DANIEL'S

Texas Medical Journal,

A Monthly Journal

Of

Medicine and Surgery

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July, 1892, to June, 1893, inclusive.

Independent in all things and neutral in nothing that affects the welfare of legitimate Medicine. It is devoted to the task of organizing the Texas profession for its own safety and protection, and to acquire influence in shaping the Sanitary laws of the State; to the advancement of Medical Science and the elevation of the Standard of Medical Education.

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By F. E. Daniel, M. D., & S. E. Hudson, M. D.,

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For Daniel's Texas Medical Journal:

SUBCUTANEOUS LIGATION OF AN ARTERY.

BY THOMAS. J. PUGH, M. D., HEARNE, TEXAS.

LIGATION after cutting down on an artery and deligation by compression, is a practice that falls to the lot of every surgeon. But so far as I know, subcutaneous ligation, save in operations for varicocele is a practice unknown and not practiced by our surgeons of to-day.

In December, 1884, I amputated the arm of a negro, just below the elbow. This man was caught in the moving machinery of a steam gin, on the Cavitt plantation, in Brazos county, Texas. All the metacarpal bones of the hand were broken. The ulna and radius were broken at the middle and lower third, and the bones were split up and protruded through the bruised and lacerated flesh. The os humeri was also broken above the elbow.

Amputation being called for, I did the operation at the upper third of the forearm, and put the broken os humuri in pasteboard splints and bandage. After tying the principal arteries—the radial and ulnar—I found there was another bleeding vessel which I could not reach and tie, and in my dilemma I concluded to use subcutaneous ligation. Acting upon this idea, I simply passed a curved needle into and around the bleeding mass, and tied the same. The bleeding was immediately controlled, and the man, without much pain, recovered entirely.
I suppose almost any other surgeon would have amputated this man's arm above the elbow, at the site of the break in the os humeri.

I claim some special credit for saving the broken arm by setting and at the same time having to amputate the same member below the elbow.

On the 15th of June, 1892, I was called in consultation with Drs. Lewis and Erwin, of Hearne, to see one Taylor Whitehead, who six days before had cut a large, long, deep gash in his foot, severing the dorsalis pedis artery. Local astringents and compression had been used for six days and nights, with no good results. It was suggested that we cut down on the anterior tibial artery at the lower third, and tie the artery. I objected, as I thought cutting was unnecessary. The doctors left the matter to me, and after having Dr. Erwin chloroform the patient, I proceeded to pass a large curved needle armed with strong silk around the artery, and out on the opposite side from entrance. This of course included the skin, muscles, nerves and blood vessels. The hemorrhage ceased at once. The stitches were withdrawn in four days, and the patient is now up and about the house, and will recover.

The idea I wish to convey to the profession is the non-necessity of cutting down on an artery. Even in an aneurism, if the artery can be reached with a needle and thread through the skin and muscles, why not pass the ligature subcutaneously around the artery, instead of cutting down to the vessel? On account of pain produced by including the nerve in the ligature, some might object to this procedure, but no great pain follows the ligation of the nerve with the other tissues. An occasional dose of morphine will insure against pain, and will produce rest. In my opinion, subcutaneous ligation should be resorted to in all cases where the artery can be reached without cutting.

For Daniel's Texas Medical Journal.

SOME UNUSUAL CASES IN RECENT ABDOMINAL WORK.

BY T. J. CROFFORD, M. D., MEMPHIS, TENN.,
Gynecologist to St. Joseph's Hospital, Memphis Sanitarium, Etc.

CASE 1 was in the person of a virgin, aged 35, who had been a great sufferer for fifteen years. She was examined one year ago by myself and pronounced incurable, except by Tait's
operation; but she fought this one year longer, was forced, however, by her constantly increasing invalidism, to yield. In this day of justifiable revolt against so many and such reckless abdominal operations, some go too far in the revolt.

This case illustrates the fact that there arise diseases of the appendages, even in the virgin, which cannot be cured by other means than the removal of the diseased structures by section. The recovery was prompt.

Case 2. Mrs. A., aged 27, married, two children. Like the first case, was examined one year ago and pronounced incurable except by Tait’s operation, so enlarged and adhered were the tubes and ovaries. She declined the operation and resorted to the use of electricity. There was no permanent relief. On last January an attack of peritonitis came near ending her life and determined her to have the operation performed as soon as practicable, notwithstanding more formidable adhesions which had now taken place, rendered the operation more difficult and hazardous.

This case illustrates the delusion of electricity and the dangers of delay when an operation is inevitable. There is more danger from one of these attacks of peritonitis, to which these cases are prone, than from the operation when skillfully done under the modern methods. She got well.

Case 3 was an ovarian tumor weighing fifteen pounds; of interest in being of six years’ growth, and so closely simulating a fibroid as to make diagnosis impossible. It was quite tense and filled with a fluid looking like pus. The case is interesting also on account of the almost universal adhesions; those of the anterior abdominal wall were quite strong. The omentum was spread out like a fan upon the surface, and the small intestines were so strongly attached as to require an enterorrhaphy after their separation from the tumor; but the point of greatest interest in the case is the unorthodox method of conducting the operation. Instead of tapping the cyst, as is the custom, the incision was extended up to the ensiform cartilage, preferring to separate the adhesions on all sides of the tumor, rather than its collapsed condition. Also, by this means, the danger of liberating the septic fluid in the peritoneal cavity was obviated. The advantages of these points in gaining time and safety are very great, much more than the dangers incurred by an extension of the incision to the ensiform cartilage.

Case 4. Mrs. H., of Ark., aged 62 years, was the subject of
a very large polycystic ovarian tumor (Figs. 1 and 2) of six years duration. It had been tapped seven times and she was proposing to have it again emptied when her husband came over to consult me upon the subject of its removal. I advised him to bring her at once to the sanitarium, without drawing off any of the fluid, preferring to operate as it was. The patient was much withered and exhausted from lugging around the enormous growth. The
adhesions, as expected, were firm to the abdominal wall in front, so dense as to fall off the pivotal peritoneum and cause free hemorrhage from many places. The fluid was rapidly evacuated through the trocar and through openings torn into the sac from separated adhesions. The small pedicle was secured in the usual way. The tumor unquestionably received most of its nourishment through the adhesions, as the vessels entering through these were much larger than those of the pedicle. It will be remembered as the reason given for the occasional absence of a true pedicle in these tumors being a rotation or twisting, causing an atrophy and swerving of the pedicle, the nourishment coming readily through the adhesions. The fluid filled three ordinary water buckets. The colloid material and sac added to this, making altogether seventy-five pounds in weight. The operation was done on the 28th of December last. She made an excellent recovery, and is since in all respects well.

The points of interest in this case were:
1. The size of the tumor.
2. The extent and density of the adhesions.
3. The smallness of the pedicle.
4. The length of time in existence and number of tappings.
5. The age and feebleness of the patient.

**Case 5:** Miss K., aged 19, had been a sufferer from pelvic
peritonitis for three years, having had many doctors and having swallowed many draughts of medicine, all to no relief. She called upon me. I began a study of her case. After excluding other causes, I concluded it to be due to disease of the vermiform appendix. Although no tumor could be defined at the McBurney point, the tender spot was here, and had been pretty much all the time. Upon the least exercise she would be compelled to assume the recumbent posture for a day or two, at least, on account of pain in the whole lower abdomen. I offered her abdominal section and removal of the appendix as a probable cure of her disease. The fact of her frequent attacks, great suffering, and fast yielding to the desire for morphine, induced me to urge and her to accept the operation, although we could not positively assure her of the correctness of the diagnosis. The incision was made over the McBurney point. The small intestines presented a very fiery and angry appearance, and for some twenty minutes or more, in vain looked for something to which the inflammatory condition present could be charged, not believing there could be such a thing as idiopathic peritonitis. The ovaries were examined for an offending cause, the tubes were investigated to see if there was a leak, and after weary of the search, back under the caecum, a little point which looked slightly more swollen and fiery than the rest of the intestinal surface, was discovered, and whilst it did not present a formidable appearance, yet Dr. A. B. Holder, who has been assisting me in my abdominal work for the past two years, insisted that it would be best to remove the little point. I did so (Fig. 3) upon the ground that it was the most formidable point that could be found. There can be no

![Fig. 3](image)

doubt but it was the appendix veriformis which the three years of inflammation had atrophied down to this extent. It weighed seven grains (Fig. 2). The operation was done on the 7th of last December. She never suffered a twinge of her old pains, and has gotten fat, well and strong.

I thought it might add to the interest of these cases to report them by contrast and to call attention to the fact that the old lady, 62 years old, in her emaciated and withered condition, lugging her 75 pound tumor, did not suffer and was not helpless at
all comparable to the young lady, aged 19 years, with her tumor weighing only seven grains.

Points of interest in the case are:
1. The chronicity and length of time it had continued.
2. The helplessness, coupled with the youth of the patient, and the small size of the tumor.

For Daniel’s Texas Medical Journal.

THE JOHN SEALY TRAINING SCHOOL—GALVESTON.

BY "ADNE."

This important department of the John Sealy Hospital was organized March 10, 1890, through the untiring efforts of Mrs. Chas. League, aided by numerous benevolent ladies and gentlemen of Galveston.

On March 10th, 1892, six (6) competent and well trained nurses were awarded certificates of proficiency, after two years' actual experience and actual service in the wards of John Sealy Hospital and nursing the sick in private families.

Having successfully passed through its experimental stage, this institution under the guidance of Miss Dorothea Fick, Superintendent, and Miss Wygant, assistant (both graduates of the Mt. Sinai Hospital Training School for Nurses, New York), already bids fair to rival the training schools of larger cities in the North.

Launched into public favor under such difficulties, this training school deservedly expects recognition at the hands of the medical profession of this State, and should receive financial aid from all wealthy citizens philanthropically inclined. Being an institution of the profoundest charitable nature, the happy influence of which will benefit those living in the remotest parts of our great and rapidly growing State, as well as the citizens of Galveston, the recognition and support of this training school should be general.

Not being especially endowed, the school is dependent for support:

First, by membership fees paid annually to the society.
Second, by life membership.
Third, by scholarship or donation.
The Superintendent will gladly furnish the annual report to those especially interested.

This is not a local institution. Any young woman complying with the requirements of admission is eligible.

Educated, refined healthy young women are given an opportunity to fit themselves for a useful career and provided with means of procuring a comfortable and respectable livelihood.

Applicants are received at any time during the year.

The requirements of admission are:

1. The candidate should, preferably be between the ages of twenty and twenty-five.
2. Must furnish testimonials of good moral character and good health, signed by a physician.
3. Must pass satisfactory examinations in reading, penmanship, simple arithmetic and English.
4. If satisfactorily passed on above requirements, must undergo one month's probation to determine fitness for work, at the end of which time she is retained or dismissed, at the discretion of the superintendent.

During the month's probation the pupil is boarded at the expense of the institution, but receives no remuneration.

The successful candidates become pupil nurses, after signing an agreement to remain two years and obey the rules of the school and hospital.

The pupils reside in the school building, and serve the first year in the wards of the hospital, the second year they are required to perform any duty assigned them by the superintendent, either to act as nurses in the hospital or among private cases of the rich or poor.

During the entire course, the sum of seven dollars ($7.00) per month is allowed each pupil, for dress, text books and other personal expenses, and in no wise is intended as wages, the educational advantages given being considered, a fair equivalent for the services rendered. On completion of two full terms, and on passing satisfactory examination, the pupil nurse receives a diploma and is at liberty to choose a field of labor.

Every opportunity is given the pupil to become thoroughly competent. Thus is afforded, to a class of conscientious and self-sacrificing women aspiring to a higher vocation than heretofore placed within their reach, an opportunity to benefit mankind, and earn a respectable livelihood.
Dr. T. D. WOOTEN,
President Board of Regents, University of Texas.
For Daniel's Texas Medical Journal.

"RETRENCH OR BANKRUPT."

An Open Letter to the Members of the Texas State Medical Association.

H. A. WEST, M. D., SECRETARY, GALVESTON.

An editorial with the above impressive caption appears in DANIEL'S TEXAS MEDICAL JOURNAL of May. Were it not for the fact that the unwary and uninformed might be misled by the apparent imposing array of facts and figures therein contained, I should not trouble myself to make any reply; but solely for the comfort and consideration of those who might not investigate for themselves, I beg leave to present the other side.

There is an old saying, "Figures never lie." If we are to understand lying to be a perversion of the truth, or such a presentation of partial truths as to convey an incorrect impression, then I think I shall be able to show that the figures above mentioned afford an illustration of the fact that figures do lie, and, sometimes egregiously. Let us look at the figures in detail. Dr. Daniel says, "The treasurer's report shows up to the Tyler meeting a total of $2325.00. Under the new order of things all of this vast sum was paid out (to wit, $2190) except $130.00—and for what? The items of disbursement were the same each year, except $175.00 paid the stenographer for work."

Looking at the treasurer's report at Tyler, which Dr. Daniel heard read, we find that of this "vast sum" the following items —April 30, by cash paid F. E. Daniel, Secretary's salary, $200; April 30, by cash paid Publishing Committee (Daniel) $300. Now, Dr. Daniel must have known, for he received the money and was present when Dr. Larendon made his report, that of this "vast sum," which he gives the new administration credit of expending, that he (Daniel) pocketed $500.00. Now don't such figures lie? As to the item of $175.00 paid to the stenographer, who made this contract? Dr. Daniel! Whereas I made a contract with the same stenographer to do the same work for $50.00 at the Tyler meeting. Does not Dr. Daniel attempt in his array of figures to make me responsible for this extravagant item, when he knows perfectly well that he made the contract? What about these figures telling the truth? As to the cost of the Transactions, let us see what story these figures tell; but before
doing so, I will state a little unwritten history. I had hardly gotten the secretary's chair warm before a letter was received from Dr. Daniel, enclosing one from Von Boeckmann, urging me to give the latter a chance to print [bid on.—Ed.] the Transactions. Upon my reply that I would be compelled to get the work done in Galveston as I could not do it in Austin, Dr. Daniel kindly wrote that he would read and correct proof for me. Here was a cool proposition; I was to play the part of a figure-head. As I had every reason to believe that the Association had elected me because they wanted a change, and as the part of a figure-head is one I never play, and as I proposed to get up a different sort of a book from that gotten out by Dr. Daniel and Von Boeckmann, I promptly replied that I was Secretary and proposed to fill that officer's place. When it came to getting a bid from the printers I found that Clark & Courts had no competitors here, so there was nothing left for me to do except give them the prices which had formerly been paid, and exact a promise that they would do the work as reasonably as possible. As to the precedent of having the work done at Fort Worth when the Secretary lived in Austin, this is a mere quibble, as Drs. Daniel and Broiles, of the committee, lived at Fort Worth in 1884, and I suppose superintended the printing. Concerning the cost of printing the Transactions, certainly it was greater. We got a better book and we paid more for it. As I understand it, we pay for what we get in this world. If we want to compare prices the articles must have the same value. It is unfair to compare the price of a fine hat with a cheap one, or a book wretchedly printed on poor paper and badly bound with one where the workmanship and material is in every way superior. It is unfair to estimate the comparative cost as to the price per page, for everybody knows that printers charge for the numbers of ems; one page may actually contain twice as much matter as another, and would, of course, cost proportionately more. To illustrate—in the Transactions of 1889 the roll of members occupies nineteen pages, in 1891 nine pages; but there were a few more members in 1889. Let us take another illustration. The code of ethics in 1889 takes seventeen pages, in 1891 twelve pages. So any figures, which go to show the comparative cost of the two works according to the price per page, and leaves out of view the comparative amount of matter contained upon the pages, convey an incorrect impression—in other words, such figures lie.

Well, let us compare the books. Take Austin 1890–91 and Gal-
veston 1891-92. Dr. Daniel says he can "see no improvement."
"There are none so blind as those who won't see," but a blind
man could tell the difference between the two books. He could
feel that the Galveston book was printed on better paper and that
it was better put together. Then, if he could see even a little
bit, he would observe that in the general make-up, execution and
arrangement, that the Galveston book was infinitely superior.
But let us examine the two books in detail and see if any im-
provements can be pointed out. Take the book of 1890; it has
no table of contents; the book of 1891 has. The book 1890 is
printed in the same sized type. Look at the Galveston book and
see how it is improved by printing the discussions, etc., in finer
type. If any discussions are printed in the Austin book I can't
find them. Is it no improvement to have discussions imme-
 diately follow the subject? The roll of members in the Austin
book was so imperfect and so full of errors that it required the
very hardest work and consumed weeks of time to correct it. Is
it no improvement to have a fairly accurate list of members? The
book of 1890 has no alphabetical index; it has a thing labeled
index in the back part, but compare it with the index in the Gal-
veston book and one can see it is no index at all. But what is
the use of proceeding in this line? The truth is, that the Trans-
actions of the Texas State Medical Association, as published
under the auspices of Daniel and Von Boeckmann have made a
more wretched appearance than that from Maine to California.
And the Association, I take it, was perfectly willing to pay a
little more to avoid the disgrace of getting out the worst looking
volume of Transactions of any State or Territory in the Union.
But what is the actual difference in the cost of the two books?
I have shown that it was unfair to compare as to the cost per
page, because the pages do not contain the same amount of mat-
ter. It is unfair to add the stenographers bill to the cost of the
Transactions; and even were it fair, Dr. Daniel, having made the
contract, is responsible. The simplest way of getting at the dif-
ference in the cost is to compare the cost per volume. We will
assume that the book of 1890 and 1891 have the same amount of
matter, for though there are thirty-five pages more in 1890,—still,
if measured up it would be found that the matter is about equal,
—the cost per volume in 1890 was .85 per volume; in 1891,
$1.20. [600 copies cost, exclusive of postage, $732, or $1.22 per
copy. Do figures lie?—Ed.] In other words, the Association
paid .35 [37c., or over 43 per cent.—Ed.] more for a very much
better book, and according to my belief they were perfectly willing to do so.

As to the bugbear of bankruptcy, Dr. Daniel need not vex his righteous and economical soul. The money to pay for the coming volume is nearly, if not entirely, in hand. Retrench, yes! but not in the direction of printing a miserably, cheap, flimsy, wretched-looking volume of Transactions. We look for the gist of a woman's letter in the postscript; so we look to the closing sentence of Dr. Daniel's editorial to find the "milk in the coconut." Here it is—"Would it not be well to restore the old Publishing Committee?"

Is Dr. Daniel actuated by a sincere desire to advance the interests of the Association? I fear not. It looks to us as if he is trying to frighten the Association with the idea that it is going to the "demnition bow vows" financially, and that the only salvation is to restore the old Publication Committee. Oh, Daniel, thy name is Modesty.

It has not been my intention in this letter to impute to Dr. Daniel any intentional misrepresentation, but his editorial is an illustration of how a man's views and statements may be biased by his feelings. The trouble with the Doctor is that he imagines that he is the only man in the State competent to act as Chairman of the Publishing Committee. It is partly with the view of dispelling that illusion that I have written to this length.

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Society Notes.

For Daniel's Texas Medical Journal.

THE KENNEDY MATTER.

West Texas Medical Society—Official Letter to the Secretary of the Texas State Medical Association.

SAN ANTONIO, TEXAS, JUNE 1, 1892.

H. A. West, M. D., Secretary Texas State Medical Association:

Dear Sir:—We are instructed by the West Texas Medical Society Notes.

Note—The above letter is published at the request of West Texas Medical Society, of which Society the JOURNAL is the official organ.
Association to endeavor to correct a very serious misapprehension on the part of the Judicial Council, and in which you seem to share, in the matter of the expulsion of Dr. James Kennedy from the West Texas Medical Association.

Doctor Kennedy was expelled for a grossly insulting communication addressed by him to the Board of Censors in reply to a courteous request that he would explain the appearance of an advertising paragraph in relation to a case and surgical operation, in a daily newspaper. This was followed by a still more insulting article in the same daily paper, which he fully avowed. For this, and for this only, Dr. Kennedy was, and will remain, expelled.

The documents relating to this matter were transmitted to you for the information of the Texas State Medical Association, not for revision or criticism, no case being before the Judicial Council, no appeal having been taken by Dr. Kennedy, as he himself informed the Judicial Council, and having sought redress in a civil court, his expulsion was, and is, a finality. See By-Laws, Article XII., Section 2, as follows: "All questions based upon real or supposed professional or personal grievances must be adjudicated by the county or district societies of which the parties may be members, and it is hereby declared that all such questions are beyond the jurisdiction of the Judicial Council, provided no appeal from the lower Council appears."

At this point we are regretfully instructed to call your attention to your own singular action in the premises. In transmitting these documents to the Judicial Council, they were accompanied by a letter which you claim to have been private, though how an official act should be performed through a private letter, is not clear to the common sense of this Association, and this letter was not returned with the papers relating to this affair, as appears from your letter to the Secretary of the West Texas Medical Association of the date of May 18th. In this letter of transmittal of a private nature, you stated that to your mind the West Texas Medical Association had failed to make out its case. The West Texas Medical Association respectfully but urgently requests that you will inform them what case was before the Judicial Council? Your whole course in the matter, as shown by your own letters, savors of an attempt to forestall and prejudice the opinion of a judicial body in the discharge of its judicial functions.

Another point to which we are instructed to call your atten-
tion is the fact that the affidavit sworn to by Drs. Cross and Young was never returned to this Association, and was consequently abstracted from the record. The existence of this document is established by the letter of the chairman of the Judicial Council now in the possession of this Association.

In conclusion, we are instructed to state that to the apprehension of the West Texas Medical Association the Judicial Council of the Texas State Medical Association had no jurisdiction, having no case before it, and that the action of a few individual members of the Texas State Medical Association can have no judicial weight with the West Texas Medical Association, and said Association respectfully declines to correct irregularities of the existence of which it is entirely ignorant.

And now, doctor, to prevent any misapprehension as to the official character of this communication, the President and Secretary of the West Texas Medical Association are instructed to sign and seal it, and to request that you communicate it to the President of the Texas State Medical Association.

We have the honor to be, your obedient servants,

[signed]

B. F. KINGSLLEY, M. D.,
President W. T. M. A.

D. BERREY, M. D.,
Secretary W. T. M. A.

The following, as apropos of the letter 'from the West Texas Medical Association, is produced at request of Dr. West:

REPORT OF JUDICIAL COUNCIL.

In the matter of the expulsion of Dr. James Kennedy from the West Texas Medical Association, it was resolved that the papers submitted disclose irregularities and non-conformities to their By-Laws and Constitution of such a gross character that we cannot approve them without doing an injustice to Dr. Kennedy; therefore we order that they be returned to the West Texas Medical Association for correction and legal adjudication at home before appealing to the Texas State Medical Association, and that is Dr. Kennedy's proper course, after trial by the local Association.

[signed]

J. C. LOGGINS, M. D., Chairman.
COMANCHE COUNTY MEDICAL SOCIETY.

The following named physicians met in the office of Dr. C. F. Paine for the purpose of organizing a County Medical Society: C. F. Paine, C. F. Rogers, W. F. James, J. F. McCarty, J. J. Eargle and J. D. Wingate. The purpose of the organization is to discuss among themselves the ways and means, unexhausted and inexhaustible, for the alleviation of suffering, and the prevention of disease; and, second, their purpose is, by harmonious action and ethical bearing, to show to the public that we propose as a profession to keep abreast with the times, and improve the opportunity offered us.

Election of officers resulted in Dr. C. F. Paine, President; J. J. Eargle, Vice-President, and J. D. Wingate, Secretary and Treasurer.

Roll of membership was then opened with the following names thereto attached: C. F. Paine, J. J. Eargle, C. F. Rogers, J. T. Eargle, W. F. James, J. F. McCarty, R. A. Miller, Dublin,—— Fowler, Fleming, J. D. Wingate.

On motion of Dr. C. F. Rogers, the President appointed Drs. Eargle and Wingate to prepare papers to be read before the society at its next regular meeting.

Resolved, That a synopsis of the minutes of this meeting be furnished by the Secretary to DANIEL'S TEXAS MEDICAL JOURNAL for publication; and further, that an earnest invitation be hereby published to all physicians in Comanche and adjoining counties to be present and join us at our next regular meeting, to be held in Comanche Tuesday, August 2, at 2 o'clock p. m. This being the time for the adoption of our constitution and by-laws, we desire all the physicians who can to be present and help in this important step. J. D. WINGATE,

Secretary.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday and Friday, October 12th, 13th and 14th, 1892. An excellent program, containing the best names in the valley, and covering the entire field of medicine, will be presented. An address on surgery will be delivered by Dr. Hunter McGuire, of Richmond,
Va., President of the American Medical Association. An address on medicine will be made by Dr. Hobart Amory Hare, Professor of Therapeutics and Clinical Medicine, Jefferson Medical College, Philadelphia. The social as well as the scientific part of the meeting will be of the highest order.

The Mississippi Valley Medical Association possesses one great advantage over similar bodies, in that its organic law is such that nothing can be discussed during the sessions save and except science. All ethical matters are referred, together with all extraordinary business, to appropriate committees—their decisions are final and are accepted without discussion. The constitution and by-laws are comprehensive, and at the same time simple. Precious time is not allowed the demagogue or the medical legislator. The officers of the Pan-American Medical Congress will hold a conference at the same time and place.

Charles A. L. Reed, M. D., Cincinnati, President.
E. S. McKee, M. D., Cincinnati, Secretary.

Treatment of Acne.—Dr. Wm. F. Waugh, in the *Times and Register*, summarizes his views on the treatment of acne as follows:

Correct any derangement of the general health which a thorough examination may disclose.

Regulate the general and personal hygiene.

The vigorous application of soft soap is indicated in all cases except the rare acute form; but especially for infiltration.

Nearly all authors recommend sulphur ointments for ordinary cases; mercurials for severe ones.

Except when clearly indicated, internal remedies are rarely of use.

The disease is singularly obstinate; hence, changes in the treatment adopted after mature reflection should not be made except for cause.

Ergot will cause the indurations to disappear quickly; but they will return when the drug is discontinued.

The prolonged use of strychnine and nitro-muriatic acid sometimes effects a cure.

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M. Sig.—A teaspoonful in water before each meal.

I have more than once failed to benefit a patient until he abstained from malt liquors.—*Gaillard's Med. Journal*. 
Prof. J. F. Y. Paine, M. D.,
Dean, and Professor of Obstetrics.
Suggestions for the Busy Doctor.


The author recommends very highly as far superior to all other treatment the use of chloral externally in this troublesome class of affections. He directs that the boil be kept covered with a tampon of cotton-wool soaked in the following solution:

R. Chloral hydrate \( \text{f} \text{f} \text{i} \text{s} \text{i} \text{s} \text{s} \) 
Aquæ Glycerin \( \text{a} \text{a} \text{f} \text{f} \text{v} \).—M.

—American Medical Magazine.

Hepatic Colic.—Lemoine uses the following methods in the treatment of hepatic colic. If no vomiting is present, he has recourse to ethereal solutions or those containing chloroform, as follows:

R Syrupi acacie \( \text{f} \text{f} \text{i} \text{v} \) 
Æther. sulphur \( \text{f} \text{i} \text{i} \) .

Or

R Chloroform \( \text{m} \text{x} \text{v} \) 
Tincturae myrrha \( \text{m} \text{x} \text{v} \) 
Mucilag. acaciae \( \text{f} \text{f} \text{i} \text{i} \) 
Syrup \( \text{f} \text{f} \text{i} \text{s} \text{s} \) 

A tablespoonful of either of these prescriptions every fifteen minutes.—*Review Thérapeutique.*

Treatment of Soft Chancre and Suppurating Buboes. —Dr. Gamel, of Marseilles, France, praises camphorated carbolic acid in soft chancre. It hinders the development of phagedena and renders ordinary (soft) chancre simple wounds, to cicatrize in three days. Very extensive chancrous wounds healed rapidly under its influence. He employs the following formula:

R Crystalized carbolic acid \( \text{g} \text{m} \text{s} \text{.} \text{r} \text{o} \) 
Camphor \( \text{g} \text{m} \text{s} \text{.} \text{t} \text{v} \) 

Mix and warm on a water bath.

This forms a limpid, syrupy liquid, similar to glycerine, and of a very agreeable odor. The dressings should be repeated twice a day. Clean the sore well with absorbent cotton and apply small pledgets dipped into this preparation. Keep this in place.
by a cotton dressing held in place by a salolized gauze strip. Suppurating buboes are treated by irrigation with a strong solution of carbolized water and dressed with phenolized camphor. Buboes which are slow to suppurate are easily managed with injections of iodoform in ether. Inject one cubic centimetre three times a week by means of a hypodermic syringe with a long needle.—Lancet-Clinic.

The Treatment of Diphtheria.—The following plan is pursued by Dr. Alexander Fulton (Medical News, April 23): Application to the diphtheritic patches, by means of a throat brush, of a strong solution of nitrate of silver (forty grains to the ounce). If practicable this is followed by a gargle, such as,

R Tinct. kino . . . . . . . fl. ʒij.
Glycerin . . . . . . . fl. ʒij.
Ol. eucalyptol . . . . . . . . . . . . . . gtt. x.

M. Sig.—Teaspoonful in half ounce of water, as gargle.

Whether or not the gargle be used, the throat is dusted with the following:

R Hydrarg. chlor. corros . . . . . . . gr. i.
Pulv. sulphuris . . . . . . . ʒi.

M. Sig.—Blow a “pinch” into the throat every four hours (with insufflator).

From the commencement of the disease Dr. Fulton gives internally (according to age):

R Pulv. potass. chlorat . . . . . . ʒii.
Tr. ferri chloridi . . . . . . fl. ʒii.
Syr. limonis . . . . . . . fl. ʒiii.
Ol. gualtheriae . . . . . . . . . . . . . . gtt. iii.

M. Sig.—Teaspoonful every two or three hours.

A mixture of tincture of iodine and camphorated oil is applied externally over the site of the tonsil. This method of treatment “has been successful in thirty-seven consecutive cases.”—The Atlanta Medical and Surgical Journal.

Treatment of Erysipelas.—The treatment of erysipelas which has yielded the best results in our experience (Ther. Gaz.) is one which we recommended elsewhere, and which in each and every case proves to be singularly efficient.

It consists in washing the part which is affected with a solution of bi-chloride of mercury, in the strength of 1 to 10,000, and then thoroughly anointing the skin with an ointment of ichthyol of the strength of two drachms of ichthyol to the ounce of lanolin or benzoated lard. This having been applied, the part is
protected by a layer of salicylated cotton and a gauze covering; or, if the disease involve the face, a piece of gauze can be used alone, with holes cut in it for the nose, eyes and mouth.

This line of local treatment in the early stages of the malady diminishes the pain and relieves the tension of the parts, at the same time seeming to limit the era involved. When the case is seen after the attack is well advanced, the same treatment rapidly reduces swelling and induration, and produces so rapid a change for the better that the patient soon recognizes the advances which he is making.

It is hardly necessary to add that full doses of tincture of chloride of iron should be given in such cases; as much as 20 or 30 drops every four hours if the disease is severe. Since this has been written the article of Klim has been published, which gives practically the same treatment.—Medical Review.

The Treatment of Gonorrhoea.—My treatment of gonorrhoea in all stages has for long been very monotonous. Almost without regard to stage or degree of severity, I prescribe the same remedies. I have long ago laid aside the traditions of my student days, which taught that salines only should be used in the acute stages, and that abortive plans were dangerous. I always use abortive measures, and mostly, I believe, succeed. At any rate, I never encounter ill consequences, and complications are rare. My prescription is a partnership of three different remedies, and it is, I believe, important that they should all be used. First an injection of solution of chloride of zinc, two grains to the ounce; next, sandalwood oil capsules; and lastly, a purgative night dose with bromide of potassium. The injection is used three or four times a day, the capsules (ten or twenty minims) taken three times a day. The ingredients of the night dose are three drachms of Epsom salts and a half drachm of bromide of potassium. It is, I believe, the action of the last named in preventing congestion of the parts which makes the abortive measures safe. Moderate purgation and entire abstinence from stimulants are essential. If the case is very acute, and attended by swelling of the corpus spongiosum, I sometimes prescribe tartar emetic or tincture of aconite, but it is very seldom, indeed, that these are necessary. If the patient be well purged, there is no risk whatever in an abortive treatment from the day that he comes under treatment. The risk of orchitis, prostatitis, cystitis, etc., comes in cases which have been allowed to develop rather than in those treated abortively. I should as soon think of delaying to use local measures in gonorrhoea as I should in purulent ophthalmia.—Jonathan Hutchinson in Archives of Surgery.
The Value and Application of the Cystoscope.—Meyer (New York Medical Journal) comes to the following conclusions as to the value and application of the cystoscope:

1. In all obscure reno-bladder diseases cystoscopy has to be practiced—if necessary, repeatedly—before operative interference for diagnostic purposes is resorted to.

2. There are a number of causes which make cystoscopy impracticable.

3. Cystoscopy is an easy and harmless examination, but its successful employment requires experience.

4. It should be performed as a dernier ressort, after all other well-known means for making a diagnosis have been exhausted.

5. If properly applied, cystoscopy will generally clear up an obscure disease of the bladder.

6. In most cases we can determine, with the help of electric illumination of the bladder, whether we have to deal with a disease of the bladder or of the kidneys.

7. We can thus find out whether there are two working kidneys, also whether only one of the two kidneys is diseased, or both.

8. We shall most probably soon be able, perhaps in the greatest majority of cases, after sufficient practical experience, and with the help of proper cystoscopic instruments designed for this purpose, to catheterize the ureters, and thus gather, in a bloodless manner, the urine from each kidney separately.

9. We can thus make out, in certain cases, by observing the character of the jets of urine, especially by timing their frequency and duration at the urethral orifices, whether the other kidney is doing the work of one which is diseased.

10. These facts will tend to make superfluous, in the majority of cases, at least, a preliminary suprapubic or perineal incision for diagnostic purposes, as well as a nephrotomy performed for determining the action of the other (not diseased) kidney. They greatly widen and strengthen our means for determining the indication and prognosis of nephrectomy.

11. With the aid of Nitze’s newest instrument, the operating cystoscope, we may look forward to being able to carry on intravesical treatment under the direct guidance of our eyes.—Gaillard’s Journal.

[This surely is an age of “enlightenment” when one can light up the interior of the bladder and watch the distillation of urine from the kidneys, as it falls drop by drop into its receptacle.—Ed.]
EDITORIAL DEPARTMENT.

TO OUR PATRONS—GREETING.

The JOURNAL greets its many friends and supporters, and makes its best bow, in presenting No. 1, of Vol. VIII. This is the "little red-back's" eighth birthday, and it is as proud as a boy with his first red-top boots and knee-breeches. Its pride is commendable. Seven years ago it timidly made its first bow before the Texas profession, a little 6x9 four-form pamphlet,—as an experiment. To-day it is a hundred-page magazine, enlarged and improved in many ways, with a large and growing circulation, a list of bona fide, paying subscribers, and a first-class advertising patronage. It has been self-sustaining from the beginning, and is now a paying property. It was stated recently in some medical journal that with the exception of the Lancet-Clinic, no journal in America paid its owner a respectable profit. The "Redback" must be excepted, thanks to the warm and steadfast support of the better class of Texas practitioners. It has been fearless and outspoken in the denunciation of "crookedness," both in and out of the ranks, and as staunch in the advocacy of legitimate medicine and a pure profession. It has been entirely independent; and strong in the conviction of the justice of its cause, has dared to maintain it.

Of course it has made some enemies,—enemies of that class who have been made to feel the temper of its blade; but the fact that at the end of the seven years during which it has fought for rational medicine and the Code of Ethics, it is able to thus "spread itself"—to enlarge to six forms, and afford better paper and a larger size—indicates that it has had ten friends for every foe it has made. It is the intention to keep it up to the present standard of excellence, and to cater only to the better class of practitioners. To that end it will continue to be the advocate of a strict conformity to the Code, and to denounce quackery in every form; to lay before its readers that which is best, newest and most practical; to be as far as in its power lies, an aid and help to the busy and hard-working doctor; the exponent of rational medicine in the great rich, growing and prosperous State of
Texas. Its policy will be to give its readers short articles of practical value, rather than long, speculative and theoretical pieces; and we again invite all its readers to make a note of their observations, and send the Journal for publication, any fact or occurrence in their practice which may be of benefit to some embarrassed brother. Many live in sections remote from large libraries, and have not the advantage of consultation, as do those who live in cities; they are thrown on their own resources, and facts observed by one may be of benefit to another, like that recorded in our editorial pages—reported by Dr. Ford—that antipyrine will arrest hemorrhage, for instance. Let us make the Journal the medium of intercommunication between the Texas practitioners of medicine; help us, and we will help you.

In conclusion, we beg to remind our friends that it requires money to conduct a journal; and while we realize that times are hard and money scarce at this season, and for that reason it is not the Journal's policy to send out bills, this number being the beginning of a new volume the subscription of all our old and many new friends is now due. Some are in arrears. All we ask is to divide with us, and later on, when you sell your yearlings or get in your collections, then you can settle up. With our best wishes for your happiness and prosperity, we present you this souvenir of the Journal's success.

DR. WEST ON MODESTY.

HIS REPLY TO "RETRENCH OR BANKRUPT."

The editorial in our June number which has thrown Secretary West into such paroxysms of wrath and virtuous indignation, was by no means intended as a reflection either on his integrity or his intentions. It was sought to show that however "willing to pay a little more (?) for a 'decent' volume" the Association may be, by reason of the slim attendance and accessions at Tyler, and the consequent slim receipts, it is in no condition to afford another volume of Transactions at such a cost as that of last year. It was also sought to illustrate by actual figures the fact that the same work could have been done elsewhere than in Galveston, for several hundred dollars less money, had Dr. West allowed other printers to bid on the contract. According to the doctor's admission in his "open letter" published herewith, the volume of
1891-2 cost 35 cents per copy more than that of the previous year, notwithstanding the latter contained sixty-six pages more, and, we hold, was equally as good. Under the management of the old publishing committee at Austin, the Transactions were gotten out six consecutive years; four years, uniform, in purple cloth and gilt. The volumes of 1888 and 1889, when the finances of the Association were cramped, were issued in paper. These volumes all gave very general satisfaction. Why, then, pay forty odd per cent. more to have it printed in Galveston, and refuse all offers of competition? The old committee held that it was due the Association that they should have the best work for the least money; hence, each year, they advertised for bids, and often received them from Houston, San Antonio, Dallas, Fort Worth, and even from New Orleans and Chicago. Von Boeckmann, at Austin, secured the contract for several consecutive years—giving bond and security for the performance of the agreement.

Dr. West thinks Dr. Daniel’s offer to assist him in proofreading, etc., should the contract fall to Austin, was immodest. Some people have strange ways of looking at things and queer ideas of modesty and courtesy. We still think that some three or four hundred dollars could have been saved had the committee advertised for, or, even accepted, bids from other printers; and this year—from indications at Tyler—it will not be a matter of choice, but of necessity, that the Transactions shall be less expensive.

The good doctor is surely jesting when he says that the Transactions issued at Austin were the worst of any State from Maine to California. The following press opinions of the Texas Transactions were reproduced in the report of the Publishing Committee in 1887, and will be found on page 38 of the Transactions for that year. The volumes of 1885, ’86, ’87, and ’90 were uniform:

It far exceeds in general make up the average Transactions from any of our State Societies, . . . well written and well edited.—Miss. Valley Med. Monthly.

The paper, press work and binding are models of good taste. —Amer. Lancet.

. . . in every way the most creditable work of its kind in this country. No other State can offer anything for favorable comparison with it.—Progress, Louisville, Ky.

. . . handsomely bound and printed. It is one of the most complete volumes of the kind we have ever seen; and in the appearance of its Transactions the Texas State Medical As-
sociation holds an easy lead—Independent Practitioner, Buffalo, N. Y.

The Texas State Medical Association and its committee of publication are to be congratulated on one of the handsomest and most elegant volumes of Society Transactions that we have ever seen. It is rather a stunner, and will compare more than favorably with those from more intellectual (?) localities on this continent, or even in "Yurrup." The handsome cloth binding, elegant paper, and neat typography would be a credit to the most enterprising and completely equipped publishing house of either continent.—Southern Practitioner, Louisville.

The volume of Transactions issued by the Texas Association last year has been hailed everywhere as a work of merit.—N. O. Med. and Surg. Journal.

Dr. West stultifies himself when he essays to belittle the work of his predecessors, in the face of such commendation.

The stenographer was employed under a resolution of Dr. West, the last month of Dr. Daniel's term, especially to report the discussions. Dr. D. never had the benefit of his services or those of any other stenographer. In this Dr. West is unjust in his strictures. The stenographer did more for Dr. West—he took down and transcribed the minutes,—work always done by his predecessor, and for which, in part at least, the salary of $200 is paid the Secretary.

Dr. West has failed to show wherein our figures have "lied," even constructively. They were taken from the record and were correct. He calls attention to the fact that "$500 of that vast sum went into Dr. Daniel's pocket." Very true; so it did, each year,—at the end of the year, and when his work had all been done, was submitted and approved; it was one of those "usual items of disbursements" which, we said, appeared each year in the Treasurer's report.

But we overlooked the fact that there was one very unusual "item of disbursement" in the Treasurer's report—the new Secretary (West's) salary—in advance. Dr. West was elected on the 28th of April, '92. On the 28th of July, '92,—just ninety days after being inducted into office, and "before he had gotten warm in his seat," drew his entire salary—$200 as Secretary, and $300 as chairman of publishing committee—in full,—for work to be done! And yet (we cannot suppress the reflection—it comes like an echo of Waco), the Doctor said: "I didn't want the office. . . . I have been selected as the exponent of peace and progress. I am the man upon whom you all look in the office of Secretary to promote the welfare and good feeling in the
Association. It is because I love the Association that I accept the office.”

Of course, it is easily to be seen that the salary was no object; it was drawn in advance only to get it off of his mind. "Verily thy name is modesty" oh West! Thou art the only Secretary the Association ever had who possessed the unparalleled—modesty—to ask for pay before it had been earned. This is a bad precedent. In case of death somebody else would have had to be paid another five hundred to do the work. Figure-head? Not a bit of it!

Well, it is no funeral of ours, and having sounded the note of warning, and indulged in these few remarks in self defense we “stand from under.” We have spoken.

ANTIPYRIN A HÄEMOSTATIC.

Dr. F. C. Ford, of Nacodoches, Texas, Medical Director of Camp Mabry, Division of Texas Volunteer Guard, State Troops, now in annual encampment at Austin, says that antipyrin is a prompt styptic, and can be relied upon to arrest hemorrhage when other remedies fail. He made the discovery recently; being called upon to remove a small vascular tumor in the mouth, an apparently insignificant matter, he had difficulty which he did not anticipate in stopping the blood. He touched it first with a point of nitrate of silver and it had no effect; he then applied antipyrin, in powder, with the result as stated, of immediately arresting the flow.

The Doctor does not know what prompted him to do it, as he had never heard it recommended; nor was it suggested by the knowledge that antipyrin possesses any astringent properties; it is just one of those clinical facts which one cannot explain, and is, therefore, empirical. Can any of the Journal’s readers explain its action? or have any of them had a similar experience?

Dr. Ford further states that antipyrin can be relied upon in hemorrhage after extraction of a tooth; he has not tried it in other cases. Should experience confirm the Doctor’s observation, and establish the fact that it was not a co-incidence, but that the drug is really a hemostatic, the discovery is of great practical value. All know the difficulty sometimes encountered in arresting apparently trifling hemorrhage. In epistaxis, for instance, if it can obviate plugging it will be a most valuable acquisition to the
surgeons' resources. The solution of per-chloride of iron, the tincture of iron, and other preparations of the kind are often objectionable, while being, next to ligature, his principal resource. They leave an ugly sediment or deposit upon the wound which has to be removed, and are sometimes contra-indicated by their irritant nature. Antipyrin will make a much more cleanly dressing, to say the least. Make a note of this.

The "Milk in the Cocoanut," and other things.—Since Dr. West's letter was in print we have received a letter from an old member who had paid his dues for Dr. West's first year complaining that his name did not appear in that list of members which good Dr. West says he worked so long and hard to "perfect;" complaining, also, that when he appealed to Dr. West and protested, the doctor wrote him "it was not his fault." Whose, then, was it? This same letter says that Dr. Larendon, the Treasurer, is pressing him for this year's pay, $5 (which the writer didn't pay, because his name had been omitted, notwithstanding he paid in advance), stating that "every dollar that can be raised is needed in order to enable the Committee to get out the Transactions." The writer of this letter is the venerable and beloved Dr. Paulus. How does this comport with Dr. West's boasts?

We tender the doctor an apology for offering to assist him in proof-reading. It was kindly meant, intended as a courtesy. Having had eight years experience in editing Transactions, and ten in proof-reading, and the doctor having invited our assistance, we offered it, believing the courtesy, at least, would be appreciated; but as he denounced it as "a cool proposition," and suspected us of designs of supplanting him—and lets the world know that He is Secretary and that we can't make any figure-head of him,—we beg his pardon; we really didn't know the doctor knew all about it!

Dr. George Dock, of Ann Arbor, Mich., whom our readers will remember as the professor of Bacteriology, Pathology and Microscopy in the Texas Medical College at Galveston before it was absorbed by the University of Texas and became the Medical Department of that University, was married in Galveston on the 6th of July, inst., to Miss Laura McLemore, daughter of Col. J. W. McLemore, a prominent lawyer of that city. In addition to his other "ologies" he will now, doubtless, sing (the) Dock's-ology.
More than a quarter of a century has passed since the people of this country laid down their arms and returned to the pursuits of peace. In that time Texas has more than doubled her population, and has developed a wealth of resources that has astonished the world. Schools and churches have sprung up all over its vast plains, and she feeds now from the bosom of her soil near on to three millions of people. And yet, only at this late date has she established a school of medicine, while smaller and poorer States have them almost by the score. This seems remarkable, too, in view of the fact that Texas furnishes more medical students, with one exception, than any State in the Union; material enough, if controlled, to support ten schools. According to Dr. Jno. H. Ranch, late Secretary Illinois State Board of Health, the number of medical students from Texas in 1891 in attendance in the various colleges throughout the United States was four hundred and ninety-three. This rich patronage should be utilized at home; the vast amount of money these young men spend abroad would support home schools in comfort.

The University of Texas was inaugurated in Austin in 1881. By vote of the people the Medical Department was located at Galveston, on account, no doubt, of the advantages of anatomical and clinical material, there being several hospitals in Galveston and none in Austin.

Not until 1891, however, was the medical branch inaugurated. There were difficulties innumerable to be overcome, but finally, by donations of Galveston and appropriations by the legislature, both the elegant college building and the grand hospital, pictured herewith, were erected, and opened October 1st, 1891, for medical teaching. The State pays the professors liberal salaries, which overcomes one of the greatest evils connected with the subject of medical teaching; it makes them independent of any income from classes, and consequently enables them to fix the standard of requirements high. It is not, like some other really able schools, compelled to have a large class, and obliged to graduate a number of students to insure its own existence.

Consequently the Board of Regents, of which Dr. Thos. D. Wooten is President, established a high standard of requirements, and the Faculty arranged a thorough curriculum of
study, divided into three courses; and beginning October 1st, 1891, the first course of lectures and clinics was given the past winter to a class of twenty-four, graduating three in April, 1892. The first diplomas were issued to and the degree conferred upon Messrs. H. T. Guinn, J. P. Hendricks and Thomas Flavin, on the 21st of April, 1892, at the first annual commencement, held at the Opera House, in Galveston.

This apparently discouraging small class is accounted for by the Honorable Dean, Prof. J. F. Y. Paine, M. D., in his first report to the Board of Regents, as follows: "The explanation is found in the fact that the Faculty had not been selected until a short time before the opening of the session, and the public announcement of the first course was so delayed that students had either already left the State or arranged plans to go elsewhere. Even now, letters of inquiry indicate that it is not generally known that the Medical Department of the University is in operation. Again, a certain proportion of young men have been kept away for the reason their insufficient literary preparation would not stand the test of our matriculation requirement."

There is not a doubt that the second course will be better attended. The College is well equipped for teaching, both didactically and clinically, ample facilities for demonstration in every department being supplied. Prof. Seth M. Morris, M. D., the professor of chemistry, is now in Berlin, where he will purchase the latest laboratory apparatus for his department.

Anatomical material is abundant, and

THE SEALEY HOSPITAL

affords splendid facilities for clinical study, both medical and surgical. Last session there were treated in this institution fifteen hundred patients. Of this number, about nine hundred were medical cases, embracing every disease usually encountered in this latitude, and six hundred surgical cases, showing every form of injury and surgical disease, and affording opportunity for every operation generally met in an ordinary surgical practice. Sixty-five surgical operations were performed before the class, embracing amputations, laparotomies, resections, excisions of tumors, and in fact all the more important surgical procedures. The Faculty constitute the Hospital Staff, and have charge of that institution.
Biographical Sketches of the Faculty.

PROF. J. Y. F. PAINE, M. D., DEAN.

OBSTETRICS, ETC.

Dr. Paine, Professor of Obstetrics and Dean of the College, is a native of the Pelican State. He was born in West Feliciana Parish, La., August 16, 1840, and is of Scotch-English descent. He received an academic education at Centenary College, Louisiana, and graduated in Medicine at the University of Louisiana, in 1861, during the service of the immortal Stone. On the breaking out of the war between the States, Dr. Paine entered as a private soldier in the 20th Louisiana Regiment of Volunteers; was appointed Assistant Surgeon of the 22nd Louisiana Regiment, December, 1861. After the fall of New Orleans, he served in the hospitals at Corinth and Holly Springs, Miss.; was examined May, 1862, at Columbus, Miss., by the Army Board of Medical Examiners (Yandell, Pim and Heustis), and, as stated, was commissioned Surgeon with rank and pay of Major of Cavalry; assigned as Surgeon 21st Alabama Regiment, which was sent to Fort Morgan, at the mouth of Mobile bay. By seniority of commission, he took rank as Chief Surgeon of the forces constituting the defense of Mobile bay. At the fall of these forts in '64, Dr. Paine was assigned as Chief Surgeon of General Hospital Nidelet, at Mobile, where he served till the surrender of Mobile, in '65. Hence, he was ordered to Gainsville, Alabama, and took rank as Surgeon in charge of the General Hospital at that Post, and remained there till the final surrender of all the Confederate forces, in June, 1865.

Upon the declaration of peace, Dr. Paine settled in Mobile, and engaged in general practice; removed to Texas in 1874; was elected to the Chair of Obstetrics and Diseases of Women and Children in the Texas Medical College and Hospital at Galveston, in 1875; after competitive examination, was made Dean of the Faculty in '79; was elected Chairman of the Section on Gynaecology in the Texas State Medical Association, in 1885, and Chairman of the Section on Practice, in 1886; was chosen Secretary to the Section on Gynaecology in the American Medical Association, 1885; elected President Galveston County Med-
ical Society in the same year; was one of the Vice-Presidents of the Section on Public and International Hygiene of the Ninth International Medical Congress; elected to the Chair of Materia Medica, Therapeutics and Hygiene in the Medical Department of Tulane University—his alma mater, in 1885, which position he filled one term, to the entire satisfaction of the Faculty and Trustees, and with distinguished credit to himself and to Texas. Resigning this honorable position, for private reasons satisfactory to himself, he resumed practice in Galveston, where he has a large clientele of the wealthier classes, and lives in elegance and comfort, in a beautiful home on Broadway—the Boulevard of Galveston—the fruits of his individual labors and industry. On resigning the chair in the University, at the close of the session, after repeated solicitations to reconsider his determination, he was made the recipient of a testimonial from the Faculty, in the shape of a set of resolutions, expressive of the high appreciation of his services (which were characterized as eminently satisfactory and valuable), entertained by his colleagues, individually and collectively; and of deep and sincere regret at the necessity which induced him to sever relations so pleasant to them. These resolutions bore testimony to Dr. Paine's professional attainments and ability, no less than to those agreeable social qualities for which he is distinguished; and altogether, expressed a sincere regard for him as a teacher, a physician and a man—whom to know, is to respect; couched in a language as courteous as complimentary.

Dr. Paine is an honorary member of the Southern Surgical and Gynaecological Association; an honorary member of the Louisiana State Pharmaceutical Association, and was President Texas State Medical Association in 1888-9. He filled the Chair of Obstetrics and Diseases of Women and Children in the Texas Medical College in 1888-9-90, and upon the organization of the Medical Department of the University of Texas in 1891, was chosen by the Regents for the corresponding position, and filled that chair the first session, 1891-2, having been also elected Dean, the position which he now fills. He has contributed but little to current medical literature, being kept busy by his large practice, the demands of which were such as to prevent his even being present in the hall when his election as President |Texas State Medical Association was announced amidst cheers and applause. His best papers are to be found in the Transactions of the Texas State Medical Association—notably his address as
STAFF OF SEALY HOSPITAL
AND
FACULTY MEDICAL DEPARTMENT UNIVERSITY OF TEXAS
GALVESTON, TEXAS.

PROF. J. E. THOMPSON.

PROF. A. J. SMITH.

PROF. EDWARD RANDALL.

PROF. WM. KEILLER.

PROF. H. A. WEST.

PROF. SETH M. MORRIS.

PROF. A. G. CLOPTON.
Chairman of the Section on Practice—and in the New Orleans Medical and Surgical Journal.

Dr. Paine is characterized by a distinguished courtesy of manners, and has an easy and forcible manner of speaking which is impressive. These conjoined to a splendid physique mark him as a man well fitted to lead, and especially adapted to the position he fills.—D.

PROF. H. A. WEST, M. D.

PRACTICE OF MEDICINE.

Hamilton Atcheson West is of Scotch-Irish, Huguenot and English ancestry; born March 30, 1849, at Rupells Cave, Fayette county, Kentucky; was graduated in medicine from Medical Department University of Louisville, Ky., 1872, taking highest honor in a graduating class of 98. Elected by competitive examination one of the house-surgeons of the Louisville City Hospital, April, 1872. Came to Texas in 1873; elected in the autumn of that year Professor Materia Medica and Therapeutics, Texas Medical College. Appointed house surgeon of the Galveston City Hospital, in the spring of 1874; reappointed to the same position in 1877. At the reorganization of the Texas Medical College, 1888, he was elected Professor of Theory and Practice of Medicine. Elected Fellow of American Association of Gynecologists and Obstetricians in 1889. Elected Secretary of the State Medical Association, April, 1891. Elected Professor of Theory and Practice of Medicine, and Clinical Medicine, June, 1891, in School of Medicine, University of Texas—the position he now holds.

PROF. E. RANDALL, M. D.

MATERIA MEDICA AND THERAPEUTICS.

Edward Randall was born in Walker county, Texas, October 7th, 1860, of a long line of medical ancestry.

He received his academic education in Virginia, and was graduated from Washington and Lee University of that State in 1889. He entered the Medical Department of the University of Pennsylvania in 1880, and received the diploma of Doctor of Medicine in 1883.

He was resident physician in the Philadelphia Hospital
(Blockley) for one year, and from there he entered the European schools, studying under Virchow and E. Martin in Berlin, Winckel in Munich. Carl Braun and Billroth in Vienna. He began the practice of medicine in Galveston in 1886. He was elected to fill the chair of Materia Medica and Therapeutics in the Texas Medical College and Hospital in 1888, and in 1891 was elected to the same chair in the Medical Department of the University of Texas.

PROF. WILLIAM KEILLER, M. D.

ANATOMY.

William Keiller, L. R. C. P. & S. Ed. L. F. P. & S. G. F. R. C. S. Ed., Professor of Anatomy, Medical Department University of Texas, was born in Midlothian, Scotland, on the 4th of July, 1861; educated in Perth Academy, and afterward in Edinburgh University; studied medicine in Edinburgh University and the Edinburgh Medical School. While a student he obtained the senior silver medal for Practical Anatomy and was Pattison prize-man for the best mounted dissection. He was successively Prosector, Junior and finally Second Senior Demonstrator of Anatomy to Dr. Macdonald Brown, from whom he received his anatomical training. In July, 1888, he obtained the conjoined diploma of the Royal College of Physicians and Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, and in July, 1890, was elected Fellow of the Royal College of Surgeons of Edinburgh. He has been, successively, Demonstrator of Pathology under Dr. Alex. Bruce; House Surgeon at the Edinburgh Royal Infirmary, and Chloroformist to the Edinburgh Dental Hospital. He was assistant medical officer, and afterwards physician for diseases of women to the Edinburgh Provident Dispensary. In 1890 he was appointed Lecturer on Anatomy in the Edinburgh Medical School and elected Fellow of the Edinburgh Obstetrical Society.

PROF. A. G. CLOPTON, M. D.

PHYSIOLOGY.

Dr. A. G. Clopton is a native of Georgia. He received a liberal education, both scientific and classical. Studied medicine and graduated M. D. from the medical department University of
Daniel's Texas Medical Journal.

Louisiana (now Tulane University), session of 1851-2. He located first at Camden, Arkansas, and entered upon the practice of medicine, and removed thence, in 1854, to Texas, settling in Cass county. Here, in connection with his practice, he engaged in farming. . . . In 1869, removed to Jefferson, Texas, and engaged in general practice of medicine and surgery, soon taking a leading position, which he held up to the time when he was chosen by a very discriminating Board of Regents to fill the chair of physiology in the medical department of the Texas State University, in 1891. Upon the breaking out of the war in 1861, Dr. Clopton raised a company of infantry, and at their head entered the Confederate service. From captain he was promoted to major of 1st Texas infantry. He went before the Board of Medical Examiners in 1863, and passing a rigid examination, was commissioned surgeon, serving in that capacity till the close of the war. He was married in 1854, to Miss Annie M. Henderson, during his residence in Cass county.

Dr. Clopton is an old member of the Texas State Medical Association, and was one of its first presidents, having filled that position in 1875. He was also President of the East Texas Medical Association in 1891, at the time of his election to the chair of physiology. He was one of the best known physicians in the State, and is famous as an extemporaneous speaker, possessing oratorical powers of a high order of excellence.

PROF. SETH MABRY MORRIS, M. D.

CHEMISTRY.

Seth Mabry Morris, B. S., M. D., Professor of Chemistry Medical Department University of Texas, was born in Austin in 1867. His parents are Dr. W. A. Morris and Lucinda Mabry Morris. He received his preliminary education in the schools of Austin, and on completion of the University of Texas, matriculated amongst the very first pupils. He took the five year's course, devoting special attention to chemistry under Profs. Mallett and Everhart, and Physics under Dr. Macfarlane. In both these branches he won distinction, and during his last senior year he was chosen by Prof. Everhart as laboratory assistant. Graduating at the University in 1888, with the degree of B. S., he at once began the study of medicine in his father's office, and in the fall of that year entered the College of Physicians and Surgeons in
New York. Here he took the required three years course, giving special attention to chemistry under the instruction of Professor Chandler, and graduated M. D. from that school in 1891. In addition to the degree M. D., conferred upon him, he was awarded a "special examination diploma" and a cash prize, being one of the ten to whom special honors were awarded, in a graduating class of one hundred and fifty odd.

PROF. J. E. THOMPSON, M. D.

SURGERY.

James Edwin Thompson, age 28, was born in Northwich, England, and was educated at the Owens College, Manchester, England; obtained the scholarship and gold medal in anatomy at the London University and the Bradley and the Duuville surgical scholarships in connection with the Manchester School of Medicine; was admitted as a member of the Royal College of Surgeons in 1886, and a Fellow of the same college in 1888; obtained the degree of Bachelor of Medicine and the degree of Bachelor of Surgery of the London University, in both of which examinations he was placed in the honors list. He has held the posts of House Surgeon to the Royal Infirmary, Manchester; House Surgeon to the Dudley Hospital, England, and lastly, to the important post of Resident Surgeon to the Manchester Royal Infirmary, where he obtained his experience in teaching.

He studied on the continent, spending six months in Vienna and six months in Paris.

From some dozen or more applicants, Dr. Thompson was chosen by the Regent for the chair of Surgery in the Texas Medical College—he presenting the highest and most satisfactory credentials, and testimonials from the most eminent surgeons and anatomists in England, France, and Germany.

ADJUNCT PROFESSORS.

In addition to the Faculty, Dr. R. C. Hodge, on Ophthalmology; Dr. R. W. Knox, on Dermatology, and Dr. H. C. Cook, on Diseases of Children, were elected lecturers, and filled those positions during last session. There are other lecturers, but we have not been enabled to get their names; they appear in the catalogue, which can be had on application either to the President of the Board of Regents, or to the Dean.
DR. T. D. WOOTEN,

PRESIDENT BOARD REGENTS, UNIVERSITY OF TEXAS.

Thomas Dudley Wooten was born in Kentucky, March 6, 1829, of Virginia parents who settled in Kentucky in the early days. He was the youngest but one of several sons. At fifteen he was left by the death of his father master of a large farm and slaves. He received such education as the schools of the country afforded, aided by diligent reading at night and in the interval of labor. Studied medicine with Dr. George Rogers at Glasgow, Ky.; entered the Medical Department of the University of Louisville in the fall of 1851, when Gross, the elder Flint, Yandell, Sr., Drake, and other distinguished men were in the zenith of their fame, and graduated in the spring of 1853. Before graduating he was married to Miss Henrietta C. Goodall, daughter of Dr. Turner Goodall, of Kentucky. Located at the town of Tompkinsville, Ky., and entered upon an active practice. In 1856 removed to Springfield, Mo. Doing a general practice he had a natural fondness for surgery and soon acquired distinction in that branch.

On the breaking out of the war and the transfer of the Missouri troops (in which he had enlisted as a private) to the Confederate army, Dr. Wooten was chosen by the medical staff for Medical Director of the First Army Corps (composed of Missouri and Arkansas troops), and took rank as such on the staff of Major-General Sterling Price, commanding. Upon the transfer of this command to the east side of the Mississippi river, when Gen. Price was placed in command of the Department of Tennessee, Mississippi, Louisiana and part of Alabama, Dr. Wooten was made Medical Director of the Department. Gen. Price being transferred to the West, in command of the District of Arkansas, Dr. Wooten retained position on his staff and served till end of the war. His rise and sustained success in the army were remarkable. Being only 32 years of age at the outbreak, he rose from private to Medical Director without prestige or influence, and in competition with some of the most eminent and influential men in St. Louis and the West.

On the cessation of hostilities Dr. Wooten, ruined in fortune, settled in the village of Paris, Texas, in 1865. Here he soon built up a fine practice and recuperated his fortune. Removed to Austin in 1876, and has continuously resided there to date. His reputation and success as a surgeon are part of the history of
the medical profession of Texas. He is a prominent member of the Texas State Medical Association, the American Public Health Association,—and was a delegate to the Ninth International Medical Congress at Washington. Upon the organization of the Austin District Medical Association, in 1887, he was elected President. Upon the inauguration of the University of Texas, in 1881, Dr. Wooten was appointed by Gov. Roberts one of the original Regents, and reappointed by Gov. Ireland. In January, 1886, upon the death of Dr. Ashbel Smith, Dr. Wooten was unanimously elected President of the Board of Regents, which position he still holds. From the first he has been one of the most active and earnest friends of the University and has labored for its successful establishment with a zeal and fidelity that have faltered under none of the discouraging indifference and even hostility to the State's great seat of learning.

To Dr. Wooten the people of Texas owe a debt of gratitude; he has been the steadfast friend of education; and to him is also, in a large measure, due the successful inauguration of our high grade Medical Branch, which, in time, will be universally recognized as an honor to the great State of Texas. He and his able colleagues have carried out what the great founders of the commonwealth conceived and foreshadowed.

Medical News and Miscellany.

Dr. S. Leard Keoun has removed from Comanche to Waco.

Dr. T. D. Wooten is spending the summer in Arkansas.

Dr. A. B. Holder is not merely a beholder, or speculator, but an active operator at the Memphis Clinics.

They say Pasteaur is sick with an attack of cholera. He has been down on it a long time; now he is down with it.

Dr. S. E. Hudson, of Round Rock, Texas, has purchased an interest in the Texas Sanitarian and will remove to Austin.

The notorious "electric" doctor, Yowell, a long time at
Greenville, Texas, was killed in Denison, Texas, June 27th, by Editor Harris, of Greenville, whose wife Yowell had traduced.

The Journal is pained to note the serious illness of Mrs. Bennett, wife of Dr. T. J. Bennett, Managing Editor of the Texas Sanitarian.

Wanted.—Somebody to stamp out from medical literature the phrase "stamp out," as applied to suppressing an outbreak of disease. It has become as stereotyped as "busy practitioner."

Dr. W. A. Adams, of Fort Worth, Surgeon of —— Regiment, Texas Volunteer Guard, was detained at home by sickness, and prevented from being with his regiment during the encampment.

Dr. D. R. Wallace, of Waco, has gone to San Francisco, whence he will make an intended tour of the Pacific slope, going up as far as Alaska. Here he will spend some time, and will return to Waco by October 1st.

Dr. H. H. Harrington, Professor of Chemistry in the Agricultural and Mechanical College at Bryan, Texas, is to be married August 10th prox., to Miss Florine Ross, daughter of ex-Governor Ross, President of the College.

St. Louis College of Physicians and Surgeons have their announcement in this issue. Please read it. Of especial interest to physicians who have sons or brothers studying medicine. Dr. G. W. Cale, 2600 Gamble street, is the Secretary. Address him for particulars.

Manufacturers and advertisers generally will find this, the exponent of rational medicine—the favorite home journal with the Texas doctors—the very best medium for bringing their products to the attention of a wide circle of intelligent readers. Send for rates.

Robert A. Barnes, of St. Louis, recently deceased, bequeathed about $900,000 for the erection and maintenance of a hospital in that city. It will be conducted under the auspices of the
Southern Methodist church, but will dispense its charity regardless of creed or nationality.

"A Live Journal."—Battle & Co., in renewing their advertisement for the eighth consecutive year, cheerfully stand a rise of 30 per cent. on past rates, and write, "Yours is a live journal, and all manufacturers should advertise in it."

That tells the tale. See their new ad, and see the other twenty new ones in this issue.

Quarantined Against Yellow Fever.—The steamer Enchantress from Santos and Pernambuco was detained at quarantine July 17. During the voyage Captain Hammond and Purser Foster were stricken with yellow fever, died and were buried at sea. Immediately following these deaths Steward Wolmsley and Second Engineer Pottinger died on the voyage.

An advertisement in the Journal of a practice wanted elicited twenty-three replies; an advertisement of a practice to sell had thirteen inquiries. Sales affected in both cases. Here is your opportunity, doctor, either to buy or sell. Such ads. are charged $1.50 each for two or three insertions, or $2.50 for one insertion, money with order. Address Editor DANIEL'S TEXAS MEDICAL JOURNAL, Austin, Texas.

Doctor, show this copy of the Journal to your friends,—tell them of its struggles and triumphs, and endeavor to secure their support. We earnestly invite your influence in its behalf, as well as your cordial support and co-operation. The possibilities of the Journal are practically unlimited; it should be made, and can be, with your aid, the leading journal in the South,—and as Texas leads in all else, that is our ambition.

We take pleasure in offering the amende honorable for an unjust reflection on the standing of Dr. Emory Lanphear, of Kansas City, Mo., which appeared in our last issue. We were cautiously led into an error which we much regret by an item found in the columns of an unhealthy exchange from the Southwest [Dallas.—Ed.] Our quotation was unfortunate and ill-advised, and we hope Dr. Lanphear will pardon our indiscretion which, we are sure, did him much injustice.—Atlanta Medical Journal.
A Texas Favorite.—By reference to the annual announcement of the University of Louisville Medical College for the fall and winter session of 1892-3, we note that their class last year numbered four hundred and eight (408) matriculants, of whom fifty-two went from Texas. The Texas students love this school, and many of them carry off the prizes. Many of the alumni are leading Texas practitioners, doing remunerative practice, respected and honored by all who know them. We are pleased to note the continued prosperity and advancement of this popular old institution. For catalogue address the Dean, Dr. J. M. Bodine. He was a long time a Texas practitioner.

An Opening.—Doctor, if you are seeking a good location to practice and conduct a drug business, you can hear the particulars of a rare chance by addressing me. Income over $2000 a year; no bad debts; everybody pays up, as it is in the midst of a good cattle and farming section, with educational, social and religious advantages. Only $1200 required. Reason: Owner wants to go to a city. A prosperous town in northwest Texas. Will sell drug business, office fixtures, etc., and can turn over practice and influence. Only one other physician in the county.

Address: Dr. C. M. S., care DANIEL'S TEXAS MEDICAL JOURNAL, Austin.

Big Bills for Witnesses.—Dr. G. De F. Smith has filed a claim against the city for $500 for services as an expert witness for the people in the trial of Carlyle W. Harris, the medical student, for the murder of his wife, Helen Wilson Potts Harris.

Professor Witthaus, the chemical expert who made the analysis of the contents of the dead woman's stomach, has filed with the district attorney a bill of $5,000 for that service.

Dr. Allan McLane Hamilton, another expert witness in the case, has collected a bill of $1,500 for his services, and other bills from expert witnesses have been filed, which bring the total cost of the expert testimony for the people up to $9,000.

The bills of the medical experts who testified in the trial of E. M. Field aggregate $4,600, and none of them has yet been paid.


Salol for Gonorrhoea.—Dr. E. C. Underwood says that salol can reduce the duration of gonorrhoea to the lowest limits. This
method consists in the regular employment of from forty to sixty grains of salol through the day. I order my patients to have four doses of from ten to fifteen grains each, taken immediately on rising in the morning, at 11 o'clock a. m., 4 o'clock p. m., and the last thing on retiring to bed at night. This is ordered in a powder or compressed tablets. Having known that many of these tablets passed through the intestinal canal without being absorbed, and in the form they were administered, I am now using the drug in the powder form. It is tasteless and is not complained of by patients. The dose is begun, unless this patient shows that the drug disagrees with him, with sixty grains a day, and continued until the discharge has become very meager. Then it is gradually lessened. The author claims that better results follow this method than any other.—*West. Medical Reporter.*

Intolerance.—The egotistic and notorious Fisher, of San Antonio, formerly of Austin, editor of the *Southern Journal of Homoeopathy,* in a loud wail, in his June number, denounces the regular medical profession of San Antonio as "bigoted, ignorant and intolerant." He thinks he is the only "white man" in San Antonio, and the embodiment of intelligence. *We* think he is a most intolerant and intolerable bigot, too conceited and small for discussion in a journal; but the San Antonio *Light* takes him to task for his slanderous utterances, and says that in denouncing the regular physicians of San Antonio as ignorant, he reflects upon the intelligence of the citizens in employing them; and refutes his charges by citing the presence, among those "bigoted and ignorant and intolerant" doctors, of such men as Drs. Cupples, Herff, and others,—men of world-wide reputation as surgeons and physicians. The only comment the *Journal* has to make on Fisher's *whine* is, that the presence in San Antonio of Fisher himself, and eleven others of his sort,—homeopaths, eclectics, electric—healers, etc.,—disproves his charge of intolerance. Any community that can "tolerate" Fisher, cannot be called "intolerant."

*Barnes Medical College.—Mr. Robt. A. Barnes, who recently died in the city of St. Louis, Mo., left in his will a provision for a hospital to bear his name, and to be under the charge and supervision of the Methodist church. He endowed this institution upon a scale superior to that of any similar hospital in
the country, and his gift, amounting to more than a million dollars, was greater in amount than has ever before been contributed by a private citizen. During the sixty-two years that he resided in the city of St. Louis, he was a prominent figure in many of its most important corporations, and contributed largely of his means to many charitable and educational institutions. He is credited with building no less than fifteen churches in the southern part of this State. As an expression of appreciation, and as an honor to the memory of Mr. Barnes for his noble charities, the Barnes Medical College is named. The institution is under the control and management of a Board of Trustees composed of upright, influential business men. Its Faculty is composed of men of faultless integrity and of experience as instructors, and who are in line with the best element of the medical profession, and who are in hearty accord with the trend of public and professional sentiment with reference to advanced medical education. Among the teachers are Drs. Chas. H. Hughes, A. M. Carpenter, James T. Jelks, Wm. Dickinson, John W. Vaughn, Pinckney French, Frank D. Wright, S. C. Martin, and others.

Roster of Medical Officers.—The following is the roster of the medical officers of the division of the Texas Volunteer Guard State militia now in camp at Austin:

R. M. Swearingen, Austin, Surgeon-General.
F. E. Daniel, Austin, Acting Surgeon-General.
F. C. Ford, Nacogdoches, Surgeon First Regiment and acting Medical Director.
J. H. Reuss, Cuero, Acting Surgeon First Regiment.
C. M. Ramsdell, Lampasas, Acting Surgeon Second Regiment.
W. E. Brown, Coleman, Acting Surgeon Third Regiment.
W. A. Duringer, Fort Worth, Surgeon Fourth Regiment.
W. L. Marshall, Longview, Surgeon Fifth Regiment.
W. B. Gearhart, Henrietta, Surgeon Sixth Regiment.
G. W. Larendon, Houston, Surgeon Brigade Cavalry.
W. A. Lockett, Brenham, Surgeon Battalion Artillery.

In addition to the above several companies have surgeons; but they have no official position. Amongst those present at camp are:

Dr. Matt Smith, Austin, Surgeon of the Governor's Guards.
Dr. C. L. Swearingen, Center, Texas, Surgeon Shelby Rifles.
Dr. Garrett, Sulphur Springs, Surgeon to Sulphur Springs Co.
Dr. J. D. Westervelt, Jr., Corpus Christi Light Guard—detailed as Hospital Sergeant.
Dr. F. R. Ramsdell, Lampasas, Surgeon to — Company, and acting as Senior Hospital Sergeant.
Dr. Haynes, Mobile, Texas, detailed as Hospital Sergeant.
The medical staff is not yet fully organized. We learn that Dr. Grizzard, Dr. Duffau and Dr. Dart, Regimental Surgeons, have resigned.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The next annual meeting of the American Public Health Association will be held at the City of Mexico, November 29th, 1892. Preparations on a grand scale are already being made by our local Committee of Arrangements to insure the scientific and social success of the meeting. The federal and State governments of the Republic of Mexico will be represented by special delegates, and the most prominent scientists and sanitarians of that country, as well as those of the Central and South American Republics, will take an active part in the meeting.

It is our earnest desire that the United States be not lacking in this respect, and that our government and citizens be honorably represented. We, therefore, solicit the co-operation of our federal and State authorities, respectfully requesting them to send delegates; we furthermore beg all our own worthy members to attend the meeting and prepare papers on whatever sanitary subject they may desire, these papers to be handed in to the Secretary on or before October 1st, in order that the translations (English into Spanish, and vice versa) be ready on time.

FELIX FORMENTO, M. D., President,
81 Esplanade Avenue, N. O.

DR. IRVING A. WATSON, Secretary, Concord, N. H.

SOUTHEAST TEXAS MEDICOS.

ORANGE, Tex., July 15.—The Southeast Texas Medical Society held its regular quarterly meeting in the Knights of Pythias hall, Beaumont, Texas, Tuesday, July 12. Dr. A. N. Perkins presided, Dr. F. Hadra, Secretary. There were present Dr. A. N. Perkins of Sabine Pass, Drs. B. F. Calhoun, C. Y. Thomson,
Price and Blewitt of Beaumont, Drs. Sholars and F. Hadra of Orange, Dr. Cruse of Kountze, Dr. T. B. Selman of Village Mills and Dr. Yates of Salem.

The minutes of the previous meeting were read and approved.

Dr. Calhoun read an interesting paper on typhoid fever, which led to an animated discussion participated in by Drs. Perkins, Sholars, Price, Cruse and Hadra.

Dr. Price then read a paper on la grippe which evidenced much labor, and knowledge of the subject. Owing to the lateness of the hour discussion thereon was postponed until the next meeting at which Dr. Roberts will also read his paper on "Haematuria Miasmatica."

After the transaction of routine business the Society adjourned to meet again at Beaumont on the first Tuesday of September.

The Special Attention of the readers of this issue of the Journal is called to the fact that Eugene Von Boeckmann, at 913 Congress Avenue, is prepared to bind the last volume of the Journal in the best style, and at the lowest price for good work. Music, magazines and periodicals bound, and books re-bound. All in the best style. Give him a call, or drop him a postal for prices, etc.

Publisher's Notes.

The ad. of Bovine will be found again in our pages. All that is asked for Bovine by the manufacturers is a trial. Mention the Journal.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears in this issue. This house is one of long standing, and enjoys a reputation of the highest character.

Sanmetto.—I am now prescribing Sanmetto for diseases indicated. Have tested it in practice; its effect was exceedingly gratifying. It can be relied on to dispense, with a certainty of good result.

Omaha, Neb.
Tulane University Medical Department.—The annual announcement of this great institution will be found in our advertising pages. Attention is called to it only for the reason that amongst so many others it might be overlooked, for it were superfluous to say anything commendatory of a school that was famous before we were born. Address Prof. Chaille for catalogue.

Wyeth's Beef Juice.—The following analytical notes and results testify unmistakably to the excellence of this preparation. It is a dark reddish-brown liquid of pleasant beef-like flavor, and free from objectionable preservatives. It contains not only the albuminous principles of beef in an active and soluble form, but in the condition in which they occur in the freshly expressed juice of beef itself. Viewed with the spectroscope a dilute solution is seen to give two absorption bands, characteristic of fresh blood or haemoglobin. The liquid loses this property, however, as soon as it is boiled; while the coagulated albuminous principles assume a blood-red tint. According to our experiments no less than fourteen grains of solid albuminous principles in every fluid ounce are thus precipitated. The following figures gained in analysis will convey some idea of the eminent degree of concentration through which this preparation has been carried. Notwithstanding this, the vital elements of beef juice it contains have been preserved unchanged. Moisture, 44.87 per cent.; organic matter, 38.01 per cent.; mineral matter, 17.12 per cent. The organic materials contain 4.57 parts of nitrogen, and the mineral matter consists largely of common salt and, of course, soluble phosphate. Results like these make it safe to assert that as an example of preparations of this class Wyeth's beef juice is little short of perfection.—The London Lancet.

Surgical Dressings.—The respective advantages of dry and moist dressings have received much attention of late. A point was made concerning dry dressings which did much to decide operators in their favor. We refer to the quality possessed by some of them adhering closely to exposed surfaces thus making an impervious, antiseptic covering, beneath which the reparative processes may uninterruptedly take place. This adhering property is observed in a marked degree in Europhen, which has attained a high reputation as a cicatrisant. Europhen, too, is a bulky powder which may be spread to advantage over large denuded surfaces in cases in which it would be dangerous to employ iodoform. The antiseptic and stimulating properties of Europhen have, no doubt, contributed greatly to its success, for its cresolic component promptly shows a characteristic action. The iodine contained in Europhen goes off slowly, thus preventing the toxic action so often recognized in preparations of iodo-
The Starting Point

Of Cholera-Infantum is usually an acute Dyspeptic Diarrhoea.

Primarily, the trouble is functional.

Secondarily, if the digestive activity is not remedied, the result is a true inflammatory enteritis.

LACTOPEPTINE will correct the primary digestive error, and thereby obviate further trouble.

ELIXIR LACTOPEPTINE constitutes a handsome and pleasant vehicle for the exhibition of medicine in solution or mixture.

CALENDAR ON APPLICATION.

The New York Pharmacal Association,
YONKERS, N. Y.
form, and making frequent dressing unnecessary, while its solubility in the liquified products of inflammation add to its effectiveness as well as its safety. In the lesions of syphilis, in ulcerated surfaces, burns and all traumas, this new dressing has done admirable work. Europhen has undoubtedly advantage over iodoform in being free from disagreeable odor or toxic influences; but it must possess sterling qualities as a dressing quite apart from these characteristics, for it is already widely used by surgeons though quite new to modern surgical therapeutics.

A New, Safe Method of Administering Toxic Medicaments.—A new department in therapeutical posology marks a recent enterprise of Parke, Davis & Co., which is in the interests of progress economy, and exactness.

The increased knowledge resulting from research in the fields of botany, chemistry, physiology, pharmacy, and materia medica has created a demand on the part of the medical profession for the essential or active principles of drugs in preference to the more cumbersome, less definite pharmaceutical preparations which custom and authority have so long sanctioned.

Not a few alkaloidal principles of drugs have been isolated, and are now frequently prescribed. The conservative element of the profession have, however, in view of the toxicity of certain isolated medicinal principles, and the acknowledged variety of strength and activity of products of this character of different manufacture, been loath to employ them when indicated.

The doses sometimes being fractions of a thousandth or a hundredth, it is not possible for the physicion to always bear them in mind, and in prescribing he is often in doubt as to what constitutes the proper therapeutical dose, and what the dangerous toxic one.

Dr. E. Trouette, in a paper read before the Paris Academy of Medicine, and published in the Revue de Therapeutique, entitled, "Duodecimal Doses of Toxic Medicaments," proposes a method of obviating the difficulties hitherto preventing the general use of many valuable medicinal principles. The plan he proposes is a new method of posology based on the rational division into twelve parts of the maximum dose which may be given to an adult in twenty-four hours.

