary prolapsed, and fixed in Douglas' cul-de-sac, and I think the most sensitive of any that I have ever touched. The left ovary was prolapsed and cystic, about the size of a hen's egg; uterus retroflexed, and considerably enlarged. On November 22d, I removed both ovaries and tubes, elevating the uterus by shortening the round ligaments, which were included in the ligatures encircling the ovarian pedicle. She left the sanatorium December 24th, free from pain, and walking without discomfort. She is now (April 1st), as a recent letter states, attending to her household duties, and in perfect health. Was entirely free from the opium habit before leaving the sanatorium, and has so continued. This patient had had local treatment for nearly two years before coming under my care.

Case No. 5.—Mrs. D., aged 36, multipara. Florida. Menstruation regular, but with great pain, violent headache, insomnia, no appetite, poor digestion, constipated, nausea, intense
pain in back and lower abdomen, extending down the thighs, unable to walk, and had been confined to her bed for six months; an invalid for fifteen years. Upon examination, I found floating kidney on the right side, uterus enlarged and retroflexed; right ovary the size of a guinea's egg, firmly fixed in Douglas' sac; the left ovary prolapsed, cystic, sensitive.

Ovariectomy was performed December 18th, removing both ovaries and tubes, and elevating uterus. Her convalescence from the operation was satisfactory in every particular. On February 5th, the right kidney was anchored. I made an incision about two and one-half inches from the spine, beginning at the lower border of the twelfth rib, and extending three and one-half inches in an oblique direction towards the crest of the ilium. When the kidney was exposed, the capsule was incised, and folded back one-fourth inch on each side. Four silkworm gut sutures were passed through the muscles, the fatty capsules of the kidney, and through the kidney tissue. Twelve strands of silkworm gut were placed on the kidney, and brought out at the upper and lower angles of the wound. The kidney was pressed firmly in position by the hand of my assistant, then three additional sutures of silkworm gut were passed from the skin through the muscles, fatty capsules, and kidney tissue. The four deep sutures were drawn moderately tight, and tied, cut close, and the cutaneous wound closed by the three deep sutures and several superficial ones. A dressing of sterilized gauze and absorbent cotton was applied over the wound, and a pad of gauze was applied over the kidney, on its anterior aspect, and held in position by rubber straps passing half round the body. On the eighth day, the silkworm gut threads were removed, and also the sutures. Perfect union had taken place throughout the entire length of the wound. The abdominal pad was worn for about thirty days. At this date (April 9th), the kidney remains firmly fixed. She has gained wonderfully in strength and flesh, is relieved of all pain, eats and sleeps well, walks wherever she pleases about the sanatorium, and will return to her home Saturday, the 20th instant. This patient had been a victim for ten years of iodine, iodized phenol, carbolic acid, nitrate of silver, "et id omne genus."

 Ether was administered to all the foregoing cases, except

[Nota.—Dr. Holmes reported five other cases, but owing to length of paper, we have omitted them, and give in full his comments.—Ed.]
numbers 1 and 4, to whom chloroform was given. I believe if the secondary effect of ether upon the kidneys was studied, we would find as many or more deaths attributable to it than to chloroform, both primarily and secondarily. The risk of ether is undoubtedly greater secondarily than primarily. Many deaths are caused by it that are attributed to other causes. When carefully used and properly administered, I believe chloroform to be quite as safe, and it is certainly much more satisfactory. The struggling of the patient, when being anaesthetized, is done away with, and the horrible sick stomach, which usually follows the use of ether, rarely occurs with chloroform. The return to consciousness, after taking chloroform, is rarely accompanied with vomiting or severe nervous manifestations. I am daily more inclined to the use of chloroform, and expect, in the near future, to see the tide of professional opinion turn in its favor. Before administering it, if my patient is at all weak, I always give a hypodermic of 1-30 to 1-20 of a grain of strychnia. There is still great diversity of opinion among many able surgeons as to the relative safety of the two anaesthetics in the presence of kidney disease. Some even claim that chloroform produces more renal trouble than ether. I shall always, until experience proves to the contrary, give chloroform the preference in any diseased condition of the kidneys, unless there are potent reasons why ether should be used. I never operate in any case where albumen is shown in the urine in any quantity, without a thorough test for urea and a microscopical examination for casts, unless it be one of great emergency. If the quantity of urine is near normal, and the quantity of urea not notably deficient, hurried operations may be done, even if we have albumen, and some casts. If, however, the quantity of urine passed is small, and the amount of urea notably deficient, I would only operate for pus accumulations or very large tumors producing severe pressure symptoms. Where diagnosis can be satisfactorily made of chronic interstitial nephritis, which is a very difficult thing to do, all operative procedures are contra-indicated. Where I have them under control, I like for my patients to flush the kidneys for three or four days preceding operation with Lithia water, and I always use it for two or three weeks afterwards. It is always well, before surgical procedure, in those cases where you have the preparation of the patient, to see that the skin is clean and in an active condition.

We are all in the habit, I am sure, of giving too much ether
and chloroform. If properly used, after the patient is thoroughly anæsthetized, very little is required to keep up complete anæsthesia.

I find strychnia in surgical work the most reliable of all heart tonics. Where the patient comes under my care early enough, unless she is very strong, I always give 1.30 of a grain of strychnia every four to six hours for three or four days before the operation, and if she shows evidences of shock afterwards I give it freely, watching for its physiological effects, and continuing it for several days until the pulse is sufficiently strong. I consider it far better as a stimulant and heart tonic than brandy, which, however, I also use when required. For surgical shock I have very little faith in digitalis, it has always been disappointing to me. Case No. 8 has impressed me with the importance of always going prepared to use saline infusions, which have, I think, a most valuable place in the treatment of shock from loss of blood.

My experience with catgut, both for ligatures and sutures, has been unsatisfactory. I now never use it, except where I do a trachelorrhaphy and perineorrhaphy at the same sitting. It is hard to sterilize, is soft, slips easy, and therefore hard to tie with any assurance of safety; and besides it is frequently absorbed earlier than we would like.

I have used many of the prepared foods, different broths, lime water and milk, peptonized milk, etc., after abdominal operations; but, if I was restricted to one article of diet for these cases I would select buttermilk. I find many patients, who in health, could not use it at all, after a laparotomy take it with the greatest relish, and it is extremely rare that I find one with whom it disagrees.

As a hypnotic I have found nothing so satisfactory as ten to fifteen grains of triional, repeated in an hour if sleep is not produced. The use of it has not been followed by any unpleasant secondary symptoms.

As a purgative, after an abdominal operation, I am more in the habit of using epsom salts than any other remedy. Experience proves it be the most satisfactory to me of all laxatives. I usually give it in three drachm doses, repeating every three hours until the bowels move. I have used it hypodermically in two cases only: one satisfactorily; in the other no effect was noticed.

I have always deprecated the use of opium, especially in ab-
dominal work, and have used it with great care and caution. An increasing experience convinces me that those cases where it is not given at all do much better, and their convalescence is more satisfactory in every respect. While the pain after abdominal sections is frequently severe, it rarely continues but a short while. Where the pain is so intense and threatens to exhaust the patient from continued suffering, I think it advisable to use it in moderation. I think many of the cases of bowel obstruction, whether due to paresis, lymph bands or adhesions, are traceable to the use of opium. I am convinced that the adhesions in case No. 8, where the abdomen was reopened, were due to the paralyzed or quiescent condition of the bowels, so rendered by the two doses of morphia as given after the operation. While all peristalsis was arrested and the bowel lying quietly against the ovarian pedicle, the lymph was rapidly pouring out and the constriction produced. Had the peristalsis kept up, no adhesions would have occurred. Just here let me enter a plea for the early reopening of the abdomen in all cases of diagnosed or strongly suspected post-operative obstruction. Do not let your patient die without giving her a chance for life; reopen the abdomen, find the obstruction and relieve it.

In my laparotomy cases, where it has been necessary to elevate the uterus for retroflexion or retroversion, I have done so by shortening the round ligaments, by including them in the ligatures that encircle the ovarian pedicle. In the few cases in which I have done this, the uterus has remained well forward, while it is still allowed free movement. It is not fixed against the bladder, causing great irritability of that organ, that ventro-fixation sometimes does.

In doing ovariotomy, I, in no case, operate simply for nervous and reflex symptoms. I operate only for a diseased condition that I am sure can be relieved only by surgical procedure. Careful examination, post-operative, have confirmed my opinion in every instance, in all the cases upon which I have operated.

While I believe in conservative measures, the most radical are often the most conservative. I am ready to admit that the abdominal cavity has often been ruthlessly invaded and organs removed for nervous symptoms, due entirely to other causes, and for which they were in no wise responsible. On the other hand, tinkering gynecology, I am sure, is responsible for many diseased tubes and ovaries that can only be cured by removal. The introduction of various caustic remedies into the uterus, causing de-
struction and sloughing of the mucous membrane, with a cervical canal in many cases previously constricted, or so rendered by the applications, that the decomposing masses can not pass out. What follows? A septic endometritis, which soon extends to the tubes and ovaries, producing trouble that nothing but the knife will relieve. This must be resorted to, or the poor woman is frequently doomed to permanent invalidism; a condition sometimes worse than death. Many of the cases that the surgeon is censured for using the knife upon are caused by such treatment.