The advantages claimed for this method are, first, accidental poisoning need no longer be feared. Second, dangerous medicaments may from the outset be given in efficient dose without the least risk.

Parke, Davis & Co. have prepared diurnules and Diurnal Tablet Triturates of a large number of toxic medicaments, and will afford the profession full information concerning this new method of posology with reprint of Dr. Trouette's article.
Original Contributions.

For Daniel's Texas Medical Journal.

THE MECHANICAL TREATMENT OF TRACHOMA.

BY EDWARD JACKSON, M. D.,
Professor of Diseases of the Eye in the Philadelphia Polyclinic, Surgeon to Wills Eye Hospital, etc.

The importance and dangers of trachoma, or true granular conjunctivitis, as a cause of suffering and blindness, and its spread by contagion, were well presented by Dr. J. A. Lippincott, in the address on ophthalmology, last year. An important fact in its transmission, is its extremely chronic course. I have in mind a case which I saw and treated, from time to time, for ten years, the patient attending for a time, then getting weary and neglecting treatment for awhile, and anon returning, each time with the cornea distinctly more damaged; and during the whole of this period this patient was a possible center of infection to those around her. And such cases are not exceptional, but extremely common.

It is rather exceptional to have a patient persevere steadily with treatment until the cure is complete. Last year I remember but a single case, in my service at Wills Hospital, who persisted steadily to the end, coming much of the time three times a week for applications of copper sulphate, and who was finally discharged completely cured, just about a year after the treatment.

NOTE—Advance proof from Transactions.
was commenced. There is still attending my service at the Polyclinic Hospital, for occasional applications, a girl who has been under pretty steady treatment with astringents for four years, and who is now about cured, with some shrinkage of the conjunctiva. And during these protracted periods we have to deal not with sequellæ, but with the active disease running its characteristic course. I cannot recall seeing a case of well-marked trachoma, even when taken early, that was thoroughly cured by applications of copper, alum, silver, and tannin, in less than three months. Yet such treatment has been, and still is, mainly relied on, for the radical cure of this disease.

In contra distinction to this, attention should be called to the results of mechanical treatment. Many attempts have been made in this direction, such as incising the trachoma granules, the little sago-like and gray translucent masses that crowd the retro-tarsal fold and are scattered over the palpebral portion of the conjunctiva. Others have excised them, sometimes removing the whole retro-tarsal fold, greatly abridging the disease, but also leaving a contracted conjunctival sac.

Others, led by Manolescu, had resorted to grattage, or brossage, scraping the whole conjunctival surface, or brushing it with a tooth brush, the bristles of which were cut short to stiffen them, with or without the application of strong solutions of mercuric chloride. This latter method, if thoroughly applied, is effective in promptly cutting short the disease; but leaves such cicatricial contraction of the lids that its adoption seems scarcely justifiable.

In 1886, Dr. C. F. Hotz published his method of expression, which it is since claimed had also been practised many years before by Sir William Wilde and others. He pressed out the granulations from the upper lid and cul-de-sac with the thumb-nail, and from the lower lid by the aid of iris forceps, from which the corrugations had been ground off. This operation, he urged, could be done without a general anæsthetic; and he claimed that it greatly shortened the treatment of the most tedious cases, those with well-marked trachoma granules. I tried it, as did doubtless many others, under cocaine anæsthesia, and, probably on account of failure to thoroughly express the contents of the granules, was not very much impressed by the method. Others, notably Drs. A. E. Prince and H. D. Noyes, devised forms of forceps for the operation, and practiced it with great success.

Something over a year ago, Dr. H. Knapp resorted to the
roller principle, such as is applied to the common mangle or clothes wringer, to the expression of the trachoma granules, and devised a pair of roller forceps, here shown, for the purpose.

His results were extremely satisfactory, the mass of cases being cured by a single operation often without necessity for subsequent treatment, and without cicatrices due to the operation. He reported them at the meeting of the American Ophthalmological Society last September, and they have been so far confirmed in the experience of others who have tried the method, that it should be adopted for all suitable cases.

The method of performing the operation of expression with this instrument, is as follows:

The patient being fully etherized, one of the lids is everted. In everting the upper lid, I fold over the tarsal portion in the usual method of everting the lid, then seize the folded margin and withdraw it from the globe, at the same time everting it and fully exposing the upper cul-de-sac of the conjunctiva. The forceps are then thrust well into the cul-de-sac, and as large a fold of the conjunctiva as possible is firmly grasped between the rolls. Firm pressure is then made, and the rolls steadily withdrawn. As this is done, the material composing the trachoma granules in the portion of the conjunctiva so grasped is seen to ooze out from the tissues on the rolls until the fold escapes from the forceps freed of this morbid material. A second portion of the conjunctiva is then grasped and similarly stripped, and this is repeated throughout the conjunctival tract.

Especial care is to be given to the thorough cleansing of the parts of the membrane in the vicinity of the commissures, this being the most difficult part of the operation. The squeezing of the portion of the membrane lining the tarsal portion of the lids near their free margin is best accomplished by placing one roll on the conjunctival and one roll on the dermal surface of the lid, and drawing them up to the free margin of the lid.

In this way, every portion of the conjunctiva is to be gone over two or three times, until no more of the morbid exudate can be squeezed out. The conjunctiva is then to be cleansed of blood and exudate, and the after-treatment is to be directed to
prevent undue reaction at first, and subsequently to prevent relapses.

The effect of this operation is at first to cause oedema and swelling of the lids, which gradually subside, leaving the favorable cases cured, with no more cicatrical contraction than was present when this treatment was resorted to. Indeed, in those cases in which there has occurred very marked cicatrical thickening and induration of the lid, the induration disappears entirely, and while there is later a tendency to its return, the ultimate result appears to be a very marked permanent benefit.

The amount of benefit, however, is in general proportioned to the amount of the characteristic exudate present in and beneath the conjunctiva. Where this is the leading feature of the case, the cure is immediate, and, so far as I have been able to observe, permanent. But it is remarkable how much of this translucent, jelly-like matter can be pressed out of some thick indurated lids, that give very little evidence exteriorly of its presence.

In the favorable cases, those in which the granulations are well marked and the general induration and alteration of the deeper structures of the lid comparatively slight, a single rolling is sufficient. In the less favorable cases, those in which there is more induration and thickening, Dr. Knapp advises the free incision or scarification of the lid prior to rolling. In these cases, including the worst that I have encountered since resorting to this method of treatment, there was marked improvement after the operation, and it was repeated with still further improvement.

I have done the operation under cocaine anaesthesia, where the granulations were localized in a limited part of the conjunctiva, and the patient greatly preferred not to take ether. But the cases in which it is advisable to do it are quite exceptional, for without general anaesthesia the squeezing will not be thoroughly completed in every part of the conjunctiva, and it is only the thorough expression that produces the cures, which seem truly marvelous when compared with the results of older methods of treatment.

A word about the selection of the instrument; the essential point is that it should roll easily. This is first to be tested by seizing with it the fold of skin between the fingers, and noting if the rolls properly turn under very light pressure, and do not slide over the surface without turning. To ascertain if their motion is uniform, grasp a piece of paper firmly between the rolls
and pull it out while firm pressure is maintained. If the rolls are at all irregular in outline, or not properly centered, the movement will be found decidedly jerky, instead of smooth and uniform, as it should be. In using the instrument, one must watch that it does not become clogged with blood and exudation and cease to roll, simply dragging over the tissues, for this does not effectually empty them of the trachomatous matter, and is liable to cause tearing of the conjunctiva.

The corrugated rolls were adopted by Dr. Knapp, I believe, for the purpose of more certainly securing their rotation. I have also used smooth rollers, with which it is essential to have the bearings work with perfect smoothness, but which, when they work perfectly, we would expect to empty the tissues more completely, and with less bruising. It may be questioned, however, if a certain amount of bruising, enough to secure the free outflow of serous exudate, practically washing out the trachomatous matter as the tissue is gone over the second or third time, is not an important part of the treatment. So that on the whole the corrugated rollers are probably the better.

In conclusion, let me urge all who may have to deal with trachoma in its marked and characteristic manifestations, to put the patient under ether and roll the lids freely, squeezing out all the exudate possible, and going over the whole conjunctiva two or three times.

Do not fear the apparent violence done the tissues. If the rolls turn properly, you cannot tear the conjunctiva; you will preserve all the epithelial surface there is to start with, and secure the minimum of cicatricial contraction. And in favorable cases, a cure is accomplished by a single operation, sometimes without after-treatment.

For Daniel's Texas Medical Journal.

**SUMMER DIARRHŒA.**

W. N. ROGERS, M. D., BELTON, TEXAS.

As this is the season for bowel diseases among teething children, and as I find that these diseases are so often treated in an unscientific way, I wish to say a few words in their behalf. I find by actual observation that the majority of our practicing physicians are still treating these summer diarrhœas
by the old method of astringents and opium, instead of the recent and scientific plan of intestinal antisepsis. It is surprising the number of physicians who are considered progressive, that are now ten years behind in this respect. There is no more comparison between the old plan of opium, astringents, and chalk, and the present plan of antiseptic treatment of diarrhoea that there is between the old method of dressing wounds and the present plan where blood poisoning is absolutely prohibited.

About five years ago I published an article in the *Texas Courier of Medicine* in which I gave my plan of treatment and its success. I did not then, nor do I now claim originality in the treatment of these diseases, but that I was keeping pace with the advance in the treatment of this class of disorders. I was only on the side of scientific medicine. Since then I have watched every improvement that has been made in this line, and I am safe in saying that if the present antiseptic methods are rigidly carried out in connection with modern dietary rules, that very few children will die of summer diarrhoea. I can say the same thing in reference to typhoid fever, dysentery, and diarrhoea of all kinds. I have had opposition of the most bitter kind from the old fogy doctors who sit in the front door of the drug store all day long and depend on their funny anecdotes to gain practice for them, but I care not for this, if I can look over my list of patients for the past eight years and see success has been on my side.

Recently, a case came to my knowledge where chalk and salacin, combined with astringents, were relied on by the physician. And the more absurd part was the refusal of water when the little patient was crying for it. While in New York this summer, I observed that the hospital physicians laid great stress on plenty of good pure water in connection with antiseptic medicines and careful feeding.

There are a number of drugs that will accomplish the desired object, and it depends on one's own notions as to which is the best. My favorite prescription is a combination of bismuth, salicylate of soda, salol, and, where indicated, some preparation of opium. I have had such uniform success with this that I have not tried very extensively any other. Probably naphthalin, salicylate of bismuth, and many others are good, as many of our authorities claim. I frequently combine small quantities of calomel with the first day or two's treatment if indicated.

It is a settled fact that fermentation is at the bottom of these
disorders, and if carried out thoroughly these drugs will arrest this process.

A good plan to begin with is to clean out the bowels first with castor oil. There will occasionally be a case that will not digest the medicine, owing to the extreme irritation of the stomach, and in such cases the chances of success are very bad, but otherwise we can promise good results, as a rule, if proper feeding and medication are observed. It is in the interest of these little sufferers I write, and beg a fair chance for their life, by giving them the benefit of scientific treatment.

If this treatment is rigidly observed, in from twenty-four to forty-eight hours, all that offensive odor, tympanites, etc., will disappear, and then you have the case under control.

For Daniel's Texas Medical Journal:

**CLINICAL NOTES.**

E. B. JACKSON, M. D., HOUSTON, TEXAS.

It should be generally known that constipation is too frequently supposed to be the result of sluggish liver and atonic bowels. It is caused in not a few cases by stricture of some part of the intestinal tract following the healing of broken down gummatous or non-specific ulcers, or by adhesions established by some abdominal or pelvic inflammatory action of back date, or by malignant growth, all of which may be detected by correct history and examination. The evidence furnished by the tongue is not sufficient in many cases to give a clear understanding of this very common complaint, and the treatment begun upon the intelligence only which this organ supplies is often valueless and many times mischievous.

* * *

We are all aware that it is not safe to pronounce pregnancy until the foetal heart is heard, or ballotment is gotten, proofs of which are rarely obtainable earlier than the fifth month. But the combined following signs are strong enough evidence to justify us, no matter what the circumstances may be, in withholding even a conciliatory hopeful opinion to the contrary: 1, Amenorrhoea; 2, Uterine globular enlargement felt per vaginam and bi manually; 3, Soft, swelled, velvety and gaping os; 4, Pigmenta
tion of labial and vaginal mucous surfaces; 5, Puffy breasts with somewhat vascular veins, with colostrum from the nipple on pressure, and with dark projecting areola studded with papillae; 6, The uterine souffle; 7, Morning sickness which is generally connected with cases of uterine disorder, such as versions, flexions, etc., presumably reflex as it is wont to occur upon arising, and resuming action after a night’s rest.

The cause of chronic vomiting is sometimes obscure and puzzling. It may occur unconnected with any definite lesion of the stomach, liver, bowels, or uterus. Lately, two women who had gone the rounds of the London hospitals searching for cure, and who had had all sorts of things done for their wombs, came to Soho hospital, complaining of persistent vomiting, difficult and painful urination, and a movable tumor which coursed visibly up and down the side. On examination with stays off, the tumor, of kidney size and shape, was felt and could be seen moving freely when exertion to resume the upright position was made. Examination of the back revealed on the lame side loss of proper fullness and resistance just over the kidney region. Both cases being affected in the right side, as is nearly always the case in “floating kidney,” the tumors were believed to be each a “detached kidney.” There was no fluid of account, i.e., not enough to float the organ about, therefore, it would seem more intelligible to use the latter term in speaking of the complaint. It is worth remarking how low down in the abdomen a detached kidney may travel, and it is well to remember, when consulted on “moving, coming and going” tumors that the location and constant presence of the so-called floating kidney is practically always known to the patient, whilst “phantom tumors” of flatus come, move about, and at length disappear entirely. And the “coming and going” tumor, made by the bulging of the intestines through the recti muscles, when they are lax and separate, comes during certain positions and disappears suddenly in certain other positions, quite as mysteriously to the patient, as a flatus tumor. But the loose kidney is never lost sight of, however much it may wander about. In the two cases referred to, the treatment, outside of general measures, consisted in the application of a pad and bandage for the purpose of fixing as nearly as possible the kidney upon its normal site.
Correspondence.

"THE KENNEDY MATTER."

Dr. James Kennedy Speaks.—"One Tale Holds Good till Another is Told."

In the July number of the *Texas Health Journal* is published an open letter to Prof. H. A. West, Secretary of the Texas State Medical Association. The document is declared to be an official communication from the West Texas Medical Association, and bears the signatures of the President and Secretary. The seal of the West Texas Medical Association is likewise attached to it. In this letter they accuse Dr. West of "having attempted to forestall the opinion and prejudice the judgment of the Judicial Council" in my favor. They accuse the Judicial Council of unfairness and illegality of action. They express their defiance of the authority of the Texas State Medical Association by refusing to correct the irregularities and non-conformities to their constitution and by-laws (of which they have been proven guilty), as they are advised to do in the report of the Judicial Council. And lastly, they make the very grave charge against Dr. West of having abstracted a portion of the record of my trial before the Judicial Council.

In the face of the publication of this official (?) document, I feel it incumbent upon me to set forth the main facts in relation to my expulsion from this autocratic body (W. T. M. A.) and my trial before the State Medical Association, and in this way illustrate how much truth, justice and loyalty is expressed in the "official open letter" which they thought proper to have published in that great exponent of ethics (?) known as the "*Texas Health Journal*".

I joined the West Texas Medical Association in October, 1890, and was immediately thereafter elected to the office of secretary and treasurer. I continued in office until May, 1891, when, owing to certain discourtesies, not to say affronts, tendered me by certain members present at a meeting of the Association during the discussion of the question "The Best Method of Resuscitating the Drowned," which was being discussed, I resigned.

The position taken by the old "war horses" of the Association
was that no water entered the lungs at all, and, consequently, the practice of placing the individual across a barrel and rolling him, was a senseless procedure. My opinion was asked for, and when I delivered a few remarks showing that water did enter the lungs, and in abundance, and that the reason why water entered the lungs was because there being no obstruction to its exit, the air escaped, being displaced by the water. After many discourteous remarks, the president adjourned the meeting while I still had the privilege of the floor.

I was succeeded in office by Dr. Russell Caffery, to whom I presented my resignation. Some months after this, Dr. Caffery became disgusted with the management of the Association and tendered his resignation.

About this time the "faithful few" who remained formed a mutual admiration society. They numbered a quorum (seven), and with this number they held an annual election of officers. Then the campaign opened—they were determined to crush out all who would not bow to their despotic rule. I was the first man assailed. The sin of which I was charged was that of allowing my name to appear in the daily prints. A sample of my sin was clipped from a daily paper. The paper stated that "Dr. Kennedy, assisted by Dr. Caffery, had performed an operation on Miss —— that the patient was resting easy, and that hopes of her speedy recovery were entertained."

The next day brought forth the following "courteous" letter spoken of in the "open letter" sent to Prof. West by the West Texas Medical Association: (?)

SAN ANTONIO, Texas, Jan. 27th, 1892.

Dr. James Kennedy:

Dear Sir: Your attention is hereby invited to the purport of an article which appeared in the morning paper of the 26th inst., relative to a certain case and operation attended by yourself and Dr. Caffery. Such advertisement is a flagrant violation of Sec. 3, Art. 1, of the duties of physicians to each other and to the profession at large; of the code of ethics of the American Medical Association, and it becomes our duty to demand of you an explanation of the appearance of the same.

C. E. R. King, M. D.,
J. J. Bland, M. D.,
E. F. Hertzberg, M. D.,
Board of Censors.

The "grossly insulting" reply alluded to in the official (?) communication reads as follows:
To the Board of Censors of the West Texas Medical Association:

Dear Sirs: Your favor of Jan. 27th to hand, and in reply will say that as an expression of the supreme contempt in which I hold your meddlesome and unnecessary interference with my affairs, and my utter indifference as to the question asked, I at first concluded to take no notice of your communication whatever. But on second thought it occurred to me as a remote possibility that you might be laboring under a misapprehension; that you might not know that my resignation as a member of your honorable body was tendered last October (three months previous to receiving the above letter), and that since that time I have not considered myself a member, nor do I now consider myself a member.

However, even if I had been allied to your Association in the interval, I say boldly, and without the slightest fear of an honest contradiction, that there is no act of mine which, after careful investigation, will be found in violation of the "code of ethics."

I do not offer this as an explanation or apology. Being familiar as I am with the men and motives prompting the charge, I will not deign an explanation. If either you gentlemen of the committee or the Association has any further curiosity as to the item in the newspaper, you may gratify the same by calling at the office of the paper in which the item appeared.

Trustng to the courtesy of the Board of Censors to spare me the necessity of taking other steps to prevent a repetition of this annoyance, I have the honor to be,

Very respectfully,

James Kennedy.

At this time threats of personal violence to me were made by the beligerent element of this chaste body. While the ire of the President and Board of Censors was at fever heat, I was interviewed in my office by the Daily Express, from whose columns the following is clipped:

"Dr. James Kennedy, at one time Secretary of the West Texas Medical Association, was seen yesterday in regard to rumors of the withdrawal of a number of the physicians from that Association on account of the resolution recently adopted suspending members who fail to attend three consecutive meetings. Dr. Kennedy readily accommodated the reporter. As he proceeded with his statement of affairs as he saw them, he became eloquent and enthusiastic at times, as though he had a number
of the men he arraigns before him and was talking for their special benefit. Dr. Kennedy replied:

"Well, I think it is the last faint echo of the organization's death knell, which has been sounding for many months past. I am credibly informed that already a number of resignations have been handed in and a large number of members have signified their intention of resigning. A careful inquiry into the history of this society reveals the fact that very little has been accomplished the last few years towards unifying the profession or advancing the science of medicine towards that goal of perfection which it is the earnest hope of every true disciple of our noble calling that we will eventually attain. All honor to the founders of this now expiring body, for their zeal and energy as displayed in their efforts to advance the profession of medicine and surgery, and deep should be the regret of every one of us who has contributed our mite towards making the West Texas Medical Association the truly scientific and instructive organization, which it was the design of its founders it should be; to see its life blood sapped away by contention, jealousy and strife—to reflect that of the structure whose very foundation was built of love for science and a desire for mutual advancement and success, whose corner stone was "Do unto others as you would be done by," and whose pass word was "harmony," nothing should be left but bare and crumbling walls whose principal function now is to re-echo the calumnies that are cast upon those who absent themselves because they find such company and pastime uncongenial.

"Not even those who have grown gray in the harness and whose names are a synonym for ability, integrity and skill—who are honored, loved and revered by the people, escape slander and abuse. As to the younger men, if they fail to accept the ipse dixit or to pay tribute to the infallibility and profundity of the handful of egotists who have usurped the control of its affairs, they simply are not in it. If a young physician ventures to express an opinion, no matter how well founded on fact it may be, unless it be in accord with the preconceived notions of those who happen to be a few years his senior, he is summarily squelched—sat down upon as it were. This seems to be considered a just recompense for his timidity.

"The war cry of the "regulators" in this body is "medical ethics." The "regulators" are of course self-constituted—they are duly qualified doctors of medicine whom the public, it seems,
has never sufficiently appreciated to keep them actively employed in practice—hence they have an abundance of time at their disposal and consume it in prating medical ethics and in finding fault with their busy brethren. They consider it a heinous offense to allow one's name to appear in print in connection with the report of any accident or operation, whether it be with or without the knowledge of the physician.

"The "regulators" emphatically state that such conduct (allowing one's name to be reported in connection with an accident case as a matter of news) is unprofessional, inasmuch as it is considered advertising, which is prohibited by the "code;" yet a glance at our daily papers, both English and German, discloses the fact that spaces have been taken by our great sticklers on ethics for the display of their cards, and on those pretty little silken banners which are hung up in the rooms of our hotels for the information of guests as to rules and regulations, etc., will also be found the advertisement of the present executive of the Association. Such beautiful consistency certainly merits admiration.

"But enough of this. Let the requiem be sung o'er this defunct body (the West Texas Medical Association) and from its ashes let there arise an organization whose code of ethics shall be the golden rule, whose aim shall be the advancement of the science of medicine and surgery, whose requirements for membership shall be scientific and practical worth. Let there be no regulators, but let every man regulate himself as becomes a man, a gentleman and a doctor. To such a society personalities, petty jealousies and dissension will be strangers. An organization founded upon this basis cannot fail to be productive of good to both the profession and the public.'"

After my distinguished brethren had devoured this choice literary morsel, they flew into a fury of passion, held a meeting, and expelled both myself and Dr. Caffery. Two or three cool-headed and fair-minded gentlemen who happened to be present remonstrated at the gross injustice of the contemplated act and pointed out the irregularity of such precipitate action in the matter. They called attention to the fact that no proofs sustaining the charge of "advertising" had been adduced. But the "wrathful seven" would not be appeased. Expulsion had been determined on beforehand, and expel us they must, and did, in direct violation of the constitution of the Association.

The article providing for the expulsion of members states that
"Any member may be expelled for immoral and unprofessional conduct by a vote of two-thirds of the members of the Association, provided that he receives notice in writing from the Secretary of the charges and specifications, and by whom preferred, at least thirty days before trial."

I will here state that I never received any communication from the Secretary whatever, and no notice of trial was ever given, nor was any trial ever held. And further, that there was not two-thirds of the members of the Association present, nor even one-tenth of its membership.

Supplementary to the above remarks I will quote the following:

SAN ANTONIO, TEXAS, April 16th, 1892.

To Whom It May Concern:

This is to certify that I caused to be inserted in the Daily Express, January 26th, a notice of an operation upon my daughter performed by Drs. James Kennedy and Russell Caffery, and that said notice was inserted without their knowledge or consent.

Wm. _________.

Sworn to and subscribed before me this 16th day of April, A. D., 1892. HENRY LAAGER,
[Seal.] Notary Public, Bexar County, Texas.

SAN ANTONIO, TEXAS, April 23rd, 1892.

To the Texas State Medical Association:

GENTLEMEN: We the undersigned physicians, practicing in the city of San Antonio, submit the following statement for the information of your Judicial Council, relative to the expulsion of Drs. James Kennedy and Russell Caffery from the West Texas Medical Association.

We were not present at the session when these gentlemen were expelled, but judging from such information as we have received concerning the matter, we do not believe that they were given a fair trial, or that the Association proceeded in the manner prescribed by its constitution.

H. J. TROLINGER,
EDWARD BENNETT,
H. D. BARNITZ,
RUDOLPH MENERG.

[Telegram.]

BOERNE, TEXAS, April 24.

To James Kennedy, S. A.:

I believe you were expelled in violation of by-laws.

DR. HERFF.
To the Texas State Medical Association:

Gentlemen—We desire to state that we were present at the session of the West Texas Medical Association held on the 25th day of February, 1892, when Dr. James Kennedy and Dr. Russell Caffery were expelled from the society.

We also beg to state that there were but a few of the members present, and not a sufficient number to act on the expulsion of a member in accordance with the constitution of the Association.

Charges of advertising were preferred by the Board of Censors against Drs. James Kennedy and Russell Caffery, but were not sustained by any evidence; nevertheless, they were expelled.

It is our opinion that the trial was a farce, and the expulsions were unjust and unconstitutional.

Edward Cross, M. D.,
F. E. Young, M. D.

Sworn to and subscribed before me by Edward Cross, M. D., and F. E. Young, M. D., on this the 23d day of April, 1892.

[Seal]
Jas. L. Burgess,
Notary Public, Bexar county, Texas.

These are the facts in the case relative to my expulsion from the West Texas Medical Association.

The case was brought before the State Association by the West Texas Medical Association, for the avowed purpose of having me expelled from that body. Both the President of the West Texas Medical Association and the Board of Censors boasted that they would have me expelled from the State Association.

With the facts before the Judicial Council as they are herein briefly recorded (and it seems to be a pretty clear "case," notwithstanding the open letter in the Texas Health Journal says there was "no case" before the Judicial Council, as the matter was forwarded to them for their "information" only), what else could they do, honorable men as they were, but to bring in a verdict of "not guilty," which they did in the following words:


Tyler, Texas, April 26, 1892.

In the matter of the expulsion of Dr. James Kennedy from the West Texas Medical Association, it was resolved that the papers submitted disclose irregularities and non-conformities to their by-laws and constitution of such a gross character that we cannot approve them without doing injustice to Dr. Kennedy; therefore we order that they be returned to the West Texas Med-
ical Association for correction and legal adjudication at home before appealing to the T. S. M. A., and that Dr. Kennedy's proper recourse is, after due trial by the local Association, to this Association.

J. C. Loggins, M. D., Chairman.

The above is a correct transcript of the report of the Judicial Council upon the subject mentioned.

H. A. West, Sec. T. S. M. A.

Before closing this article, I beg to call your attention, Mr. Editor, and the attention of all who have followed the thread of this controversy, to the "purport of the following article which appeared (also) in a daily paper," Dr. Kingsley being the President and Dr. Harmer Vice-President of the society which construed the "purport" of the other newspaper paragraph to mean "a gross violation of the Code of Ethics." I am not advised as to whether or not the Board of Censors wrote these gentleman a "courteous letter" and demanded an explanation. It seems to be a matter of much moment whose ox is gored:

"IN A CRITICAL CONDITION.

"Mrs. W. R. Potter, residing at 292 East Commerce street, is lying at the point of death, and her recovery is doubtful. For some weeks she has been suffering with a tumor. Yesterday afternoon Drs. Kingsley and Harmer were sent for, and performed an operation, relieving her of the terrible agony which she had been having. Another surgical operation will be performed this afternoon, and it is thought that a chance to save her life is probable."—San Antonio paper.

In conclusion, I wish to remark that the uncalled for attack on Dr. West in the "official open letter" of the West Texas Medical Association, and their defiance of the authority of the State Association as expressed therein, which bears the autographs of the Secretary, the seal and the President (which triumvirate I am inclined to believe is all that now remains of this famous set of wranglers), is quite in keeping with the spirit that has always dominated in this, it is to be hoped, now extinct Association. Dr. West's well known high personal character places him beyond the range of his peurile assailants and their contemptible sallies, and needs no defense at my hands.

The portion of the record which they charge was abstracted, was my own personal property, and was returned to me at my own request, by the Judicial Council.

Some idea of the amount of dissatisfaction existing in the
ranks of the West Texas Medical Association may be found in the resignation of the following members in the past year:


[James Kennedy, M. D.]

[P. S.—August 10th, the newspapers announce the withdrawal of Dr. C. E. R. King also, one of the Censors.—Ed.]

ANTIPYRIN A HEMOSTATIC.

Albany, Texas, August 3, 1892.

Editor Daniel's Texas Medical Journal:

I see in the July number of your valuable journal that Dr. F. C. Ford, of Nacogdoches, Texas, is given credit for priority in the discovery of antipyrin as a styptic. If you will look up a short article of mine in the March number of your journal of 1888, page 366, you will see that I am the first one in this country to use it, and that it was not original with me. I have since publishing the paper referred to, employed the same agent in minor operations, with like good results.

Truly yours.

W. M. Powell, M. D.

SUBCUTANEOUS LIGATION.

Ellla, Brazoria County, Texas, August 9, 1892.

Editor Daniel's Texas Medical Journal:

Prominent among the original communications in the last issue of the Journal is an article by Dr. Thos. J. Pugh, entitled "Subcutaneous Ligature of an Artery." All I have to say on the subject will be through no sense of harsh criticism or disrespect to the originality of its author; on the contrary, I think every man should have enough individuality about him to think for himself, and then put his convictions into execution; and if his judgment has misguided he had better not say much about it, but if the experiment prove successful and your expectations are realized, do not hide your light under a bushel, but place it out on a high pinnacle (Daniel's Texas Medical Journal, or some like conspicuous place), that it may shed its rays of enlightenment throughout the land.
Prof. S. E. Chaille, M. D., of Tulane University, told his class once in my hearing, that the greatest drawback to the progress of medical learning was the habit of following in the old trodden path. He says "If Austin Flint, Prof. Chaille or any body else tells you a thing is right, and it doesn't appeal to your reason as being that way, don't believe it until you have convinced yourself." Now, it is this principle I shall act upon while making a few remarks on Dr. Pugh's "Subcutaneous Ligature of an Artery."

From a theoretical standpoint the operation is open to some objections.

In the first place, it looks to an impartial observer like a piece of bungling guess-work. Nerves, veins and arteries run the same course, and often in such close proximity as to render it impossible to go down blindfold and pick up the one without including the other in the ligature.

Suppose we wanted to ligate the femoral artery one inch below Poupart's ligature where it is enclosed in a common fibrous sheath with the femoral vein, should we pass our curved needle armed with a deadly strand of silk around both vessels, insuring, you might say, gangrene and a consecutive hip-joint removal of the member?

Let us suppose another case, that to some of us might some day be more real than imaginary. Suppose we wanted to ligate the subclavian in its first part, where the phrenic nerve passes between the subclavian artery and subclavian vein, we would, I suppose, pass our curved needle clear around both vessels, including the phrenic nerve within its fatal grasp? The pneumogastric might also be included in a similar manner.

Another case and I will desist, though others might be mentioned.

Suppose we want to ligate an artery of one of the lower extremities of an old person with feeble circulation, and happen to tie up a good sized vein with it, what could follow but gangrene? Again, Dr. Pugh says, tie up vessels, muscles, nerves and all together; that an occasional dose of morphine will allay the pain.

We all know the consequence of ligating a nerve stump after amputations, and I see no reason why it should not be as bad when tied in its continuity.

With all this staring a man in the face who theorizes before practicing, and thinks before acting, how can he speak these words: "In my opinion subcutaneous ligation should be resorted to in all cases where the artery can be reached without cutting"?
To say the least, the procedure looks to be unnecessary, for if a vessel is near enough the surface to be reached with a needle, the traumatism produced by cutting down on it so that we can see what we are doing, is but little more than a skin wound and is hardly taken into account.

I see but one place wherein the operation might be admissible, and that would be in an old person with good circulation whose arteries are brittle from calcareous degeneration, then I believe it would be better to cut down and include such tissues as are necessary to pad the ligature, and not risk tying up veins and nerves.

B. P. McVey, M. D.

FOREIGN CORRESPONDENCE.

Letter from Prof. J. E. Thompson, M. D.*

CALEDONIAN HOTEL, NOTTINGHAM, July 28, 1892.

Editor Daniel's Texas Medical Journal:

... I send you with the same post a copy of the programme of the British Medical Association, also Lawson Tait’s results in hepatic surgery.

The subject was introduced by Mayo Robson, and he fairly took the wind out of Tait’s sails. He read a splendid paper, not dealing, however, with hepatic abscess as much as with the surgery of the gall bladder. All his points of treatment I cannot give you, but the points of diagnosis were summed up as follows:

1. Gall stones may exist without any symptoms.
2. Impaction of a gall stone in the cystic duct is not accompanied by jaundice.
3. If jaundice happen to be present, the stone is either in the hepatic duct or the common bile duct.
4. The signs of impaction of a gall stone in the bile duct are:
   (a) Ague-like attacks with pain in the right hypochondriac.
   (b) Slight febrile condition, (c) followed by slight and transitory jaundice.
5. If persistence of jaundice is noticed, then probably malignant disease is present.

*Professor of Surgery Texas Medical College, and Surgeon to Sealy Hospital.
I just mention these points by the way, as they are interesting.

I leave here to-morrow for Belfast, and thence along the west coast of Ireland to the lakes of Killarney. I am having a fine time, and just at present the weather is very pleasant. To-day a rule was passed allowing women to become members of the British Medical Association.

I leave here for Texas the first week in September.

I am, yours faithfully,

J. E. Thompson.

[It will be remembered Dr. Thompson had a severe spell of typhoid fever in March and April, and was convalescing when he left for Europe. He writes that he is entirely well, and has regained his usual weight.—Ed.]

Society Notes.

TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

We are in receipt of an abstract of the proceedings of the Tri-State Medical Society which contains an abstract of all the papers read at the last meeting and the discussion thereon. The advantage of an abstract of this kind is that it is not necessary to read through all the papers to get the leading ideas advanced by the authors. It gives us pleasure to note the rapid progress made by this young and vigorous Society.

It is wielding a powerful influence for the good of ethical medicine in our South land. Its members number many noted men of all sections.

We acknowledge the receipt also of the following reprints: "The Lacerated Cervix," "Bromide of Ethyl as an Anaesthetic," "Should not Oculists be more Careful in Prescribing Colored Glasses?" "Evolution from a Scientific Standpoint." Any of the above will be sent on application to the Secretary, Dr. Frank Tester Smith, Chattanooga, Tenn.

The next meeting will be held in Chattanooga, beginning Oct. 25th—Dr. W. E. B. Davis, Rome, Ga., President, and Dr. F. T. Smith, Chattanooga, Secretary.

The Wood County Medical Society, at a recent meeting, elected the following officers for ensuing year: President, Dr. Sam H. Hart; Vice-President, Dr. J. P. Wilson; Secretary, Dr. R. O. Connell; Treasurer, Dr. Cooper.
Suggestions for the Busy Doctor.

Acute Orchitis.—In the early stages of acute orchitis give from three to five drops of the tincture of pulsatilla every two hours.—Exchange.

To Remove Dandruff.—The following is given in Lillard’s Practical Hints and Formulæ:

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<th>B</th>
<th>Chloral hydrate</th>
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<td>Glycerine</td>
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<td>Bay rum</td>
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M. —Exchange.

Ingrowing Toe-Nail.—

| B   | Muriatic acid, | 5 ij |
|-----|----------------|
|     | Nitric acid    | 3 j  |
|     | Chloride zinc  | ½ j  |

M. Sig. Apply one drop to the affected part once a day. This gives instant relief to the pain caused by ingrowing toenail.

[Operation is the only cure; wide-toed shoes the best preventive.—Ed.]

Disinfectant Mouth Wash.—Dr. Thomas finds the following a pleasant and efficient buccal disinfectant:

| B   | Thymol         | gr. iij |
|-----|----------------|
|     | Benzoic acid   | gr. xl  |
|     | Tinc. of eucalyptus | 3 ij |
|     | Essence of peppermint | 1 l | x |
|     | Alcohol        | 3 ij  |

M. d.—Sig. Pour enough into a glass of water to render it turbid, and use as a mouth wash.—Medical Fortnightly.

In the Treatment of Affections of the Stomach.—

(a) | B | Phenate of cocaine | 5 centigrammes. |
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<td></td>
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<td>Subnitrate of bismuth</td>
<td>2 grammes.</td>
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Mix and divide into five cachets. Sig. In cases of gastralgia, one cachet in the morning, before breakfast, or one hour before the expected principal crisis.

(b) | B | Phenate of cocaine | 7 centigrammes. |
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<td></td>
<td></td>
<td>Powder of condurango</td>
<td>1 gramme.</td>
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</table>

Mix and divide into ten small cachets. Sig. In cancer of the pylorus, one cachet in the morning before breakfast.—Univ. Med. Mag.
Treatment of Acute and Chronic Nasal Catarrh.—

B Phenate of cocaine . . . . . . 20 centigrammes.
   Pulverized boric acid . . . . . 2 grammes.

M. Sig. External use.

In Uterine Hemorrhage.—Huchard (Revista de Ciencias Médicas de Barcelona, April 25, 1892) uses this prescription:

B Ergotine,
   Sulphate of quinine . . . . . . 2.00 grammes.
   Powder of digitalis,
   Extract of hyoscyamus . . . . . . 0.20 gramme

M. and make twenty pills. Sig. From five to eight pills per day.

Menthol in Pruritis.—According to the researches of DuBreuil and Archambault, who have studied the effects of menthol in a variety of pruritic affections, it is stated "that nothing can equal it for the relief of the itching of urticaria, itching eczema and pruritis ani, and all skin diseases where scratching keeps up the lesions of the skin."

In ordinary cases a ten per cent. solution in alcohol, olive or almond oil may be employed, or from two to five per cent. of menthol may be added to oxide of zinc ointment. Upon an excoriated surface or a mucous membrane, care must be exercised not to use too strong applications, as a disagreeable sensation of burning results in such cases.—New Remedies.

Dr. Culver’s Treatment of Carbuncle.—About Nov., ’89, my father, 86 years of age, complained for several days of sore back. On examination I found a carbuncle the size of my hand on the right side of the spinal column in the thoracic region. Poulticed it a few days, when about a dozen openings appearing, I concluded to try a 95 per cent. solution of carbolic acid, applied with a feather to the entire surface. He made no complaint, but next day said it was better. I made two more applications on the two succeeding days, and on the fourth day it appeared well, no sloughing, no loss of tissue, and he had no further trouble with it. So quick and satisfactory a result surprised me, knowing the usual tedious character of carbuncle in this region.

I have since used it in several cases with uniform success and no untoward results, so that a disease which I used to regard as formidable, I no longer fear.—Ex.
Phenacetine in Frequent Urination.—Dr. Traill Geen, in the University Medical Magazine, recommends phenacetine to be given to elderly patients whose rest at night is disturbed by the necessity of frequent rising for urination.

He prescribes ten grain doses at bedtime. Many old people, the majority of whom present excess of uric acid or urates in the urine, acquire the habit of too frequent urination. In many cases there may be irritability of the bladder. During the past year, Dr. G. attended a patient for whom he had prescribed for a year or two for frequency of passing urine. While under treatment for another affection, he had occasion to prescribe a ten grain dose of phenacetine at bedtime, and learned the following morning that the patient had passed the night without a call to pass his water. The medicine was continued in ten grain doses for several nights, and rest of eight hours was secured. Since that time, the writer has verified his experience in the first case. The effect does not depend upon any property of the remedy to produce sleep, since the patient may wake without being called upon to urinate, and sulphonal and other remedies of the same class do not act in giving rest like phenacetine.—Clinique.

Treatment of Gonorrhœal Vaginitis.—The woman, if possible, should be kept in bed, and salol and an alkali administered internally for the relief of painful micturition. A lotion of bichloride solution 1:5,000 is used for bathing the outer parts and for injecting into the vagina three or four times a day for the first three days. After this, the strength is reduced 1:10,000. If this injection be painful carbolic acid solution is substituted for it. The injection should be taken with the patient in a recumbent posture. About the third day a speculum can be used and the cervix exposed to view. The parts may then be swabbed with strong carbolic acid or with a solution of bichloride of mercury, and this followed by dusting the parts with powdered iodoform. Later on a five per cent. solution of nitrate of silver may be painted over the cervix and vagina, and the vagina tamponed with iodoform gauze so as to separate its walls, the ends of the tampon being brought down to the vulva. If these are changed every two days the discharge will usually cease within a week or ten days. Before discharging the case as cured, never omit to examine the glands of Bartholini, and if any pus can be made to exude from them you may rest assured that the disease has not been eradicated. They should then be incised under cocaine.
anesthesia and touched with strong carbolic acid. If there be purulent discharge from the cervix and the Nabothian glands are distended, curette them and apply pure carbolic acid, using the iodoform tampon to prevent reinfection of the vagina.—The American Journal of Obstetrics.

Treatment of Eczema in the French Hospitals.—Dr. Jacquet (La Semaine Medicale) advises that attention be paid to the general health, which subject need not be considered here. In eczema in the folds of the skin, or where a parasitic origin is suspected, the writer begins with a calomel salve:

B  Calomel  grs. viij–xxij
   Oxide of zinc  grs. xlv
   Pure vaseline  3 iv

After its application, dust on a powder of ten parts of the oxide of zinc and forty parts of t alc.

If the disease be obstinate, then use the following ointment:

B  Yellow oxide mercury  grs. viij–xv
   Oil of cade  $M_{xv}$–3 j
   Pure vaseline  3 v

If the eczema is on the hairy scalp, then use:

B  Naphthol,
   Camphor,
   Resorcin  åå  grs. v–xv
   Precipitated sulphur  grs. xxx–3 jss
   Pure vaseline  3 v

Nitric acid solution (1.20) may be applied with a camel’s hair brush, or a salve used containing pyrogallic or salicylic acid:

B  Salicylic acid  grs. vij
   Pyrogallic acid  grs. xv
   Pure vaseline  3 v

If these act as irritants, one may return to less energetic topical applications. The writer also uses plasters; the best of these contains the oxide of zinc. In rebellious cases one may employ the cod-liver oil as a local application. In pruriginous cases, one should use warm solutions of carbolic acid, together with a protective salve of the following consistence:

B  Ethereal oil of peppermint or carbolic acid  $M_{vij}$
   Pure vaseline  3 ivss
   Oxide of zinc  3 iij

Fissures are touched with a 15% solution of argentie nitrate.—Lancet-Clinic.

For Neuralgia.—Dr. Goss says take menthol, saturated tinct. 1 oz., chloroform 1 oz., tincture of camphor 1 oz.; apply over the pain. This also relieves headache of a nervous character.—Ex.
Is the West Texas Medical Society a branch of the Texas State Medical Association? Are State medical associations branches of or subordinate bodies to the American Medical Association?

The answer to one of the above questions would seem to apply to the other, and in view of certain complications that have arisen in this connection, it is highly important that an understanding should be arrived at.

That the local societies in this State regard themselves as "branches" of the State Association,—or, at least, consider themselves subordinate to the State Association, is evidenced by the fact that nearly all local societies annually send delegates (and formerly paid tribute in money) to the State Association, and many of them in framing their constitutions and by-laws, have provided for an appeal to the State Association in certain cases. It seems to be generally understood among medical men that such is the relation of the local societies to the State Association, and of the State Association to the National organization. Especially with regard to the latter would this seem to be accepted as the proper relation; for the several State Societies have adopted the Code of Ethics of the American Medical Association, and have provided for an appeal to that body in certain matters of dispute.

But as a matter of fact,—and in the eyes of the law, does any such relation of dependence on the one hand and of authority on the other really exist?

The Texas State Medical Association is a chartered institution, and so is the American Medical Association. Those charters make no provision for issuing charters to the local or State societies, and as a matter of fact no such charters are extant. The subject has often been discussed, both in the American Medical Association and in the Texas State Association; but all proposi-
tions looking to a unification of the profession, i.e., of establishing "branch societies," we believe, have been voted down. In Great Britain all local societies are chartered by the British Medical Association and are, therefore, "branches" of the National body. The West Texas Medical Society also holds a charter from the State; and while the members acknowledge allegiance to the State Medical Association, it is, in fact, an independent organization. That is the decision recently given by Judge King* of the 45th (Texas) Judicial District Court, at San Antonio, Tex., (April 13).

We presume the decision will become a precedent and will apply to all other local societies holding charters from the State; and, inferentially, will apply also to the Texas Medical Association, which is chartered by the State.

The test came up in the matter of the expulsion of Dr. James Kennedy† from the West Texas Medical Society.

It will be remembered Dr. Kennedy claimed that his expulsion was illegal and not in conformity to the constitution and by-laws of the society; and that he applied to the District Court for a mandamus to compel his restoration to membership, the erasure of the entry in the record, and to prevent the West Texas Medical Society reporting his expulsion to the Texas State Medical Association, he being a member of that body. Final action has not yet been had on this application, and the West Texas Medical Society proceeded to file the information with the State Association at the meeting in Tyler in April last. It will be remembered also, that the latter body supposing it to be a "charge," (we assume they did, from the action taken in the matter) referred the papers sent up by the West Texas Medical Society to their Judicial Council, who reported that "gross injustice" had been done Dr. Kennedy, and they "could not approve the verdict," that his expulsion "was irregular," etc., and referred the matter back "for adjudication" by the West Texas Society "before an appeal could be taken to the State Medical Association," which (appeal) they said, was "Dr. Kennedy's proper course."

*And also by Judge Noonan, of the 37th District Court.

†Dr. Russell Caffery, who was associated with Dr. Kennedy in the "operation" out of which grew all this trouble, and who was a member also of the West Texas Medical Society, but not a member of the State Association, was expelled by his society at the same time Dr. Kennedy was. He applied, also, for a mandamus, and his case was tried in the 37th District Court, Judge Noonan. In this case the same decision was made as in Kennedy's case.
On April 13th proceedings were had by the 45th District Court at San Antonio on the application of Dr. Kennedy for mandamus, and the first point to be settled was the relation between the medical bodies; the West Texas Medical Society filed an answer, setting forth that the court has no jurisdiction to try the case, as Dr. Kennedy had the right to appeal to the State Medical Association from the action of the local society; that mandamus being last resort cannot issue until Kennedy had failed of relief at the hands of all intermediate tribunals, and that the State Association was the highest medical tribunal, etc. This plea was overruled by Judge King, who decided,—after having examined the constitution and by-laws of the two organizations and finding that both were chartered by the State,—that the State Medical Association is not a tribunal to which an appeal could or should be made, and that Kennedy had no right to so appeal; that therefore the court has jurisdiction and will proceed to try the case on its merits at a time set. The points in the trial yet to settle, being, whether or not Dr. Kennedy (and Dr. Caffery) were expelled in due process and in accordance with the provisions of the laws of the West Texas Medical Society.

In the face of this judicial decision, the question may pertinently be asked, what has the State Association to do with any action of the West Texas Medical Society; and by what obligations is the latter bound to heed the action of the Judicial Council had at Tyler? In an "open letter to Secretary West" (in our July number) the West Texas Medical Society declines to "correct irregularities, of the existence of which it is entirely ignorant."

Assuming that the possession of a charter from the State by a medical society, and the absence of one from a higher (?) society constitutes a medical organization an "independent body;" assuming that Judge King's and Judge Noonan's decisions will apply as well to the State Medical Association in its relation to the American Medical Association, the question as pertinently arises—What has the American Medical Association to do with any action of the Texas State Medical Association? And what obligation rests upon the latter to heed any decision of the former upon any case appealed?

True, such appeal is provided for in its by-laws, but it is stipulated that a complete transcript of the record of the proceedings of the lower court (?) shall accompany it. In a certain case to which allusion is made and which we do not care to mention
more specifically, no transcript of the record was furnished, and the decision that the State Medical Association had not conformed to its own by-laws was *ex parte*, and would have no weight in any court at law.

The Texas State Medical Association, at its meeting at Galveston next May, will have to consider and determine two cases in which these points are involved, and the above is thrown out for consideration of members and those concerned.

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**SUPERINTENDENT BARKER.**

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**SENTIMENT VS. DUTY.**

The County Commissioners of this (Travis) county are after Superintendent Barker of the Southwest Texas Insane Asylum with a sharp stick, so to speak. They have addressed a communication to Governor Hogg in which complaint is made that the county jails are full of pauper insane, while there is room in the Southwest Texas Asylum; and in dealing with the subject they fairly knock the bark off; they give Dr. Barker emphatically to understand that he is "barking up the wrong tree" when he tries to shut the eyes of these commissioners with any sentiment.

Their complaint is general and specific; they mention Henry Purnell particularly, and represent to the Governor that this man is in jail—having been adjudged insane—and that application to Dr. Barker for his admission to the Southwest Texas Lunatic Asylum is refused, on the ground that Purnell killed "a friend of his," and that it would be unpleasant to look at him.

Dr. Reeves was not only a friend of Dr. Barker's, but he was a friend of the county commissioners and of the county jailor, and of everybody who knew him, and his untimely death was universally deplored. But, it was the act of a madman, and such sentiment as Dr. Barker gives as an excuse for refusing him admission into the State Asylum is puerile, and unbecoming a man of ordinary common sense. The law gives precedence to indigent insane, and they are to be admitted in preference to the wealthy class, who, it is supposed, can find asylum elsewhere; and the Commissioners in their memorial to the Governor set forth that Dr. Barker has an abundance of room, and ask for a mandamus, as it were, to compel him to subordinate his personal feelings to his duty and to admit Purnell. Poor Purnell! We
wonder if the sight of him is more "unpleasant" to the fastidious doctor, than it is to Sheriff White? Or more unpleasant to either of them, than are the walls of a filthy prison to him?

Since this refusal to admit Purnell, the fire at the Austin Asylum occurred, and seventy-five women patients were unhoused. We learn that Dr. Barker refused to receive them, or any of them, temporarily, pending the repairing of their wards, alleging that "the law" [the devil quoting Scripture] gives his space to the pauper insane who are now in jail! and that there are enough insane in jail to more than fill his Asylum! The capacity of the Asylum is said to be two hundred, and the number of patients now on hand one hundred. While he urges that he is reserving his space for the indigent insane, the Doctor allows them to still languish in jail.

That this is a mere pretext, and to show that Dr. Barker could easily, and without violating the law, have relieved Superintendent White (Austin) of a part of his unhoused patients, had the inclination been present, and also as illustrating the difference between man in such positions; that there are Superintendents and Superintendents, the fact is recalled that when application was made to him to receive a portion of these people and he was assured that they could not, without uncomfortable and perhaps dangerous crowding, be cared for in the main Asylum at Austin, he came up to Austin to see for himself if the truth had been told him; to satisfy himself that no other arrangement could be made before calling on him! We will let our readers give it a name; but we must assume that he came to the conclusion that the facts had not been fairly stated and that Superintendent White could take care of these patients if he would, as he refused, and, on the pretext given; Superintendent White having no other alternative did make provision by crowding them all into other wards, greatly to the discomfort of all. On the other hand, in further illustration of the fact that there are Superintendents, like men, "of many minds," Supt. John Preston, in charge of the North Texas Hospital for the Insane, at Terrell, did not wait to be asked, but on hearing of the fire telegraphed to Supt. White to know if he could be of any service, and placed ten beds—all he had—at Dr. White's disposal!

We presume Dr. Barker has some reason for his remarkable conduct other than that their presence would be "unpleasant" to him, or that he is saving his room for those in jail; if he has, our columns are open to him, and he is invited to use them in
explaining what, without explanation, looks like a good sized outrage, malfeasance in office, and total unfitness for his high trust. Unless he can give a reason, and a very good one, he should be removed, and thus be made to realize that in the construction of this diverticulum for the excess of insane over accommodation, and its maintenance at the expense of the State, his feelings did not enter into the consideration, and hence no provision was made for "sentiment."

THE ALVARENGA PRIZE.

It is with much pride and gratification that the Journal announces the award of the Alvarenga cash prize for 1892 to Dr. R. H. L. Bibb, of Saltillo, Mexico.

Dr. Bibb is a Texan, and for many years has been closely identified with the Texas profession. Residing in Austin formerly, he was extensively known,—his reputation as a surgeon being co-extensive with the State bounds. He was largely instrumental in the organization and building up of the State Medical Association, having served some years as its secretary,—and contributed many valuable papers to its published Transactions. He is perhaps better informed upon the history of this organization than any man living; in fact, he has written out a history of the Association, which should, by all means, be published.

Since his removal to Mexico, the doctor has made a close study of leprosy; and the paper to which was awarded this splendid prize by the College of Physicians of Philadelphia was the result of his study and observation for the past ten years in Mexico, where he had every facility for making himself familiar with the disease in all its phases.

The paper, which is now, under the terms of the award, the property of the Philadelphia College of Physicians, gives, incidentally, a brief historical sketch of leprosy, and treats of the disease as a specific bacillary affection, uninfluenced by climate, race, occupation, etc., only in so far as these environments tend to enervation on the one hand, or physical vigor on the other; propagable by heredity; contagious, infectious and communicable under conditions not yet fully understood; curable, mitigable and susceptible of complete eradication from the list of human ills. The paper details some of the author's personal experience with leprosy patients, and experiments made during the ten years in
which he was giving the subject special attention and study. It is illustrated with photographs of some of the subjects experimented on, and such as served to illustrate the different divisions into which the subject was divided; it is also embellished by two beautiful crayon drawings of the bacillus leprae, executed by the doctor’s accomplished young wife.

In the preparation of the paper, the author cites the views and opinions of men who are educated in the disease in all its phases; his object apparently being to elucidate the subject for the benefit of mankind, rather than to make a display of learning, or to bolster up preconceived opinions of his own; to arrive at the truth concerning the nature of a disease known since the beginning of written history, and found among every nation on the globe, but never understood.

This paper will become historic, and will constitute a valuable addition to the literature of the subject. It is most opportune, too, as we are threatened on all sides with the disease, and its study is engaging the careful attention of some of our ablest men. Doubtless the paper will appear in due time in the Transactions of the Philadelphia College of Physicians.

Alvarenga was a wealthy Spaniard, who died in Philadelphia, some years ago, leaving a sum of money in the hands of the Philadelphia College of Physicians, the interest of which is to be given each year as a prize for the best paper sent to that body on any medical topic. The committee of award is chosen by the trustees of the fund, and is composed of a representative physician in each state. The prize amounts to about $180.

The Journal extends its cordial congratulations to Dr. Bibb upon this distinguished honor. Dr. Bibb has, from the inception of the enterprise, been a staunch friend and supporter of Daniel’s Texas Medical Journal, and is one of its most valued collaborators. As a writer, he is terse and forcible, rather than florid and prolix; he talks squarely at his subject, and makes every word count.

Medical News and Miscellany.

What’s in a Name?—Iodoform would smell as bad by any other name.

The “Doctor’s Crop.”—A valued correspondent writes: “We
had a fine rain Saturday, which will help the Doctor's crop—the "top-crop" of cotton.

In view of the possibility of an invasion of yellow fever from Mexico—the disease being at Vera Cruz—State Health Officer Swearingen has doubled his guards at Laredo and Eagle Pass.

In our write up of the College faculty in the souvenir edition the biography of Prof. A. J. Smith did not appear, from the fact that the Doctor failed to furnish the necessary data, much to our regret.

Stories of a Country Doctor, by Dr. Willis P. King. The third edition of this great book is now ready. Price $1, in cloth. With Daniel's Texas Medical Journal, post paid, $2.65; this office.

Dr. Wm. Caston, formerly a prominent practitioner of Texas at Corsicana and other points, and still a member of the State Medical Association, has removed from Spokane Falls, Washington, where he has resided several years, to Denver, Colorado.

Death of Dr. Hardy's Son.—Eddie, son of Dr. L. H. Hardy, of Paige, Texas, died on 16th of July ult., after a long and painful illness. He was just past eighteen, and was a very bright and promising young man. The Journal tenders its sincere sympathy to the doctor in his severe bereavement.

Errata.—In our July number there occurred several provoking errors; the name of Dr. R. C. Hodges was spelled Hodge; Dr. H. P. Cooke's name was spelled "Cook." In Dr. H. Atchison West's name the middle name was spelled "Atcheson" and his place of nativity, Russell's Cave, was printed "Rupell's Cave." The word spectator was printed "speculator," and "extended trip" was printed "intended trip," etc. "Excuse these tears."

Dr. L. M. Cocke, who for several years has practiced medicine in San Marcos and other points in Hays county, and was at one time at Laredo, is now engaged in the manufacture and sale of a fumigating apparatus,—Bozart's Weevil Destroyer,—which apparatus, the Doctor claims, will not only destroy weavils in corn in bulk but will disinfect anything. The Journal wishes the Doctor as much success as his energy and pluck entitle him to, and that is abundant.
as French or German. The plan of the Annual naturally brings within a limited scope a great number of American writers, but few of whom are quoted abroad, and I hope, by presenting an edition of the work in the French language, soon to obtain for our confreres the recognition due them.

"A feature of importance in the next Annual will be the insertion, when possible, of the address of each author quoted. You can readily appreciate the value of this new step. John Smith, of Lebanon, Pa., can be distinguished from hundreds of the same name practicing in this country and England. The individual is properly recognized—so is his country. Were each journal to give the address of its contributors, this improvement could easily be effected."

Daniel's Texas Medical Journal always gives the P. O. address of its contributors.

Keating's New Pronouncing Dictionary of Medicine has just made its appearance from the press of W. B. Saunders, of Philadelphia. Its advent has been long looked for and will be hailed with delight. In view of the great advances in medicine, and especially in the department of physiology, bacteriology and microscopy, and the introduction of new words, the dictionaries in use are out of date and almost worthless. Keating's is up with the front and will be found to contain many words recently come into use, and fuller definitions of usual medical terms. The book is printed in clear readable type, which is a matter of prime importance yet not always sufficiently considered by publishers. In the appendix, which is very full and complete, will be found much useful matter not generally found in such works. The price is, cloth $5; leather, $6 net. We predict for this work a large demand and ready sale. Every physician ought to have a copy. Keating's other work, "Diseases of Children," took so well and gave such satisfaction, his name alone will sell this new dictionary.

Publisher's Notes.

Phenacetine and Other Antipyretics.—The unexampled success of Phenacetine, as a certain and safe antipyretic, has given rise to many clinical comparisons of that medicament with other febrifuges, but the results have served only to increase the reputation of Phenacetine. Professor Eickhorst, of Zurich, re-
cently said (Schweizer-Aerste, No. 5, 1892), "I have no great partiality for new antipyretics, for, in my opinion, fever should only be combated in emergency cases, and for this purpose, some of the known antipyretics are amply sufficient. But if I should happen to find an antifebrile treatment necessary, I should certainly make use of Phenacetine. Phenocoll is an active antipyretic, but under its influence most of my patients transpired very profusely, and several suffered from rigors. The temperature soon rose again, and I found that the action of Phenocoll did not in any, give so satisfactory an action as that obtained from Phenacetine."

As an anti-rheumatic, Phenocoll does not equal Salicylic Acid, and as an anti-neuralgic, it has not as yet proven particularly favorable, but it has been noticed that abdominal typhoid seems to take an easier course after its administration.

Antipyrin and Chloral Hydrate Incompatible.—Antipyrin and chloral hydrate liquify when triturated together; after some time white crystals are separated, which are found to be an additional product of the two molecules, trichloraldehydphenyl-dimethylpyrazolon. The compound was found therapeutically inactive. These crystals are soluble in water, but less so than either antipyrin or chloral hydrate. They do not form in diluted solutions, and a solution containing 15 grains each of antipyrin and chloral hydrate is considered to be permanent.—Bull. Pharmacy.

Messrs. Renz & Henry:

It is with pleasure that I endorse your preparation "Three Chlorides" as the most valuable of all the general tonic and alterative remedies of which I make use.

I have given it quite an extended trial among women who are suffering, as Goddell very aptly puts it, with "the corks and cores of life," or from worn out ganglia. It has served the purpose and has brought buoyancy and increased vigor and nutrition.

I am highly pleased with it.

Very truly,

Kansas City, Mo.  H. C. Crowell, M. D.

Rossville, Staten Island, May 17, 1892.

I reiterate my assertions made nearly a year ago, and am daily prescribing Antikamnia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results. I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence. Truly,

Caleb Lyon, M. D.
It is far from our intention to do any one injustice. In last issue it was stated that Dr. West, Secretary Texas State Medical Association, drew his entire salary in advance, to wit: July 28th. Our attention has been called to the fact that he had at that time about gotten the Transactions ready, and they were issued in August. Thus, a part of the work had been done, and a part of the money was earned. Still, the salary was drawn, as stated, within ninety days of his induction into office. The established precedent for years was to pay the Secretary at next meeting. This would have given him his pay at Tyler.

Removals, etc.—Dr. S. S. Boyer, late of Galveston—an old army surgeon—has located at Waco.

Dr. E. C. Dallas has removed from Forest to Alto, Texas.

Dr. J. S. Steel, who graduated at Vanderbilt Medical College last session, has finally located at Wimberly’s Mills, Hays county, Texas.

Dr. F. A. Schmitt, so long resident at Schulenburg, Tex., has removed to LaGrange, Fayette county.

Prof. Allen J. Smith, of the Texas Medical College, is spending his vacation at York, Penn. Will return in time for the fall session, which begins October 3rd.

Kind Words.—Among the numerous letters of commendation and words of encouragement that have been showered upon the JOURNAL since the appearance of its souvenir edition (July, ’92), none are more highly prized than the following, extracted from a letter from an old Mississippi friend and subscriber—an ex-President of the Mississippi State Medical Association—Dr. N. L. Guice, of Natchez:

"It is my pleasure to congratulate you upon your success in elevating the JOURNAL to the position of one of the very best published in the Southwest! I well remember your efforts in this State when, as a member of our State Association, you ever advocated and insisted upon a higher standard of professional character; in fact, in all things connected with medicine; and your success in the great State of Texas impresses me favorably with the profession there, indicating, as it does, their appreciation of your efforts and a preference for a high standard of ability and morals. May the JOURNAL continue to flourish," etc.
DEATH OF MRS. BENNETT.

After an illness of six weeks the wife of Dr. T. J. Bennett breathed her last at 8 o'clock p. m., August 8th inst. Her maiden name was Eupha Amanda Hume, and she was the sole surviving daughter of Joseph L. and Josephine Hume, her sister, Mrs. Walter Swain, it will be remembered, having died September 13, 1889.

Mrs. Bennett was born in Illinois, February 11, 1860, and with her parents moved to Austin in 1874. She married Dr. T. J. Bennett, December 30, 1885. She was the first graduate of St. Mary's Academy. She united with the Cumberland Presbyterian church about ten years ago, and has lived a devoted Christian life. She was a noble woman, warm-hearted, kind and generous, and a general favorite wherever known, and the news of her untimely death will carry surprise and sorrow to many an Austin home. To the stricken husband, father and mother the kindliest sympathy of this entire community goes out. Her life, in its sweetness and devotion to them, was their joy and comfort; around her death gathers a sadness deeper than the silent quiet of the tomb.—Statesman.

The funeral services were held at the family residence and at the Cumberland Presbyterian church, and were most beautiful and impressive.

Book Notices.

The Annual of the Universal Medical Science, issued every year by Dr. Chas. E. Sajous, Philadelphia, and published by F. A. Davis Company, has been received for 1891, and will have attention in an early number of this Journal. We note that Dr. Sajous has taken quarters in Paris and can be addressed in the care of Drexel, Harjes & Co., 31 Boulevard Hausmann. His object in visiting Paris—where he will remain—and in other parts of Europe several years, is to arrange to bring out the Annual, in future, in French as well as in English. Dr. Sajous writes us:

"The contributions of American physicians do not obtain the recognition to which they are fairly entitled on the Continent. This is not due to wilful disregard of the work done in this country, but mainly to the fact that the English language is not read as easily
For Daniel's Texas Medical Journal:

**A CASE OF CYSTIC DEGENERATION OF BOTH OVARIES,**

Following a Street Car Accident.

BY JAS. KENNEDY, M. D., SAN ANTONIO.

**OPERATION—RECOVERY.**

Since the introduction of the electrical system of street railways the casualties resulting from street car accidents have very greatly increased.

San Antonio, I believe, ranks third in point of mileage of electrical street railways among the cities of the United States, and has furnished her full quota of accidents and a great variety of injuries resulting therefrom.

The case which I am about to report resulted from an accident on one of our electrical street railway lines, and presents other features of interest in addition to the unusual character of the accident. The victim of this mishap was a young lady, aged about eighteen years, and of a robust constitution. She had enjoyed perfect health all her life, and up to the time of receiving the injury, had never suffered from any trouble of the womb or ovaries.

The way in which the accident occurred is said to have been as follows:

The car was being driven down grade at a reckless rate of
speed and jumped the track at about the middle of the grade. The resistance of the cross-ties, which projected above the ground, and the momentum which the car possessed at the time it became derailed, caused it to swing round until at right angles with the track when it became arrested. The momentum not having been entirely expended, and the grade favoring, the car was almost overturned on its lower side; but, after dipping almost to the ground, it recoiled. The young lady, who had been sitting on the left hand side of the car prior to its derailment, when the car swung around transversely to the track, was then on the side highest on the grade; and when the car plunged broad-side and recoiled, she was thrown through the glass window of the opposite side of the car on the ground, above which the cross-ties projected, making a very hard and uneven surface upon which to fall.

It is impossible to state definitely just what part of the body received the greatest portion of the direct violence. Although it seems probable that the patient's left side and back came in contact with the ground first. She sustained considerable shock from the accident, but was scarcely rendered unconscious by it.

She was immediately picked up and placed in a carriage and driven to her home, which was some four blocks distant, to which place I was summoned. I saw her within an hour after the accident had happened, and found her lying upon a sofa, conscious, but suffering considerably from nervous shock. On making a careful examination for injuries, no external lesions of consequence were manifest. There were a few small scratches of the scalp,—one back of the ear and one or two on the back. In a day or two discolorations appeared on various parts of the trunk and extremities marking the site of the contusions which had been received.

The patient complained of headache and soreness all over the body. Pain seemed to be most marked over the abdomen, but as there was so much general soreness, I could not determine whether the tenderness over the abdomen was due to a bruising of the superficial structures, or to an injury to some of the abdominal or pelvic organs. After the general soreness had disappeared, pain localized in either pelvic fossa continued, and was most marked on the left side. When the patient attempted to assume the upright position she suffered great pain in her back in the lumbar region, and a dull, heavy and dragging pain in the pelvis which often became acute and lancinating. Suffering
became so great that she could not assume the upright position at all, and was obliged to keep her bed. She suffered from headache and cold feet almost constantly. The bowels were constipated, and the appetite almost nil.

I placed the patient under the influence of chloroform and made an examination of the pelvic organs. The uterus was found to have suffered a postero-lateral version toward the left side. I corrected the displacement and caused the womb to be maintained in its normal position by means of tampons and rest in the recumbent posture for two weeks. After this operation she experienced great relief, but still suffered with pain in the back and pelvis, which was always most marked on the left side, and increased by assuming the upright position and by walking.

The accident occurred on the afternoon of December 23rd, and the operation of restoring the uterus to its normal position and relations was performed on January 26th following. I may here be allowed to state that the organ was found to be freely movable in the pelvis, and no change either in the size or contour of the ovaries could be detected at this time. For three weeks after the displacement had been corrected there was marked amelioration of the patient's suffering. But from this time on until the ovaries were removed the symptoms of suffering increased, and marked nervous disturbance became manifest.

During this latter period she suffered from pain in the back and over the region of the ovaries (most on left side), and radiating down the left thigh. Menstruation was very painful and markedly irregular. There was anorexia and obstinate constipation; the bowels often failing to move after the administration of copious enemata or full doses of cathartics. Constant and distressing cephalalgia, cold feet, insomnia, and later on, hysteria and hystero-epilepsy were added to the long train of distressing symptoms from which the patient suffered.

The hystero-epileptic attacks were almost invariably preceded by a feeling of general malaise and marked pallor of the countenance. These symptoms were often noticeable for twelve hours prior to an attack. The attack would commence by the occurrence of a sharp lancinating pain in the region of the left ovary, after which the patient would fall over in a swoon, which would last a few minutes, at the expiration of which the muscles would take on spasmodic contractions. The extremities were first affected in this manner, and afterwards the spinal muscles. Mark-
ed opisthotonos always existed during the greater part of the attack. The pupils were always widely dilated.

When muscular spasm would subside, delirium, which followed the brief spell of coma, continued, and at her last attack fourteen hours elapsed before normal consciousness was restored.

The treatment which I employed in my effort to effect a cure in this case embraced posture, rest, anodynes and hypnotics. Emollient stimulant and counter-irritant applications to the abdomen were tried in their turn but without effect. Hot douching of the vagina, applications of tincture of iodine to the fornix vaginae and glycerine tampons were among the local measures practiced with a view of relieving the patient, but to no avail.

After six months of constant suffering, the patient demanded relief at any cost. The treatment followed so far had failed to effect a cure, or even permanently benefit the patient, and I had exhausted every therapeutic resource that had been suggested by consultants who had seen the case with me, yet her condition had grown steadily worse.

I again examined the patient and found the uterus occupying its normal position. The left ovary was enlarged to about three or four times its normal size, while the right ovary did not seem to be increased in size. Both were exquisitely sensitive.

After this examination I informed the patient of the condition in which I found her reproductive organs, and told her that in my opinion the removal of the diseased ovary was the only means of cure that had not been tried in her case, and that promised permanent results.

The gravity and danger, together with the nature and probable consequences of the operation, were fully explained to the patient and her family, after which an operation were insisted upon by them.

Consultations with several physicians were held, and while we were practically agreed as to the patient’s condition, the necessity for operation was disputed by one of my colleagues who has achieved renown, both as a surgeon and gynecologist. He could suggest no substitute for the operation, however, as I had already exhausted his fertile therapeutic resources in previous consultations on this case. In the face of the patient’s history and condition of constant suffering, he advised delay. His objection to the operation, as I understood, was based upon a sentiment of aversion to the emasculaion of young females, which sentiment is indeed laudable, so long as we confine its applica-
tion to those cases where the indications for operation are not clear and positive. However, the majority favored the operation, and ovariotomy was accordingly performed.

Before proceeding further, I wish to state that I explained to both the patient and her relatives that it might be found necessary to remove both ovaries, and informed them of the consequences that naturally follow this radical procedure.

Operation.—An incision, two and a half inches in length, was made through the abdominal walls (which contained much adipose), in the median line between the pubes and umbilicus. The fascia and peritoneum were divided on a grooved director. The tumor was seized between the thumb and fingers, and drawn out through the wound, tied off, and excised. The right ovary was also enlarged and diseased, and was treated in a similar manner.

The abdomen was flushed with sterilized water, the wound closed with silver wire sutures, which included the peritoneum, after a glass drainage tube had been introduced, through which were passed strips of iodoform gauze, dipping into Douglas' cul-de-sac and out through the incision at its lower angle.

The most rigid asepsis and antisepsis were practiced throughout.

The left ovary was nearly four times its normal size, and three-fourths of its substance was occupied by a cyst with fluid contents which appeared translucent when held up to the light. The right ovary was somewhat enlarged and elongated. About one-fourth of its substance was occupied by a cyst. The tubes were thickened and congested.

From the right tube was suspended a small cyst, attached by a long pedicle of thread like character.

The dressings were changed on the third day, and the tube removed on the fourth day. The bowels moved on the fifth day, and have been regular in their functions ever since.

The stitches were removed on the sixth day. The patient sat up on the thirteenth day, and went out for a carriage ride on the fifteenth day.

The temperature ranged from 99° F. to 101.8° F.

On the seventeenth day, an abscess of the abdominal walls opened in the cicatrix, and evacuated an ounce or two of pus.

I will here mention that the breaking of the abscess was the first intimation of its existence. The wound had entirely healed, and the tissues were normal in appearance. The temperature
became normal, and so remained. It was thus clearly evident that the elevation of temperature to \(101^\circ F.\), as late as the fifteenth day, was due to the existence of this abscess.

The operation was performed on the fourth day of June, and since that time all of the distressing phenomena from which the patient suffered have been entirely absent.

REMARKS.

There are two points that I wish to emphasize particularly, in connection with this report. One is, that in accidents of this character it is our imperative duty to ascertain whether or not the pelvic organs have sustained any damage.

We are liable to be misled by allowing too much for the pain due to bruising of the external or superficial structures, and a pain in the back may be attributed to a contusion of the spinal muscles or of the spine itself, when in reality it may be the result of a displacement of the uterus.

By making an examination of the pelvic organs in a careful manner, we are not likely to do any harm; and if a displacement of the uterus or prolapsus of the ovary exists, the early restoration of the organ to its natural position is of decided benefit to the patient.

The other point I wish to call attention to, is the question of prognosis.

It goes without saying that the patient, her family and friends, are anxious, in such cases, to know what the probable final result of the injury will be, and as all railway companies are chartered corporations, and consequently liable for damages, in all cases of injury resulting from negligence on the part of either themselves, their agents or employes, the determination of the extent of the injury or injuries so received, the amount and duration of the disability resulting therefrom, and last but not least, whether the patient so injured will completely recover, is a matter of great importance to all parties concerned.

To my mind, there is no class of cases in which the prognosis is more uncertain than in injuries to the pelvic viscera. It is easy enough to determine whether any disturbance of their relations has been occasioned by the violence,—that is, to say whether the uterus or the ovaries have suffered any displacement; but it is not possible for us to tell just what effect this disturbance of relations may eventuate in, even though the organs were promptly restored to their natural position. In other words, we
cannot tell whether the ligaments were simply stretched or torn, whether the uterus, ovaries or tubes suffered contusion.

Nor can we tell what the effect of even a slight contusion of the ovary may result in. Even in a simple displacement of the uterus, grave results may follow at a remote period, although the organ may have been promptly replaced. The ligaments may remain lax from the over-stretching to which they were subjected, and a version may recur, or a prolapse ensue, upon a slight provocation, with all its attendant pathological and clinical phenomena.

The mere subsidence of pain after an injury of the kind described, does not justify the assumption that the patient will pass on to a complete recovery. A sub-acute or chronic inflammatory process may supervene upon the decline of the acute, and go on for a long time insidiously, without occasioning the patient very much distress, and finally result in a pathological condition necessitating the removal of the ovary.

I think I have said sufficient on this point to impress the fact that we should feel it our duty to inform our patients, and also those who are more or less immediately interested, as to what the possibilities are in injuries of this character, and at the same time to be very conservative in giving our opinion as to the probable outcome in any given case.

July, 1892.

For Daniel's Texas Medical Journal.

RETROVERSION OF UTERUS.

W. J. MATTHEWS, M. D.

Read at Austin District Medical Association.

RETROVERSION of the uterus is so often associated with retroflexion and confounded with it, that I have deemed it proper in this paper to give a few definitions of both conditions from well known and recognized authorities. Tait defines retroversion as a condition in which the uterus is turned backward out of its proper axis, without its tube being at all bent or at least not greatly bent, and that retroflexion is a bending backward of the tube upon itself with more or less of a sharp curvature. Thomas states that retroversion is a posterior inclination of the uterus, so that the fundus approaches the sacrum and the
cervix advances towards the symphysis pubis. Retroflexion is said to exist when the body of the uterus is bent toward the sacrum, so as to create an angle on its posterior wall. The last, and I think best definition, which I shall quote, is that of Harrison, viz: "Retroversion may be defined as the permanent dislocation backward of the fundus uteri, when the form of the uterus is such that axis of body and axis of cervix are identical. Retroflexion denotes the permanent backward dislocation of the fundus uteri with simultaneous flexion of the uterus over the posterior surface." Thus clearly understanding the meaning of these terus, we will now endeavour to investigate the cause of these backward dislocations of the uterus. It cannot be denied that retroversion and retroflexion often occur in those who have never borne children, and may be caused by violent blows on the abdomen, lifting heavy weights, or any force which produces increased intra-abdominal pressure.

It is asserted that such an accident can only happen when the bladder is distended and the uterus in a state of physiological retroversion. But as we are seldom called upon to treat uterine displacements in the virgin or unmarried, I will confine my remarks in this short paper to a discussion of backward displacement, the result of puerperal conditions, and first we would give a cause, the loss of support from morbid states of the uterine ligaments, especially the round ligaments. It is well known that the round ligaments are important aids in keeping the uterus in its normal position, and it is also evident that any condition which will cause relaxation of these ligaments, will favor retroversion of that organ. These ligaments, being composed of muscular tissue, similar to the uterus, it is reasonable to infer that any arrest of retrograde metamorphosis of that organ may also affect them, leaving them relaxed and less powerful than natural. Seahou states that hypertrophy of the round ligaments constantly accompanies a natural pregnancy, and that when involution of the uterus is delayed, these ligaments are relapsed and are no longer able to perform their functions in retaining the uterus in normal position. Besides, in subinvolution all the uterine ligaments are weakened, favoring prolapse of the organ, which is but a step in the process of retroversion. Again, the almost universal practice of compelling women after their confinement to maintain the dorsal decubitus for one or two weeks, wearing all this time a tight abdominal binder are fruitful sources of these displacements.
Subinvolution itself is a cause of retroversion. Women leaving their bed and engaging in housework before complete involution has taken place, will often cause these displacements. Pelvic peritonitis, by producing cicatrical bands, can bind the uterus down in pouch of Douglas. Deep laceration of the cervix is given by Skeene as a cause. Such lacerations may extend into the parametrium, causing sufficient cicatrical contraction to dislocate the uterus. But of all the causes enumerated, perhaps the most frequent is prolapse of vagina from subinvolution and ruptured perineum.

The pathology of backward displacements remains an unsolved problem, some authorities holding that these malpositions affect injuriously the circulation and nutrition of the uterus, while others, equally eminent, assert that the alveolar hyperplasia so constantly found in these cases cause the displacement. The fact that subinvolution very often precedes retroversion would seem to favor the latter view.

The symptoms of backward displacement are numerous and misleading. I may mention the following: Severe backache, rectal tenesmus, dyspareunial menorrhagia, dysmenorrhœa, uterine affections.

Diagnosis.—The cervix is generally found in the axis of the vagina, low down in the pelvis, and easily reached, looking more forward than usual. Passing the finger behind the cervix into Douglas’ cul de sac, we can usually feel the fundus in a false position; a rectal examination will be still more satisfactory. Lastly, resorting to the bimanual method and the use of the sound, our diagnosis would be complete.

Differential Diagnosis.—We have to differentiate retroversion and retroflexion from fibroid tumors on posterior wall of uterus, feces in rectum, prolapsed ovary, a small ovarian tumor, and I may mention here that a displaced kidney has been removed from this region by so great a man as Munde, and the diagnosis was not made until the operation was completed. But we will now proceed to the treatment of these displacements.

We must all recognize the fact that a woman may have a retroverted or retroflexed uterus, and yet remain in perfect health, without a single symptom referable to either condition. Such a case, of course, requires no treatment, but such cases are comparatively rare. There are two great classes of posterior displacement, which we require to keep constantly in mind in practice:
1. Those displacements where the uterus is freely moveable, with perhaps some inflammatory exudation, producing considerable tenderness on pressure, and when complete restoration of the organ to its normal position can be effected.

2. Those displacements in which the uterus is permanently bound down by cicatricial bands, the result of pelvic peritonitis or perhaps cellulitis.

But we would first briefly review the preventive treatment of these accidents.

Preventive medicine is the crowning glory of our art, and nowhere in this direction have more splendid victories been won than in the domain of gynecology. Much can be done to prevent these displacements, by the proper management of every case of labor. Antiseptic principles should be applied as thoroughly as possible in every case. After delivery, women should be cautioned against maintaining too rigidly the dorsal decubitus. She should be instructed to empty the bladder frequently, to avoid the use of binders or even corsets for a considerable time after confinement, to use suspenders to support her clothing. Laceration of the cervix should be repaired in due time. Perineal rents should be sutured immediately after labor. Constipation of bowels should be carefully guarded against, as this produces a dilatation of the rectum, where hard fecal masses accumulate, which press the cervix uteri toward the symphysis pubis, keeping the utero-sacral ligaments constantly in a state of tension, and thus favoring retroversion of the fundus uteri. In fact, everything should be done that would promote a speedy and perfect involution of a woman’s reproductive organs.

This brings us to the curative treatment of the first class of cases, where no adhesions exist, and the retroverted uterus can be replaced, and first we must notice the various methods now employed in replacing this organ. The simplest is the manual method. The patient is placed in Sims’ position, and the index and middle finger of the right hand are introduced into the vagina, palmar surface toward rectum. The body of the uterus is lifted on the tips of the finger until it becomes erect, then their dorsal surfaces are made to push this organ over into position. As the uterus becomes elevated, the middle finger is still kept in the post uterine space, to maintain what is gained, while the index finger is carried in front of the cervix, and this part is by pressure forced back toward the sacrum. The middle finger is now likewise placed in front of the cervix, and by both fin-
gers this part is *forced toward* the sacrum and kept there for a short time.

Thomas claims the above method as superior to any other. Another method is to to place the woman in the knee chest position, and with the index or middle finger high up in the vagina, elevate or anti-vert the uterus. Others again advise, while the patient is in this position, to pull the cervix toward the hollow of sacrum with a Vulsellum forceps, and with two fingers in the rectum, correct the displacement. The genu-pectoral position of Campbell, as a remedial measure, is of doubtful utility. Hart and Barber state that the retroverted organ is never replaced by this method. Then there is an endless variety of uterine reposi-tors a few of which are ingenious and useful instruments. Sponge probangs may at any time be useful, but each one will have his own favorite method, and we will now discuss the general manage-ment of these cases. In the large bulk of patients presenting themselves for treatment, the slightest pressure of the uterus with the examining finger causes such excruciating pain that prepara-tory treatment is necessary before any pessary could be worn. The vagina should be injected with hot water two or three times a day. Boro-glyceride tampons should be used, not only to deplete the uterus, but to keep it in position after manual replacement. This treatment should be continued until all tenderness around the uterus is removed and a hard rubber pessary can be worn with comfort, no properly adjusted pessary should cause pain. Indeed we may rest assured that when a pessary causes pain we are injuring our patient. The uterus should always be properly replaced before the introduction of any pessary is a rule which can never be violated.

You are all familiar with the various retroversion pessaries now in use and I will therefore not describe them. There are to-day many eminent gynecologists who do not believe in the mechanical theory of uterine displacements. They do not believe that the dislocation of the uterus is responsible for all the morbid con-ditions so often found in these cases. Many believe that congestion and inflammation of the uterus are the primary disturbances, and the displacement secondary. Tait, of England, and Gill Wylie, of New York, entertain views very much at variance with those who adhere strictly to the mechanical theory of displace-ments, and I will give their views almost in their own language. Tait writes thus: "I am sure that many women go about in this abnormal state without any symptoms at all. It is when subin-
volution and retroversion coincide, still more when they go on to chronic metritis that trouble ensues. Then we have profuse and too frequent menstruation, leucorrhoea, backache and bearing down, etc. In such cases the uterus is easily replaced and pessaries might be used, but I always try to cure my patients first with chlorate of potash and ergot, and I succeed in 90 per cent., and finally say I hate pessaries, and I never use them if I can help it." He firmly believes that if you cure the endometritis and subinvolution so often found complicating these cases, the displaced uterus will resume its normal position.

Professor Wylie writes as follows: "That in many cases today being treated by the use of pessaries, and called cases of retroversion and retroflexion all symptoms can be permanently cured in a few weeks, by the use of the dilator, the drainage plug, sharp curette and simple intra-uterine applications properly made. Prof. Wm. M. Polk, of Bellvue Hospital, has also accomplished wonderful results in the cases through drainage of the uterus with sterilized gauze, although he is not opposed to the use of pessaries. I have always had some faith in pessaries, and yet so few of us possess the mechanical talent so necessary to fit and adjust pessaries, that the majority of us can not hope to have success in their use. When a brilliant and accomplished gynecologist like Tait says that he hates pessaries, and never uses them unless he can't help it, and Futeck, at the last meeting of the German gynecological society held in Halle, declared that he considered it easier to perform a laparotomy than to apply a well-fitting pessary, I must confess that my faith in pessaries has not been strengthened. Lately in a few cases, where the vagina was united to the cervix so near its lowest point as to leave no posterior pouch where a pessary could be used, I have resorted to uterine drainage using either Gill Wylie's plugs, or packing the uterus with sterilized gauze, using Dr. Polk's cervical speculum and Sims' tampon screw, and I can state that for so far I have had most gratifying results."

As a last resort, Alexander's operation for shortening the round ligaments might be tried which is a comparatively safe and successful one. But this brings us to the treatment of the second class of displacements, complicated with adhesions. Besides employing the measures already described, the vaginal vault should be frequently painted with tincture of iodine. Blisters should be applied over uterus. The simplest and safest methods for breaking up adhesions and liberating the uterus should
be first tried. Massage is an efficient method, and if performed carefully is harmless. The next simplest method is Schultz’s forcible replacement of uterus. The woman is placed in the lithotomy position, the rectum is well washed out with copious injections of hot water, the bladder is emptied, and an anaesthetic is administered. The index and middle finger of left hand are introduced high up in the rectum, and the position of uterus tubes and ovaries mapped out. The right hand as in the bimanual method, manipulating through the abdominal coverings, seizes the fundus and endeavors to bring it forward. While thus moving the uterus, the adhesions are made tense and easily felt by the finger in rectum, with which they are separated and broken up. In liberating the uterus we must be careful not to use too much force.

In difficult cases the same author, after dilating the cervix uteri sufficiently to introduce the index finger up to the fundus and forcibly bends the uterus in to proper position. Simple as these measures seem they are nevertheless not devoid of danger. As after treatment Schultz advises the use of ice-bags over the suprapubic region for twenty-four hours, and rest in bed for one week at least. In New York city a laparotomy is frequently performed to correct these version, when the adhesions cannot be broken up by the above method, and if the uterine appendages are diseased, they are removed at the same time. Prof. W. M. Polk, of Bellvue hospital, has done good work in this direction. After opening the abdomen and separating all adhesions, he inserts a glass drainage tube behind the uterus, and depends on it alone to keep the uterus in place. In the American Journal of Obstetrics, for June, 1887, he reports quite a number of cases cured by this operation. Lastly, there is the operation now termed ventro-fixation. The abdomen is opened in the median line as for ovariotomy, all adhesions binding the uterus down are broken up—the fundus brought forward and the uterus stitched with hardened cat-gut to the anterior abdominal wall, the suture being passed into the uterus at the insertion of the round ligament. These are grave surgical operations and the general practitioner would do well to give the simpler and safer method a faithful and patient conscientious trial. The two last described operations should only be undertaken by those who have had a large experience in pelvic or abdominal surgery. Be it ever remembered that though the displacement may be the cause of much suffering, yet they seldom shorten life. Millions
of women suffering with these displacements long before the dawn of pelvic surgery, have bravely and nobly met the responsibilities of life, living to a good old age, and have gone down to their honored graves without their bodies being mutilated by a gynecological expert.

For Daniel's Texas Medical Journal.

COMPOUND FRACTURE OF FEMORAL BONE; RESECTION OF FRACTURE ENDS.—RECOVERY.

R. Menger, M. D., San Antonio.

The following case of femoral fracture is put on record on account of its early history and other interesting features.

In June this year, eight weeks ago, a German boy, aged nine years and eight months, was brought to San Antonio a distance of twenty-five miles, with his hip-bone sticking two inches through his pants. The boy had been with his parents at a picnic, and in endeavoring to get into the ambulance from behind the vehicle, the horses suddenly commenced to walk away, and the boy slipped with his left leg between the spokes of the wheel and, whilst still hanging with his hands to the ambulance, his leg was so long stretched and turned around by the wheel until the thigh bone broke through the flesh. When the boy was brought to town his clothing, saturated with blood, could only be removed, under chloroform, by cutting it open with a sharp knife. The upper fracture end of femur was protruding fully three inches through the muscles, which were torn apart and protruded through the large skin opening; the entire laceration measuring five inches wide and four inches long, situated at the inner side and reaching from the summit to the base of the thigh. There also was extensive denudation of skin along the outside and inner border of the thigh and under the knee joint. From the appearance of the projecting and somewhat splintered fracture ends, it was deemed necessary to resect these ends; and Drs. D. Berry and A. Graves, Jr., kindly assisted at the operation. Several subcutaneous whiskey and ether injections had to be made before and during the operation, on account of the very prostrated condition of the boy. After resection it was somewhat dif-
cult to decide which plan was best to adopt for further treatment, on account of the skin abrasions, the skin being at some places torn off. As the boy's condition was very feeble, respiration down to six per minute, the leg was simply protected by two sand bags, laid on both sides of the thigh for a few days, and then I put the leg in a well padded gypsum bandage with a long outside splint, at the same time protecting the denuded skin surfaces with a strong bismuth salve, and leaving a large opening in the plaster bandage for the fracture wound. The boy now progressed fairly well up to about the second week, when he complained considerably of his leg, necessitating the removal of the plaster bandage (under chloroform), and I feared either gangrene or severe inflammation at the site of the skin abrasions. Luckily, though, this was an error, as these places were granulating nicely and most of them were already healed. After chloroforming again, the leg was this time put in an extra prepared fracture box, a box with extra doors to get at the lacerated parts and so adjusted to a large plank that it reached from above the pelvis down to and above the toes. At the pelvic region the board had a large round opening (for the discharges), and was covered its entire length with oil cloth and the box partly filled with bran. For about four weeks this did very well; the large fracture wound granulated well after draining and dressing with aristol ointment twice a day; but it now was noticed that at several places, unavoidedly, the bran was soaked with the discharges from the granulating skin abrasions and the fracture wound; the fracture box was dispensed with; and as by this time the boy's condition in general was a great deal more favorable, the boy was again chloroformed, the fracture box removed and the leg kept quiet by placing two large and heavy sandbags along the leg; the outer one reaching from the shoulder down to the foot. Ossification now progressed favorably, although a great deal of trouble was yet had with several bed sores, etc.

The entire fracture wound is now healed up except a small opening which slightly discharges pus. The boy's general condition is very good, with only 1½ inch shortening of the leg,—certainly a good result, considering that besides the resected ends, there was loss of bone substance, done by the running wheels, which, with the resected bones, left about 2½ inches bone missing in continuity.
IS THERE A VEGETABLE PEPSIN?

It is said that in Africa certain tribes render their beef-steaks tender by rubbing them with the juice of a species of the paw paw,—a native plant. There is a preparation now in extensive and very popular use called Papoid, a scientifically prepared extract containing this solvent principle, for which are claimed very extraordinary properties as a digestive agent. Dr. Frank Woodbury, in a lengthy article in the New York Medical Journal of July 30th, details an extensive experience with this agent, and gives the result of his observations. Should these results be verified by further experience, and by other observers, it would seem to furnish conclusive evidence that a vegetable pepsin has really been discovered. Dr. Woodbury says:

During the past year, having devoted considerable attention to the clinical application of Papoid, especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention. The successful application of physiological data must be my excuse for again directing attention to a remedy which has been studied by such eminent investigators as Wurtz, Bouchut, Finckler, Rossbach, Roy and Wittmach, and one, furthermore, the physiological and therapeutical actions of which may be regarded as pretty fully established. I point out very briefly some of the clinical uses and the conditions of its successful employment.

The physiological actions of Papoid as a digestive agent, have been thoroughly established. It acts upon albuminoids, hydrating and converting them into peptones, as fully demonstrated by Herschell. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fat. Herschell declares that it has a direct tonic action on the stomach, stimulates the secretion of gastric juice or pepsinogen. It acts at all temperatures, but attains its maxim activity at about 130° F. In several important points, it differs from pepsin. Papoid acts best in an alkaline solution, but also can act in fluids with an acid or neutral reaction; pepsin requires an acid solution. Papoid is
freely soluble, and is most active when in concentrated form; pepsin requires free dilution. Herschell also points out the greater digestive power possessed by Papoid than either pepsin or pancreatin, and states "that it can be used when pepsin is contra-indicated or powerless." Papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered. Papoid is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent or deficient. Experiments of my own and others, have satisfied my mind of the remarkable digestive activity of Papoid. In one of the experiments referred to, the constituents of a hearty dinner of bread, meat, potatoes, peas, mince-pie, and other substantial, were placed in a test tube and treated with papoid and bicarbonate of sodium, and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened, and the other ingredients gradually integrated, forming a pultaceous mass, which finally separated into a grumous sediment and an overlying albuminous, dark-colored liquid. Papoid acts in an alkaline solution even better than in acid media. It is evident that it is specially useful where there is indigestion due to deficient secretion of gastric juice. In such cases, the administration of an alkaline solution of Papoid favors gastric digestion both directly and indirectly: First, by digesting albuminates and softening masses of food; secondly, by the action of the papoid in stimulating the secretion of pepsin gland. It retards the fermentation of the undigested masses of food in the stomach, and prepares them for intestinal digestion. In the contrary case, where the stomach contents poured into the duodenum are so acid that they prevent the action of the trypsin, Papoid prevents duodenal indigestion by taking the place of the pancreatic ferment. As Herschell says, it is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would, moreover, be unwise, because it would stimulate still further the secretion of the acid. Papoid is of the greatest use here. In gastralgia, which often accompanies the condition just named, Papoid with bicarbonate of sodium gives immediate relief. It is also useful in irritable stomach, nausea and vomiting. In gastric catarrh, and the catarrhal conditions of the intestinal tract popularly known as biliousness, Papoid administered in hot water fifteen minutes be-
fore meals, cleanses off the mucus and places the mucous coat of the digestive organs in a good condition for secretion. It is useful in the treatment of irritative diarrhoea in young children, to whom it may be given in combination with salol or salicylate of bismuth. The use of papoid in treating disorders of the digestive organs may be summarized somewhat as follows:

1. In actual or relative deficiency of the gastric juice, or its constituents.
   (a) Diminished secretion of gastric juice as a whole. Apepsia; anaemia and deficient blood supply, wasting diseases.
   (b) Diminished proportion of pepsin; atonic dyspepsia, atrophy of the gastric troubles.
   (c) Diminution of hydrochloric acid. Achlorhydria; Carcinoma.
   (d) Relative deficiency of gastric juice, overfeeding.

2. In gastric catarrh.
   (a) Where there is a tenacious mucus to be removed, thus enabling the food to come in contact with the mucous membrane.
   (b) Where there is impaired digestion.

3. In excessive secretion of acid. To prevent duodenal dyspepsia.

4. In gastralgia, irritable stomach, nausea and vomiting.

5. Intestinal disorders.
   (a) In constipation due to indigestion.
   (b) In diarrhoea, as a sedative.
   (c) In intestinal worms. (This claim the writer has not personally verified, but as the intestinal mucus, which shields the worms is removed by Papoid, it is easily understood that their removal would naturally result after its administration.)

6. In infectious disorders of the intestinal tract.
   (a) Where there is abnormal fermentation by its antiseptic action, which may be heightened by combination.
   (b) Where there are foreign substances present, its detergent effect may be utilized by cleaning out the debris from the intestinal contents by digestion.

7. In infantile indigestion; here Papoid not only readily peptonizes cow's milk, but the resulting curds are also soft and flocculent, resembling those of breast milk. The dose of Papoid ordinarily, is one or two grains, but five grains or more may be used, the only objection being that of useless expense and waste, except where very prompt effects are desired.
Dr. A. Rose, of Lebanon, Ky., in the Medical Mirror recommends very highly the use of Gardner's Syrup of Hydriodic Acid in numerous diseases, especially in syphilis, and says: "The anaemia disappeared, the continuous head-ache instantly ceased, sore throat got well at once (with a few applications of zinch chlor. gr. xl ad aquæ i ounce) and all glandular swelling disappeared. The gummata everywhere vanished into thin air, and the eruption was held in statu quo until I could give the patient a few calomel vapor baths, preceded by steam sweating." "But there is a wide field for the usefulness of this preparation that has little been dreamed of," says Dr. Rose, "viz.: in tubal disease of ovary, rheumatism of the uterus, leucorrhæa and membranous dysmenorrhœa."

The cuteness of the American in useful "notions" has been run pretty close by a Dutch apothecary, who has taken out a patent for an automatic doctoring machine. The machine is shaped like a man, but this signifies nothing beyond advertisement. It is divided into compartments, each bearing the label of some disease above the "slit;" a sufferer chooses that which refers to his complaint, drops in his money, and receives a pill, a powder, or a draught; suitable to his case. It wouldn't do to put these machines about Sydney or Brisbane streets after 11 p. m., as fellows who found all the hotels closed would probably drop coins in all the slots in their attempt to get a nip.—Phar. Journal of Australasia, Sydney, N. S. W.

Society Notes.

JOINT SESSION.

There will be a joint session of the Austin District Medical Society, and the Central Texas Medical Association, held at Waco, Texas, Tuesday, October 11th, 1892. Following is the announcement and programme:

"DEAR DOCTOR—In your professional work do you not sometimes realize that new light has shed its radiance upon, and is illuminating some fact connected with human ills that was previously dark and obscure to you? On these occasions, do you
not feel an instinctive impulse to seek a professional brother and communicate it to him?

"On Tuesday, October 11th, 1892, at Waco, Texas, there will be an assembling of your brother physicians, who will have something to impart to you, and who will be pleased to have you impart something to them, in regard to the alleviation and cure of human ills.

"This being the twenty-fifth quarterly session of the Central Texas Medical Association, and a joint session with the Austin District Medical Society, it requires no stretch of the imagination to predict one of the most interesting, profitable and enjoyable sessions in the history of the Association.

"We will be glad to have you meet with us, join in the discussion, present a paper, and report interesting cases from private practice.

"W. O. Wilkes, Secretary."

W. R. Blalock, President.

PROGRAMME.

1. "Gastro-entero-colitis of Children," by Dr. G. W. Christian, of Burnet. Discussion to be opened by Dr. J. W. McLoughlin and Dr. T. J. Bennett, of Austin.

2. "Typhoid Fever—Etiology, Pathology, Differential Diagnosis and Treatment," by Dr. W. R. Blalock, of McGregor. Discussion to be opened by Dr. A. H. Snead and Dr. W. H. Wilkes, of Waco.

3. "Enlargement of the Prostate," by Dr. A. N. Denton, of Austin. Discussion to be opened by Dr. B. E. Hadra, of Galveston, and Dr. T. D. Wooten, of Austin.


5. Volunteer Papers.

6. Reports of Cases.

Banquet at night.

By order of the council, the annual meeting of the Southern Surgical and Gynecological Association has been postponed from the 8th, 9th and 10th, until the 15th, 16th and 17th of November. It was thought wise to change the time of the meeting from the fact that the 8th of November is the date of the Presidential election. Everything points to a very successful session. So states W. E. B. Davis, M. D., Secretary.
Editorial Department.

Principle vs. Expediency.

In the matter of seeking medical legislation our able but weak-kneed contemporary, the New Orleans Medical and Surgical Journal, has not only given up the fight against homeopaths, but has surrendered to them; and now proposes to take them into loving embrace as friends and allies, and thus reinforced, to continue the war against all other quacks!

For several years the medical profession of Louisiana with commendable zeal have striven to secure the passage of a law to regulate the practice of medicine, and the N. O. Medical and Surgical Journal has backed them, and with them made common cause against all quacks and quackery. They have been defeated each time, however, through the efforts and misrepresentation of the homeopaths, who, as in Texas, when the profession of this State were seeking to secure legislation, cried "persecution," "class legislation," etc., and notwithstanding the last Louisiana bill made many reasonable concessions to the homeopaths, they opposed and defeated it by the same specious pleas. They do not hesitate to say and do say, they will oppose any bill to regulate the practice of medicine emanating from the regular profession.

For our part, regarding them as we do, as outside the profession,—as not being physicians in any sense of the word,—we do not concede to homeopaths the right to be considered at all in the framing of such a law as is needed and sought; and in this the Journal should have the support of all who recognize the code of ethics of our profession as their guide. The code does not recognize any "school" of medicine, and especially forbids consultation with those adhering to any dogma, and calling themselves anything but "physicians."

The N. O. Medical and Surgical Journal, however, now comes out and not only in effect recognizes these people as a separate school of medicine,—as physicians, competitors for practice; not equal but superior in sagacity and influence to the medical profession in Louisiana, but acknowledges that they are "too much
for them"—notwithstanding the relative strength numerically of the two parties,—and admits that there "is no use fighting longer for legislation so long as they—the homeopaths—are opposed to it." That journal, therefore, proposes to join forces with them and attempt to secure with their aid what they have not been able to get with their opposition—a bill to suppress quackery.

There is one thing in being defeated; one can, without humiliation, lay down his arms, and even with dignity and self-respect surrender to superior skill or numbers; but it is quite another thing to truckle to the enemy, and lick the hand that smote you.

In this matter the N. O. Medical and Surgical Journal has not only given up the fight, but has surrendered the principle upon which it was made. It has done more; by the humiliating confession contained in its leading article on the subject in the August number it has given courage and moral support to the homeopaths which will render them still more presumptuous and persistent in their demands for recognition. The Southern Journal of Homeopathy, the slogan of the clans, is jubilant already, and is crowing over the victory in a four column article, bristling with epithets and brimful of bigotry.

It is very desirable to have a law that will prevent the ignorant and unqualified, of whatever class, from attempting to practice medicine, (and according to this Journal's way of thinking there are more ignorant pretenders sailing under the guise of homeopathic physicians—a misnomer,—a moral impossibility, a contradiction of terms, in fact,—than in all others combined;) but if we cannot have it without the aid of those whom it would in a large measure, if properly enforced, exclude; if we cannot have it without surrendering the fundamental principles upon which are based the very idea and object of the law (to suppress quackery), without the aid and co-operation of the largest element of quacks known to the profession, let us cease all efforts in that direction. For what kind of a law "to suppress quackery" would one be which places upon an equal footing with the cultivated physician a lot of more-than-quacks?—men totally uneducated in the principles of rational medicine, and who practice upon a theory long since exploded, which is contrary to reason, common sense and every day experience. Not only have they not studied medicine,—and are therefore totally ignorant of its principles and of rational therapeutics, but they have studied something which inculcates the very opposite of such theory and
principles. Yet the majority of them, while calling themselves homeopaths, will prescribe medicines and employ the methods in use in the practice of rational medicine. In this, then, they are more than quacks; they are, knowingly, frauds. If there are any calling themselves homeopaths, and practicing as such, who do not resort to what they call "allopathic" medicines and treatment—thus abandoning the very principle upon which they claim their theory is founded, and attempt its very opposite (of which they are ignorant) let them consider themselves excepted from this category; but so far as our knowledge extends they all give up homeopathy when they encounter a serious case, at least one, the tendency of which is to fatal termination, and therefore requires skill and knowledge, and resort to "strong medicine," as they call it.

The other kind of quack, the man who has not studied medicine at all; or, take the one who has studied at it, and having obtained a smattering of knowledge, esays to practice; he is at least not a wilful deception. He may be conceited enough to think he knows something about medicine, and may honestly do his best; in other words, he does not know he is an ignoramus; the other fellow does. To seriously propose, therefore, to form an alliance with the horde of homeopathic pretenders is to sacrifice every principle to a mistaken expediency; in the excess of zeal the N. O. Med. and Surg. Journal would carry the point at any odds and by any means and at any sacrifice. Why not absorb all other opposition and thus have a clear field? Let the gap down to admit one kind of cattle and you will not be able to bar out any of the others. Let us abandon all idea of "regulating" the practice,—and ask for a law to restrict the practice of medicine to those who can show to the proper authority that they are qualified to exercise the grave prerogative, it matters not when, where nor how that qualification was obtained; make a knowledge of medicine and good moral character the requisite to the privilege. Let us simply ask for a bill to make quackery a penal offense; and if we cannot get it without the assistance of the homeopaths, why, give it up; but for decency's sake, do not compromise the profession by extending to them the long sought recognition as physicians. Else, extend the same recognition to the Christian Scientists and all other like absurdities, and no longer make a pretense of observing the code of ethics.
That cholera will be imported into the United States is a foregone conclusion; that it will become epidemic is extremely doubtful.

Since its last appearance amongst us much has been learned of its cause, and therefore it is pretty well understood how to manage it. It is known to be propagated by means of a pathogenic germ, whether Koch's comma bacillus or not does not much matter; and that this poison is contained almost entirely in the alimentary canal of those suffering an attack. The danger, therefore, is in the dejecta of those sick with the disease. Knowing where and what the danger is it would seem any easy matter to avoid it.

While the disease cannot originate in filth or in crowds, these serve as fuel to light up a conflagration when the spark—the cholera germ—is introduced. Hence the necessity of cleaning up.

The greatest source of danger is the water. Cholera dejecta, the vomit and stools, if thrown on the ground or in privy vaults, readily contaminate the water in streams or wells, or in cisterns if the cement be cracked, even at a distance; hence the recommendation to boil before using, all water for domestic purposes. Hence the popular but fallacious idea that a looseness of the bowels is a forerunner of cholera, or that diarrhoea turns to cholera; and the caution to abstain from certain articles of food. There is no danger of food if the water in which it is cooked is not contaminated with the cholera germ. All filthy places should be cleaned up. Then, if a cholera case breaks out amongst us, isolate it, and receiving every particle of the dejecta in a vessel which will close up, take it out and burn it; or, add to it a strong solution of bichloride of mercury.

The standard solution for disinfecting feces is, corrosive sublimate 4 oz., sulphate of copper 1 pound, to a gallon of water; of this eight ounces should be used for each stool. Should vomit or other dejecta get on clothing, sheets, or any other fabric, however costly, it should be burned. If on the carpet run a very hot iron over it, after disinfecting the spot with the bichloride.

With these precautions observed, no one need fear cholera, even should it be imported into Texas.

*MINDING THE GAPS.—State Health Officer Swearingen is
fully alive to the importance of taking necessary steps to protect Texas from cholera. At every seaport a strict quarantine is in force, and the inspection service on the Mexican border has been doubled. Inspectors have been appointed for all railroads entering Texas, and should cholera break out anywhere in the United States and it become necessary to quarantine, these inspectors will be put on all incoming trains, and no one who has been in an infected town, or any place reported to be infected, will be allowed to enter the State. All is now in readiness to establish camps of observation and put on inspectors at a moment's notice.

A Timely Warning.—The following circular letter has been sent to every local health officer in Texas and published in most of the newspapers:

"Austin, Texas, September 1, 1892.

Dear Doctor—The rapid spread of cholera from Russia to Germany, thence to France and England, admonishes those familiar with its history that the disease has begun its tour around the world.

During the last quarter century while cholera has been dormant in its natural home, with an occasional outbreak in Eastern cities, maritime quarantine and sanitary science have been advancing; and we are better prepared than ever before to measure strength with this formidable enemy.

To the county health officers and city physicians of this State, who constitute the army of defense, the State health officer respectfully submits the following suggestions:

The State quarantine authorities have already instituted vigorous measures to prevent the introduction of the disease through any of our sea-ports into Texas; but the extensive border lines to be guarded, should it secure a foot-hold in any of the other States, or in Mexico, renders the chances of exclusion by quarantine extremely doubtful.

This threatening danger calls for the exercise of unceasing vigilance on the part of the health authorities, and an intelligent and cordial co-operation by the people. Should it elude the vigilance of our sentinels on the outposts, sanitary science must be invoked to stay its ravages.

Cholera is essentially a filth disease; and while it may not originate de novo in filth, it is certain that unsanitary conditions favor its rapid propagation; hence the necessity for a rigid ob-
servance of the laws of hygiene, public and private, general and personal.

"It is known that the dejecta of cholera patients constitute the principal source of infection, and that it is through this medium that the atmosphere and the water become contaminated. Pure drinking water is of paramount importance. Springs, wells, creeks and rivers are easily polluted, either by seepage from vaults, or by the washings of the surface where these dejecta are too often thrown through ignorance of their danger. Whenever pollution of any water supply is suspected the water for domestic purposes should be boiled before being used.

"Cleanliness, absolute and continued, should be maintained in and about every home, upon every farm, in every village, town and city in the State. All privy vaults should be filled up with dirt, and portable boxes or tubs should be substituted for them; these can be easily emptied and made innocuous by the free use of lime, zinc or bichloride of mercury. It is an established fact that privy pits are capable of contaminating with deadly effect wells, and running streams, even miles away from them. Health officers of cities and incorporated towns are strongly urged to impress, with emphasis, this important fact upon the authorities, and to insist that their respective city councils at once, by suitable ordinance require all underground sinks and pits to be immediately filled up and abandoned; a severe penalty being imposed in every case for non-compliance with said ordinance.

"Should city councils refuse or fail to enact such ordinance, appeal from them to the people. If every citizen could be made to appreciate the importance of setting his own house in order, and be induced to do it, epidemics would be of short duration, and the death rate greatly lessened.

"I trust and believe that every health officer will feel the responsibility resting upon him, and come up to the full measure of his duty.

"I have the honor to be your obedient servant,

"R. M. Swearingen, State Health Officer."

DR. BARKER AND THE PAUPER INSANE AGAIN.

The editorial on this subject in our last issue was not prompted by any animosity to Dr. Barker, nor written with any intention
of reflecting upon him unjustly,—far from it;—but for a very different purpose, and from an animus evidently not appreciated.

The Journal commended Dr. Barker’s appointment, believing it to be as good a selection as the governor could have made from the ranks of the medical profession of Texas amongst the inexperienced in asylum management; therefore, the Journal not only felt deeply interested in the grave charges brought against him, but was sincerely desirous that he should defend himself. Of course, we do not blame him for taking no notice of the newspaper attacks upon him; but the matter was commented upon so harshly that the Journal felt that Dr. Barker owed it to himself, to his friends and to the Governor to make an explanation,—assuming, of course, that he had reasons for his action, which, as we said before, in the absence of explanation looked like an outrage. We have heard much expression of sentiment from medical men,—many of whom, like ourselves, are friends of Dr. Barker, and the Doctor was universally censured for his action in refusing to receive Purnell into his asylum.

Either Dr. Barker is placed in a false light by the reports on this subject, or he is open to just censure. Believing that the former is the case, we wrote the article in question, in the hope that he would write a reply and defend his action,—at least give his views of his duty in the premises.

While it is not for us to put excuses in his mouth, it was fair to assume—and we did assume—that Dr. Barker had other reasons for refusing to take Purnell than that attributed to him,—sentiment. For our own part, if we were in Dr. Barker’s place, we should have felt that a superintendent ought to have some power or right of discrimination in the admission of patients, and if a dangerous paranoiac is to be admitted, we should have felt morally obliged to keep him securely confined, locked up and guarded, and thus rendered harmless; and it may be that there had been no provision made for securely locking up patients of this class and caring for them—separately. With regard to Dr. Barker’s alleged refusal to receive colored patients, it might be that the board of managers had made no provision for this class separately, and Dr. Barker very properly declined to receive them and mix them with the whites.

But,—to date the Doctor has not seen fit to define his position nor defend his action, and we are disappointed. It would have afforded the Journal great pleasure to publish a letter from him,
and if he could justify himself, as we had hoped he would do to back him up. If, as was said before,—he has no explanation to make, and has acted simply from impulse,—if it is a question of like or dislike, and he defies the public sentiment and is indifferent to the construction put upon his action by the profession, he is very justly censurable; it demonstrates his unfitness for the high trust reposed in him and a misplaced confidence on the part of the Governor. We shall still hope the Doctor will see the importance of an explanation, and we again offer the Journal as the proper medium for its publication.

A SOULACE FOR SOLIS.

The question of advertising in medical journals is being discussed somewhat in the medical societies, and there appears to be a great diversity of opinion on the subject. As expressive of two extremes of sentiment, and as being of interest to our readers, as well as very interesting reading, we reproduce from our esteemed contemporary, the Medical Mirror, Dr. Love's sizing up of Dr. Solis Cohen's famous resolution forinst the subject in general, and the Journal of the American Medical Association in particular, and the resolution itself. Dr. Love is a graceful writer, and when he has a suitable subject in hand, he is deft at the art of flaying. In this instance, he makes the fur fly, and peels off the cuticle with the hand of an expert:

"A modern Soloman of Philadelphia, who is the son of his father, and that is saying much, has elected himself to be the Moses to lead the State profession of Pennsylvania away from the blandishments of the medical purveying guild.

"In a flaming blast, suggestive of Mount Sinai, this modern Moses winds up as follows:

"Far more iniquitous and far more dangerous to society is the wily manufacturer that advertises 'to the profession only.' Whether he ostentatiously holds secret the composition of his nostrum, or whether with pretended frankness he describes it with an appellation that means nothing, or publishes a formula that cannot be carried out, his object is the same; he seeks to make the physician's the hand whereby he may reach pockets shut from the coarser methods of the Warners, the Pinkhams, and the Jaynes; for, after all, it is the minority that can be excluded by the flaring posters of 'Wizzard Oil,' or the lying testi-
monials of 'Tonic Vermifuge.' When a sick man applies to a
physician, thinking that thereby he will secure the benefit of
special knowledge brought to bear upon the conditions of the in-
dividual case, intrusting to the conscience of his medical adviser
his health and his life, he is entitled to the skill and the thought
for which he pays, and that he deems himself to be receiving.
He certainly deserves better treatment than to be handed over to
the mercies of 'antikamnia,' or 'febricide,' or quickine,' or 'gled-
itschina,' or 'Freligh's tablets,' or 'listerine,' or any other of the
unholy crew. If such is to be his fate, let him have the satis-
faction of buying the worthless or poisonous stuff direct, without
the sham of a professional consultation, and without paying a
purchaser's commission to the medical sales-agent.
"He then announces that at the coming meeting of the Penn-
sylvania State Medical Society, he will offer the following reso-
lutions:

"Resolved, That the Medical Society of the State of Pennsyl-
vania hereby expresses its highest disapprobation of the practice
of giving certificates or testimonials to secret preparations al-
leged to be of medicinal virtue, and calls the attention of the af-
iliated county societies to the fact that such action on the part
of members of the said societies is in derogation of the dignity of
the profession, and in violation of the letter and the spirit of the
Code of Ethics of the American Medical Association and of this
Society.

"Resolved, That this Society likewise expresses its disappro-
bation of the practice of inserting advertisements of secret prepa-
rations in the columns of medical journals, such action being an
insult to the intelligence of the profession, and a degradation of
journals indulging therein to the level of the patent medicine
almanac. Especially to be condemned is the action of the Jour-
nal of the American Medical Association in admitting such adver-
tisements.

"Resolved, That copies of these resolutions, duly attested by
the permanent secretary, be sent to all county societies in affilia-
tion with this Society, to the American Medical Association, to
State Medical Societies in affiliation therewith, and to the pub-
lishers and editors of American medical journals.

"Let the medical profession, composed as it is of a body of in-
fants, get down upon its marrow bones and thank the Al-
mighty that there are in the profession a few men of ability capa-
ble of perceiving the dangers which they have overlooked; ready
to give them 'Solis' for their long suffering at the hands of the wily medical purveyors. By all means, let the amendments to the Code of Ethics be adopted. Yes, and as many more amendments as may be evolved. Verily, verily, it may be said unto the medical profession, 'Oh, Lord! Oh, Lord! How long is the profession to be burdened by those who escape the fool killer.'

"While the bulk of the profession is feeling more and more every day that the best code is the one that can be expressed in the fewest clauses, and that the individual or community is best governed that is governed the least, and that the unwritten law that governs gentlemen is all that is necessary for any educated gentleman in any calling.

"There is ever and anon coming to the front some self-elected shouter for more legislation. All the rules and regulations in Christendom will not affect a man in his employment of the tools necessary for his work. If he finds a thing good in the treatment of disease, he will be apt to use it, no matter who makes it; no matter what the combination of remedies may be; no matter who gets the benefits of its sale.

"These various outbursts of the Solomons and other representatives of wisdom and plu-perfection in the profession would be amusing were it not annoying to the sensible men of our guild. We fancy we can hear these mighty Solons say to their fellows immediately near them: 'Do not think too highly of our supreme goodness; do not admire our lofty attitudes too much; do not adore our shape and talents too completely; we deserve no credit for it. The honor all belongs to God who made us so.'"

In our October number, we will have something to say on advertising, from our own standpoint as a medical publisher.

Dead Again.—Poor little dickey-bird Fisher, of the Southern Journal of Homeopathy, is, as an editor (?) dead again. Old readers of the Journal will remember how touchingly we related his early demise when as editor of the little Pellet he failed, and gave up his little homeopathic ghost with a "tit willow" gasp. He died then of an attack of Daniel's Texas Medical Journal, and he is dead of a relapse of the same malady now. He throws up the sponge convinced at last that he could never make a success as an editor. "Was it weakness of intellect,
birdie, I cried, or a very tough worm on your little inside?’ ’
Both, doubtless—the red-back journal which never lets up on
homeopathy, was worse than the tough worm, it was a Nessus
shirt, and poor Fisher couldn’t stand it. In the last issue of
the Southern Journal of Homeopathy he chronicles his demise
editorially, dying in orthodox theatrical style, taking four col-
umns to expire in, after he is down;—like the villain in a blood
and thunder play. The publishers are to be congratulated. The
Southern Journal of Homeopathy is a pretty fair publication and
has a wide field and ought to be made to pay; all that has been
needed is an editor. Adieu, dickey-bird; peace to your little
homeopathic ashes!

Dr. P. W. Johns.—We are in receipt of a letter from Dr. E.
P. Becton, of Sulphur Springs, Texas, from which we extract
the following, believing it will be read with interest by Dr.
Johns’ numerous friends in Texas:

‘While there (Hot Springs) I had the pleasure of spending
some time with our friend, Dr. P. W. Johns. He is in fine health
and is recognized there as he always was here as a cultured gen-
tleman and an ethical physician. I am sorry I cannot say as much
for all who are practicing in that city. Dr. Johns is living up to
every requirement of the code and professionally is making a
success which is truly gratifying to his friends.’

Dr. Johns, whom we knew in “Knickerbockers” thirty years
ago, comes of the right kind of stock to make a success in any-
thing that is honorable and high principled. We congratulate
Hot Springs.

Book Notices.

The Principles and Practice of Bandaging: By Gwilym
G. Davis, M. D., Universities Pennsylvania and Gottingen-
Geo. S. Davis, Publisher, Detroit, Mich. Cloth, $3 net.

“Bandaging, while not a science, is, nevertheless, governed by
something more than mere empiricism; and it is one of the ob-
jects of this work to direct attention to the fundamental band-
ages, and of the importance of first learning principles and then
their application in the form of the various special bandages.”
* * *

"Good results in fractures and efficacy in surgical dressings depend just as much upon the attention given to the bandaging as do the results in abdominal surgery to the manipulations employed in them." The practitioner who has neglected this important branch of study will find Dr. Davis' manual a valuable aid; all should have it for reference.


The Journal is in receipt of Vol. i of this standard work. Naphey's Therapeutics is too well known to the medical profession to require any commendation at our hands; it has been a popular favorite for many years; but like all other standard works, the advances and discoveries in medicine having made many and radical changes in the treatment of disease, a revision was necessary to make the work applicable to the practice of modern medicine. The enterprising publishers recognizing that there was a demand for such revision have brought this out—the ninth edition—in fine style, mechanically, and with all that has been abandoned, eliminated, and all that has been acquired in the knowledge of the action of medicines and the latest achievements of therapeutic science added; and it now represents the therapeutics of to-day. "The precise formulae, specific directions and methods of treatment recommended by the most eminent American and foreign practitioners are given; and the full resources of the materia medica are grouped under the various diseases to which they are applicable." All the new remedies are brought forward and the modes of employment and their relative value are set forth. In brief the work is an excellent "practice of medicine;" it is a library within itself. It will be seen that Diseases of Women and Children have been included, instead of being published separately as before.

Book on the Physician Himself, and Things that Concern His Reputation and Success. By. D. W. Cathell, M. D. New Tenth Edition (Author's Last Revision). Thoroughly revised,

This book struck a popular chord, and has had a remarkable sale. There is that in it which appeals to the better sense of every physician, and no doubt it has done an immense deal of good in stimulating the profession to a more scrupulous observance of that *unwritten code* which should govern the conduct and shape the character of every one who wears the honored title "physician." It inculcates the highest principles; and even the highest and best of us may read it with benefit. The author has carefully revised his work and presents this the *tenth* edition much improved in the text and general get up.

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**Medical News and Miscellany.**

"The Happy Medium."—We are glad to know it is "happy;" it certainly is "medium."

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Dr. W. P. Perkins has removed from El Paso, Texas, to Bastrop, Morehouse Parish, La.

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Dr. D. R. Wallace has returned to Waco after ten weeks sojourn and travel in the great Northwest, including Alaska.

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The office of Drs. R. S. and O. L. Williams, at Dallas, was burned recently, and they lost all their books and instruments.

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Dr. C. M. Harrison, formerly health officer at Tampico, Mexico, and who left there on account of hemorrhages of the lungs and went to Silao, away up 6000 feet higher, the *Journal* is gratified to learn, has entirely recovered his health. He has removed now to Panneo, Mexico, near which place he own a valuable ranch.
Died.—In Ridgetown, Ontario, Canada, Thursday, August 25, 1892, Dr. T. W. Schlenker, aged 24 years and 11 months. Dr. Schlenker spent last winter in Austin, in the hope of recovering his lost health. He was a victim of phthisis. Dr. Schlenker was a bright young physician, and had he lived he would have made his mark in the world.

The firm of Drs. Holmes & Davis, of Rome, Georgia, has been dissolved, Dr. Davis withdrawing. He goes back to Birmingham, Alabama, and Dr. J. B. S. Holmes continues in charge of his splendid infirmary, as before. Attention is called to his advertisement in this issue. As a gynecologist, Dr. Holmes has few superiors, and the climate and surroundings of Rome are valuable accessories in the treatment of the class of patients who seek his services.

At the district court, on Tuesday, May 31, G. H. Raymond was fined £20, with five guineas cost, for having falsely described himself on the 13th April as a "botanical physician, oculist and aurist," whilst the evidence showed that he was not legally registered by the Medical Board. On the defendant pleading that the fine was excessive and would compel him to go to goal the bench reduced the fine by £5.—Pharmaceutical Journal of Australasia.

Dr. F. E. Yoakum, formerly of Greenville, Texas, and more recently of Shreveport, Louisiana, a member of the Texas State Medical Association, and a particular favorite with the Texas profession, has been elected to the chair of Materia Medica and Therapeutics in the Gross Medical College, at Denver. The Journal extends congratulations to the doctor that notwithstanding his great modesty his merits have been discovered and appreciated; and to the Faculty of Gross Medical College on the acquisition of so able, genial and popular a confrere. The doctor will be popular with the students, and we should not be surprised if he prove a strong counter-attraction to our owns Galveston school, with its popular Faculty.

Alice Mitchell's Case.—The Mississippi Valley Medical Monthly, Memphis, Tennessee, gives, in the August number, a
complete detailed report of the trial of Alice Mitchell to determine whether or not she is insane, together with a full report of the expert testimony given by those distinguished specialists, Sim, Callendar, Ingram, Fletcher, Hammond and Sale. It is intensely interesting reading, and the profession are under obligations to the Medical Monthly for this, the only full report, we believe, yet published. It is a source of much satisfaction to note the entire absence from the case of any disgusting features; "sexual perversion" appears to have had nothing to do with the case, and no physical examination of the unfortunate girl was made, or necessary. It was clearly a case of Platonic love,—in an emotional young woman, who had inherited the insane predisposition, and in whom insanity in the form of paranoia had developed through jealousy, acting as an exciting cause.

Married—Aug. 18th ult., at Sulphur Springs, Texas, Dr. E. P. Becton to Mrs. Josephine Morris, both of that city.

The Journal extends its cordial congratulations to the worthy and gifted disciple of Galen and Esculapius. He deserves a good wife, and being a man of sound and mature judgment, we are sure he has selected such. David of old took two virgins to "warm him up." Dr. Becton is always "warmed" up and can impart warmth. It's a blessing to hear him warm up in a speech. The Doctor has raised a family and has one son a doctor and one son-in-law in the same line, yet he is not an old man by any means. Age is not counted by years; he is yet young in heart and in sentiment and in full vigor of mental strength. Oliver Wendell Holmes boasted that he was "80 years young." So with our friend Becton, he is "— years young."

Publisher's Notes.

Antalgia, manufactured by the Antalgia M'f'g Co., at Houston, Texas, is one of the new and popular preparations fulminated against that great enemy of mankind—pain. As its name implies, "against pain," it is said to be a most efficient remedy. It is claimed for it also by those familiar with its use that it is, unlike some other preparations of this kind, entirely free from
danger or unpleasant effects. The manufacturers will send a specimen package for trial to any reader who will mention the JOURNAL. See advertisement in two places, half page and quarter page.

H. J. W. Martin, M. R. C. S. and L. S. A., Hounslow, Middlesex, England, says: I have used S. H. Kennedy's Extract of Pinus Canadensis in an obstinate case of gleet that had existed for some six months before coming to my notice, with marked success, a vast improvement having taken place after using one bottle of injection, and before the third bottle was finished, a cure was affected which was permanent.

Bromidia in Nervous Excitement.—A writer in the Hospital Gazette reports the case of two young boys, four and seven years old respectively, who, from over study at school were attacked with sickness and pain in the head, followed by flushed face, and head very hot; photophobia and vomiting; at night inability to sleep, and when dozing, easily aroused; all showing a high tension of the nervous system. Several remedies failed and finally Bromidia was given with the happiest effect. Ice bladders were applied simultaneously. The writer concludes: "The rapid improvement under the ice and bromidia treatment was very gratifying, and I have found bromidia especially useful in such cases, and a very reliable hypnotic whenever I have been required to prescribe such a medicine."

Diuretics.—One of nature's methods of relieving disease is by elimination. The system is provided with a number of organs which perform the function of sewers, as it were, to the body; and increased activity of these organs will often relieve the system of deleterious products,—waste products—which if retained would cause trouble. This was early observed, and purgatives, diuretics and sudorifics constituted almost the sole therapeutics of our early progenitors when medicine was entirely empirical. The use of diuretics is now based upon sound principles, and rationally administered they afford a wide scope of usefulness. Wayne's Diuretic Elixir is composed of the standard and well known diuretics of the Dispensatory, buchu, acetate potassa, etc., combined in such proportion and with reference to their respective properties, as to afford an ideal prescription for the promotion of the excretion of urine; it is, moreover, an agreeable and pleasant preparation that can be administered to the most fastidious. Messrs. Jno. D. Parks' Sons, Cincinnati, O., will be pleased to send a trial bottle to any Texas physician disposed to test its merits, upon the recommendation of the JOURNAL.
Original Contributions.

For Daniel’s Texas Medical Journal.

THE PRESENT STATUS OF GONORRHEAL INFECTION IN WOMEN.

With Report of a Case.

E. B. JACKSON, M. D., HOUSTON, TEXAS.

The calamitous course which this disease sometimes takes in women is becoming more generally appreciated. It has attracted a great deal of attention lately from many prominent physicians all over the country, some of whom are still devoting arduous study to the subject.

The gravity of the disorder is at once appreciated when we come to consider the deplorable pathological fields which are left along the route of the virus from the external genitals to the free ends of the tubes.

We are now acquainted with some interesting pathologies having to do with this disease, which were formerly too often supposed to be the result of some other morbid element.

Many distressing and all too intractable pelvic disorders are now recognized lamentably often as the result of gonorrheal infection.

A decade ago this was not the case. I have notes from a lecture delivered to more than a hundred gentlemen, setting forth to them that gonorrhea might be regarded as much easier of cure and less likely to produce troublesome complications in women than in men. Such a proposition we now know to be rubbish.
The female urethra suffers less, it is true, than the male, but the bladder, ureters and kidneys are no more exempt; and it is not even here that we get our most alarming cases.

Perhaps many who may read this article were not at first taught that endometritis, metritis, peritonitis with adhesions, tubal inflammation with pus, sterility and terrible dysmenorrhoea, so frequently resulted from this infection; but in the light of the present information concerning these disorders and this poison they no doubt now agree that, as a serious and lasting pelvic disease producing agent, the gonorrheal virus is entitled to as much consideration and serious study as puerperal sepsis; and here I will add that I have heard one prominent authority remark that "many of the apparently puerperal septic cases are of gonorrheal origin."

I shall not endeavor to discuss the theory or history of the gonococcus; and in drawing attention to the action and treatment of this disease in the female I shall be as brief as possible.

At first when the urethra is affected the changes which occur are practically the same as in the male, which are pain, redness, swelling etc., followed by a discharge. It is granted that these are less severe in women—hence the want of proper appreciation of the disease, formerly, when it was believed to spend its force principally upon the urethra.

The poison rarely ever remains a long period in the urethra. It seems often to begin, but rarely ever to end here; it spreads to the labial mucosa, the vulva swells, the mucous surfaces erode, which accounts for the burning of urine and for the excessive itching which is felt inside the labial fold. The vulvo-vaginal glands inflame at once, but do not abscess unless their ducts become occluded; more resistance is offered by the vagina than any other part of the genital tract, its epithelium is of a more horny character, which renders it more easily fastened upon by the virus.

It is worthy of note that a vaginitis is nearly always (in every instance in my experience) confined to young women whose vaginæ have not become hardened by frequent childbirth, or taken on the fibrous change of advanced maidenhood. As a rule, the action of the virus upon the vagina is slight. When the poison reaches the os uteri, swelling, redness and erosions occur, followed by cervicitis and a thick discharge.

The uterus is next invaded, which we detect by enlargement, general tenderness, purulent discharge and a change in the char-
acter of the catamenia. When the poison enters the tubes they inflame rapidly, and throw out an exudation which, according to its character, forms a hydro or pyo-salpynx; they seal up, thicken and lengthen.

I have seen in the Royal College of Surgeons, England, several preparations presenting these characters, many of which were successfully removed by Mr. Tait during life.

The poison which reaches the fimbriated ends of the tubes, resulting in closure, may set up peritonitis.

The swelling produced by organic inflammation may occasion it also, so that in the less active forms of peritonitis it is sometimes difficult to determine whether it is caused by pressure or by the escape of virus.

In the latter case, if the escape is free, we are soon led to suspect the true nature of the case by the violent symptoms which follow, such as great pain and aching, enormous distension and tenderness of abdomen, the exudation which soon fills up all the space around the uterus, destroying its normal swing when touched by the finger; there is great shock and prostration, all signs and expressions point to impending collapse, and the patient may rapidly expire.

The ovaries are immediately attacked by this virus when it escapes from the tubes, enormous engorgement occurs which may result in permanent enlargement, adhesions and cystic change. Abscess of the ovary may occur and is accounted for as easily as the pus formation process in the vulvo-vaginal glands, viz: The ovaries are known to contain, in many adult women, small cysts which contain fluid that soon becomes highly irritating when disturbed by the engorgement which this infection produces.

Another theory, which, as far as I am aware, is my own, is that the local circulation and absorbent dyscrasia may interfere with the normal irrigation of Graaffian follicles and with the absorption by fatty degeneration of the blood clot which may have formed from a recent rupture, so that the clot, instead of disappearing to give place to a healthy corpus luteum, remains as a foreign body, just as exudations which are thrown out into Douglas' pouch become encysted by the peritoneum very often, and remain until the clot is absorbed or breaks down into pus.

The treatment of the primary infection before it has invaded the uterus is practically the same as in the male, consisting in the application of a germicide sufficiently potent to destroy the gon-
noccoci, incorporated in some slightly astringent fluid directed to the cure of the mucous erosions.

Of the many remedies which may be used for this purpose, I will mention chloride of zinc and gallic acid, which I am in the habit of employing as a vaginal wash once or twice a day as the case may require, using fifteen grains 2 of each in one ounce of water. Much pain in the intervals may be avoided by packing the vagina with cotton wool well powdered with iodoform and boracic acid. In the latter stage (when the discharge becomes gleyty) sulphate of zinc and acetate of lead forms a desirable injection which, if used every two or three hours, will soon check the discharge completely.

The bowels should be emptied every day with a saline purgative and a full dose of bromide of potash and soda given at bed hour. This treatment should be carried out every day until the action of the poison is checked. In the uterus, the poison can be fairly dealt with if it has not entered the tubes. An operation is necessary in which an anaesthetic will be required, the vagina is first douched, the perineum is retracted by aid of a Sims’ speculum, the os is drawn down by a rat-toothed vulsellum, Hegér’s dilators are passed one every minute until a Playfair’s probe, armed with lint, will enter the uterus; after swabbing out the endometrium with this lintered probe, a new linted probe is prepared and well soaked in strong tinct. of iodine. This is passed in and thoroughly rubbed over the entire endometrium. Now a roll of tape, which has been soaked in iodoformed glycerine, is packed in the uterine cavity, leaving two or more inches of its tail projecting into the vagina for its easy removal, which should be accomplished in five or six hours.

This operation, if done three or four successive days, is generally successful, but if it should fail, pure carbolic acid with equal part of glycerine (½ drachm each) may be applied in the same manner, taking care, of course, to leave and to keep the os well open for the discharge of the extensive slough material.

This operation is unjustifiable and dangerous if the disease has passed beyond the uterus.

In tubal, ovarian and peritoneal infection, the principal treatment consists in supporting the powers of the body with nourishing food, tonic medicine and rest.

The avoidance of everything having the power to excite increased flow or to interfere with the return of blood from the pelvis, such as coitus, cold or hot douche, loaded rectum, etc,
should be enjoined. Whenever these dull symptoms become acute, which often occurs, poultices for relief of the pain and tension will be found of more value than any other remedy.

The means of dealing with this poison when it affects the bladder, uterus and kidneys are simple. The chief remedy is copaiba, which, if the urine is made to contain in strong solution, acts as a potent poison to the gonococcoci. Applied directly to the germs, this drug has proven to be inert; but, on the other hand, it has been proven that the urine possesses the power of setting free its coccus destroying principle. The urine, when heavily charged with this oil, is certainly destructive to them. Four sealed capsules of the ordinary dose is usually sufficient for one day. With this treatment, it is desirable to combine also the morning saline purgative and the night bromide potion above mentioned.

REPORT OF CASE.

Mrs. M, age 21; married since February, '91. Catamenia appeared at 14 years; always regular every four weeks; loss normal; some pain but very slight. Three weeks after marriage, noticed a discharge and felt occasional pains in pelvic region, which were intensified by coitus, but this she considered the probable experience of all newly married women. Her second third and fourth monthly periods thereafter were attended by more pain than she had ever before felt; sexual congress became unbearable, and in view of the facts, her husband was advised by the physician in attendance to send her away for the summer to rest and be treated. This he did in June. She returned in September somewhat improved, but immediately the discharge became increased and all her former symptoms soon returned—for obvious reasons. The periods came on every 21 days with increased flow and pain, etc., characteristic of inflammatory action somewhere in the pelvis.

She felt continually distressed about the change her health had undergone since marriage, and expressed to her physician the belief that her second flow after becoming a wife was an abortion, and she still holds the same opinion, as no one has attempted to disabuse her mind. Each month her distress was slightly increased. I saw her in June, '92. The symptoms just given were and are still present. Bi-manually the uterus is enlarged and very tender. Both ovaries are felt enlarged and extremely sensitive and somewhat prolapsed. There is a band-like tightness and fullness in the region of the broad ligaments which may
be tubes, infiltration or adhesions. There is appreciable general fullness in the floor of the pelvis. Each fornix is distorted and the uterus is but slightly mobile. The speculum reveals erosions of the os and a purulent discharge characteristic of endometritis. She has never even partial freedom from pain except when reposing on a couch, which she is forced to keep, uninterruptedly, through each period of the menstrual nisus. Thus imprisoned from the brightness and activities of the outside world, her spirit has been supplanted by melancholy depression. No wonder attaches to the change, for it is only too well known that reflex nervousness must always come in long standing cases of pelvic inflammatory action.

This case has been related tamely and is only one of many which exist at the present moment. They belong to the serious and baffling class of disorders from which, no doubt, every humane physician would fain shrink to witness or discuss. Think of it! Is it not a terrific warning to doctors who give their consent to the marriage of a man thirty, sixty or ninety days after a specific discharge?

Among the pitiable martyrdoms which we are sometimes called upon to witness, there is probably no one worse than this. A tender, young, innocent woman, so recently a light-hearted girl, doomed eventually to abdominal section with its grave risks, or to invalidism for life. Could the inestimable blessing of preventive medicine be more forcibly argued than it is by such a case as this? But to conclude.

Many would say operate just as soon as the patient can be properly prepared for the ordeal, i. e., if the ovaries are large enough to be considered cystic and there is evident disease of the tubes. Many others would say, she is young, encourage her to be cheerful and to wait. In either case "the rub" confronts us, for we are poor comforters when we meet with difficulties insuperable to medicine; and on the other hand, our regret must be of the profoundest nature when we have to inform a confiding patient, little more than a child and crushed already with suffering, that her only hope of permanent relief lies in an operation of a serious nature. Some claim that conservatism is too frequently ignored in cases who have not lived out a goodly portion of their lives. Others ask why should a case at any age be allowed to progress until it has destroyed the recuperating powers, rendering dangerous the operation, which, if done early, they claim, by only small risks. It is appreciated that hard and fast
rules can not be laid down which will answer for all cases, but it is to be hoped that a universal settlement of the vexed question may very soon obtain so that the lines of prohibition and justification may more satisfactorily be arrived at.

For Daniel's Texas Medical Journal.

A CONTINUED FORM OF REMITTENT FEVER OF LA GRIPPE.

J. SAMUEL PRICE, M. D., COUNTY PHYSICIAN, BEAUMONT.

Read before the Southeast Texas Medical Society, September 6, 1892.

UPON reviewing the literature recently published bearing on the sequelæ of la grippe, we are struck with the similitude existing with the remote effects of the late epidemic and that of malaria; in fact, so protean are its manifestations that the writer of this paper fails to see wherein the Society could become interested in a resume of some of the obscure effects which a few of our learned friends ascribe to la grippe; hence we will confine ourselves to the consideration of the most frequent sequela. Some have ventured so far as to claim to be able to trace a connection between affections originating two or three years subsequent to the attack, and it would appear to a casual observer, if this fact were tenable, that we might ascribe some of the alleged blunders of the present administration to remote sequences of this protean pandemic. Yet, we cannot but believe that there are morbid processes, perhaps lying dormant, which become lighted by the depressing effects of la grippe, and we are equally convinced that existing effections become very much aggravated by the inception of influenza.

We have become very much interested in observing the primary effect upon the nervous system, which, not unlike other depressing agencies, gives rise to certain unmistakable symptoms. It was our pleasure to attend, in company with Dr. Elliott, several cases, besides those not in our own practice, of protracted fever during the prevalence of the late epidemic, which we believe due to the depression of certain centres in the nervous system, of which we will have more to say later. One of our medical friends rather opposed this theory, by reason of having come in contact, during his practice here, with a continued form of
fever in every way analogous to that observed in quite a number of our patients.

But we must remember that fever, like the chill that usually precedes it, is not wont to take on any peculiarities that would furnish us with an index to the etiological factor producing it. Any agent that will sufficiently depress the vaso-motor centres, will be followed by chill, let it be malaria, pneumonia, meningitis, septicaemia, or la grippe; likewise any agent that will produce a corresponding depression of the trophic centres will be followed by fever of a varying duration, dependent on the presence of the cause.

These latter centres have been found to preside over the energy expended in tissue building, and any agent depressing them causes that energy to be directed from raising pabulum into tissue, into the next lower order of energy, that of the production of fever, or an excess of the normal temperature.

Prof. John B. Elliott says: "In a healthy person who is invaded by fever, we find, first, a state of nervous failure; the approach of this is heralded by some days of malaise. When finally the nervous system can no longer contend against the depressing cause, a sudden and marked nervous prostration ensues; this is the period of chill, during which the great mass of blood gravitates through capillary relaxation to the great abdominal viscera. This condition of chill is a phenomenon as general almost as that of fever. It belongs to no specific disease but is the expression of nervous failure that generally precedes the subsequent febrile state. Even in this condition of chill, however, increased temperature is revealed by the thermometer. The same condition of nervous disturbance that will account for the increased temperature of true fever, is here already in existence, for we must truly regard even the sthenic febrile condition as still one of nervous depression—a continuation of the state so suddenly announced by the chill. The cause of this increased heat production seems, from what has been said, to be capable of explanation as follows: In a healthy body at rest the transformation of chemical energy goes on under the control of the nervous centres in two principal directions; first, a certain amount is transformed into heat, by which the normal body temperature is maintained; secondly, the remainder is transformed, as has been taught by LaCote, into that power that lifts pabulum into tissue. This tissue-building force represents a certain amount of work done, and for it we are compelled to seek some constant origin in
the process of force-transformation that goes on in the body. The transformation of chemical energy is the only such origin known to us. If these almost self-evident propositions are granted, then the explanation of the phenomenon of fever is simple.

Thus, some agent, whether through the blood or directly, disturbs the normal balance of the nervous system. Its most important, and probably the highest physical functions, tissue-building, is arrested; combustion, nevertheless, goes on, but now that portion of chemical energy wont to be transformed into tissue-building force, must seek another outlet, and take the lower form of transformation into heat. In other words, chemical energy, which, under the control of the nervous system, was, in health, being transformed in two directions, tissue-building force, and heat, now, upon the failure of the nervous system, is transformed only in one direction, heat. But more than this must be supposed. During the febrile condition the tissues of the body not only cease in a measure to be renewed, but those already formed seemed to disintegrate more rapidly. With the destruction of that power in the nervous system which raises pabulum to tissue, there also seems to fail a power maintaining tissue integrity. The process of emaciation, as well as the great increase of albuminoid excreta observed during fever, demonstrates this.

We must therefore define fever in terms of the nervous system. Fever must be defined as a pathological condition, resulting from a failure of the nervous centres controlling tissue repair and tissue integrity, during which the transformation of chemical energy into tissue-building ceases, and its transformation into heat ensues; and we must add during which, through the same nervous failure, tissue already become built becomes readily subject to combustion.

If we will observe the following cases occurring in one family, we might ascribe a degree of contagiousness to la grippe, a theory advanced by a recent writer in the last edition of the Annual of the Universal Medical Sciences. The first case, a gentleman aged thirty-five, by occupation a sawmill laborer, was stricken down with influenza, the usual symptoms of the nervous type predominating; fever came on gradually without any initial chill, registering only about 100 in the morning with a rise of a half degree in the afternoon, never being entirely clear of fever through the night. Fever gradually increasing to 105 in the third week. Headache of frontal region very distressing without
any intermission during the first two weeks. Slight aberration of the mind ensued after first week.

Persistent insomnia up to the second week, accompanied by extreme restlessness. Bowels sluggish, appetite absent. Pulse weak, numbering from 100 to 120. Respiration from about 18 to 24 per minute. Cough though present, not annoying. Duration of fever five weeks. Tedious and protracted convalescence.

The second patient is the wife of the gentleman whose history has been given above. She was taken sick about a week after her husband began to convalesce, symptoms differing somewhat from the preceding, the respiratory tract being more involved, with some disturbance of the bowels. About four months advanced in pregnancy, but no symptoms of miscarriage supervened. Fever of remittent type with evening exacerbation, reaching as high as 100 in the third week. Insomnia present, though not so persistent as encountered in previous case. Examination of the lungs revealed a few mucus rales on both sides. At one time streaks of blood were noticed in sputa; never any dullness on percussion. Cough gradually subsided towards last of second week, but fever continued unabated.

After the expiration of about a week from the time the lady began to convalesce one of her children, a girl about ten years of age, sickened with the influenza and with symptoms very much like these observed in the former histories. The duration of her fever was about four weeks.

For fear of tiring the members of the society with long and tedious histories, we will conclude our remarks by referring to a paper written by Dr. John H. Hollister, of Chicago, Ill., entitled "A Modified Form of Continued Fever Following the Epidemic Grippe," published in the Medical Record June 11, 1892, in which he says: "This disease has seemed to increase the severity of all our endemic maladies." He had observed following the epidemic many cases of continued fever which had been admitted to hospital classified as typhoid. He soon began to doubt the correctness of the diagnosis. A study of fifty cases had afforded the following data: No common cause could be assigned. Previous history was negative. Some had had grippe, but the majority had not.

The prodroma lasted four days, with extreme muscular soreness. The onset was gradual, no chill being noticed, but the fever was continuous without intermission. The average duration was twenty-three days, relapses common, but could be
attributed in many cases to dietetic errors. There were no head symptoms nor coma and no subsultus. In four cases there was profuse sweating, lasting over ten days.

The stomach was not troublesome. Secretions were all diminished, and there were no critical discharges.

The mouth was rarely dry, tongue not fissured, and no soreness. The dorsum was milk white. There was no tympanites nor abdominal tenderness; no peritonites, while the bowels were bound up.

In only three cases did the stools indicate typhoid. No bacteria were found in the stools. The urine did not respond to the Ehrlich test, nor were any albumin, sugar, or casts found. There was no rash. In treating the cases main reliance was placed on sponging and packs. Three cases died, one from pneumonia, and two from exhaustion. No intestinal lesions were found at any of the autopsies.

For Daniel's Texas Medical Journal:

ENTERIC OR TYPHOID FEVER IN THE VERY YOUNG AND VERY OLD.

BY W. B. WEST, M. D., FORT WORTH, TEXAS.

IT HAVING been my good fortune within the past fourteen months to see two such cases, and, as there has been so much written on typhoid fever as found in Texas, I feel that it may prove of interest to some of the profession to report these two cases. However, before entering into the details, I will say, that from the writings of many of our brethren one would be led to infer that typhoid fever in Texas is not an established fact. To any of those who doubt its existence, I would say, could they have witnessed an autopsy held in Fort Worth last week, on a patient who died of typhoid fever, there would be no doubt left in their minds as to the true nature of the disease, which we treat and call typhoid fever, in Fort Worth. The examination revealed ulcers of Peyer patches,—lower portion ileum,—with ulcerations also of glands of upper portion of colon, and enlargement of all of the mesenteric glands. Typhoid fever, as is well known, is an acute infectious disease, due to a specific cause characterized by gastro-intestinal catarrh, febrile movement of continued type, varying in duration from 10 to 40 days, marked
nervous symptoms, with scanty eruption of isolated, slightly elevated, rose-colored spots, disappearing upon pressure, and developed in successive crops. In infancy and childhood it does not conform closely to this type of the affection in adult life. It has only been during the first half of the present century that typhoid fever, the great fever of the present epoch, was distinctly separated from all other forms of fever, and our knowledge of its pathology placed upon a sure basis of fact.

The opinion, prior to 1840, was universally held, that infancy and childhood enjoyed immunity from it. Rilliet and Taupin, who published about the same time, independent descriptions of typhoid fever, as it appeared in children, have shown this to be erroneous; that the great number of cases of fever among children, previously described as "infantile remittent," were instances of enteric fever. Aitken, in speaking of typhoid fever in children, says: "It has now been already established that typhoid fever is by no means an intrentu disease among children, and has been often described as infantile remittent fever." (It occurs sometimes epidemically. This has been noticed at the children's hospital at Paris, and Dr. Rilliet saw an epidemic of typhoid fever in a small village near Geneva, Switzerland, which attacked children only.) Its occurrence is rare during the first years of life, nevertheless it is on record at the following very early ages, namely, between two and three months, three months, six months, seven months, ten and thirteen months. (Wunderlich, Huming, Frederick, Rilliet.)

The author of a very interesting review on the typhoid fever of children, in the British and Foreign Medico-Chirurgical Review, for July, 1858, p. 161, mentions in his own experience the occurrence of typhoid fever in a girl one year and seven months old, and also in a boy two years of age. Murchison showed, in 1864, at the London Pathological Society, the intestines of an infant six months old, who had been attacked at the same time with her mother. The explanation of the fact, that the proportion of cases occurring in infancy is smaller than that of childhood and adolescence, is to be sought in the increased exposure to the infecting principle at the latter period. Again, enteric fever is not very common in very old persons, though there are well authenticated cases reported where the persons were sixty, seventy, eighty and ninety years old, while in this paper I will report a case in which the person was 101 years of age. The infrequency of the attack in later life, is due to the fact that such persons
have probably already passed through the disease and are, therefore, partially exempt. I do not deem it necessary to go further into the history of this disease, my object being simply to report two cases, one of a very young child, and the other of a very old woman. I shall first give symptoms of child, and if there be any doubting brother, who in the face of so much authority, doubts my diagnosis, let him make his own.

Three weeks since I was called to see H—— D——, aged 10½ months. When I reached the house, the child showed every symptom of having had a chill a short while before; in fact, the chill had not fully passed off. The finger nails were blue, skin very purple, face pinched, and anxious expression, and child would nestle close to its mother, as if to keep warm. I took his temperature, found it a shade sub-normal. In about two hours I returned, when I found the temperature 101° in the axilla. On the following morning, at 8 o'clock, temperature was 99½°, and the little fellow seemed to be suffering greatly from pain in bowels, and nausea. At 6:30 p. m., temperature 102°, and patient very restless. Had slept but little, and often disturbed by cries and jactitations. Third day, at 8:15 a. m., temperature 100°, at 8 p. m. 101°, skin hot and dry, tongue much coated, with red tip and edges. The lips were parched and dry, and soon became cracked and sore. Appetite by this time was lost, would take nothing in the way of nourishment, cried for water or ice every few minutes. Diarrhoea was present and lasted until after the 15th day, when the actions became about normal. Abdomen was slightly swollen, but there was very little tenderness shown at any time upon pressure. Cough was present after the first day, and lasted throughout the attack. On the 8th day the eruption was noticed. I never saw more typical, rose-colored spots in any case I have ever treated, since leaving my native State, Virginia. The eruption extended over the abdomen, chest and back. By the 15th day the child had been reduced from a strong, healthy little fellow, to a mere shadow. During all this time the temperature was down to 99½° to 101° in the morning, with an average rise in the evening of 103°. When the temperature began to subside, it went slowly down regularly each day from a quarter to one degree; until 99½° was reached; at this point it remained for four days. On the morning of the 25th day, I found the little fellow for the first time, since the fever began, free of fever. My treatment in this case was quinine at night and sulphurous acid during the day. His diges-
tion was at one time during the attack very much impaired. I used pepsin, bismuth, papoid, etc. The papoid acted like a charm in this case in 2 gr. doses every three hours. The little fellow at this writing, like Richard of old, is himself again.

The old lady, Mrs.——, aged 101 years, was taken with typhoid fever in June, 1891. Up to the time she was attacked she was in splendid health for one of her tender years. There was nothing in this case out of the ordinary, except her age, which, I think, is the oldest on record. The attack lasted twenty-one days. Severe frontal headache, with slight pains in back of the head, and marked pains in small of the back, lasting for nearly two weeks. Constipation was present at first, followed by diarrhoea. Rose-colored spots were present, but not in great numbers. In fact, she had all of the symptoms of typhoid fever. I found great difficulty in administering medicines and nourishment, due to her childishness, her mind having been very much impaired by age. She was convinced from the first that she had typhoid fever, and said she knew she could not recover, and did not wish to take any medicines or nourishment. I was compelled, after using every other means, to force her to take them. The Sisters of Charity, who had her in charge, would have to force open her mouth and pour the nourishment down, as if she were a spoiled child. I found that very small doses were sufficient in her case. She made a good and rapid recovery, and is at this writing living and enjoying fine health, at the good old age of 102 years. When last I saw her, she assured me that she was cutting two new teeth; however, I am not prepared to vouch for the latter.

Biographical.

PROF. ALLEN J. SMITH, M. D.*

Allen J. Smith, M. D., Professor of Pathology and Bacteriology in the Texas Medical College (Medical Department University of Texas), at Galveston, was born in York county, Pennsylvania, in 1863. He is of German extraction and a descendant of a family of early settlers who were in Pennsylvania before the Revolutionary war, and some of whom bore arms in that memor-
able struggle for independence. He received his early education in his native county and his collegiate education at Gettysburg —taking first honor and the degree of A. B. in 1883, and the degree of A. M. in 1886. He attended the courses in the Medical Department of the University of Pennsylvania, and in 1886 graduated amongst the first honor men, receiving his degree of M. D, and carrying off the Medical News prize and the anatomical prize. Since graduating, Dr. Smith has held the following positions: Resident Physician in Philadelphia Hospital, 1886; Salaried Resident Physician (male department) of the Insane Wards in same in 1887; Assistant Demonstrator of Pathology in University Pennsylvania in 1887; Master in Chemistry in Medical Institute (allied to University of Pennsylvania) in 1887; Physician to Dispensatory for Diseases of Children in University Hospital, same year, and chief of same in 1891; Acting Pathologist to Blockley Hospital for part of 1890; Master in Pathology in Medical Institute in 1889; Pathologist to Presbyterian Hospital in 1891; Assistant Pathologist to University Hospital, 1890-91; Pathologist and Visiting Physician to State Insane Asylum at Norristown, Pa., in 1891; Lecturer on Urinology in University of Pennsylvania, 1889; Editor (part of the time with Dr. James Tyson) of articles on Urinalysis, Diseases of Kidneys, etc., and Diabetes, in the Annual of Universal Medical Sciences for 1889, 1890, 1891-2 (four years); Editor of "Notes on Pathology for students of University of Pennsylvania," published in 1892; Editor of Naphey's Modern Therapeutics, 2 vols., 1892; Editor of Vol. XV. Transactions of Philadelphia Pathological Society, 1891; Editor Pathological section in Lippincott's International Medical Journal; Recorder of Pathological Society of Philadelphia, 1890-91.

In addition to the above mentioned positions, Dr. Smith has filled a number of other positions, such as Microscopist to the University Commission on Koch's Tuberculosis Cure, etc., and was in active work when elected to the honorable and responsible position he now holds in the University of Texas Medical College.

Few men of his age have been more actively and honorably

*In our souvenir edition, July, 1892, in which were published the biography and portraits of the members of the faculty of the Texas Medical College (Medical Department University of Texas), this notice should have appeared. It was accidentally omitted and is here published to complete the set.—Ed.
employed or attained to such eminence in a profession notably crowded with able men; still, Dr. Smith has found time to contribute to the various medical journals; and his writings may be found in most of the Philadelphia journals.

The Review, in this issue of Daniel's Texas Medical Journal, of Cholera in India, was written by Dr. Smith, and the Journal is pleased to announce that he will contribute to its pages during the coming year, a part of the rich clinical material falling under his observation as Microscopist, Pathologist and Bacteriologist in the Texas Medical College, he having consented to become one of the associate editors of this journal.

Dr. Smith is married, and his family reside with him in Galveston. The portrait of him which appeared in our July number hardly did him justice. The doctor is blessed with a strong physical organization; none other could stand the tremendous drafts made upon his nerve force by such an active and hard worked brain.

Naphey's Therapeutics.—In the last number of the Journal, September, '92, we published a notice of the new edition of Naphey's Therapeutics, just issued from the press of P. Blakiston, Son & Co., Phila. (see page 116), edited by Drs. Allen J. Smith and J. Aubrey Davis. By some provoking oversight, we omitted to give the name of the publishers. We extend to them now a sincere apology, and trust they will make amends.

We were struck by the name "Allen J. Smith," and upon inquiry we learn that Dr. Allen J. Smith, of Philadelphia, the editor, is Prof. Allen J. Smith, now of the Chair of Pathology and Bacteriology in the Medical Department, University of Texas. We did not know it, however, before the appearance of our September number. It is mentioned here and now, in justice to Dr. Smith, and because we hope and believe that it will cause the Texas students to take more interest in the book than they would probably do if it were edited by any other "Dr. Smith." It serves to show that the Regents of our Texas University recognize talent, and spare no expense in bringing it to the Texas Medical College.
EDITORIAL DEPARTMENT.

CHOLERA DISARMED—THE TRIUMPH OF GENIUS (?)

Behold, a new star has arisen; this time in the West,—and mirabile dictu, within the bounds of the "malarial belt," which, according to the great Billings, is inimical to talent, and in which genius can never breathe.

Some writer has sagaciously observed that there never was a crisis in human affairs—an emergency to be met, but some genius was raised up to meet it, or words to that effect. The truth of this observation has been demonstrated repeatedly. History, ancient and modern, abounds with striking illustrations of its correctness. Had we not, in the late war, Lee on the one side, and Grant on the other, and Jefferson Davis and Abraham Lincoln, to demonstrate the truth of the observation from the standpoint, respectively, of Yank and Confederate? Have we not in Texas, now, in the present great emergency our own diminutive Demosthenes—a modern Moses—

"* * tempter sent or tempest tossed—all undaunted,
On these shores by (imaginary) horrors haunted,"—
to lead a bewildered people out of the labyrinth of a complicated "calamity?" "commission"ed to lead the children of AbraHAM to the promised land, where money will be plenty and fat offices will go a'begging?

So, even, when the "crisis called," Caius Marius was on hand. The breach was closed—the country saved,—but Caius M.,—oh, where was he? (We will not follow the simile any further, as we are not in politics.)

Well, the cholera came. Arising in the East—like a rested lion he shook his mane and "lit out"—seeking whom he might devour. People fled panic-stricken at his approach, and there was none to stay his progress. Across the Atlantic at a step he came, like a school-boy skipping across the spring branch. He growled at our very door,—and science, palsied with fear, yet with "disinfectants" in hand, stood irresolute.

Behold,—away off in Texas the cry is heard;—the "crisis" having called, the genius was forthcoming!
Dr. R. B. Leach, a highly respectable citizen of Paris, Texas, a homeopathic physician, eminent in his class, and compared to whom, in light of the following, Hahnemann was a chump,—conceives an idea. No, its an inspiration! It is brilliant, thrilling! Hahnemann said, "the hair of the dog will cure the bite," and behold—the homeopathic doctrine—*similia similibus curantur*—is born! This modern Hahnemann now advances the beautiful theory that the hair of the dog will *prevent* the bite, hush the bark and choke off the dog! That "like" will not only cure "like," but will *prevent* it! Moreover, he is a benefactor in another sense. Unlike the Keeleys and the Amicks (sordid creatures) who for sordid gain sell their great discoveries for the ducats,—Dr. Leach hastens to "give it away" without money and without price,—fondly anticipating that time when the world will ring with the echo of his name,—when unborn generations will rise up and call him blessed, and fortune and fame will be his inheritance by right. Does he not intimate as much in his letter? He will be canonized; and embalmed in history his name will go sounding down the ages hyphenated with that of Jenner, and coupled with all that is great and glorious in science.

He has laid his discovery before the *President of these United States*, and begs that it be speedily placed in the hands of the cholera sufferers and the cholera scared people of the world. The time has come! Cholera, like small-pox, must now bow before the power of science, and be disarmed of all its terrors.

This letter to the President Dr. Leach sends to *Daniel's Texas Medical Journal*, accompanied by the following courteous request; knowing that we will hasten to give the world the benefit of it, in case Benjamin H. is too busy to attend to it; knowing, too, our appreciation of a *good thing*. Here are the letters:

**Paris, Texas, September 29, 1892.**

*F. E. Daniel, M. D., Editor Daniel's Texas Medical Journal, Austin, Texas:*

**Dear Sir:**—As the exponent of Arsenic vs. Cholera (now in the hands of Health Officer Swearingen*) I enclose you a copy of my expose to the President that you may place it within the reach of all to make personal tests such as are now being made at N. Y. quarantine and the importance of the subject demands. My assertions are pronounced impregnable by the U. S. Marine

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*A copy of the letter to the President was sent to State Health Officer Swearingen; we await with breathless anxiety his report on the "tests."
Hospital Bureau, except by such test which I await fearlessly and in confidence; meanwhile courting your esteemed opinion or criticism, or that of any of your readers, I remain, respectfully yours,

R. B. Leach.

The following is the "expose":

ARSENIC VS. CHOLERA.

PARIS, TEXAS, September 3, 1892.

To the President:—Inclosed you will find an introduction to your correspondent, from my friend Gen. S. B. Maxey, which I should have handed you, but my wife's illness keeps me at home for the present. It will give you an inkling of what I hoped to present in person for your honorable consideration had it been possible to go to Washington at this time. Nevertheless I am ready and anxious to defend my theory before the medical fraternity of the world, and hope, should you deem it worthy further consideration, that you present it to them through the channels at your command. I am anxious to substantiate to the satisfaction of the world that Arsenic (pure or attenuated as the rabies canina of Pasteur or the cholera virus of Haffkine) will prove itself as surely a vaccine against Asiatic cholera, and better and safer than inoculation with cholera virus, as are those of Jenner, Pasteur or Haffkine sure antidotes to their respective similars. Arsenic should be affixed in plastic form to ivory "points," in quantity not exceeding 1-30 gr. to the "point," or used in hypodermic injections in doses ranging from two to ten minims Fowler's or Pearson's solution.

Arsenic is, with but a few exceptions, destructive to animal and vegetable germ life, and is reconstructive and a tonic to the system, yet in lethal doses produces symptoms similar to Asiatic cholera, the same as does cow pox virus, at times, produce like symptoms in man to small pox; as does the rabies canina produce symptoms similar to hydrophobia; as does also the cholera virus of Haffkine effect similar symptoms as found in epidemic cholera.

Arsenic does all this in a like similarity to epidemic cholera, as does Jenner's cow pox virus to small pox. For instance: Let me here quote you from Bartholow, p. 142, where he says: "Arsenic is one of the numerous remedies proposed for the treatment of epidemic cholera;" also from Virchow, who says: "That many cases of arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera."

I here call attention of all medical men to the indisputable fact that many patients, before well, vaccinated with cow pox virus, have exhibited symptoms so astonishingly like small pox as to question the purity of the virus.

I would suggest that all who will acquiesce, especially those in the afflicted districts of Europe, all passengers, officers and
sailors, from infected ports, and even cholera patients themselves, especially in the first stage, all suspects or associates of suspects, quarantine officers, their assistants and councilors,* be at once vaccinated with arsenic as above prescribed, or take five-drop doses of Fowler's solution every few hours till slight physiological effect is produced. For the effect of arsenic continues in the system from a few hours to four weeks or longer according to the size and frequency of the dose, and with such as prescribed all may safely feel immunity from attack for at least four weeks, when for safety all still exposed to cholera should be re-subjected to arsenic.