I do not condemn all local treatment. Properly directed, I believe there are many conditions, where it is not only admissible, but demanded. Often in these conditions cures are made, especially where the local treatment is supplemented by constitutional measures, for oftentimes local troubles are clearly the results of constitutional vices. I do condemn, however, in the strongest terms, the reckless, haphazard and indiscriminate introduction of the various caustics into the uterus: certainly none should be introduced without first providing for thorough drainage. The want of cleanliness on the part of many physicians, when making vaginal and uterine examinations, is often a potent factor in causing utering and pelvic disease. Not only should the hands and instruments be clean, but the vagina and cervix should be thoroughly cleansed and disinfected before an instrument of any kind is passed into the uterus. How many of you have seen your professional brother swab the uterus with all sorts of medicaments, using dirty cotton on an equally unclean applicator, never cleansing the vagina and cervix, and even passing a sound into the uterus that had been passed in perhaps a dozen others without coming in contact with soap and water. While the uterine sound is a valuable instrument in its place, there are but few instances where it is required. I believe it has done more damage to women than all other instruments combined, and it not only has been, but is still, too indiscriminately used. Stem pessaries have made many victims for the surgeon’s knife. With the possible exception of the uterine sound, they have done more harm than any other instrument or appliance.

Understand me, I do not think that every diseased ovary should be removed; far from it. I decline operation in many cases where the patient is anxious for it. I try to be conscientious and operate only where the disease is so far advanced that
it has or is likely to render the woman an invalid, and is incurable by any other means. There are many other points I would like to discuss, but the length of this paper forbids.

For Texas Medical Journal.

"INCREASE OF MENTAL UNSOUNDNESS"—A REVIEW OF DR. WALLACE'S PAPER.

BY A. N. DENTON, M. D., LATE SUPT. STATE LUNATIC ASYLUM, AUSTIN.

MY ATTENTION has been called to a paper by Dr. D. R. Wallace—"Reflections upon the Increase of Mental Unsoundness"—read before the State Medical Association, and published in the May number of your JOURNAL.

Near the conclusion of the paper Dr. Wallace invites friendly criticism, and I avail myself of this invitation to indulge in a brief critical review of some statements and conclusions set forth in the paper. For obvious reasons I assume the task with great reluctance, and I shall make the attempt only because I feel it to be a duty that I owe to the medical profession.

After a careful perusal of the paper, I am not surprised that its reading created a "ripple of excitement," as stated in the JOURNAL.

More than half of the thirteen pages seems devoted to an effort to bring discredit and odium upon the Christian religion. But I have no disposition to enter the lists as a defender of Christianity. As a matter of fact it needs no defense, and if it did, there are many far more capable of performing the task than myself.

Dr. Wallace can congratulate himself that, if he did not succeed in awakening a very profound interest in the matters discussed in his paper, he at least succeeded in creating profound astonishment at some of the statements made and conclusions drawn.

When I read the title to the paper, I naturally supposed that some of the more prominent and real causes of insanity would be discussed, in connection with its apparent increase; but the reader will search in vain through the entire article for such information. Several pages are devoted to a comparison between Chinese and Christian civilizations, and I do not hesitate to say that I have rarely, if ever, seen incorporated into an article of equal length, so many inaccuracies and misstatements. This is
all the more astonishing, as the author declares in the first paragraph of the paper, that he has entertained the opinions set forth for years, and, of course, the inference is that he has carefully investigated and taken pains to inform himself upon the matters discussed. He says that his opinions "have not been hastily formed. They have grown up in my mind as the result of twenty years' observation and experience with the insane." The venerable author says that the ground traveled over, as to the causes of insanity, has been already "thoroughly gleaned," and in this I agree with him, and see little profit in this "threshing of old straw." The truth is the causes of the apparent increase of insanity in certain commercial centers and large sea-coast cities of the United States has been repeatedly pointed out by alienists, and as satisfactorily accounted for, as any other phenomenon in connection with the rapidly advancing civilization and progress of our race.

Well informed men who have investigated the subject see no mystery in the apparent increase of insanity at these great centers of commerce and civilization.

Certainly no one known to me, except the learned author of the paper, has attempted to show that "institutional religion" (whatever that may mean) has been a prominent factor in the production of insanity.

I feel quite sure that in the promulgation of this idea the learned author of the paper may justly lay claim to originality.

In fact, the increase of insanity is more apparent than real, as has been repeatedly shown. The author truly says that the proportion of insane to the entire population in New York and California is as much as one to two hundred and fifty, and he might have stated the case more strongly still, as the latest statistics from the census bureau show for New York one insane to every one hundred and seventy-eight inhabitants.

Now, what is the cause of this apparent or real increase of insanity in New York? Surely no one who has investigated this subject will for a moment conclude that religion, either "institutional" or other form of it, is an important factor in the production of this unfortunate condition of sanity.

Whoever has walked through Castle Garden during the period of greatest immigration from Europe, and through the great insane hospitals on Ward's and Blackwell's islands, will hardly fail to realize the true and only important cause of the increase of insanity in New York. Such an experience will convince any un-
biased observer that all other causes are as nothing compared with the dumping upon our shores of the defective population of Europe.

Under a recent act of Congress this unrestricted tide to our shores of the defective classes of European countries has been partially checked, but during the two decades immediately preceding the year 1890, immigration to this country from European nations was practically without restriction; and when we consider the great advantage accruing to the countries from which these defective classes come, in being rid of their pauper, criminal and insane population, it is no wonder that we have witnessed, during the past quarter of a century, an increase of crime, pauperism and insanity at these great centers of commerce and immigration, in a far greater ratio than the increase of the entire population of the country.

Another reason for the apparent increase of insanity throughout the civilized world, observed during the last half of the present century, is the fact that statistical information relating to the increase in every civilized country, is far more elaborate and accurate than formerly. Even during the eighteenth century a great majority of the insane were not cared for and housed as at present, but were permitted to roam at large, with little or no restraint, unless the victims of the disease were violent or dangerous, and in that case they were committed to the common jails, not for their own protection or treatment, but for the protection of the sane.

Doubtless vast numbers of such unfortunates thus perished from hunger and cold, and by violence, that were never enumerated or taken account of by the government under which they lived and died.

This great and admitted difference in statistical information upon this and kindred subjects, under different governments and at different times, is in connection with unrestricted immigration, as already stated, believed to be amply sufficient to account for the apparent increase of insanity in the United States as well as in other civilized countries.

The same facts and considerations will, in a measure at least, account for the apparent immunity from insanity enjoyed by China and other semi-civilized nations.

We have no Chinese statistical information of any value in relation to the prevalence of insanity in that country, and it is therefore misleading and idle to make comparisons and base con-
clusions upon such apparent differences in the absence of any reliable information.

Dr. Wallace says that "insanity in China is estimated at one in five thousand." But a very interesting question arises here, as to who makes this estimate: where does it come from?

Further on he says, "These figures will strike us as the more extraordinary, when it is recollected how extensive the opium habit prevails, especially among the Chinese." "All tolerably well informed people know that the effects of the habit have been greatly exaggerated by Christian missionaries and others."

I regret that the author forces me by this sentence to take my position with those, who, in his opinion, are not even tolerably well informed. Because, I am convinced, from information gleaned from reliable sources, that the missionaries have not only not exaggerated the evil effects of the opium habit among the Chinese, but that it is underestimated, both in China and in this country. In the opinion of this writer, there is no personal habit now prevalent with the human race, with the exception of the liquor habit, that is so prolific of mental unsoundness as this one; and yet Dr. Wallace does not even refer to it as one of the causes of insanity. He says, on page 571, that in Japan it is said that any form of mental impairment is seldom met with, except in those portions of the country which have been largest and most subject to foreign influence.

This is just the character of report that every thoughtful man would expect to hear from that country. In those portions of the empire of Japan as well as of China, and other semi-civilized nations that have been exempt from foreign influence, or in other words, the influence of Christian civilization and an enlightened government, little or no account or notice is ever taken of the insane, except in cases requiring it to place them under restraint for the protection of the sane; and there is little doubt but the vast majority of this class inhabiting these countries, consisting of the milder forms of insanity that in this and other civilized countries are consigned to the splendid palatial public and private institutions, built and furnished at vast expense for their care and treatment, are taken little or no notice of, and pass their lives without recognition by their government.

Even in this country of enlightenment and civilization, where organizations of charity and philanthropy exist in every city and hamlet in every State,—whose business it is to seek out cases upon which to bestow their favors, I have myself often met
with cases of the milder forms of insanity among the ignorant classes whose mental unsoundness was not recognized by their friends and relatives; and if this is true in this country, how much more it must be among the barbarous and semi-civilized peoples.

I could offer much more, and strong proof in support of this hypothesis as to the apparent infrequency of insanity in barbarous and semi-civilized countries, but want of space forbids; and I pass on to a brief consideration of the subject of religion as a cause of insanity.

With profound respect for the venerable author of the paper, I must confess to a degree of astonishment at the superficial view that he takes of this subject. He seems to have left out of consideration, and forgotten, that insanity is not a myth; but must have a real, a physical cause; and with measured sentences and eloquent perorations he pursues mere shadows that have little or no agency in the causation of mental unsoundness.

It is plainly apparent that he has mistaken a mere symptom of certain forms of insanity for one of its chief causes. I am well aware of the fact that in the courts of this, and other States, witnesses, and even members of the medical profession, often testify that religion is the cause of an attack of insanity, and these opinions of witnesses constitute a part of the record in such cases, and this record is transferred to the records of the various institutions for the care of the insane; and thence pass to the annual reports of the superintendents throughout the country. But I am of opinion that such records have no weight with the vast majority of superintendents of these institutions, in determining the real causes of insanity. They regard insanity as a disease, and that the cause of it, in the vast majority of cases, is to be sought for in certain abnormal or pathological conditions of the physical system, resulting in functional disturbance of the nervous system. Of course, this disturbance must reach the brain, in order to bring about a condition of mental unsoundness, either by reflex action from some other diseased organ, or the disturbance may be central, beginning in the brain itself; but, as before stated, there must be disease, and physical deterioration or disorganization at some point.

This being admitted, it is in the highest degree illogical to assume that religion, either "institutional" or other form of it, can be an important etiological factor in the production of insanity. As before stated, such illogical assumptions are often
made by superficial observers, both professional and non-professional, from the proceedings of our courts.

Such erroneous conclusions are usually drawn from the delusive declarations and hallucinations of the victims themselves; generally in cases of melancholia. But notwithstanding the frequency with which this supposed cause appears upon the records of our institutions for the care and treatment of the insane, I venture to say, that it has no foundation in truth, in ninety-nine cases in every hundred.

I admit that there may be cases in times of great religious excitement, when there is already physical and nervous instability, and when mental equilibrium is dependent upon an imperfect and badly organized brain, and weak, and imperfect physical system, in general, that such excitement may primarily result in such functional disturbance, and ultimately in organic lesion of the brain and insanity. Mental strain, and emotional excitement from other causes and under similar circumstances, may in rare instances, produce a like result. But I pass on.

On pages 576 and 577, the learned author indulges in a most beautiful and eloquent tribute to the physical and mental perfection of the Chinese or Mongolian race.

These beautiful and eloquent passages are interspersed with some lines of poetry, which I regret I have not time or space to reproduce. Briefly stated, the aim of the author is to show, that the Chinese have been brought up to their present state of physical and mental perfection by gradual stages of evolution, or as stated by Darwin, by their "environment."

He says: "The Chinese all look alike in the main. Why? They have had the same or similar surroundings, the same scenery, been thinking the same thoughts and doing the same things for thousands of years."

And again he says: "Europe during the millenium from the fifth to the fifteenth century, desolated by religious and fanatical wars and bloodshed, followed by famine and pestilence, did not double its population. *China blessed with peace and quiet under the same imperial dynasty, doubled her population six times.*" This declaration is the climax to the many other illogical and erroneous statements to be found on almost every page of this remarkable paper.

It would be difficult for an expert to frame a sentence more erroneous or inaccurate than that part of the one above quoted, relating to China.
It is true that Europe, during the period mentioned, was frequently cursed with war and pestilence; but we have great and many reasons for believing that the state of the people of European countries during the period referred to, was far better than that of the Chinese. Certainly the declaration that China was “blessed—with peace and quiet” during that long and memorable period in her history, will be an amazing scrap of information to every student of history.

The truth is, there was scarcely twenty consecutive years of peace and quiet during the entire period.

On the contrary, there was almost continual war in its worst form, and upon a scale and magnitude unknown in European countries.

War in its most destructive and horrid form was the rule from century to century, from within, as well as from without her own borders; and peace was the exception.

Great armies, of from three to six hundred thousand men, and even more, repeatedly marched over the territory of every province, leaving little else but ruin, desolation and death in their pathway.

Great cities were repeatedly taken by storm or siege, and so completely destroyed as to leave nothing to tell the tale of their former greatness, and the inhabitants given over to pillage and slaughter, without regard to age or sex, to satisfy the brutal passions of a savage soldiery.

It was the boast of one of the great military chieftains of the period referred to, that the destruction of cities in his pathway, and by his direction was so complete, that horsemen could ride over the former sites of such cities without danger of stumbling over inequalities or obstructions. Almost the entire Chinese empire was conquered, and a great portion laid waste by Gengis Kahn from 1208 to 1227, and hundreds of thousands, and perhaps millions of the inhabitants were either mercilessly and ruthlessly slaughtered, or perished by famine and pestilence.

Nor was this the beginning of such wars of destruction and rapine, nor did it cease at the death of this scourge of the human race. But these wars and conquests were continued by his sons and successors until the entire empire was subdued. But I need not attempt to describe in detail the almost endless succession of wars that followed each other in quick succession throughout the long period mentioned by the author, as one of “peace and quiet, and under the same imperial dynasty.”
But China was not only rent and torn by wars within, as well as from without her borders, but she was cursed with the worst form of government, that while it enslaved the people, it did not even have the merit of stability. Instead of resting in "peace and quiet under one imperial dynasty" for a thousand years, as stated by the author, there was at least ten dynasties during the period referred to.

It is true, that China has never had, from the earliest time in her history of which we have any reliable record, but one form of government, and that the weakest and most atrocious that was ever devised or allowed to exist by the human race. This inherent feebleness is plainly apparent to every observant student of history. She is, and has been for centuries, wholly unable to defend her frontiers against even the weakest of her neighbors. She never engages in war without being worsted, and having to purchase peace with money.

And although her citizens must prostrate themselves, and crawl upon their bellies in the presence of an effete monarch, the government, in turn, is forced continually to perform the same humiliating feat in the presence of any foreign power with which it comes in conflict.

The amazing stupidity and inherent imbecility of the government of China is well shown in the war with Japan just closed. Why is it that a nation with only 40,000,000 of inhabitants, occupying a few islands off the coast of Asia, can conquer in a few months one with 400,000,000 of inhabitants occupying 4,000,000 of square miles of territory on the main land, and having every advantage in national resources and strategic points for defense?

It can not be on account of lack of personal courage with the Chinese, because the two nations belong to the same race.

It is impossible to ascribe the failure of the Chinese to successfully defend their territory to any other cause save that of inherent weakness and imbecility on the part of the government.

This governmental imbecility, this drivelings dementia, reacts upon the citizens, and slowly smothers and puts out every spark of patriotic fire that should live in the breast of every citizen of every government.

The government machinery is only terrible to her own citizens. It is of that repulsive character, which, by practising the most inhuman cruelties for the slightest offenses, has cultivated
the emotion of fear and dread, to the exclusion of all the nobler passions and instincts of human nature.

In brief, this is undoubtedly the main cause of China's humiliating defeat in the late war, and of being forced to prostrate herself before a nation so vastly her inferior in numbers and national resources. Dr. Wallace dwells upon the advantages to the Chinese of living under a stable and settled government, but the government of China does not continue settled on account of any inherent strength which it possesses, but it is plainly apparent to every student of history, and intelligent observer of passing events, that it could not continue to exist for even one year but for the watchful and jealous care and guardianship of European powers.

So much for the historical features of the paper, and the resulting deductions therefrom.

A few words with reference to the author's comparison of the Chinese and Aryan races, and I have done. It would seem to the average reader almost a waste of time to draw comparisons between the Aryan and Mongolian races.

Certainly, the apparent conclusions of Dr. Wallace, if seriously considered, that the latter is superior to the former, is well calculated to produce a sensation.

What an expression of amazement such an announcement should bring to the features of the great naturalists of this generation!

He does not unequivocally declare that the Mongolian is the superior race, but such conclusion may be fairly and legitimately inferred from statements and arguments covering several pages of the paper.

He says he visited the Pacific slope and looked at the Chinaman face to face, and carefully estimated his character and measured his capacity from a scientific standpoint. These are not his exact words, but the substance of them.

But first let us get at the estimate which he places upon our own people from his own standpoint, and then allow him to speak for the Chinese. He says, on page 577:

"In manners, customs and habits, ethics and government, opinions are equally unfixed and unstable. With no fixed system of philosophy, no accepted religion, our people are afloat at the mercy of the winds and waves, without chart or compass, a starless vault overhead, on a shoreless sea, the great ocean of mortal life and human destiny, the sport of chance and of every
ignorant fanaticism. We have few beliefs, *hardly any convictions, and no faith*. What religion we have is wholly intellectual,—is of the head, and not of the heart.”

Now, this is a beautiful and eloquent passage, and does great credit to the learned author. It lacks but one element to make it perfect, and that is, a basis of *truth* to rest upon. I do not mean that the author is untruthful, far from it. But he has unconsciously allowed his poetic and soaring imagination to warp and curve his judgment aside from the straight and narrow pathway of truth.

Is it true in religion, that we have few convictions and no faith?

A single retrospective glance at the vast army of the followers of the “lowly Nazarene” of every denomination who have lived and died in the faith, will convince every unbiased mind that the statement is the product of the imagination. And if the statement was made to those now living, it would provoke a negative protest from the lips of millions of our people.

Is it true that there is no unity of thought and opinion on the subject of government? This government has existed for more than a century, and to-day commands the respect of not only our own citizens, but of all people in every country where we are known. It is believed to be stronger now than it ever was. Its strength lies in the patriotic devotion of its citizens.

Ours is a government of toleration in all matters of conscience or opinion, and hence there is necessarily great diversity of opinion as to certain policies of the government; but upon the great principles of a republican form of government, we are practically a united people.

Returning to the estimate placed upon the Mongolian, or Chinese race, the author says, on page 571:

“How is it that we occidentals, Christians, appear to such disadvantage when compared with these heathen Chinese?” And again, speaking of the visit of Marco Polo to the Chinese empire in the 13th century, he says: “Even the common people are described in China as dressing in brocade silk and broad-cloth, living in houses adorned with rich tapestry, when our ancestors were living in caves, hollow trees and mud hovels, and dressing in skins, with wisps of straw about their legs.”