As Koch is under royal favor in his efforts to assist the afflicted, as Pasteur is still recognized as the leader of experimenters in medicine, and Jenner has at last received the plaudits so long due from his colleagues and the world,† I have the temerity at this time, to present my theory to the head of our great nation, when all danger signals are flying and all able minded thinkers at thought to devise some method whereby we may possibly be spared the threatened epidemic of a most loathsome and painful and fatal disease, and probably thereby spared a financial panic, the greatest in our history.

With due deference to the opinions of others, but with a firm belief in my own, I present to your honorable attention.

Respectfully submitted,

R. B. Leach.

In presenting this remarkable document to the physicians of Texas, we hardly know whether to venture a criticism or not. The thing is so palpably absurd, looked at from the standpoint of rational medicine, and in the light of modern sanitary knowledge, that it were superfluous to combat any assertions therein contained. The doctor's premises are wrong, and, of course, his deductions are false. It seems that he does not in the least grasp the idea of immunity and infection. The introduction of arsenic into the system cannot be compared to the vaccination with an attenuated virus; the virus contains the living organism of the disease, or its product, and is not an "antidote" to the disease in any sense, but is pathogenic,—it produces the disease, in a much modified form,—and does not prevent it, much less cure (antidote) it. For the same reason that the person is "immune" after an attack of small pox, is he immune after vaccination; the disease has been introduced into the system by the attenuated virus—and he suffers a mild attack. Who could ever be brought to believe for a moment that, because a person has once experienced the effects of arsenic, he would be insusceptible to a second dose?

* [Counselors?—Ed.]
† [He's dead now.—Ed.]
or that arsenic, because it produces symptoms resembling those of cholera, will prevent the action of the cholera poison—a living, deadly microbe? It is too absurd for serious consideration.

Alcohol, brandy, in sufficient quantity, will produce stupor and heavy breathing, with slow pulse,—a condition of cerebral and pulmonary congestion. Opium, in large doses, will do the same. As well say, put a man fully under the influence of opium and he may drink all he wants and it will not produce stupor, etc., because the opium has forestalled it and has produced those symptoms before the alcohol was imbibed. Or—to say that if a man purge himself with epsom salts, he cannot afterwards have a diarrhea. Why did not Dr. Leach select tartar emetic instead of arsenic? Tartar emetic will produce like effects.

Besides, there is nothing new about arsenic causing a train of symptoms resembling cholera. It is known that during cholera epidemics evil persons have given arsenic for criminal purposes, supposing it would be thought cholera.

There is one thing we admire about this letter—the writer's assurance. He has much to learn yet, but he does not seem to be aware of it. We recommend him to read Frankel's Bacteriology, or McLaughlin's Physical Theory of Immunity and Contagion.

He assures us that the "test" is being made at the New York quarantine. The profession will wait with much anxiety and impatience for the result. He also says, the U. S. Marine Hospital Bureau surgeons have pronounced his "assertions" impregnable. (That may be, but how about his theory?) It would be interesting to know who of the U. S. Marine Hospital surgeons so pronounced, or who are making the test at the New York quarantine.

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The cholera scare subsided almost as rapidly as it arose; the disease disappeared. Physicians were at a loss to account for it; but here we have the explanation. The "raging lion" has retired before this new enemy—"arsenic"—realizing the uselessness of measuring strength with such a remedy in the hands of such a genius;—even as Beelzebub cowed and fled before the emblem of the cross.

HOMEOPATHIC SANITATION.

Recently, during the cholera scare, when the people all over the United States were exercised on the subject of cholera inva-
sion, and preventive measures were being discussed everywhere, the good people of San Antonio called upon their county physician for advice.

Now, San Antonio is a remarkable city in many respects. It is a historical city; and around its ancient walls cluster memories of deeds of daring and desperate men; of pure patriotism and chivalry, worthy of commemoration in song and verse. It is remarkable too, for her divided delegations of patriot politicians, for her Paschalls and her Schrams, (as well as for her Sc(h)rambles for office); remarkable too for her weird and winding little ways and water courses, (not to mention the devious ways of wayward citizens), and remarkable too is she, not last nor least, for the excellence of her far-famed tamales.

But in addition to all these, San Antonio possesses the enviable distinction of being, so far as this scribe knows, the only city in the world that is blessed with a homeopathic health officer. Yes, by some strange and inscrutable workings, some freak perhaps, of fortune, it happens that the city in Texas of all others which one would think likely perhaps, from many causes, to have cholera, should it appear in this section, is blessed with a county physician of the homeopathic persuasion! Why not? some one will ask. Well, if our readers do not see the absurdity of the thing 'twere folly to try to make them understand why not; we will not attempt it.

But a paper published elsewhere in this issue, entitled "Arsenic vs. Cholera," will serve for an answer "why not?" appoint a homeopath to so responsible a position; a position where sound knowledge of sanitation, as well as of the etiology of epidemic diseases, and a knowledge of the principles of rational medicine are necessary, and should guide such an officer, instead of a vague delusory and irrational theory of similars.

It will be seen by reading the paper referred to, that the author, a representative homeopath, enlightened beyond the time or capacity or pretensions of Mr. Hahnemann, their patron saint, the homeopathic Hippocrates and Galen combined, has advanced homeopathy beyond the limits of Hahnemannism and into the domain of preventive medicine. He goes Mr. Hahnemann one better, by promulgating the doctrine that "like" will not only cure "like," but will prevent it.

Accepting the homeopathic doctrine thus improved, is it not clear that under the administration of a wise, ambitious and progressive county health officer (and we know Dr. Clifford to be
an intelligent and well meaning young man, unfortunately educated in the wrong lines) should not the citizens of San Antonio be taught in accordance with this, the most advanced principle of homeopathy—that, to prevent cholera,—filth and crowds and sour krout and beer and other unhygienic things generally accounted factors in its production, are to be employed secundem artem? Or, should a case occur, a case of real cholera, before Dr. Clifford has been enabled to put in operation his own brilliant schemes for keeping it out, would not the proper treatment, homeopathically be, for instance, arsenic? as suggested by the writer referred to, or say, tartar emetic, or some other drug or substance which, when administered in large quantities will produce rice water discharges, cramps and collapse? Surely; or even sour krout or beer, or cucumbers; these are the "similar," and according to Dr. Leach, will, or should, not only cure, but prevent cholera.

But our Bexar county health officer had not at that time, heard of this new Hahnemann star risen in the west, nor imbibed the principles of his brilliant theory, and is in a measure excusable for having recommended as prophylaxis, amongst others, a thing as antiquated as cleaning up. Nevertheless, if Dr. Leach is a whale, homeopathically; if he has startled the world with a discovery of dazzling brilliancy, Dr. Clifford is no sardine; he has ideas too, not laid down in the book.

In his report to the city council of San Antonio during the interview which was published in the Light, along with other suggestions he recommended the following:

**PREVENTIVES.**

"Should cholera make its appearance I would advise, besides following the conditions set forth in the foregoing, that each individual wear a belt with two or three copper plates about the size of a silver dollar around the abdomen and covered by a flannel band, and that they take the ordinary quill toothpick, fill it with camphor and keep it in the mouth."

The copper-disc is, itself a brilliant discovery; or, was it suggested by the story of the stork and the eel,* which doubtless gave the Doctor a vague idea of getting the deadwood on the

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*A Stork swallowed a Live Eel, but being a Slippery Fellow, the Eel readily escaped by the Back Way; whereupon the Stork seeing the Game he was Up To, again swallowed the Eel, and backing himself up against a Log, remarked "I am under the impression that I have got the Dead Wood on yon Now."—Æsop.
microbes; of preventing either their entrance into the system, or being in, their exit; if so he failed to designate the proper manner of applying the discs, and stopped half way.

But the cholera scare is over; its a back number already, and the gifted young homeopath has retired on his laurels amid the plaudits of an admiring constituency and the benedictions of a ransomed people. *Vive la homeopath!*

**ALL THAT GLITTERS, ETC.**

In our last issue in speaking of the possibilities of cholera invasion, notwithstanding the rigid quarantine at New York and elsewhere, it was said that sometimes ignorance on the part of a guard, sometimes a bribe, would occasionally account for the appearance of a disease inside the lines. It has also been said that as the strength of a chain is the strength of its weakest link, so the strength of a quarantine may be estimated by the strength of its weakest part. There are ways and ways of evading quarantine; and there are ways and ways of disseminating infection. One method not laid down in the list was illustrated here about during the small pox period last winter. The story is told by our own health officer who vouches for its truth.

After the last case was convalescent (or dead, the doctor forgot to say which), the old colored man who had been acting as nurse, was told to take out all the infected bedding and cots, etc., and burn them. He did so promptly, (?) and nothing more was heard of small pox; no new cases occurred and camp was broken up; the disease had been "stamped out" they said, and the subject was forgotten.

Several weeks later old Uncle Dick, the colored man, sent for the doctor, very sick. Much to the doctor's surprise, he found it to be a case of varioloid in full bloom. Here was a mystery. Where had he been? "No where Marster, just staid right at home ever since I quit nussin' de small pox." The doctor was puzzled, but he knew there was a connection somewhere, and recently; so he inquired "Dick, did you burn up all those blankets and quilts and pillows and things as I told you?" Dick looked guilty, and after awhile, stuttered out, "Marster, I knows youse gwine to kill me, and maybe I deserves it, but one of dem new blankets looked so clean and white, and de cold wedder was coming on, so I jist zempted dat one from de fire, and I
been kiverin' up with it; I specs dat how I come by de sickness. Marster is I gwine die you reckon?" "I hope so," said the doctor, "you ought to," (but Dick's alive and tells the story as a good joke on the doctor; fact).

THE DIPLOMA-ED DANGER.

Much has been said and written about the danger to the public, of permitting anybody and everybody who calls himself "Doctor," to practice medicine. The cry for a bill to "regulate the practice" has been long and loud;—successful in some, unavailing in other States,—and in Texas methinks I hear the faint echo of the last cry dying away in the distance like the wail of despair from a lost spirit; but do we recognize the fact, that amongst those armed with the one desideratum—the qualification par excellence, the open-sesame to all medical societies,—the Diploma, the license to deal with life and death, and the warrant to kill,—there are ignorant men, no more competent to practice medicine than the branded quack, and that they get in their deadly work daily, and with entire impunity, and go forever unpunished, suffering not even a pang of conscience, because they do not know they are ignorant? and others who, not even knowing the proper doses of the poisonous drugs, kill people, and ascribe the death to the disease, or to causes other than their guilty ignorance? It is too true; an overdose of morphine will forever hush the cry of the sick baby; the mother's heart may break—the vacant chair, the broken doll, serving as a perpetual reminder of the loved and lost, and the blame (for somebody or something must be blamed) is calmly, and with religious (?)unction, laid to the "Lord;"—"The Lord giveth and the Lord taketh away," the hypocritic, but diploma-ed doctor will say; or, "Too bad! If I had only been called a little earlier;" or, "The vital powers, madam, were overtaxed, and the disease had made such headway that science was powerless to avert it." Oh science, as Madame DeStael said of liberty, how many sins are committed in thy name!

The foregoing reflections have been suggested by reading in the Kansas City Med. Index the report of a case where a baby seven months old had received a scald on the arm and cheek, for which "Dr. C." (who reports the case!) prescribed "Carbolic acid, camphor gum, aa 1 drachm; to castor oil, 3j;" and gave ⅛ gr. of
morphine, and left another ⅛ grain, "to be given in two or three hours, if necessary." The reporter coolly says: "The child dropped to sleep and died in about three hours without awakening," yet as coolly attributes the death to the carbolic acid, and discusses the probability of its having been absorbed!

We do not know which to admire most, the Doctor's childlike, ignorant simplicity, or his assumption that every body else is as big a fool as he; for it is evident that he never suspected the overdose of morphine had done its work, or he would not have given it away. It is a remarkable report.

"WE VIEW WITH ALARM."

Let us have peace. The Journal, in the language of the political platforms—that which is most heard now, "views with alarm" the heated, bitter controversy going on in Nashville, that modern Athens, where, of all places, peace on earth and good will to men should prevail, between the two medical colleges, the University of Tennessee and the Vanderbilt. The reports from there are ominous, and blood is on the moon.

The controversy grew out of the published list of matriculants in one school, which, the faculty of the other said, was in excess of the number reported to the city authorities and taxed, as the law directs, for hospital purposes; the one alleging an intentional fraud on the city and an attempt to deceive the students, while the other retorts, "Any assertion or insinuation that — have perpetrated or intended a fraud, etc., is an infamous —." Number one comes back that epithets are not arguments, and insults are the weapons of the guilty, and so it goes. It began at a time when students were casting around before matriculating, opened in the newspapers, and drifted into the journals, and reprints have been "like leaves in the fall, when summer was fled." Fie, fie, gentlemen (and they are calling each other "old gentlemen"), life is too short for such. It is a reflection upon our civilization that two schools can not occupy so large a city as Nashville without fighting. You each get a fine patronage; why should you quarrel over a dozen or so students, more or less? Make peace, kiss and make friends, and let us, as before, in the language of the platform, again "point with pride" to both of you;—this viewing with alarm business is heavily done in politics; we are tired of it; it unstrings one's
nerves to be so long on the stretch, and alarm is a very wearing sensation. We shall cherish the hope that the next breeze that blows southward over the classic Cumberland, will bring to our ears, not "the clash of resounding arms" (though it looked at last report as if that were the next step, and inevitable, and that they were on the Eve of battle), but the echoes of a brotherly kiss. It would be an everlasting reproach, were our veteran Confederate surgeon, or any of the Vanderbilt faculty, to go forth with the mark of Cain on his brow.

A SURPRISING DECISION.

SAN ANTONIO, Oct. 17.—Dr. James Kennedy sued a client for his fee for services rendered. Judge King to-day denied the doctor judgment on the ground that he had no certificate from the county board of medical examiners as the law required. There being no medical board in the county, it would appear that not only are all the physicians without legal recourse in collecting fees but are liable to indictment for practicing illegally.—Daily Statesman.

This is a very remarkable decision if it is correctly reported. The law on the subject of practicing medicine simply requires the possessor of a diploma—without discrimination as to kind of diploma or grade of standing of the medical school granting it—to have his diploma recorded in the office of the clerk of the county court in the county where he proposes to practice, a certificate of such registration or record being endorsed upon the margin of the diploma. Only those who are not graduates of a medical college, or others, who can not show a diploma (of some sort), are required by the law to appear before an examining board and obtain a license. Dr. Kennedy is a graduate of one of the best New York medical colleges; and it is not to be supposed that he ever thought of going before any board for examination and license.

The profession of Texas have fought against the law as it now stands on the statute books, and have insisted on a law requiring an examination, irrespective of diploma; but so far without avail. And so long as it is the law, we must abide by it; hence Judge King's decision is a great surprise to the profession; it virtually disfranches every physician in Texas who is practicing by virtue of his diploma—even after he has complied with the registration requirement.
Dr. Kennedy will doubtless appeal from this unjust decision, and the result will be looked for with much interest, as it affects nearly every regularly educated physician in the State.

As poor as the law is with reference to examination of those who have no diploma, it is not enforced, because, we have always understood, there is a defect or flaw in the bill which renders it inoperative—the failure to define the offense—define what constitutes practicing medicine; and to appear before a board for examination and license is discretionary; there is no way to compel it; hence, when vacancies on boards have occurred the judges have not thought it worth while to fill them, and examining boards in most counties have ceased to exist, or if existing, they do not pretend to meet, unless some applicant presents himself and asks for a license.

It looks to the JOURNAL like a remarkable construction Judge King has put upon the law. His construction is exactly in accordance with what should be the law. A diploma conveys no right or privilege, being, as defined by Webster, only "evidence of a degree having been conferred;" but by common consent it is, and for years has been, in nearly every State, accepted as authority unquestioned.

The CENTRAL TEXAS MEDICAL SOCIETY and the Austin District Medical Society have formed a mutual admiration league, and are swapping visits. It will be remembered that the Central Texas Society accepted an invitation from the A. D. S., and met with them in joint session last June, holding a very interesting and profitable meeting, a full report of which, with the discussions, was published in Daniel's Texas Medical Journal. Quinine was the "bone of contention" then, and the bone was extensively "gnawed." The Centrals reciprocated the courtesy by sending the A. D. S. an invitation to meet with them at Waco on the 11th of October (inst.), which invitation was accepted; some twenty of the latter responding. "Circumstances over which we had no control" prevented the representative of the JOURNAL from being present, much to his regret, and consequently we are unable to treat our readers to a write up of the meeting. The Waco Day gave but an outline of the meeting, about as interesting as a last year's almanac; it consisted mostly of a list of names of those present, most of them spelled wrong at that; for instance, the celebrated Dr. Hadra was put down as
“Dr. Hades.” (Such is fame!) If the doctor should visit Waco again “Col.” Davis, the Waco Day or (break o’ day) man had better go hunting, or he will catch Hades. Dr. Bennett attended, but the JOURNAL has not been enabled to extract enough from him to weave a report on; about all he could tells us was that there was a banquet. The Day did not even report the banquet speeches, and of course all the speakers were down on “Col.” Davis next day.

Well, about the quinine, we did hear that they took up the subject where they left off at the Austin meeting, and like Jones’ fight, they “had it around and around,” but unlike Jones’ fight, we don’t know who “at last, hollered.” “Dr. Hades” remarked that if the patient be a strong, healthy man of a robust constitution he might survive the doses which Dr. Blank recommends, while Dr. Sears is on record for owning up to an ounce a week in his own case. It will be remembered he had lym-phangitis or something, afterwards, and he wanted to know of the A. D. S., if it could have been milk-leg. Whether quinine was finally disposed of, or whether it will bob up at the next reunion, remains to be seen; we are staking ours on its bobbing.

Dr. Blailock, President of the Wacos, and Christian, of the A. D. S., each read a paper, which, we are told were very good. Readers will please accept our apologies for being unable to give a good report of that important occasion.

A SIGH OF RELIEF.—It is amusing to see how little will sometimes make a weak, conceited man lose his temper and make a spectacle of himself. Last month we said, “The Happy Medium; we are glad to know it is happy, it is certainly medium.”

Whereupon the “Happy Medium” man got unhappy, and called us “Red Eyed Bill” (or Dick) from some sort of a “gulch.”

That’s not medium; that’s coarse.

He also calls the JOURNAL “Daniel’s Texas Steer.” That, we suppose is wit; a loose kind of wit—the Bransford Lewis kind. He says, too, that he cannot elevate us to the level of his contempt. Too bad. (When he wanted a little free advertising he called on our “esteemed journal.”)

That standing conundrum, “A popular querry, what will the Fortnightly say about it?” is now answered; the Fortnightly has said about it, and the country breathes freer. That agony and the cholera both over at once! Goody-goody, glad!
Now let everybody take one of Fortnightly's 'shot gun prescriptions,' "original communications, grains 2; book notices, grains 2," etc., (some more wit) and be happy. Providence was kind in bestowing a Bransford Lewis on journalism; what did we ever do without him?

Errata.—In our last issue, page 108, in the article on cholera, there was an accidental omission of a line which caused a ridiculous mistake. Speaking of the standard solution for disinfecting feces, we said "corrosive sublimate 4 oz., sulphate copper 1 lb., to a gallon of water; of this, eight ounces should be used for each stool." It should have read, "Add this solution to ten gallons of water, and of this solution use eight ounces to each stool." Quite a difference in strength.

Our remarks with regard to looseness of the bowels have been criticised. The idea sought to be conveyed was that any looseness of the bowels, in the absence of the specific microbe of cholera, could never run into cholera. Cholera is frequently preceded by a looseness, but a looseness is not necessarily a forerunner of cholera. A cholera patient may die without any action of the bowels at all, yet it is the exception and not the rule.

In another article, on page 106, the compositor made us spell "presumptuous," "presumptuous," and the proof reader failed to catch on. Oh, there are troubles and trials even in an editor's existence, as rosy-hued (?) and pleasant (?) as it generally is. Our only solace is the hope that those who know us will at least give us credit for knowing how to spell.

Medical Journal Advertising.—Hummel & Parmele, the indefatigable advertising agents and publishers of Philadelphia, have issued a very neat little book on this subject for the use of manufacturers and other advertisers. It contains many arguments to show the advantage of advertising in medical journals goods intended for physicians' use, and gives many points on the selection of a proper medium. The book also contains testimonials from successful advertisers, a variety of specimen advertisements, etc., and, in addition, it gives a classified list of the two hundred odd medical, surgical and sanitary journals published in the United States and Canada, together with their circulation—estimated by three directories, and in the last column, their own
estimate. The book gives, also, many good reasons why a manufacturer should have his advertising business attended to by a live and conscientious agent, like Hummel & Parmele.

It is a very interesting and useful book, and all manufacturers of goods that doctors use should see it. The price is one dollar. Please see a notice on this subject elsewhere.

PROF. ALLEN J. SMITH, M. D., Bacteriologist and Microscopist, Medical Department University of Texas, is hereby announced as Associate Editor of the JOURNAL, and will contribute to the editorial department, as well as to the department of clinical reports, etc. We are also pleased to announce that Professors J. E. Thompson, M. D., Professor of Surgery, and Wm. Keiller, M. D., Professor of Anatomy (also of the Texas Medical College, Galveston), have promised contributions to the JOURNAL occasionally during the fall and winter.

Medical News and Miscellany.

Cholera is a back number now.

Dr. C. E. Dallas has removed from Forest to Alto, Texas.

Dr. C. E. Kellar has removed from Luling to Olmus, Texas.

Dr. J. C. Carpenter has removed from Buda to Kyle, Texas.

Dr. D. G. Shirley has removed from Tyler, Texas, to Mt. Sylvan, same county.

Dr. W. C. Wile has been elected Surgeon-General of the Grand Army of the Republic.

Prof. Seth M. Morris, of the Texas Medical College, returned from Berlin 20th of September.

Dr. W. G. Jameson has resigned the position of physician to the Rusk penitentiary to accept the position of surgeon to I. & G. N. R. R.
Dr. J. O. Lewright, of Austin, who spent the summer in Berlin, studying, returned via New York and reached Austin Sept. 27th, in fine health.

Dr. W. B. West, of Fort Worth, has associated with him in practice Dr. James Anderson, a graduate of the University of Edinburgh, and the firm will be Drs. West & Anderson.

The Governor has revoked a portion of the proclamation of April 29th, imposing restrictions on all vessels from south of 25° north latitude; but that part relating to infected ports, persons and things remains in full force.

Mr. Wade Morris, son of Dr. W. A. Morris, of Austin, who has been studying dentistry with Dr. Casper, of this city, has matriculated at the dental department University of Pennsylvania, and will spend two years there.

Hymenial.—The JOURNAL acknowledges the courtesy of an invitation to the wedding ceremony of Miss Lea Wolff, daughter of Dr. A. S. Wolff, the State Quarantine Officer at Brownsville, Texas, to Mr. Bernand L. Cain, which event will take place in Brownsville, Wednesday evening, October 26, inst.

Dr. E. G. Nicholson, of Del Rio, Texas, one of the finest men in the Texas profession, a man of splendid attainments and much beloved by all who know him, the JOURNAL is pained to announce, is a patient at the Santa Rosa hospital, San Antonio, suffering with Bright's disease, and but little if any hopes for his recovery are entertained.

The danger of cholera infections from New York being over, State Health Officer Swearingen has withdrawn the quarantine officers who were inspecting trains at every entrance into Texas, and closed all the stations. All the gulf stations too, were closed on the 15th inst., except Galveston, Brownsville and Sabine Pass. Sabine Pass will close November 1st.

We solicit contributions to the pages of the JOURNAL. Not a doctor of any ambition or pride in his profession but meets with cases that ought to go on record, be reported both for the benefit of the profession at large, and for statistics and future
use. Send us reports of cases, your views on any medical topic, or anything appropriate, and do not be afraid of criticism. Every paper contributed will be carefully edited.

Notice.—The Journal has a Nedosik Lounge, new, unused, for sale, the owner not being in the practice. Cost, laid down, $65.75; will sell for $48, cash. Splendid article, and this a rare opportunity. (Factory price, $55; freight, $10.75.)

The Journal regrets exceedingly to learn that Dr. M. De Causey, of Seeley, Tex., met with a serious and painful accident on the 29th of September, ult. Returning home at night from visiting a patient in the country, he was thrown from his buggy—the horses having become unmanageable—and badly hurt. It is thought he was stepped upon by one of the horses, as he is hurt inwardly. The following day he was vomiting blood and had hemorrhage from the bowels at the same time. The injury may prove fatal.

Special Notice.—The American Public Health Association will meet in the City of Mexico on the 29th of November, and hold four days. Excursion rate tickets good for thirty days will be on sale at all offices. A special train for physicians will pass through Austin on the morning of the 22nd, stopping over one day at San Antonio. If a sufficient number of physicians wish to go and will make up their party, a special Pullman car can be secured for the through trip by writing to Maj. Lewis, the agent, at Driskill hotel, Austin.

Big Meeting—We learned through the papers next day that there had been held a meeting of the State Eclectic Medical Association in Austin on the 12th or 13th inst. "The Electric Medical Association" the bright young man of the Austin Statesman got it, both in the heading and wherever it was mentioned in his account of it. It must have been a star-chamber affair, as none of the physicians of Austin knew anything of it so far as we have been enabled to learn. We understand that a "Doctor Johnson, of San Antonio," was elected president, and that they claim to number 350 in Texas. What they did no one knows, further than is shown in a meager outline published in the daily papers. The meeting was held in the parlor at the
Driskill hotel. In reading the list of names of those present we were struck with the absence of familiar names; with the exception of Dr. W. B. Ketchum, of Palo Pinto, there was not one present of whom the Journal had even ever heard before. Dr. Ketchum used to take the Journal but withdrew his support—don't know why.

The Mississippi Medical Association is called to meet in special session at Jackson, Miss., November 1st, for the purpose of recommending to the Governor "five skilled physicians" to be appointed on the State Board of Health, and for the purpose of revising the Society's Constitution. It will be remembered they got up a little split awhile back and certain dissatisfied members "bolted" (that's the word now), went off and organized, and claimed that they alone were the genuine article. It is to be hoped a revision of the laws may bring the dissatisfied element back. Why cannot doctors live in harmony in organizations of the kind?

Eleventh International Congress.—As a recent notice in the Journal has informed our readers, the Eleventh International Medical Congress will meet in Rome, Italy, from Sept. 24 to October 1, 1893. By an official letter dated August 22, 1892, and signed by Prof. Guido Baccelli, president, and Prof. E. Maraglina, secretary general, Dr. A. Jacobi, of New York, has been directed to form an American Sub-Committee. Its membership is not yet complete, but on it are already found beside that of the chairman, the names of Drs. Wm. Osler, of Baltimore; S. C. Busey, of Washington; N. S. Davis, of Chicago, Charles A. L. Reed, of Cincinnati; Wm. Pepper, of Philadelphia; F. Peyre Porcher, of Charleston; James Stewart, of Montreal, and Alexender J. C Skeene, of Brooklyn, N. Y. In the interest of facilitating the trip to Italy and reducing the expense, arrangements will be made with the steamship companies. According to a communication from the Central Committee, contained in a letter of the secretary general's dated September 14th, the North German Lloyd proposes to reduce the fare to Genoa by 20 per cent., and that of the return trip by ten per cent. It is expected that still more favorable terms will be secured.
Book Notices.


This magnificent volume is the report of the commission of one, constituted by Dr. Shakespeare, appointed by President Cleveland, in 1885, to go into the cholera districts of that year, with a view of personal study and investigation of the disease. It includes within its 900 or more pages a very considerable part of the literature of value upon the subject of cholera, issued up to the time of publication, besides the report of the commissioner upon the character of the surroundings of the disease foci visited, and the probable routes of its local and distant spread, as well as the results of the author's experimental work upon the subject, and what of therapeutic and preventive value he gleaned in his excursion.

In the first chapter a detailed account of the last wide-spread epidemic of cholera is given, occurring in Egypt, France, Italy, Spain, and in less degree in Great Britain, Germany, Austria, South America, Eastern Asia, and in a few cases in the port of New York. The second chapter is devoted to the topography and demography of British East India in relation to cholera, and is one of the most interesting in the volume, corroborating in the highest degree the general ideas as to the origin and spread of the disease in conditions of filth and overcrowding. Chapter III is occupied with bacteriological investigations upon, and the literature of, the ætiology and diagnosis of the disease, a considerable portion being taken up by the subject of cholera alkaloids or ptomaines. In the fourth chapter, Dr. Shakespeare details his personal observations upon the ætiology of the affection, and considers at some length the differentiation of cholera from malaria, acknowledging the haematozoon of malaria as a distinctive feature of the latter malady. The immunity of individuals is next considered, first, that granted by a previous attack of the affection, and second, that acquired through preventive inoculation, as prominently studied by Ferran, in Spain, several years since, and revived within the past several months, in a modified form by Brieger. A most important chapter details the author's views upon the matter of prevention of cholera, general and individual, in which the question of quarantine, particularly a national quarantine, is discussed. Dr.
Shakespeare's opinions upon this matter, as well as upon methods of individual prophylaxis, have received wide-spread attention during the past few weeks; and practically the same arguments and instructions as appear in the present volume, have been published at length by the author in the Medical News, of September 17th, of the current year.

As a conclusion, an admirable, general article upon cholera is, with propriety, presented, dealing with the nature, aetiology and pathology, symptomatology, diagnosis, prognosis and treatment of the affection. It is unfortunate that a more extended and more fully descriptive review of the work is precluded by want of space. The times are ripe for a thorough examination of so complete an exposition of the subject in hand, and the excellence of the production of Dr. Shakespeare makes the closest investigation of his labors pleasurable to his readers. The wisdom of the Presidential provision, enabling the prosecution and completion of such undertakings, is eminent, and stands forth as an act of executive philanthropy, the brighter, because of the studied tendency on the part of the government to disregard national human health, in comparison to a studied regard for the health of the beasts of the field within the limits of the republic.

As in most government publications, the typographical work is fairly, but not excellently, done; the illustrations are well executed, although the choice of subjects for illustration is not always apparently a happy one.

A. J. S.


The average physician doing a general practice, as by far the large majority are compelled to do, pays too little attention to the mechanical part of his profession, the art of surgery. He may understand thoroughly, the principles of surgery, and yet be unable to introduce a catheter skillfully, or apply a bandage properly. We have seen an eminent professor of surgery sweat over the attempt to introduce a male catheter, and his student step up and introduce it for him with dexterity. The student had begun on the ground. A work like Pye's Hand-book is an
essential to every student of medicine; and the oldest practitioner would do well to stop long enough to go through it carefully and to put in practice the instructions as to bandaging, etc., as he goes along. The work is well known and has been a favorite for some years. The volume before us is a revision of the English editions, and is the first issued from the American press. It is indeed a hand-book, small and compact, strongly put together, and can be easily handled. Printed in clear Ronaldson type, easily read, and on clean, strong, white paper. Treat, the publisher, excels in that feature of his works; they do not fall to pieces from handling, like many larger works do, and vex a person. We are much pleased with this book and can recommend it heartily.


This work is one of a series of works on "Specialties in the Practice of Medicine" being issued from the house of Wm. Wood & Co., the great American medical publishers. The Journal is in receipt of Vol. II, Diseases of the Throat. Vol. I was noticed in the Journal when it first appeared; and we have but little to add to what was then said. Oculists especially, and practitioners in general, who are interested in the diseases of the nose and throat,—and all country and village physicians are compelled to treat this class of ailments more or less, will find Dr. Bosworth's book very satisfactory. It is full and exhaustive, giving the most minute details both of symptomatology and the technique of treatment. The trouble with most authors on special subjects is, they apparently assume that every reader is informed on details or fundamental principles, and omit all mention of things that it is essential to know;—in the fullness of their information they forget that all doctors are not educated; and a text-book, for such we take any authoritative work on any specialty to be, should make everything clear; should prepare the reader to understand what is going to be said on treatment. This we take to be Dr. Bosworth's idea,—for he is certainly explicit and minute. As a book for posting one's self, this work is superior. The illustrations are good, and the mechanical, or book-maker's part, is fully up to Wood & Co.'s high standard.
The International Medical Annual and Practitioner's Index for 1892. Edited by P. W. Williams, M. D., Secretary of staff, assisted by a corps of thirty-two collaborators—European and American—specialists in their several departments. 644 octavo pages. Illustrated. $2.75. E. B. Treat, publisher, 5 Cooper Union, New York.

The tenth yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resume of medical progress yet offered.

Part one comprises the New Remedies, together with an extended Review of the Therapeutic Progress of the Year.

Part second, comprising the major portion of the book, is given to the consideration of treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities.

The third—and last part—is made up of miscellaneous articles, such as Recent Advances in Bacteriology; Medical Photography; Sanitary Science; Use of Suppositories in the Treatment of Disease; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years.—$2.75.


The first twelve pages of this volume are taken up with the Preface and Introduction, in which a masterly effort is made to justify its appearance, along with so many other better and less fragmentary works. As one reads along through the preface, he sees between the lines, at a distance, that there is an enterprising manufacturing pharmacist at the bottom of the work, and sure
enough, at the last sentence the author expresses his obligation to a well-known Philadelphia firm for "valuable suggestions." Dr. Aulde begins the business part of the book with "Acetanilide Compound," then with heavy faced type he recounts forty-nine different diseases in which the remedy is indicated. The writer thought he would send for the "compound" and stop everything else.


The authors of the above work have succeeded in selecting the most practical points in physical diagnosis, giving the methods of clinical investigation in a clear and succinct manner. Being practical teachers themselves in the great schools of Edinburgh and Glasgow, they have given the results of years of experience in this every-day branch of medicine. The Journal is pleased to note that the fine abilities of Dr. Wm. Keiller, Professor of Anatomy in the Medical Department of the University of Texas, has been called into requisition in furnishing the diagrams illustrating topographical anatomy, etc., in this splendid work.


This book, as its title states, is intended especially for medical students. It is elementary in character, accurate and brief. A great deal is put in a small space.


The matter of this book was published last year in the N. Y. Medical Journal, and has been revised and published in this form as a contribution to the pathology and treatment, principally of phlegmasic affections of the urinary apparatus. It gives a good resumé of the subject.

This little book does not attempt to bring water forth as a "cure all," but endeavors to give it its legitimate place in therapeutics, an object indeed worthy the best efforts of the able author and for which the American profession ought to exhibit gratitude in a substantial manner.


A careful examination of this little book has convinced the writer that it is one of the best arranged and most practical of the small volumes on skin diseases now out.

Publisher's Notes.

See new advertisement of Fairchild Bros. & Foster.

The Spectre of Inanition; See ad. of Arlington Chemical Company.

New Medical Books for Sale.—(Those you see reviewed each month.)

A pepsin that will digest 6000 times its own weight of coagulated egg-albumen is now manufactured by Sharp & Dohme. They send samples free on application. See advertisement on front cover.

A Convention of representatives of Southern Medical Colleges will be held in Louisville, Ky., November 16, 1892, for the purpose of considering the question of a higher standard of medical education.

Students who wish to complete their studies and graduate can do so by attending a good summer school. The medical department of the Wooster University, Cleveland, O., offers superior advantages. See ad.

The celebrated electrical and optical apparatus manufacturers, McIntosh Battery and Optical Co., have a full page advertisement in this issue. 'Twere like painting the lily to puff a house so famous for the superiority of their wares. See ad.
McIntosh Battery & Optical Co.

141-143 Wabash Avenue, Chicago

Wirte for one.

Will be sent to physicians on application.

Our large Illustrated Catalogue containing 200 pages and 377 illustrations represented. Guaranteed all our goods as manufactured of Electro-Theoretical Apparatus, and we have had twenty years' experience in the purchasing Electro-thermal Goods, as we have corresponded with us before.

Many dollars and much future trouble if you correspond with us before.

You will Save

Take No Chances
The New Orleans Polyclinic has an announcement in this issue. They have equal rights now in the great Charity Hospital, which gives them great advantages. It is one of the best post-graduate schools in the United States and close to home.

Mr. Howells' New Novel.—Mr. Howells has given the title of "The Coast of Bohemia" to his new novel of American girl life which is about to be published in The Ladies Home Journal. The novelist says of the story that "it is about the prettiest thing I have ever done."

Dr. J. F. Graham, of Washington, certifies that he has "tested Sanmetto in great irritability of bladder and urethra, with incontinence of urine," and is much pleased with the result. It was a chronic case which had been through leading hospitals without benefit.

Dr. Paul Paquin, the well known bacteriologist, editor of "Modern Medicine" has converted the Gasconade Hotel, Lebanon, Mo., into a sanitarium, and is prepared to treat all chronic diseases. Dr. Paquin is a highly cultivated and scientific physician of known skill and experience. See his advertisement.

I desire herewith to acknowledge the efficacy of Peacock's Bromides, and to say that I have recommended and prescribed it in nervous prostration, intestinal indigestion and dyspepsia, with admirable results, and have yet to be disappointed in this preparation, when indicated as a tonic and nerve sedative.

Washington, D. C. Edwin Douglass Webb, M. D.

Attention is called to change in the advertisement of the Chas. H. Phillips Chemical Co., on inside page (Phospho-Muriate of Quinine, etc.). This house is one of the oldest and largest manufacturers of pharmacals in America, and they are "business" from the jump, being well known for their integrity, and for the high character of their products. They are reliable.

The Southern Surgical and Gynecological Association will hold its Fifth Annual Meeting in the city of Louisville, Ky., Tuesday, Wednesday and Thursday, November 15, 16 and 17, 1892, under the Presidency of Dr. J. Mc. Gaston, of Atlanta. Members of the medical profession are most cordially invited to attend. By order of the Council.

W. E. B. Davis, Secretary, Birmingham, Ala., Oct. 10, 1892.

A Flourishing School. The Kentucky School of Medicine, a spring and summer school, at Louisville, had 489 matriculants and graduated 187 students last session, the largest class, it is claimed, both matriculates and graduates, "that has ever been in
a medical college in the South or Southwest.'" Under the wise
and careful administration of the indefatigable Wathen, the
Dean, this school has had an almost phenomenal career of pros-
perity. Students for summer courses should send for catalogue.

"During the past year we had under care a young lady, the
daughter of the mayor of a neighboring city, whose life was
being greatly marred by a painful affliction of the eye, which
had baffled the skill of several of the leading oculists of this
country and Europe. It was finally decided to be due to a pecu-
liar uterine condition. Only a few such cases have been known.
She was altogether cured of the trouble, which had existed for
over four years, by tablets of Ponca Compound."


A coined word is sometimes very expressive. "Ergotole"
has been coined by the manufacturers Sharp & Dohme, to dis-
tinguish their preparation of Ergot. They claim for it super-
iority over all other preparations, in that it contains in permanent
solution all the active principles of select Spanish ergot in an
unchanged condition, while the inert and irritating constituents
have been removed. For hypodermic use it is superior to all
preparations of ergot. Send for sample and try it. Also ask
for little book, Ergotole.

Andrew Boyd, M. D., Vice-President of the Tri-State Medi-
cal Association, Scottsboro, Ala., says: "It gives me pleasure to
say that for two years I have prescribed S. H. Kennedy's Ex-
tract of Pinus Canadensis, both alone and in combination, in
many acute and subacute inflammations of the mucous mem-
brane. As a disinfectant and astringent I do not know its supe-
rior. It forms the base of my prescriptions for phlyctenular
pharyngitis used as a spray. Have used it undiluted in ulcer-
ated sore throat and ulcers of rectum. I use it daily almost in
common sore throat, diluted with aqua carboic. It has given
me good results, and I am very glad you have given us a prep-
aration we can rely upon.

Uses of the Coal Tar Derivatives.—In a communication
read before the Mitchell District Medical Society, July 14, 1892,
and reported in the Indiana Medical Journal for August, Dr. C.
W. Murphy, of Salem, Ind., presented the results of varied trials
of products of the aromatic series. He found that Phenacetine
was especially useful in hemicrania, and could be depended
upon for the certain relief of hyperäemic headache. He also
used Phenacetine in a number of cases of whooping-cough, in
which, as he states, it serves a useful purpose in diminishing the
severity and frequency of the paroxysms of coughing. He re-
fers also to its usefulness in the treatment of la grippe, in which
condition it reduces the fever and relieves the severe muscular
and neuralgic pains. Dr. Murphy finds that while antipyretic remedies have no specific effect upon the causes of fever they serve a very useful purpose in the treatment of all pyrexias, a fact which, as he states, will not be denied by those who have given them an extended trial. In his belief they lower temperature by increasing the radiation of heat from the body, and diminishing heat production.

Our Rating—Special Notice to Advertisers.

In the book on *Medical Journal Advertising* just issued by Hummel & Parmele, of Philadelphia, mention of which is made elsewhere, the advertisement of this Journal appears, in which it is stated that "we print 2000 copies each month." In the estimates we are also (by H. & P.) put down at 2000.

Now, we do not want to deceive any person, nor obtain advertisements on false representation. At the beginning of our Volume 8, (July '92), we had determined to issue 2000 copies a month, and so announced in the advertisement sent H. & P. for the book.

In July we did issue 2000 copies, and published an affidavit from our foreman to that effect. But after a pretty thorough canvass of new advertisers it was found that the increase in the number of monthly issue seemed to be but little additional inducement, and the increased expense was not justified just at this time, by the receipt of new business, hence the determination was reconsidered and the order countermanded. We notified Dr. Hummel, but it seems our ad. was already in type and could not be changed.

The number of copies of this Journal printed and mailed is usually 1000 copies each month, occasionally more, (sometimes 1250, 1500 and 2000), and we have printed some dull months only 800. The regular monthly issue hereafter will be made to the full average 1000 a month, as in the past.

The Journal circulates principally in Texas, and is extensively read by the better element of Texas physicians; it has an influence with them second to none. That it pays manufacturers to advertise in it is evidenced by our splendid list of patrons, numbering amongst them many of the largest, best known, most experienced and sagacious firms who advertise; and the fact that they have, almost without exception, renewed their advertisement year after year for seven consecutive years, paying an advance in rates of 25 to 50 per cent, each year as the Journal increased in prosperity and influence, testifies stronger than any words can do to the high value placed upon it as an effective advertising medium, by men who figure closely. If it did not pay—well?—they would have dropped out, years ago. Our rates are reasonable. We are not of the "cheap" sort; we give value received. Put us on your list for '93; good crops this year and money will be plenty. For rates see Hummel's book.
For Daniel's Texas Medical Journal.

GASTRO-ENTERO-COLITIS OF INFANCY AND CHILDHOOD.

G. W. CHRISTIAN, M. D., BURNET, PRESIDENT AUSTIN DISTRICT MEDICAL SOCIETY.

[Read at Waco, Texas, October 11, 1892, at joint session of Texas Central District and Austin District Medical Societies.]

For the use of this term in discussing the diarrhoeal diseases of infancy and childhood, I have no other apology than the fact that they all often exist in the same individual, and there are no unfailing symptoms by which we can differentiate; hence, in the study of this class of troubles, I feel that we are more than warranted in the use of the compound term which, as far as I am able to judge, has generally been used only in relation to cholera infantum. I shall use the term as expressive of all forms of inflammatory diarrhoea and dysenteric diseases. I do not regard cholera infantum as a separate and specific disease, but simply an exaggerated form of gastro-intestinal inflammation, and shall speak of the disease in its milder and its malignant forms as one and the same. The importance of a thorough understanding of these classes of disease is fully appreciated by the medical profession, when we see day after day the little joys of the household falling one by one into a premature grave; when we hear
the disconsolate mothers' sobs, and look at their anxious, beseeching faces, pleading, "Oh, Doctor, can't you do something to save my baby?" we are forcibly reminded of the sacredness of the trust reposed in us, and for my part, if I do no more to-day than stimulate each of you to a more thorough study of this subject than you have heretofore given it, I shall feel that I have not labored in vain. I have for several months (since reading an appeal in Daniel's Texas Medical Journal, from a physician to the profession, asking for aid, saying that not only his own three little ones had gone from home to the grave, but that patient after patient had gone the same way, and in spite, too, of the fact that he had called upon the best accessible counsel, and had exhausted almost, the pharmacopea, to no avail), wanted to write upon this subject, but a busy country work has caused neglect until now. We are told that half of the children born, die before they reach the fifth year; then, that half, or more, die of gastro-intestinal diseases, stamps it at once as the most important that we are called upon to treat.

Predisposing Causes.—The disease is not so frequent, nor so fatal, in the country as in the cities, but wherever children are born and reared, the disease will be found, whether upon the lowlands or mountain peaks, whether upon the bosom of the lowland swamp or of the dry and arid plains. It exists, too, every month in the year; but the following table, from New York Board of Health, 1882, indicates clearly that season has more to do with it than any other one factor: Deaths, under five years of age, January, 34; February, 32; March, 50; April, 50; May, 72; June, 231; July, 1533; August, 817; September, 362; October, 195; November, 68; December, 35. Thus it will be observed that nearly twice as many deaths occurred in July as in nine other spring, fall, and winter months. Next to heat is foul air and filth, want of cleanliness in the person of the child,—being confined in a close, hot, dirty room would prostrate even the more mature subject. That these elements are of much more importance than the above table would on its mere face indicate, we have only to remember that the disease is not near so common in the country, where the degree of heat obtains, but minus the poisonous gases common to a dense population, in the absence of rigid cleanliness. Then it appears that a high temperature, conjoined with filth, are the principal factors in the production of this disease. Whether it is because a miasm is
generated by these factors, we are not sure, but that they are
most potent factors as predisposing causes, we have abundant
proof. What part germs play in the production of this disease,
we are still somewhat at sea, but all facts point strongly to the
fact that they have more than a coincidental relation thereto.
Antiseptic surgery has taught us that we can have wounds with-
out suppuration and other evidences of inflammation, then it
would be an easy and natural inference that we would and could
have gastro-intestinal inflammation only from the presence of
bacteria. If wounds from cuts and irritants on the outside of
the body heal, under proper antiseptic treatment, without inflam-
matory action, then we would naturally expect that the same
would follow like treatment inside the body, if we could as thor-
oughly render antiseptic such parts.

**Exciting Causes.**—Taking cold from exposure and improper
and insufficient clothing has some influence in precipitating an
attack. Dentition is another exciting cause of no mean impor-
tance, though, I believe, generally much exaggerated as a caus-
ative factor, and more especially among the laity. Feeding I
regard as the most common and important of the exciting causes;
this may follow from the character of the food itself, or from
being given in too great quantities. The bottle-fed infants are
more than twice as liable to be affected than the wet-nursed, and
the mixed-fed, while not so apt to take the disease as the pure
bottle-fed, are still much more liable than the strictly wet-nursed.

**Symptoms.**—In mild cases the daily discharges gradually in-
crease from one or two to half a dozen or more, the child grows
restless and fretful, becomes feverish, and craves the breast, or
bottle, oftener than usual. The discharges gradually increase in
number, and the child begins to suffer with torrmina as the stools
are passed; the actions change in character from time to time,
sometimes matterry or watery, greenish yellow to brown, at oth-
ers lumpy, with particles of mucus or blood, or both, and as the
trouble progresses the actions will contain bloody matter,
either alone or mixed with thin watery fluid, and lumps of indi-
gested and partly decomposed food; the child continues to grow
more restless and feverish as the disease advances, and if not
relieved in a few days, then symptoms are all exaggerated, vomit-
ing is generally added to the already distressing condition, and
the child rapidly wastes away, until its features are sunken,
the bony prominence stand out prominently; its skin lays in
loose folds on its extremities; it throws its hands and feet about, and its head, and sometimes its body, from side to side; its countenance grows dull; its eyes lose their brightness, and the round, plump, smiling baby of a few days ago succumbs to its suffering and passes, a dried up skeleton, to the grave. Sometimes vomiting is the first symptom, the diarrhoeal trouble following rapidly in its wake, at other times the stomach remains quiet throughout the attack, and tolerates any amount of nauseous drugs that may be forced upon it. In the majority of cases vomiting begins about the 6th or 8th day of the illness; this is often the first symptom to alarm the mother, as many people believe that diarrhoea is one of nature's methods of relieving teething children, and should be left alone.

Treatment.—The child should, as soon as taken, be placed in a cool, clean, light, and well ventilated room; its clothing should be light (if in the hot months), and kept scrupulously clean, the patient should have daily, tepid baths, and if much fever, frequent cold sponging, and if very bad, no food at all should be given for 6 or 8 hours, and then only such as raw white of an egg with water, or the liquid, predigested foods, for 24 to 40 hours longer, owing to the severity of the case; it makes no difference whether the child is fed or wet-nursed, all diet, and especially all milk diet, should be withheld for a few hours at least. Wash the stomach and bowels out with water; if vomiting is frequent, the child will do this itself, if you give freely all the water it will drink. The water cools its fever, and as vomited back, brings the irritating matter with it; cleanses its stomach out as it were. If, after a calomel purge, the actions continue lumpy, bloody, or mattery, irrigate the lower bowels with hot or cold water, plain or medicated, to suit the case, by passing a catheter, attached to a fountain syringe. Do this once, twice, thrice a day. Small doses of calomel, repeated every two to six hours for the first 36 hours of the treatment, have given me the best and most satisfactory results obtained by drugs. Give food of any kind sparingly for 24 hours, and then do not feed beyond the digestive capacity. In returning to the bottle or breast, see that the foods themselves are not at fault. I might mention the whole list of drugs found useful in this disease, but you are all familiar with them, and I have probably said enough to bring the matter before you; and after emphasizing my own idea of the proper methods in the earlier stages of the disease, which is,
empty the child's stomach of food and fecal matter, and give a few hours rest from food of any kind (giving, though, plenty of water), and feed for 24 to 48 hours, on foods that will not coagulate, or leave lumpy residue in the gastro-intestinal tract.

I will now leave the subject to abler hands.*

*We regret being unable to get a report of the able discussion which followed this paper, the Journal having no representative present.—Ed.

For Daniel's Texas Medical Journal.

THE RELATION OF THE ADVERTISER TO THE READER.

BY F. E. DANIEL, M. D.

A paper read by request before the Austin District Medical Society, at Austin, Texas, June 23, 1892.*

PEOPLE read for information; papers, journals and magazines are published to furnish that information. Some are general, and give the current news or information on all subjects, like the daily papers, but most publications are classified, and have a particular set or circle of readers. All trades, professions and callings have their appropriate journals or exponents, and each class turn to their own particular journal for that which interests them or affects their business.

Since the earliest days of printing, advertisements have been resorted to as a means of communication between producer and consumer. Classification of advertisements has naturally followed, and to-day every trade journal and every paper devoted to the interests of any class of labor, calling or profession, has its own appropriate advertising department, through which information is conveyed to its readers of the advances, improvements and discoveries that take place in that particular line of industry.

The shoemaker naturally seeks in his Leather Trade Journal information concerning the implements, tools or appliances needed by him, and all improvements or advances made in his art. The stockraiser finds in journals devoted to that branch of industry not only all the news, advances and discoveries in connection with stock-raising, but he turns to its advertising depart-

*This paper is published in Dr. A. L. Hummel's book on Medical Journal Advertising.
ment to find offered any labor-saving implement or other thing needed in his business. He would never think of looking for it in the Leather and Finding Journal, or in the Sanitary Journal, any more than the housebuilder would expect to find the lumber market or building hardware in the Churchman's Monitor. The minister has his "church paper" with its advertising department, in which he finds offered such commodities as are needed by him, or will conduce to his comfort and conveniences; and so the number is limitless, and the divisions and subdivisions almost without end. Then there are literary magazines and papers read more or less by all classes. Their advertising department is a kind of omnium gatherum; they shoot with buck-shot, so to speak, hunt no particular game, but bring down anything in the range of their fire. In them you will find advertised toilet articles and saddlebags, bicycles and buggies, backgammon-boards and organs, pianos and land schemes, laces and looking-glasses, lounges and plants, chickens and typewriters, soothing syrup and shotguns, soap and sacred music, fountain pens and corsets, $3 pants and emulsion of cod liver oil. But in the main the latest and most approved tools, commodities and conveniences will be found in the advertising pages of that publication whose literature is intended for the class of readers who need these particular things.

The medical man should not be made an exception, nor should objection be made to the addition of an advertising department to his journal, wherein may be brought to his notice, not only any advance in the art of pharmacy, but any commodity he may need in his business or for his comfort or convenience.

When some eminent clinician like Da Costa or Roosa, Trousseau or Pepper, finds a certain combination of known drugs useful in certain proportion or combination, a paper, perhaps, is read on the subject at some medical society meeting. Some manufacturer then makes up this combination in convenient form, and *puts it on the market, calling attention in the advertising pages of the medical journals to what has been said about it; and those physicians who are impressed order and use it. Is not the physician thus learning something from the advertising department of his medical journal? Before the rank and file of the medical profession had heard of sulphonal, ergotole, salol, iodol or phenacetin, the manufacturing chemists had learned all about them, made them ready for use, and naturally offered them to the profession through the medium in which a rational
doctor would expect to hear of them—the medical journals. How, when or where else could he expect to learn anything of them?

Should the physician need a speculum, hypodermic syringe or other surgical instrument, a new fashioned buggy, an account book or an office coat, where would he expect to find it advertised for sale? Surely not in the shoemaker's journal; and, should it be any pharmaceutical preparation or a new product of the chemical laboratory, he certainly would not look in the *Daily Statesman* to find it advertised. You all know that the greatest offense, in the eyes of the medical profession, that a manufacturing chemist can be charged with, is that he advertises his products to the people. He says he manufactures his goods for the profession, for our convenience in practice, to save us labor or to facilitate our business; and you complain if he "goes to the fense," or puts his advertisement in a daily paper; and yet, some of you complain if you find his announcements in your medical journal. What *will* you have? *Suum cuique.*

The relation between the manufacturing pharmacist and the practitioner of medicine, is peculiar. While that of supply and demand obtains between them as consumers and producers, as in all other instances where one makes what another needs, there is furthermore a relation or connection that does not exist between any other two classes. Omitting the mention of all other manufactured articles a doctor may use, such as clothing, buggies, surgical instruments and appliances; not considering such things as he or his family need in common with other people, such as life insurance, house furnishing, pianos, books, paintings or clocks,—all of which might appropriately be advertised in his medical journal,—and confining our remarks solely to pharmaceutical products, we will hold and endeavor to show that the advertisements of such are not only appropriate to medical journals, but that they properly belong there, and nowhere else. The doctor is badly enough discriminated against in other ways, without depriving him of the privilege and satisfaction of finding in his medical journal, along with other useful and needed information, the details and particulars of the latest pharmaceutical products or triumphs, and where they can be obtained. He must learn of newly discovered drugs by seeing them offered for sale in his medical journal.

Pharmacy is a branch of medicine, and is so recognized. Two years ago the American Medical Association created a section of
pharmacy for the especial purpose of bringing to the knowledge of physicians the progress, advances and discoveries in that branch of medicine, and to encourage physicians to become better acquainted with pharmacy and other branches of medicine, especially therapeutics, looking finally to a unification of medicine in all its branches. A physician should have some knowledge of pharmacy, as well as of chemistry, and the line heretofore separating pharmacy from medicine as a distinct branch is being obliterated. The pharmacist is not only the physician's supply man, but he is, to a great extent, his ally and assistant; their interests are closely identified; the relation is more intimately interwoven than that between any other supply man and his customers, for the doctor's success often depends upon the pharmacist's skill and honesty, while the health and happiness of the patient depend upon that of the doctor. The ignorant and dishonorable pharmacist having the physician's confidence and support, may ruin him. What more natural than that the practicing physician, realizing this dependence, should be interested in the methods and products, as well as in the advances and improvements in pharmacy? And if he does not learn of them through the advertising department of his journal, when, where, or in what way would or could he ever acquire that knowledge? You say "in journals of pharmacy," or "in the Dispensatory." Few physicians take or have time to read journals other than medical or sanitary, and should it be urged that to keep up with pharmacy he must take the pharmaceutical journals, the same obligation would attach as well to journals devoted to any other line in which he is more or less interested; for instance, the clothiers' journal for his clothing, the carriage-builders' journal for his buggy and harness, etc. As to the Dispensatory, a discovery or advance in therapeutics or materia medica is many years old before it finds a place in that work, revised only every ten years. In brief, to the ambitious and progressive physician the medical journal is what the daily paper is to the business man, and its advertising department corresponds to the market reports and prices current; they are indispensable.

To the large majority of the profession the advertisements in medical journals of new preparations, or new combinations of old drugs, or favorite prescription of some eminent practitioner, which Sharp & Dohme, Parke, Davis & Co., or other enterprising manufacturers put on the market ready for use in convenient
and attractive form are very interesting reading—indeed, they are invaluable. It is not every doctor who can write a prescription for, say, the poisonous drugs, the dose of which is infinitesimal, and with confidence send it to the drug store to be filled. It takes time to fill it, and there is always danger of a mistake in putting up such drugs; and, in the country, remote from drugstores, hours may elapse before the patient gets his medicine and the benefit of your skill. To one so circumstances what a convenience and real labor saver it is to have tablets or pills in the proper doses, or concentrated extracts ready to administer without delay, danger or inconvenience. Why, then, should the manufacturer of pharmacals not advertise them to the physicians?

Why should the owners and manufacturers of proprietary articles, not advertise them in medical journals? You quote the Code "to prescribe or recommend a secret nostrum is derogatory to professional character." The subject of secret nostrums is not under discussion, and no one contemplates recommending or prescribing them. But suppose that some publisher of a medical journal should advertise the most flagrant nostrum, does the Code prohibit your reading it, or does it provide a penalty for publishing it? You are no more obligated to read it—certainly no more obligated to buy the article and use it—than you are to purchase any other article you see advertised in any other journal. For instance we saw advertised in The Statesman, a "book for men" which we believed to be a vile quack swindle. The publishers of The Statesman do not necessarily recommend you to buy the book, and you are under no kind of obligation to do so. We do not argue that two wrongs make a right, but how often do we see quack advertisements, even immoral ones, in the daily papers, and in the religious press? Then why should you censure the publisher of a medical journal for publishing the advertisement of a "proprietary" article, perhaps of great value, like antipyrin, whose only objection is that it is covered by a trade mark? Few proprietary articles, the ingredients of which are not known, are advertised in the better class of medical journals. Usually the only secret about them is the process of manufacture, and we hold that a knowledge of that alone (which is the proprietor's property) is not essential, if the ingredients are published, and the assurance is given that the dose is not disproportioned. We need no more care to know how it is made than to be told of the process of making the bread we ate for
breakfast. Is the peach less sweet, or the diamond less brilliant because nature has not revealed the secrets of her laboratory?

So long as there is no one person or authority empowered to say which are, and which are not legitimate advertisements for a medical journal, each publisher must judge for himself. Because *The Journal of the American Medical Association* admits an advertisement to its pages of an article whose composition is unknown, that is no reason why other publishers should or should not do the same. Who shall be the censor? Aye, who?

Only recently the remarkable spectacle was witnessed of leading physicians—unimpeachable disciples of the Code—purchasing at enormous prices and introducing into the system of unsuspecting patients an animal substance—Koch's lymph—which was found to be highly poisonous, even deadly in its effects, unless used with extreme caution, the very composition of which, and its mode of preparation were entirely unknown to them.

Who was the first to use antipyrin—a secret nostrum patented, and therefore, outlawed in France? All our leading brethren in the United States have used it, and, if this be permitted, what blame can attach to a publisher who will take an advertisement offering these and similar preparations for sale?

When it is considered that medicine formerly was altogether, and is now largely empirical; that somebody has to first try a drug or chemical, I think it is rather "straining at a gnat" to say a physician shall not use proprietary articles the ingredients of which are known to the profession and known to be valuable, and which preparations, moreover, have been found to possess curative properties not to be secured from the use of either of the ingredients singly? We believe that ethical scruples should not prevent our using a trade-mark preparation which experience has shown will relieve certain conditions, for the ends and objects of the practice of medicine are to restore our patients to health. What the patient most cares for is that restoration; or, as the celebrated therapeutist and clinician, Fothergill, expressed it, "When a man is sick what he wants is to get well; the means is to him a matter of comparative indifference."

The objection has been raised that the manufacturing pharmacist dictates to the physician what he shall use, by offering a compound or combination ready for use. Such can hardly be called a rational objection. We cannot see it in that light. The maker of any of the articles usually advertised recommends them to your favorable consideration and asks you to give them
a trial—perhaps furnishes you a sample for that purpose. If you have any scruples about the propriety of doing so, don’t do it; but where is the objection to even a physician-publisher admitting the advertisement to his pages? Would a man buy counterfeit money if he saw it advertised? Would you stop your church paper, because it advertises quack medicine and quack doctors, with a portrait of that “old missionary to India whose sands of life had nearly run out,” when he discovered a sure cure for consumption? Do you stop your Galveston News or Louisville Courier-Journal, because Drs. Betts & Betts advertise in them consultation free to the afflicted, and call attention to their numerous diplomas, which they say hang on their office walls; or because they advertise old Dr. Whittier who displays a wood cut of “Before Taking” and “After Taking” and guarantees to restore lost manhood? Or do you stop The Statesman because it advertises “a book for men only” wherein is offered free “a simple and safe device,” whereby the sexual organs of the male may be brought to the highest state of functional activity and vigor, and those “shrunken from early indiscretions or stunted in their growth” maybe made to grow to full regular size and thus ensure the “Triumph of Love—a fruitful and happy marriage??” Do you place The Evening News under ban of proscription, because it offers “Tansy Wafers” to your wives, daughters and sisters? No; notwithstanding these highly disgusting and immoral advertisements, these papers—like Tennyson’s brook—go on forever; are read in the family circle and allowed to poison the minds of your sons and daughters. But if your medical journal, be it ever so ethical, be it ever so meritorious in all else, should print the advertisement of some proprietary remedy, the howl goes up that it is “unethical.”

As a final defense of the practice of advertising in medical journals we will mention that even The Journal of the American Medical Association, which has the backing of that great association and which receives five dollars annually from each member is compelled to admit that without the revenue from its advertisements it could not exist. The experience of the great majority of medical publications is of the same tenor; that is, they could not live a year if they depended solely upon their subscriptions for support; so by cutting off this revenue you would sound the death knell of the weaker vessels, and would virtually create a grasping, exacting monopoly of the few journals that survived. Is this desirable? True, there are too many; but would the fittest survive?
For Daniel's Texas Medical Journal.

A CASE OF LUPUS ERYTHEMATOSUS OF THE FACE AND BODY, WITH SUPERINDUCED EPITHELIOMATA OF THE FACE.

ISADORE DYER, PH. B., M. D.,
Lecturer and Clinical Instructor in Dermatology, Medical Department Tulane University and Visiting Dermatologist to Charity Hospital, New Orleans, Etc.

S. R., A MAN, active and of good physical development, presents the following clinical history: Aged 54; general condition excellent; no subjective symptoms whatever; is often constipated. On the face, scalp, shoulders and chest an eruption is evident, characterized by discreet lesions, symmetrically arranged, and on both halves of the face and body. Each lesion is red or brown, or pink, and slightly elevated. Each lesion is distinct and has a sharply defined periphery. In size, the lesions vary from a split pea to a five cent nickel. Most of the lesions show, at some part of their periphery, a certain amount of superficial scarring. Many of them present minute tubercles just at the edge of the area affected, and in some, these form the periphery. These characteristics are present in the majority of the lesions which are scattered over the back and chest and on the face. The amount of redness or pigment often varies, and though scaling is the rule, many of the lesions present a smooth surface. There are no subjective sensations, no itching, no burning, etc. On the face, many of the lesions are telangiectic, and some five or six markedly so. These five or six are characteristic. With the sharply elevated peripheral border, firm to the touch, and cartilaginous in appearance, with a center umbilicated and ulcerating, if not scaling, and over and through each coursing a network of blood vessels—the diagnosis of epithelioma is clear. In one or two, these points are hardly yet impressed, but the presence of the other lesions of marked types, points to a necessitous degeneration in the same way. No family history of cancer; no history of tuberculosis. The present eruption began 14 years ago. Patient states that he had a sore on his penis some 20 years ago and was treated for syphilis, though he is sure of no subsequent accidents. Such is the history of the case. The diagnosis was obscure. A history of a possible primary sore, inclined to a
diagnosis of syphilis. The eruption on the body suggested a papular and serpiginous syphilide. The history of an epithelioma on top of a late syphilide is by no means uncommon. On the other hand, the patient was free from any adenitis. The general health was unusually good, and the arrangement of the eruption was typical rather of lupus erythematosi than of syphilis, especially of late syphilis. There was nowhere the crescentic grouping so frequent in serpiginous syphilis. The occurrence of the eruption on the body favored the exclusion of lupus erythematosi, for the disease rarely occurs but on the face.

As a sop to Cerberus, antisyphilitic treatment was begun. The patient had been under mixed treatment for several weeks. He was ordered at once, potassium iodide in fifteen drop [?] doses, three times a day. This was ordered increased by 5 drops each day. At the end of the week, the patient showed signs of iodism. He had pains at the angles of his jaws, a certain amount of coryza, and there was a typical papular iodic eruption on his body. The new growths on the face had persisted and progressed, and the ulceration was more marked. The lesions on the face and body were unchanged. The iodide was discontinued. The patient was at once given Thompson's Solution of Phosphorus in 3 drop doses, diluted, after meals. The cancers were curetted thoroughly and the fresh wounds at once cauterized with the Pacquelin point. At this present time, the patient has been under the solution of phosphorus for two weeks. The lesions, generally, are fading. The smaller ones have disappeared, leaving superficial, slightly pigmented scars behind. All the lesions are less elevated, and in only a few are the tubercles at the periphery evident. The wounds which were cauterized, present clean healing surfaces. Two are already cicatrizated. The treatment seems to prove the diagnosis, and persistence in the same, increasing the doses of the Thompson's solution and using radical measures locally, will tend to cure the condition and reduce a recurrence to a minimum.

The case is interesting on account of the rarity of such eruption on any part of the body other than the face. It is again interesting from the fact that the development of the epitheliomata should have been induced by the inflammation incident to the lupus erythematosus. Though rare, neither of these conditions is unique, and I report them as interesting in the history of dermatological record.
Strychnine in Shock, etc.—In one of the best papers which have appeared lately, "Recent Advances in Therapeutics," H. A. Hare, M. D., in *Lancet-Clinic*, November 5, 1892, Address in Medicine before Mississippi Valley Medical Association, Dr. Hare said:

"I wish to call your attention to the use of strychnine as a remedy for and preventive of surgical shock and anaesthetic collapse, not to speak of its value in opium-poisoning. In these conditions atropine, while very useful, so far as its vaso-motor effects are concerned, does not compare with strychnine either theoretically or practically. To those who habitually employ atropine and morphine injections prior to the use of an anaesthetic, let me recommend the use of strychnine or strychnine and atropine combined. There is one point to be remembered in regard to the use of strychnine in shock or accident, and that is to give it in full doses or leave it alone. Not less than 1-20 grain should be employed hypodermically every half hour in an adult, and, if the condition of shock or respiratory and cardiac failure be marked, one dose of as much as 1-5 grain may be given in this way. Disagreeable effects rarely, if ever, follow, and if they do, will amount to little more than muscular twitching, which can readily be governed by sedatives, for if the drug can stimulate the nervous system sufficiently to cause irritability, it will have pulled the patient out of the 'Slough of Despond,' and he will be able to stand further treatment, should the effect of the strychnine be excessive. Under the conditions spoken of, the man is on the brink of death, and we cannot afford to make haste slowly in dragging him back. A few moments lost and he may be beyond reach, and so far over the edge that human aid cannot draw him back to life."

Dr. Reed, of Cincinnati, Secretary-General of the Congress, and chairman of the Committee on Organization, announces that after extended correspondence between himself and Dr. Maragliano, of Genoa, General Secretary of the International Congress, the date of the Rome meeting is finally and definitely set for September 24th, of next year. This gives an interval of sixteen days between the Washington and Rome meetings, during which time an easy trip can be made from the former to the latter city. It is possible that a steamer may be chartered direct from New York to Rome.
AMICK AGAIN.

When "A Chemical Cure for Consumption; by W. R. Amick, A. M., M. D., Professor of Ophthalmology in the Cincinnati College of Physicians and Surgeons, and formerly "Professor" of ever-so-many other things, made its appearance as an original article in the Lancet-Clinic, March 5, 1892, DANIEL'S Texas Medical Journal* was the very first to denounce it as a piece of clap-trap, and its author as a quack; and to score the Lancet-Clinic for permitting such flagrant disregard of all ethical principle and of professional decency to desecrate its pages. Other journals took it up, and the Lancet-Clinic hastened to publish a disclaimer; and stated in effect that the writer of the article had abused the confidence of that journal, and had gotten the article into its columns surreptitiously, as it were; that when he handed in the article, the editor, having every confidence in Dr. Amick's integrity, and soundness on the code question, sent it to the printers without examination, and that out of courtesy, as well as a matter of convenience—Amick's office being next to the printing office—Amick was permitted to read the proof. In that way, said the Lancet-Clinic, the article got into its pages without a knowledge of its real nature, on the part of the editor. The Lancet-Clinic later apologized to its many readers, and it was said that Amick was promptly relieved of his position in the college,—"kicked out of the profession," says the St. Louis Weekly Review.

Amick must be endowed with a "cheek of adamant." This article, some sixteen double-column pages, now appears, with its long array of almanac-like testimonials, as an advertisement in the Maryland Medical Journal, in the shape of a reprint of an original article from the Lancet-Clinic, of March 5, 1892 (as it really is; but, under the circumstances, it having been repudi-
ated, its publication as such, is an outrage on the L.-C., and on professional decency).

The St. Louis Weekly Review says that this advertisement was offered to a number of journals; or rather, that somebody wrote to a number of journals asking them to bid on a very large—an unprecedentedly large adv. contract, without stating what the matter was, and that very few journals bit at the tempting bait, the Maryland Medical Journal being one of the few, and the only one mentioned by the Review.

We feel slighted! They didn't invite the "Red Back" to put in a bid; they thought, perhaps, that we had already given the subject sufficient ventillation, and that they had better skip us,—and they did.

That so respectable a journal as the Maryland Medical should accept such an advertisement at any price is indeed surprising—and much to be regretted by those who have had as high opinion of the representative of the State of Patriotism and Chivalry—"Maryland my Maryland," as had the Red "Star of Texas." It only shows,—well, we'll be charitable and will not say what it shows.

Has the Lancet-Clinic no recourse at law to stop said proceedings? It is libelous. If nothing else will touch a sensitive spot in Amick's skin, which appears to be as thick as that of the Rhinoceros, the L.-C. might send for Culbertson to come back, the fighting editor, and let him try the application of a little rawhide.

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ANOTHER ICONOCLAST.

Some time ago, Prof. H. C. Wood pointed out that it is all a mistake about chlorate of potassa oxidizing the blood;—thus destroying one of the favorite delusions of the profession,—a theory or belief upon which was founded a very popular treatment for many diseases. The Journal commented on it at the time. Now comes Prof. Hare, who knocks the props from under several other popular beliefs, and leaves us nothing to stand on in several emergencies. For instance, he says (Address in Medicine, Lancet-Clinic, Nov. 5), that in respiratory failure during anaesthesia, it is all wrong to use the Farradic current, with one pole on the neck, over the phrenic nerve, the other over the diaphragm. * * * "What we desire under such circumstan-
ces is a slow contraction and relaxation of the diaphragm, such as we see in health, and the nearest approach to this is, theoretically, to be obtained by the current which is slowly interrupted. Practically, however, we find that both of these currents are worthless, and worse than worthless,—are dangerous." Dr. Hare also says that the practice of inverting, partly or completely, the patient in respiratory or circulating failure during anaesthesia is wrong, "It goes without saying," says the author, that this is only justifiable, when heart failure is shown by marked facial pallor. If the respiration is at fault we should carefully avoid any inversion, because the presence of still more venous blood about the already exhausted respiratory centre can not aid it, but only injure it." It is also all wrong, according to Dr. Hare, to give a hypodermic of morphia, as is generally done, in hemorrhage of the lungs, "to allay nervousness of the patient." The Doctor gives his reasons for all these objections, and they appear to be logical. In this latter breaking of a favorite idol, he says: "While it (the morphia) may allay nervousness, it will likewise cause an increased flow of blood and increase the loss of this fluid."

Thus, as medicine progresses, we have to unlearn many things. Even opium, the almost universal panacea, and the stand-by for years, is falling from grace, with the advent of the newer pathology. Dr. Hare says, "As an interesting point in the evolution of medicine, we find the field of usefulness of opium constantly growing smaller, and in no direction has it become more circumscribed than in the treatment of diarrhoeal disturbances. * * Opium may be given for pain, but not for diarrhoea."

And thus it goes. What, with the assurance that William Tell was a myth; that prohibition does not prohibit; that alcohol, the universal and indispensable stimulant, does not stimulate; that chlorate potassa does not oxidize the blood, etc., etc., what is one to believe?

**THE TEXAS MEDICAL COLLEGE.**

"Somebody has blundered." That the class of matriculaties at the Texas Medical College at the opening of its second session should have been very little if any larger than it was the first session is a matter of surprise, and a mortifying disappointment to all friends of the institution. It is especially mortifying to those who have striven so faithfully to inaugurate a high grade
school, and thus to advance the standard of medical education in Texas.

A magnificent building was constructed, and every department thoroughly equipped for teaching modern medicine. An able faculty was secured, and a high and thorough curriculum was arranged, extending over three years in graded courses. No longer should it be a reproach to Texas that with her princely school fund and her university, where all else is taught, her sons were compelled to go abroad for medical education. After ever so many obstacles overcome, at last the doors of a magnificently prepared medical college were thrown open and students were invited to come in. They didn’t come.

The mistake was made by the legislature. They—and not the Regents—as should have been the case, fixed the fees and fixed them too high.

When we say fixed them too high, let it be understood that in this State a diploma is a diploma. There is no discrimination observed whatever, and practically, one diploma is as good as another. A man who can go to almost any Southern city and, after three months attendance on lectures, return to Texas and begin practice; or who can go, it may be, without intermission, from a three months’ course at a winter school (which has cost him say $50 for tuition), right into a summer school, where, after three months more and another $50 fee, he can secure a diploma which will entitle him to recognition by the profession and all the rights and privileges of a legal practitioner of medicine in Texas, can hardly be expected, in these days, to sacrifice so much to patriotism as to attend three years at a home school and pay $140 tuition each year, unless, thereby, he could secure a diploma which would give him certain advantages over the cheaper sort; in brief, Texas cannot expect to keep her students at home so long as a diploma from a two year school and $50 fees is put upon the same footing before the law.

In these days many men secure a medical education as an investment, and engage in practice for a livelihood. With such men, a diploma that will pass "muster," one that will "do at all will do very well." We are not speaking of those who acquire a profound education because of the love of science, and for their own satisfaction, and because they have plenty of time and plenty of money. That a great many study medicine who ought never to attempt to do so, is evident; some will never make doctors; but how is it to be prevented? The fact is, that the majority of
young men who elect medicine as a calling are poor and poorly educated; but they want to become doctors all the same, and so long as there are schools which adapt their requirements to the capacity and pecuniary circumstances of these students, so long as it is possible to get through in double quick time at a very light expense, it is folly to expect to build up such a school as is contemplated at Galveston.

And there is] where the mistake was made. The professors being paid by the State, there is no necessity for a high fee, and especially as tuition in every other department in the University of Texas is free, except that of law—and there it is only nominal—that the fee for tuition in medicine should have been placed even below that charged by any reputable school whose diploma will be recognized in Texas.

And, even then, it is highly problematical whether Texas students will elect to go through a three years' graded course with strict requirements both for matriculation and graduation, so long as the diploma they get will do no more for them than any other diploma. The State of Texas must do one of two things if she expects to build up her medical department: she must put the fees down to a merely nominal sum, or else protect the graduates from competition at the hands of those holding cheap diplomas from short term schools.

We can hardly hope, however, for a law especially to protect the graduates of our own school; it would be unreasonable to ask it. Every effort to secure legislation which will require something more than the mere possession of a diploma (from any source) as a requisite to the privilege of practicing medicine in Texas, has been laughed to scorn. And now, the senators who mocked those efforts are confronted with a problem hard to solve, and they must take their choice between keeping up a costly establishment and paying a teaching corps high salaries to lecture to empty benches—or they must offer Texas students other inducements, or protection from competition with cheaply made doctors. The first thing to be done, in our opinion, is to reduce the cost of lectures to the matriculation fee and anatomical fee only. If then our five hundred students still refuse to be highly and thoroughly educated, pass a law which will admit to practice in Texas no man whose diploma has been issued by a school requiring less than is required at Galveston.

At this writing, November 16th, there is in session in Louisville a convention of representatives of Southern Medical Col-
leges. It is thought they will enter into an agreement to require a three years’ graded course as requisite to the degree. In case that is done, our course is very clear: the Regents of the Texas University should secure the passage of a bill which will recognize no other kind of a diploma.

The Journal is advised that something of the kind is now being considered. If such agreement is made, the medical societies of Texas will be called upon to endorse some such bill, to be presented to the legislature in January. At this writing, we are expecting a report from the Louisville meeting by our Associate Editor, Prof. Smith, who is present as representative of the Texas Medical College.

THE TRAMP JOURNAL.

It seems that all trades and callings have their tramps. The tramp printer is, the world over, called a “rat,” the tramp laborer a “scab”; and this element, pervading every sphere,—commerce, science, art, literature,—is the element of discord and strife. Labor is honorable and dignified; the honest laborer is worthy of his hire. It is the tramp who, by a willingness to work for less wages than an honorable and industrious man with a family and a home to care for can afford to work, creates strikes and labor riots and lock-outs and bloodshed.

And these fellows penetrate everywhere. There are even tramp ships; vessels out of a job, with no regular employment, no regular route. They loaf around and pick up a job (a kind of a cold-victuals job) wherever they can.

But Journalism is the latest field to be invaded by this omnipresent genus;—yes, we have now the tramp journal, a wolf in sheep’s clothing. It has gotten a clean suit of clothes, and although that only covers a price list and an advertisement of a drug manufacturing establishment, it puts on airs and claims to be a “journal.” “Burk’s Bulletin,” it calls itself. Gotten up mechanically in good shape, and containing a sprinkling of literary matter, picked up here and there, it is rather calculated to deceive the unwary. One is apt to overlook the fact that it is only a trade list or catalogue, such as most manufacturers issue and are glad to send free on application, and who pay postage on it as such; one is apt to overlook the fact that the very small amount asked for “subscription” is just that much con-
tributed to the publisher's advertising fund. This fact was made perfectly clear, recently, by the announcement that hereafter "Burk's Bulletin" would be only one dollar a year, and that the one dollar is not wanted nor expected till the end of the year! A journal (?) of eighty or one hundred pages (drug price-list, mostly, it is true) one year for one one dollar, and on a year's credit! It is very clearly to be seen that this "subscription" is a mere shut-eye,—they, the proprietors, would no doubt be glad to send it for nothing to anybody who will take it. (Four "sample copies" of the October number were sent us.) Of course they would; but every gudgeon who pays, or promises to pay, a dollar for it, gets his name on their list, and he is counted as a subscriber; hence, all those to whom "sample copies" would be sent any how, are counted as subscribers, and the postal laws are satisfied and other advertisers gulled;—the drug price-list goes through the mail as second class matter, at one cent a pound. It is a pretty shrewd trick, successfully worked upon the gullibility of doctors. A "doctor" will pay a dollar for "Burk's Bulletin," and "can't afford" to pay two dollars for a medical journal, even though it be his own State journal. This is bastard competition. Already so many "sample copies" are regularly supplied to the entire list of Texas doctors—and other States too, we presume—that one may very truthfully say, when solicited to take his home journal, "Doctor, I like your journal very much; but I get more medical journals for nothing, than I have time to read." (He gets Burk's Bulletin and the Medical Grief, no doubt, and they fill the measure of his needs.)

And so it goes. The legitimate journalist who strives to advance the science of medicine; to elevate and promote medical education, and to maintain a high standard of professional character; who keeps his readers informed on all the advances and progress in medicine, and upon all medical topics, and medical or medico-political news of his State, etc., is ready to exclaim with Bill Nye, "we are ruined by (tramp) cheap labor." It is a pretty come to pass when the average medical man is duped into taking a trade list and paying even a dollar for it, and is apparently satisfied with it.

Let me see. Should not the Honorable John Wanamaker's attention be called to this dodge? Did we not see somewhere that a publication issued by the manufacturers or dealers in any of the articles advertised in its pages would not be admitted to the mails at pound rates? Something of the kind occurs to us.
The publishers of legitimate medical journals should do as all other classes do: they should organize a "union" for mutual protection; and all "scabs" or "rats" should be made to occupy the position where they belong,—should set the dogs on them when they come nosing around. Why, there was one publisher who offered to send his paper free to all our subscribers, delinquents and all, if we would only advertise the fact! Had that thing the right to the United States mails as second class matter? And so it is; there are those who having no bona fide subscription list get names by any kind of dodge—mere consent to let the thing be sent free will do,—and boast of a big subscription list.

The tramp journal is the curse of our guild, brethren. Let us hear from Wile and Sim and Love and Culbertson on him.

SPECIAL NOTICE.

Beginning with our next number—by the by, it will be an extra, or Christmas edition—there will be established a Department of Anatomy and Pathology, which will be under the management of Prof. Wm. Keiller, M. D., Professor of Anatomy in the Texas Medical College. Professor Keiller has kindly consented to contribute original articles to that department, illustrated with drawings by himself; and to report abstracts from the European journals.

A Department of Dermatology, which will be in charge of Dr. Isadore Dyer, of New Orleans, Lecturer and Clinical Instructor in Dermatology in Tulane University and Dermatologist to the Charity Hospital.

Also a Department of Clinical Reports from Charity Hospital, in charge of Dr. Robert Morris, Texas Resident Student at the Charity Hospital.

Dr. E. J. Beall, of Fort Worth, will spend the winter in Philadelphia, studying, especially, gynecology and the methods of the great operators in the several hospitals, and will contribute regularly to the pages of the Journal.

Dr. R. H. L. Bibb is our Mexican Associate Editor and collaborator.

No pains will be spared to make the Journal not only interesting and valuable to all who would keep up with medicine, but indispensable to the Texas profession. Meantime, an invitation is extended to Texas physicians to contribute their experiences to the Journal for the benefit of their brethren.
Medical News and Miscellany.

Dr. H. H. Beverly has changed his residence from Prilgrim Lake to Smiley, Texas.

Dr. R. T. Morris proposes to circumcise females for obscure troubles supposed to be reflex, and caused by adherent prepuce. Fact. See Medical Mirror.

Dr. I. N. Love, the only genuine and original, uses the personal pronoun, first, singular, in his editorials instead of the time honored "we."

Good Gracious!—"They" have started a journal in Chicago called the Journal of Orificial Surgery,—to fill a long felt want. Evidently "they" saw an "opening."

Errata.—In Dr. E. B. Jackson's article on gonorrheal affections in women his prescription for vaginal injection should have read "chloride zinc, gallic acid, aa 15 grs. to eight ounces of water" instead of to "one ounce" as printed.

Attention is called to the new advertisement of the Canton Surgical and Dental Chair Company in this issue. Their chair is very popular, so much so that their gentlemanly agent, who passed through Austin last week, complained that he found many of the physicians hereabout already supplied with one.

Dr. T. J. Bell, of Tyler, Texas, has been elected one of the Vice-Presidents of the Pan-American Medical Congress to meet in Washington in September, 1893, and Dr. H. Leonard, of New Braunfels, is a member of the general committee of ways and means. Dr. Carhart, of Lampasas, is Assistant Secretary-General.

The number of matriculates at the Texas Medical College is twenty-three, one more than last year, though there are several students present who have not yet taken out tickets. The JOURNAL learns that some very interesting work is being done in the Physiological Laboratory, and that Prof. Keiller has made some lovely "dissections."
News from Texas.—The sugar planters on the Brazos are "raising cane." The engineer on the new street railroad says the dummy will not answer; the dummy people are mute on the subject, but the land agents are talking lots. The drummers are taking march orders, while the merchants cancel orders for goods they can't sell, looking for a fall this fall.

Dr. David Cerna, late of Philadelphia, has been chosen by the University Regents to fill the auxiliary chair of Demonstrator of Physiology, and Dr. Geo. P. Hall, the well known oculist of Galveston, has been appointed Lecturer on Diseases of the Ear, Nose and Throat in the Texas Medical College at Galveston. Dr. R. C. Hodges remains as Lecturer on Diseases of the Eye.

At the recent meeting of the American Orthopedic Association, held in the city of New York, September 20, 21 and 22, 1892, the following officers were elected to serve for the ensuing year: President, Dr. A. J. Steele, New York; Vice-Presidents, Dr. Samuel Ketch, New York, and Dr. Arthur J. Gillette, St. Paul; Treasurer, Dr. A. R. Judson, New York; Secretary. The next annual meeting will be held in St. Louis the third week in September, 1893.

The Committee on Organization of the Pan-American Medical Congress will issue the preliminary announcement of the Congress within a few weeks. This announcement will show that the organization has been perfected in almost every colony and country of the Western Hemisphere. The local medical societies in each of the constituent countries are made auxiliary to the Congress, which will be held in Washington, D. C., September 5th, 6th, 7th, 8th, 1893.

Married.—The Journal acknowledges the courtesy of the following:

"Mr. and Mrs. J. E. Wallis invite you to the wedding reception of their daughter, Henry Pearl, and Dr. Robert W. Knox, on Thursday, November the tenth, eighteen hundred and ninety-two, at half past five o'clock. 1502 East Avenue I, Galveston, Texas."

The Journal extends hearty congratulations to the handsome young doctor.
The U. S. Pharmacopœia "1890," which will be published during 1893, adopts in great measure the metric system of weights and measures; this will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide for the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary," has prepared a very complete table of the official and unofficial drugs, with doses in both the metric and English systems; this table is to be published in P. Blakiston, Son & Co.'s Physician's Visiting List, for 1893, together with a short description of the metric system.

The American Public Health Association—Meeting in Mexico, November 29 to December 3d. The only requirement for membership is a good moral character, an interest in hygiene, and the endorsement of two members. Blanks will be furnished at the meeting. A special Pullman train for doctors will pass through Austin on the morning of November 22d, and will lie over one day at San Antonio. Fare for round trip from Austin, $38.25; other places in same proportion. Tickets on sale at all offices. Good till December 31, with “lay over” privileges at points of interest. For further particulars address General Passenger Agent, Maj. Lewis, Driskill Hotel, Austin.

Migratory.—The Southern (?) Journal of Homeopathy, late of New Orleans, late of San Antonio, late of Austin, Texas, is now published at Baltimore. It seems it can't stay lit, but like Dr. Willis King's branch-water man, is always looking up "a good place to move to." Fisher started it in Austin, moved it to San Antonio, thence the publishers moved it to New Orleans; and now, to accommodate the new editor, it has been moved to Baltimore. So, the "So-Journ"(!) does not so-journ long in any one place. It is about time to drop the "Southern," and call it the "migratory" or "peripatetic" or "itinerant" journal of homeopathy.

Dr. R. E. Moss has removed from Mexia to San Antonio, and having fitted himself by two special courses on the eye, ear, etc.,—one with the celebrated Knapp,—in addition to his general knowledge, has abandoned the general practice, and will devote himself exclusively in future to diseases of the eye, ear, nose and throat. The doctor is a courteous gentleman, and has a
State wide reputation as a surgeon and physician. Moreover, he is personally very popular, and we predict for him and wish him a splendid career in his new field. His many friends should remember him when they have special cases for the oculist's work. His address is 203 Alamo Plaza, San Antonio.

Careless Writing.—Perhaps one of the most common faults with some really learned writers is a disregard of the rules of syntax. It is a common thing to encounter, in almost any of our exchanges, just such a solecism as this (by one of the ablest Philadelphia professors): ‘I am told by many that they have used this method which I have condemned with great success.’ If he had condemned the method with great success, it appears to us “they” would have ceased to use it. At a political meeting, recently, an able ex-district attorney, in relating an anecdote, said, “he cut his knee hunting ’possums with a hatchet.” That is a new way of hunting ‘possums. The above reminds us of the man who bought a cow for his wife with a blaze face, and a pony for his little daughter with a silver mane and tail, and also the man who dug a well with a Roman nose.

For Sale.—An opportunity to have a healthy, quiet and comfortable home, with a regular practice from the start of $2000 a year in a section of Texas that has the combined resources of the grain of the North, cotton of the South, and cattle of the West. Churches, school, Masonic lodge, cheap lands, a good opportunity to embark in the stock business. A bonanza for the wornout practitioner of the malarial districts who is seeking health, and wishes to continue in practice. Improved acre lot, dwelling four rooms, two porches, chimney, cistern, garden, orchard, out-houses, and well, desirably located. Opposition weak. Terms, $1000. Will remain till purchaser is thoroughly satisfied he can hold the field. Object, post graduate course. Address, W. B. ANDERSON, M. D., Content, Runnells county, Texas.

Vive la Homeopath.—That the ignorant and credulous should be deceived by the pretensions of the homeopaths is not surprising; but that intelligent, cultivated persons, even shrewd lawyers, should have any confidence in their pretensions is indeed remarkable. Mrs. Harrison in her last and long illness, was under the care of a homeopath. (It is true, a distinguished
regular of New York was in consultation,—just how he reconciles it to his conscience is not clear to understand.) General McClellan, with an attack of neuralgia of the heart, was in the hands of a homeopath, who let him die, when, no doubt, a hypodermic of morphia and atropia would have relieved him; the newspapers at the time stating that the remedies of the "doctor" had no more effect than those recommended by the house-hold members, "domestic" remedies; and Gov. Fifer, of Illinois, has appointed as surgeon-general of the State a homeopathic fledgling, on whose diploma the ink is said to be hardly dry.

Exterpation of the Uterus for Cancer.—Dr. Charles A. L. Reed, of Cincinnati, presented to the recent meeting of the American Association of Obstetricians and Gynecologists a report of twenty-five cases of complete vaginal extirpation of the womb for cancer with only two primary deaths—one from shock and one from iodoform poisoning. Of the twenty-five operated upon but fourteen were of more than two years standing, and hence were all that could be discussed with reference to their ultimate results. These fourteen were divisible into two classes of seven each, viz: those in which the disease had existed for more than six months before the operation and those in which it had existed for less than six months before the operation. Of the first class, i.e., those of more than six months (an average of 10+ months) previous duration, all were dead; of the second class, i.e., those of less than six months (an average of 4+months) previous duration only one has since died. One of the recoveries is of more than five years duration. The conclusion from these figures is that cases of cancer of the uterus ought to be remanded for operation as soon as diagnosed. Dr. Reed looks upon total extirpation as the only operation to be advised or practiced in those cases, the primary mortality from which, in experienced hands, varies from five to eight per cent.

Alvarenga Prize of the College of Physicians of Philadelphia.—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, 1893, provided that an essay deemed by the Committee of Award 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, 1893.

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 possession of the College; other essays will be returned upon application within three months after the award.

The Alvarenga Prize for 1892 has been awarded to Dr. R. H. L. Bibb, of Saltillo, Mexico, for his essay entitled:—"Observations on the Nature of Leprosy."

CHARLES W. DULLES, Secretary.

Death of Dr. Asa Pope.—The many friends of the several doctors Pope, will be much pained to learn of the death of Dr. Asa Willie Pope. He was immensely popular, and universally beloved by all who knew him. Courageous in the discharge of every duty, a man of unflinching nerve and of unwavering integrity, he was, with all, as gentle as a woman, and at times modest to embarrassment. He died at his home in Marshall, Texas, Thursday, Nov. 3rd, inst., at 11:20 a.m., of typhoid fever, after an illness of about thirty days.

"Dr. Pope was born in Washington, Georgia, Feb. 17, 1858. His father, the late lamented Col. Alexander Pope, moved to Marshall the same year. The subject of this sketch was educated at Marshall and at Roanoke College, Salem, Va. At the latter place he graduated, and, while being in a four-years class, finished the course in two years, taking third honors. In 1882 he graduated from the Medical Department of the Tulane University, New Orleans. He then came to Marshall and engaged in the practice of his chosen profession, with a success never before attained by any physician of his age in Marshall. When he was taken with the sickness that ended his life, he stood very high as a physician and had, perhaps, as large, if not the largest, practice of any physician in Marshall. He stood equally as high as a gentleman, a citizen, and an honest man.

"Dr. Asa W. Pope was married May 19, 1891, to Miss Bessie Parmele, at the home of her parents, near Valley Creek, Fannin
county, Texas. He leaves her to mourn his loss, with a son, aged three months."—(Marshall Paper.)

It is gratifying to his friends to know that he was conscious up to the very moment of his death, and perfectly reconciled to the inevitable. His death was peaceful and quiet, as had been his life; he suffered no pain. Always delicate, physically, in later years he had limited his practice almost entirely to office consultation. His early death is a great loss to the medical profession of Texas.

A PROPOSITION TO PHYSICIANS.

Rockport is beyond question the ideal point in the South for a Sanitarium. The company owning the Aransas hotel desire to turn it over to physicians to be converted into such Sanitarium.

The hotel is comparatively new, being only three years old, has one hundred fully furnished rooms and complete outfit of office, dining room and kitchen furniture and appurtenances. The hotel could be used without a single change for a Sanitarium, Hospital or Keely Institute. The building fronts the bay, has one of the loveliest views in the world, and is located in an air and climate that for health is simply incomparable.

Catarrhs, bronchitis, nervous prostration, insomnia, liver complaints, etc., are either cured outright or greatly benefited by a month or two of residence here.

The recreation to be had in fishing and hunting is unsurpassed on the continent. Red fish, trout, tarpon, Spanish mackerel, porpoise, sheep head, etc., abound, and bite splendidly. In the winter every imaginable water fowl, such as the duck, goose, brant, swan, curlew, snipe, beautiful pink flamingo, etc., fill the bays, shores and inlets in countless thousands.

An invalid could amuse himself every hour in the day while getting well. The hotel has its own system of water works, is lit by electric light, and occupies the central and largest block in the city. With a small expenditure, hot salt water baths could be introduced into the hotel for curative purposes. Fine sulphur wells are to be had by boring.

Address for further propositions or terms,

THE ROCKPORT HOTEL CO,
Rockport, Texas.
Book Notices.


The first edition of this work was an acceptable addition to dermatological literature, and met with a ready sale. It soon became popular, rich as it was with the author's fine clinical observations. The Journal reviewed it on its first appearance, and recommended it to its readers. This second edition shows careful revision, with many important additions. Important advances have been made in the mean time in several directions, especially in therapeutics, and the new work embraces the author's four years additional experience, and he is a close observer, and carefully records his observations. The whole work is written from the standpoint of actual experience; that is what makes all of Shoemaker's works so interesting and, we will add, so valuable. The profession is surfeited with theory; what they want is facts, and when Shoemaker tells us that such and such a drug will cure such and such a condition, for he has seen it done, one is satisfied. There has been so much disappointment with drugs sent out as cure-alls on "Unna's" say so, that practitioners are getting a little incredulous. Dr. Shoemaker gives us, in this work, the result of his carefully recorded experience with electricity as a remedial agent, which will doubtless revive the interest in electro-therapeutics, which had a boom in Texas a while back, but like some of her boom towns, it soon languished. The only objection the Journal has to Shoemaker is his love of combinations—his polypharmacy; he does not seem to have much faith in single shot prescriptions. But most of his recipes are elegant combinations. This book contains a complete formulary for skin and venereal diseases, arranged alphabetically. This will be found very convenient for reference. On the whole, it is a most valuable book to have handy. Colored plates, taken from nature, illuminate the text, but they are too florid. Shoemaker is a trump; he is one of the best and most painstaking observers we have, and is doing a great deal for the honor and advancement of medical science. Long live Shoemaker!
Diseases of the Stomach. By C. A. Ewald, Professor of Medicine in the University of Berlin. Authorized translation (from second German edition, with special additions by the author), by Morris Manges, A. M., M. D., Attending Physician to Mt. Sinai Hospital dispensary, New York, etc.; with thirty illustrations. New York, 1892: D. Appleton & Co. Cloth. This is one of the most valuable additions to medical literature of the year. It is a work of great practical importance, being devoted in part to the chemical analysis not only of contents, but of the tissues of the stomach. The chapter on "The practical value of the modern chemical test" alone is worth the price of the book. The work of translation was carefully revised and approved by the author, who made many additions; it is tantamount therefore, really, to a third German edition, which, we understand, is soon to appear. The book consists, it seems, of a series of lectures to practicing physicians, and is not intended as a text book for students. Particular attention is given to pathology, and the work is rich with the professor's clinical experience. We regard it as one of the most important works recently published.

The Medical and Dental Register-Directory and Intelligencer of Pennsylvania, New Jersey and Delaware (1892 edition); pp. 424; price, by mail, $1.25. George Keil, Publisher, 306 Chestnut street, Philadelphia.

This book contains a complete list of the National and State Medical and Dental Associations, with their officers and date of meetings, medical and dental colleges of the United States, and other very valuable material, medical and dental laws, hospitals, homes, etc., also the list of medical and dental practitioners, with their school and year of graduation, postoffice addresses, and office hours.

The work has been carefully compiled, and bears the impress of being thoroughly reliable in all its departments. It is well printed on good paper, nicely bound. A good book for reference, especially to publishers of current literature.

Addresses and Essays. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology, in the Chicago College of Physicians and
Surgeons, etc. Second edition, revised and enlarged. Published by Renz & Henry, Louisville, Ky.

We acknowledge with much pleasure the receipt of Professor Lydston's Essays, sent us with the compliments of the well known firm, Messrs. Renz & Henry, wholesale druggists, importers of new remedies, chemicals, chemical apparatus, etc., of Louisville, Ky. The members of the profession who receive this valuable work will appreciate the enterprise of this sterling firm who have already endeared themselves to the medical men of this country in many ways. They will send a copy free to any reputable physician.


As we would naturally expect from the array of names above,—all men of eminence and acknowledged ability,—this work is a splendid one,—rich in the variety of subjects chosen, all tersely and practically treated. It covers the whole domain of surgery; and in light of our revolutionized pathology will supersede its predecessors, "Gross' System and Reynolds' System." Moreover, it is printed in clear, distinct type, which makes it easily read, notwithstanding the immense amount of material contained in the work. There is entirely too much of it for it ever to become popular as a text-book—student life is too short; but for a reference book for the physician in active practice it will prove a treasure indeed. There is a variety of illustrations, both as to quality and subject, embracing good, bad and indifferent, but all will answer their purpose. The work is bound to become a standard. It is to be regretted that it is sold by subscription only, as this puts it out of the reach of many.

Tuberculosis of Bones and Joints. By N. Senn, M. D., Ph. D., Professor of Practice of Surgery in Rush Medical College;
Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent member of the German Congress of Surgeons, etc. Illustrated with 107 engravings (seven of them colored). In one handsome Royal Octavo Volume. 520 pages. Extra cloth, $4. net; Sheep, $5 net; Half-Russia, $5 net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert street.

Professor Senn has made a more thorough and systematic study of this important branch of surgery than any man living; and being a close and accurate observer, and a good clinician, his statements and opinions are entitled to the highest consideration; he is authority on the subject. His observations and wide and varied experience with the treatment of this affection are recorded in this work, and will be read with much profit by even the best informed. It is a subject that has been slighted; touched on, perhaps, to the extent of a chapter or so in works on general surgery, and this is the only full and complete treatise extant, so far as we are aware, at least by an American author. In light of the revelations of bacteriology and the relation of germs to disease, the subject of tuberculosis of the joints acquires an increased interest. We predict for Dr. Senn's work an unprecedented sale.

**Text-Book of Nervous Diseases**, being a Compendium for the use of Students and Practitioners of Medicine. By Charles L. Dana, A. M., M. D., Professor of Nervous and Mental Diseases in the New York Post Graduate Medical School, and in Dartmouth Medical College; Visiting Physician to Bellevue Hospital; Neurologist to the Montefiore Home; ex-President of the American Neurological Association, etc. With 210 illustrations. Octavo, 524 pages, red parchment muslin, price, $3.25. William Wood & Co., New York.

Professor Dana's well known ability as a clinician, his long experience as a teacher and the habit of close and careful observation, entitle him to authority on the subject of nervous and mental disease, and his opinion to great weight. The book is timely too, as much more attention is being given to this branch of study by the general practitioner than formerly. The book is
brought out with Wood's usual thorough attention to detail, and will doubtless be a popular seller.

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 Esophagus. By E. Fletcher Ingalls, 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; Professor of Laryngology and Rhinology, Chicago Polyclinic, etc. Second edition, revised and enlarged. 240 illustrations. Octavo, 700 pages, extra muslin, price, $5.00. William Wood & Co., New York.

The west is coming to the front. This work, written from the standpoint of western clinical experience, will make an interesting contrast with those heretofore published, mostly by Philadelphia and New York authors.

ESSENTIALS OF DIAGNOSIS, arranged in the form of questions and answers, prepared especially for students of medicine, by Solomon Solis-Cohen, M. D., Philadelphia, and Aug. A. Eshner, M. D., Philadelphia. With 55 illustrations, some of which are colored, and a frontispiece. 382 pages; price, net, $1.50. Philadelphia: W. B. Saunders, 913 Walnut street, 1892. This is a very handy book to have around.

THE JOURNAL has received from Geo. S. Davis, Publisher, Detroit, Michigan, a copy of Dr. Bulkley's neat little book on "Acne and Alopecia." Paper, 25 cents; cloth, 50 cents. This is a timely work, and Dr. Bulkley is authority. Acne is one of the most difficult diseases to treat satisfactorily, and a physician who is called on to treat the disease will find many suggestions here to help him out.

BOTANY--A concise Manual for Students of Medicine and Science. By Alex Johnstone, F. G. S., Lecturer on Botany, School of Medicine, Edinburgh. 164 illustrations and a se-

This little work is concise and practical, and certainly of much value to the busy student as he follows the more elaborate work of the professor of botany. This branch is much neglected in medical education in this country, sorry to say. B.


This book is intended to be used by students in the course of preparation for their final examinations with the living model. It contains the substance of the author’s demonstrations at the Charing Cross Hospital and seemed to be demanded. B.


Publisher’s Notes.

Salophen.—At this season of the year we get our most refractory cases of rheumatism, and the old questions arise: Can we increase the doses of our remedy? Will the gastric, nephritic or cardiac functions of our patient permit a further use of the medicaments in which danger, discomfort, or perhaps failure are involved? In reviewing the combinations of salicylic acid with various bases, and especially with the phenols, the physician feels that he has here several weapons of requisite power provided the patient can withstand their use. The personal equation is the cause of trouble, and it cannot be ignored. These causes seem to have induced many able practitioners to promptly test a new
remedy—paramidosalol—which, under the name of Salophen, makes exceptionally high claims as a safe and effective medica-
ment in acute rheumatism. In the New York Medical Journal,
July 30, 1892, Dr. Wm. H. Flint presents a series of cases in
which he has tested Salophen for the conditions cited. His con-
clusions are clearly and decidedly given, as follows:
"No relapses occurred and no complicating endo-carditis peri-
carditis, or pleuritis appeared. From these facts the writer con-
cludes that we possess in Salophen a remedy equally potent as
the other salicylates to control the symptoms of acute rheumatic
arthritis, but devoid of their tendency to weaken the heart's ac-
tion, to disturb the stomach, and to produce albuminuria and
smoky urine."
Salophen was administered in doses of fifteen grains every three
hours, or thrice daily, with ten-grain doses of bicarbonate of
soda given at the same time. Dr. Flint's conclusions are amply
confirmed by those of Frolich (Vienna) who states (Wein. Med.
Woch., Nos. 25-6-7-8, 1892,) that "Salophen has shown itself a
prompt and rapidly acting remedy against acute rheumatism,"
and that "It may be administered, even in large doses, for a long
time, without the disagreeable after-effects of other salicylic or
phenolic preparations."
Guttmann, Siebel, Goldmann and others testify also, to constantly successful results from the exhibition
of Salophen in arthritic conditions, and it is not improbable that
the employment of this new derivative will not, in private prac-
tice, be attended with the professional anxiety inseparable from
the treatment of rheumatism with more or less toxic compounds.

A Modern Method of Medication.—Among the many
methods of administering medicaments, the soluble elastic gelatin
capsule is growing to be one of the most popular.
There are many efficient but unpalatable medicaments which
may be readily exhibited in this way, without offending the pal-
ate of the most sensitive patients; and capsules are much easier
to swallow and more soluble than pills.
Few physicians are aware of the many medicaments that are
now administered in this way. Among these one need only men-
tion the following to indicate the wide application of this method
of giving numerous drugs:
Apiol, balsam fir, balsam Peru, cascara sagrada, castor oil,
castor oil and podophillin, chaulmoogra oil, cod-liver oil, cod-
liver oil and creasote, cod-liver oil and iodine, cod-liver oil and
idoform, cod-liver oil and iron, cod-liver oil and phosphorus,
copaiba, copaiba and cubeb; copaiba, cubeb and buchu; copaiba,
cubeb and iron; cupaiba, cubeb, matico and sandal; copaiba,
cubeb and sandal; copaiba, cubeb and sarsaparilla; copaiba and
iron; copaiba, cubeb and turpentine; copaiba and sandal; crea-
sote (beechwood), i minim; eucalyptus oil; gurjun balsam; lin-
seed oil; liquor sedans; male fern and kamala; nitroglycerin,
Dr. J. FEHR'S
Compound Talcum Baby Powder.

THE
"HYGIENIC DERMAL POWDER,"
FOR
INFANTS and ADULTS.

Originally investigated and its therapeutic properties discovered in the year 1868, by Dr. Fehr, and introduced to the Medical and the Pharmaceutical Professions in 1873.

COMPOSITION:—Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES:—Antiseptic, Antizymotic and Disinfectant.

Useful as a GENERAL SPRINKLING POWDER, with positive Hygienic, Prophylactic and Therapeutic Properties.

GOOD in all AFFECTIONS of the SKIN.

Per Box, Plain, 25 Cts. Perfumed, 50 Cts.
Per Doz., Plain, $1.75. Perfumed, $3.50.

SOLD BY THE DRUG TRADE GENERALLY.

The Manufacturer: Julius Fehr, M. D.,
Ancient Pharmacist, HOBOKEN, N. J.

Only advertised in Medical and Pharmaceutical prints.

STEARNS' Cascara Aromatic

Is a fluid extract (not a cordial, syrup or other dilute preparation) of prime and selected two year old bark. (Fresh bark contains a ferment which produces griping.

Cascara Aromatic is sweet in taste (which children and women especially appreciate) instead of bitter, as is the ordinary fluid extract, powerful (It's dose is only 1/4 to 1 fluidachm) yet gentle in effect, and in addition does not gripe.

This, next to its taste, is its most valuable property, as ordinary bitter fluid extracts do.

SURELY AN IDEAL LAXATIVE.

SAMPLES AND LITERATURE FREE.

FREDERICK STEARNS & CO.
Manufacturing Pharmacists,
DETROIT, MICH,
1-100 grain; oil of pennyroyal; pichi extract; salol; tar, purified; valerian oil; Warburg's tincture; wintergreen oil; wormseed oil; quinine muriate and sulphate.

Of extra sized elastic-filled gelatin capsules there are castor oil, 2½ to 15 grammes; cod-liver oil, 2½ to 15 grammes; male ferm and castor oil; santonin and castor oil.

Messrs, Parke, Davis & Co. were among the first to make this method popular, and will be pleased to afford physicians interested all desired information concerning this agreeable method of medication.

A. R. de Escarra, M. D., Paris, France, says: With S. H. Kennedy's Extract of Pinus Canadensis the results have exceeded my expectations. In three cases of metritis, accompanied by abundant and very viscous secretions, I was able to note the improvement almost at a glance, and in one case the complete cure of these affections by using the pure Pinus Canadensis on hydrophile cotton plugs. In two cases of inveterate leucorrhea, which resisted various well-chosen remedies, the improvement was truly marvelous; so much so, that I asked myself whether I had not fallen on a lucky combination. This, time will decide. From that time I have always recommended the Pinus Canadensis in all cases where I thought its action was clearly indicated.

Constipation.—

R Aloin. ......................... gr. ½.
Ext. bellad ....................... gr. ⅛.
Ext. nux vomica ................. gr. ¼.
Papoid ......................... gr. iss.

M ft. pill No. 1. Use no water to form mass. Keep in air tight vials. Dose, one pill once or twice a day.

Depression of Opium Habit.—

R Tinct. Capsici ................. ½ oz.
Con. Tinct. Avenae .............. 1 oz.

M Sig. Teaspoonful several times a day.
Original Contributions.

For Daniel's Texas Medical Journal.

THE ANTAGONISM BETWEEN OPIUM AND BELLADONNA.

BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology to the Medical Department of the University of Texas; formerly Demonstrator of, and Lecturer on, Experimental Therapeutics in the University of Pennsylvania, etc.

[Read before the Galveston County Medical Society at Galveston, November 21st, 1892.]

I SHALL avail myself of this opportunity to bring before the Society a subject of the greatest interest, not only from a scientific, but also from a practical point of view. Chiefly for the sake of brevity I shall avoid all unnecessary bibliographical references.

The antagonism alleged to exist between opium and belladonna has long been and still is a mooted question. In carefully examining the quite extensive literature of the subject, we come across a large mass of evidence which is mainly contradictory. In order, however, to better understand and study the matter, permit me to consider it under the chief two points of view, the experimental and the clinical.

THE ACTIONS OF OPIUM.

What are the predominant actions of opium or its chief alka-
loid, morphine? I will confine myself to an examination of the actions exercised on the Circulation and the Respiration.

ON THE CIRCULATION.—THE HEART.

All observers agree more or less in that under opium, there is, at first, a slight acceleration of cardiac action, followed by the more constant effects of the drug, which are a slow, full and strong pulse. This returns, in the course of time, to the normal rate, or perhaps to an increased rapidity. Toxic doses, on the other hand, at first slow the pulse and then, through a depressant action, this becomes rapid and feeble. It has been shown experimentally that such phenomena are due, successively, to an evanescent stimulation of the heart muscle, and to an action of the drug on the cardiac-inhibitory centres, both centrally and peripherally, followed by paralysis of the same. In other words, the first acceleration of the pulse is the result of a slight primary stimulation of the cardiac muscular fibre; the secondary diminution in rate to the excitation of the peripheral and central cardiac-inhibitory nerve apparatus; and the final rapid and feeble pulse to paralysis of these centres peripherally.

ON THE BLOOD-PRESSURE.

What influence opium exerts upon the arterial pressure is as yet not very well established. There is undoubtedly a slight primary rise which is soon followed by a condition of depression. How these phenomena are brought about has not been made out definitely. Some experimenters affirm that the vaso-motor system plays an important part in the manifestation of these changes. Yet, the evidence that we have is insufficient to sustain such an assertion. Though the primary rise of the blood-pressure may be attributed to an action of opium on the vaso-motor centres, the depression that follows is not wholly of vaso-motor origin. Electrical stimulation of the spinal cord, at a time when the column of mercury in the manometer is far below the normal height, is almost immediately followed by a rise of the arterial pressure. The results of this experiment alone seem to show that the vaso-motor paralizant action claimed for the drug by some observers is purely imaginary. This point, however, needs further investigation.

ON THE RESPIRATION.

The general concensus of opinion in regard to the action of opium on the respiration, is that the agent is a decided depres-
sant of this function. These effects are produced by the drug on normal animals as well as in those whose pneumogastrics have been previously divided. It is logically inferred from this, that the medicament exercises a direct action on the respiratory centres in the medulla oblongata. Most of the results of experimentation seem to point to the truth of this statement; and yet, I have seen not once but on several occasions, morphine producing an extraordinary increase in the number of the respiratory movements, even when large doses have been ingested. I have made these observations in the case of dogs. Such results as these that seem to overthrow the generally accepted recognition of opium as a respiratory depressant, I am at a loss to understand, and much less to explain in the present unsettled state of our imperfect knowledge of the whole subject of respiration, unless it be by idiosyncrasies in the lower animals, which must occur as they do in man. Nevertheless it is a well established fact that in the case of man, at least, opium depresses the respiratory function, and finally kills by respiratory failure through a direct action on the centres.

Let us now turn our thoughts to the

**ACTIONS OF BELLADONNA:**

As in the case of opium, I will only dwell on the actions of this drug on the Circulation and the Respiration.

**ON THE CIRCULATION.—THE HEART.**

It is generally held that belladonna, or its alkaloid atropine, produces an acceleration of the pulse, sometimes preceded by a decrease in rate. Such an effect is observed, at least, in man and for the greater part in the lower animals. This rapidity of the pulse is attributed to a probable stimulation of the accelerator nerves of the heart, and to a peripheral paralysis of the cardioinhibitory nerve apparatus. But the evidence is somewhat contradictory. Thus, in the heart of the frog, isolated or *in situ*, atropine, according to some observers, causes an increase in the number of pulsations, the contrary having been noticed by others. I, myself, have never seen the alkaloid, locally applied in solution or hypodermatically injected, produce a rapid cardiac action in the batrachian, but always a decrease from the onset. In the case of mammals, as the dog, for instance, the action of the drug is uncertain, and I am inclined to accept, supported by my own observations, the results embodied in the recent most
excellent and thorough research of Prof. Reichert. (University Medical Magazine, February, 1891.) There is, in fact, no evidence, much less proof, of the accelerator centres (or nerves, if you choose) being influenced by atropine in order to cause a rapid pulse. This action of the drug, though by no means constant, is observed in animals whose vagi have been previously severed, and similarly upon those in which the heart has been isolated from all nervous connection by section of both vagi and spinal cord, as well as in the normal animals. If atropine acted chiefly on the accelerator centres and nerves we would not expect to find a rapid pulse as often in the operated animals as in the normal animals. Small doses of the drug cause a rapid pulse in the isolated heart of the mammal, even when electrical stimulation of the pneumogastrics shows these to be intact. The same phenomina, and probably in a more marked degree, is observed under toxic quantities of the alkaloid, at a time when faradization of the vagi fails to influence the activity of the heart, thus showing that the drug has by this time brought about a paralysis, peripherally, of the cardio-inhibitory nerve apparatus. It is safe, then, to infer from this that atropine, in small doses, stimulates the heart muscle, and in large amounts it causes a peripheral paralysis of the cardio-inhibitory centres. In both cases a rapid pulse is produced. The decrease of the pulse-rate, under comparatively large doses, may similarly be attributed to the factors: stimulation of the cardio-inhibitory apparatus, and depression of the heart muscle.

ON THE BLOOD-PRESSURE.

It is stated by high authorities that belladonna, or atropine, is a vaso-motor stimulant. Thus it is remarked: "As atropine does not augment the force of the individual cardiac beat, and as the increase in the number of the cardiac pulsations caused by it after section of the vagi is comparatively slight, it is exceedingly probable that the rise of the arterial pressure just spoken of, is due to contraction of the small vessels. This logical conclusion becomes almost a certainty when it is further known that after division of the cord, and consequent separation of the vessels from the vaso-motor centres, atropine is powerless to produce rise of the arterial pressure. To this cumulative evidence must be added the experimental fact noted, that when a small dose of atropine is injected in the carotid artery—that is, into the vaso-motor centres—there is an instantaneous rise of blood-pressure."
I need not criticise such statements, nor discuss the fallacy of such experimentation. But the fact is, that the action of atropine on the blood-pressure is by no means constant. The drug sometimes increases, and sometimes decreases the pressure in the normal animal. It appears, however, that when atropine causes a rise of the pressure, this increase is due to a stimulation of the centres in the medulla; and it has been proven by experimentation that the decrease is due mainly to depression of the vaso-motor system, probably in both ways, peripherally and centrally.

On the Respiration.—Without sufficient proof, it seems to me, atropine has been looked upon for some time as essentially a respiratory stimulant. But the truth of the matter is, that here again we find the action of the drug to be uncertain, especially in normal animals. In those animals in which the vagi have been previously divided, the drug, it is true, almost always causes an increase in the respiratory rate, and while this shows that the agent acts directly on the centers in the medulla, it does not prove that the drug is a respiratory stimulant. If this were so, we would have the same more or less constant effects in the normal animals, as is the case with cocaine, ammonia, caffeine, and strychnine, perhaps, and other drugs (and they are not many) which may be classed as true respiratory stimulants. Let us again refer to the paper of Reichert. In seven experiments performed on dogs, it was found that in five an increase in the number of respirations was effected some time during the observation, while in two it was practically unaffected. The increase took place sometimes immediately on the injection of the drug, at others not until several minutes after, while still in others there was, instead of an increase, either no effect at all or a tendency to a gradual decline. I have observed similar phenomena, and not until repeated experiments gave me almost invariably the same results, did I not make up my mind to discard atropine from the class of respiratory stimulants in the proper sense of the term. Thus, in conformity with such evidence, we must conclude that, as Reichert tersely puts it, "atropine acts upon the respiratory function at the same time in two opposing ways: one (peripheral) tending to diminish, and the other (central) tending to increase, the increase or decrease of the respirations in the normal animal depending upon which one of these factors predominates."

From all these statements, based upon the results of experimentation, it is seen, then, that there is no true antagonism be-
tween opium and belladonna, in regard to their actions on the circulation or respiration. Each drug, as you may have observed, appears to influence the systems referred to in an opposing manner, but a close observation reveals the fact that the actions of each agent are inconstant and, therefore, unreliable. This being the case, there can not be between them a true antagonism. Indeed, there is a possibility that at some time or another the whole range of their actions, either on the circulation or the respiration, may run exactly the same course.

The antagonism of the two substances has been generally referred to their actions particularly on the respiratory function. Favorable results have been reported at various times in the journals, from the action of atropine in cases of human opium poisoning. These reports are comparatively few in number, and I am inclined to the belief that many of the facts embodied in these reports have been purely imaginary. In many of such cases of poisoning other measures have been employed as a rule, such as electricity, external heat, the administration of caffeine, and general stimulation, and there is no doubt in my mind that many of these cases have recovered in spite of atropine, while in some of those instances, if not all, in which a fatal issue has been observed, death has, undoubtedly, been hastened by atropine! I believe that the administration of atropine in cases of human opium poisoning is as fatal an error as the routine practice (a practice that is happily dying out, to the benefit of suffering humanity) of giving alcohol during ether or chloroform narcasis, which is the same as adding fuel to the fire!

In an elaborate research carried on by Prof. Wood and the writer, in the laboratories of the University of Pennsylvania, upon the subject of respiration, directed particularly to study the antagonistic actions of drugs on this function, special attention was paid to opium and belladonna. The results of this investigation will be published at an early date. It was precisely during this experimentation that I was able to notice the inconstant actions of both opium and belladonna when administered separately, and the failure to antagonize each other when given for this purpose. Morphine, as I intimated a few moments ago, sometimes produced an extraordinary increase in the number of the respiratory movements, accompanied by a corresponding increase in the amount of air going through the lungs. On the other hand, atropine sometimes not only did not cause an increase in the respiratory rate, but often failed to augment the depth of
the breathing, and in such cases it actually diminished the amount of air passing through the lungs.

In regard to the influence of atropine in animals poisoned by morphine, the results were generally negative. While cocaine and strychnine, for instance, would nearly always restore promptly an animal fully under the toxic action of morphine, through respiratory stimulation, atropine was, under similar circumstances, powerless to do so, nay, this alkaloid would often hasten a fatal issue. This proves to my mind that atropine not only does not act as a respiratory stimulant, but it ought not to be looked upon as a physiological antidote to opium so far as the respiration, or the circulation, is concerned.

It has been said, and certainly with good reason, that no amount of experimentation can overthrow a clinical fact. Have we sufficient clinical evidence to prove the efficacy of atropine in human opium poisoning? I think not, and unbiased observations will bear me out. It cannot, however, be denied that there exists an antagonism between the two drugs in question, but such an antagonism must be looked for in other portions of the economy than in the circulation or the respiration.

The clinical observations of Sticker (Centralbl. f. Med., March 26, 1892), in this respect, are particularly interesting. The author says that in certain cases of poisoning, "the antagonism of these drugs cannot be doubted, and that the want of general recognition of the fact is due to the few opportunities of observing it. Thus, the unpleasant effects of morphine used as a hypnotic may be prevented by the addition of atropine. In some cases morphine produces excitement, and if it is still necessary to use it, atropine will antagonize this. A subcutaneous injection of morphine lessens considerably the dilatation of the pupil produced by atropine drops, and an injection of morphine and atropine combined produces only a slight dilatation of the pupil. Irritation of the skin sometimes produced by morphine is prevented by atropine. The diaphoretic effects of morphine are sometimes troublesome; they do not occur if atropine be added. On the other hand, the dryness of the skin produced by atropine is remedied by morphine. One of the effects of morphine sometimes seen, and especially in those cases attended with early paralysis of the bladder, as in tabes, is retention of urine. Belladonna antagonizes it. Morphine mostly constipates; atropine has the opposite effect, especially in chronic constipation. In biliary and renal colic the two drugs should be combined, as not
only is any obstruction to the passage of the stone lessened, but the power of propelling the stone is increased. In cases of heart disease with engorged pulmonary circulation, morphine is badly borne, whereas the addition of a small quantity of atropine does away with any disadvantages."

I shall trespass upon your patience no longer. In concluding this imperfect paper, let me say, however, and insist upon it, that belladonna does not antagonize the action of opium on the respiration, or the circulation, and it seems to me that the ingestion of atropine in human opium poisoning is as unwarrantable and disastrous as the administration of alcohol in any shape or form in ether or chloroform narcosis.

DISCUSSION OF DR. CERNA'S PAPER, HELD BEFORE THE GALVESTON COUNTY MEDICAL SOCIETY, NOV. 21ST.

"Dr. Cerna's paper is an excellent one," said Dr. H. A. West. "The importance of this subject is very great, for the impression exists generally among medical men that an antagonism between these two drugs does exist. I hope the discussion will be a full one."

"Dr. Cerna's paper is so complete," remarked 'Dr. Randall; "his experimental study of the physiological action of atropine and opium has been so thorough, that there remains little or nothing to be discussed. In the treatment of opium poisoning, after the drug has been gotten rid of by a suitable emetic, there remains but two indications to be met, viz.: to maintain respiration and to keep the circulation from failing. The doctor shows that atropine subserves neither of these purposes. It is taught pretty generally that atropine is the most reliable respiratory stimulant that we have; but reviewing a number of cases of poisoning by opium in which atropine has been used, I have never been able to see that this drug sustains its high reputation; in fact, I have never seen any chemical evidence that it is a respiratory stimulant. Dr. Cerna shows that there is no experimental evidence for such a belief. With due deference to the authorities, I have taught that atropine might be used in opium poisoning, but that it must play a secondary part to strychnine and caffeine which are true respiratory stimulants. Inherited dogmas can't be accepted as facts without undergoing the crucial tests of modern science, and gradually the wheat is being separated from the chaff. Such good work done by Dr. Cerna and Dr. Reichert
on this subject cannot be too highly praised. There is one point
the doctor did not mention, possibly because he thought it was
too well understood, and that is the apparent antagonism of the
two drugs on the pupil. I say apparent, for the antagonism is
not real. Opium produces myosis by a centric stimulation of the
oculo-motor nerves and perhaps by depressing the sympathetic;
whereas atropine produces mydriasis by stimulating peripherally
the sympathetic nerve fibres of the iris and paralyzing the oculo-
motor fibres."

"It has been my fortune," said Dr. J. E. Thompson, "to have
passed a considerable portion of my professional life in a large
hospital, where I have met with a number of cases of severe
opium poisoning, and I have thought that on several occasions
some stimulant effect on the circulation had resulted from the
administration of atropine in such cases. I recall one case in
particular, where the patient had taken two grains of morphine
in the course of half an hour, with the result of producing a pro-
found comatose condition. The electric battery, wet towels, hot
coffee were all tried, and the patient was then given \( \frac{1}{2} \) gr. of
atropine subcutaneously and in twenty minutes an improvement
was noted, which I had thought up to the time of hearing Dr.
Cerna's paper, was due to the atropine; but now I am in doubt
about it. Perhaps the recovery was brought about by the other
agents used. Another patient poisoned with opium to whom
atropine was given, was brought around at the time, but in-
tense vomiting followed, and in three days the patient died. Pos-
sibly the death here was caused by atropine."

"While looking up this subject," said Dr. W. Keiller, "in the
authorities at my command, I have been struck with the great
confusion of ideas and statements regarding it. I think that
atropine lessens the tendency to vomiting produced by the lat-
ter drug. I would give digitalin, strychnine and ammonia in a
case of laudanum poisoning. I would like to ask Dr. Cerna
whether, in his opinion, apomorphia might be given as an an-
tagonsit. I don't think it is a marked depressant, and it is a
powerful respiratory stimulant. If administered in opium poi-
soning, even if emesis does not follow, still its effect on the res-
piratory centre would be beneficial. In the production of chlo-
roform anaesthesia, I have found it of benefit, to administer about
eight minutes before the anaesthetic, about one-third of a grain of
morphine combined with some atropine, the effect being to pro-
duce a calming influence and a kind of resignation of the patient
to the anaesthetic. Perhaps the action of the atropine on the terminations of the vagus is such as to lessen the tendency to syncope, which is generally looked upon as a reflex tendency in the early stage of anaesthesia."

"Will Dr. Cerna," asked Dr. Sampson, "give us the treatment for opium poisoning? In my opinion the use of apomorphia would aggravate the trouble. I think we should consider the possibility of some opium having passed the stomach into the intestines in cases of poisoning, and although I have never given drastics, still I think something should be done to get rid of it."

"I repeat," replied Dr. Cerna, "that there is no evidence of any kind to show that belladonna is of service in the treatment of opium poisoning, for in all the reported cases other agents besides the belladonna have been used. The evidence is that apomorphia is a powerful depressant and would therefore be not indicated in opium poisoning, because we wish always to stimulate the patient, not to depress. I think the administration of morphine before chloroform or ether anaesthesia is good, because it tends to enhance the production of anaesthesia. As respiratory stimulants, strychnine, cocaine, and caffeine head the list, while as a cardiac stimulant under such circumstances there is nothing better than digitalis. I have seen the hearts of animals apparently perfectly dead, revive in the course of a few seconds after the administration of digitalis. Ammonia is a very diffusible stimulant and its action is too rapid. The proper treatment of opium poisoning is stimulation of all kinds; but sometimes all the agents mentioned fail of effect and then the best thing is artificial respiration. I have seen animals thrown aside in the laboratory as dead, from the action of chloroform for instance, revived by artificial respiration."

"I wish to mention a case," said Dr. Flavin, "that I saw in the hospital during the summer. When I saw the case, respirations were following each other at the rate of four per minute. Electricity was then applied to the phrenics, and instantly the natural respirations ceased; but by artificial respiration the patient was kept alive for 6 or 7 hours; the patient during all this time making not a single voluntary respiratory movement."

Dr. Randall remarked that this case was not one of opium poisoning, but one of some trouble with the respiratory centre.

"My faith has for some years past," said Dr. Truehart, "been
placed in artificial respiration and cardiac stimulation and \textit{not} in atropine in the treatment of opium poisoning.\textquoteleft\

"Chloroform kills by its action upon the heart itself," remarked Dr. Cerna, "and atropine is not indicated under such circumstances, because it paralyzes the heart muscle, not stimulating it."

For Daniel's Texas Medical Journal.

\textbf{EYE-GLASSES AND SPECTACLES—THE WEARING OF AND CARE OF THEM.}

\textit{By WM. H. BALDINGER, M. D., GALVESTON, TEXAS.}

To EVERY person who, by nature, accident or old age, is compelled to aid vision by use of glasses, the important questions often arise:

1. Who should, or should not wear glasses?
2. If a necessity, what kind to wear?
3. Who should be consulted in order to determine the need of glasses?
4. The care of glasses.

In this age of close confinement, constant and exacting near work, eye-strain is much more prevalent than even a decade ago. The oculist, who by his scientific knowledge and skill in determining accurately all errors of refraction, imbalance of the muscles of the eyeballs and knowledge of the various diseases of the eye, many of which produce obscure vision, is, beyond all doubt, the proper person to consult.

The oculist, by his experience and training in large clinics and observation in private practice, decides the question as to whether the applicant will be benefited by wearing glasses, and furnishes or prescribes the formula for the guidance of the optician, who, by his qualifications and skilled training in the workshop produces the perfectly ground lens, comfortable and accurately fitting frames.

The spheres of the oculist and optician are different in degree, the former including the scientific, the latter the artistic, the one dependent on the other in carrying to a successful end the full benefits to be derived from the wearing of properly adjusted and fitted glasses. The sooner the public is educated to the several
spheres of the oculist and optician, viz: the oculist being the proper person to consult and determine whether or not the wearing of glasses is necessary, the optician the one to grind the lenses and fit the frames according to the oculist's formula or prescription, the more will be the benefit bestowed on suffering humanity, and the appreciation of the great blessing and comfort of properly adjusted and fitted glasses.

Obscuration of vision being due either to disease of the eye or appendages, or errors of refraction, it is reasonable to conclude that all such cases or conditions are not improved by simply wearing lenses or glasses.

Errors of refraction, whether acquired or the result of the cropping out, due to muscular fatigue, the patient being unconscious of the existing error until made cognizant by the refusal of the muscle or muscles to longer carry the burden. This is the usual course of slight degrees of the errors known as astigmatism, simple, compound, or mixed.

Hyperopia (or far sight) is a potent factor next in importance, whilst myopia (or near sight) is the least, owing to inconvenience of short range and narrow limits of vision and field of observation.

Myopia or hyperopia combined with astigmatism, is apt to produce a train of symptoms of harrowing pains and bewildering aches of neck and head.

With properly adjusted lenses of correct refracting media, exact fitting frames and constant wearing of spectacles, the painful eyeballs, aching brow or severe, constant headaches, due to errors of refraction, disappear, the patient once more assuming his (or her) duties of life, diligently and with much pleasure, which had been hitherto a source of annoyance and discomfort. By the correction of the errors of refraction, to the myope (or near sighted) a new world is discovered; to the hyperope (or far sighted) a comfort and alleviation of painful aches inaugurated; to the myope or hyperope additionally afflicted with astigmatism, double relief is given, by dispelling the many vague pains and aches attendant on these errors of refraction.

Thus the wearing of spectacles or eye-glasses of proper focal strength, will overcome many a headache, in the hyperope or astigmatic-hyperope and astigmatic-myope, and heartache in the sensitive myope, who per nature of short range of vision is daily accused by companions or acquaintances for slights of recognition (unintentional) on street, at theatre or public reception.
It need only be mentioned that the blessings of improved vision is appreciated alone by those having regained vision with the aid of scientifically adjusted and skillfully fitted lenses.

For children, the spectacle with hook frame recommends itself, for economic reasons. For the constant wearer, with astigmatic error, by reason of firm adaptation and stationary position of of lens, the spectacle is alone recommended, since by wearing pince-nez (eye-glasses) the axis of the cylinder is apt to malposition, thus defeating the objects of the correction.

To those individuals having a nose adapted to the wearing of eye-glasses, and having need of the assistance of lenses occasionally for near work or distance, the eye-glass is recommended.

Whether the frames are to be wrought of gold, steel, or other metal, must be determined by the wearer, the strength, lightness of weight and durability, should be considered paramount. The optician attending, by his experience and training, to the proper grinding of lens, comfortably fitting frames and other necessary details.

To derive the most benefit from glasses prescribed, the lenses (or glasses) should always be kept scrupulously clean (with chamois or soft rag to prevent scratching), be well centered, and at a proper distance from the eyes.

By noting these seemingly trivial points, the aid of glasses will prove of great advantage and untold blessings to those handicapped by errors of refraction.

For Daniel's Texas Medical Journal.

**NEW ORLEANS CLINICS.**

[Reported by Robert Morris, Resident Student in Charity Hospital.]

**AORTIC ANEURISM AND PHTHISIS PULMONALIS.**

Charles Williams, black, aet. 36, entered Ward 31, Charity Hospital, August 6, '92.

He contracten syphilis in 1881 or '82. The manifestations being various; general eruption, alopecia, and mucous patches. In 1889 he experienced shooting pains in the chest, and noticed that he swallowed with difficulty. At the same time he became hoarse, which hoarseness increased until he was unable to talk
above a whisper. In '91 he noticed a swelling on right side of sternum, which gradually increased in size.

A physical examination revealed the following:

**Inspection**—A tumor about the size of a hen's egg in second intercostal space to right of sternum, which visibly pulsed.

**Palpation**—Increased vocal fremitus over right lung. The hand when applied over the tension rose and fell synchronously with the heart's action. The right radial pulse was absent.

**Percussion**—Dullness over tissue around the tumor, also diminished dullness over both lungs.

**Auscultation**—A double blow at the apex of the heart was heard but none at the base. No bruit was heard.

**Rales**—Subcrepitant rales were heard at the apex of left lung and scattered over the whole of right lung.

**Voice Sounds**—The vocal resonance was slightly increased at apex of left lung, bronchophonic over right lung, except over a small area in infra-clavicular region where whispering pectoriloquy was heard.

**Respiratory Sounds**—The respiration was cavernous in character over the area where the pectoriloquy was heard. The expiratory sound was prolonged over both lungs.

**Treatment**—The iodide of potassium was given in 10 gr. doses, three times per day, which afforded some relief. Its efficacy is due, I think, to the dilatation of the peripheral blood vessels, thus diminishing the pressure in the large arteries, and in this particular case, the pressure in the aneurism. This diminished intra-vascular pressure, and slowered circulation, favored the deposition of fibrine in the aneurismal sac. The iodide of potassium also increased bronchial secretion, thus relieving the patient of the irritative cough due to the pressure of the aneurism. The usual remedies were given for his pulmonary trouble, such as cod-liver oil and hypophosphites. His fever was septic in character and treated by cold baths. The patient sank rapidly, and died August 30th, 1892.

The post mortem showed a tumor, about 5 in. in diameter, in middle mediastinal space, which was firmly adherent to second rib on right, and surrounding tissue. The trachea and bronchi were closely connected to the tumor. There was pressure on the oesophagus and right recurrent laryngeal nerve. The aneurism involved the ascending and transverse part of the arch of the aorta primarily and the innominate secondarily. The heart was large and flabby.
Fully 2½ in. of fibrin in the thickness was seen when sac was opened, which was in beautiful layers, each layer possessing its peculiar color due to its age and consistency. The cavity was very small, about one inch in circumference, which accounted satisfactorily for the absence of the bruit. Each lung was tuberculous and adherent; the right containing a cavity about the size of a hen’s egg.

This case illustrates the close relationship existing between syphilis and aneurism; how endortaritis, produced by syphilis, will so weaken the vessel walls, that they, under the slightest provocation, will dilate, and eventually an aneurism is produced. It furthermore shows how environment, and those causes which interfere with the proper nourishment of the lung, as pressure from an aneurism, favor the deposition and growth of the bacilli tuberculosis. He claimed that there was no hereditary tendency to phthisis, and that up to the time he contracted syphilis, he was strong and hearty.

**FEMORAL ANEURISM.**

The patient, Sport Darling, black, age 38, entered ward 3, Charity Hospital, Oct. 31, 1892. He was shot three years ago with a pistol, the ball entering midway the thigh on its outer aspect, making its exit to the inner side of a line drawn from the center of Poupart’s ligament to inner condyle of femur.

The wound healed readily, leaving a swelling about the size of a pigeon’s egg, which moved to and fro, as he expressed it. This tumor increased slowly in size until Oct. 27th, 1892, when he fell over the tongue of a wagon, bruising the inner part of wounded thigh. Immediately, the tumor enlarged and continued to increase in size until his entrance in the hospital, Oct. 31, 1892, when it was the size of a croquet ball, and visibly pulsated.

Inasmuch as the tumor had increased very rapidly since Oct. 27th, an operation was decided upon, and patient conveyed to operating room. The haste in operating was due to the fact that the man’s life was in danger, either from hemorrhage or gangrene. Patient was anæsthetized with chloroform. The usual antiseptic precautions were observed, and an Esmarc was applied from the toe to above the aneurism. Prof. Logan, the surgeon in charge, made a liberal incision over most prominent part of tumor and removed considerable febrin and freshly coagulated blood. The incision was enlarged and explored, and eight or nine pieces of bone were removed, varying in size from a dime to
a quarter. The bone, no doubt, was injured by the ball, and a spicula penetrated the vessel wall, which ultimately produced the aneurism. Both ends of artery were securely ligated, the sac was cleansed with a solution of bichloride of mercury, 1-3000, and packed with gauze. It was then closed with three retentive sutures. He was sent to ward, where hot applications were placed around the limb. He made an uneventful recovery; the collateral circulation being sufficient to maintain the integrity of the limb.

This case is especially interesting when we remember that the bone was injured three years ago, and that no untoward symptoms arose which could be attributed to dead bone, although several particles of bone were completely detached.

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**Dermatology.**

[Edited by Isadore Dyer, M. D., Dermatologist to Charity Hospital and Lecturer in Tulane Medical College, New Orleans, La.]

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**NOTES ON DERMATOLOGY.**

The foreign journals of dermatology for September and October are filled with the recent convention held in Vienna. The better papers are reported in full with their discussion. The French school seem to have provided the most of the original work, and Drs. Besmer and Brocq, of Paris, and Dr. Leloir, of Lisle, carried the honors. Following the exhaustive discussion of erythematous lupus at the convention comes Dr. Henri Leloir's work on the "Scrofulo-Tuberculosis" of the skin. Of this work Dr. Fournier has given an excellent review in his *Journal des Maladies Cutanées et Syphilitique*. Dr. Leloir holds erythematous lupus non tuberculair. He moreover suggests that true lupus vulgaris is present early or late in such cases of erythematous lupus where the tubercle bacillus is found. He confesses to having made this error in diagnosis himself on account of the intimate resemblance in the objective symptoms. Dr. Leloir divides skin tuberculoses into primary and secondary groups for the more definite prognosis and the better pathological investigation. Lu-
pus of the colloid and myxomatous types, with the vascular types, belong to the primary class. Cicatrizing lupus, with erythematoid lupus (resembling lupus erythematosus) are embraced in the secondary group. To these add the gommes tuberculeuses, the ulcerating tuberculosis cutis, tubercular glands, and the divisions are complete. The author accepts the conclusion that in lupus constitutional symptoms may be present, and that lupus can be found in combination with other forms of tuberculosis of the skin. The work in the main is characterized by the usual careful study and pathological work of the author.

Dr. Buret, contributing to the same journal, presents an interesting argument for the existence of syphilis or some venereal disease in the ruined cities of Herculaneum and Pompeii. His belief and his article are based on the study of certain frescoes and legends on stone, preserved by the Italian government in the museum at Naples. The effort should be appreciated by us as one tending to lift still more conclusively from America the onus of the origin of syphilis.

The strepto-bacillus of the soft chancre, first discovered and reported by Dr. P. G. Unna, of Hamburg, is creating quite a commotion in dermatological circles. If accepted, it means an absolute differentiation between chancres and chancroids, and, perhaps, will lead to the remedy, which, acting specifically, will mean the extermination of the chancreoid. At first dubiously viewed in the French Dermatological Society, Quinquin alone accepting Unna’s work, it has become a recognized member of the microbe group, and is now bringing honor to the discoverer. In a fresh chancroid the streptococcus is readily found, but only in the lymph spaces between the cellules of the tissue diseased. Cultures are best made from the tissues themselves, rather than from the discharges. This streptococcus has not been found in other ulcerations. It is distinguished from other micro-organisms by qualities peculiarly its own and which have been found capable of reproducing the conditions which characterize the soft chancre. The organism is a true streptococcus, of short rod development, from \( \frac{1}{4} \) m. to 3 m. in in length.

Dr. Boeck, of Christiana, suggests, in treating lupus vulgaris, the simultaneous use of nitrate of silver and iodoform. In this way, he claims, some chemical action occurs, evidenced by a
bubbling or frothing at the spot treated. A happy therapeutic result is said to be obtained. The proceeding consists in first scraping the lesions; after three days the ulcerating points are cauterized with the silver stick, the caustic cutting well into the lesions. At once a ten per cent. iodoform in collodion pigment is painted on. This is repeated daily, and success is reported.

Saalffield reports successful removal of freckles, chloasma and vitiligo lesions with one per cent. of bichloride of mercury solution applied on compresses. The treatment is excellent, but the patient must be warned of the inflammation and vesication to follow. A ten per cent. ichthyo! ointment with one drachm of carbonate of magnesia added will relieve this condition. One-half of one per cent. solution of bichloride in collodion, painted on the lesions, will accomplish the same purpose with less discomfort to the patient.

The seventh part of the "International Atlas of Rare Skin Diseases" has just appeared with three excellent plates and corresponding articles from the pens of Dr. Ernest Besnier, of Paris, Chronic Perforating Farcy; Drs. G. Lewin and J. Heller, of Berlin, on Cutaneous Syphilitic Pains, and Dr. H. G. Brooke, of Manchester, England, on Contagious Follicular Keratosis.

The Atlas possesses the advantage of being published in English, German and French, and the press of Leopold Vass, in Hamburg, guarantees the accuracy of the plates.

Dr. Brooke's article is especially interesting in that the disease is shown to be a contagious one, a fact never before reported, though the disease has been observed ever since Casenave reported it, in 1824, under the name of \textit{acne sebaceæ cornææ}. Dr. Brooke, with Dr. P. A. Morrow, of New York, accepts the disease as a true keratosis and as originating in the fat gland or hair follicle. The contagious nature is evidenced by the spread of the disease to contiguous parts and from one member to others of the same family. The "psorosperm" is probably the source of contagion but Dr. Brooke is not prepared to assert himself on this point. The disease consists of a primary papular eruption, brownish in color, undergoing gradual changes until the papules become regular spines on the skin. The spines, some quite long, are exceedingly elastic, strong, and horny in structure. They develop directly from a hair follicle. The distribution is general and systematical though worse on the extremities. The disease
begins usually on the neck and spreads up and down, until the forehead, face, arms, chest and legs are affected. The treatment of the eight cases reported consisted in the free application of emollients, which readily softened the processes and relieved the conditions.

Society Notes.

THE GALVESTON COUNTY MEDICAL SOCIETY.

The Faculty of the Medical Department of the University of Texas, having obtained permission from the resident Regent until such time when the Regents in session should take further action, appointed a committee of three of its members to issue an invitation to the members of the medical profession of Galveston county to convene on October 31, 1892, in the Medical Hall, for the purpose of organizing a County Medical Society. At this meeting, some twenty gentlemen being present, Dr. Randall, as Chairman of the Committee from the Faculty, presided. After due consideration of a motion to proceed to the organization of a Medical Association, with the usual objects of such a body, it was determined by vote of those present that such a society should be created, and a committee, composed of Drs. Allen J. Smith, H. P. Cooke and R. C. Hodges was named to draft a suitable set of rules for the conduct of the same. At an adjourned meeting, held on November 4, 1892, this committee reported the constitution and by-laws prepared in the interval, which were accepted. The election of officers was then held and the following gentlemen were elected: President, Dr. A. W. Fly; First Vice-President, Dr. W. Keiller; Second Vice-President, Dr. V. H. Hulen; Treasurer, Dr. W. H. Baldinger; Secretary, Dr. S. M. Morris; Executive Committee, Drs. Allen J. Smith, G. P. Hall and Ed. Randall. The meetings of the Society are to be held on the first and third Mondays of each month, at 8 o'clock in the evening, in the Medical Hall of the University of Texas, during the annual term extending from the third Monday in September to the first Monday in May. It is the purpose of the Society to turn a portion of its income to the subscription of journals and purchase of books to be placed in the reading room,
and eventually in the library of the medical school, provided it can be arranged that these portions of the department may be open to the use of the profession generally as well as of the students of the college. There have been held two regular meetings, at the first of which Dr. David Cerna read a paper on Belladonna and Opium (see page 205 of the Journal), and at the second, Dr. Keiller presented a beautifully illustrated paper on Axis-Traction Forceps. Cases of interest and specimens of pathological value were exhibited and discussed with enthusiasm by the members; and thus far the liveliest zeal has marked the proceedings of the Association. It is to be earnestly hoped that the friendly relations thus established between the State Medical School and the profession about it will be long continued to the benefit of both. With the present Executive Committee in charge of the publication of the papers presented before the Association, Daniel's Texas Medical Journal will doubtless be permitted to offer to its readers a large proportion of the Society's work.

A. J. S.

AUSTIN DISTRICT MEDICAL SOCIETY.

The Twenty-first Quarterly Meeting of the Austin District Medical Society will be held in Medical Hall, Austin, Texas, Thursday, December 22, 1892. You are invited to be present and participate in the following programme:


5. Retiring address of the President.


8. Banquet at Billeisen's Café.

T. J. Bennett, G. W. Christian,
Secretary. President.
Selections.

ADDITIONAL ACCOMMODATION FOR THE INSANE.*

The insane population is rapidly assuming such proportions that it devolves upon the law makers to give the subject serious consideration. Were I to fail to call special attention to this matter I should feel that I had been derelict in my duty. I shall merely offer a few suggestions, which, based upon several years' experience and observation, I hope may be of some assistance in arriving at a solution of this important State problem.

The ratio of the sane to the insane, for the United States, is 1 to 545. In California, it is 1 to 216. In the District of Columbia, 1 to 189; New York, 1 to 360. If idiots be classed as insane, the ratio of the United States is raised to 1 to 269. In States where the population is very near the same as that in Texas, the ratio of insane to sane ranges from 1 to 343 to 1 to 650. It can thus readily be seen that if the population of Texas be estimated at 2,500,000, that there are within her borders at a low estimate in round numbers 4000 insane and 5000 idiots. These calculations are based largely on the census of 1880. With this array of dependent population before us, it requires no argument to establish the fact that their care and support is no small matter, but one that demands immediate attention. It is very evident to every sane man that this class must be cared for. Their support is, of course, a tax on the more favored population, and it devolves upon the State as the guardian and protector of her unfortunate citizens to provide for them in the best and most economical way possible. In devising ways and means to this end, it is expedient to take advantage of the experience of older and more advanced States in this line of charitable work. In New York, all the insane (and she has an army of them 20,000 strong) have been made wards of the State, and additional buildings are now being erected to care for them and take them all out of the miserable jails and alms-houses in which they have been so cruelly neglected for years, and give them comfortable homes, where their lives, instead of being entirely a burden, may

*Superintendent F. S. White, M. D., Texas Insane Asylum; Report to the Governor for 1892.
be rendered to a degree pleasant. Massachusetts, Pennsylvania, and in fact all the older States, are moving in the same direction. They realize the fact that in our advanced civilization this unfortunate class can not longer be neglected. Then why should Texas, the Empire State, longer refuse to make provision for all of her insane? If it is her duty to care for one of them, then it is equally her duty to care for all. It is a fundamental principle of every republican government that no discrimination shall be made between citizens. Texas has unlimited resources, but in her prosperity and greatness she must not forget and neglect her unfortunate citizens. Many who are now occupying the narrow confines of the "insane cells" of the county jails and poor-houses, reeking in filth and disease, were once honored citizens of this commonwealth. Do not the dictates of every man's conscience tell him that they deserve better treatment? I have for several years been directly in contact with this class, and it is with sorrow and regret that I hear the pitiful supplications and appeals that are made by these people for a removal from the jails and poor-houses to the asylums. In all the present asylum buildings there is accommodation for only about 1700 insane, leaving at a low estimate 2300 outside.

There must be a reform in asylum construction. The day for palatial structures for the pauper insane I hope has passed. The main objects in erecting asylums should be safety and comfort, and this can be attained at a much less cost than heretofore. Where is the good sense or reason in placing a class of people who have always been accustomed to the simplest dwellings, in magnificent structures, fit for kings and queens?

Everything should be done for these people that can add anything to their comfort and that will send a ray of sunshine through their darkened and miserable lives. Give them more comfort, more amusements, better food and less palatial asylums. By these means cures may be effected in cases that would otherwise go down into oblivion and drag out a miserable living death, dead to themselves, dead to the world, and dead to their friends and loved ones.

Recent experiments in the provision for the insane have demonstrated the fact that asylums built on the cottage plan are the most economical and comfortable, and that the patients in such institutions are better and more comfortably cared for, and are better satisfied. Now for something feasible. It is evident that Texas must do something for these people. They can, if
properly managed, be made very largely self-sustaining. The State should purchase in some of her agricultural districts a large tract of land and erect thereon buildings on the cottage plan sufficient to accommodate 1000 insane. Let this be for the chronic more especially, but have a few wards for the acute cases. Let the asylums now built receive the acute from throughout the State, and transfer the chronic to this new asylum, where they can be utilized on the farm and in other works. An asylum of this character can be built at a cost of from $300 to $350 per bed. With a large tract of good farming land, and buildings of this kind, the insane could be made very useful in cultivating the land, and all sorts of industries could, at a trifling cost, be established that would give all who are able employment. When constantly employed, either on farm or in shops, their health is much better, and a great pleasure is added to their lives, and their enforced confinement is rendered less irksome. The majority of them will take great interest in such work. The working classes furnish the greater number of the insane in our asylums, and it is a very valuable aid to treatment to be able to give them some good, healthful outdoor employment. It not only does the body good, but takes the mind off their delusions and troubles and directs their thoughts into different and diverting channels. I believe that it is a safe assertion that there are hundreds of asylum-made lunatics. Cases that are kept locked up in magnificent edifices, who become chronic by gazing day after day at snow white walls and polished floors. The tedious regularity of modern asylums soon becomes unbearably monotonous. This burdensome routine is detrimental to numbers of cases of insane. Change is what is required, and the best manner of securing it is by giving the inmates diversified employment and by stimulating an interest in their work. Asylums founded on this plan are a success, both economically and from a therapeutic standpoint. There are so many insane in Texas, that it behooves the State to utilize their labor as far as possible in their support. This is best for the State from a business standpoint, and is best for the insane, for it gives them outdoor exercise, and as a consequence better health and happier lives, and lessens to a very great extent the burden of their affliction.

Yawning as a Remedy.—According to current ideas, yawning in good society is an improper sign of weariness; according to the teachings of physiology, it is a long-drawn, forcible in-
expiration followed by a shorter respiration; according to Dr. Naegeli, it is one of nature's many remedies, the proper application of which depends upon good judgment.

In yawning, not only the muscles which move the lower jaw are used, but also the breathing muscles of the chest, and he who yawns to his heart's content also raises and extends the arms. In the deepest inspiration the chest remains extended for a short time, the eyes are almost or entirely closed, the ears somewhat raised, the nostrils dilated. Inside the mouth, the tongue becomes round and arched, the palate stiffly stretched, and the uvula is raised, almost entirely closing the space between the nose and throat. At the beginning of the inspiration a cracking noise is heard in the ears, a proof that the duct leading to the hearing also succumbs to this stretching.

If the yawning has reached the deepest point, it will require from one to one and a half seconds for it to become noticeable to the hearing. In order to observe this, let one place himself at a sufficient distance from a clock, so that its ticking will not be easily heard, and yawn deeply. During this deep breathing the sound of the clock is not perceptible to the most careful listening. All this simply goes to show that yawning sets a number of muscles to work, and particularly those which are not directly subject to the will.

Although one yawning does not present a very agreeable appearance, it is very agreeable to himself, for the stretching of the muscles causes a feeling of comfort; it acts like massage, and is the most natural gymnastics of the lungs imaginable. Dr. Naegeli, therefore, advises people not to concern themselves with so-called decency, but every morning and evening, and as often as possible, to exercise the lungs and all the muscles of respiration by yawning and stretching, as many chronic lung troubles may thus be prevented.

Dr. Naegeli orders the patient troubled with too much wax in the ear, accompanied with pain, to yawn often and deeply. The pain will soon disappear. [But what of the wax?—Ed. Tex. Med. Journal.] He also, in cases of nasal catarrh, inflammation of the palate, sore throat, and earache, orders the patient as often as possible during each day to yawn from six to ten times successively, and immediately afterward to swallow. The result will be surprising. If one looks upon yawning as a natural massage for certain organs, he will reach a satisfactory explanation of its curative properties.—Translated for Public Opinion from the German of Mr. Julius Stinde, in the Berlin Unsere Zeit. —Southern Practitioner.
GREETING.

CHRISTMAS is here again! What a world of memories the word conjures up! What a variety of pictures it presents to the human mind. What a difference there is in its signification according to how we take it! To the Christian the word is sacred; it is full of hallowed memories; it presents to the mind the meek and lowly Nazarene laid in the humble manger in the far off Orient two thousand years ago. Unlike "the birds of the air, which have their nests' and "the foxes their holes,'" the "Son of Man had not where to lay his head.' The Star arisen in the East—the wise men journeyed to behold him. That lowly Infant was GOD MADE MAN, the Redeemer of the World! What more natural, therefore, than that the anniversary of this advent upon earth should be celebrated by 'all His followers and made ever new and holy, and to live in the human heart forever, celebrated with joy and thanksgiving, with gratitude and prayer. It is a day for rejoicing in all Christian countries; but how differently is it "celebrated!" By some it is made the occasion of riotous mirth, of drinking and carousing; by some by rest from labor and innocent recreation; by others by devout prayer and gratitude. But with all, it is a time for rejoicing—it has become a "holiday" in the modern sense, and not, with all, a "holy-day.' We congratulate each other on the return of the day, and we commemorate it and renew friendships in various ways and by exchanging tokens of remembrance.

To its many readers, and especially to its steadfast friends,—friends who saw its birth, witnessed and helped its growth, and now rejoice with us in its strong manhood, the JOURNAL extends greeting! It wishes them all continued health, happiness and prosperity; and in its humble way it contributes herewith to the Christmas enjoyment of its readers.

Wishing you all a Merry Christmas and a very happy New Year, the JOURNAL greets you!
AN EPOCH IN MEDICAL HISTORY.

The meeting of representatives of Southern Medical Colleges, which took place at Louisville, Kentucky, on the 16th November, ult., an account of which is published herewith, had been looked forward to with much anxiety, as so much for the future weal or woe of medicine depended upon its results. Unanimity of action on one point, at least, was indispensable,—the lengthening of the lecture term from two to three courses, and a higher standard of requirement for the degree. Unless all agree to this reform, it would be impracticable.

A painful recollection of the utter failure of a similar attempt, was in the minds of many, and hence the anxiety to know if all the Colleges would agree upon an advance, and stick to it. The JOURNAL's recollection is, that an agreement of this kind was entered into once before, by at least a majority of the reputable schools; but when a certain distinguished College found a big falling off in its matriculates the next year, the flag was hauled down, and a return was promptly made to the former status of two courses and easy conditions. Our recollection is that this recreant was Bellevue. This one occurrence demonstrated how difficult is the task of securing good faith on the part of the Colleges in carrying out a reform which so nearly touches the pocket of the teachers; and it demonstrates, also, what the JOURNAL has always insisted upon as the only proper course,—that all medical teachers should be independent of the revenue of the school, and the licensing power taken from them. They should be paid by the State, or by other means than the fees from students.

The meeting was fairly representative, though not as largely attended as was hoped for. It will be seen, by reference to the Rules and Regulations of the Association, elsewhere published, that an agreement was entered into to require three courses of lectures, of six months each, as a condition to the degree; but the standard of requirement for matriculation is too low; that is, there is a loop hole of escape which will, we fear, prove fatal to the real object and intent of the movement;—the provision that if the applicant have not "a diploma from some literary or scientific institution of learning," or a "certificate from some legally constituted high school," or "general superintendent of State education," he may be admitted on a certificate of the "superintendent of some country board of public education, attesting the
fact that he is possessed of at least the educational attainments
required of second grade teachers of public schools." And if he
fail in even this slim requirement, he may be admitted to lec-
tures anyhow, on the promise to study up,—"qualify himself in
the required literary departments."

That amounts to practically no requirement for matriculation.
The idea of an ignorant man, one who cannot attain the grade
of second class teacher in a country school, "qualifying himself
in the literary departments" while he is attending medical lec-
tures, is absurd. A student at lectures, who means business, is
compelled to give his whole time—day, and half of the night—
to medical study, clinics, dissections, laboratory work, etc.; and
many of them, the first course, to spelling out the hard Latin
and Greek names in medical nomenclature, and looking up their
meaning in the dictionary. What time (to say nothing of incli-
nation) would such a student have to "qualify himself in literary
departments"?

This very low requirement is in direct opposition to the declared
object and purpose of the organization,—to "elevate the standard
of medical education by requiring a more thorough preliminary
training," etc.; it is tantamount to requiring nothing, in the
way of literary education.

Necessarily, many points were left unsettled; to be agreed
upon at some future meeting of the Association, or determined
by the individual colleges. And one of these points left unset-
tled is, is our opinion, of fundamental importance: the amount of
fees to be charged. All the schools entering into the organiza-
tion, having agreed to a three years course of six months each
(a big advance, upon which the whole country is to be congrat-
ulated), all requiring the same standard for matriculation, it
would be eminently right and proper and just that all should
charge the same fee for tuition.

The profession has been prating for years of "elevating the
standard of medical education;" but they have always begun at
the wrong end; they have asked the legislature to make laws
which will permit a board in each State to fix an arbitrary stand-
ard of requirement, and subject all new comers to examination,
and have been furiously indignant because they were refused.

The Journal has contended all along that we should begin at
the fountain head; that the colleges should raise the standard of
requirement both for matriculation and graduation, and it con-
gratulates itself now on this beginning. True, it is far short of
what it ought to be, but it is a beginning, and if the colleges do
not find, like Bellevue did, that it cuts off too much revenue,
and bolt the organization, we may hope that in time a diploma
will come to mean more than the average diploma means now,—
that the owner has paid one or two $50 fees, and gone through
the form of one or two six weeks courses of lectures. So mote
it be.

* * *

Officers of the Association of Southern Medical Colleges.—Prof. J. M. Bodine, M. D., University of Louisville, President; Prof. W. D. Haggard, M. D., Medical Department University of Tennessee, Vice-President; Prof. G. C. Savage, Medical Department Vanderbilt University, Secretary and Treasurer.

The concurrence of two-thirds of the Southern Medical Schools is necessary to carry into effect the rules and regulations adopted; but that number were represented at the meeting, either in person or by letter, so it is settled, we suppose. We understand that the Medical Department of the University of Tennessee, and the Medical Department of the University of the South (Sewanee Medical College), the Knoxville Medical School and the St. Louis Medical School [? ] had already adopted the three years course, previous to the meeting. The Texas Medical College (Medical Department University of Texas) had led off, we believe, with a three years course, graded.

SANITARY RELATIONS OF TEXAS AND MEXICO.

The American Public Health Association held the meeting so long announced, at Mexico City, on the 29th and 30th of November, and 1st and 2nd of December, inst.

Drs. Swearingen, State Health Officer of Texas, Dr. T. J. Bennett, Editor of the Texas Sanitarian, Dr. J. W. McLaughlin and Dr. F. S. White, Superintendent State Lunatic Asylum, were the representatives from Austin in attendance. The meeting was largely attended, and we learn, all was lovely. The delegates mentioned all testify to the extreme courtesy of the citizens of the City of the Aztecs; they were shown every attention, and given a cordial welcome. Delegates were there from nearly every State; and the Marine Hospital Service, the Medical Department of the United States Army and the United
States Navy were represented. Dr. Jenkins, the New York Health officer, who obtained such notoriety, and received so much unjust "cussing" in connection with our recent cholera experience, was there, and took an active interest in the proceedings.

Our contemporary, the Texas Sanitarian, this month will contain a full account of the meeting and some of the papers which were read.

State Health Officer Swearingen read a paper on "The Sanitary Relations of Texas and Mexico," which, we learn, created a sensation. He talked "plain United States" to the Aztecs; told them some plain unvarnished and very unpalatable truths about their neglect of sanitary principles; and entered a protest in behalf of the public health of Texas against a continuation of this neglect. He asked that something be done by the Mexican government in the way of co-operation with Texas health officials towards eradicating smallpox, which disease is endemic in Mexico, and the Journal is reliably informed that no effort whatever, is made for its suppression, or to prevent its spread. On the contrary, the masses, the poorer people, are in dense ignorance, and know nothing of the protective value of vaccination,—and wouldn't accept protection were it offered them. They hold very primitive views, and still follow the practices and customs of their ancestors—actually courting infection. We are told that they will travel miles purposely to expose their children to the disease. While the authorities, if they have any laws on the subject, make no effort to enforce them. This being the case there is little hope of its suppression unless the Mexican officials can be induced to institute compulsory vaccination; or, at least to adopt the civilized plan of dealing with an outbreak, such as was so successfully practiced in Texas last winter.

In the winter of 1891-2, according to Dr. Swearingen's paper, there was smallpox in twenty-six counties in Texas. In every instance where the disease appeared it could be traced to primary introduction from Mexico. To suppress these outbreaks cost the State of Texas, Dr. Swearingen estimates, $150,000.

Under the circumstances,—our close relations,—business and social, and considering the vast extent of exposed border, unless an intelligent and hearty co-operation is at once established between the health authorities of the two countries, we may expect a repetition of this costly experience every winter indefinitely.
It is therefore gratifying to learn that our zealous State health officer succeeded in awakening an interest in the subject in the minds of our neighbors, and that it is highly probable that such means will be instituted as will eradicate the pest from the soil where it has taken such firm root and flourishes perennially.

The debate which followed the reading of Dr. Swearingen's paper was animated and energetic, and resulted in a resolution by Dr. Guion, of the United States Navy, providing for a committee of thirteen to be selected from the United States, Canada, and Mexico, to formulate some such plan of action as was indicated in Dr. Swearingen's paper. This resolution was loaded down with resolutions and amendments till it was thought the whole subject would be swamped, but after considerable skir- mishing a motion prevailed to table all substitutes and amendments, and the resolution of Dr. Guion was adopted.