So far as the above quotation refers to the condition of the people of European countries, I think every student of history must admit that it is a gross exaggeration of the facts.
On same page, he speaks of the immense gilded palaces, and porcelain towers, as evidence of the advanced civilization of the Chinese.

And again, on page 574, he says: "The Chinese coming to this country, of course, are from an inferior stratum of society. Yet I think they are the most intelligent laborers we have. When it is remembered that the Chinese we see upon our Western slope, are from the least intelligent part of the population, one is struck with their fine cranial development, their quiet immobile features and measured movements."

On the same page, the author mentions General Grant's tour around the world, and says that although he was honored with an introduction to Prince Bismarck, Lord Beaconsfield, Gambetta, and Li Hung Chang, he decided the latter to be greatest of them all

I think the author might, with great propriety, have left out the relation of this latter incident. Surely it can not be reasonably supposed that General Grant's complimentary reference to the intellectual greatness of the prime minister of China is valuable evidence in favor of the superiority of the Chinese over the Aryan race.

I have made these quotations in justice to the author of the paper. There is little doubt but most of what was told of Chinese greatness by Marco Polo was true; but we may feel very sure, in view of the history of the country, which I have already referred to, that his descriptions of the gilded palaces and porcelain towers referred to the rich and great, and not to the common people. And I may add that great public works, such as the author describes, of mediæval and ancient times, are not evidence of advanced civilization of the people, but rather of slavery, as is witnessed in ancient Egypt, where the grandest and most imposing public works were carried to completion, the massive splendor and beauty of which is the wonder of even this generation; but it is well understood that these great works could never have been accomplished except through the slavery and consequent misery of the common people.

The Latest Sensation in Paris is the alleged important discovery by a M. Groussier, of an infallible law whereby the paternity of children who have no acknowledged father may be ascertained.
The following case is interesting not only on account of its rarity, but also on account of its possible etiology.

Any way, the disease should create enough interest as a possibility of its being diphtheritic. Until quite recently the literature of croupous rhinitis has been very scant, and for a time the only descriptions of the disease that one could find was that found in the journals from time to time. It was there regarded to be of syphilitic origin. How or why this idea prevailed seems almost incredible, unless it was that the treatment suggested had some marked effect on the disease.

I will give the history of the case: H. F. W., aged 31, in good health, spent his honeymoon at Lake Superior in August of 1891. The morning of his return he sent for me, saying he had a fearful cold in his head. There was a semi-purulent discharge running from his nose, which kept him busy wiping it. He was sneezing a great deal; he was aching through his body and head; had a slight fever; temperature 101°, and his nose was completely shut up. I saw he was suffering too much for an ordinary cold. I asked him to come to the office in order that I could examine him with a reflected light.

Inspection showed a pearly white membrane covering the lower and middle turbinated bones and also the septum. It was easily detached and left no bleeding patches. I tried to shrink the swollen membrane with cocaine and found it had no effect on it. The tonsils and half arches and posterior wall of the pharynx had also a few patches. I tried to cleanse the nose with Dobell’s solution, but found it of very little use. The same result with per-oxide of hydrogen. Then I tried a weak, warm solution of bi-chloride of mercury, which I found most beneficial. I sprayed him out several times daily, and at the same time got rid of the false membrane by means of cotton on a probe. Seeing that he was much prostrated, I put him on tincture of iron, and in about eight days he was well.

The question naturally arises, had the newly married relations anything to do with the disease?

We know that erectile tissue covers the turbinated bones, and we know also that venery and the menstrual flow will often cause
this tissue to become congested. Usually the disease is due to a 
germ, and a recent investigator in the American Journal of Medi-
cal-Sciences has said it is due to the Klebs-Loeffler bacillus. 
Whether this be true or not, I am not prepared to say, but I will 
say that I was quite reckless in exposing myself and instruments 
to the germs of diphtheria if it were diphtheria. Still I am rather 
inclined to doubt whether it is diphtheritic, and I will cite the 
following reasons for my position:

Any one who has used the galvanic cauter y much in nasal 
work knows that he will often get a croupous exudate in his 
burns, and that, too, without any systemic involvement. The 
Germans say that the croupous exudate in this condition is due 
to the insufflation of impure water.

Second. The following winter I had under my care a woman 
who was a consumptive, much run down, and in the seventh 
month of pregnancy, came down with a double pneumonia. 
During her pneumonia an exudate, which was croupous, ap-
peared in her throat which I was able to get out in castes. This 
did not involve the vocal chords. There were two young chil-
dren continually in the room. None of the children took diph-
theria or diphtheritic croup. In Germany a croupous exudate 
is seen very often following low, grave diseases as typhus and 
typhoid fever and pneumonia.

In children I believe it impossible to make the differential 
diagnosis between nasal diphtheria and croupous rhinitis. The 
culture test is the only one that can decide this point. Bos-
worth, in his work on Nose and Throat, lays down certain points 
of difference. At the present time I do not think they can be re-
ceived. The subject needs further investigation.

Department of Ophthalmology.

Recent Progress in Ophthalmology.

BY FRANK C. TODD, M. D., FORT WORTH, TEXAS.

Ocular Gymnastics.—Hobby (Amer. Jour. of Ophthal., 
June, 1894), advises the practice of muscular exercise in the 
treatment of strabismus and heteropheria. He produces succes-
sive contractions of the weak muscle, for a time just short of 
fatigue; at first from thirty to one hundred contractions, increas-
ing the number as the patient becomes able to stand more work. He also exercises in a like manner the ciliary muscle, by requiring the patient to look at a distant small object and then at a small near object, securing accurate accommodation each time before changing.

Co-ordination exercise is practice by having the patient look at a distant object and then at a near one, using the same care to secure perfect accommodation, and repeating the changes as often as accurate accommodation will permit. Co-ordination should be practiced at different distances and angles, and the patient should wear a full correction of refractive errors while undergoing the exercise.

Retinoscopy.—Randall, Wurdemann and Jackson (Oph Record IV, 6), read papers before the A. M. A., in San Francisco, on the subject. All agreed that skiascopy was a very valuable test in the determination of errors of refraction, and that no refraction case should be prescribed for until this test had been made. Dr. Randall works at a distance of three or more meters from his patient with an undilated pupil. He thus does not have to make any theoretical allowance for distance, as he does not examine the extra visual zone where most invariably the refraction is different from that of the visual zone. Dr. Jackson who makes his examination at a distance of less than a meter with a dilated pupil, excludes in his examination shadows not appearing in the visual zone, and likes the method better as he can better discriminate the small variations from the normal in small areas of the pupil. These gentlemen all recommended the application of every method at hand in determining errors of refraction in all cases, advising oculists to beware of the inaccurate results obtained by the use of the test lenses alone.

Astigmatia, not Astigmatism.—Martin (Ann. D'Occl., CXIII, 3), gives his reasons why astigmia should be substituted for astigmatism. Rev. Dr. Whewel who invented this latter word, meant to describe a condition in which rays of light emanating from a luminous point penetrate an eye whose cornea or lens has a greater refraction in one direction than in the perpendicular direction, in which case they do not form an image of a point on the retina, but figures in the form of lines, ovals, or rounded spots.

Whewel, in choosing the substantive to enter into the compo-
sition of the word which he wished to form, committed an error: — ——* does not mean a point in the sense in question, but signifies puncture. Stigmata originates from this word and is commonly used in speaking of the wounds made in the hands and feet of Christ by the nails which held him to the cross. To designate a luminous point, one should have recourse to ———*, which means the mathematical point. This word requires the termination ia, which is found in such words as aphony.

Dr. Martin mentions that he consulted eminent Greek scholars before recommending this word and received their approval. Among these were M. Ovré, professor of the Bordeaux Faculty of Letters.

Tuberculosis Infection of the Eye.—Bach (Archives of Ophthalmology XXIV. i), describes the manner in which tuberculosis shows itself in the eye, and he lays stress on the following points: 1. Tuberculosis of the eye is by no means a rare affection. 2. All points of the eye may be attacked. 3. It plays a particularly important role in the diseases of the uveal tract. 4. The eye disease may be the only and earliest manifestation of the tuberculosis infection.

Tubercle of the Iris.—Sandford (Ophthal. Review, May, 1894), reports three cases. The first two examples of iritic tubercular deposits occurring at the same time with incipient tuberculosis of the lungs. The other case was one of primary iritic tuberculosis, the suspensory ligament, ciliary region and apparently the lens itself being infiltrated. The case occurred in a child five years old having a history of tuberculosis. No other organ suffered from tuberculosis. The anterior chamber was half filled with the tuberculosis. The eye was enucleated, and eight years afterwards the child was still living.

Considerations on the Cortical Visual Center—Via-let (Rec. d’Ophthal., June, 1894), reports cases which seem to confirm the theory that a circumscribed lesion of the internal surface of the occipital lobe may cause persistent hemianopsia, and to justify the localization of the visual center of perception in the three convolutions of this internal surface. The cortical zone in which the visual fibers terminate is not circumscribed as hitherto

*The Doctor used the Greek words, and as we have no Greek characters in the office, the words are necessarily omitted.
believed by Henschew, who locates it exclusively in the calcane- 

Changes in the Ciliary Body Following Puncture of the Anterior Chamber. A Study of the Interchange of Fluids in the Eye, and the Formation of Fibrine in the Aqueous Humor. Greef. (Archiv. Oph., XXIV, i).—When the anterior chamber of an animal is punctured, the aqueous humor which escapes is clear, and does not coagulate. Microscopic examination reveals no fibrine. Chemical examination shows no albumen. A second puncture causes a clear aqueous humor to escape, which coagulates immediately, and is found to be rich in albumen and fibrine. We conclude that there are brought about abnormal conditions which make it possible for substances to pass from the lymph into the aqueous humor that in the normal secretions of aqueous humor are held back.