In this connection it will be remembered that Dr. Swearingen last year made a strong effort to bring about a sanitary conference between Texas and Mexico for the very purpose of establishing co-operation in putting down smallpox and for mutual protection, but it fell through by inaction on the part of the health authorities at Washington,—no State being competent to enter into an international treaty; such conference as was proposed, to be made effective, and its results binding on both parties alike, must have the stamp of national authority.

THE ASSOCIATION OF SOUTHERN MEDICAL COLLEGES.

In pursuance of a call issued to all the medical schools in the South, there was established an organization with the above name at Louisville, Kentucky, on November 16, of the current year. The organizing convention was announced to take place, for the sake of convenience, in the place and at the time of the annual meeting of the Association of Southern Surgeons and Gynecologists, and during this first meeting it was decided to continue to assemble in connection with the latter Society, for the same reason. As convened, the Association was composed of delegates from the following institutions (save in several instances where representation was by letter): Medical Department of the University of Nashville and Vanderbilt University, University of Louisville, Medical Department of the University of Tennessee, Southern Medical College of Atlanta, Chattanooga
Medical College, Memphis Medical College, Charleston Medical College, Medical Department of Tulane University, Kentucky School of Medicine, Medical Department of the University of Georgia, Mobile Medical College, Medical Department of the University of Texas, Knoxville Medical College, Little Rock Medical College, Atlanta Medical College, Louisville Medical College, and Marion Sims Medical College. As stated in the regulations for the maintenance of the Association, the objects of the organization are "to cultivate closer and more intimate relations between medical colleges and to elevate the standard of medical education by requiring a more thorough preliminary training and an increased length of medical study."

While the delegates present attended the convention with power to act for their respective schools in general matters connected with the elevation of medical education, it was deemed best to refer the actions of the Association to the different schools for ratification, this of course being necessary for continuation of membership in the Association. It is to be understood, further, that the ratification of these measures does not prohibit more stringent requirements on the part of such institutions as may desire them. Aside from the organization of the Association, the most important matter was the adoption of the following requirements for matriculation and graduation in the schools composing its membership. [Rules and Regulations published elsewhere in this issue.—D.]

The Medical Department of the University of Texas was represented by Prof. J. E. Thompson, in place of Prof. Allen J. Smith, who was prevented from attending because of the death of a relative. Prof. Thompson advocated the above measures, with the exception of the clause permitting the continuation of an unqualified student to the end of the first course of lectures before requiring that his literary qualifications be established. He states that the liveliest interest was manifested in the convention as to the possibility of a reduction of the fees in the Medical Department of the University of Texas [as advocated by this journal in November issue.—D.], particularly in view of the fact that the action of the convention will probably lower decidedly the number of Texas students who annually leave the State for medical education, and turn them toward the doors of their own State school.

A. J. S.

Pan-American Medical Congress.—The Journal acknowledges the receipt of the official preliminary announcement of the
first Pan-American Medical Congress, to be held at Washington, D. C., September 5, 6, 7 and 8, 1893.

It is a most interesting pamphlet, neatly gotten up, and shows a world of pains taking labor in its preparation, reflecting much credit on its author, Dr. Chas. A. L. Read. It shows him to be a man possessed of extraordinary ability to organize and skill to execute. It was he who conceived the idea of unifying all American Medicine, and this is the plan by which the object is hoped to be accomplished.

Upon a casual examination the organization appears to be fairly representative, i. e., there seems to be no discrimination, or, rather less discrimination in favor of particular sections than was shown in the preliminary organization of the Ninth International Medical Congress, which, it will be remembered, gave rise to such prolonged and bitter controversy in the medical press at the time. It is sincerely hoped that no one and no State will feel slighted, and that there will be no "kick."

The election of Dr. Wm. W. Pepper, of Philadelphia (by the bye a doctor and not a surgeon), will, we believe, give general satisfaction. He is a strong man and his works have made him popular in the South as well as in the North and East.

We note with satisfaction the names of several Texas physicians in prominent places.

While on this subject we might as well say, this Congress is going to cost something: and the expenses of organization must be paid out of the membership fees, and it is expected that a great deal of this will be paid in advance. Physicians who feel interested in the object and expect to attend, or if unable to be present, would like to have a copy of the proceedings, are requested to register in advance. This can be done by sending the name and address, together with the entrance or membership fee, $10, to Dr. A. M. Owen, the Treasurer, at Evansville, Indiana. Dr. Owen has given a heavy bond (that might seem unnecessary but it is business), and is prepared to register all who are eligible. It would be well to do this, as time and trouble and inconvenience will thereby be saved; it will simply be impossible to register all after the meeting begins.

Dr. Reed will send a copy of this handsome sixty page pamphlet to all who register in advance.

State Lunatic Asylum, Austin.—Superintendent Dr. F. S. White has made his annual report to the Governor and Legisla-
ture; a copy is before us. It is handsomely illustrated with a cut of the splendid buildings—the superintendent's residence, views in the park, etc.—a new and commendable feature in such reports. The pamphlet is gotten out in a manner highly creditable, alike to the Superintendent and the State printers, B. C. Jones & Co.

Patients admitted during the year ending October 31, 96; discharged restored, 45; discharged improved, 29; discharged unimproved, 22; escaped, 2; died, 32; remaining on hand 334 males and 274 females,—total, 608. The per cent. of deaths is 4.04. Total amount expended during the year, $114,685.51; of this, $2,668.07 was for permanent repairs in consequence of the recent fire.

Amount received from private patients, $2,075.30; amount received for dairy products, $3,102.50; for farm products, $4,707.20, etc.

The general health of the asylum has been good. The Board of Managers have highly endorsed Dr. White's administration, and in their report speak in terms of the highest commendation of his ability and management.

Medical News and Miscellany.

Dr. Jas. Kemp has removed from Walnut to Thorp Springs, Texas.

Removed.—Dr. L. H. Hardy has removed from Paige, Texas, to Throckmorton, Texas.

Dr. Bruce P. McVey has removed from Ella, Brazos county, to Mumford, Robertson county, where he will in future reside.

Thermometric Observation.—"Mamma," said little Johnny, "if I swallowed a thermometer would I die by degrees?—Exchange.

Wanted.—"Wanted, a gentleman to undertake the sale of a patent medicine; the advertiser guarantees it will be profitable to the undertaker."—Exchange.

Just as We Expected—"We regret to have to announce
the death of Mr. Cumso; but we are not astonished to hear of the sad event, as deceased had been attended for some time by Dr. Borax."—Exchange.

The Story of an Actress.—Madame Adelaide Ristori, the famous tragedienne, has written, for the Ladies Home Journal, two important autobiographical papers, in which she will tell "How I Became an Actress" and describe "The Methods of My Art."

A New Nedofik Sofa.—(See page 1, this issue), cost at factory $65, is for sale at this office for $45; never been used; curled maple finish, upholstered in brown morocco, and nickel finish; complete sofa and operating table. Reason—no use for it, not in general practice.

The World's Fair Exposition.—Department of Liberal Arts. The Bureau of Hygenia and Sanitation. The Journal is indebted to Mrs. Rosine Ryan, the Texas Representative on the Board of Lady managers, for a pamphlet bearing the above title. A copy may be had by addressing Mrs. Ryan, at Palmer House, Chicago.

American Public Health Association—Officers elect: President, Dr. S. H. Durgan, Boston; 1st Vice-President, Dr. Edw. Liceago, City of Mexico; 2nd Vice-President, Dr. Emanuel P. Lachapelle, Montreal, Can.; Secretary (re-elected), Dr. Irvin A. Watson, Concord, N. H.; Treasurer, Dr. Henry D. Holton, Brattleboro, N. Y.

Married in New York, Thursday, December 8th, inst., at 8:30 p. m., Dr. William Wayne Ashhurst to Ellen Eyre Gaillard, daughter of Mrs. Mary E. Gaillard, and the late Prof. E. S. Gaillard. The Journal acknowledges the courtesy of an invitation, and extends its best wishes for the happiness and prosperity of the young couple.

Recovering.—The Journal is gratified to learn that the son of its friend and patron Dr. E. S. Adams of Garrison, who met with such a serious railroad accident early in the fall, whereby his leg and foot were injured and stripped almost completely of integument, is making a better recovery than was hoped for; the skin-grafts having been successfully applied, the entire surface is now nearly re-covered.
Texas Students, by their close application and study, are well to the front in the various colleges always, and the Journal has had occasion, more than once, to announce the award of prizes to some Texas boys. In the Medical Department of the University of Tennessee, we are advised, there is a full attendance of Texans this session, and Dr. Phil R. Simmons, of Sipe Springs, Texas, has been elected Valedictorian. The school is in a flourishing condition.

Richard Swearingen Robinson.—Born to Mr. and Mrs. Eugene Bremond Robinson, on—th October, '92, a son. Mrs. Robinson is the only daughter of Dr. R. M. Swearingen, the popular and gifted State Health Officers and Surgeon General of Texas. The happy young parents have bestowed his name upon their son. May he live long and prosper, and inheriting his noble traits of character, become as great and as good a man as his grandfather, is the Journal's sincere wish.

Dr. J. B. Murfree, of Murfreesboro, Tenn., Chairman Tennessee State Board of Medical Examiners, has resigned the position to accept a chair in the Medical Department of the University of the South at Sewanee. He is extensively known throughout the United States, and especially in the South, as a man of high culture and splendid professional ability, and is not unknown to fame in polite literature. When his daughter, under the nom de plume of "Chas. Egbert Craddock," published her stories "In the Tennessee Mountains," many persons thought it was the product of the Doctor's pen. Dr. Murfree is a valuable acquisition to the Faculty, upon which they and the school are to be congratulated.

Death of Dr. Francis.—Dr. C. C. Francis, of Cleburne, President of the Johnson County Medical Society, died at his residence in Cleburne on the—day of November, 1892, after a long illness. Dr. Francis was held in high esteem by all who knew him. He was a good physician, a good friend, a provident father and a useful member of society, and his death causes a vacancy hard to fill. The Johnson County Medical Society held a meeting and passed the most complimentary resolutions, testifying to the many virtues of their departed brother and the high esteem in which he was universally held. He was also an old and honored member of the Texas State Medical Association and one of the earliest and staunchest friends of the Journal. The
Journal extends its sincere sympathy to Dr. Francis' family and to the good people of Cleburne in their great loss.

For Sale.—An opportunity to have a healthy, quiet and comfortable home, with a regular practice from the start of $2000 a year in a section of Texas that has the combined resources of the grain of the North, cotton of the South, and cattle of the West.

Churches, school, Masonic lodge, cheap lands, a good opportunity to embark in the stock business. A bonanza for the wornout practitioner of the malarial districts who is seeking health, and wishes to continue in practice. Improved acre lot, dwelling four rooms, two porches, chimney, cistern, garden, orchard, out-houses, and well, desirably located. Opposition weak. Terms, $1000. Will remain till purchaser is thoroughly satisfied he can hold the field. Object, post graduate course.

Address,
W. B. Anderson, M. D.,
Content, Runnels county, Texas.

Dr. A. E. Spohn.—Attention is called to the advertisement of Dr. Spohn's Sanitarium in this issue. Dr. Spohn was educated at McGill University, Montreal, in the University of Michigan, Long Island College Hospital, and the Bellevue Hospital Medical College, N. Y. In 1867, he was a member of the Faculty of the Long Island Medical College and Hospital, filling the chair of Assistant Professor of Surgical Anatomy. He has devoted much time to surgical work, and visited Europe in 1888, where he attended the hospitals of Paris and other cities. In 1890, he spent the winter in Philadelphia, devoting himself principally to gynecological work. He opened a private hospital at Corpus Christi and met with such success—receiving patients from a distance—that he is induced to devote himself exclusively now to the one branch, Surgical Diseases of Women. Dr. Spohn performed Caesarian section in a case of malacosteon which is the first operation of the kind ever performed or attempted in the United States, so says Dr. Robt. P. Harris.

Distinguished Texas Physicians at the A. P. A. Meeting in Mexico.—When three of the Austin delegation entered the convention hall—Drs. Bennett, McLaughlin and Supt. White—(they had been "detained" they said), all the seats were full; the only vacant seats in the house were three or four on the rostrum, reserved for and labeled "Ex-Presidents." Marching up to these, the three distinguished doctors seated
themselves, unconscious of the sensation their presence had created, till the band struck up "Hail to the Chief,"* and three cheers were given (in Spanish) for the "distinguished ex-Presidents." Bennett says Dr. —— got up and bowed, and wanted to make a speech, but Dr. —— caught him by the coat tail and pulled him back (tore his coat). At the theatre these same gentlemen were shown to the box reserved for celebrities, and a "special piece" was played to them and in their honor. All three are now suffering from hypertrophy of the cerebellum, and will not speak to less than a Major-General.

Attention is called to changes in the Faculty of the Sewanee Medical College. This school is admirably located for close scientific study and laboratory work,—such branches as have been too much neglected in the bustle and hurry of clinical teaching in the large cities, and without a knowledge of which no man can attain to the dignity of a scientific physician. It is a summer school, and amid its beautiful parks and mountain scenery,—in classic walls, and a climate unsurpassed for purity and salubrity one may devote himself to study without fatigue or enervation, undisturbed by the thousand distracting influences which disturb the student in a hot dusty city. Sewanee is an ideal place for summer residence. Moreover, living is good in the mountains of Tennessee, and board inexpensive. There "appetite waits on digestion," and having something good to eat, one enjoys it, undisturbed by hints of indigestion and migraine. The session begins March 15. Write to Prof. H. W. Blanc, the Dean, for catalogue.

The Afro-American in Medicine, or "Colored Physician," is the name of a book, the prospectus of which the JOURNAL has received, to appear shortly. It is to be written by Dr. M. A. Majors, a colored physician of Waco, Texas. In this book, the prospectus says, are "depicted the lives and successes of the Afro-American in the devious paths of medical science, embracing Practice, Surgery, Dentistry and Pharmacy." It is to be illustrated by portraits of "all the leading colored physicians of the U. S." The author says:

"Twenty-seven years of freedom and education has not only

*There is difference on this point. Some say the band played "Annie Laurie,"—some say, "Lo the Conquering Hero Comes,"—others say, "Where Did You Get That Hat."—Ed.
made the negro a man, but a scholar in every avenue of the world's progress, there to meet on one common level the master minds of earth.

"We are not now so likely as a few years ago, to be measured by the number of pounds we might raise from the earth, or by the number of rails we might split in a day, but measured by that greater power (knowledge) which is required to move the world."

This is a commendable enterprise, and the JOURNAL wishes Dr. Majors abundant success."

The Progress of Pharmacy.—Therapeusis of Piperazin.—Accepting the very clear and complete clinical researches of Biesenthal, Schweninger, Ebstein, Vogt, Gautrelot, Heubach, Bardet and other well-known physicians, general practitioners have made many interesting tests of Piperazin and have arrived at some very satisfactory conclusions concerning its value. Its chief therapeutic indication is the uric acid diathesis, or the dyscrasia resulting from that condition. It is, unquestionably, the most energetic solvent of uric acid, and uratic concrementa which may be employed within the human organism without producing toxic effects. With uric acid it forms a neutral, soluble combination, while, at the same time, it dissolves the various albuminoids and their homologues. Prescribed in combination with Phenacetine it has very marked influence upon the gouty condition and promotes the absorption of undesirable exudates. The value of Piperazin in both acute and chronic gout, appears to be very decided. Schweninger reports success in 92% of his cases, and states that he could get no such results with any other remedy. Bissenthal also administered Piperazin in gout, in renal colic, and in urinary hemorrhages with perfect success. He gave it in carbonic acid water 1 to 500. The ordinary daily dose of Piperazin is fifteen grams. Some clinicians begin with three grains per diem, or 1 grain doses t. i. d.

A great drawback in the employment of Piperazin has arisen from the fact, that while in many cases, its use must be continued for a certain length of time in order to obtain its best effects, the cost of the medicament has been so high as to practically preclude its general use. It is gratifying to learn that through the enterprise of the Farbenfabriken, vorm, Friedr. Bayer & Co. (whose laboratories are at Elberfeld), a new process for the preparation of Piperazin has been discovered, and through the use of
that method, the cost of this valuable new remedy has been reduced to about one-half of its former price.

Descriptive pamphlets of this product may be obtained from W. H. Schieffelin & Co., New York, who are the agents for this well-known laboratory. Other products of the Farbenfabriken, such as Phenacetine, Sulfonal, Europhen, and the later product, Salophen, are now being frequently employed in general practice.

Sulfonal as a Substitute for Bromide of Potassium.—Dr. Hinsdale of Philadelphia has reported a number of cases of the successful use of Sulfonal in cases usually treated by the bromides, and, especially, the brome of potassium. His conclusions are as follows: "The best results from Sulfonal are in those cases where the bromides cause so much skin trouble or mental disorder that their quantity must be lessened or altogether suspended; then Sulfonal becomes valuable." In a discussion upon Dr. Hinsdale's report, Dr. Dercum said: "Sulfonal has, in my experience, a decided value in diminishing the number of epileptic attacks. In a number of instances I have succeeded in markedly diminishing both the violence and the frequency of the seizures by very moderate doses of the drug, and its chief value seems to be that it can be administered for quite long periods in place of the bromides, thus enabling the patient to rally from the depressing effects of the latter."

Association of Southern Medical Colleges.

Rules and Regulations* for the organization and maintenance of the Southern Medical College Association:

This Association shall be composed of delegates from Southern medical colleges, whose faculties have signified a desire to become members thereof, signed these rules of organization, and paid the membership fee of $5.00.

The objects of the Association are to cultivate closer and more intimate relations between medical colleges, and to elevate the standard of medical education by requiring a more thorough preliminary training, and an increased length of time of medical study.

*Adopted at the meeting of Southern Medical Colleges at Louisville, Nov. 16, 17, 1892.
The Association shall be composed of one or more delegates from each medical college belonging thereto, who shall be elected annually by their respective faculties. Each college shall be entitled to one vote in the transactions of the Association.

The officers shall consist of a President, Vice-President, Secretary and Treasurer, who shall be elected annually, just before the adjournment of the annual meetings, and shall perform the respective duties pertaining to these offices in similar organizations.

The meetings of the Association shall be held at the same time and place of the meetings of the Southern Surgical and Gynecological Association, unless otherwise determined by the Association.

**Requirements for Matriculation.**

Every student applying for matriculation must possess the following qualifications:

He must hold a certificate as the pupil of some known reputable physician, showing his moral character, and general fitness to enter upon the study of medicine.

He must possess a diploma of graduation from some literary or scientific institution of learning, or certificate from some legally constituted high school, general superintendent of State education or superintendent of some county board of public education, attesting the fact that he is possessed of at least the educational attainments required of second grade teachers of public schools. Provided, however, that, if a student so applying is unable to furnish the above and foregoing evidence of literary qualifications, he may be permitted to matriculate and receive instructions as other students, and qualify himself in the required literary departments, and stand his examination as above specified, prior to offering himself for a second course of lectures.

The foregoing diploma or certificate of educational qualifications, attested by the dean of the medical college attended, together with a set of tickets showing that the holder has attended one full course of medical lectures, shall be essential to attendance upon a second course of lectures in any college belonging to this Association.

Branches of Medical Science to be Included in Course of Instructions—Anatomy, physiology, chemistry, materia medica and therapeutics, theory and practice of medicine, pathology, sur-
We want every physician to know that

**Phillips' Cod Liver Oil**

**EMULSION,**

Represents, in all essential features, the highest degree of perfection in the Emulsionizing of Cod Liver Oil.

*We believe it to be the only Emulsion not advertised to the Public.*

**PHOSPHO-MURIATE OF QUININE,**

**COMPOUND.**

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of mal-nutrition.

A reliable tonic in convalescence from the exanthemata, 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 Hypophosphate compounds.

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

**DIGESTIBLE COCOA,
WHEAT PHOSPHATES,** The Chas. H. Phillips Chemical Co.,
**COD LIVER OIL EMUL.** 77 PINE STREET, NEW YORK.

surgery, obstetrics and gynecology, hygiene, medical jurisprudence (forensic medicine) and special laboratory work as hereinafter provided.

**QUALIFICATIONS FOR GRADUATION.**

Candidates for graduation in addition to the usual requirements of medical colleges, must have attended three courses of lectures of not less than six months each in three separate years.

Must have dissected in two courses, and attended two courses of clinical or hospital instructions.

And must have attended one course in each of the special laboratory departments, to-wit:

1. Histology and Bacteriology.
2. Chemistry.
3. Operative Surgery.

These requirements shall not apply to any student who has received a course of medical lectures prior to September 1, 1893.

M. T. Briggs,
J. B. Marvin,
J. S. Cain,
Committee.
"I'll Swear by that Bottle."

(Tempest.)

The Immortal Bard of Avon thus refers to Liquid Peptonoids with Coca.

This combination is hunger-stilling, without being surfeiting; possesses energizing and sustaining qualities, and is therefore conducive to vigor and vitality.

In cases in which defective nutrition is the predominant feature, it is a flesh former and force-producer, and constitutes a nutritious adjunct to a supportive treatment.

The Peptonoids supply the available nutriment, and communicate the necessary support to the whole organism, thus neutralizing any depressing effect which might otherwise result from the Coca.

The Coca in turn furnishes the immediate stimulating and exhilarating effect upon the nervous system, which is so frequently desirable.

In Liquid Peptonoids with Coca we have, therefore, a preparation which is both temporarily stimulating and permanently reconstructive.

"Get Yourself One."

(Romeo and Juliet.)

The Arlington Chemical Company,

YONKERS, N. Y.

SEND YOUR ADDRESS FOR SAMPLES.
Book Notices.

Physicians' Visiting List, 1893. Lindsay & Blakiston's. The Journal is in receipt of this old stand-by, which, for forty years, has held prominent place in the ranks of such publications. It is about as near perfection as a pocket record book for physician's use will ever be brought. We cannot see wherein it could be improved. It is much in little, truly, and besides being a record book, it contains tables and data for reference in almost any emergency. Price, $1.00.

The Journal acknowledges the courtesy of a copy of the Transactions Texas State Medical Association for 1892, in extra morocco binding and gilt, with the editor's name in gilt letters. The Journal makes its bow to Secretary West, and extends sincere congratulations on the excellent manner in which the volume for 1892 has been issued. It is truly creditable, alike to the publishing committee, and the State Association. Of its contents, we will speak later.

A Manual of the Practice of Medicine, prepared especially for students. By A. A. Stevens, A. M., M. D., Instructor of Physical Diagnosis University Pennsylvania, etc. Illustrated. W. B. Saunders, Publisher, Philadelphia. Cloth, 500 pages, Price $2.50.

This is an outline of general practice written at the request of students of the University of Pennsylvania, and intended for students preparing for examination. There is much useful knowledge in a small space and the book will serve, doubtless, the purpose for which it was written.

The Journal is in receipt of Gould's Pocket Dictionary, containing 12,000 medical words, pronounced and defined. Published by P. Blakiston & Co., Phila. Morocco cover. Price $1. A very valuable pocket companion—useful to all doctors.

Medical Review Visiting List for 1893. This old stand-by is the first to make its appearance. The price is only 75 cts. Nearly all doctors are familiar with it and appreciate its many conveniences.

Pepper's new book "A Treatise on the Theory and Practice of Medicine, by American Teachers," will be out in January, i.
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e., vol. 1 will be; and vol. 2 will appear a few weeks later, so the Journal is informed by the enterprising publisher, W. B. Saunders, Philadelphia. Will be sold by subscription only. Cloth, $5; sheep, $6. Everybody will want Pepper's new book.

Diseases of the Lungs, Heart, and Kidneys.—By N. S. Davis, Jr., A. M., M. D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital; Member of the American Medical Association, Illinois State Medical Society, Chicago Medical Society, Chicago Academy of Sciences, Illinois State Microscopical Society; Fellow of the American Academy of Medicine; Author of "Consumption, How to Prevent It and How to Live With It," etc. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo volume of 359 pages. Extra cloth, $1.25 net. Philadelphia. The F. A. Davis Co., 1231 Filbert Street.

This book has been most favorably received by the profession, and the medical press are almost unanimous in commending it.

Diseases of the Eye, a Handbook of Ophthalmic Practice, by G. E. de Schweinitz, M. D., Professor of Diseases of the Eye, Philadelphia Polyclinic; Ophthalmic Surgeon to Children's Hospital and to the Philadelphia Hospital; Ophthalmologist to the Orthopaedic Hospital and Infirmary for Nervous Diseases; Lecturer on Medical Ophthalmoscopy, University of Pennsylvania, etc. Forming a handsome royal 8vo. volume of more than 600 pages. Over 200 fine wood cuts, many of which are original, and two chromo-lithographic plates. Price, cloth, $4; sheep, $5. W. B. Saunders, Publishers, Philadelphia, Pa.

The object of this manual is to present to the student and practitioner, who is beginning work in the field of ophthalmology, a plain description of the optical defects and diseases of the eye. To this end special attention has been paid to the clinical side of the question; and the methods of examination, the symptomatology leading to a diagnosis, and the treatment of the various ocular defects have been brought into special prominence. Anatomy, physiology, and pathological histology, in so far as they serve the purpose just stated, have been omitted. The sections devoted to optical principles and the normal and abnormal refraction of the eye in large portion, have been written by Dr. James Wallace, Chief of the Eye Dispensary of the University Hospital. The chapter devoted to the application of the shadow-test has been prepared by Dr. Edward Jackson.
Publisher’s Notes.

I have found Peacock’s Bromides in one drachm doses of great service in congestive and neuralgic headaches and in the headaches accompanying menstrual derangements. I shall continue to prescribe this preparation in my practice.

William MacSweny, M. D. & M. Ch. Royal Univ. Ireland.

Killarney, Ireland.

W. E. Kiely, M. D., Professor Principles and Practice of Medicine, Woman’s Medical College, Cincinnati, O., writes: “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, it will give satisfaction.” Attention is called to new advertisement of this preparation. Physicians are invited to try it; it is on the market alone on its merits. Mention this notice, please.

A Great Enterprise.—The attention of our readers is called to the advertisement of the stock of the Jones Vestibule Sleeping Car Company, in this issue. We are informed by the company’s financial agents, Messrs. H. E. Woods & Co., of Denver, Colorado, that such has been the demand for the stock that the price advanced upon Dec. 1st [from 35] to 50 cents for Treasury shares, and that it is believed that the stock will not be on the market but a short time at the above figure.

This company will be the first energetic rival which the Pullman company has had, and as the latter corporation has just declared dividend No. 103, there can be no better investment than an industrial stock of a like nature.

Listerine in Typhoid Fever.—Dr. J. W. Drake, a prominent physician of St. Louis, in a paper read at a recent meeting of the Missouri Medical Society says in a paper on typhoid fever: “From clinical observations we are abundantly satisfied that Listerine, in teaspoonful doses, repeated as required, improves the condition of the stomach for the reception of nourishment; and if all the Listerine is not absorbed by the stomach it assists the action of the intestinal antiseptics.”

Listerine covers a wide range of therapeutic indications. If useful for no other purpose, it would be a boon in the sick room as an agreeable and refreshing perfume; but it is a disinfectant, and does not remove smell simply by out-smelling it.

Coca Erythroxylon.—Few drugs have as interesting and
remarkable a history as *Coca erythroxylon*. As a source of cocaine alone it deserves a conspicuous niche in the herbarium temple of fame.

The coca leaf is the great source of comfort and enjoyment to the Peruvian Indian; it is to him what betel is to the Hindu, kava to the South Sea Islander, and tobacco to the rest of mankind; but its use produces invigorating effects which are not possessed by the other stimulants. From the most ancient times the Peruvians have used this beloved leaf, and they still look upon it with a feeling of superstitious veneration. In the time of the Incas it was sacrificed to the sun, the *Huillac Umu* or high-priest chewing the leaf during the ceremony; and before the arrival of the Spaniards it was used in Mexico instead of money.

Coca leaves have secured the general recognition in therapeutics which those familiar with their properties have always indicated. Physicians have become convinced by personal observation that the effects attributed to the drug are only what might naturally be expected from the action of so powerful an alkaloid as that contained in the coca leaves.

There are few cases of neurasthenia in which it will not be found useful. Taken after dinner, it serves often to facilitate digestion, and even confirmed dyspeptics find their distressing symptoms relieved by it. It is of especial value in those cases where exhausting mental labor has led to morbid depression of spirits. There is no remedy like it for a fit of the "blues." It relieves the nervous irritability that follows indulgence in excess of any kind, restoring the capacity for work and giving renewed energy. It acts as a sort of antidote to the effect of opium, alcohol, tobacco, or coffee, and judiciously used may even enable one to overcome the morbid craving for any of these stimulants when they have been used to excess.

It is said that public speakers and singers have found themselves in better voice after using coca.

As a remedy for nausea and vomiting from reflex causes, particularly the vomiting of pregnancy, the cordial proves extremely efficacious. For this purpose it should be taken a few minutes before eating, and the dose repeated in an hour or two afterwards. Gastralgia is frequently relieved by this remedy, and nervous headaches often disappear under its use.

It is of service also in cases of asthma, as an aphrodisiac, emmenagogue, antiperiodic, in overcoming drunkenness, in nervous exhaustion, and internally and locally for hemorrhoids. As a restorative of the circulation in cases of enfeebled heart it is invaluable.

We believe Messrs. Parke, Davis & Co. were the first to introduce to physicians of this country this interesting drug, and have made a thorough study of its eligible and therapeutically efficient administration.
Original Contributions.

For Daniel's Texas Medical Journal.

REPORT OF EIGHTEEN CASES OF TYPHOID FEVER.

BY H. A. WEST, M. D., GALVESTON.

[Read before the Galveston County Medical Society, at Galveston, November 21, 1892.]

MR. PRESIDENT AND FELLOW MEMBERS:—Dr. Smith expected to have been present this evening, to demonstrate the lesions of typhoid fever in two specimens obtained from patients of mine, who have recently died from intestinal perforation. I will leave it to him to show you these specimens, and to discuss the pathology of typhoid fever, at a future special meeting of the Society. Preliminary to this demonstration, however, I will give you brief clinical details of these two cases which proved fatal, as well as of sixteen others now under treatment in the Sealy Hospital, or lately discharged therefrom.

This specimen was obtained from J. P., aged 36, native of England, an assistant engineer in a British steamer. He entered the hospital October 15, Saturday morning, giving the following history: He had been complaining for about three weeks, with indefinite symptoms, loss of appetite, slight fever and chilly sensations, but did not consider himself sick enough to quit work.

*By unanimous vote of the Society, DANIEL'S TEXAS MEDICAL JOURNAL was made the official organ of the Galveston County Medical Society, December 20, 1892.
until the day preceding his admission into the hospital. He was then taken with sudden abdominal pain, high fever, and vomiting. When I saw him, the temperature was 103° F.; pulse, 120, small and thready; abdomen swollen largely, tympanitic, and tender, especially about the umbilicus; bowels were constipated, an injection of sulphate of magnesium failing to bring away any faecal matters. Recognizing an acute peritonitis, I called in Dr. Thompson, to consider the question of an exploratory laparotomy. It was decided that such an operation offered the only chance to save the patient's life. It was accordingly done the next day. The small intestines were found to be matted together by recent adhesions, intensely congested, and distended by gaseous and fluid contents. There was quite a collection of liquid faecal matters, mixed with pus and fibrinous exudations, in the abdominal cavity, with a partial encapsulation in the right iliac region. It was found to be impossible to ascertain the cause of this condition, without relieving the distended part. This was done with a trocar, and about two quarts of thin, light-colored fluid, containing faecal matter, was evacuated. In following up the coils of intestine, the cause of the trouble was found in a perforation, round, and about the size of the finger nail. Both openings were carefully sewed up with Lambert's sutures, and the abdomen thoroughly washed out, and closed. The patient rallied from the shock of the operation, but, as was expected, died that very night. The autopsy revealed the characteristic lesions of enteric fever. In addition to the ulcer which had caused perforation, there was extensive ulceration involving Peyer's patches and the solitary follicles in the lower portion of the ilium. The spleen and mesentary glands were enlarged.

The second specimen is from a patient giving a somewhat similar history. M. D., aged 34, native of France, was admitted on October 19, stating that he had been sick about twelve days, his illness having begun in Houston, where he stayed five or six days before coming to this city. He was not confined during this time, having no place to stay, and suffered from exposure, improper and insufficient food, as well as other hardships. Upon admission, symptoms of enteric fever were well marked. The tongue was red, fissured and dry; there were anorexia, constipation, some tympanites, and severe pain in the right iliac region. The spleen was enlarged, and rose-colored spots were found upon the abdomen, the temperature ranging from 101° F. in the morning to 104½° F. in the evening. The acute iliac pain subsided
gradually. The patient was ordered a milk diet, and the bowels to be relieved by enemata. Turpentine stupes were applied to the abdomen, and a mild opiate and expectorant mixture given to relieve a troublesome cough. The patient got along pretty well until the night of October 28, when he was taken with terrible pain in the right iliac region; the temperature suddenly fell from 104.5°F to 98.5°F. There was every symptom of collapse from intestinal perforation; small, thready pulse, cold sweating, uncontrollable vomiting, death taking place October 30. Autopsy showed intense peritonitis, extensive ulceration of Peyer's patches and solitary glands; enlargement of the spleen, enlargement and induration of the mesenteric glands. A few inches above the cæcum, one patch had sloughed, perforating the ilium by an opening as large as the end of the thumb.

Here, then, are the only fatal cases out of the series, and both ambulatory; one actually keeping at his work until the deadly ulcer had eaten a hole in his gut; the other knocking about from pillar to post, with extensive ulceration, and several ulcers on the point of perforation. Comment is unnecessary. The lives of these patients, I think, might have been saved had they been brought under observation earlier, and placed upon proper treatment. Another prominent fact illustrated is, that patients with typhoid fever may actually reach the day of their death without presenting any symptoms whatever to ordinary observation, and not knowing themselves that they are seriously sick.

Now, as to the other sixteen cases. I have brief histories of them here, but will not weary you by going into details. It will be sufficient to analyze them as regards the origin, symptomatology and results.

Any one might suppose that an epidemic of typhoid fever was prevalent in Galveston, judging by the number of such cases which have crowded my wards in the Sealy Hospital since the first of October; but as will be shown, two-thirds of the number were from elsewhere. The first point worthy of notice is, that all are males. There has not been a female patient with typhoid fever in my service, up to the present time, this season. They come from widely different parts of the country, as follows: From Rouen, France, one seaman; from Tampico, Mexico, two seamen; from Liverpool, England, three; from various points in the interior of Texas, seven. Of these latter, one was from Wharton county, one from San Antonio, one from Fort Worth, one from Rock Island, North Texas, and three were traveling
through the State. Five of these patients belonged to Galveston. Of all of these eighteen cases, twelve had diarrhoea, and the other six suffered from constipation during the entire course of the disease. The fever, in nearly all of them, came on gradually, accompanied with headache, anorexia, and general malaise. The tongue presented a very similar appearance in all, slightly coated at first, red at the tip and edges, and, later, getting dry, glazed and fissured. All, without exception, had the rose-colored spots; none had any pulmonary complications, and only three had severe nervous symptoms, which fact, no doubt, can be explained by the prophylactic treatment, that is, careful attention to cleansing of the mouth and cold water baths. Epistaxis occurred in one case; hemorrhage from the bowels in none. Two, so far, have had relapses. Two, as mentioned already, died from intestinal perforation. The diagnosis has presented no difficulty in any of these cases. Most any tyro could have gone through the wards and differentiated the cases of typhoid fever from those of malaria.

Another fact of interest is, that in one instance in which there was positive evidence of the existence of both typhoid and malarial infections, there was no commingling of the two in one person. For example, an English tramp steamer, which had been detained thirty days at Tampico, has furnished a number of both forms of fever. The malarial form was well marked, and invariably characterized by the presence of the parasites in the blood, and rapidly yielded to quinine, while the typhoid cases showed no evidence whatever of malarial complication. Not one of these cases, by any stretch of the diagnostic imagination, could be called typho-malarial. This confirms my previous observation, that the two forms of fever are usually easy to differentiate, especially with the careful use of the thermometer and microscopical examination of the blood. I, have had, in my wards, a number of patients with slow forms of continued malarial fevers, but such fevers bear no resemblance to typhoid.

Upon the subject of treatment, I have a few words to say. Dr. Osler never made a truer statement than when he said that "it had taken the medical profession a long time to find out that typhoid fever is not a disease to be treated by medicines." This is only another way of saying that careful nursing and feeding will accomplish more than drugs. There is no disease in which a careful and conscientious nurse can accomplish more than in typhoid fever. It is her business, under the direction
of the physician, to carefully attend to all of those important details which may be included under the terms cleanliness and antipepsis, and which not only add to the peculiar comfort of the patient, but also improve his chances for recovery by preventing serious complications. She should know the kind of diet suitable for such a patient, and how to prepare and administer it. In my experience, the proper feeding of a patient with typhoid fever, is the most difficult part of the treatment. It is even more troublesome to restrain the patient's appetite in the period of convalescence, than it is to get him to take sufficient nourishment during the height of the fever. Milk is the acknowledged ideal food. Its administration should be carefully watched, and digestion aided by admixture with lime-water, some of the alkaline carbonated waters, or it should be given after previous fermentation, in the shape of "matzoon," or "kumyss," etc. By the use of milk in this way, the scanty gastric juice is not all consumed in the coagulation of the casein, and some is left for its conversion into peptones. Buttermilk, for a similar reason, is advisable. Cream and whey, or a little ice cream, may also be used.

While I believe that milk is by far the best food, patients are apt to get tired and disgusted with it, hence the necessity of adding to the dietary some carefully prepared animal broths, or some light farinaceous food, such as arrow-root or sago, and of assisting in the digestion of all by the administration of pepsin. As regards alcohol, I do not believe that there exists any necessity for its routine administration. When there is an indication for stimulants as evidenced by a failing circulation and an exaggeration of the nervous phenomena, then alcohol and strychnine should be given with a free hand, but the emergency over, they should be discontinued. Next in value as a therapeutic measure, in my opinion, is the cold bath, introduced nearly a century ago, by Cumi. This practice had fallen into disuse until revived by Brand. I shall not enter here into details as to the modus operandi and management of the baths, but will close by giving this treatment my emphatic endorsement. In my hands, it has proven of infinite value.

DISCUSSION ON THE TREATMENT OF TYPHOID FEVER.

The President, Dr. Fly, referring to the history of typhoid fever, said that in 1878-79 the disease was almost unknown. In 1882 he had his first case. A boy, the son of the janitress in the
Hospital, had an attack of what some would call or describe as catarrhal fever (he did not belong to the class who described all cases of fever with intestinal symptoms as catarrhal). The boy had a temperature ranging from 102° to 104° F., with hemorrhage from the bowels, and died in three weeks from collapse. No post-mortem was obtained. The speaker believed this was a case of typhoid fever. His next cases occurred in 1884, when two patients came under his observation. The first case exhibited continued fever for four weeks, with marked tympanitis; then the fever disappeared, to be followed by a relapse lasting for four weeks longer. He believed it a case of relapsing typhoid. The second case was that of a conductor on the Santa Fe railroad. It was a typical one, with a distinct history of drinking from an infected well. In 1885, he had his next case, and since then he has had many other cases. Many cases that had been diagnosed as dengue, were accompanied by hemorrhage from the nose and bowels, and he believed they were really typhoid, as in typhoid fever there might be hemorrhage from any part of the alimentary tract. As to causes, he was convinced that they were due to the proximity of sunk cisterns to the cesspools, and quoted cases in point, both of typhoid and diphteria. As to treatment, he considered nursing and diet of the first importance. He used predigested food a great deal, kept the bowels open with a daily enema, and treated pyrexia with cold baths. He did not believe in antipyretics, but treated high temperature with a cold bath (60° to 70° F.) to begin with, followed by ice-bags to the head and abdomen. He gave no solid food till two weeks after the disappearance of the fever. He believed the chief use of antipyretics was that they allowed the patient to die with a normal temperature. Later in the discussion, Dr. Fly said that he believed alcohol should be used freely when indicated. He insisted on frequent changing of the linen, and sponging with alcohol, to prevent bed sores. He objected to phenacetine. In private practice he gave the first cold bath himself, trusting the following one to a trained nurse. He commenced with a temperature of from 60° to 70° F. and applied iced water to the head and spine. Cold bathing was especially useful in averting convulsions in the hyperpyrexia of children. He did not believe that typhoid fever could be aborted by any treatment.

Dr. Randall felt that Dr. Fly had covered the grounds so thoroughly that little was left to be said. He considered that, set-
ting aside preventive treatment, diet and hygiene were of the first importance and all drugs occupied a secondary place. When fever rose above 102.5°F, even before the diagnosis was made, he employed cold bathing, and repeated the bath every three hours, if necessary, commencing with a temperature at 80°F, and reducing it to 70°F, or lower, by addition of cold water or ice. He had the bodily temperature taken every two hours, and often made a morning bath a routine treatment. In his ward, at the John Sealy Hospital, he had had a portable bath tub introduced, and the Brand system thoroughly carried out. He found the patients were refreshed and rested much better after the bath, and the course of the fever was much modified. He considered such complications as pneumonia, bronchitis and pleurisy as contra-indications to the use of the bath. Hemorrhage, on the other hand, was a contra-indication, not because the cold contracted the capillaries and drove the blood to the internal organs, but because the exertion the bath entailed must be avoided; for the same reason the bath should not be used in threatened perforation. In the "typhoid state" he used turpentine in from five to ten drops every three or four hours. In persistent diarrhoea of convalescence, indicating an unhealed ulcer, he also found useful (as recommended by George B. Wood) the ingestion of the turpentine. He was aware that Dr. Osler had recently condemned the use of this drug, but was sure he had seen excellent results from its administration. He likewise used alcohol from the beginning of the disease as it was both a food and a heart stimulant. When there was failure of the circulation, he placed much faith in strychnine, carbonate of ammonium and ether. Digitalis should be used with care, as the heart muscle was often in a state of fatty degeneration dependent on myocarditis. He treated hemorrhage by absolute rest, opium, ergot, and the numerous astringents. Later, Dr. Randall spoke of the importance of efficient nursing as the only means of preventing bed-sores. He emphasized the importance of constant friction to the extremities and cold application to the head during the bath. He found no intestinal antiseptics of any use, except bismuth subnitrate and turpentine. He had used thymol, salol and naphthaline, without benefit: Salol he regarded as a dangerous remedy, as there was always a tendency to kidney mischief in typhoid fever, albuminuria being a frequent accompaniment of the disease. The drug, as was well known, was decomposed by the alkaline juices of the small intestine into
phenol and salicylic acid, and these being eliminated by the kidney would increase the already existing trouble. He agreed with Dr. Cerna in considering musk in from 10 to 20 grain doses, by enema, as recommended by Dr. H. C. Wood, the best remedy in nervous exhaustion.

Dr. Cerna agreed with all that had been said about diet, hygiene, and the cold bath in pyrexia. In the "typhoid state" he believed that turpentine was of the greatest value. The drug was a stimulant, and exercised a local healing action on the ulcers. He believed in certain intestinal antiseptics, and recommended salol and the sulpho-carbolute of zinc for that purpose, in doses of from 5 to 10 grains of the salol and in from 2 to 5 grains of the zinc carbololate, alternately, every four hours. He insisted on the careful watching for a smoky color of the urine, when the salol should be stopped. He considered salol contraindicated in Bright's disease, but if there were no intercurrent Bright's disease, he did not consider that any harm had been done, though the urine were rendered smoky, provided the drug were suspended at once. He recognized cases where cold bathing was useless to reduce temperature, every temporary reduction being followed in these cases by a rapid return to the previous thermic condition. These phenomena were due to exhaustion of the heat regulating centre, and he would like especially to draw attention to the use of musk as a nervous stimulant in such cases. By stimulating and sustaining the heat regulating center, it acted as a true antipyretic, and superceded baths in all cases where the centre was exhausted, that is, where the cold bath was followed by a rapid return to the former fever height. Of course, the price of the drug precluded its use in all but the wealthier classes.

Dr. Clopton noted in comparing the literature of the past with that of the present day, that while there had been great advances made in the diagnosis of typhoid fever, there has been little advance attained in the treatment of the disorder. He thought that as a guide to treatment, Stokes could be as much relied on as Reynolds or other recent authorities. The physician, to treat typhoid fever rightly, should keep three points in view. 1. He should realize that the fever could not be aborted by any treatment whatever, and that all attempts to make it abort were certain to do great injury. 2. He should remember that it was essentially an exhausting disease, producing no evanescent exhaustion but trying the sustaining powers of the patient to the
utmost. He should, therefore, from the first, feed his patient up to his digesting capacity, but not beyond it. Milk, he regarded as the most important article of diet, and varied it only that he might aid his patient's appetite. Broths and hydrocarbons were also to be used. 3. He considered it of vital importance to begin alcohol in some form early. He preferred Scotch whisky. Brandy was difficult to get pure, and it was not so readily retained by the stomach. He began alcohol early and continued it late. In typhoid fever it was a positive food capable of being absorbed freely without the necessity of digestion. With regard to medicines, these must not be given with the idea of aborting the disease, as in this case they would do much harm. Complications occurring in typhoid fever, such as pneumonia, must not be treated apart from the original disorder—the typhoid fever must never be lost sight of when treating the complication. In pneumonia of typhoid fever, he found the carbonate of ammonium of the greatest service. He gave chloroform in small doses to quiet restlessness, and when it failed, found morphine of the utmost value. He had no faith in cold baths in private practice, as nurses were sure to mismanage them, and they involved great exertion in the patient. The only intestinal antiseptic that he had used was thymol, and in a very extensive experience of typhoid fever he had been convinced that its use had greatly reduced the percentage of cases of marked tympanitis, hemorrhage and perforation, as compared with their occurrence in his practice before he had commenced its employment. It caused no digestive disturbances and was an intestinal disinfectant of slow solubility. He used phenacetine when the temperature rose above 103° F. He treated hemorrhage with morphine, ergot, local cold and injections of cold water. Perforation, he treated with morphine, but had never had a case of undoubted perforation recover. He recognized great difficulty in diagnosing many cases from typho-malarial fever, so called, and recognized the value of the microscope in malarial cases.

Dr. Thompson had of course little to say on the purely medical treatment of typhoid fever. He wished, however, to call attention to one or two points. He could not believe that intestinal antiseptics could reach the ulcers of typhoid fever in such a condition as to produce any local effect on them whatever. It must be remembered that the drug had, in most cases, to travel through eighteen feet of intestine before it reached the ulcer, and must reach it in such a state of dilution that it was contrary to
all surgical experience that it could exert any germicidal influence. They might perhaps favor healing by their general action in improving the physical condition of the patient. He depre-
cated the habitual use of alcohol in typhoid cases and thought it
only added fuel to the fire; but considered it most valuable to
tide over a crisis and in medicinal doses during convalescence.
He would urge the greatest care in the administration of solid
food after the disappearance of the fever as the slightest indis-
cretion would cause colic and diarrhoea and a rise of tempera-
ture. Convalescent patients were especially liable to painful con-
stipation, and he could speak emphatically of the value of an
enema of 1 to 2 drachms of glycerine immediately before going
to stool in producing a copious evacuation of the bowels.

Dr. Sampson said that so fully had the subject been ventilated
that little remained to be added. He considered that no more
important advance in therapeutics had been made in recent years
than the systematic use of cold baths in the treatment of typhoid
fever. While the fever could not be aborted, he felt sure that it
could be greatly modified and many of the complications averted
by this measure. As to a doubtful diagnosis between pneu-
monia and typhoid fever precluding the cold bath, this objection
was not valid. He had witnessed convincing proof in the prac-
tice of Dr. S. Baruch, of New York, of the efficacy of cold baths
in the treatment of pneumonia. The speaker further believed
that turpentine passed through the whole alimentary tract un-
changed acting as an antiseptic to the canal and exhibiting a
healing effect on the ulcers.

Dr. Raugh drew attention to the peculiar tendency to the de-
velopment of bed-sores in typoid fever, and thought the physi-
cian should be especially careful to prevent their occurrence.

In closing the discussion, Dr. H. A. West said: "I have been
very much interested in this discussion, and have very little to
add to what has been expressed this evening or to my remarks
at a previous meeting of the Society. There are, however, a few
points not mentioned to which I would call attention. In the
first place, I am very glad to hear Dr. Fly make the statement
as to his change of opinion in regard to those cases of fever oc-
curring about 1885, and called by most of the physicians here
typho-dengue. It will be remembered by Dr. Fly and others
present here this evening, that when the nature of the fever
prevalent in Galveston at that time was discussed at a meeting
of the old Society, that I stood almost alone in advocating the
view that typhoid fever was then epidemic in our city; contending for this view upon the grounds of the long duration of the disorder, the serious complications, such as intestinal hemorrhages, parotitis, etc., the characteristic course of the fever, and the very considerable mortality. It is gratifying to me to have my views upon these important questions not only endorsed by Dr. Fly, but by nearly all the physicians in Galveston. Now, let me present a few points in the treatment of typhoid fever, which have not been mentioned. 1. Let me insist upon the important attention to cleanliness and an antisepsis of the mouth and fauces. This is a matter which is too often neglected. The mouth should be systematically and frequently cleansed by a solution of boric acid, carbolic acid, or the like, in order to get rid of decaying particles of food and septic germs of various kinds. We can accomplish much in preventing serious pulmonary complications, as bronchitis and pneumonia, by the employment of such a measure. While I use few drugs in the treatment of typhoid fever, there are some which may be of decided benefit, especially those which act by aiding digestion. If there is any disease where artificial assistance to digestion is demanded, it is the one under consideration, as during its course the digestive power of patients is reduced to that of an infant; hence the necessity of giving not only the most easily assimilated and nourishing foods, but also pepsin and hydrochloric acid to aid the weakened stomach in performing its functions. Pepsin not only acts as a digestant but as an antiseptic, and is of undoubted value. A word as to intestinal antiseptics. Theoretically they are all right, practically they often fail, and for various reasons: First, they may be absorbed and never reach the intestines, except in a state of extreme dilution in the blood; and secondly, because many of them cause nausea, vomiting and disgust for food, and any medicine which produces such effects should be interdicted. There is one antiseptic, however, which does not offer these objections, and which, in my opinion, really does good, namely, subnitrate of bismuth. The medicament should be given in large doses. A word as to antipyretics. Frequent reference has been made this evening to the effect of baths in the treatment of the fever. It should be remembered that cold bathing produces other and more important results than a mere reduction of the bodily heat. The cold bath is a good stimulant to the nervous centres, strengthening especially the respiration and circulation. It produces a soothing influence, promotes
sleep, improves digestion and the appetite, stimulates the action of the skin, and, in fact, through its action upon the central nervous system, it is beneficial to the entire economy. When the physician is thoroughly convinced as to the truth of these statements (and one has only to try this treatment to be convinced), he will have the courage of his convictions and thus overcome all such difficulties as objections of friends, want of facilities, etc. As to the medicinal antipyretics, I do not believe in them; they are not only theoretically harmful, but practically so, as I have found by experience. I remember one case in which, owing to the persistent daily rise of the bodily temperature, I was tempted to employ (during the period of approaching convalescence) 7 grains of phenacetine. This single dose produced a condition of alarming collapse. I believe that all or any of the coal-tar antipyretics, if not absolutely contra-indicated in typhoid fever, should at least be used with great circumspection. I never use them at all, except perhaps at the very onset of the fever."

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**PARALYSIS AGITANS.**

**BY ALLEN J. SMITH, M. D.,**

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**GENTLEMEN:**—The patient illustrative of the discussion into which we are about to enter, is the subject of an affection known as "paralysis agitans." This disease was first systematically described by an English physician, Parkinson, in 1817; and for this reason is not infrequently designated as "Parkinson's disease." The most pronounced symptom of the affection is the tremor, which may be so well noted in this case, which gives origin to the second portion of its common name, "agitans"; the first portion of the name, "paralysis," being employed because of the loss of muscular power evident in the later stages to a greater or less degree. The disease is also sometimes spoken of as "paralysis festinans," because of the peculiar ten-

**NOTE.**—A clinical lecture delivered before the third year class of the Medical Department of the University of Texas, in John Sealy Hospital, Galveston, Texas.
The tendency to festination or hastening in the gait of the affected individual.

The etiology of the malady is obscure. It occurs most frequently about middle life, and is nearly equal in its occurrence in the sexes. There is no distinct hereditary tendency in the development of the affection, although occasionally several members of the same generation of a family are affected. Exposure to cold and damp, violent exercise, profound mental emotions, business anxieties, and occasionally peripheral nervous irritations, stand in an apparently causal relation.

The disease may show itself immediately, by the appearance of the characteristic tremors, or, as is not an infrequent feature in the history of individual cases, there may precede this symptom muscular pains, of a more or less general extent, of a sore nature, and often accompanied by cramps. While these cramps and aches are not, as a rule, localized, there is apt to be some one part more affected than the rest; and in this position the tremors are particularly likely to appear. At first these are but slight, intermittent in their manifestation, often only called forth by excitement or fatigue; but eventually they are present almost constantly. Where the disease is gradual in its onset, the tremors are at first quite fine, almost imperceptible, but in the progression of the case become more coarse, although for a large part of the entire extent of the affection they are to a greater or less degree under some voluntary control. Beginning in one or other member, in one hand and arm generally, the tremors distribute themselves gradually over the body, often arranging themselves unilaterally, after the fashion of a hemiplegia; or occurring prominently in one foot and leg, they may pass to the opposite lower member, thus simulating the distribution of a paraplegia. Charcot also describes a crossed invasion, from the arm of one side to the leg of the opposite side. Unless dependent upon some focal disease of the brain, the tremor is not apt to continue localized, but progressively invades the whole body, exclusive of the head and neck. When developed, it is a rapid, rythmical, trembling motion of the trunk and members, rarely absent during the patient’s waking hours, and often present as well during sleep. The larger muscle groups, in their tremor, give rise to coarse, rythmical, flapping-like movements, well seen in the arms and hands; but besides these motions, finer, quivering tremors may be distinguished in the individual muscles of the trembling part—tremors within tremors, as it were. These
movements are not exaggerated by voluntary efforts at muscular action, but are, on the contrary, for a time at least, suspended temporarily by exercise of the will.

Accompanying, and sometimes preceding the tremor, there are experienced more or less general sensations of muscular soreness and aching, and muscular cramps, which may be constantly present, or may occur only intermittently. Scarcely noted at first, but progressive with the progression of the other muscular symptoms, there comes a peculiar rigidity of the muscles, manifesting itself in the motion and posture of the affected individual. The patient has difficulty in arising to the standing position, and when this is accomplished, the posture is characteristic. The head is carried well forward, the arms are borne flexed at the elbows and at the wrists, the hands usually being held about the iliac regions; the trunk is flexed upon the thighs, and the knees are likewise slightly bent. At the same time, probably as another evidence of the muscular condition, there is assumed a peculiar passive, heavy facial expression, the countenance lighting up poorly, and then quickly resuming its stoic appearance. In connection with the posture described, but probably not distinctly dependent upon it, as is taught by some authorities, there is developed a peculiar gait, which has given rise to one of the names of the disease, the hastening, or festinating gait. One would be disposed to regard this festination, without due consideration, as the result of the body position of the patient. It would seem that with head and body thrown forward, the patient must thrust forth his feet in order to maintain his equipoise and prevent his falling prone; but this forward movement of the limbs urges the body further onward, and the limbs are moved forward more and more rapidly in order to sustain the body. Thus the man, beginning to walk slowly, presently moves more briskly, and eventually breaks into a run, unable to stop without the greatest effort, unless he catch at some permanent object to stay himself, otherwise he falls headlong. That there is, however, some other factor in the production of this symptom than the posture, is suggested by the fact that if one twitch the patient strongly enough, in a backward direction, to cause a slight retrogression, a backward festination may be induced.

With the development of such symptoms, there gradually grows apparent some loss of muscular power, at first slight, but in the advanced stages of the disease sufficiently pronounced to
have suggested the term "paralysis" for the affection. This loss of power may, however, be only an apparent loss, the muscular rigidity referred to and the tremor contributing largely to the annulment of muscular movements, reminding one much of the loss of power in spastic spinal paralysis. The existence of this symptom is not uniform, at least in the earlier stages of the affection, and at this period it is often entirely unnoticed. In speaking of the uncertainty of this symptom, I am reminded, too, of the occasional absence of the tremor, which is generally regarded as so characteristic, in which case the pains, muscular soreness and cramps, the posture, facies and gait include the commonly invoked diagnostic features of the disease.

There are rarely any sensory symptoms, unless one may name here the frequent existence of subjective sensations of heat—although for some unexplained reason the thermometric readings in Parkinson's disease are generally above the normal.

The disease is usually divided into three stages by writers, each of variable and generally of prolonged duration. There is thus described a stage of development, such as has been outlined, which is followed by a stationary period, one in which the symptoms of the disease increase but little, and in which there may even occur intervals of amelioration. Eventually, however, if the patient continue to live, the disease passes on with the greatest of uniformity, into a third stage. Here the slight loss of power has become decided, the patient bed-ridden, and sometimes even without the use of the hands and arms. The tremors are constantly present, at least during the waking hours, in their fullest development; the muscles of the neck, the throat and tongue are not infrequently involved, and as a consequence impairments of the speech, mastication and swallowing may present themselves as symptoms. The special senses are not involved. The mind may be unchanged, but in some instances the mental faculties become progressively impaired. The functions of the bladder and rectum may be overthrown; and in its utter helplessness the average advanced case presents a truly pitiable condition.

The patient may remain in this deplorable state for an indefinite time, awaiting the gradual dissolution of all his powers, or reaching a termination of his woes by the development of a bulbar palsy, or the occurrence of some intercurrent affection. The impairment of nutrition, consequent upon the confinement and the various other depressive influences, contributes freely to in-
duce this latter contingency; and not infrequently an acute pneumonia or phthisis brings the closing passages of the scene.

No distinct knowledge is possessed as to the pathology of the affection. Various organic lesions are described as having been found, but are without any uniformity; and in the absence of any assured knowledge, I purposely refrain from discussing any of the theoretical views advanced. I may say, however, that the lesions described are in general of a sclerotic or degenerative character, and are located in the cord and in the brain.

After this presentation of the subject, I am in position to refer your attention, for illustration of my remarks, to the patient before us:

He is a white man, A. C., aged 38 years, a native of Galveston, and was admitted to the wards of Sealy Hospital, on December 8, 1872. He is single; a machinist by occupation. There is no point in his family history suggestive in relation to the malady in question. His father died of small-pox; his mother of tuberculosis. The patient was one of eight children, two of whom are dead, from pneumonia and typhoid fever, respectively. A brother is now in the hospital because of a chronic leg ulcer, said to be subject to severe tic douloureux, and to leave a strong idiosyncrasy against iodoform. Before the symptoms of the present disease manifested themselves, the patient had never experienced a severe or serious illness. He acknowledges former excesses in venery, alcohol and tobacco; but denies ever having had any venereal disease. He has been much exposed from the demands of his work.

About three years since, after several days of severe labor in an exposed place, he noticed the frequent occurrence of cramps in the right foot, and shortly afterwards experienced a dull, sore pain in the right hip and in the lumbar region. For almost six months these symptoms had existed in variable intensity and frequency, when he noticed that occasionally there were tremors in these parts. At first the tremors were present only after excitement or great fatigue, disappearing spontaneously in a few minutes, and was easily stopped by effort of the will, when his attention was directed to the trembling part. Shortly after the development of the tremors in the right limb, the same sore muscular sensation, followed some time later by tremors, appeared in the arm of the same side. The left arm, and after it the left limb were similarly invaded; and finally, the muscles of the neck, tongue and lower jaw were involved.
As the patient stands before you, the tremor is his most apparent symptom, the entire body exhibiting a rhythmical motion, communicated from the tremor of the limbs. The arms, the forearms and hands move with a coarse, regular, flapping motion; the thumbs and fingers move in a peculiarly regular manner that recalls to me the movements of rolling a pencil or other small object between the thumb and fingers. As an anomalous symptom, I would call your especial attention to the tremors in the muscles of the neck, the tongue and the lower jaw. As may be seen, the whole head shakes from the vibratory action of the neck muscles; and the mumbling speech you have heard is dependent upon the involvement of the muscles of the tongue and lips. He complains of the frequent necessity, in eating, to move the food about in his mouth with his fingers, the tongue being especially unequal to removing the food lodged in the arch of the palate. The tumor of the masseter muscle may be easily recognized by noting the movements of the lower jaw, or by inspecting the masseteric region of the cheeks, just anterior to the ear, where the tremors are distinctly visible. Many authorities deny the existence of tremors in these places in paralysis agitans, and there is no question as to their being generally absent; but slight tremors of the tongue are not infrequent in advanced cases, nor are tremors of the neck muscles very rare. Tremors are, however, quite uncommon about the muscles of the jaw and face; and in this particular, the case is somewhat anomalous. Absent during sleep, these tremors begin daily, shortly after the patient awakes, and continue during his waking hours, whether he be at rest or in motion. He states, that when he is very quiet, and his thoughts wander from himself and his malady, the tremors are of a finer rhythm, although they do not disappear. Excitement, as evinced in discussing his symptoms before him, and high-pitched sounds, as I am able the show by the variations of the hum of a Faradic instrument, exaggerate the intensity of the tremors. At first, by an effort of the will, he could suspend them, and even at present he is able to write in a clear, and almost fine hand. He has been able to work as a machinist up to the date of his admission to the hospital, in filing and polishing the small machinery about sewing machines. Nevertheless, while he is thus able to produce an abeyance of the symptoms in one part of the body, it is not entirely abolished, and may be present in other portions in its usual intensity.
The patient informs me that he notes no difference from the influence of temperature, seasons, or weather.

The flexed position, which I described as assumed by the body in the erect posture, in this affection, is finely exhibited by the patient before you, the head and body leaning forward, the arms a-kimbo, and hands clasped over the hypogastinum and the knees strongly flexed. The festinating gait has never been well marked in this man, giving immediate evidence that festination is not dependent upon the body posture,—else here it would have been well and typically developed. There has been amelioration of this symptom under treatment, however, but even now there is a tendency to break into a rapid and swinging step, when the patient's attention is called from his gait. Ordering the patient to turn rapidly, I am able, moreover, to induce a mild degree of the backward festination, the man being unable to control his backward movements as he turns. This fact, coupled with the evident effort at equilibration in the ordinary anterior festination, as well as the tremors, is strongly suggestive of a cerebellar origin for the disease, which I should be disposed to discuss, were there more support for such a view from post mortem findings. As it is, I prefer but to refer to it as a possible line of explanation of the symptomatology of our case.

The facial expression tallies closely with the description I have given you, the lower part of the face being particularly inert and expressionless. When the man first came under our care, the muscular paretic condition was much more marked than it now is. He was unable to rise without aid, from a chair or bed, to the erect position, although at present these movements are easy of accomplishment. The laxity of the hand grasp, and the slight muscular resistance of the arm to weight exhibit, however, the absence of his natural strength. He continues to complain of a dull, sore, aching pain in the left sacral region, which pain, he states, has been present, at intervals of long duration, for a number of months. He presents no sensory anomalies other than the sensations of heat I have referred to; but there has been an actual increase in the body temperature curve upon his chest, varying between 99.5° and 102° F. I am unable to indicate to you any organic cause for this temperature disturbance, examination of the thoracic and abdominal organs giving no clue. The special senses are in no apparent way involved.

The sexual power began to fail early in the course of the case, and at present both power and appetite are practically abolished
As a rule, in paralysis agitans, there are no abnormalities of the reflex phenomena, but here, as I am able to demonstrate, the knee-jerk of both sides is increased, particularly on the right side, the side first exhibiting the symptoms of the affection. The general functions of the body, apart from the symptoms narrated, are apparently normal.

In the construction of a diagnosis of paralysis agitans in this instance I have then the following symptom group: a tremor rythmical in occurrence, almost universal in distribution, constant during the waking hours, and diminished by volition and volitional movements; a peculiar flexed and fixed attitude of the body in the erect position together with a fixed and impressive countenance, and an altered mode of speech, a peculiar manner of locomotion of the type termed "festinating"; a certain degree of loss of muscular power, the existence of dull, aching pains in different parts of the body, and finally a number of minor phenomena, such as slight fever, increase of patellar reflex, and loss of sexual power and appetite.

The prominence of the symptomatic tremor leads one to regard it as an important basis for differentiation. Tremor is an oscillatory movement produced by the more or less rythmical action of opposed muscles or groups of muscles, not always interfering with purposeful muscular efforts. It is met, besides in the disease under consideration, in old age, in various chronic toxæmias as chronic alcoholism, plumbism or mercurial poisoning, in insular cererbo-spinal sclerosis, in general paralysis of the insane and in chorea. The tremor of this last condition it is true can scarcely be mistaken for that of Parkinson's disease, being distinctly a rythmical, irregular and coarse. The movements in chorea are twitching, jerking and irregular, often interfering decidedly with voluntary efforts; and taken into consideration together with the other aspects of the case can scarcely be regarded as simulating paralysis agitans. The tremor of general paresis of the insane is met with in individuals rarely presenting any of the symptoms simulating paralysis agitans; they are of a finer type and are less widely distributed, being largely confined to the lips and tongue, and hands. When they do occur more widely distributed, the exaggeration produced by a voluntary effort is a marked feature of difference as well as the difference in degree and rhythm. The general trend of the case, with its mental, motor, sensory and trophic symptoms easily complete the differentiation. It is asserted by
some that cases described as examples of Parkinson's disease in which there exists a distinct tremor of the head has been improperly diagnosed, and are in reality instances of insular or disseminated sclerosis. That such tremors of the head, jaw, tongue and neck are present in the case before us there is no doubt, but I should decline for that reason alone to regard the case as one of disseminated sclerosis, since besides the presence of the features of a case of paralysis agitans arguing the existence of this affection, the tremors differ decidedly from those of insular sclerosis in that they are suspended, not exaggerated, by voluntary efforts, they are not especially present about the head and neck as may occur in insular sclerosis, and there are present, excepting the increase of the knee reflex, no symptoms pointing to focal nervous disease besides the tremors and their consequences as described. The toxic tremors and those of old age should present some definite history of habits, occupation or age. They are all especially liable to manifest themselves about the head and arms, and are, without an exception that occurs to me now, increased by volitional effort. In the advanced cases of the tremor of old age there is usually a wider distinction than I have indicated and it is possible that in well developed instances of senility and paralysis agitans there may be considerable difficulty of diagnosis if the question of age may not be invoked. Alcoholic tremors besides presenting the characters suggested are to be recognized further by the fact that they are worse in the morning after a night's abstinence, and are relieved as soon as access to alcohol has been gained.

Having in such wise distinguished the nature of the tremor in the case before us, we may support this symptom by the clearly recognizable factors of diagnosis, the characteristic posture and gait, to the clear conviction that we are dealing with a true, although slightly, anomalous case of paralysis agitans; and may in conclusion turn our attention to the question of treatment. Herein I must confess, as I am often compelled to confess, that little may be promised. Few cases have done aught but pursue the course outlined, and these moreover are held up to doubt because of their variety. Of the remedies which have been suggested none have accomplished as decided good in my own experience as atropine, the good effects of which are quite patent in this instance. I have used the drug several times in this affection with at least temporary benefit, and am disposed to regard it favorably. I would prescribe the alkaloid—doses of
one-hundred-and-twentieth of a grain thrice daily by the mouth for the sake of convenience, increasing the dose as the tolerance of the the case permits. Almost immediately there may be expected some amelioration in the paretic symptoms, the drug apparently overcoming to a greater or less degree the mild spastic condition of the muscles which I have described as underlying the paresis. Its effects are unfortunately not as permanent as might be desired, nor does the improvement progress without limitation. In the case before us I shall order when I am persuaded that no more effect may be expected from the atropine, warm baths daily, with use of the Faradic current, perhaps some such alternative as arsenic, silver or mercury. Strychnine has been advised by numerous writers and good results claimed for it, although I cannot corroborate those claims and regard the drug as unsuited to an affection whose chief symptoms seem to point to an uncontrolled spinal influence. On the contrary in its opposite, eserine, I should expect to meet the fulfillment of more of the requirements of the disease, although I am unable to make any distinct statements as to its practical worth. Tonics of iron and bitters are frequently indicated in complicating depressions of the digestive or circulatory functions; but the real treatment in any case is almost purely speculative, and aside from the exercise of the most earnest care in diet and in the conduct of the hygenic surroundings, is without a positive indication as is sought in scientific medicine.

For Daniel's Texas Medical Journal.

**LAPAROTOMY FOR FIBRO CYSTIC TUMOR.**

**BY R. E. HAUGHTON, M. D.**

[Read before the Northwest Texas Medical Association at Cisco, on Tuesday, Dec. 6th, 1892.]

CASE: Mrs. B., age 37 years, consulted me about a tumor with a view to diagnosis and removal. It was believed to be by her physician and friends, an ovarian tumor. She was anxious to have it removed, if possible, as her health was impairing and already much impaired, and the size of the growth had reached that of a full term pregnancy. I examined all the means used to determine diagnosis, and decided that it presented the conditions of a multilocular ovarian tumor, was clearly a fluctu-
ating tumor, but had deviated from the ordinary history of an ovarian tumor, in this, viz: that it developed centrally while the most common mode, if ovarian, are developed from the right or left ovarian region, unless double, which is not an usual occurrence. This led to the most careful investigation as the suspicion of a fibroid, or fibro-cystic tumor growing out from the uterus. She had not menstruated for more than a year, the reason of which will appear in the sequel. This led to a careful examination of the possible condition and relation of the uterus, and it could not be found by any exploration adopted. The conception of the condition was that it had been lifted up from the pelvis, beyond the means of examination, and so it was found to be. In view of her impaired health, and recently more rapid growth, an operation seemed to be the only thing remaining to be done which could give any hope of improvement of her condition, keeping in view the gravity of the risks to be taken in such a procedure. They decided to carefully consider the matter, and if they decided to submit the case to an operation, to notify me and fix a day. I went to the home of the lady, and, in conference with her physician and others, proceeded to the operation. The lady was placed upon a table and chloroform, ether and alcohol used as the anaesthetic. The operation was by the long incision, after a short exploratory one for observation. There was found almost universal adhesions to the other viscera and walls of the abdomen. There was found a poly-cystic tumor arising from the lower portion of the body and neck of the uterus, about the junction of the neck and body of the organ, and by its large development, enclosing the body of the uterus so completely that but a trace of it was left, being compressed and atrophied, so that the canal of the neck and outline of body and thickness of wall was from an eighth to a quarter of an inch only remaining. The adhesions gave rise to some troublesome hemorrhage, which was carefully controlled by ligation and styptics. The broad ligaments and fallopian tubes and ovaries were removed. The broad ligaments being reflexions of the peritoneum, were ligated, in three sections, and attachments separated. One difficulty occurs in such cases, viz: properly constricting the ligated tissues, as elasticity of the tissue plays an important part in effectively controlling the hemorrhage. Lifting up the entire mass and getting behind it and below the junction of the vagina, a strong ligature was cast so as to embrace the entire tumor at the line of junction above the vagina and encircling the atrophied
cervix. This is in accord with the suggestion of Schroeder in cases of cancer of the uterus, viz: division between the external and internal os, which he calls the supra-vaginal incision, and which he has made. Not being willing to risk the danger from hemorrhage if a ligature should slip or not be sufficiently tight, the eraser was used to control the possible hemorrhage, while the mass of tumors, uterus, ovaries and tubes were removed through a ligation of the broad ligaments and the supra-vaginal ligation and excision of the neck of the uterus. Where there was found bleeding or oozing from vessels or abraded surfaces, a solution of the sub. sul. ferri was applied, as it is innocuous to the tissues, which promptly controlled any after loss of blood till the entire cavity was dry, and pelvis and abdomen carefully cleansed with hot water. The patient was removed to bed. She rallied from the shock of the operation, which was for a time profound, yet warm bottles and stimulants soon restored her to a comparatively comfortable condition, and so continued until the morning of the second day. The external wound was closed by several interrupted sutures of silver wire and strips, between the sutures, completely closing the wound, except a point for a drainage tube and ligatures within. The dressing was completed by antiseptic compress and bandage.

She rested well the first night and into the second day, when there was evidence of peritoneal inflammation in fever, pulse increased, tenderness over abdomen; the pulse failed, the temperature higher, growing paleness of surface, pinched features, coldness, and death on the third day.

DISCUSSION OF RESULTS.

History of Fibro Cysts.—Whether the best thing was done in this case and other such cases by operation can only be determined by a careful study and results obtained. Hence, it is important that medical men report their failures as well as their successes. This is the reason why this case appears here to-day, and, if in anything the next operation can be made a success, involving such conditions as were presented here, I shall have been paid. I have made such operations before and since, in which the abdomen was laid open, and every case, so far, has its own peculiar features which must guide the surgeon. I am aware that the technique of the operation, under our antiseptic methods, has vastly improved, yet a review of fatal cases honestly reported will, no doubt, still aid us to secure better results.
and also enable us to still more improve our methods of diagnosis. Baker Brown says: "I know of no distinguishing signs between utero-fibro cyst and ovarian cystoma. These have long been recognized as a distinct class of tumors, and were first described by Cruveilheir and have not unfrequently been mistaken by the ovariotomist for ovarian cysts. Where the growth has been rapid and fluctuation becoming very evident, an error in diagnosis may readily occur. Hence, to make a more careful and certain diagnosis, an exploratory incision, in my judgment, should be made; yet, even with the finger or hand in the abdominal cavity, it is difficult to distinguish a fibro-cyst from an ovarian cyst. Koberle thinks "that the differential diagnosis ought to be clearly made," and Wells says "that a darker and less pearly blue aspect of the tumor would be sufficient to put the surgeon on his guard against mistaking it for an ovarian cyst. Dr. Atlee admits the difficulty of diagnosis and says that errors are frequent, even in hard fibroid tumors, but much more common in fibro-cystic tumors. He says further: "I believe that a positive diagnosis can be made only by tapping" and testing the fluid by heat (or heat and acid), which is a sufficiently reliable test, but one which is more so is "a fluid coagulable on exposure to air."

We find, so far, medical men have not been and are not able to make a differential diagnosis unless by this method. The question arises, if I had been able to identify the character of this mass of tumors, as I had fear that it was such as was found, would it have been just and right to subject the woman to a dangerous operation in the hope of saving her? Tapping is now regarded and has often proved a dangerous and fatal method and I did not use this method. Where there is great doubt as to the peculiar nature of the tumor, it may be best to give the patient the benefit of the doubt, and not operate if the diagnosis cannot be cleared up before, yet this leaves the patient to succumb to her fate without doing anything to mitigate her condition. Hope is the anchor of the soul. I report this case, first, because the conditions required a removal of the uterus; secondly, because the nature of the tumor, viz: a fibro-polycystic mass of tumors of various sizes, from that of a large sized child's head of six months old to that of the size of a man's fist, the mass weighing forty-five pounds. Some of these tumors contained fluid of a yellow serous kind,—some thick like mel. or honey (melicerous), and some of them were solid or fibroid tumors. They were arranged
around the uterus as a centre, springing out from it at the junction of neck and body, similar to a bunch of grapes about the stem, or similar to a bunch of hyatids, which I once obtained in a case of hemorrhage from the uterus, and of which they were the producing cause; thirdly and lastly, because, unfortunately, it was a fatal case, which are not always reported. This case presents several conditions unique and interesting, especially the fact, that the uterus of a child-bearing woman being so compressed and atrophied as to present but a trace of outline, having its functions completely arrested—abolished, and with it the abolition of the function of the ovaries, as ovulation had not existed, by any evidence of menstruation, for months during its progress.

"Dr. Coffin, of New Orleans, Feb., 1861, removed the uterus entire with one ovary and fallopian tube, leaving the other, the woman recovering, being able to sit up on the third day."—New Orleans Medical News and Hospital Gazette.

In the American Journal of Obstetrics, by Munde, January, 1879, is described a case, given by Freund, of Breslau, with a plate illustrative, and which he calls a new method, which is an operation for complete removal of the uterus, in which the chief consideration is the prevention of hemorrhage, and closure of the peritoneal wound. He does this by uniting the lower portion of both free peritoneal borders with the corresponding lateral portion of the abdominal wound, thereby preventing the detachment of the anterior pelvic attachment of the peritoneum. These operations were for cancer of the uterus, of which he has now performed fourteen operations, of this number eight deaths have been published and five recoveries, and one incomplete operation. Twenty-five operations,—more results known,—19 died, 5 recovered, one incomplete.

I have alluded to this modification, proposed by Schroeder in Freund’s operation, as made for cancer of the body of the organ and involving the neck or mouth, so as to secure an operation which may keep clear of cancerous tissue, and by this means avoid the possible complication preventing a final recovery. In such cases as here alluded to the supra-vaginal incision is the only one which should be adopted, if by that means the whole growth can be removed.

One case is reported by Trenholme, where he used the ecraseur, and attributes the fatal result to it, but whether it is better to use it and prevent hemorrhage until a safe ligation can be
accomplished with an antiseptic ligature, or allow bleeding, which might destroy the patient suddenly, and prevent a completion of the operation successfully. These are questions which must be met and determined in the mind of the surgeon, together with such accidents or complications as may occur to any operator.

Hysterotomy—Legitimacy of.—As late as 1875, Schroeder wrote thus: "At all events, it must for the present be left wholly undecided, whether, and how far, the extirpation of the uterus, by laparotomy, may be justifiable. Such a procedure is rational where the life of the patient is jeopardized." And to my mind this is true in any form of disease (aside from cancer), if the patient's life is certainly to be lost, unless an operation can save her. Hence (fibroid, or recurrent fibroids,) polycystic tumors, sarcoma, cancer, and some other forms of disease, are to be carefully investigated, and when, in the judgment of the surgeon, he ought to operate, it is only a question to be adjudicated at the bar of conscience. I am sure, in view of the great advance surgery has made on this line with all the means of antiseptics, and cleanliness, and instrumental aids, together with the small per cent. of mortality, developed on various lines, by laparotomy, we should not lose sight of the value of a human life. Perhaps no question will be raised, in view of the number of cases reported as successful. Hegar and Kaltenbach report 89 cases of completed operations; 26 recovered. In a total of 218 cases, 81 recovered; 137 deaths. The mortality is 62.84 per cent. in this operation. Pean, of Paris, had 32 operations and 26 recoveries, and in his work upon hysterotomy for fibroids and fibro-cysts, had 7 recoveries in 9 operations, and Boisiet, in 1867, read an essay, reproaching the timidity of French surgeons, who had so recoiled before it.—Thomas Dis. W., 727.

I shall not enter into any discussion of methods, as two are open to selection, viz., the abdominal and vaginal operation, and as these are fully referred to in works of reference, I shall not refer to it here. Dr. Mueller said, that while ovariotomy has been brought to a high degree of perfection, the operation of hysterotomy has not yet passed the first stages of its development. Not only has the legitimacy of this operation been denied by experienced gynecologists, and the indications and contra-indications for its performance are yet declared to be unsettled. Nevertheless, so much has been done that it is claiming its appropriate place among the very grave surgical operations,
and it is my conviction that men who study these questions are not justly chargeable with temerity or cruelty in offering such relief as may be found in this or such operations, being justified by the 29 per cent. of success obtained. Freund’s operation is “ad hoc sub judice.”

Therapeutics.

UNDER THE CHARGE OF DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology in the Medical Department of the University of Texas; formerly Demonstrator of, and Lecturer on, Experimental Therapeutics in the University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Corresponding Fellow of the Sociedad Espanola de Higiene, of Madrid; Member of the Philadelphia County Medical Society; of the Pathological Society of Philadelphia; Associate Editor of Sajous’ Annual of the Universal Medical Sciences; Secretary (Section on Therapeutics) of the Pan-American Medical Congress, etc., etc.

PYOKTANIN IN THE TREATMENT OF CANCER.—Felix Baron von Oefele (St. Petersburger Med. Wochens; Merch’s Bulletin—La Revista Medico-Quirurgica, October, 1892) has treated four cases of cancer with the above remedy. The author’s method is as follows: To each patient he gives every morning, before breakfast, a capsule containing one milligramme (1/5 of a grain) of the phenate of cocaine, and nine centigrammes (1 ½ grains) of acetanilid (antifebrine); after an hour a light breakfast is allowed. Four hours afterwards, the author administers another capsule containing an alcoholic solution of pyoktanin, of the strength of 2%. This treatment is continued for four days; on the fifth day he orders one capsule of the pyoktanin, and a second dose, of the stated amount, four hours afterwards. Even a third capsule may be administered. The author affirms that under such a treatment patients notably improve; the pain disappears, the appetite returns, accompanied by an amelioration of the general strength and an increase of bodily weight.