The aqueous humor was evacuated from rabbits' eyes, which were enucleated at various intervals thereafter and examined microscopically. Immediately after the puncture, vesicles appear in the ciliary processes, at first small and flat elevations of the epithelium without coagulated contents, and without displacement of the epithelium. These vesicles grow large, and burst, evacuating into the post chamber. Recovery takes place by a healing of the epithelium, and after six days no trace of vesicles remain.

The albuminous substances, which are normally retained, pass out of the serum and form fibrine as soon as the epithelium is elevated.

Septic Iridochoroiditis Consecutive to a Uterine Hemorrhage.—Valude (Ann. D'Occeil., CXII, No. 3) reports a typical purulent case coming on the second day after the commencement of an uterine hemorrhage. There were no signs of infection present, the discharge was odorless, and there was no pain.

The cornea and conjunctiva were intact, and there had been no traumatism to the eye. Valude gives his theory as to the cause of the ocular inflammation.

The infection of the deep membranes of the eye is clearly connected, by relation of cause and effect, to the metrorrhoea. The uterus mucous membrane, lacerated by numerous vascular ruptures, served as an entrance of an infectious germ, which proceeded to develop in the ocular media, the uterus, however, remaining free from infection.
TREATMENT OF TRACHOMA.—Scott (Ophthalmic Record, IV, 8) read a paper on this subject before the British Medical Association, giving his experience in the treatment of twenty-six cases with chloride of mercury, and the same number with the cyanide of mercury. He found that they were equally effective as to the length of time necessary for a cure, but he favored the cyanide as more agreeable to the patient. He used the cyanide in a four per cent. solution, once a day, applying it to the everted lids, and allowed the patient to use, three times a day, one-fourth per cent solution, dropping it into the conjunctival sac.

He did not favor surgical treatment, nor the use of silver nitrate.

In the discussion, Dr. Knapp said that there were two forms of trachoma. In one form, the trachoma bodies are numerous, and some of them large, while inflammation is slight. These cases should be treated by expression by means of the roller forceps. The inflammatory form, by silver nitrate, copper sulphate, or bichloride.

TETANUS FOLLOWING A PENETRATING WOUND OF THE EYE.—Fromaget and Cabannes (Annales D'Oculistique, CXII, i) report one of these rare cases. The patient received a penetrating wound of the eye from the spark from a blacksmith's anvil, causing the eyeball to be emptied of its contents. Four days after the injury, the eye commenced to suppurate, and in four days after suppuration had begun, symptoms of tetanus manifested themselves, causing death in a few days, despite treatment. A peculiar incident in the course of the disease was the absolute fixation of the healthy eye, suggesting ophthalmoplegia.

FORMOL AS A HARDENING AGENT.—Marshall (Ann. D'Oc., CXII, i) has used formol in ten per cent. solutions for hardening the eyeball; after twenty-four hours, it is possible to make sections. The eyeball seems in a fresh condition, the cornea and lens are transparent, and the iris normal. Blood or pus is not changed. The vitreous is unchanged, and both retina and choroid remain in situ.

THE SIGNIFICANCE OF EYE SYMPTOMS IN KIDNEY DISEASE, WITH SOME REMARKS ON THE NECESSITY OF A MORE RIGID ENFORCEMENT OF THE LAW REGULATING MEDICAL PRACTICE.—Van Fleet (N. Y. Med. Journal, May 11, 1895), points out the advisability of ophthalmoscopic examinations in certain constitutional diseases, and
cites several cases which have occurred in his practice where a
diagnosis of Bright's disease had been made by the discovery of
retinal trouble, before any other symptoms severe enough for the
patient to consult a physician had manifested themselves.

He also advised the repeated examination of the urine, in
doubtful cases of optic neuritis. Patients not infrequently con-
sult the oculist for relief of headaches, dizziness, etc., when a
careful examination fails to reveal any refractive trouble, but the
ophthalmoscope, showing optic neuritis, discloses for the first
time the cause of the symptoms to be uraemic poisoning.

In addition to inflammatory conditions affecting the back of
the eye, as the result of kidney disease, we have also hemor-
rhages, which are not apparently due to either neuritis or retin-
itis. This is a condition analogous to apoplexy, and due to a
weakened or diseased condition of the blood vessels, occasioned
by the deficient elimination of deleterious material from the
blood. The same thing can occur as a result of rheumatism, or
gout. Hemorrhage into the retina, as a result of atheroma of
the vessels in old age, is a grave condition, inasmuch as it often
precedes cerebral hemorrhage from the same cause.

If we wish to prolong life in Bright's disease, and prevent
blindness, we must begin early. Spectacles will not help the
disease, though patients are often fitted by opticians, who pre-
scribe glasses for dimness of vision, whatever the cause, making
no ophthalmoscopic examination, and the patient goes on from
bad to worse in utter ignorance of his danger.

It should be, he thinks, a criminal offense for any one to pre-
scribe a medicine, a mechanical appliance, or any substance di-
rected to the cure or relief of disease or deformity, unless he
shall first comply with the laws governing medical practice, and
be thoroughly qualified.

In conclusion, he bespeaks the co-operation of physicians gen-
erally, against the "refracting optician," for the benefit of the
confiding public, which delights in being humbugged.

Correspondence.

The Mexican Dysentery Remedy Again.

LETTER FROM DR. KNOX.

GONZALES, May 18, 1895.

Editors Texas Medical Journal:

At the request and urgent wish of many correspondents to
learn more of it, I again write of the merits of the Chapparro
Armagosa, an unpretentious, ugly, thorny, forbidding shrub, abundantly growing in Southwest Texas, its uses in dysentery, etc., a condition of bowels so uncontrollable by our best physicians, and so acknowledged by one and all.

Some three years since I wrote up my own case and its treatment for the benefit of all like sufferers. This for our State Medical Association of Texas, where, at the meeting at Tyler, if read at all, was no doubt read by caption and referred to the publishing committee. These learned gentlemen deeming it too previous, or one case as not sufficient to establish its claim, "hove" it over among the rubbish; let it slide; urging "that the paper should be boiled down," I presume, reduced in volume, while only a short time before much space was allowed or given to the claim of arsenite cupri in like condition.

Many months after this time this paper was published in the Texas Medical Journal, and attracted marked attention, it being read wherever medical literature was read, and treasured by many hundreds of sufferers; so much so, letters of inquiry and application came to me from all points. In every State it was sent to different parties and used by them, many claiming and calling it the "Elixir of Life," reboiling their supplies and using it until more reached them. A pharmacy firm readily embraced it, making a fluid extract of it; now since have it in tablet form. It has been registered and has come to stay, as many other vegetable products have done before, as nux vomica and its alkaloids, ergot, ipecac, cinchona, and hundreds of others, and more recently spartine, and others of its like. Now, how have these, severally and all, been established as reputable drugs and procured from the vegetable kingdom? And as yet the field not explored but many more things to hear from having equal merit with any we now know of. Go with me back into the fifties, see just how procured for use then—the now much used viburnum pruni foliatum. The bark was obtained, a decoction made and preserved, and successfully so.

I do not wish to enlarge on my former statement of this drug, but it has further benefits; it is anti-malarial largely, its bitter principal may be its possible good. But recently my attention has been called to its use by enema, in chronic dysentery, by my friend Dr. Lankford, of San Antonio. I have so used it, and find it works well; then, if there be any hemorrhoids, it will surely relieve them greatly.

I beg to suggest that more benefit arises from a decoction or
strong tea, and this drank often and freely, rather than with any alcoholic compound, as alcohol is not admissible in any bowel trouble when there is ulceration. I think, if dispensed by our pharmacists, better ground dry and in packages as the Quaker herbs, and used as needed.

Hoping my further promulgation of this simple drug may be the means of much good to all afflicted thus, as I feel it has already been to many, myself as well, I take pleasure in further arguing this matter. I am yours truly,

R. T. Knox, M. D.

Society Notes.

Richmond, Va., Academy of Medicine Meeting, April 23, 1895.

The president, Wm. S. Gordon, in the chair. Dr. J. Allison Hodges, leader on the subject selected for the evening's discussion, read a paper on Some of the Diagnostic Nervous Manifestations of Syphilis.

The nervous symptoms are more manifest in proportion to the absence of cutaneous symptoms. All the nervous symptoms are not always dependent on syphilis; a number of nervous diseases have their origin in this malady. In diagnosing the disease, the medication method is unreliable, some other affections being improved by it. The nervous symptoms may be developed in each stage of the disease, but it is in the tertiary stage principally that the gravest lesions of the nervous system appear, and, since it is especially in those cases where the ordinary secondary manifestations were wanting that we are to expect these complications, it is important for the physician, in making such a diagnosis, to be prepared to recognize the first danger signals that may be manifested. The primary stage has no prominent nervous symptoms, those present being referable rather to the concomitant anaemia than to the action of the specific poison. The secondary stage presents more marked evidences of implication of the nervous system—various neuralgias, dyspepsia of nervous origin, cardiac palpitations and meningitis, cerebral or spinal, being characteristically present. The tertiary stage gives evidence of numberless shades and varieties of nervous affections, and in this period of the disease, the nervous symptoms manifested are due solely
to the influence of the specific virus circulating in the blood and irritating the delicate nervous structures.

The symptoms produced may be those due to an inflammation or degeneration of the nerve centres themselves, or to the effects produced by pressure upon the nerve centres or trunks by product of this same form of inflammation located in contiguous structures—the symptoms all showing lesions either of the intracranial organs or of the spinal cord, less frequently of the spinal nerves.

The diagnostic symptoms detailed, are also diagnostic of other diseases. It is by association that we determine the disease, as locality, etc. There are periodic occipital headaches in nearly every case, absent in the forenoon, returning most frequently at night and becoming worse. I have never found any tenderness on pressure. The diagnostic nervous manifestations of syphilis are: 1. Headache, which disappears if paralysis occurs. 2. Insomnia, nearly always associated with headache, and disappearing with the appearance of convulsions or paralysis. It differs from the insomnia of neuræsthenia and melancholia in that it occurs in the early night, the victim arising in the morning ready for his daily labor. 3. Vertigo, occurring usually with the headache. It may be transient, but becomes worse as the disease progresses. 4. Convulsions. In the adult they are not preceded by convulsions in youth. 5. Tremor, present in one-half of cases. It occurs most often, in the order named, in the hands, tongue and over the whole body, and is accompanied by headache. If it occur in a limb, it is the precursor of paralysis of the limb. 6. Hemiplegia. 7. Erratic distribution of paralysis, as aphasia with or without hemiplegia; ptosis; insanity or epilepsy with paralysis of one arm or leg. It is suggested that ptosis occurring suddenly points nearly always to syphilis. 8. The use of electricity to determine central or peripheral lesion. 9. The presence of great physical weakness and mental dullness. This is one of the most valuable of the nervous manifestations, being out of proportion to the seeming condition of the patient. 10. History of the case. In women the history of many abortions in succession would point to syphilis.

In the treatment of syphilis, the iodide should be given in sufficiently potential doses in Carlsbad or other waters. The cases I report show how easy it is to overlook the disease in the tertiary stage, when the first and second were not noticeable. In conclusion let me say we could often abort syphilis by studying the nervous system and giving treatment in time.
In rounding up at the close of the tenth year, and taking stock
in a general way, the Journal has much to congratulate itself
on, and little to regret. That the Journal has prospered, is evi-
dent; it has fattened up, and looks sleek; that's the way with in-
dividuals. Its business end has been held up, and it pays (inci-
dentally that's what most journals are conducted for). In the
main, its object has been accomplished. It has done much to-
wards the organization of the profession, and in inciting to a
higher plane of professional life; the line has been sharply drawn
between the regular and the irregular, and the quack has been
made to know his place. There is yet much to be done, and
encouraged by the generous support, moral and financial, that
the Journal has received from the better element of the profes-
sion, it addresses itself anew to the task. We must have a bet-
ter medical law and a higher standard of medical education, and
better organization of the State Association.

In one sense the Journal is a departure from the beaten track.
It is not merely a medical journal, filled with dry details of med-
icine; but it is a Physicians' Magazine; it is to the doctor
what the daily paper is to the business man. It gives the news
of interest to doctors; and discusses such topics as doctors like to
talk about. Its contents are varied; and really, a fair estimate
of its character and value can not well be made from reading one
number. In the course of a year there is great variety. Many subjects germane to medicine, but still, not the dry details of practice, have been discussed, embracing such topics as physicians most like to discuss in their leisure hours.

We call on old friends of the energetic and go ahead little "Red-back," to make its merits known to those of their doctor friends who are not subscribers; to canvas for us; spread its influence—help it to throw its benign light into new places. It is doing a missionary work; it is doing good,—shove it along!

We can not close this brief blast of our bazoo without an acknowledgement and a bow to all those who have assisted us. We know our friends and love them, and we are always glad to hear from them (especially when there is a postal order in the letter).

The Texas star is in the ascendant; the decks have been cleared for action, and we will now go in to win, on the ELEVENTH ROUND.

No journal in the United States is more quoted from, or oftener referred to by its contemporaries than the Texas Red-back; no journal exerts a better or a wider influence; no doctor should be without it. The traveling men—drummers for drug houses—tell us they see it everywhere they go, and it is like meeting an old acquaintance. Now is the time to subscribe; you can pay in the fall—when you sell your potatoes.

DO THE PEOPLE NEED PROTECTION FROM QUACKS?

In an editorial on the subject of the Legislature and the Doctors, in our March issue, we stated, among other things, that it should be explained to the members of the legislature that the reason why the physicians of Texas are asking for the passage of a law that will protect the people from the dangers of the ignorant practitioners of medicine, and from frauds who pretend to heal without medicine is, that the people themselves are really not aware of the danger; they have not the slightest conception of it; they do not know that they are being deceived; that they are in the hands of a quack—in one case, and a fraud in another—for these worthies are shrewd enough to make the majority of their dupes believe that all others are quacks.

The medical practitioners on the other hand, have a very extensive knowledge of these practices, and the evils resulting
from them. They know, better than any other class, the extent and nature of the danger incurred by a family who trust an uneducated man, in ignorance of his deficiency, and it is a feeling of humanity which prompts them to ask the strong arm of the law to interpose for their protection. The credulous, the confiding can never be made to see and understand this danger. A medical man can not go to a family who are employing a quack or a faith healer and point out the danger. The reason why, ought to readily suggest itself to even the most thoughtless.

Nor is the danger confined to the ignorant. In every community there are families of prominence, socially, men of liberal education and good intelligence who are afflicted with a hankering after the pretenders, as we know them to be; struck with the Christian Science fad, or who have faith in the magnetic rubbers; and in some communities homeopathy is affected, as a kind of fashion. These deluded persons can all cite you to "cases which have been cured by these means after all the doctors had failed," and nothing can shake their faith; not even the loss of one of their own children.

This latter assertion has been recently very forcibly illustrated by an occurrence at Dayton, Ohio. The child of "Colonel Meade" (Lancet-Clinic) whom we take, from the account given, to be a man of intelligence and, from his title, to be above the herd of no-bodies-in-particular, died of tubercular meningitis; died after suffering days and nights of great agony. The family placed the child in the hands of "the Hattons"—professional Christian Science healers—man and wife, and not a physician saw her, nor was a drug, or medicine, or a palliative of any kind administered. Prayer, constant and solely, was the dependence. The death of the child was a crime of omission, and the parents and the healers are the criminals.

At the autopsy the child's father testified his faith in the treatment. He said:

"Hatton is not a physician, but is a Christian Scientist. He does not heal and cure by any method. I sent for him as a Christian Science healer, and because I knew that through his ministrations others had been healed. He gave my daughter what is known as the treatment, using his knowledge of God's law to bring the child in subjection of those laws. Christian Science treatment is reduced to prayer and prayer only. I did not send for a physician because I'd just as soon think of giving my little child poison as the morphine that would have been pre-
scribed, and feeling that way, and having faith in Christian Science that has been tried all over the country.”

Poor fellow! Who does not pity him? Who does not feel the same consideration for him we feel for the poor lunatic who thinks he knows it all, and yet is known to be insane? This man is incapable of realizing the danger of trusting such people; ought he not to have the protection of the law? If one sees a blind person about to run into danger unconsciously, is it not ones duty to snatch him away? Yet—according to the claim that is made—this man unquestionably had the right to select the mode of treatment. The difficulty is, they do not know how to select with discrimination.

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Medical News and Miscellany.

Married, at Dallas, Texas, May 20 (ult.), Dr. John D. Win-gate, of Ennis, Texas, to Miss Annie Louise Lindsley, of Dallas.

Dr. W. Y. Gadberry, of Yazoo City, Mississippi, died May 12, ult., aged about 70. Dr. Gadberry was one of the ablest, most original and most eminent physicians in Mississippi.

Dr. W. E. Pugh, of Rockport, has been appointed Quarantin Officer at Aransas Pass, vice Dr. J. D. Westerwelt resigned, be-cause of reduction in salary, and further reduction by reason of discount on State warrants.

Our friend, Dr. B. D. Smith, of St. Elmo, Texas, has asso-ciated with himself in the practice Dr. W. E. Holtzclaw, formerly of Atlanta, Georgia, more recently of Buda, Texas. They have the best wishes of the JOURNAL.

The Doctors are in it. Our good-looking friend Dr. A. W. Fly has been re-elected mayor of Galveston, and the handsome Prof. H. A. West, Secretary Texas State Medical Association, has been chosen alderman for his ward. Now, look out for the “fair round belly with fat capon lined.”

Died, May 24 (ult.), at his father’s residence, after a brief ill-ness, Ralph Smith, son of Dr. Q. C. Smith, of this city, age six-teen. Ralph was a bright and promising lad. He was a pupil at
the high school and would have graduated soon. The Journal extends its sympathy to the bereaved family.

Kola Nuts.—Frederick Stearns & Co., who are direct importers of the fresh (undried) nuts of the kola, that wonderful plant that is now attracting so much attention, will send two of the nuts, free of charge to any physician who will request it, mentioning the Red Back. They suggest the nuts may be planted. Literature on the plant and its medicinal virtues, will be mailed with the nuts, if desired.