THE TREATMENT OF CARBUNCLE.—The hypodermatic injection of carbolic acid, according to Alan B. Murray, of Cokedale, Montana (N. Y. Medical Record—La Revista Medico-Quirurgica,
October, 1892), has given good results in the treatment of carbuncle of the neck. The author relates three cases. He injected fifteen drops (0.9 gramme) of pure carbolic acid. The operation was but slightly painful, and as soon as the anaesthetic effects of the remedy were established, the infectious inflammation was changed into a simple circumscribed abscess, this being opened by incision in the course of a few days. The disease was thus considerably diminished in its duration.

**Glycerine in the Treatment of Hepatic Colic.**—Ferrand (Bulletin de la Academie de Medecine de Paris-Gaceta Medico-Quirurgica, November, 1892) has published a good article on the above subject. The author draws the following important conclusions: 1. Glycerine does not dissolve hepatic calculi. 2. Administered by the mouth, in moderate quantities, the drug is rapidly absorbed, especially by the lacteals and the general lymphatic vessels. 3. In this manner, glycerine reaches the liver, and not, as has been supposed, through the duodenum and the common biliary duct. 4. In the liver, glycerine produces a hypersecretion of the bile, and is, therefore, a cholagogue. 5. Administered during an attack of hepatic colic, in doses of from 20 to 30 grammes (300 to 450 graines) a day, in chloroform water, or in an alkaline medium, glycerine is superior to olive oil.

**Iodozon in Phthisis.**—Iodozon (Gazette Med. de Liege-Pharm. Centralbl., 1892, p. 468, Notes on New Remedies, November, 1892) is the name applied to a liquid recommended as an efficient antiseptic, adapted to the treatment of wounds, etc., and as inhalation for phthisical patients. The drug is said to contain as a "basis a combination of iodine and ozone (?) as it occurs in the atmosphere, most especially on the sea-shore, where iodine and ozone are always present.

**Diaphtherin or Oxychinaseptol.**—This new remedy, recently introduced into practical medicine, is chemically a combination of one molecule of ortho-phenol sulphonic acid (or aseptol) and two molecules of oxychinolin. It occurs in the form of a yellow powder; it is readily soluble in water, and at an elevated temperature decomposes into its components. With regard to its properties, Emmerich (Therap. Monatshefte, 1892, p. 360; Notes on New Remedies, November, 1892) considers diaphtherin the most powerful of antiseptics, and for practical purposes the most suitable. It may be classed with phenol, lysol,
cresol, etc., and it is even more active than some of these. A 0.3% solution destroys staphylococcus pyogenes aureus in fifteen minutes; a 0.1% solution the bacillus pyocyaneus in forty-five minutes, and the cholera bacillus in ten minutes. A 0.2% solution destroys diphtheria bacillus in the same time. Its behavior toward fresh, undried spores is also very favorable. Notwithstanding its strong antiseptic properties, oxychinaseptol is relatively non-poisonous to animals.

**The Treatment of Burns by Thiol.**—Bidder (Pharm. Centralbl., 1892, p. 466, Notes on New Remedies, November, 1892), highly recommends thiol in the treatment of burns. The author discards linseed oil and lime water, as the necessity for the frequent removal of this remedy irritates the affected parts and destroys the blisters, the latter protecting it from contact with micro-organisms. The method of application is simple. The affected and surrounding parts are painted with thiolum liquidum, diluted with an equal quantity of water, and then covered with a layer of cotton. This also relieves the pain in a short time.

**Phenolsalyyl.**—J. DeChristmas (Annales de Institut Pasteur-Pharm-Zeit., No. 36, p. 434, 1892), gives the above name to an antiseptic mixture soluble in 25 parts of water and very readily so in glycerine. Phenolsalyyl is said to almost equal corrosive sublimate in its antiseptic properties. The mixture is composed of the following:

- Carbolic acid ........................................... 9 parts
- Salicylic acid ......................................... 1 part
- Lactic acid .............................................. 2 parts
- Menthol ................................................... 0.1 part

**The Influence Exercised by the Size of the Dose.**—In an excellent contribution, bearing upon the action of medicines, Agustín M. Fernandez de Ibarra, of New York (Gaceta Medico-Quirurgica, November, 1892), treats of the above subject. A careless observer may, in glancing over the article, draw the erroneous conclusion that the author is defending the false doctrine of similia similius curantur. Fernandez de Ibarra contends that in the present status of medical science, the knowledge of botanical relations, so to speak, is not in itself sufficient for the medical observer to explain accurately the effects of plants, nor to be able to judge in regard to what effects will be produced by the amount of the drug given; and that, in conse.
quence, we have to rely principally on clinical experience. [This perhaps may not be entirely correct; but, so far, it holds good in the majority of instances. Certainly, it may properly be held that no amount of experimental evidence can overthrow a clinical fact, but, on the other hand, clinical experience is not sufficient either in itself to explain the manner in which this or that medicament influences the organism.—D. C.] Although it is true that the effects of medicines may be divided into immediate and remote, and that these, exercising an influence upon a part of the body, upon an organ or a tissue, only increase or diminish the normal function of that tissue, organ or part of the body, without changing it or substituting it for another; yet, how such changes are brought about is, and will perhaps ever remain, unknown! For instance: Strychnine increases reflex action, but if the use of the medicament is continued for a long time the vitality of reflex action is exhausted, and is finally abolished (paralysis) if the employment of the drug is insisted upon. The author gives other good examples. He contends that good is produced when remedies are employed to relieve the same symptoms which they produce, and it would seem that the writer was drifting into the sea of the ridiculous doctrine of homeopathy. Such, however is not the case. Different effects are produced by the same drug, according to the dose used. Thus, aloes is aperient, cathartic or drastic, according the amount of the drug employed. Hemlock or conium, is a purge, a diuretic, an emetic, a hydragogue or an emmenagogue, under different doses; and so other examples could be cited to illustrate the subject. The author treats his theme in a masterly manner. From a thoughtful and practical study of the subject, he formulates the following: 1. It is a well-known fact that a teaspoonful of the syrup of ipecacuahna is sufficient to produce emesis; but it is no less a fact that 1 drop of the wine of ipecacuahna in a tablespoonful of water, administered every fifteen minutes, is of great service in checking frequent vomiting, especially that of pregnancy, and also that occurring in subacute gastritis, and even in that which, accompanied with diarrhoea, is seen in children. 2. Tartar emetic in doses of 5 milligrammes (1-12 of a grain) is a diaphoretic and at the same time a slight cardiac depressant; while in amounts of 10 centigrammes (1-12 grains) is an active emetic. 3. One milligramme (1-64 of a grain) of calomel, given every hour, during 10 or 12 consecutive hours, relieves headache of syphilitic origin, a symptom gener-
ally occurring at night. Undoubtedly, this substance, administered in such quantities, is wholly absorbed and thus carried to the brain by the current of the circulation. 4. It is well-known that cantharides, in large doses, produces intense inflammation of the urinary tract; but it is also a fact that one single drop of the tincture of the remedy, taken every hour in a half-glassful of water, relieves many case of true vesical catarrh. 5. Infantile diarrhoea, complicated with a slight intestinal inflammation and mucous discharges (without the disorder being a true dysentery), castor oil, in doses of 3 drops, administered in sweetened water and a little gum acacia, is an excellent remedy. 6. In cases of orchitis and epididymitis great relief is obtained in a short time, from the administration every hour of 2 drops of the tincture of pulsatilla in a little water. 7. No one denies that the fluid extract of ergot is highly useful in the treatment of excessive menstruation. On the other hand, it is a fact (although apparently paradoxical and perhaps not generally known) that the same medicament, in doses of 1 drop every half-an-hour, is quite efficient in cases of amenorrhœa not dependent upon anaemia. 8. Balsam of copaiba in large quantities produces urticaria, and yet, 1 drop of this remedy, ingested every hour, often cures cases of that cutaneous affection. 9. Fowler's solution, administered in doses of 1-2 a drop every half-an-hour, during 3 or 4 consecutive hours, will relieve the vomiting occurring after a debauchery, and is similarly useful in the vomiting of pregnancy. 10. One gramme (16 minims) of a solution of the sulphate of atrophiine, of the strength of 1-200 of a grain in a glassful of water, and of which the dose shall be a teaspoonful every hour, produces great relief in cases of pseudo-croupous disorders of reflex origin which are often observed in children. In such instances, however, when the full physiological effects of the drug begin to manifest themselves, the intervals between the doses should be increased.

The Active Principles of Cod Liver Oil.

The remarkable studies of M. M. Gautier and Mourgues on the alkaloids of Cod Liver Oil, show us definitely the nature of the principles to which are due, to a very great extent, its medicinal properties.

The physiological experiments made by these authorities on animals prove that the alkaloids referred to act:

1st. As stimulants of nutrition and of the circulation.

2nd. As diuretics.
In presence of such remarkable results explaining the therapeu
tic action of the oil, I have thought it possible to utilize in
medicine the alkaloids themselves; besides it appeared to me in
teresting to inquire if the effects observed by M. M. Gautier and
Mourgues, in their experimentation on animals, and especially
its action as a stimulant to the appetite and diuresis, were notice-
able when exhibited in a human being.

Guided by this idea, I prepared some of these same alkaloids,
but in the present case I have not attempted to isolate them, and
I have administered, therefore, the whole of the active principles
of Cod Liver Oil as a medicinal unit.*

The dose administered by the mouth to normal subjects in 24
hours, varied from 15 to 25 centigrammes.

The analysis of the urine made before and after the adminis-
tration of these alkaloids showed that—
1st. The volume of urine voided during the 24 hours, as well
as the amount of urea, was considerably increased.

2nd. That it acted as a powerful stimulant to the intra-
organic oxidization, a fact already formulated in the conclusions
of the original work.

From a clinical point of view the following are some of the
results obtained on treating a number of patients with the active
principles of Cod Liver Oil:

1st. Five young women, with vague pains, loss of appetite,
progressive decrease of strength, neur-asthenia. The effects in
the first place were increase of appetite, return of strength, with
loss of the painful symptoms referred to. Three of them who
had not menstruated for a considerable period were relieved of
the suppression in a short time after beginning the treatment.

2nd. In the case of two children who were suffering from
malnutrition, the appetite promptly returned in a few days.

3rd. Three patients who were afflicted with severe eczematous
eruptions at each menstrual period, were cured of this trouble.

4th. In two cases of bronchial catarrh in old patients, the
alkaloids produced the well-known effect of Cod Liver Oil, and
were administered with advantage and perfectly tolerated.

These observations show that the active principles of Cod
Liver Oil are of undoubted value as therapeutic aids where the
oil is indicated.—Translated from the French, by Dr. F. S. Ma-
son, N. Y.

* M. Chapoteaut, in 1885, was the first to demonstrate that, apart from the
fat considered as an assimilable fat, there existed, in variable proportions, a
number of alkaloids, etc., and these he removed from Cod Liver Oil in the
form of Morrhuol, representing all its active principles.
HIGHER EDUCATION.

The following bill has been prepared by friends of the Texas University Medical College, and will be introduced in the Legislature now in session at Austin. It is in pursuance of the movement amongst Southern medical colleges, an account of which was given in our December number, looking to raising the standard of medical education throughout the South. It will be remembered, the Association of Southern Medical Colleges agreed to require hereafter a three year's course as a condition to graduation. The Texas Medical College required it from the first, but so long as other Southern schools were making graduation easier and charging lower fees, it was impossible for the Texas Medical College to compete with them for even the Texas patronage. At the present session of the Legislature, an effort will be made also to reduce the fees at the Texas Medical College; this done, say to $50, the fee charged, we believe, by a majority of Southern schools, and all other colleges in the South insisting on the same requirements as these instituted by the Texas Medical College, it is to be hoped another year we will see a better class at Galveston. Texas has equipped and put in operation a magnificent Medical Department of her University, and it is rather humiliating that only twenty-two or three of the Texas students have matriculated there.

This bill will probably be amended in the house. Should it
become a law, it will give us better doctors, and, it is hoped, fewer graduates:

A BILL,

To be Entitled An Act to regulate the practice of medicine and to prescribe the qualifications of Physicians and Surgeons, and to repeal Title No. LXXIII of the Revised Statutes.

Section 1. Be it enacted by the Legislature of the State of Texas, That no person shall hereafter be entitled to pursue the occupation of physician or surgeon, or to practice medicine or surgery, in any of their branches, in this State, without having first complied with the requirements hereinafter prescribed.

Sec. 2. The Governor, Attorney General, State Health Officer, President of the Board of Regents of the State University, and Dean of the Faculty of the Medical School of the University, shall constitute a board to be known as “The Board of Medical Control.” Said board shall be presided over by the Governor, or in his absence, by the President of the Board of Regents. The Secretary of State shall act as its Secretary; its official acts shall be attested by him under the seal of State, and a majority of members shall compose a quorum. They shall meet as soon as practicable after the passage of this act, and thereafter at least once in each year, or as often as they may be called together by the Governor for the performance of the duties herein prescribed; the meetings to be held at the capital of the State. The members of said Board shall receive as compensation for their services, while in attendance on and going to and from said meetings, the sum of $5 per day, and their actual traveling expenses.

Sec. 3. It shall be the duty of said Board, as soon as practicable thereafter, to prepare and have printed and published a complete list of the reputable schools of medicine in the United States and foreign States and countries, copies of which list, duly certified by the Secretary of State, shall be at once furnished the county clerks of the several counties in the State, to be by them preserved for reference as hereafter provided. Said lists shall be so prepared and furnished the county clerks not later than October first of each year and as often as may be necessary to accomplish the purpose herein contemplated.

Sec. 4. By “reputable school of medicine” as herein named is meant one whose regular course of instruction comprises at least three full terms or sessions of at least six months each, and
which is otherwise recognized and accredited as reputable by the school of medicine to which it belongs.

Sec. 5. Every person who desires to pursue the occupation of physician or surgeon, or to practice medicine or surgery in any of its branches, shall, before entering upon the same, first have received a full diploma of graduation in due course from some reputable school of medicine, as the same is herein defined, and as listed by said Board of Medical Control, after having pursued the full three years course of instruction, exclusive of special or summer courses, or such proportion thereof as is required by such school before granting its diploma of graduation.

Sec. 6. Before entering upon the practice of medicine or surgery in any of its branches, the person desiring so to do shall exhibit to the clerk of the county in which he intends to pursue said practice, or of any county in which he may for the time reside, his diploma, as required in Section 5 hereof, and the clerk, upon inspection thereof and comparison of the same with the list of reputable medical colleges furnished him by the said board, shall, if satisfied of the genuineness and regularity of said diploma, and that the same was duly and legally issued to the holder of the same, issue to him a certificate reciting said facts, duly certified by the seal of his office, retaining in a well-bound book, kept in his office for that purpose, an entry of said certificate, showing the date of its issuance, the name of the person to whom it was issued, the name and location of the medical college from which the diploma was granted, and the date of its issuance. Certificates issued in accordance with this section shall entitle the holder thereof to practice medicine or surgery in any county in the State, and the county clerk shall receive a fee of two dollars and a half for each certificate so issued, to be paid by the person receiving the same. In case the person holding such certificate shall remove into any county other than the one in which the same was originally obtained, he shall, before entering upon the practice of his profession, have his certificate duly recorded in the clerk's office of the county into which he may have so removed, and in which he resides or sojourns; and the several county clerks shall keep in their offices well-bound books for that purpose, returning the original certificates to the holders thereof, with their certificates, under seal of recording, and for this service the clerks shall receive a fee of one dollar for each certificate recorded by them, to be paid by the person holding the same.
Sec. 7. All temporary certificates that may have been granted to persons by examining boards under the existing laws, shall be void upon the expiration of the period limited thereon, and in order to continue the practice of medicine or surgery in any of its branches, the holders of such temporary certificates are required to comply with the provisions of this act.

Sec. 8. The provisions of this act shall not be deemed to apply to the following persons:

1st. To those who may have already qualified for the practice of medicine under the provisions of an act entitled "An Act to regulate the practice of medicine," passed August 21, 1876, and amendments thereto.

2d. To those who have been regularly engaged in the general practice of medicine in the State, in any of its branches or departments, for a period of five consecutive years prior to January 1, 1875.

3d. Any female who practices midwifery strictly as such.

Sec. 9. No person except those named in the preceding sections of this act shall be permitted to practice medicine or surgery in any of their branches or departments in this State without having first obtained a certificate from a county clerk of some organized county of the State in accordance with the requirements provided in the foregoing portion of this act, and any person so attempting or professing to practice said occupation, shall be punished as provided in the penal code.

Sec. 10. Title LXXIII, of the Revised Statutes of the State of Texas, and all laws and parts of laws in conflict herewith, are hereby repealed.

Amend articles Nos. 396 to 399, of the penal code, so as to conform to above.

Also add article 3981, punishing any person who shall pass a bogus diploma, or one not issued to him, in order to obtain a certificate.

THE PUBLIC HEALTH BILL.

The bill now before Congress, ostensibly to create a Bureau of Public Health, is suspected of harboring under a chip, a large-sized and very robust and vigorous bug, and the South will have none of it. It has aroused a degree of antagonism little suspected. The Southern States feel fully equal to the task of administering their own quarantine laws, and want no assistance
from the Marine Monster, the M. H. S. The New Orleans people are thoroughly aroused on the subject, and through their Board of Health and Chamber of Commerce, have entered a strong protest against the passage of the bill; moreover, President Oliphant, of the Louisiana Board of Health, has gone to Washington, and will in person present the protest. It was drawn up by Col. Zachary, of the Chamber of Commerce, and clearly shows the unconstitutionality of the proposed step. Dr. Oliphant will be backed at Washington by representatives from other Southern States, and Dr. Jenkins, of the New York quarantine, will be there also, to defend States' rights and protest against the surrender of our State quarantines to the M. H. S. The most ridiculous feature of the bill is, that it is proposed to operate the whole thing through the Treasury Department! Why not give us a Minister of Public Health, in the Cabinet, and let each State Health Officer report to him?—leaving each State to govern its own affairs? State Health Officer Swearingen is a strong States' rights man, and is opposed to the bill now pending. He has officially expressed his views in a letter to Texas Congressman Sayers, and to the Louisiana Board of Health, who had requested it.

It is thought that large money will be expended in the effort to secure the passage of this bill in the interest of Northern and Eastern railroad and steamship men.

Typhus Fever is prevailing extensively in Northern Mexico. It is reported to have crossed over into Texas and made its appearance at El Paso, Laredo and Eagle Pass. At the latter place, it is said that H. Ornelas, brother of the Mexican Consul Dr. Ornelas, at San Antonio, is down with the fever. State Health Officer Swearingen, some weeks ago, put Dr. Yandell, State Quarantine Officer at El Paso, on duty, and an inspection service was at once instituted. On receipt of news that the fever had reached Eagle Pass, State Quarantine Officer, M. K. Lott was at once, by wire, re-assigned to duty, and a rigid inspection of all incoming passengers was begun. The Texas health authorities are wide-awake, and will keep out all infectious diseases. Everything is in readiness, at every gate of travel, all around the State of Texas, to put on inspection service at a minute's notice. When the cholera scare at Little Rock, Ark., occurred, Texas was ready, by touching a button (as it were) in the State Health Officer's office, to clap on the brakes, and inspect all comers into the State; but it was not necessary.
The new Medical Teacher in Texas Medical College, who has recently been appointed Demonstrator of Physiology in the Medical Department of the University of Texas, was born in San Buenaventura, State of Coahuila, Mexico; received his elementary education at his native town. At the age of 14, he was sent to Philadelphia, where his first scholastic year was spent in acquiring a knowledge of the English language, which he thoroughly understands and speaks almost without any foreign accent. At the end of the second year in La Salle College, the young Mexican obtained the second place in his class and won a silver medal. In the third year, having already completely mastered the language, he carried off the first prize, a gold medal.

After leaving La Salle College, Dr. Cerna entered the Medical Department of the University of Pennsylvania, in 1874, from which institution he received his medical degree, in March, 1879, graduating with high honors. He was awarded one of the alumni prizes for his thesis entitled "Thevetia Icotli and Its Glucoside." In June of the same year, after a most rigid examination, he was among the privileged few who received from the same University, the degree of Doctor of Philosophy, and received the "George B. Wood" prize for his essay entitled "Phenic Acid: Its Poisonous Effects and the Soluble Sulphates as Antidotes."

In 1890, Dr. Cerna returned to his native country, and engaged in the practice of his profession. He returned, in 1889, to Philadelphia, and devoted himself to the science of medicine. He shortly after became connected with the University of Pennsylvania as assistant in the laboratory of experimental therapeutics. He then became assistant in physiology, and more recently was appointed demonstrator of, and lecturer on, experimental therapeutics in the same institution, a position that he resigned to come to the University of Texas.

In 1890, Dr. Cerna carried off the prize offered by the Medical Society of the county of New York, for his work entitled "A Physiologic and Therapeutic Study of Hydrastis Canadensis." In the following year he received from abroad a diploma that made him a corresponding fellow of the Sociedad Española de
Higiene, of Madrid, and this year was duly elected Fellow of the College of Physicians of Philadelphia. He is also a member of the Philadelphia County Society, and of the Pathological Society of Philadelphia.

Dr. Cerna has been an active contributor to medical literature. His publications, which number a good many, have chiefly contained the results of original investigation. He is one of the associate editors of Sajous' Annual of the Universal Medical Sciences, and has just finished a little book entitled "Notes on the Newer Remedies."

The University of Texas has made a judicious selection in the appointment of Dr. Cerna upon its staff of medical teachers, and is to be congratulated.

It is here announced that Dr. Cerna will be a regular contributor to the Journal, and will have charge of and edit the Department of Therapeutics.

Medical News and Miscellany.

A rare opportunity; see Dr. W. B. Anderson's card.

Dr. A. J. Weathered has removed from Osceola to Waco.

Dr. E. C. Dallas has removed from Alto to Ella, Brazos county, Texas.

Dr. Z. F. Lillard, of Tyler is stationed in St. Louis, at the city hospital, to which address he has ordered his Journal sent.

In our February number will appear an excellent paper by Dr. A. E. Spohn, of Corpus Christi, illustrated by cuts; subject "Coeliotomy."

Dr. C. M. Ramsdell.—The Journal is gratified to learn that since his removal to Eddy, New Mexico, Dr. Ramsdell has regained his health, which was impaired in consequence of La Grippe.

The Texas State Medical Association meets in Galveston, first Tuesday in May. Papers for section in surgery should be sent to Dr. A. B. Gardner, Chairman; Bellville. Dr. M. Smith, Black Jack Grove, is Secretary of the section.

Belford's Magazine.—The Christmas edition of this pop-
ular magazine was indeed a most creditable production. The reading matter is of a high order of excellence; and we dare say it is the ablest politico-literary journal published in America.

For Sale.—A four-room residence and two lots and practice worth $3000 a year for $1000, cash, in a flourishing railway division in the Panhandle country. Will sell the above property to any good physician, and start him in the practice. Address, Box 54, Clarendon, Texas.

Dr. B. M. Worsham, Assistant Superintendent Texas State Lunatic Asylum, at Austin, is visiting Northern and Western cities, and will examine the several systems of management of the leading lunatic asylums. Texas wants to have the best features of the best plans of doing everything, and will have them.

State Health Officer Swearingen's biennial report is out. It shows the quarantine effectively and thoroughly administered, all diseases kept out or suppressed, and a balance on hand out of the none too liberal appropriation of $40,000. This is unprecedented, we believe. Of small-pox there were over 2000 cases in the State, with a mortality of 24.6 per cent. There is none now; not a case.

Mr. Jas. H. Bates, the popular, long-established and well-known journal advertising agent, announces that he has taken into his business his faithful manager and assistant, Mr. Lyman D. Morse, who has for the past three years practically had charge of the extensive business,—and the firm is now Bates & Morse, Advertising Agency, 38 Park Row, New York. The Journal takes pleasure in recommending this agency, as prompt and reliable.

Its Fiftieth Year.—The St. Louis Medical and Surgical Journal announces the successful completion of its fiftieth year, and says, "To celebrate the event in a befitting manner, the issue of 1893 will be especially prepared." Its January number will contain portrait and biography of Dr. H. L. Linton, the founder of the enterprise, and during 1893 many excellent papers will be published and illustrated. Our subscribers can get the St. Louis Medical and Surgical Journal for $1, by adding that amount to their remittance for Daniel's Texas Medical Journal for 1893.
Dr. W. H. Walker, late of Ledbetter, has bought the property and practice of Dr. Harry C. Grace, at Oakland, Texas, and removed to that point. The Journal regrets to learn that Dr. Grace is in bad health, which compels him to retire from practice. Both of these gentlemen are old subscribers and staunch friends of the Journal.

The Old Firm of Burts, Field & Duringer, one of the oldest in Texas and a land-mark in Fort Worth, is dissolved by mutual consent. Dr. W. B. Burts, the senior partner, has associated his son with him, Dr. H. F. Burts, and from 1st January inst., this firm will be Drs. Burts & Burts. The Journal has not learned further particulars, but assumes that Drs. Field & Duringer will continue to “do business at the old stand.”

Drs. Adams & Thompson, of Fort Worth, a leading firm of general practitioners, and Medical Directors for Texas of the Equitable Life Assurance Co. have associated Dr. Bacon Saunders with them; and the firm will be Adams, Thompson & Saunders. This is a strong combination,—all three being eminent practitioners. Dr. Saunders has long resided in Bonham and done a heavy practice, especially in surgery, in which branch he has made a brilliant reputation.

Dr. T. J. McFarland, a distinguished practitioner of Port Lavaca, Texas, formerly State Quarantine Officer under Gov. Ross’ administration, spent several weeks in Austin in December and January. His son-in-law, Mr. J. R. Sheldon, of Austin, died early in December, and Dr. McFarland having been called to his bedside during his illness, remained to close up his daughter’s business, and take her home with him. The doctor is an old college chum of the editor of the Journal, and was a distinguished Confederate surgeon.

Richard Fisher Bibb, son of Dr. and Mrs. R. H. L. Bibb, of Saltillo, Mexico, made his initial bow on the stage of life at San Antonio, Texas, December 6, at 2:30 p. m., in the role of champion boy—fighting weight 10 ¾ pounds. The Journal extends its most cordial congratulations to the happy parents, and hopes (and predicts) that in the fullness of time the President of these United States will bear the name of Richard F. Bibb. “Behind the cloud is the sun still shining,” my dear doctor; may its rays ever warm and illuminate the pathway through life, of father, mother and son, is the wish of a host of
attached friends. The storm-tossed vessel reaches haven at last, if manned by Captain Stout-heart and steered by Faith.

A valued correspondent in Chicago clips from our November number the remark that "Gov. Fifer, of Illinois, has appointed a homeopathic fledgling to be Surgeon General,—one on whose diploma the ink is not dry," and writes us that the profession of Illinois made an organized fight against Fifer, which resulted, last November, in the overthrow of his excellency, and the consequent downfall of his fledgeling Surgeon General. The latter will make his exit, along with "Private" Fifer, this month.

Our correspondent, further commenting on our remarks in same connection, says: "The disgraceful scenes at the White House [to which we referred] will also cease in a few weeks, and we will be honored by having a President who honors and respects scientific medicine, and has no use for quacks.

For Sale.—An opportunity to have a healthy, quiet and comfortable home, with a regular practice from the start of $2000 a year in a section of Texas that has the combined resources of the grain of the North, cotton of the South, and cattle of the West.

Churches, school, Masonic lodge, cheap lands, a good opportunity to embark in the stock business. A bonanza for the worn-out practitioner of the malarial districts who is seeking health, and wishes to continue in practice. Improved acre lot, dwelling four rooms, two porches, chimney, cistern, garden, orchard, out-houses, and well, desirably located. Opposition weak. Terms, cost. Will remain till purchaser is thoroughly satisfied he can hold the field. Object, post graduate course. Address, W. B. Anderson, M. D., Content, Runnels county, Texas.

Death of Dr. Day.—Dr. Richard H. Day, of Baton Rouge, La., died on Sunday, December 4th (ult.) Dr. Day was born at Bladenburg, Md., June 9, 1813, and had he lived till June, would have been 80 years old. For a man of his age he was very active, and a zealous practitioner of medicine. He was devoted to his profession, and has left his mark on its literature, having contributed to the pages of several of the medical periodicals for many years. He had been president of his State Medical Society, and was at one time Professor of Diseases of women and children in N. O. Polyclinic. He was also one of the vice-presidents of the 9th International Medical Congress. As a man and a physician he ranked with the best, and was held in universal esteem wherever known. His was a busy and useful life, and the JOURNAL hopes he has gone to the reward that awaits those who do their duty and improve the talent which God gave them.
Confound the Printers!—The Journal received a be-a-uti-
ful note from its esteemed friend and colleague, Wile, of the
N. E. Med. Monthly, written in his well known clear, round chi-
rography, and it being very important to the profession, gave it
as “copy” to the printers; and just look what they made of it!
It is too provoking! Anybody who has ever seen the doctor’s
handwriting can read it at a glance (but they don’t know what
he means):

Danbury, Conn., Dec. 24, 1892.

Lim Saul:
Ipe eel exubub nite sissi ble  T z G. Monelz—Cohm lu
lu che tree ale etc cobih 2. Of eye re—ie lb nomll os enfils oo I
clo gr. duel! Cfu nueee c bun lun sleet buncombe z alce I t &
m vin figllly ohu iley force grs. Io Tx—tonio r Ni 8 st coe
PraeH. rocle.

The firm of Renz & Henry, Manufacturing Chemists, of
Louisville, Kentucky, are justly held in high esteem by the
Medical profession, and particularly by those in the South. By
scrupulous attention to every detail of their business, and by a
uniform courtesy in their intercourse with physicians, they have
endereadthemselves to the profession; and to-day there is no es-
establishment, North or South, who has a better reputation for in-
tegrity, honesty and fair dealing than they. They have fairly
earned the liberal share of Southern patronage bestowed upon
them. They are indeed benefactors in the full sense of the word;
and had nothing else been done to earn the title, the addition of
their Elixir of Three Chlorides to the physician’s resources
would have won for them the gratitude of the profession. We
take pleasure in directing the attention of our readers to their
beautiful embossed advertisement, which ornaments this, the
Christmas Edition of the Journal, and in commending the
house to all our readers as eminently reliable, honorable and
worthy of the fullest confidence and respect. [Accidentally
omitted last month.—Ed.]

Book Notices.

International Clinics: A Quarterly of Clinical Lectures on
Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary
Surgery, Gynecology, Ophthalmology, Laryngology, Otology
and Dermatology, by Professors and Lecturers in the Leading
Medical Colleges of the United States, Great Britain and Can-
ada. Edited by Jno. M. Keating, M. D., Colorado Springs,
Col., Fellow of College of Physicians, Philadelphia, etc., etc.;
Judson Deland, M. D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis and Symptomatology, University Pennsylvania, etc.; J. Mitchell Bruce, M. D., F. R. C. P., London, Physician and Lecturer on Therapeutics at Charing Cross Hospital, etc.; David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine, University of Aberdeen, etc. J. P. Lippincott & Co., Philadelphia, 1892.

Volumes 1, 2 and 3 of second series, 1892, are received. These lectures are culled, with discriminating care, from the best clinical sources in America, Great Britain and Canada, and are arranged so as to make a pretty full and complete treatise on each subject discussed; and collectively, they cover the entire field in each department of medicine and surgery. They have the great advantage over even the latest and best and most carefully reviewed text-books, in that they reflect the most advanced views, theories and practices of the real working men—the progressive, thinking men in each department. These men, by their labor, research and lectures, together with their written contributions to current literature have become distinguished, and are all recognized as authority. In the presentation of these lectures fresh from the clinics of the great medical centres of English speaking people, Messrs. Lippincott have done a great work; one which should earn for them the gratitude of the American profession. It is like serving hot cakes while they are hot. If a man cannot go to Philadelphia, New York or London to take a post-graduate course, he can have the post-graduate course right at home by his own fireside, in his own office. He can, for $2.75, get a handsome volume, substantially bound, containing the lectures of Pepper, DaCosta, Roosa, Agnew, Ashhurst, of America, Charcot or Pean, Mackenzie or Macdonald or any of the great teachers, carefully edited and revised, and can "read, mark and inwardly digest" them at leisure; and, moreover, by taking the whole series he can read up to date on any and all subjects.

It would be tedious, as it is unnecessary, to give a summary of the contents of each of these volumes. We have said enough to give an idea of their contents; and we can only add that it is almost equal to attending an extra course, to read this valuable work. Volume 2 contains a portrait of the lamented Agnew, and a biographical sketch by Dr. John Ashhurst. Write to J. B. Lippincott & Co. for the set, if their handsome little agent fails to call on you.

Original Contributions.

For Daniel's Texas Medical Journal.

**RECENT CASES OF COELIOTOMY.**

**BY A. E. SPOHN, M. D., CORPUS CHRISTI.**

[Read at Waco, at joint session Austin District Medical Society and Central Texas Medical Society.]

I have selected this subject for your consideration this evening, being rather a report of my experience in abdominal surgery at the Bay View Sanitarium in Corpus Christi, Texas, during the past few months.

It is impossible to estimate the recent advancement, or possibilities of excellence, which may be attained in this branch of surgery, in the near future. Such has been the success, that diseased conditions heretofore considered incurable, are now being treated rationally and successfully, thereby materially reducing the number of invalid women in our communities. We might naturally ask, why such brilliant results have been reached. Is it because we treat our patients differently, or any change of technique in our methods? I think not; but that we appreciate pathological conditions more fully, and realize the fact that a lesion, or diseased condition, wherever found, should be remedied, the part restored to its normal state, or removed, as a useless and disturbing portion of the economy.

In these days of advancement, the general practitioner can no longer relegate all his unfortunate cases to the care of a specialist; he is compelled to be prepared to meet certain emergencies,
be it a case of Caesarean hysterectomy, acute septic peritonitis or ectopic pregnancy. Rare as they are, they do occasionally occur, and it has been my fortune, and misfortune, to have seen several such cases recently; and if occurring in the practice of one located in a small town surrounded by a thinly populated district, they must certainly be much more frequent in large cities.

There is no case more tests the skill,
The steady nerve, and power of will,
Than where, from causes now unknown,
A living ovum has been thrown
Into the tube, is fixed and grows,
And by increasing slow, so slow,
That tube no longer can contain
Its living contents, bursts, in twain is rent,
The life blood flows from unclosed vent,
The mother sinks, her eyes grow dim,
All hope seems lost. Hold! See, comes in
A noble mind, the bravest heart,
A steady hand well trained in art;
He ope's the wall, a string is laid
Around the tube, her life is saved.
There is no time so sure we stand,
Holding a fellow life in hand,
Decision, acting well our part,
Steady of nerve and brave at heart.
Doing no more than should be done
To our own selves, were we the one.

Before giving a report of special cases, I will give a resume of my method of making an abdominal section. Not that it differs much from that of other surgeons, still there are certain steps I think peculiar to myself; or rather, I have selected what I have chosen to term a rational method,—no reason without a cause, no cause without a reason,—and if you consider my method or treatment worthy of imitation, I shall consider myself more than paid for the trouble in preparing this report.

Having decided it is necessary to open the abdominal cavity, a certain technical preparation of the patient, instruments, assistants and operator is of the greatest importance.

I will presume the operator has selected a well ventilated room in a healthy locality, with good hygienic surroundings; and I think small, private hospitals, outside of crowded cities, much prefera-
ble for this work, and will be attended with much better results, where the surgeons are equally skillful, than in densely populated centres. "The safeguard of every community, no matter how situated, is to see to it that it has, and encourages some man by its support to devote himself sufficiently to such study and investigation as will enable him to rise equal to an emergency of this order, with good hope of success."

In preparing a patient for coeliotomy, the most rigid cleanliness must be observed. The room should be aseptic; all bedding, in fact, clothing coming in contact with the patient, should be previously boiled. It is not sufficient to bathe with an antiseptic solution the day of the operation. A daily bath should be given several days before, using green soap over and around the site of the operation, after which the parts are dusted with boric acid. The vagina should also be irrigated daily, with a five per cent. boric acid, or one to three thousand corrosive sublimate solution. All water used should be sterilized by boiling. If there is much secretion coming from the uterus, its cavity should be wiped out carefully with dry aseptic cotton, then cleansed with peroxide of hydrogen, 15 vol. solution, one part to three of water, the vagina wiped dry and dusted with boric acid. If the parts are to be shaved, it should be done at one of the dressings, ostensibly for the purpose of cleansing, and not when under the influence of an anesthetic. During this preparation, a light, nutritious diet should be given, bowels regulated, and the morning of the operation a dose of salts given, to insure free action of the bowels, and only a little tea or water allowed. The instruments should be carefully selected, to meet any emergency arising, avoiding a useless display, boiled in water containing a little bicarbonate of soda, and placed in a tray of boiling water. I keep my thread, catgut and horsehair, also silk-worm gut ligatures, in straight glass tubes, about two feet long, which always keeps them straight, avoiding delay by twisting and coiling up. The tubes may be filled with some aseptic solution to suit the surgeon. I prefer horsehair to all other ligatures for outside work, and closing incisions, and prepare it myself, as follows: Select long black hair, wash it thoroughly in sterilized water, using green soap. It is then placed in a ten per cent. solution of carbolic acid, or one to two thousand corrosive sublimate solution, for forty-eight hours. Wash again in sterilized water, and place it in a glass tube containing boro-glyceride, fifty per cent. One end of the tube may be
sealed, the other closed with a cork. Prepared in this way, the horsehair is strong, quite elastic, and will keep any length of time. I use a strong, round pointed, double edge knife, with aluminum handle, a needle and holder which carries several sizes of thread, being quite useful for quick work. The knife was made by Gemrig & Son, of Philadelphia; the needle by Geo. Tiemann & Co., of New York, from designs I furnished them. I have long since abandoned the use of sponges, using instead aseptic gauze, and when the gauze is to be inserted into the abdominal cavity, the edges should be folded and stitched, or made into pads. All water should be filtered, boiled, and kept in large jars or pitchers, well covered with aseptic cotton; some hot, others cold. And the gauze can be conveniently kept in one of these jars, a good plan being always to use the same number of pieces of gauze, a record of which, together with all instruments used, should be kept. A large fountain syringe should hang convenient to the operating table, with a large metal tube, for washing the abdominal cavity. The tube I use is my own design, made by Gemrig & Son, consisting of a large tube with round conical end, an opening on either side one inch from the end, a slot passing from the opposite sides entirely around the end, allowing the water to flow, not only from the two openings, but also in a broad stream from the sides and end of the tube. All ligatures should be sterilized. Those left within the cavity may be of specially prepared catgut; still, when I use a ligature I wish one with good staying qualities, consequently I prefer silk, and have never known them to give trouble in any of my operations, having in one case of gunshot wound of the abdomen inserted seventy-two stitches, besides several ligatures, where there were nine openings in the intestines; my patient making a quick and uncomplicated recovery. (Phil. Med. and Surg. Reporter.)

A drainage tube should be used when there have been many adhesions; there is hemorrhage, or an escape of foreign matter into the cavity: but drainage tubes should be avoided as much as possible. I always leave a temporary drainage tube, passing into the sac of Douglas, until ready to close the abdominal incision, to be sure there is no hemorrhage. In closing the incision I use silk and horse hair, with cat-gut to approximate the muscles or tendon, as buried sutures; the horse hair and silk alternating, and remove the silk first; the horse hair does not irritate, and may be left until the union is quite firm. The line of inci-
sion is wiped very dry, then covered with boric acid, using it freely, about one-fourth of an inch thick, extending one inch on either side of the incision. A piece of borated cotton, about two inches wide, is next laid over the incision, extending one inch above and below. This makes a dry absorbent, aseptic dressing; which need not be disturbed until ready to remove the stitches, on the 7th, 8th or 9th day. The next step is to apply the adhesive strips, which I consider quite important, the object being to fix, as it were, and give support to the line of incision. I use strips of good rubber plaster two inches wide, and long enough to extend about four or six inches on either side of the incision, thus fixing and supporting the central line, allowing motion of the abdominal walls on either side. I again dust the surface of the abdomen freely with boric acid, cover with borated, or recently baked cotton, and apply a well-fitting flannel bandage quite firmly. I have never seen failure of union by primary adhesion, under above method, and have never been compelled to change the dressing until ready to remove the stitches. It is in my opinion an ideal dressing. I have never used iodoform, and consider anything useless and dangerous, that will mask an offensive odor by one still more offensive.

Returning to the operator and his assistants, I have only to state that the utmost cleanliness should be observed; in fact a surgeon should not be present in clothing worn during general practice; and at my infirmary I furnish my assistants aseptic linen aprons. The hands should be carefully cleansed, using a brush and green soap, with sterilized water, then a one to one thousand solution of corrosive sublimate, followed by a saturated solution of oxalic acid, wiped dry and washed in alcohol. The vicinity of the incision may be treated in the same manner. During the operation sterilized water is used only. An exceedingly nice operating apron is made as follows: enough of what is known as butcher's linen to reach from the ankles over the shoulder and fall back behind reaching to the waist; corresponding to the neck cut an opening, also extending down the back. A band or narrow collar is fitted to the neck portion, which with the slit down the back is made to button. Ta pes are fastened on either side; also to portion dropping over the shoulder, which are tied. Such an apron costs but about 75 cents.

The after treatment is quite simple. I allow the lips to be moistened with water, and sometimes give a little crushed ice, or an occasional teaspoonful of cool water or tea, during the first
day, increasing the quantity a little the second day if the stomach is not irritable. The afternoon of the second day I give 1-th of a grain of calomel, with bicarbonate of soda, every hour, until one-half to one grain has been taken, followed next morning by teaspoonful doses of salts in a little water, every two hours until the bowels act freely. When there is much trouble with flatus I insert a long glass drainage tube into the rectum, and through this tube wash out the bowel. Opiates should be avoided if possible, but since most cases are old sufferers when operation is attempted, accustomed to the use of morphine, it is advisable in such to continue the opiate for a time.

This report includes nine cases of coeliotomy for various causes; two ovarian abscess; one caesarean hysterectomy, in a malacosteon; one ovarian tumor; one salpingitis with prolapsed adherent ovaries; one fibroid tumor, multinodular, requiring, coelo hysterectomy; one fibroid tumor in a girl six years of age; one acute septic-peritonitis; one gunshot wound of the liver. I was assisted in the operations by Drs. Heaney, Westervelt and Hamilton, of Corpus Christi, and my students, T. S. Burke and Jno. Westervelt.

Case 1. Mattie L., age 26, married, no children, no miscarriages, no evidence of specific disease, very weak and emaciated. This young woman had been a constant sufferer for three years, previous to the operation. Severe dysmenorrhea, with almost constant pain over seat of ovaries. I attended her from time to time, being compelled to give morphia for relief. Her temperature ranged from 101° to 103° F., with fever, night sweats and chilly sensations at irregular intervals. The uterus was fixed, left ovary very much enlarged and painful, right very painful and enlarged. I made a coeliotomy on the 1st of November, 1891, and found the parts as I had anticipated. The adhesions were very extensive, and I removed both ovaries and tubes, with difficulty. She made a quick, uncomplicated recovery. Highest temperature, 99½° F. Specimen No. 1 contains her ovaries and tubes. The left ovary is very much enlarged, covered with a mass of adhesions. There is a cyst in the tube containing pus, and under the ovary is quite a large abscess. The right ovary is also enlarged, and the tube is very large, containing pus. I had to tear these ovaries and tubes from behind the broad ligaments, with the greatest difficulty, as may be readily seen from the extensive adhesions. No drainage.

Case 2. Caesarean hysterectomy in a malacosteon. This
case is of unusual importance, being the "first operation for this condition ever performed in the United States." (Dr. Robert P. Harris, Phila.)

Mrs. G., age 42, very short and stout, the mother of nine children. About four and six years ago I attended this woman in childbirth,—both deliveries difficult, instrumental; the last extremely difficult. I then told her she could never give birth to a child again. She is a malacosteon, and from her peculiar position working, kneeling with the body bent forward (a tortillera), her spinal column had curved forward, in the lower dorsal and lumbar regions, until the apex of the curvature was but two and one-half inches from and a little above the pubic arch. On the 20th of November, 1891, I was again called to see her, and was very much surprised to find her again in labor, at full term. She had been in labor three days. Upon examination, I found it impossible for her to give birth to her child, and decided to open the abdomen, and finish by removing the uterus and appendages. The membranes had ruptured. I irrigated the vagina, and as far into the uterus as possible, with sterilized water; also a bichloride solution, 1 to 4000. The surface of the abdomen was also carefully cleansed. She presented quite a peculiar appearance, the head of the child resting above the brim of the pelvis, with the uterus standing prominently out, like a large conical elongated body. I made an incision through the navel, extending well down to the pubes. Upon entering the abdominal cavity, I enlarged the incision sufficiently to allow the fundus of the uterus to protrude a little, which was caught with strong vulsellum and held while I cut directly into it, having a rubber tube ready to tighten around the organ as I drew it out. I next passed two fingers of each hand into the incision in the uterus, and as I drew it out tore it open, and before the uterus was delivered, or as soon as torn sufficiently open, the child was forced out by contractions. The rubber tube was tightened as the uterus came through the abdominal incision, and a long piece of aseptic gauze wound around the uterus to prevent the escape of any of its contents into the abdominal cavity. I made the incision directly into the center of the placental attachment. There was very little hemorrhage. It is surprising how easily the uterus can be torn, and you will see, in specimen No. 2, how extensively I tore it open. I was but two minutes delivering uterus and contents,—a well-developed, living child.
The next step was to secure the pedicle, which was quite difficult, on account of the great thickness of the abdominal wall. I passed four long, steel knitting needles through the pedicle just above the constricting rubber tube; above these I placed a strong ligature, to diminish the size of the pedicle, and support the needles. The rubber tube, being quite small, was passed twice around the pedicle, and tied. I cut the uterus away near the ligature above the needles, and applied actual cautery to the end of the pedicle, using a small copper soldering iron. The pedicle was composed of the round ligaments, tubes, broad ligaments, and a portion of the neck of the uterus. The appendages were removed with the uterus. I had carefully avoided the bladder, by keeping a sound in that viscus while removing the uterus. The abdominal cavity was washed out with sterilized water, no drainage tube was used, and the abdominal incision closed with silk, the stitches near the pedicle passing through it just below the constricting tube of rubber. The incision was dressed with boric acid, and pads of borated cotton placed under the knitting needles. The pedicle came away on the tenth day, leaving a continuous opening between the vagina and abdominal incision, which gradually closed by. granulation, and in thirty days she was quite well.
This woman had no pain after the operation, did not know for fifteen days how her child had been delivered, rested well, and had no more trouble than after an ordinary labor. Her child was healthy and strong. I feared, at first, it was injured from pressure against the apex of the curvature, which had made a deep indentation into the child's head, as if pressed in by a hard substance as large as an orange. She did not nurse her child, for some cause, having very little milk, the same condition existing with previous children. It is now nearly a year since the operation. Mother and child are quite well, and she still makes her living grinding tortillas. I met her on the street a few days ago, carrying a sack of corn on her head, when she stated she was well and strong, looking very little like a malacosteon who had undergone an operation for coelo-hysterectomy.

Case 3. M. C., single, age 18. In September, 1891, her family noticed she was getting large; her menses had ceased for several months. I examined her and found quite an enlargement in the abdominal cavity and had some difficulty in determining the cause of her trouble. I made a careful examination, while under chloroform, and through the rectum could easily outline the uterus. On the 6th of April, 1892, I made a coeliotomy, removing a large multilocular ovarian tumor, right side. The left ovary was enlarged; size of a lemon, with commencing cystic degeneration. I removed it also. She made a good recovery.

S. 3.

Cystic degeneration of ovary, showing large cyst laid open, with other smaller cyst projecting. One-third natural size, recovery. The only interest in this case is the pathological specimen No. 3, commencing cystic degeneration of an ovary, in which may be seen numerous small cysts. [Since reporting this case I have been consulted by this girl for an abscess near line of incision, which I opened, and found a sinus, which, believing it was caused by a ligature, I tried to remove. I passed a probe
made of doubled horse hair into the sinus, turning it occasionally; at the end of a few hours the probe was withdrawn with the ligature caught in one of the loops. This little mishap gives me an opportunity of describing a simple yet most effective method for removing ligatures from sinuses. To make this probe I use about 30 aseptic horse hairs, 12 inches in length. They are doubled, and the free ends clamped with a shot; a thread is tied to each end and so fastened as to keep the hair straight; the hair is now wet with aseptic glue, by boiling, twisted a little and dried. When passed into a sinus the glue becomes moist, liberating the hair, thus placing in the vicinity of the ligature 30 loops, which when withdrawn will have the ligature caught in one of them.

**Case 4.** Mrs. B., age 31; mother of one child, born August, 1891. This lady has been an invalid for 10 years. Her trouble began after being thrown from a carriage, producing retroversion of the uterus; followed by pain in the left ovarian region, with severe dysmenorrhea, and great difficulty and pain in having an action from bowels. In 1890, she had influenza, which very much aggravated her ovarian trouble. She first consulted me in March, 1892. I found the ovaries prolapsed and extremely sensitive. She did not complain of pain in adjacent parts, but whenever I touched the region of ovaries, it caused severe paroxysms of pain, so great, that I was compelled to inject morphia. She had gone the usual rounds seeking relief, and I tried, without success, almost everything recommended for such conditions, with rest; and finally considered her case one requiring, at least, an exploratory incision. Upon opening the cavity I found just what I had anticipated, a retroverted uterus; prolapsed and adherent ovaries, both of which I removed. She made a quick recovery, and has been free from pain since, being completely liberated from the distress which followed her as a shadow. Specimen No. 4 contains the ovaries and tubes. In the left is a commencing cyst occupying almost the entire organ, which is covered by adhesions. The right ovary is cirrhotic. In this case, while the right ovary is not much diseased, I feared, if left, her trouble would continue; and believe the relief gained justified the means.

**Case 5.** Adela G., age 6 years; well nourished and apparently in good health. This little girl was sent to me by the Laureles Pasture Company. I found quite a large tumor in the abdomen, right side, which I supposed, at first, was a lipoma,
probably in the abdominal walls. In attempting to remove the growth, I found it dipped down into the pelvic cavity, and was attached by a pedicle to the right broad ligament, near the uterus, or the uterus itself. The pedicle was ligated and tumor cut away. She made an excellent recovery, and is now apparently quite well. Operation was performed September 10th, 1892. The incision was quite extensive and I was very much troubled by protrusion of the intestines. I wrote to Dr. Robt. P. Harris, of Philadelphia about this case, and he thinks the chances are that the growth is a carcinoma. Specimen No. 5 is the tumor, the nature of which I have not yet determined.

Case 6. Mrs. D., age 38; one child, 18 years ago, one miscarriage 20 years ago; very weak and anaemic; has been an invalid since birth of her child; severe pain in lower abdominal region, extending down limbs. Pain was most severe at first in right side and groin, then in left. She has had occasional fevers, with chills; eight weeks ago she had a very severe attack, with pain in lower abdomen, fever and chills, which continue daily. She cannot sit up or walk, and is troubled with night sweats; in fact, a perfect physical wreck. I examined her for the first time on the 15th of September, 1892. Cervix normal, resting against the anterior vaginal wall, high up; uterus fixed; left tube and ovary enlarged, presenting to the touch a nodular condition. In the right side was a hard mass, firmly fixed by adhesions. The uterus was elongated, the fundus carried up behind the pubic arch, and to the right. The anterior wall of the rectum was lifted up, or arched, which led me to believe she had a round growth in the right pelvic region, attached to the rectum and broad ligament, probably an abscess. I was afraid she would die before I could operate, she having been brought three hundred miles by railroad, on a bed. I had to hurry the operation, without preparation, and on the 17th of September made a cœliotomy. Her pulse was now 130, temperature 103° F. Upon opening the abdomen, I found evidences of various attacks of peritonitis, and had much difficulty in reaching the pelvis, being compelled to tear my way through dense adhesions. The right ovary was about the size of a large orange; and the tube thickened to one inch in diameter, firmly bound to surrounding parts by adhesions. In attempting to enucleate the mass, I broke the tube off, it coming away, and looking like a thick piece of wax. I dissected out the ovary by tearing carefully through the ad-
hesions, as it were, enucleating it. The hemorrhage was so severe that I was compelled to ligate the broad ligament on either side of the mass, and after its removal, packed the part firmly with aseptic gauze. I found the same condition on the left side, but succeeded in turning out the mass from behind the broad ligament and ligating the pedicle. A drainage tube was used forty-eight hours. This woman made a good recovery. Speci-

Multinodalar fibroid tumor of uterus. A, neck of uterus; B, omental attachments; C, fundus of uterus; D, line where broad ligament was cut away which included the three small tumors from which peritoneum has been removed. One-sixth natural size.

men No. 6 contains the parts removed, consisting of the two ovaries, about the size of oranges, filled with thick, yellow pus. The tubes are very large, about one inch in diameter, the fimbriated ends pressed against the mass. The tubes contain no pus, simply very much thickened. The case seems to be one of abscess of the liver of long standing, which was probably caused by tubal trouble, following confinement, eighteen years ago.
CASE 7. Cælo-hysterectomy, for multinodular fibroid tumor. Mrs. B., age 43; very stout, weight 225 pounds; no children, no miscarriages. Has been suffering over twenty years with abdominal and pelvic pain; painful and profuse menstruation, lasting six weeks; in fact, at times, continuous hemorrhage. First noticed she was getting large fifteen years ago; has been gradually increasing in size since marriage, twelve years ago. Has been a widow four years. Has no pain now except at monthly periods, which are regular, lasting two weeks; between the periods she suffers very much from a dragging weight. She has had all kinds of treatment, electricity, dilatation, ergot, etc. First examined her on the 14th of September, 1892. Could not reach or see the cervix, which seems to be continuous with the vagina, being able to insert my finger into the canal, which is surrounded with small fibroid growths. Can pass a sound six inches into what I suppose to be the uterus. The tumor seems to be fixed to the uterus, or rather, the tumor and uterus seem to be a mass of multinodular fibroids, and I fear if I operate I will be compelled to remove the uterus, which fact I have written to my friend, Dr. Halbert, of Waco. She is very anxious to have the operation performed, and I am as anxious to have her change her mind, on account of the thick abdominal walls and difficulty in removing the tumor and uterus, together with the fact that she has always been advised against an operation.

The operation was performed September 29th. There was an immense amount of fat, the abdominal wall being five inches thick. There were extensive adhesions to the omentum and intestines, which were torn away, and bleeding points ligated. I drew the tumor through the incision (which extended from three inches above the navel as low down as possible), and brought to view the hardest looking object I ever saw, consisting of a large fibroid tumor, attached to what I supposed to be the fundus of the uterus, which proved in turn a mass of multinodular growths. I threw a rubber tube around the mass, as low down as possible, and with scissors and fingers enucleated the uterus, making a pedicle of the peritoneal investment, having ligated the ovarian and uterine arteries, to prevent hemorrhage. I transfixed the pedicle with four large, steel knitting needles, just above the rubber tube, and closed the abdominal incision. It was impossible to stitch the peritoneal surfaces together, around the pedicle. I packed pads of borated cotton around the pedicle, and dusted the parts freely with boric acid. In order to make ten-
sion on the pedicle, and keep the parts freely together, I tied the ends of the constricting rubber tube around a large glass tube passing across the abdomen just below the pedicle, at lower angle of the abdominal incision. No drainage was used. She made an uncomplicated recovery; highest temperature 100½° F. for one day. Specimen No. 7 shows fibroids with uterus, the whole appearing as a multinodular mass.

Case 8. Mr. H., age 38, very healthy. On the 24th of October, while hunting, he attempted to draw a Winchester rifle from the carriage, catching it by the wrong end. It accidentally discharged, the ball entering over the region of the liver, passed through his body, and came out about three inches to the right of the spine. I saw him a few hours after the accident; he was very weak from shock and loss of blood. I explored the wound as well as I could with my finger, removing some small pieces of bone, also a piece of brass. I passed a small rubber drainage tube through, and irrigated the wound thoroughly with sterilized water, covered the wounds with boric acid and borated cotton, and applied a bandage. He complained of severe pain, also pain in his right shoulder. I had to carry him six miles in an ambulance, and fifteen on the cars, which did not seem to give him much trouble. On the 27th, the pain in his
side and shoulder was very severe, with symptoms of peritonitis. I opened the abdominal cavity, commencing my incision at wound of entrance, just below the eighth rib, extending the incision six inches, following the ninth rib, which was fractured in several places, with sharp points pressing against the liver. I resected a portion of the rib, when the surface of the liver was freely exposed. The ball had passed between the liver and abdominal wall, grooving the surface of the liver for about four inches. In passing my finger in the groove, I felt a hard substance, which I extracted from the liver with a pair of forceps, and proved to be a brass buckle of his suspender, carried in by the bullet. I cleansed the wound and abdominal cavity as far at I could reach, with sterilized water, removing a large amount of clotted blood, inserted a rubber drainage tube, and closed the incision, covering all with boric acid, borated cotton, then a large pad of recently baked cotton, holding all in place with a flannel bandage. He made a good recovery, without any complications. I believe if I had not opened his abdominal cavity, he would have died.

Case 9. Mrs. M., age 34, four children, several miscarriages. I was called to see this lady July 10th. Found her with an anxious expression, pulse 160, temperature 105° F., hurried respirations, abdomen very much distended, constantly vomiting a greenish-black fluid which her physician could not check. She had a miscarriage three weeks before, from which time her sickness dated. The physician in attendance considered the case hopeless, which, to a certain extent, was correct, and advised her family to consult me. Upon examination, I believed she was suffering from acute septic peritonitis, and advised an operation to wash out and explore the abdominal cavity, which I did on the following day. As soon as the cavity was opened, there was a profuse discharge of thin, flakey pus. An abscess was found in each ovary, ruptured, the contents of which had escaped into the abdominal cavity. I removed both ovaries and tubes, washed out the cavity carefully, with sterilized water, and inserted a glass drainage tube. The temperature, in the evening, fell to 102° F., pulse 120, and there was no abdominal distension. I could not check the vomiting. To give relief, I inserted a stomach tube, removing large quantities of black fluid. She died on the 12th. This is one of those unfortunate cases where delay in making a diagnosis and resorting to proper means for relief, led to serious results; no doubt put on expectant treatment, with
decomposing matters retained in the uterus. I do not think any woman is safe, after a miscarriage, until the contents of the uterus have been removed, and the organ carefully cleansed. I always wash the uterus thoroughly, after a miscarriage, with sterilized water, then peroxide of hydrogen, fifteen vol. solution, one part to three of water, using an instrument made for me by Gemrig, of Philadelphia, after a design I furnished him, having an opening in the end, and long openings just back of the end, throwing the water so as to irrigate the whole cavity. I did not expect to save this unfortunate woman's life, and the case should not be reported with my other cases of coeliotomy, thereby spoiling an otherwise good record. Still, it is of interest, and shows what may be expected after a miscarriage, under the expectant plan of treatment.

Specimen No. 7 contains the ovaries, almost completely destroyed by abscess, also enlarged tubes.

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Abstracts of Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

CONDUCTED BY DAVID CERNA, M. D.

DERMATOL AS AN ANTIDIARRHEIC REMEDY.

Dermatol, or the sub-gallate of bismuth, has been successfully employed by Colassanti and Dutto (Berlin Klin. Wochenschrift, p. 845, No. 34, 1892—Rev. de Therapeutique Gener. et Thermale, November 22, 1892), in the treatment of diarrhoea. The remedy was administered internally, in daily doses of from two to six grammes (30 to 90 grains). It was given by itself or associated with the extract of opium. Diarrhoeas of tubercular patients were checked by the drug given in amounts of two grammes (30 grains) per day. If the number of the stools exceeded six in the course of the day, dermatol was administered in daily quantities of three grammes (45 grains), divided into six or eight doses
Amelioration was obtained in the course of the twenty-four hours. In less marked cases, one dose of the remedy was sufficient to effect a cure; if a relapse occurred, a second dose produced the desired result. If the number of passages was from ten to fifteen a day, the effect of the drug was less marked, but a cure was generally obtained in from three to four days. According to the authors, the new medicament acts as an astringent and antiseptic, and is useful in the treatment of diarrhoea during the course of typhoid fever, as well as of that occurring during convalescence from the disease. Dermatol produced a rapid cure in ten cases of ulcerative entero-colitis. The same results were obtained in six cases of diarrhoea of malarial origin. The drug was similarly serviceable (especially when combined with opium) in several cases of diarrhoea occurring during convalescence from acute febrile disease. The authors conclude by affirming that dermatol is one of the best and least offensive anti-diarrhoeic local medicaments that we have at our command.

THE THERAPEUTIC USES OF SALOPHEN.

This drug, a derivative of salol, has been studied therapeutically by Caminer (Therap. Monatshefte, p. 544, f. 10, 1892—Rev. de Therapeutique Gener. et Thermale, November 22, 1892). In two cases of articular rheumatism, the author prescribed the drug, in doses of one gramme (15 grains), five or six times a day, at intervals of two hours. Under the influence of the drug, the articular pains progressively diminished, the swelling and redness disappeared, and one of the patients regained the use of his limbs in about six days, the other in about ten days. Two months afterwards, no relapse had occurred. The same happy results were observed in ten cases of habitual cephalalgia, that had resisted the internal administration of antipyrin, phenacetine, caffeine, and other medicaments. In these cases, the salophen was given in doses of one gramme (15 grains) every two hours. In most of the instances, relief was obtained after the first dose and after the second or third dose the cephalalgia disappeared. In one patient, however, the good effect was obtained only after the sixth dose. Excellent results were also produced in two cases of supra-orbital neuralgia, in which phenacetine had signally failed. In one of these cases, salophen produced a radical cure. This drug, however, failed in one case of sciatica; but it was effective in many cases of migraine. One patient, suffering from migraine of twenty years' duration, obtained much relief
from the use of the medicament. None of the patients treated by the author, exhibited symptoms of poisoning under the administration of salophen.

DIGITALIS IN PNEUMONIA.

Belloti (*D. Med. Wochenschrift*, p. 779, No. 34, 1892—*Les Nouveaux Remedes*, November 24, 1892) confirms the favorable action of digitalis, administered in large quantities, in the treatment of fibrinous pneumonia. The medicament is given in daily doses of four grammes (60 grains). Contrary to the statements of Petresco, however, the treatment cannot be considered as an abortive medication.

THE ACTION OF JAMBUL.

A new contribution to the action of jambul in the treatment of diabetes, is published by W. Gerlach (*St. Petersburg Med. Wochenschrift*, No. 19, 1892—*Wien Med. Pr.*, No. 26, p. 1158, 1892—*Les Nouveaux Remedes*, November 24, 1892). The writer reports the history of two cases of diabetes, in which the agent under consideration, administered in large doses, did not diminish the glycosuria under a well regulated diet, nor that occurring under the influence of carbo-hydrates given in excess. Is it possible that jambul does not act in the same manner on diabetes of different origin; or were the negative results observed due to the fact that the author only employed the seeds of the syzygium jambolanum? Kobert has seen good effects produced in cases of glycosuria from the use of the extract of the entire fruit of the plant.

ANALGEN AND BENZ-ANALGEN.

*Physical and Chemical Properties.*—Analgen is a derivative of chinoline, and was first prepared by G. Vis (*Deutsche Med. Wochenschrift*, No. 44, p. 1005, 1892). It is technically termed *ortho-oxyethyl-anamono-achtyl-amido-chinoline*, its chemical composition being represented by this formula: \(C_6H_N_O\). Besides analgen, Vis has obtained, also a derivative of chinoline, a body called *Benz-analgen*, to which the name of *ortho-oxyethyl-anamono-benzoylamido-chinoline* has been given. Analgen occurs in the form of a white powder, has a bitter taste, and is soluble in boiling water, alcohol, and the dilute acids. It has a melting point of 311° F. (155° C.). Benz-analgen is tasteless, and scarcely solu-
ble in water. It is slightly soluble in cold alcohol, but readily 
so in hot alcohol, as well as in the dilute acids. This new body 
melts at 406.4° F. (208° C.). Both substances leave no residue 
on being heated upon platinum wire. Analgen and benz-analgen 
are dissolved by the gastric juice. Their product appears in the 
urine in from half an hour to an hour after their ingestion by the 
 stomach. Only one-third of the original amount taken is met 
with in the urine. This was the general result observed in ex-
 periments practiced, within a week. During this time, the 
amount of ether-sulphuric acids, eliminated by the urine, was 
not increased; neither was the elimination constant in regard to 
the other derivatives of the ingested substance. The examina-
tion, in three patients, for the detection of chinolinic acid in the 
urine, only gave negative results. The bodies are broken up in 
the stomach in this manner: analgen into acetic acid and the 
amide group, or ortho-oxyethyl-ana-amido-chinoline; benz-anal- 
gen into benzoid acid and the same amide combination. The 
presence in the urine of the ortho-oxyethyl-ana-amido-chinoline 
is shown by a reddish tint following the ingestion of either an-
algen or benz-analgen. The drugs acquire anti-putrefactive 
properties, and that of easily dissolving uric acid.

Physiological Action.—The toxicity of the two substances has 
not been determined as yet. A hypodermic injection of the sul-
phate of analgen of one gramme (15 grains) to each one of two 
guinea-pigs, produced convulsions. Dogs tolerated daily doses 
of three grammes (45 grains), without exhibiting any urinary 
disturbances. At the autopsy of one of these animals, no renal 
lesions were discovered.

Therapeutic Applications.—Both substances have been em-
ployed clinically in the service of Baeumler (loco cit.). It was 
found that the benz-analgen was more efficacious than analgen 
as a therapeutic agent. The ortho-oxyethyl-anamono-benzoyl-
amido-chinoline, administered to a short number of patients, in 
daily doses of one to two grammes (15 to 30 grains), produced 
antithermic and antineuralgic effects, similar to those of phenace-
tine, and without causing untoward symptoms. These results 
were afterwards confirmed in the service of Loebell (loco cit.).

Given to phthisical patients, in doses of from one to two 
grammes (15 to 30 grains), it reduced the temperature to the normal 
standard. This reduction of temperature was accompanied by profuse 
sweating, but no other disagreeable effects were observed. On 
the contrary, the action of the medicament is relatively more
prompt than that of other antipyretics. The antineuralgic action of the drug was effective in cephalalgias and essential neuralgias. In one case of arthritis of the hip, the remedy, in daily amounts of three grammes (45 grains), relieved the violent pains, but did not cause these to disappear. It failed in one case of post-diphtheretic neuritis. Satisfactory results were obtained in one case of muscular rheumatism, and in three tabetic patients. In one case of neurasthenia, the relief was slight. Benz-analgen failed in two out of three cases of syphilitic cephalalgia, and in one out of two of myelitis. The drug rendered good service in one case of alcoholic neuritis, and especially in a case of painful right hemicrania, and in another of arthralgia. In all of these latter cases, the action of benz-analgen was efficacious in relieving pain. The results obtained in the service by Jolly, of Berlin, and embodied in the inaugural thesis of P. Krulle (Inaugur. Dissert., Berlin, 1892), are similarly interesting and encouraging. Success, according to Krulle, was observed in eleven out of twenty-four cases treated. Seven of these cases were of cephalalgia of traumatic origin; two of them occurred in tabetic patients, in whom the pains were of a lancinating character. In two other cases of tabes, the action of the remedy was uncertain. Loebell refers to other instances coming under the observation of various practitioners, and in which benz-analgen was found of marked service in the treatment of chronic gout, especially in the relief of articular pain. No untoward effects were observed, following the administration of the drug. The dark color of the urine is regarded as insignificant.

Administration.—Benz-analgen may be given in daily doses of from 0.5 to 3 grammes (7½ to 45 grains), or even as high as 5 grammes (75 grains).

DEPARTMENT OF PRACTICE OF MEDICINE.

Conducted by Prof. Allen J. Smith, A. M., M. D., Medical Department University of Texas, Galveston.

The Effect of Change of Posture upon Heart Murmurs.—Dr. Vincent Y. Bowditch (International Med. Magazine, November, 1892) has called attention to the fact that often the intensity of cardiac murmurs, particularly those heard at the base during systole, is accentuated by placing the patient in a recumbent position. From forty-two cases examined with spe-
cial reference to this point, twenty-one showed an increased intensity when the patient was lying down. Of these twenty-one, nine were basal murmurs, eight were apical, two basal and apical, and three indeterminate. Of the original forty-two cases, five showed increased intensity of murmur when the patient was sitting up; two of these five were apical, three indeterminate and diffuse. Of the original number, the remaining sixteen cases failed to show any special difference in the murmurs on change of position; of these six were basal, nine were apical, and one indeterminate. The author refers to a paper published by Dr. O. B. Campbell (Medical Record, June 11, 1892), in which the latter states that of one hundred cases studied in this particular, seventy-eight showed increase of intensity of the murmurs when in the recumbent position, six showed a similar increase when in the upright position, and twelve were not affected by change of position. Bowditch is disposed to regard variation in the position of the heart in relation to the direction of the aorta and to the chest walls, as a factor in causing this difference in the intensity of these adventitious sounds in different body postures, but acknowledges the insufficiency of this explanation for all cases.

THE ALBUMINURIA AND BRIGHT'S DISEASE OF URIC ACID AND OF OXALURIA.—Dr. J. M. DaCosta (American Journal of Medical Sciences, January, 1893), in a recent address before the Pathological Society of Philadelphia, after detailing a number of examples of albuminuria occurring in patients whose urine was found to contain excesses of uric acid or of calcium oxalate, urged the curability of the albuminuria of these conditions. He believes that if it be permitted to continue indefinitely, however, it will eventuate in actual disease of the kidney of the form of chronic intestinal nephritis. Many of the so-called "functional" albuminurial are, in his opinion, to be properly classed with that of uric acid and oxaluria, now grouped, perhaps, as "albuminurias of adolescence," as "dietetic albuminuria," or, "postural albuminuria." The underlying condition of renal irritation and congestion induced by these crystalline substances in their excretion is, for a time, at least, amenable to treatment, but eventually passes into actual formative inflammation. As signs of importance in the recognition of the albuminuria of this form from actual Bright's disease, Dr. DaCosta insists upon frequency of dyspeptic phenomena, the absence of hypertrophy, and other
cardiac symptoms common in the latter affection, the absence of dropsy and of retinal symptoms, a slight rise of temperature in the afternoons, prominence of such nervous symptoms as listlessness, fatigue, forgetfulness, sleeplessness, headache, and giddiness, and the existence of certain differences in the urinary symptoms from those of Bright's disease. These differences are to be seen in the high specific gravity as contrasted with the persistently low specific gravity in contracted kidney; in the increase of the total solids—especially contrasting in case of the chlorides with a diminution in Bright's disease; in the slight and varying excretion of albumin, and in the infrequency and persistent hyaline type of casts. The prognosis of the condition is, according to the writer, favorable; although the individual case may last for several years, with occasional reappearance of albumin.

The treatment laid down by the author is, in the main, parallel with that of contracted kidney. The extra labor thrown upon the kidneys is to be lightened by calling the various emunctories into play, and by strict care in diet. In the matter of diet, the greatest care is to be exercised. Vegetables, generally speaking, are to be freely permitted; meats containing much nitrogen are to be almost entirely avoided; milk may be used, but is of less consequence than in actual renal cirrhosis. The free use of pure water and of the mildly diuretic waters, hot at bed time and in the mornings should be strongly advised. Alcoholics are to be interdicted. The use of baths, not too cold, with friction of the skin, and free open-air exercise, are clearly indicated. Among drugs, laxatives are indicated, phosphate of sodium, cream of tartar, Rochelle salts. A course of muriate of ammonium, or of iron, is recommended, from time to time. Where the oxalates are present, nitro-muriatic acid is the most promising remedy, and the acids are not unavailable in clearing the blood of urid acid, as shown by Haig.

Dysentery as it Occurs in Nicaragua Therapeutic Gazette, November, 1892)—Dr. Judson Daland describes three varieties of dysentery, as met with in the above locality, a malarial form, the common endemic dysentery, and epidemic dysentery. In the first of these forms, spoken of as malarial by the citizens of the locality, there occur pains in the back, head, and about the umbilicus, associated with diarrhœa. There is moderate elevation of temperature. The stools are at first almost entirely composed
of mucus, but soon become streaked with blood; they are attended with tenesmus. Hepatic engorgement and actual inflammation, with jaundice, not infrequently occur; but hepatic abscess is a rare complication of this class of cases. Many of these cases are followed by marked anæmia and debility, often lasting for months. Treated early, as a rule, a favorable outcome is reached. Quinine is given (gr. vj), morning and evening; and the following dose is repeated every two hours:

| R   | Ammonium chloride . . . . . . . . . . . gr. v |
|     | Powdered ipecacuanha . . . . . . . . . . . gr. v |
|     | Tincture of opium . . . . . . . . . . . . gtt. x-xv |

Where there is much pain, the laudanum is increased, or morphine is added; and in cases of debility, carbonate of ammonium is substituted for the chloride. The diet is kept light, and water (not iced-water) is freely permitted.

The second form is quite like the above, but much milder, and the pains and fever are practically absent. The stools are composed of feces mixed with mucus and blood, and the griping is less marked than in the malarial form. The treatment is the same as in the former variety, save that the quinine is omitted.

The epidemic form comes on suddenly, is attended with violent pains in the back, head, extremities and abdomen. The temperature is high from early in the case. The stools quickly become bloody, and are apt to be almost entirely composed of blood. There may be as many as 150 evacuations in twenty-four hours, and in average cases there is generally one for each hour. Severe cases die within a week; favorable cases may continue for several weeks. In some cases, especially children, nervous symptoms supervene, delirium, coma, twitching of the muscles, rolling of the eyes and a tendency to bury the head in the pillow. Hepatic inflammation and suppuration are frequent complications, and are usually fatal. Croupous pneumonia may occur as a complication, also generally fatal. Severe and fatal hemorrhages may terminate the course. The treatment usually followed includes the above remedies, the quinine being increased two or three times. Where these remedies are not retained, because of the gastric irritability, the quinine is continued, but the ammonium and ipecac mixture is replaced by bismuth or tannic acid (gr. xv). If these astringents are of no avail, acetate of lead (gr. ij–iij) or nitrate of silver (gr. ⅛–⅜) is employed. Stimulants are generally required, the best results being usually obtained from sherry, port, or any of the red or
white wines, associated with carbonate of ammonium. Food is restricted to milk, lime-water, sago and farina. With careful treatment, the dangerous complications may be usually avoided, and the mortality kept low.

Most cases of malarial dysentery are met in Nicaragua in December, January and February, while epidemic cases are most frequent in March, April and May. Nevertheless, individual cases may be met at all times. The contagiousness of the epidemic variety, is recognized; and isolation, the free use of carbolic acid, burial of all discharges, and burning or disinfection of soiled linen are general measures.

Dr. Daland, who acknowledges his indebtedness to Dr. Bermudez, of Nicaragua, for the matter presented, states that no work has been done in these cases looking to the discovery of the actual cause, as the ameba coli; and the differentiation into the above classes rests upon clinical observation alone. He calls especial attention on the part of physicians of the Southern United States, to which the disease might most easily travel, to the confidence placed by Nicaraguan physicians in the use of chloride of ammonium.

OBSTETRICS AND GYNECOLOGY.

[By Wm. Kieller, F. R. C. S. Ed., Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Provident Dispensary.]

TUBAL PREGNANCY.—Jos. Price, M. D., (American Journal of Obstetrics and Diseases of Women) states that all cases of ectopic pregnancy met by him have been primarily tubal. Ovarian pregnancy is possible, but not probable,—he considers that they rarely pass into broad ligament pregnancies.

The causes are, 1st, anatomical, e. g., absence of ciliated epithelium from previous salpingitis; 2d, moral, viz: the fear of conception in illigitimate intercourse (absent or perverted ciliary motion).

Salpingitis from any cause predisposes. Statistics of pregnancy are unreliable. His own experience in section for ectopic pregnancy is a little over 1 per 1000 pregnancies.

Cases left to themselves have the very gravest prognosis, few recovering, and many who do so recovering by suppuratic processes of the most horrible character.

The causes of death are hemorrhage, septicaemia, peritonitis,
perforation of important viscera by bone. Rupture and hemorrhage cause most deaths.

The time of rupture is oftenest in first month, less so in third month, occasionally as late as fifth month.

Treatment, other than by operation, is unworthy of consideration; and operation is imperative as soon as the case has been diagnosed.

The earlier the operation is done, the easier it is,—leaving the gestation to go on in hope of getting a living child, is fraught with too much risk to be warrantable; and the operation itself, simple in the early months, is grave in the latter months, mainly from the difficulty in removing the placenta.

The vaginal method is universally condemned, except in rare cases. Dr. Price has operated on eighty-three cases, with three deaths, as compared with statistics showing 67% of deaths in 500 cases treated expectantly.

The main risk of the operation is hemorrhage. If patient is so weak that she is not likely to bear the operation, Dr. Price transfuses saline fluid first, to restore arterial tension. The placenta should be removed in every case, or washed and hermetically sealed. Removal often taxes all the skill of the surgeon, the bleeding being profuse. Rapid separation, hot water and firm pressure, will usually control the hemorrhage. A drainage tube should be used where oozing is expected.

Very few cases are cognized till rupture takes place.

Cases of Extra-uterine Pregnancy (Ruf. B. Hall, Am. Jour. of Obstet. and Dis. of Women)—The following abstract of these cases illustrates well the usual course of extra-uterine gestation:

1. Mrs. M., age 30; married 9 years; three children, youngest 5 years.

Previous History.—Abortion three years ago; septic trouble; chronic salpingitis.

Menstrual History.—Last normal period January 3, 1891. Returned February 1, and flowed for seven days; flow intermittent, with much pain. From February 7–12 free from pain. February 12, abdominal cramps, followed by general tenderness. February 24, fainted; great and persisting exhaustion. March 8, slowly increasing tumor in left side; uterus in front, and displaced to right, slightly enlarged; pelvic floor displaced downward; tumor firm and fixed.
Diagnosis.—Ectopic pregnancy, with rupture into left broad ligament.

Operation.—Found intra-peritoneal rupture of sac; removed it; uninterrupted recovery.

Case 2.—Mrs. W., age 33; 2 children, youngest 15 months. Regular till the 5th of May, when she menstruated as usual. Next June 16, irregular painful flow for ten days. June 29, severe abdominal pain with some collapse (probably date of rupture), followed by abdominal tenderness. July 7, examination under chloroform revealed nothing abnormal in pelvis. July 8-19, at work, then got worse. July 24, tumor size of large orange to right of uterus; temperature, 100-102°. July 27, suppurating extra-uterine pregnancy in retro-uterine space, shut off by adherent intestines; faeculent odor. Fæces discharged by drainage tube twenty-four hours afterwards; sinus closed October 5. Good recovery.

Case 3.—Mrs. H., age 30; married 8 years; last child 6 years old. Last normal menstruation October 16-20. November 25, slight flow. December 16, slight flow for a few hours, then severe pain and collapse; improved and going about. January 5, return of pain, and marked collapse.

Diagnosis.—Extra-uterine pregnancy. Waited for patient to rally, and operated January 7. Found primary extra-peritoneal rupture, with one pint old and one and one-half pints recent blood in peritoneum. Surgeon believes date of rupture was December 16. Considers that he did wrong in waiting for patient to rally from January 5th to 7th. She lost more blood, and ran a greater risk.

Case 4.—Age 33, married 9 years; one child 8 years ago, second 16 months ago. Last normal menstruation middle of September, 1891. Reappeared November 15, and lasted one week; disappeared a week, and reappeared, and continued till operation. Abdominal cramps, pain, and collapse on December 21, followed by abdominal tenderness. On January 9, pulse 130; temperature 103°. History of sepsis for fifteen days; yellow skin.

Physical Examination.—Tumor in left abdomen and pelvis, size of adult head; pelvic floor depressed; tumor semi-solid.

Diagnosis.—Extra-uterine gestation.

Operation.—Organized blood clot; faeculent odor; four or five pints recent blood clot; gestation sac formed by left tube; no foetus found; all removed, irrigated and drained. Patient re-
covered, with faecal fistula, which remained open for three weeks, and then closed.

Note.—Physical examination suggested subperitoneal rupture; operation showed that it was from the first intra-peritoneal.

Case 5.—Mrs. C., age 32; last child 7 years old. History of pelvic trouble for three or four years; worse last seven months. Pain in ovarian regions. Intensified pain in left ovarian region from the end of May. June 10, mass the size of a large orange to the left of uterus; right ovary adherent.

Operation commenced for undefined condition: unruptured ectopic pregnancy at about five weeks, found and removed. Right ovary and tube adherent—removed. Good recovery.

Case 6.—Mrs. S., age 24; married five years; no children. Pelvic trouble since marriage; much worse during past two weeks. Menstruation a few days late, and lasted ten days; freer than usual.

Physical Examination.—Left ovary adherent. Right ovarian region extremely tender; indistinct bagginess, but no defined mass could be made out. Three weeks later nothing distinct could be felt, but as she was evidently losing strength, operation was advised, no diagnosis having been made.