Errata.—The Journal regrets exceedingly the occurrence of several errors in the biography of Dr. Coleman, in our last issue. They were not discovered until too late to be corrected. It was stated that Dr. Coleman was the son of Dr. Walter Preston and Fannie Preston, the mistake being caused, no doubt, by the fact that Coleman’s middle name is Preston. His father was Dr. Walter Coleman, a leading physician in Tennessee. We also located the Doctor in Colorado county, instead of Colorado City, Mitchell county.

Prof. of Pharmacy.—The Regents of the University of Texas, at a recent meeting in Galveston, examined the credentials of quite a number of applicants for the position of Professor of Pharmacy in the School of Pharmacy of the Medical Department of the University of Texas, which position was made vacant by the death, in April, of Prof. James Kennedy. Some of the applicants were men of national distinction; one a graduate of the Johns-Hopkins University, and a choice where so many were excellent, was hard to make. It fell, however, to Mr. I. M. Cline, of Houston, a gentleman who for many years has been connected with the U. S. Signal Service, or Weather Bureau.

The Sensation of the Day.—“Coin’s Financial School” gives the facts about gold and silver in a simple, clear and most forcible manner, so that the dullest intellect can not fail to grasp it. It does it in a pleasing style, free from the dry tediousness which usually attends such subjects. You devour it with eager pleasure and want for more. Its revelations are astounding, and we predict it will either right things or cause trouble.

The recital of the wrongs inflicted upon the industrial classes and the poor by our government in its dubious course, financially, especially upon the farmer, is enough to excite violent indigna-
tion, and if redress is not speedy and complete, we fear it will incite to insurrection. The writer as good as says, that demonetization of silver in 1873 was procured by English gold in England's interest, and is responsible for the evils we are suffering; and that the worst has not come.

We will send a copy of the 50 cents edition free to every one who sends us $2.00 for a year's subscription,—whether new subscriber, old subscribers renewing, or delinquent remitting on account.

This book should be read by every free-born American citizen who pays taxes to the government. This offer is good for thirty days only.

The North Texas Medical Association will meet in Bonham, Texas, Tuesday, Wednesday and Thursday, June 18th, 19th and 20th, inst.

The following, with an attractive programme, has been issued:

Van Alstyne, Texas, May 30th, 1895.

Dear Doctor:—The next semi-annual meeting of the North Texas Medical Association will be held in Bonham, beginning at 2 o'clock, Tuesday, June 18th, 1895.

These meetings are most enjoyable socially, and are the source of much valuable information that can be gathered in no other way. It is sincerely hoped there will be a full attendance of the membership, and that all regular physicians in good standing, who would keep abreast with progressive medicine, will be present.

The cordial welcome that awaits us, and the unusually full and varied programme, should appeal to all to come, bringing their choicest thoughts and most valuable experiences for mutual exchange.

S. D. Moore, M. D., President.

T. M. Taylor, M. D., Secretary.

Sanitary Climatology.—Circular No. 4, of the Weather Bureau, containing information relative to the investigation of climate on health, previously noted in the Journal, furnishes blank forms of the report desired. They seem to be simple, compact and yet sufficiently comprehensive. Supplies of the forms and of the blank envelope may be obtained by those interested, on application to the Bureau. It is intended to collate the vital statistics thus obtained with the meteorological statistics by general averages and by particular and selected events, as the comparison of the general mortality with the average conditions of the
weather for the week, and the passage of storms and cold or hot waves, the appearance of epidemics, etc. Also, in instances of well-defined weather disturbances, comparisons of vital and meteorological statistics will be made by daily periods. For example, a storm appearing in the western part of the country, will be followed day by day, as it passes eastward across the country, and the illness and deaths reported for these days from the localities traversed will be compiled and compared with the same kinds of facts reported both before and after the storm. The same plan will be pursued in dealing with hot and cold waves. By these methods it is hoped to give in time, definite information as to how and how much the accidental and constant variations of the weather affect the sick and well, and in what way the present forecasts and weather charts can be used in both curative and preventive medicine.—Journal A. M. A.

The twenty-first annual meeting of the Mississippi Valley Medical Association will occur in Detroit, Mich., September 3, 4, 5 and 6, 1895. This Association is now in a more prosperous condition than ever before. The membership list shows a large increase annually, and the character of the scientific work accomplished at each meeting is of the very highest. The officers and committee of arrangements are working unceasingly for the success of the Detroit meeting, and, although early, indications are that a meeting of unusual size and interest will be held in September. The profession of Detroit are united in their efforts to have the gathering in their city outshine all previous ones. The social features of the meeting will leave nothing to be desired in that direction.

A meeting of the officers, committee of arrangements and auxiliary executive committee was held in St. Louis in April. The prominent railroads were all represented at this meeting, and the railroad officials present promised a united effort to obtain a half-fare rate to Detroit.

It was decided to make the annual address a special feature of the meeting. September was chosen as the time of the meeting for two reasons. First, because the medical colleges will not have opened, and opportunity will thus be given those connected with these institutions to be present; second, because this is the most delightful time of the year in which to visit the beautiful city of Detroit.

A cordial invitation is hereby extended to you by the executive committee to be present. Titles of papers should be presented to the secretary as early as possible.

Frederick C. Woodburn, Secretary.
American Medical Publishers.—This Association held its second annual meeting at the Eutaw house, Baltimore, on the 6th and 7th of May, with the following in attendance:

Dr. J. C. Culbertson, Cincinnati, Ohio; Miss Dora Jones, St. Louis, Mo.; Dr. John C. Le Grand, Anniston, Alabama; Dr. C. F. Taylor, William B. Saunders, Philadelphia, Pa.; Miss Hackedorrn, Toledo, Ohio; Dr. F. E. Stewart, Detroit, Mich.; J. MacDonald, Jr., Irving J. Benjamin, Dr. Ferdinand King, Dr. P. H. Fairchild, New York City; Dr. R. W. Lowe, Bridgeport, Conn.; Dr. W. C. Wile, Danbury, Conn.; Dr. H. M. Simmons, Dr. William B. Canfield, Baltimore, Md.; H. A. Mathie, Dr. A. H. Ohman-Dumesnil, Dr. I. N. Love, St. Louis, Mo.; Dr. Landon B. Edwards, Richmond, Va.; Dr. S. E. Hudson, Austin, Texas; Dr. Wm. F. Bartlett, Philadelphia; Dr. T. D. Crothers, Hartford, Conn.; Dr. Gilbert I. Cullen, Cincinnati, Ohio; Dr. Henry S. Upson, Cleveland, Ohio; Dr. E. E. Holt, Portland Maine; J. M. Grosvenor, Jr., Boston; Charles Wood Fassett, St. Joseph, Mo.

Nineteen new members were admitted and questions of the day affecting medical publishers were profitably discussed.

Beginning with July 1st, a monthly bulletin will be issued for the benefit of members of the Association. It is to be edited by Drs. P. H. Fairchild, J. MacDonald, Jr., and Ferdinand King, New York City; Dr. J. C. Le Grand, of Anniston, Ala., and Charles Wood Fassett, of St. Joseph, Mo.

The Secretary was authorized to issue in pocket form, a revised list of medical advertisers.

Upon invitation, the Association banquetaed with the Medical Editors, on Monday evening.

The officers re-elected were as follows: President, Dr. Landon B. Edwards, of Richmond, Va.; Vice-President, Dr. J. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City; Secretary, Charles Wood Fassett, St. Joseph, Mo.; Dr. J. C. Le Grand and Irving J. Benjamin were elected on the Executive Board.

The United States Public Health Department.—For some years past it has been a prominent aim of the American Medical Association to secure for the United States a central Government Department of Public Health, and preliminary steps have from time to time been taken to memorialize Congress to create such Department, together with a State paid Medical Secretary. Once again the Association brings the matter forward in the form of a
memorandum to the Senate and House of Representatives, prepared by the Chairman, Dr. C. G. Comegys; and appended to this document is a draft bill to give effect to the object referred to. It is admitted that much excellent work is performed through the agency of different medical departments connected with the army, the navy, and different scientific bodies; but it is contended that government can, in a wider way, promote the public welfare by creating a Department of Public Health, the head of which should be a physician, a member of the Cabinet, and on a position of equality with the heads of the government departments. Under section 2 of the proposed bill the work of the department is set out. It may be regarded as covering all that is done by the Medical Department of the Local Government Board in this country, by the Registrars-General's Department, and by the Factory Department of the Home Office; and it is intended to be provided with the machinery for compiling information for the purposes of the various State and other bodies on a multitude of social and health subjects, including the questions of food supplies, intemperance, prostitution, elementary education, etc.

With regard to the organization of the Board, we believe the Association is right in demanding that its head and its executive officers should be medical men. Indeed, we have heard only one valid reason for a change in the same direction in this country. It is said that if a new department in public health were created it would be the youngest department in the State and would have to rank as such. But the Local Government Board, which has public health functions in addition to a multitude of other duties, is gradually becoming a Ministry of the Interior, and it is assumed that when its position as such in the State is fully recognized, it will probably absorb one or two functions still performed by other departments, and its chief will be raised to the position of a Secretary of State. This is the ambition of the secondary State departments in this country, and there are those on the permanent staff of the Local Government Board who would resent the severance from the board of its public health functions, for such severance would diminish its importance and cut adrift a staff which, to say the least, has brought them some credit in the eyes of the public. In the States no such considerations as these arise, and it is to be hoped that the new department, when created, will be mainly in the hands of those who best know what is wanted for the control and the improvement of the health of the public.—Brit. Med. Journal, May 4, 1895.
Publishers' Notes.


Torpid Stomach.—If the stomach of your patient is torpid and will not secrete enough gastric juice to digest his food, then give him two or more fluid drachms of Seng before each meal. Seng is the only remedy that will normally increase the flow of the digestive fluids.

Celerina.—There is no better remedy as a nerve tonic, stimulant and antispasmodic than Celerina, which has enjoyed such a large degree of popularity for a long time. Some of the most able and conscientious medical men in the country use it as a daily remedy, and no physician who has ever given it a fair trial will ever quit it.—Medical Progress.

The new advertisements in this issue are,—Reed & Carnrick, whose products are too well known to require any puffing; the announcements of the University Medical College of Virginia, the College of Physicians and Surgeons, Baltimore, and the Medical Department, University of Louisville; also the advertisement of Prof. Griffitts’ Business College.

A few months ago I was suffering from hepatic torpor and I am happy to say that after taking two bottles of Peacock’s Chonia I feel greatly relieved, and that Chonia has done me more good than any other preparation I have ever used. In hepatic disorders I shall always give it preference to other remedies, knowing its therapeutic value.

Chicago, Ill.

T. ED. DePondrom, M. D.

Tongaline in tablets, in addition to Tongaline, liquid, is now made. Each tablet contains: Concentration of fluid tonga., ½ gr.; sodium salicylate, 5 grs.; cemicifugin salicylate, ½ gr.; pilocarpin salicylate, 1-200 gr.; Colchicin Salicylate, 1-1000 gr. All the salicylic acid in Tongaline is made from pure oil of wintergreen. Tongaline and lithia tablets: Tongaline, 5 grs.; lithium salicylate, 1 gr. Tongaline and quinine tablets: Tongaline, 3½ grs.; quinia sulph., 2½ grs. Each tablet is equivalent to one-half dram of the liquid, and two tablets should be administered at a dose.

Secure a Position.—Wanted, for office work, on salary, in most every county in the South and West, a young lady or gentleman. Those from the country also accepted. Experience not necessary; in fact, prefer beginners at a small salary at first, say to begin, from $30.00 to $60.00 a month. Chances for rapid pro-
motion good. Must deposit in bank, cash, about $100,000. No loan asked; no investment required. It is a salaried and permanent position. (Strictly office work.) The enterprise is strongly endorsed by bankers. Address P. O. Box 433, Nashville, Tenn. (Mention this journal.)

Dr. E. P. Hershey, who is Professor of Clinical Medicine at the Gross Medical College, of Denver, and also one of the physicians at St. Anthony's, the largest hospital here, in his lecture to his class on scarlet fever, said that the most important thing was keeping clean, and in an antiseptic condition, the mouth, nose, and upper air passages, and that for this purpose he knew nothing better than Pasteurine, which he says he likes better than Listerine, which he formerly used, because it is a more powerful antiseptic, has such a pleasant odor and taste, and costs less. — Gross Medical College Bulletin, Denver, Col., Feb., 1895.

Walker Pharmacal Co., St. Louis, Mo.:

Gentlemen:—Please send me a sample of Pineoline. I have used Phytoline, and believe it is the best, and about the only medicinal remedy that will reduce a surplus of adipose tissue. I gave it to a lady patient weighing two hundred pounds; reduced weight twenty-six pounds in four weeks; at the same time, gave entire relief to a train of hepatic, gastric and rheumatic symptoms, that had long made the patient's life miserable.

Very truly yours,

Olympia, Washington. M. L. Adams, M. D.

Positions guaranteed under reasonable conditions. Do not say it can not be done, till you send for 120 page catalogue of Draughon's Practical Business College, Nashville, Tenn. This college is strongly endorsed by bankers and merchants all over the United States, as well as foreign countries. Four weeks by Draughon's method of teaching book-keeping is equal to twelve weeks by the old plan. Special advantages in short-hand, penmanship and telegraphy.

Cheap board. Open to both sexes. Thirty-six States and Territories represented. Write for 120 page catalogue, which will explain "all." Address J. F. Draughon, President, Nashville, Tenn. (Mention this journal.)

N. B. This college has prepared books for "home study," book-keeping, penmanship and shorthand.

Hot Springs, Va.—Are you seeking health, or rest, or pleasure? Go at once to Hot Springs, Virginia, where the wonderful mineral springs will take away every vestige of ill health; where the pure mountain air gives renewed vitality, and where the most beautiful scenery in the world awakens new hopes, new aspirations in the tired soul.

Solid trains from Chicago, Peoria, St. Louis and Indianapolis, via the Big Four Route Daily; connect with the "F. F. V.," Limited via the C. & O. Ry., leaving Cincinnati in the evening,
reaching Hot Springs next morning. Through Palace-Sleeping cars from St. Louis and Indianapolis. Dining cars entire route.

For pamphlets and full information address, D. B. Martin, Gen'l Pass. & T. Agent, or E. O. McCormick, Pass. Traffic Mgr., Big Four Route, Cincinnati, O.

Malarial Conditions.—For all malarial conditions, quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms, and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachetic condition, the regular administration of this combination will produce the most happy results. In cases of malarial fever, it should be given as a prophylactic and cure.

"Antikamnia and Quinine" are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and in the most satisfactory mode of exhibition.

The University College of Medicine, Richmond, Virginia, has its announcement in this issue. The faculty constitute the Medical and Surgical staff of the Virginia Hospital, which, together with two other large hospitals to which students have access, affords abundance of clinical facilities. The college consists of two large and handsome buildings, containing fifteen separate apartments, all especially designed to meet the requirements of didactic instruction, with practical laboratory facilities, and is conveniently located as to boarding houses and hospitals. The large lecture halls are furnished with individual opera chairs and numbered desks, which students will find a great convenience, and will appreciate. The chemical, the histological and pathological, the pharmaceutical, the dental, the physiological, and the anatomical laboratories, are fully equipped with all modern appliances; in fact, students will find there every facility for the most advanced instruction. The climate, too, of Virginia, in winter, is mild, yet bracing, and will doubtless be an attraction to Southern students. For catalogue, address Prof. J. Allison Hodges, M. D., Dean, Richmond, Va.

J. Milner Fothergill, on Cooking Starchy Foods.—In one of his popular and readable treatises on the subject of digestive disorders, this well known author says: "By cooking, starchy foods are partially digested; consequently we see that intuitively, and without the light of science, man has commenced the artificial digestion of starch when only a savage, and long before the
The Ideal Alternative

No Stomachic Disturbance

Promptly Relieves Obstinate Pain in the Parenchymatous Organs

And Quiets the Nerves without Opiates

Dose: Two Drachms

Henry's Tri-Iodides

Renal Alternative

Promptly Relieves Obstinate Pain in the Parenchymatous Organs

And Quiets the Nerves without Opiates

Dose: Two Drachms

Renz & Henry Pharmaceutical Co.
Louisville, Ky.
dawn of history. We, at the present, are emerging out of the early darkness and stepping forth in the morning light on the path to the artificial digestion of starch—by so doing economizing the body energy which would otherwise be consumed in the conversion of insoluble starch into a soluble saccharoid."

Paskola, the new medicinal food, is a completely pre-digested starch. It is more than this, for it presents albumen or meat-digesting ferments in combination with its starchy basis, and therefore insures the digestion of other foods in the stomach.

The medical profession have long recognized the want, or rather he necessity, of a palatable form of pre-digested starch, but until Paskola made its appearance, such a thing was not to be had.

To insure the assimilation of starch by administering it in an artificially-digested condition, not only conserves energy, as pointed out by Dr. Fothergill, but it practically guarantees an increase in weight. Thus it is that Paskola has met with such phenomenal success as a flesh-producer, and its digestive properties make it almost a specific in many forms of gastric indigestion.—Daily Lancet.

Announcement of the Medical Department of the University of Nashville. Its new Buildings and Equipment.—We direct attention to the advertisement in this number of the Journal of the Medical Department of the University of Nashville. This is one of the oldest and most widely known of the medical schools of the South—the present announcement being for the Forty-fifth annual session. It has always had large classes, and its alumni are found in almost every section of the Southern States. For a number of years past this institution has taught the matriculates in medicine of Vanderbilt University at Nashville, but that alliance was dissolved this spring, and in future, as for many years before that connection was formed, it will present itself to the medical profession as the senior medical school at that great centre of education which has earned for Nashville the name of "the Athens of the South."

Contemporaneously with this new departure, the Trustees of the University which it represents, have erected on one of the most commanding elevations in the city and immediately adjacent to the campus of the University, an entirely new and handsome college building for the Medical Department. This structure is designed for the teaching of medicine after the most advanced methods, and is equipped with every requisite facility. In its long career this school has numbered among its Faculty some of the most eminent names in the medical profession in this country, and the personnel of its present Faculty is a guarantee that its reputation will be fully upheld. A number of them have been connected with it for many years, and the entire corps are men of recognized ability and experience as teachers. The Laboratory work, which is a prominent feature, is in charge of a Select Auxiliary Faculty. Further words of commendation of this veteran school are superfluous. The advertisement presents a cut of the frontage of the new Medical Department buildings.