Operation.—Removal of three pints blood clot from peritoneal cavity, and a ruptured gestation sac containing decidua and formed by left tube; opposite ovary and tube being adherent, also removed. Irrigation and drainage; recovery.

Dr. Hall draws the following conclusions:

1. It is impossible to diagnose with certainty whether rupture has taken place into the peritoneal cavity or between the layers of the broad ligament, especially in the earlier months. Therefore, treat all these cases as if certain that the rupture is intra-peritoneal.

2. In early intra-peritoneal rupture, bleeding may go on slowly into the peritoneal cavity for weeks, the more fluid part of the blood being absorbed, and the size of the tumor giving no indication of the amount of blood lost.

3. Adhesions of intestines of only four or five weeks duration may compress the clot, and markedly depress the pelvic floor.

4. It is not always easy to diagnose ectopic pregnancy in the early weeks.

5. Abdominal section is imperative, as soon as a diagnosis has been made.
On Some Cases of Ectopic Gestation (J. W. Taylor, F. R. C. S., British Gynecological Journal, August, 1892)—Mr. Taylor considers that ectopic pregnancy is almost always primarily tubal, but finds that its further course is extremely variable, and quotes cases in illustration:

1. A case in which there was free hemorrhage from the fimbriated end of the tube, and irregular uterine hemorrhage without rupture of the tube. On operation, a mole was found in the ampulla.

2. Case 2 had the usual symptoms to tubal gestation, which had ruptured five weeks after last normal menstruation. Collapse was very marked. On operation, much fluid blood escaped from the peritoneum. The tube held a small ovum, which protruded from a slight rupture. It was interesting from the smallness of the lesion which caused such profuse hemorrhage, and further, because the tube showed a cicatrix of a previously ruptured gestation sac, associated with a history two years previously, of pelvic hæmatocoele, from which she recovered without operation.

3. Case 3 gave a history of regular menstruation, followed by two months amenorrhæa; then pain and menorrhagia, with an increasing tubal tumor. An unruptured tubal gestation was removed at the fourth month. Placental structure, but no trace of foetus, were found.

4. Case 4. Previous regular menstruation; no distinct history of amenorrhæa; then irregular uterine hemorrhage, with pain and increasing tumor on the right side. On operation, a four months ovum, with fully developed foetus, was found; the placenta was attached to the fimbriated end of the tube, and the gestation sac was formed by dilated tubal extremity and adherent omentum, the latter roofing in the sac and separating it from the general peritoneal cavity.

5. Case 5 was one in which a living, full-time foetus was found free in the peritoneal cavity, the membrane being represented by a fringe around the placenta. The placenta was attached to the right iliac fossa and right side of the true pelvis. It was removed with the child. Mother recovered, and child lived some months after birth.

6. Case 6 gave a history of previous regular menstruation, followed by one year’s amenorrhæa; increasing abdominal tumor; uterus enlarged to five inches, and displaced forward and to right; abdominal tenderness, toward the end, very great; and
in the latter months, pyrexia, rigors, vomiting, and prostration. Diagnosis was extra-uterine gestation, beyond full term, with dead foetus, or ovarian tumor. Operation revealed absence of general peritonitis. Behind the omentum, but attached to it by slight adhesions, was a thick walled sac containing dirty brown fluid, a decomposed full time foetus, and placenta. Placenta left to slough away, and sac stitched to abdominal wall, and drained. Recovery.

7. Case 7 had a history of six weeks amenorrhea, then symptoms of peritonitis with a tumor, evidently a haematocele on left of uterus. Diagnosis, probable ruptured extra-uterine gestation; hemorrhage limited by adhesions. Six weeks rest produced absorption of the haematocele. The diagnosis was proved correct by the appearances discovered two years subsequent, when operation was undertaken for a second extra-uterine gestation in the same tube, which this time almost cost the patient her life, by the profuse hemorrhage.

Mr. Taylor considers these cases interesting, as affording evidence:
1. Of hemorrhage without rupture of the tube. (Bland and Suttons Incomplete Tubal Abortion.)
2. Of recurrent ectopic pregnancy, with rupture in both cases.
3. Of marked and persistent enlargement, without rupture.
4. Of diagnosis before rupture.
5. Of cure without operative treatment.
6. Of the possible stages through which a tubal pregnancy may become abdominal.

Taking these cases in conjunction with a specimen in Queen's College Museum, Birmingham, he concludes that:
1. All tubal pregnancies are originally tubal.
2. They may rupture between the layers of the broad ligament, and develop there (extra-peritoneally).
3. The sac, partly composed of fallopian tube, partly of broad ligament, may expand upward into the abdominal cavity, forming an abdominal cyst.
4. The child may develop free in the abdominal cavity, covered by erosion or naked; the placenta being attached in the pelvis, and partly to the tube.

These abstracts of cases I have given pretty fully, because they afford typical clinical histories of extra-uterine gestation. Taken with the following, and with the preceding abstract of
Dr. Price's paper, they furnish a good resume of the most advanced views as to the diagnosis and treatment of a condition which every general practitioner should be thoroughly familiar with.

In a paper read before the Edinburgh Obstetrical Society last year, Dr. Halliday Croom concluded that on the following four grounds, a case of extra-uterine gestation, if seen early and watched carefully, can be diagnosed before rupture of the sac with a very great amount of precision:

1. The general signs of pregnancy,—for example, the cessation of the menses.
2. The displacement of the uterus to one side by a tumor, which gradually grows.
3. The passage of the decidua, in whole or in part, and irregular hemorrhages.
4. The presence of paroxysmal pain localized to one side, though not to one spot.

All those signs must be present, but, in diagnosis before rupture, the essential point is the passage of the decidua.

Note.—In all cases where ectopic pregnancy is suspected, all blood clots should be examined by floating out in water, for decidua shreds.

DEPARTMENT OF DERMATOLOGY.

Dermatological Notes by Isadore Dyer, M.D., Tulane University, New Orleans, La.

MILIARIA CRYSALLINA.

In his statistics of eight thousand cases of skin diseases, Dr. Bulkley reports one of miliaria. Doubt still exits as to the identity of miliaria and sudamina. The consensus of opinion of the American and English dermatologist favors a common classification. Some (Drs. Bulkley, Anderson, Tilbury Fox and Jamison, notably) consider miliaria and sudamina identical. Others (Van Harlingen, Taylor, Ratcliffe, Crocker, with Brocq and Guibot of Paris) describe miliaria, and relegate sudamina to that type which they recognize as miliaria crystallina. Still others (Duhring, Shoemaker, Stellwagen and Morrow) differentiate between miliaria and sudamina, using the term miliaria
crystallina as a synonym of sudamina, but as having no connection with other types of miliaria.

Sudamina is purely a process in evidence of a morbid condition of the sweat glands. It is associated with some easily recognized constitutional derangement, but may occur independent of any constitutional evidence whatsoever. It is attended with, or follows a high state of hyperidrosis, and seems distinctly a functional disturbance. Its lesions are translucent, whitish vesicles, pin point or pin head sized, with indiscriminate localization; but preferring the neck, chest, abdomen and rest of trunk. The lesions are discrete, and remain so throughout the disease, never becoming confluent. even though they become quite closely aggregated.

Dr. Moritz Kapozi, of Vienna, discusses sudamina as a disease distinct from miliaria. Sudamina he considers a disease of the vesicular type. He divides miliaria into three varieties, with distinct prodromic and concurrent symptoms, all or any of which may be present. These three varieties are: 1° miliaria rubra; 2° miliaria albida; 3° miliaria crystallina. M. Crystallina, according to Kapozi, has the evidences of a veritable exanthem. The vesicles of M. Crystallina are generally millet seed in size. They are clear like water, pale, resembling dew drops. They are often more sensible to touch than to sight. These vesicles persist several days or several weeks, depending upon the conditions causing them. Their contents have a reaction faintly alkaline, never acid. The contents never change, never become purulent, always remain in an eruption resembling dew drops.

Dr. E. Geber, of Klausenberg, in Ziemmsen's Handbook of Diseases of the Skin, considers miliaria a definite disease of sudoral type, but distinct from sudamina. Sudamina, he holds inflammatory at times, the fluid of its lesions capable of becoming cloudy or purulent. Miliaria crystallina he recognizes as a distinct variety of miliaria, with constitutional symptoms, which, with the eruption, constitutes a disease sui generis. Personally, I cannot presume to offer any classification, and with such differing opinions as these references indicate, it would be hard to define miliaria crystallina or sudamina. Recently a case presented itself at my clinic in the out door department of Charity hospital, and its clear cut clinical history makes it an interesting case in point to report. Lydia P., girl of thirteen, colored; plethoric type. Attends school; is a hard student; exercise limited.
Three months previous grew stupid. Malaise, occasional chill. Headaches frequent. Bowels move each day. Has never menstruated. Eruptions appeared two months before day of visit. Eruption has not changed since first appearance. No pain. No distress whatever at the site of eruption. Stupidity of child has gradually increased since eruption appeared. Child sleeps most of the time. Still attends school, however.

These points were obtained from the mother, the child being too stupid and drowsy to answer any question intelligently. The eruption was limited to the right cheek, upper lip and chest. At each of these points there was a patch of closely aggregated vesicles, pin-head in size and resembling dew-drops. There was no apparent inflammation at the site of the patches, and the eruption looked as if it might be brushed or wiped away. Each patch was sharply defined. The patch on the right cheek lay in a slanting or diagonal direction across the cheek, appearing to follow the course of the superior maxillary branch of the trigeminal nerve. This conception was further suggested by the similarly grouped vesicles along the upper lip.

The mother was instructed to keep the child from school, and to promote exercise.

A desiccant lotion was prescribed; while internally two grains of antipyrin, three drops of Fowler's solution, in cinnamon water, was given after each meal.

Three days later the child returned, with no eruption on the chest and the two patches on the face drying up.

Exactly one week after the first visit the child returned with no evidence of eruption, bright and cheerful, and, as the mother expressed it, herself again.

I have called this case one of miliaria crystallina, because the prodeemic and concomitant manifestations appeared to be directly connected with the eruption. These conditions disappeared at the same time as the eruption, and both seemed to be dependent one on the other. The readiness with which the antipyrin and arsenic seemed to control the conditions, indicates an immediate vasomotor connection, and adds clinical evidence of a sudoral influence which the pathological examinations of such lesions tend to prove.
Acute Mercurialization and Abscess of the Liver.*

Gentlemen.—The history of this man which antedates the symptoms of hepatic abscess, relates to an accident, even at this day too common in the practice of medicine. Twenty-three days ago the patient feeling ill and suffering of constipation and vomiting, sought medical relief and received a prescription containing calomel. In the course of twenty-four hours he began to show the symptoms of acute mercurialization. These symptoms became greatly intensified and during the past three weeks he has suffered seriously of the local phenomena and the constitutional symptoms incident to the over-action of the mercurial. At this time his gums are congested and eroded; the teeth are loosened in their sockets and covered with sordes, the flow of saliva is increased and the breath exceeding fetid.

We are impressed by the pallor of this patient as presented in the skin and mucous membranes. Observe how pale and anæmic, in appearance, are his lips and the mucous surfaces of the tongue and buccal cavity. In acute mercurialization we expect such evidences of blood dyscrasia as you here observe for mercurials in excessive doses, or in the peculiarly susceptible, are agents very destructive to red blood corpuscles.

In the administration of the mercurials there are cautions to be observed which I desire to impress with all possible emphasis. In any state of constipation, where you have reason to doubt the speedy action of calomel, select some purgative attended with less risks. During the alterative treatment with the mercurials, we may, in exigencies, which we have discussed elsewhere, keep the patient, for a time, on the border ground between the full effect of therapeutic doses and the symptoms of toxic over action. But the observance of certain cautions will usually avert mercurial accidents. We are warned by the hyperæmia of the gums, the tenderness of the teeth, the increased salivary flow, and the mercurial fetor of the breath. All these symptoms may be detected in advance of that state of exaggerated phenomena, such as characterizes the accident which occurred in the case before you.

*Abstract of a Clinical Lecture by Prof. A. B. Wilson, M. D.
There are certain classes of patients who are easily affected by the mercurials, and unless proper cautions be observed, the action of the agent may unexpectedly exceed the therapeutic effect. Here I desire to impart the statement that the therapeutic effect of any one of the preparations of mercury is secured short of the symptoms of acute mercurialization. Mercurial salivation is one of the most perilous accidents that can happen in the course of a serious illness; and one that always makes the convalescence tedious and precarious.

Be cautious in the administration of calomel in the constipation of the anaemic. Alterative doses of the mercurial easily overact in the strumous and in cases of depression, and in the low forms of chronic fevers, when the diminished blood pressure in all organs concerned in eliminating the mercurial favors a cumulative action. In renal and structural hepatic diseases the mercurials easily overact. Cases of chronic nephritis are easily salivated. Be exceedingly cautious in the administration of mercurials in the treatment of such cases of disease.

The treatment in the case before us, for the relief of the distressing accident which has occurred, comprises lotions for the relief of local symptoms, the internal administration of an agent to promote elimination of the mercurial, and the assistance of some chalybeate to repair the destructive effects on the red blood corpuscles. For local use, solutions of boric acid, chlorate of potassium and the tincture of myrrh, are perhaps the most servicable. The syrup of the iodide of iron, the purpose of which you now comprehend, is perhaps one of the best of all agents we can employ to meet the general therapeutic indications.

So much for the accident that has attracted our attention before we come to the discussion of the present disease—an abscess of the left lobe of the liver.

The most attractive local symptoms is the intense pain over the hepatic region, the point of maximum intensity being over the area of swelling you see. Even the respiratory movements are painful and pressure is unbearable. The upper boundary line of the liver is normal, the anterior border of the right lobe exceeds but very little the natural limits. The left lobe of the organ is enlarged, its border depressed three or four fingers breadth below its usual position, and the entire lobe bulging and painful. Then the hepatic symptoms are localized. These, in connection with the history of fever, and occurring in an acute disease, make the diagnosis almost positive. The aspiration which we now perform, makes the diagnosis conclusive.
What course of treatment shall we now adopt? We must be prudent. The diagnosis of an abscess of the liver does not always redound to the benefit of the patient. The critical condition of this patient will not admit of any heroic procedure. The exigency is not increased by high temperature, and, therefore, surgical treatment, at this time, is not the essential indication. Moreover, we do not know that adhesions have occurred between the convexity of the liver and the abdominal wall, and when in doubt, an incision into an hepatic abscess is attended with criminal risk. We do not observe any redness of the surface over this swelling, nor œdema, nor superficial fluctuation, nor indeed, any evidence of adhesive fixation; and therefore, we deem it prudent to aspirate this abscess. By this procedure we have withdrawn six ounces of pus, and by reducing the distension, relieved pain. While making the patient comfortable, we gain time and prepare him for any surgical operation that may in the future become necessary.

We propose to aspirate this abscess once or twice a week, puncturing always in the same location. In this way we excite adhesive inflammation, and later, should the necessity arise, we will either insert, by the same tract, a trocar of large size, in order to use the canula as a permanent drain, or we will make an incision through the area of local adhesions. Such an incision should be made cautiously by dissecting down to the peritoneum. If adhesions have not taken place, we are warned, for the time, against further attempt. A short time since, while making an incision as described, I discovered a healthy peritoneal membrane over the region of the abscesses. A granule of chloride of zink was retained in the wound, and, after the lapse of twenty-four hours, the abscess was opened with safety.

We should never have a definite and unalterable plan for the treatment of abscess of the liver. Modes of treatment must be adopted according to the special indication of individual cases. Aspiration is the simplest of all kinds of treatment, and applicable in a large number of cases. Abscesses deeply situated in the liver are often most safely treated in this way. Many small abscesses are cured by aspiration, and this is true especially in the cases of children. When the septic symptoms are not urgent aspiration may be attempted in many cases as a safe and simple mode of treatment, and one giving a fair chance of recovery. In any case like the one before us aspiration gives immediate relief of the most distressing symptom, and often increase the chances
of recovery by preparing and fortifying patients for necessary surgical operations.

While urging you to be prudent in the management of these cases of hepatic abscess, we trust you will ever be prepared to act promptly and operate decisively in those cases necessitating other modes of surgical treatment. When the pus has escaped the confines of the liver and invaded the thoracic or abdominal walls, treatment by free incision is the approved plan. When aspiration fails to give relief in those cases, where the evidences of adhesions are unmistakable, incise freely, irrigate and properly drain the abscess. In cases where the life of the patient is in jeopardy from pyæmia, and when his strength is being rapidly wasted by high temperature, then we are warranted in making heroic efforts to reach and evacuate the pus. Some caustics, as the chloride of zinc, retained in an incision over the serous membrane, will soon prepare the way for an easy entrance into the abscess cavity by the scalpel or large trocar and canula. In a case which I now recall, resulting most satisfactorily, a Spencer Wells canula was employed.

What is the natural history of these hepatic abscesses?

They may remain in the organ and gradually destroy tissue to an extent incompatible with life. They may destroy by sepsis. They may escape from the liver and invade the neighboring tissues and organs. The pus may find its way into the thoracic or abdominal parieties. This condition, as we have described, invites and facilitates surgical treatment. The pus may possibly enter one of the neighboring serous cavities. It is much more frequently invited into some tube with contents in motion, the bronchial tubes or the alimentary canal. The most favorable mode of escape is by way of the alimentary canal.

We should not remain inactive and trust to nature's power of healing in the management of cases of abscess of the liver. In the case before us the necessity for action is all the more urgent. The left lobe of the liver is more remotety removed from the safest avenues of escape for the pus of an abscess within its confines. In this instance, if the pus should not invade the abdominal wall, it may escape into the stomach or in the pericardium. In the first instance, the result would be disastrous; in the second, certainly fatal.

It is our purpose, in the management of the case, to aspirate the abscess once or twice a week and continue this mode of treatment as long as the patient improves. Should the case demand more decisive measures, we shall prepare to insert a large trocar-canula, or treat surgically, by incision, antiseptic irrigation and drainage, as the emergency may demand.
IN TROUBLE.

A little publication called *Printers' Ink* (we have never more than glanced at a copy, but have always understood it to be a kind of an advertising dodge for gratuitous distribution), seems to have been refused passage through the mails as a "journal," i. e., as second class matter, and is loud in its wails, and still louder in its denunciation of Postmaster General Wannamaker. Medical publishers have been besieged lately with communications from *Printer's Ink*, begging them to take sides with it in its fight, and to help get it "legitimatised," it says. The latest publication the *Journal* has read, is a postal card, whereon is printed a request from a Y. M. C. A. reading room for a free copy, a complaint that Wannamaker will not let it go, and a statement from the Assistant Postmaster General to Rowell & Co., that no legitimate second class matter has ever been refused the mails; from all of which we infer that *Printers' Ink* has been pronounced by the Postoffice Department to be not second class matter, and not entitled to the mails.

That is about all there is in it, that we can see. *Printers' Ink* complains that other matter, intended for advertising or for electioneering, is passed through the mail. Well, what of it? Two, nor three, wrongs would not make a right; besides, it is not *Printers' Ink's* say, whether the publications cited are legitimate second class matter or not; it is Mr. Wannamaker's say; and it seems he has begged leave to differ with brother *Printer's*
Ink, and has said they are. Well, what are you going to do about it, brother P. I.? No thief ever felt the halter draw and had much of an opinion of the law the halter or the draw, or words to that effect, in the language of the late lamented Artemus Ward.

If Brother Wannamaker would draw the line a little more closely, and exclude a big lot more of the P. Ink sort, he would be doing the country a service, and it would be but justice to legitimate medical and other "trade" journals.

THE TEXAS MEDICAL COLLEGE.

It will be remembered that the Journal has pointed out the fact that the comparatively large fees charged for tuition in the Medical Department of the University of Texas (Galveston), was operating to prevent even Texas students from matriculating there, and recommended that, at least until the school should have secured a firm footing, it would be best to reduce the fees very materially. The Journal, while not advocating, by any means, free medical education, pointed out that in all other departments of the Texas University there was no charge, or a nominal charge, for tuition, insisted on a reduction of the fee to at least that charged by many other Southern Colleges—$50 per session.

It is therefore with much pleasure we learn that the Board of Regents, seeing that the second annual class was no larger than the first, appreciated the fact that the charge for tuition was detrimental to the best interests of the school, and have accordingly,—not reduced it,—but abolished it altogether; and now a payment of $30 on matriculating, will entitle the student to attend the three years courses, there being no other charge, we believe, except the usual fee for diploma, the last year. This, of course, no student who has successfully gone through the three courses and the green room, will grumble at paying.

The change, of course, does not apply to the present session; those who have matriculated and paid the first year's tuition are not entitled to get any of it refunded, as we understand; the change will take effect next September; but those who have paid this session will have nothing to pay the next and the next, as we understand it.

Thus, the main objection having been removed; the College being now fairly under way, with elaborately equipped labora-
tories and a large corps of eminent, experienced and able teachers, paid by the State and in no way dependent upon revenue derived from students, we look to see the institution flourish and prosper.

Texas furnishes a very large contingent of medical students annually, and there is now no longer any necessity or excuse for a single one of them to go beyond the State line for a medical education of the highest order.

Death of Dr. Samuel Logan.—Dr. Samuel Logan, Professor of Surgery in Tulane University, New Orleans, died January 12, 1893, at the age of 63 years. He graduated in medicine in 1853, at the South Carolina Medical College. He served during the war as Surgeon and Medical Inspector under General Lee. He was connected with the South Carolina Medical College before and for a short time after the war, in the chair of anatomy and surgery. In 1866, he was elected to the chair of anatomy in the Medical College of Virginia, in Richmond, and removed to the latter city from Charleston. In 1867, he accepted the chair of surgery in the New Orleans School of Medicine, and in 1872 was elected professor of anatomy and clinical surgery in the University of Louisiana (Tulane). Dr. Logan was a prominent member and officer in a large number of medical and scientific associations; was regarded as one of the brightest teachers of medicine in the South; and his death leaves a vacancy not only in the teaching force of the school to which he was attached, but in the hearts of those who knew him.

Another Good Man Gone Wrong.—Dr. R. H. Jones, late of Washington county, Texas, who killed Col. G. W. Veal in Dallas, last fall, as alleged, for raping, twenty years ago, the woman who afterwards became and is now Mrs. R. H. Jones, and who was on the 3d of February inst. convicted of murder in the first degree and given a life sentence, was the second President of the Texas State Medical Association, and the first First Vice-President. On the organization of the Association at Houston, in 1869, Dr. T. J. Heard, of Galveston, was elected President, and Dr. R. H. Jones, First Vice-President; the next year Jones was made President, and presided in 1870, at Houston.

This is bad enough, but he has not been selling any "Hepatic Pills," (dose 1 to 3).
Medical News and Miscellany.

The Cooper Medical College, of San Francisco, has adopted a four years course of instruction.—Ex.

The English historian, Freeman, who always opposed vaccination, has just died of smallpox.—Ex.

Dr. E. J. Ward, of Waxahachie, so well known to the Texas profession, died in Waxahachie December 17.

A bill is now before the Texas Legislature to castrate criminals who are sentenced to the penitentiary for rape.

Dr. A. P. Baldwin, of Tyler, Texas, has just returned from the New York Polyclinic, where he took a three months' special course.

Dr. V. A. Howeth, so long a resident of Gainesville, Texas, and lately President of Cook County Medical Society, has removed to Pomona, California.

There is a vacancy on the Board of Regents, caused by the election of Judge Simkins to the Supreme Court. It would be interesting to know who will be the appointee.

Married.—In Austin, Texas, February 8th inst., Dr. H. L. Hilgartner to Miss Belle Palm, both of Austin. Dr. Hilgartner is oculist to the State Institute for the Blind, vice Dr. T. J. Tyner, resigned.

A Tribute to Villemin.—The Le Conte prize of $10,000 has been awarded to the heirs of Professor Villemin, by the Paris Academy of Science, for his researches in the infectiousness of tuberculosis.—Ex.

The Samuel D. Gross prize of $1000 will be awarded in June, 1893, for the best original essay of not more than 150 printed pages, upon some subject is surgical pathology. For particulars address Dr. J. Ewing Mears, 1429 Walnut street, Philadelphia.

Married.—December 22d, at Ledbetter, Texas, Dr. W. H. Walker to Miss Julia Gillespie, both of Ledbetter, Rev. Q. T. Simpson, officiating. In our last issue we announced the removal of Dr. Walker to Oakland, but we had not then heard of his marriage.
A number one, experienced prescription druggist and chemist, speaks Spanish and English, desires a situation in some city drug store. Satisfactory credentials as to character and capacity. Address "Druggist," care Dr. Daniel, this office.

Dr. Keiller will gratefully receive, pay expenses on, and acknowledge specimens bearing on midwifery and diseases of women, or still born foetuses, if sent to him at the University, Galveston, in good condition. Points of interest will be reported, and the specimens placed in the College Museum.

Dr. Bruce P. McVey, late of Ella, Brazoria county, and known to the JOURNAL's readers through his contributions to its pages, has removed to Mumford, Robertson county, and formed a copartnership with Dr. C. D. Cearnal, an old practitioner of that section and a staunch supporter of the Red Back.

Dr. E. G. Cochran has resigned his position as Chief Surgeon of the Mexican Central railroad hospital at Tampico and will return to Texas. The Doctor will go to Marshal for the present; meantime will select a location and resume practice. His successor at Tampico is Dr. A. D. Galleger, from Pennsylvania.

Dr. E. G. Nicholson, of Del Rio, whose serious illness at San Antonio the JOURNAL mentioned last month, died at Mineral Wells, Texas, on the 3d of February inst. His malady was Bright's disease. Dr. Nicholson was the most prominent physician in Val Verde county, and a popular member of the State Medical Association.

The Quarantine Bill, as amended in the U. S. Senate, was passed on the 6th inst. It gives the President power to suspend immigration if necessary to prevent the introduction of disease, and enlarges the powers of the Marine Hospital service, but does not give the Supervising Surgeon General or the Secretary of the Treasury power to absorb State quarantines, as was feared would be the case; State and National quarantines co-operate.

The Health Restorative Co's bill for $12,50 due this JOURNAL for advertising, a part of last year, can be bought very cheap by any one having confidence in that concern. We are unable to collect it. Notwithstanding this they had the audacity to ask a renewal of contract (through an agent) and we declined to accept it. The large patronage of the JOURNAL has been selected with such discriminating care that in nearly eight years the JOURNAL has lost only two bills,—this is the third,—by bad debts.
A Mere Trifle.—One of our Texas contemporaries tells of a doctor who, in jumping from a moving train "broke his leg at the knee, and the shoulder was badly bruised," and adds, "his injuries are not serious." This reminds us of the lady who says that during the first shocks of the earthquake at Charleston she was terribly alarmed, and her husband, to pacify her, said with emphasis, oh, don't be alarmed! it is nothing but an earthquake!

It is stated that both the Rush Medical College and the College of Physicians and Surgeons, of Chicago, have offered to give up their entire property to the Chicago University, and the Faculties to resign unconditionally, in order that a medical department may be organized on a level with other schools in this already wonderfully well organized institution. The sum of a million dollars is in sight for the endowment of such a medical department.—Ex.

Dr. Frank O. Hoyt, the founder of the St. Joseph (Mo.) Medical Herald, and more recently Assistant Physician to the Missouri State Lunatic Asylum, has been appointed Superintendent of the Iowa (State) Hospital for the Insane, at Clarinda, Iowa. Dr. Hoyt is quite a young man, but has made great reputation already as a physician and neurologist. The Journal extends its congratulations to the Doctor; it likes to see such evidences of appreciation of merit, and of the strong endeavor on the part of the young men to get there.

In addition to the contributions by the Faculty of the Medical Department of the University of Texas, to the several "departments" in the Journal, we are pleased to announce that Prof. Seth M. Morris, M. D., of the chair of Chemistry, will take charge of the Department of Chemistry, Toxocology and Urinology, and will, each second month, contribute notes of interest to the general practitioner.

We intend to make the Texas Medical Journal second to none in America in point of scientific interest. Subscriptions can begin at any time.

There's no Place Like Texas.—Dr. Wm. Caston, a long time resident of Corsicana, Texas, removed some years ago to Washington, and settled at Spokane Falls, where he did a fine practice in his specialty, eye and ear. He left there, however, last year, and went to Denver, Colorado. The Journal is in receipt of a letter now, advising that the doctor, on account of a "complication of circumstances which rendered it necessary, for the comfort and pleasure of his family," has returned to Corsicana, his old home. The doctor will re-join the State Medical Association at its next meeting, and contribute a paper to the Ophthalmological Section.
Jacobi vs. Peroxide Hydrogen.—The Journal has received a pamphlet containing Dr. A. Jacobi's paper read before the Pediatric Society, in which he indulges in very severe remarks against the medicinal peroxide of hydrogen, as sold by the Drevet Chemical Company (Marchand), and also several articles from eminent physicians, as strongly endorsing the preparation.

The Journal is an advocate of fair play; and from a careful reading of the pamphlet, we are disposed to think that Dr. Jacobi is unnecessarily severe in his strictures. Mr. Marchand has introduced, by way of rebuttal, the testimony of eminent clinicians, based upon an extensive experience with the peroxide, and to our way of thinking, Dr. Jacobi is answered. There is no medicine, or preparation, but that if abused, or in unskillful hands, may disappoint one's expectations, or do harm. The value of Marchand's medicinal peroxide is well established.

Publisher's Notes.

Painful Menstruation.—It is questionable whether menstruation was designed to be painless. At any rate, ninety per cent. of all women suffer more or less at almost every period. Diovinburnia will, in every case, give relief, and often cure, by its tonic effect upon the uterus. Formula on each bottle.

Dr. E. M. Nelson Says:—I have tried your Elixir Three Chlorides, R. & H., and have been so fully satisfied with its action that I prescribe it almost daily in some of the conditions for which such an alterative tonic is indicated.

St. Louis, Mo., September 7, 1891.

For Cough.—

R Antikamnia ........................ .3 j
Salol,
Quin. Sulph. ........................ aa grs. xx
Spts. Frumenti ........................ 3 iij
Syr. Tolutan ........................ .3 j
Syr. Simplex ........................ q. s. 3vj

M. Sig.: One teaspoonful every hour, until cough is relieved.

Announcement.—E. B. Treat, Publisher, N. Y., has in press for early publication the 1893 International Medical Annual; being the eleventh yearly issue of this extremely useful work. A glance at the prospectus gives promise that the 1893 issue will be better than any of its predecessors. There are thirty-eight distinguished specialists on its corps of editors, carefully selected from among the most eminent physicians and surgeons of America, England and the Continent. It arranges in a prac-
tical way for ready reference what is worth preserving of the year's medical literature, together with a number of important papers specially written; and will contain over 6000 references to diseases and their remedies, many illustrations in black and colors being used where helpful in explaining the text.

The service rendered by this work, giving the year's progress in medicine and surgery so conveniently and at so low a price ($2.75), cannot be overestimated. Altogether, it makes a most desirable, if not an absolutely necessary, investment for the practitioner.

Cocillana.—Respiratory inflammations always form a large proportion of the physician's cases. A Bolivian remedy which gives promise of much therapeutic efficacy is Cocillana, which was introduced a few years ago, through the researches of Prof. H. H. Rushy, the eminent botanist.

Experiments were made with it by many medical investigators, who found its action very satisfactory in catarrhal inflammations of the respiratory organs, in coryza, hay asthma, bronchitis, acute and chronic influenza, and pneumonia.

It possesses also laxative and purgative qualities, and has been employed successfully as a substitute for ipecac and apermorphia in catarrhal conditions.

Parke, Davis & Co., who introduced the remedy to physicians, will supply reprints of articles affording information concerning its therapeutic application, and invite the medical profession to test its virtues further by clinical experiment.

They have, after much difficulty, obtained an ample supply of it, and will be glad to afford any facts desired concerning this or any other of their new remedies for respiratory affections.

The general practitioner becomes rusty, and requires brushing up if he would keep abreast of the times. We do what we can, through the pages of our journals, to remind the profession of the old things that are true, and of the new things that are good. Supplementing this is the work done by the post-graduate schools. In them can be had practical demonstrations of what the busy physician needs: clinical cases examined and prescribed for and operated on in the presence of and with the assistance of the student. No one of these institutions is doing better work or offering greater facilities for post-graduate study, than the St. Louis Post-Graduate School of Medicine, now entering on its eleventh year. A large and experienced faculty; a clientele numbering many thousands a year, from which are selected interesting and rare cases for demonstration; laboratories for special work, and abundant opportunity also for those who desire to do operative work on the cadaver; all these stamp the school as being one of the best.

We know this institution in the past, and can strongly endorse its claims.
WHEN notified that I was expected to prepare a paper for this meeting of the Galveston County Medical Association, I chose as my subject the mechanism of fever, but upon reflection, concluding that such a subject would be only of abstract interest to the members, abandoned it. The theme of my paper is: "Malaria and its Manifestations." I chose this subject because it is of practical importance and because it is replete with interest to every practising physician, and not because I have any original thoughts to present. You are as familiar with the subject, perhaps, as I am, and no doubt will join issue with me upon more than one point discussed. I invite your criticism upon any position assumed in this paper, but not upon my imperfect style or feeble argument—to these defects I plead guilty, thrice guilty. Light, more light is the all-felt want of every searcher after truth; and discussion often exposes error. There are many false facts in medicine, or at least theories accepted as facts, which will be proven errors. It has been so in the past, and will no doubt be so in the future. Exstinguished theories lie along the pathways of science like strangled snakes around the cradle of Hercules.
My paper will be suggestive rather than comprehensive, pro-
pounding questions rather than answering them. What is mala-
ria? Bacteriologists have definitely solved this question, but its
solution leaves many points of interest in as great mystery as
before. Malarial manifestations are phenomenal in their variety
and diversity. Malarial poison is a micro-organism, which,
when introduced into the animal body, multiplies by segmenta-
tion or otherwise, and under favorable condition develops a spe-
cific fever. Are these microbes restricted to originating a well de-
ined specific lever, or do their manifestations vary, as conditions
and environments vary? Do they develop only intermittent and
remittent fevers, or do they manifest their presence in protean
forms, with or without fever? The older writers and physicians
recognized manifold manifestations, and plausibly under their
theory explained them. Authors and physicians, since the gen-
eral acceptance of the bacterian theory, while restricting mala-
rial manifestations somewhat, acknowledge different forms, and
in their attempt to explain them, darken the mystery; they dove-
tail their explanations, but give no more light. If malaria is
the result of a specific microbial poison, does it not defy a gen-
eral pathological law, which governs all other microbial poisons,
as far as we know? Are these microbes veritable pathological
outlaws, defying regulation and fantastic in their manifestations?
Other specific poisons develop specific diseases, sui generis, mild
or malignant, simple or complicated, but definite and specific.
Typhoid fever bacteria manifest their origin in the animal econ-
omy, if at all, by originating typhoid fever. There is but one
typhoid fever; its group of symptoms may vary somewhat, but
it is typical and its pathological lesions are always the same and
never mask another disease. The exanthemata are never con-
vertible; each virus develops a specific disease after its kind.
Cholera, typhus fever, yellow fever, observe the same law. Does
this general pathological law apply to the plasmodium malariae?
Does it not play tricks ever upon its specific fever, so much so
that our nomenclature groups its manifestations under special
names, intermittent and remittent,—and the former of these is
never constant, quotidian, tertian, quartan? Do all these differ-
ent types originate from the same micro-organism or are there
as many different parasites as there are manifestations? Before
the discovery of the plasmodium malariae we endeavored to ex-
plain these differences by assuming that there were different ma-
larial poisons, and these varied manifestations were the results
of different conditions and environments. Thus we talked learnedly of paludal and dry malaria, of civic and country malaria, and many other kinds of malaria—all nonsense, we now know. Yet even now we attempt to explain these differences upon the same line of assumption. We now claim that there are different malarial parasites, each playing its own role upon the pathological stage. Thus Lavaran describes transparent, colorless, spheroidal bodies, delicate, tenuous bodies, crescentic bodies. He denies the plurality of these different bodies, believes they are polymorphous, but single, and their evolution is not the same.

Another distinguished investigator, Golgi, explains the different types of malarial fever by assuming that each type has its special parasite, having a period of development of two days for the tertian form, a quartan depending upon a parasite having a period of development of three days, and an intermittent fever, the type of which he does not specify, depending upon a parasite the significance of which has not been determined, and thus in his profound research he may go on ad infinitum, discovering a parasite for every manifestation. I would not criticise so able an investigator but must believe his theory scientific nonsense. I may be allowed to quote the language of Agrippa to Paul: "Too much learning has made this bacteriologist mad." What scientific straits are we driven to in explanation of the tricks of plasmodium?

But these malarial microbes are not only outside of a general pathological law in their phenomenal manifestations, but in other things as well. All other specific diseases, originating from specific microbes, except perhaps dengue and the so-called "grippe," of which we know next to nothing, give immunity more or less complete, from subsequent attacks. These little outlaws give no immunity but predispose to subsequent attacks. Again, they have no stage of incubation; there is a period of latency shorter or longer, but no period of incubation, as I understand the term. Two men susceptible to the malarial poison may sleep in the moist swamp, and one develop intermittent or remittent fever in twelve hours or less, and the other in six months after exposure. Undoubted instances of malarial fever long after exposure have been reported. Prof. Brown reports the following facts: Twelve persons, in 1865, visited Barkum, an island of East Friedland, for the purpose of taking baths; two of these suffered from intermittent fever while on the island;
nine of the others escaped until the following spring and summer, when they were seized with the fever (six and nine months after exposure). The plasmodium of malaria will remain latent, perhaps, for years, developing no fever or other manifestation as long as the person remains in a malarial district, but as soon as he leaves for the mountains or a non-malarial district, he will be seized with intermittent fever. Such cases have often come under my observation. Again, the effects of the malarial micro-organism are not always self-limited, as are those of typhoid or typhus fever or the exanthemata. These diseases have their severe and dangerous sequilae but they are always limited in their duration. They never become chronic; intermittent fever may become chronic, establishing a malarial cachexia, lasting a life-time. Verily, these malarial parasites are pathological out-laws or they are governed in their manifestations by laws which have as yet not been revealed. They manifest their presence in protean forces. May not relapsing fever be one of its forms? If Lavaran and other bacteriologists are not in error it may be the product of one of the many forms of the malarial parasite, the microbe of relapsing fever and the plasmodium of malaria having a striking morphological resemblance.

Under the head of masked intermittent fever, some authors report the various manifestations. The term is calculated to mislead the enquirer, for fever does not always attend masked intermittent. As often as otherwise, perhaps, the thermometer indicates no rise in temperature, or if any, so slight and continued that we must conclude the malarial poison has made no febrile impression. Intermittent periodicity is, perhaps, always marked, but not fever. Modern authors upon the practice of medicine limit their review upon malaria to the different types of malarial fever; but he who restricts its manifestations to the specific forms of fever, is not prepared to practice medicine in malarial districts. Griesinger includes among masked intermitments, the most diverse nervous affections, to-wit: Convulsions, localized or general, choræic or epileptiform; hysteria, ambyopia, temporary paralysis of some of the members, and even symptoms of a different order, as a partial or general œdema. Colin, it is true, protests against this wholesale appropriation of so many diverse diseases to malarial influence, and calls attention to the fact that quinine has a beneficial effect upon nervous disease of non-malarial origin. Griesinger did not intend to assert that these diseases were
not generally non-malarial, but that malarial manifestations often simulated them.

The diseases enumerated by Griesinger, when not malarial, many of them, are benefited by quinine, but this remedy never aborts them. I hold that any disease in which quinine is an abortifacient, is malarial. Solibert mentions among the list of masked intermittents: Motor malarial paralysis, spasmodic affections, convulsions, contractions, muscular atrophy, hemiplegia, aphasia, transient paralysis. Harlan mentions bitemporal hemianopsia. Lewis tells of malaria among children masking as bronchitis. A case is reported, by whom I do not now remember, of a woman, of sixty-four years of age, suddenly seized with paralysis of the lower extremities and sphincters, sensibility unchanged, consciousness clear, temperature normal (mark that!), pulse eighty, small and empty, no pain in the spinal region. After twelve hours, these symptoms left her, to return the next day—complete intermissions each day—until quinine was given, when all symptoms left suddenly. Intermittent fever is often manifested in local symptoms, restricted, perhaps, to some member of the body, arm or leg. I treated a case in 1865, in which the ear, at 10 a. m., would redden and burn, and severe pain would set up, disappearing at about 5 p. m., to return the next day. The general temperature remained normal. Quinine relieved this case immediately. Similar cases are reported of local intermittents of arm and leg. Some years ago I was very much interested in this subject, and kept notes of phenomenal cases, which I still have, but which are not now available. I regret not having them convenient, for they are interesting. I recall a case of epilepsy in a young negro girl, aged 16 years, occurring at intervals of four weeks, at catamenial periods, recurring each day for three successive days, and stopping without remedies, to return at the succeeding period. The menstrual flow was full and without pain. I diagnosed hysterical epilepsy, and treated her accordingly, without relief. It dawned upon me that there was a marked intermittent character to the symptoms, and quinine was administered with radical relief. I have seen cases of dismenorrhoea, coming on suddenly and without apparent cause, continuing at each menstrual period, resisting all other treatment, and yield immediately to quinine. I have seen cases of periodic hæmaturia, not so-called black jaundice, but simple intermittent kidney hemorrhage, without fever, yield quickly to quinine. Again, I have seen periodical intermittent
diarrhoea, resisting all other treatment, yield to quinine. There are many other phenomenal manifestations which I might name, many of which I have seen, masking in the form of cutaneous diseases, but I am warned that I have trespassed upon your patience long enough. The sequelæ of malarial infection do not come within the scope of this paper; a very interesting paper might be written upon these alone. I cannot, however, refrain from mentioning, incidentally, that several years ago I had a case of cirrhosis of the liver which I pronounced of malarial origin. I was laughed at by the consulting physician, who charged me with being crazy upon this subject. I searched over medical literature at the time, upon the subject, and could find nothing sustaining me; but, like the fellow who swore the horse was eighteen feet high, I stuck to it. In the Annual of the Universal Medical Science of 1889, I read that Dr. Lancereaux, of Paris, had delivered a series of lectures in one of the hospitals upon the subject of cirrhosis of the liver from malarial infection. I immediately called the attention of my medical friend to the report.

During the period in which I was engaged in special observation upon this subject, I observed that malarial chill seldom made its first appearance in the night, viz: between 10 p. m. and 3 a. m.; when it does, it is a rare exception. When called to a case of chill, and subsequent fever, between these hours, I feel confident that it is not malarial, but the precursor of, perhaps, a more formidable malady. The observations of several years have not changed this opinion.

Is malarial fever contagious? Some of you may laugh at the question, so confident are you that it is not. I do not believe it is, still medical men of high authority upon malaria, hold that it is contagious. Sternberg, to whom I am indebted for several facts mentioned in this paper, reports cases which seemingly point that way. Bessingneits reluctantly, he says, was convinced that it could be communicated from one person to another. He reports twelve examples, all healthy and not otherwise exposed, who were seized with ague, after sleeping with one during the sweating stage of the paroxysm.

It is important that an early diagnosis of these phenomenal cases should be made, for early in the acute stage is the favorable time for a radical cure. Delay might be dangerous; an organic lesion might be the result, or the case might become chronic, when quinine will not always act as an abortifacient.
What test have we of malarial disease? At the time of the cases reported by me, I had no infallible test, as we have now, though I regard quinine, if an abortifacient, wellnigh infallible. The history, the tongue sometimes, when full, filling the mouth and indented, with the quinine test, were the landmarks for my diagnosis. When the two former were absent, the therapeutical effect of quinine was my test; but now we have a test which all of you will recognize—the presence of the haematozoon, or plasmodium malariae, in the blood. This is as yet the only practical benefit of our advanced knowledge of the etiology of the disease. They are always present in malarial diseases. A case in point, reported by Brandt, a person was seized with coma who had received an injury to the head. Every preparation had been made for a surgical operation. The surgeon determined to make a microscopic examination of the blood before operating. The plasmodium malariae was found; the operation was abandoned, and quinine administered. The patient rapidly recovered and a life was saved. Surgical interference might have resulted in death, and under no circumstances could have been of any benefit.

DISCUSSION OF DR. CLOPTON’S PAPER.

Dr. Allen J. Smith, objecting to the implied views of the writer that the malarial parasite was of bacterial nature, called the attention of the members to the fact that the organism discovered in the blood of malarial patients by Laveran is not of vegetable but of animal nature. He reviewed the former teachings as to the bacterial origin of paludism, and related the history of the discovery of the haematozoon of Laveran, and the gradual development and popularization of the present views of the subject.

Having called the attention of the members to a microscope with one of the haematozoa in the field, the speaker then demonstrated in detail the various forms assumed by the organism in question, and the probable succession of events in the life history of the parasite as far as is known at present, employing a number of lecture diagrams to illustrate his remarks, embodying detailed instruction as to the technique necessary for its observation and for its preservation and staining. He stated his belief that this organism is the unfailing concomitant of malarial fever, and probably its cause, basing this belief upon the uni-
formity of its discovery in the blood of malarial cases if properly sought for, and its uniform failure in the blood of patients affected by other forms of disease or in the normal blood, by the uniform success of observers the world over, many of them far from the original place of the discovery and in no way influenced by personal views of the discoverer, by the frequent discovery of this organism in masked forms of malaria, perhaps unsuspected before, but yielding readily to quinine. He agreed entirely with Dr. Clopton that apparently very dissimilar maladies are often due to this cause, narrating within his own experience, a case of coma and one of chorea, recognized in their true light only upon the discovery of the hæmatozoon of malaria, both yielding promptly and easily to the malarial specific, quinine. He had also met with cases of malaria which had been viewed as cases of Bright's disease in advanced stages at first, but whose subsequent course, in view particularly of the demonstration of the malarial organisms in their blood, had left no doubt as to their paludic nature. Commenting upon Dr. Clopton's scriptural adaption to the Italian, Golgi, the speaker admitted his concurrence, and said that in his opinion Golgi's differentiation of the parasites into special groups, as related to the varied common manifestations, is not warranted by our present knowledge of the subject; and urged the credibility of Laveran's view that the parasite bearing his name is multiform, but single. In answer to Dr. Clopton's statement, that in spite of the discovery of Laveran, we are no nearer to a satisfactory explanation of the manifestations of malaria, the speaker reminded the writer that some of its nervous phenomena might be explained by the well-known embolism of the vessels in the central nervous system by these hæmatozoa.

Professor Keiller: Dr. Keiller thanked both Dr. Clopton and Dr. Smith for the valuable exposition they had given of the cause and manifestations of malarial fever. Having come from a country (Scotland) where malarial fever is unknown, and where imported cases are rarely met with, he felt that his knowledge of the subject was such as to make the exposition he had just heard peculiarly valuable to him. He thought, however, that from the multiform manifestations credited to the malarial organisms, his difficulty in the future would be not in deciding what was, but what was not, malarial fever. He also expressed the opinion that extreme care should be exercised
diagnosing a case as malarial without microscopic proof; otherwise disastrous mistakes would certainly and frequently result.

Professor Thompson: Dr. Thompson referred to the frequency and persistency with which the internes at John Sealy Hospital would tentatively drop the suggestion that such and such manifestations might be due to malaria; and he emphasized the view that this tendency to regard various diseases as due to malarial poisoning, when no microscopic proof was forthcoming, as distinctively savoring of charlatanism. He held that no case should be diagnosed as malarial unless the microscope revealed the presence of Laveran's hæmatozoon.

Professor Clopton: Dr. Clopton said, that notwithstanding the discovery of the hæmatozoon of malaria, we are no nearer to a satisfactory explanation of the various forms of marialial fever, or of how its manifestations are really produced.

For Daniel's Texas Medical Journal.

MULTILOCULAR OVARIAN CYSTIC TUMOR—OPERATION—RECOVERY.

BY F. B. MAGRUDER, M. D., SAN ANGELO, TEXAS.

ON December 13, 1892, I removed from Mrs. K., of San Angelo, Texas, a large multilocular cystic ovarian tumor, weighing twenty pounds.

Mrs. K. is fifty-five years old, the mother of seven children; for the last few years has been in rather poor health, having suffered a great deal from chronic cystitis.

About twelve months ago she discovered a tumor, in the region of the right ovary, about the size of an orange. It gave her a great deal of pain for some two months, which gradually subsided without treatment, but continued to grow rapidly, until it obtained the above dimensions and she could hardly get about, with great difficulty getting up when she was down.

She was very much alarmed about her condition.

I was called to see her December 5; diagnosed multilocular cystic ovarian tumor, and advised its removal at once, which she readily consented to.

One week's treatment put her in very good condition for an operation. On December 13, assisted by Drs. Wm. Perrin, L. S.
Smith and M. Mays, chloroform was administered, I made abdominal incision about three inches in the median line.

The first cyst opened contained colored water; second cyst contained a thick jelly-like fluid that would not discharge through a large trocar; third cyst contained a dark jelly-like substance, and so on. No two contained the same kind of liquid.

I enlarged the opening to five inches and drew the tumor out, there being no adhesions; the pedicle was about four inches broad.

It was secured by braided silk in two sections; tumor removed and stump dropped in the cavity. (The left ovary was carefully examined and found to be normal.) The peritoneum closed separately with fine cat-gut, the abdomen closed with silk-worm gut, sprinkled with iodoform and covered with iodoform gauze. All covered with absorbent cotton and a roller bandage applied. *No drainage was used.* Within one hour from the time we commenced giving chloroform the patient was snugly in bed and had rallied from the effects of the anesthetic and was feeling comfortable.

The first twenty-four hours the temperature rose to 100° and remained so for three days, when it rose to 101°, but soon decreased without treatment to 99°, where it remained for eight days.

I attribute the rise of fever to the condition of the bladder, as it was very irritable and contained a good deal of bloody mucus. The bladder was washed out every day with a solution of boracic acid and finally with a solution of nitrate of silver. On the tenth day all irritability had subsided, she passed the urine without discomfort and the temperature dropped to normal. On the tenth day the stitches were removed and the wound found to be entirely healed. Not one drop of pus or discharge of any kind was ever detected in or about the wound. On the twelfth day she set up in bed, and in due time convalescence was established. At this time, five weeks after the operation, she is able to leave the house.

I report this case not because of anything new, but for the encouragement of some of our medical brethren who think laparotomy should not be performed outside of our large city hospitals, and then only by such as make a specialty of abdominal surgery,—and to put on record one more successful case.
DEPARTMENT OF THERAPEUTICS.

CONDUCTED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology in the Medical Department of the University of Texas, etc.

ANAGYRINE.—At a recent meeting of the Société de Biologie, Gley (La Semaine Medicale, 1892) reported his studies on this alkaloid, obtained from the Anagyris fœtida. He finds that the drug slows the heart, but at the same time increases the arterial pressure, even after section of the spinal cord. The action of the alkaloid is, however, prevented by chloral. The author, finally, concludes that, judging from the antagonism between these two drugs, anagyrine acts principally on the peripheral ganglia.

THE PREVENTION OF ASIATIC CHOLERA.—In an excellent short article on the cause and prevention of this disease, Frederick Gaertner (International Medical Magazine, January, 1893), says: "There is no doubt that the only means of preventing the spread of a contagious or infectious disease, is by the complete isolation of the victim and the prevention of any contact whatsoever with any article that may contain the germ. By this I mean effective quarantine. * * * All precautionary sanitary and protective measures should be scrupulously applied, and all examinations of excreta and secreta be continued until not a single comma bacillus has been discovered for eight or ten days. Then and then only can we be assured that cholera has been excluded and an epidemic avoided. Let all strictest sanitary measures be employed, and quarantine established at every seaport, State line, or even at the city limits; let all the traveling public be closely examined, and all effects subjected to a careful process of cleansing, fumigation and disinfection. Let the dead be cremated, and all the articles that have in any way come in contact with the disease be burned. All luggage, including the mails, should be exposed to an intense degree of heat, say 220° F., for two or three hours' duration, and then to extreme cold, say zero F., for a period of time from six to twelve hours. If these means are employed it will be impossible for any germ or micro-organism to exist, or be in a state of active development of the disease. Thus and thus only can we protect our people from the awful slaughter which this dread disease would certainly effect, were it to gain an entrance into America, and which we might antici-
pate in the very near future unless strict sanitary and preventive measures are adopted.''

Cocaine in Tinnitus Aurium.—Carralero (El Siglo Médico, No. 14, 1792, Madrid) calls attention to the good effects of cocaine in tinnitus aurium, due to alterations of the tympanum, the buzzing sound of which in the ear is extremely painful to the patient. The author instills a solution of cocaine of the strength of four per cent., into the tympanum through the Eustachian tube, especially when the buzzing follows hyperaemia and catarrh of the tympanum, congestion of the labyrinth, a hyperaesthetic condition of the internal or middle ear, "sclerotic" otitis, and other pathological conditions. The results of this medication have been most excellent. According to the author these instillations should be practised at the beginning every day, and afterwards every two or three days. Carralero employed the sound invented by Itard.

The Antidotes to Phosphorus.—In an able experimental research, E Q. Thornton (Therapeutic Gazette, January 16, 1893) arrives at interesting conclusions, from a practical point of view. His experiments were performed on dogs. He found that in all cases of phosphorus-poisoning, in which the sulphate of copper was used as an antidote, death resulted! Although the animal to which the copper salt alone was given recovered, decided gastro-enteritis resulted, and, therefore, the author concludes (with much reason) that this drug should cease to be recommended in phosphorus-poisoning. He tried peroxide of hydrogen, but found this agent too slow in oxidizing the phosphorus, and too irritating upon the digestive tract to be a valuable antidote. The author also believes that inasmuch as the old French oil of turpentine cannot be obtained, this agent should likewise cease to be considered as a practical antidote.

We may say in this connection that Antal (Lancet, June 4, 1892), by experiments on animals, has found the permanganate of potassium antidotal in acute phosphorus-poisoning. Hajinos (Ibid) has employed it with success in some cases which have come under his care in the Rochus Hospital at Buda-Pesth. One case was that of a patient who drank a solution of phosphorus made from two matches, and was immediately taken into the hospital. The stomach was washed out, and within half an hour of swallowing the poison, Hajinos introduced 500 grammes of a
one-tenth per cent. solution of the potassium permanganate into the stomach of the patient. There was no vomiting or pain, and the next day, as the man felt quite well, he left the hospital.

The Therapeutic Uses of Piperazin.—David D. Stewart (Therapeutic Gazette, January 16, 1893) contributes a most valuable paper on the above subject, detailing at length three cases in which the drug was used. The patients were suffering from stone in the bladder. In two of the cases a cure was practically established. In one of these two cases all the symptoms referable to the kidney had been absent for several months, notwithstanding that piperazin had been discontinued for six months; and another important fact was, that the permanent disappearance of gravel from the urine, a symptom which, previous to the administration of the drug, had been persistent and troublesome. Similar results were obtained in case 2, in which the former attacks of lumbar pain, of seven years' continuance, had been absent for seven months under the influence of piperazin. In the third case, one of probable mulberry calculus, no benefit was obtained from the employment of the drug. In these cases, neither the acidity of the urine nor an increase in the excretion of urea was appreciably affected. In only one of these instances was the amount of urine increased, although the author states that in most cases the drug augments the secretion of this fluid.

Salophen as an Antirheumatic.—In a preliminary note, H. A. Hare (Therapeutic Gazette, January 16, 1893) reports four cases of rheumatism in which salophen gave satisfactory results. The author asserts that in these cases, as well as in others in which he has employed the drug, it has given results which are so good that he has added the remedy to the list of other agents which he constantly bears in mind as meeting important indications. He has also found salophen of value in a host of other ailments closely allied to true rheumatism, and in which it has given him the best results.

The Value of Cocaine in Catarrhal Affections of the Upper Air Passages.—Clarence C. Rice (New York Medical Journal, January 21, 1893) in an interesting article on the value of sprays in the treatment of catarrhal affections of the air passages, states that cocaine is of great service; that a very weak
percentage of it, say one-half of one per cent., added to astringent sprays, will to a great extent nullify the first irritating effect of the topical application. Mild solutions of cocaine, that is, less than one per cent., are perhaps as useful astringents as can be employed, and none of the uncomfortable reactions which sometimes follow the stronger solutions, are seen. These mild cocaine solutions seem to clinch the beneficial effects of astringents when used in combination. Cocaine seems to have justly supplanted solutions of opium, morphine, and bromide of potassium, and the author knows of no beneficial effect to be obtained from aconite preparations which cocaine does not more surely afford. The strength of the cocaine solutions can be more easily regulated than those of opium and aconite. The writer believes that cocaine sprays have rendered laryngeal operations and manipulation easy, and have saved life in relieving laryngeal dyspnoea, until obstructions could be removed.

DEPARTMENT OF PRACTICE OF MEDICINE.

Conducted by Prof. Allen J. Smith, A. M., M. D., Medical Department University of Texas, Galveston.

Mental Symptoms of Diabetes.—M. J. Madigan, of Brooklyn (Medical Standard, February, 1893), reports several instances of the occurrence of glycosuria and insanity in the same individual. One of the common manifestations of glycosuric insanity is an alternation of the diabetic and mental phenomena; and a case reported by the writer well illustrates it. A thirty-year-old Scottish-American was admitted to hospital with decided emotional exaltation, grandiose delusions, a kleptomaniac, destructive, and occasionally violent. No albumen or sugar was present in his urine during the period of these symptoms. After a time he became quieter, the expansive ideas less prominent, the moral obliquities which he had manifested disappeared, and gradually the man passed into mental convalescence and on to recovery. At the beginning of mental improvement, traces of sugar appeared in the urine, and gradually increased as the case progressed toward recovery. At the same time his appetite increased. In four months he was discharged, apparently cured of his insanity, but was distinctly diabetic. In the spring of the following year he again came under care in much the same mental state as at first. Sugar was not to be detected in the
urine on admission, nor during the period of mental disturbance. When convalescence came on, sugar again made it arrearance. After discharge the second time, the patient remained away from the hospital for a long time, but eventually returned to die of diabetic phthisis. The mental symptoms of the attack in which he died were of a melancholic type. Just before this last attack he had been placed under great mental strain, and had in addition caught a severe cold.

Albumen Reaction—Resemblance of Piperazine. — H. Berlin (Virginia Med. Monthly, February, 1893), of Chattanooga, calls attention to an albumen-like reaction occurring in the urine of patients taking piperazine, upon the addition of picric acid solution. The reaction fails with nitric acid and the other common albumen reagents.

The Conditions of Higher Medical Education.—The wretched condition of medical education in our country has long enough been the subject of ridicule of other countries, and of the best men among ourselves. It is a shame that the whole profession in the United States should set itself rigorously and vigorously to stop. State boards of examination are right, and should be established everywhere; but they are not sufficient. These can only properly raise their standards as the applicants for admission have been better prepared by the colleges.

About the following propositions it would appear there can be no possibility of discussion or doubt:

1. The minimum of study requisite for granting the degree of M. D. to students possessing no literary or scientific training upon entering upon the medical studies, should either be four years, or three years of lengthened terms, with real and not sham entrance examinations, and with a teaching and drilling in actual medical and clinical work that is adequate, and is not merely commercialism masquerading as medicine. Three years—such years as are usually passed—have become certainly and plainly insufficient.

2. No institution can adequately fit its students for the work without endowment or State aid. As a rule, the colleges possessing endowment will certainly prepare their students better than those without the necessary laboratories, the large corps of paid assistants, the enlarged teaching body, the drill of bedside instruction, etc.
3. The fixation of salaries of the teaching body is an absolute prerequisite to elevation of standards, and a prevention of the graduation of the ill-fitted. It is also a prerequisite for obtaining endowment, as neither individuals nor the community should endow or aid an institution whose profits are for the benefit of individuals, and only secondarily and adventitiously of medical education and of the profession.—*Medical News*, February 4, 1893.

**The Treatment of Cholera.**—Professor Roberts Bartholow (*Med. News*, February 4, 1893), in a recent article reviewing the treatment of cholera, outlines the theory of a cholera seizure as follows: The parasite reaching the intestine by some one of the channels of communication, lodges in the mucous membrane and there multiplies, producing at the same time a toxic principle. As a result of the irritation arising from the presence of the parasite and of the toxine, there occurs as an early symptom the preliminary diarrhoeal stage; this is followed by a stage of systemic infection due to the absorption of the toxine, quickly succeeded by the algid stage as the result of the special effect of the latter, and then, if reaction occur, by a typhoid condition. At the same time, severe desquamation of the mucous membrane goes on; and serious effusion from the blood vessels takes place to such an extent as to thicken the blood and alter the power of functionation of the red blood cells.

Professor Bartholow holds forth as the first indication the arrest of the diarrhoea, guiding his selection of remedies by the recollection of the presence in the intestines of a parasite, of the excessive alkalinity of the fluids and tissues, and of the effusion of the blood serum into the intestine. Of all remedies suggested he regards, from his own experience, as the best, sulphuric acid, and suggests its administration as follows:

B Acidi sulphurici aromatici . . . . . . . . . . . . . . . . . . . . . . . 3 v
Tincturæ opii deodoratæ . . . . . . . . . . . . . . . . . . . . . . . . 3 iiij

M. Sig.: Gtt. x–xx every hour or two, in sufficient water.

Or:

B Acidi sulphurici diluti . . . . . . . . . . . . . . . . . . . . . . . . . 3 iiij
Tincturæ opii camphoratæ . . . . . . . . . . . . . . . . . . . . . . . . 3 xiiij

M. Sig.: Teaspoonful every half hour, or hour, in water.

The writer counsels that opium be not removed from the list of proper remedies, although he acknowledges the propriety of small dosage of the drug, rather than the heroic doses given formerly.
The discovery of the comma bacillus has led to the employment of various germicidal remedies, and salol and creolin have been viewed with high expectation. Generally speaking these expectations have not been realized. The author is inclined to believe that better results may be obtained from naphthalin, and suggests its combination with bismuth and carbolic acid, as follows:

B Naphthalin .................. 3 ss
Bisinuthi subnitratis ......... 3 ij
Acidi carbolici ................ 3 ss
Glycerini .................... 2 2 ss
Aquæ chloroformi ............. 2 iss

M. Sig.: Teaspoonful every half hour, hour, or two hours.

Excellent results seem to be attending the employment of calomel in the present epidemic, as was the general experience also in previous ones, the remedy being given at first in a single large dose followed by smaller doses at short intervals thereafter.

Enteroclysis, the irrigation of the intestine with a warm solution (90°–104° F.) of tannic acid (tannic acid, dr. iss-iiss-v, water Oii-iv, laudanum gtt. xx-xxx, gum arabic oz. j-iss), is mentioned as a procedure of little value, in spite of the earnest advocacy of Cantani, Ziemssen, and others. The writer does not believe the injection of a fluid into the large intestine is followed by its entrance into the diseased ileum, and can thus modify a morbid process in the latter situation. Intra-venous and hypodermatic (hypodermatoclysis) infusion of a saline solution, usually one containing sodium chloride or sodium carbonate, have been practiced extensively during the present epidemic, although the writer credits little but temporary benefit to either method. The relatively safer and easier employment of the latter mode of administration has rendered it preferable to most practitioners in private work, although no definite conclusion as to the proportionate value of the two methods has been reached. In the algid state, with fatal collapse imminent, Professor Bartholow suggests, however, that the intra-venous infusion is preferable, as productive of a more rapid result.

The writer also refers to anti-cholerine, given in subcutaneous injections, the mortality from this mode of treatment being lower, or at least not higher, than that from other methods. The substance, anti-cholerine, is derived from pure cultures of the
cholera spirilla by Klebs, in the same manner Koch derives tuberculin from cultures of tubercle bacilli.

The treatment during the algid stage in the present epidemic has not varied much from that of previous ones. The soluble salts of caffeine, given for their diuretic effect and the purpose of circulatory stimulus, have achieved some reputation in Paris; as, too, has cocaine, injected subcutaneously to the amount of half a grain per day. Nitroglycerine (gtt. ij of a one per cent. solution on the tongue) and the hypodermatic use of ammonia, have also been recommended. Bartholow suggests that, in view of the desquamated condition of the intestinal mucous membrane, the nitroglycerine, or nitrate of amyl, had best be administered hypodermatically; or amyl nitrate may be given by inhalation. These remedies had best be given after the injection of the saline solution, since there must be little use of circulatory stimulus while the blood is thickened from loss of its serum. For the cramps occurring at this stage, small doses of morphine and chloral are recommended, and Bartholow suggests the following as a suitable formula for hypodermic administration:

\[
\begin{align*}
B & \quad \text{Chloral hydratis} \quad 3 \text{ iij} \\
\quad & \quad \text{Morphiae sulphatis} \quad \text{gr. j} \\
\quad & \quad \text{Atropinæ sulphatis} \quad \text{gr. } \frac{1}{4} \\
\quad & \quad \text{Aquæ chloriformi,} \\
\quad & \quad \text{Aquæ} \quad 5 \text{ ss} \\
\end{align*}
\]

M. Sig.: Twenty minims, repeated in ten minutes, and subsequently pro re nata.

As to diet, the author urges that when the intestinal tract is undergoing desquamation, attempts to feed are worse than useless. Such a preparation as beef tea is only harmful at any stage of the disease. A little cold milk or wine whey may be given as the stomach permits. The tendency to overuse of stimulants is very strong, and care should be had lest this mistake be fallen into. Small quantities of iced champagne or iced brandy may be given from time to time. Although excessive drinking is apt to provoke or renew vomiting, the advantages from free use of water are thought to more than counterbalance the injury thus aroused. Carbonic acid water and such a mineral water as Apollinaris may be less likely to disturb the stomach; and the restoration of the renal function and the diluent action of the water are undoubtedly elements of importance in the scheme of treatment.
I. Leprosy in Brittany, France.—Quite a startling report of extensive leprosy in Brittany, is made by Dr. Zambaco-Pacha, in the December number of the Annales de Dermatologie et Syphilocigraphic. Many of the cases reported closely resemble what has heretofore been described as Woman's disease. Dr. Z. logically investigated the cases and reports them in detail; presenting photographs of the important cases. It is thought that leprosy had disappeared in Central Europe since the 16th century, only isolated cases being reported. Concluding a long and interesting paper Dr. Z. summarizes as follows:

1. Leprosy exists in Brittany, and it is the new disease (Syringo-myelitis) believed to have been discovered. The Analgesic Whitlow is nothing but the classic Lepra mutilans. In addition we have met the anesthetic form of Danielsson—the claw hand, with muscle atrophy; loss or interference with sensation, etc.; the ulcerating or lazarine form, and even the tubercular form.

2. Besides these classic types of leprosy there are (and by far the greater number, fortunately) those forms which are attenuated, light or modified. The transitions however, are established. Cases occurring in all grades, separated only by slight lines from one another.

3. Most of the cases considered affected by the new disease, called syringo-myelitis, are only lepers, attacked by the anesthetic type of Danielsson, but somewhat attenuated or slightly modified.

4. Finally, leprosy, like scrofulosis, consists of a large class of affections, among which may be included many other maladies to-day considered new and distinct diseases. Included among these are scleroderma and those indefinite conditions, which are designated morphea, of which many preserve their sensibility.

But the absence of only one symptom scarcely justifies the creation of a new disease. There are true lepromes, which have sensation. In those affected with morphea, there are spots which are anesthetic. There is no reason then to separate these cases from the generic class of leprosy. All the more is one led to
isolate a type of *esthetic* leprosy as distinct from the anesthetic type.

II. ETIOLOGY OF PSORIASIS.—Dr. Ludwig Nielssen, in the *Monatshefte fur Praktische Dermatologie*, (Vol. 15, Nos. 7 and 8), contributes an article on psoriasis, the result of observation in over one thousand cases. In the treatment of the disease Dr. Nielssen prefers iodides to asenic. The disease occurred as two to one in males with females. Heredity, he concludes, is a negative or uncertain factor. Rheumatism appeared largely associated. Acute diseases seemed to hasten the recovery. Diatheses, constitutional conditions, blood infection, and the neuropathic theory, were all rejected as lacking proof. The parasitic origin of the disease seemed to carry more evidence. Dr. Nielssen compares psoriasis to *pityriasis versicolor*, a parasitic disease, rarely contagious, having predilection for certain individuals, tending to recur and having a characteristic fungus. In psoriasis parasiticides act favorably. Fungi are found in the lesions and they probably belong to the *hyphomycetic* or the *schizomycetic* group.

III. PITYRIASIS ROSEA.—Dr. Lasaar, of Berlin, from his investigation pronounces *pityriasis rosea* and scaling ringworm of the body as identical. His recent communication to the Berlin Society of Dermatology brings out some interesting points in the etiology of *pityriasis rosea*. Lasaar has observed the eruption appearing on young women beneath new knitted undershirts, not previously washed. He also noticed the disease under new washed linen garments, worn for the first time. A similar condition occurred after the wearing of linen garments which had been kept for a long time in chests or closets, thereby offering irritable soil to the parasites. For treatment Dr. Lasaar suggests solution of zinc or sugar of lead, or better, 2% salicylic acid with 20% of sulphur in oxide of zinc ointment.

**ST. LOUIS CLINICS.**

Reported for Daniel's Texas Medical Journal, by Dr. Z. F. Lillard, of Tyler, Texas.

ADDISON'S DISEASE.—Martin Meyer, age 55 years, German, single, occupation that of cook. Family history good. Father died at age of 95, mother at age of 84 years. Had three brothers; two are yet living, one died at 55 years of age. No sisters.
Habits—Drinks beer and whisky in moderation; never was drunk. Excessive smoker. Hygienic surroundings unhealthy. Previous history—Had chills when about 15 years old. No other sickness till 1874, when present trouble began.

Present trouble began with an intense itching, a little over eighteen years ago. Itching extended over entire surface of body, and still persists. Soon after itching began, the skin became of a yellowish hue, and now presents the characteristic bronze color. Up to this time, appetite and general health have been fair. Has had occasional attacks of dizziness. For past nine years patient has suffered from frequent asthmatic attacks. This, with a gradual increasing weariness, is what induced him to come into the hospital. Skin dry; conjunctivæ appear jaundiced. Tongue red, dry, and slightly coated; great thirst; bowels regular. Pulse 80, small and weak; respiration 36; temperature 98.

Physical Examination—Patient's chest presents the characteristic emphysematous appearance. Liver pushed downward, and extends almost to umbilicus. Spleen enlarged. Urine yellowish-brown, and acid; s. g. 1028. No albumen. Biliary reaction.

Diagnosis—Addison's disease, with asthma and emphysema.

The disease of peculiar interest in this case is Addison's. Patient has been in hospital several times in past eighteen years. In 1875, the records show a diagnosis of chronic hepatitis. In 1884, a diagnosis of xanthoma multiplex was made, and this he undoubtedly had. Prof. Hardaway describes some of the peculiarities of patient's skin disease, on page 406 of his Manual of Skin Diseases. At present, patient shows no vestige of this affection.

DEPARTMENT OF SURGERY.

Dr. Samuel E. Milliken, of the New York Polyclinic, recommends (American Practitioner and News) what he calls the "Hammock method" of applying plaster of Paris jacket to children for Potts disease. He says children have such horror of being suspended and resist so strongly as to prevent uniformity of pressure when released, that he was led to study this method ("which is not new") and to adopt it. He describes it as follows:

Apparatus.—By means of a strip of ordinary domestic four feet long and six or eight inches broad, stretched between the
backs of two ordinary chairs, the child is placed either in the prone or supine position, with an assistant to hold its arms and another its lower extremities. The weight of each assistant is quite sufficient to prevent the tilting of the chairs, and the hammock is complete.

All the bony prominences, such as the spinous processes over the kyphosis and the crests of the ilia, are protected from pressure by one or two thicknesses of blanket before any plaster is applied. Each bandage is immersed in a basin of water until completely saturated, that no lumps may be present or delay entailed while being applied. The first roll should begin either at the pelvis or axillae, and from four to six thicknesses applied uniformly, which, if allowed to harden without the patient being disturbed, will be quite sufficient support.

The minimum amount of plaster will insure the greatest comfort for the wearer of the jacket. The plaster having become hard, the strip of muslin may be cut off even with the plaster edges, or, by having been placed inside the seamless shirt, it can be entirely withdrawn.

The plaster is now cut out under the arms and over the thighs that too much pressure may not be exerted in the axillæ, and the patient be permitted to sit without discomfort.

The jacket may be worn without discomfort for from one to six months, depending on the weather and the absence or presence of foreign bodies, such as coins, buttons and the like, which are often a great source of annoyance in producing excoriations.

Conclusion.—The advantages of the hammock over the suspension method are:

1. Cheapness.
2. Practicability.
3. Efficiency, by enabling us to get a perfect cast of the body without resistance from the child.

DEPARTMENT OF CHEMISTRY AND TOXICOLOGY.

CONDUCTED BY PROF. SETH M. MORRIS, M. D.,
Medical Department Texas University, Galveston.

DIOZOREACTION OF EHRLICH.—This reaction has been known to physiological chemists for about ten years. When concentrated all urines give it, and, therefore, to obtain relatively sharp indications, it is necessary to operate with diluted urine, while
to be successful it is also necessary to observe rigorously the directions for the preparation of the reagents as given below. Albumin and peptones are colored yellow and do not become red even on the addition of the solution of ammonia.

The reagents are as follows:

No. 1—Sulphoic acid................... 1 grain.
      Hydrochloric acid............... 10 c. c.
      Water............................ 200 c. c.

No. 2—Potassium nitrite............... 5 grain.
      Water.................................. 100 c. c.

To make the test, 125 c. c. (4 oz.) of No. 1 and 5 c. c. (⅙ oz.) of No. 2 are mixed together; equal parts of this mixture and urine placed together in a test tube, then about ⅙ of the volume of ammonia water added and the whole shaken and set aside. At the end of twenty-four hours a characteristic green to violet colored precipitate is produced; the liquid itself usually becoming deep red.

This reaction is given by urine of typhoid fever patients during the first week, and is given by the urine in various pulmonary diseases.

So the reaction is very elastic, relative and not of much value.

**Ptomaines from Pathological Urine.**—M. Griffiths (Re- pertoir de Pharmacie) has succeeded in extracting certain ptomaines from the urine in several infectious diseases.

From the urine in cases of scarletina he has obtained a white crystalline ptomaine, soluble in water, of a feeble alkaline reaction, having the same composition as a ptomaine abstracted from cultures of the micrococcus scarlatinae. Formula (C₅H₁₂NO₄).

He has also extracted from the urine of patients from diphtheria, a white crystalline ptomaine, with the formula C₁₄H₁₇N₂O₅, identical with that which has been extracted from cultures of the bacillus of Klebs and Loeffler. From the urine of patients with mumps he has obtained a ptomaine, crystallizing in white prismatic needles, with the formula C₆H₁₈N₃O₄, corresponding to the constitution of a probable glycocyamine, and which is transformed by oxidation, first, into creatin and then into methyl-guanidine. It is very toxic; administered to a cat, producing nervous excitation, arrest of the salivary secretions, coma and death. These three ptomaines are not found in normal urine and are produced evidently under the influence of the specific microbes of the diseases mentioned.
Antidote to Hydroganic Acid.—According to Prof. Kober (Pearm. Zeit. f. Russl.) hydrogen peroxide is an antidote to hydroganic acid. His experiments show that the poison may be daily administered to dogs for weeks in succession, without injury, if followed by large doses of hydrogen peroxide internally and subcutaneously as soon as the toxic symptoms appear, the antidote being administered until all odor of the acid disappears from the breath. The hydroganic acid is converted into oxamide.

CLINICAL REPORTS.

LETTER FROM DR. E. J. BEALL.

Editor Daniel's Texas Medical Journal:

Some one has said that an absent minded person is either a genius or a fool. As I have undertaken to comply with a promise made when in your city, you will not place me in above category.

Dr. Walker and I have, as you know, been at work among the medical men here for some weeks. You are aware that this is and always has been quite a city for doctors. In some streets, notably Walnut, every second or third house bears a "wee sign," indicating that human ills are looked after within. I have been very much struck with the diminutiveness of physicians' signs in this city, and have wondered whether or not Philadelphia doctors were not readers of the London Lancet, because several years ago the editor of that journal wrote, "the larger the sign the smaller the doctor," and as many of the doctors from Shippen to the present time have been considered "big" doctors, ergo the "wee" sign.

I have not straightened up my notes yet, hence I will not undertake to write you anything of an especially practical nature this time; will write briefly, only that you cannot say I'm a "genius or a fool," reserving for a subsequent letter men and motives as I see them in my daily rounds in the Quaker city, and more especially something of that wonderful man, Dr. Jos. Price and his work, with whose services are connected, and who McGuin, McMertry and others claim stands to-day without a peer on earth in his special line of work,
As you know, Philadelphia was for more than a century considered the medical center of America. You and I can recall medical men, now passed away, who rode horseback to Philadelphia from the old States, to seek knowledge at her time-honored medical altars, in the old days when the civilizing influences of railroads were limited, when minds were fired with new thoughts by the slow process of the mail coach, when new ideas could not be whispered from New York to Chicago in an instant. It is well known that in recent years Philadelphia has lost some of the prestige she so long enjoyed, that a rival city craved that prestige, worked for it and has measurably succeeded. Philadelphia has realized that another city has attracted professional men and students to an extent that creates alarm at the waning fame of the old medical center of Quaker quiet and morals. There is no question but that Philadelphia has lost caste as a medical center. The fame established by Rush, Homer, Jackson, Chapman, Dewes, Eberle; later, Wood, Gross, Smith and others, as such characters burnished the decades amid which they lived and acted, is being dimmed by fires that burned upon the altars. Should another city wrest the name of medical center from Philadelphia, her glory will yet live in the history of the University and her more than century of life. The Jefferson, with her two-thirds century age, will live in memories, museums and monuments. The impress of her love and greatness will live; if dimmed, there will still linger the halo of former prestige and precedent, to gild her history for all time. Another city may seize the torch illuminating work and deed and press forward, but the spark that created the blaze, the germ that ripened into the colony, will not be forgotten in the race of human progress. Why should Philadelphia, after an uninterrupted march of medical supremacy and greatness, allow her laurels to be dimmed or wrested from her? Her capitalists, her philanthropists, the great State of Pennsylvania had coached her hospitals and her schools. Gerard, Drexel and others had aided by pre mortem monuments, preliminary education. Money had been lavishly poured by her humanitarians into the coffers of her schools and her hospitals. This question, one of Philadelphia's rising medical men shall answer. I will not venture to account for the decline of Philadelphia, if indeed a decline exists. The memory of my lamented father, an allumus of the University of Pennsylvania of the class of '31, would interdict a personal expression. The decline
of empires of national greatness has been the theme of the historian from Adam till the present time. The political and religious phases of past centuries has been studied as to the influences that have demoralized and stayed the advance of science, art and literature. I cannot review these. I am interested briefly why, if such is the case, has Philadelphia waned as a medical center? and without a personal conclusion, present the subject to the student who would study the cause of the rise and fall of literature as applied to Philadelphia or other city or nation, as well as the study of the means needed to prevent such decline.

Reputation has been likened to a bubble. Bubbles from molecular changes will burst. The reputation or the foundation laid by the makers, it is said, did not withstand certain changes wrought by time, as was told me. That although Philadelphia capitalists had espoused cupidity with progress, though bountiful wills, old Blockley, the Presbyterian, the German, the Jefferson and other hospitals, had their coffers filled; alas, the chivalry of the profession lacked its pristine strength as compared with the assistance given by the *populus*. The profession made a trade of their calling; their Philadelphia medical greatness waned. You can picture the rocks that would arise under such circumstances to cause the wreck of her former glory. You are aware that there are great medical minds and teachers in Philadelphia. Large classes are found in her old schools—800 at the University of Pennsylvania—yet the curriculum has been advanced quite recently to four years. We may think of this matter in another light; that this city maintains her ancient attractions for students, but other cities have come to the front as candidates for teachers and have assumed enviable positions, not because of Philadelphia’s decadence, but because of an increase in the material out of which doctors are made. Yet one cannot but be impressed with the idea that a firm belief exists that Philadelphia is not maintaining the proud position she once occupied as a teachers’ center. This may, however, not exist in fact, but may grow out of the essence in the character of the green-eyed monster.

There is an excellent post graduate school here—not so well attended, perhaps, as the same character of schools in New York, but the facilities are good and the teachers as able and zealous as any in the land.

There is an association of physicians and surgeons recently or-
ganized, intended to show courtesies and attentions to visiting physicians to the Quaker city. A card furnished by Dr. Wharton, the secretary, will introduce the holder to the ablest men here, and to their work in the various hospitals of the city. I have seen some very fine work by Deaver, the Mortons, Baldy and others. I attended with great pleasure the clinics of the affable and learned Weir Mitchell and listened with much pleasure to Pepper, DeCosta and others.

Fort Worth, Texas, February, 1893.

P. S. Since my return home from New York, whither Walker and I went after our stay in Philadelphia, I have been so overwhelmed with work incident to the prevailing influenza, its complications and sequences, I have not had time to prepare a communication based upon the material gleaned during my absence. This I promise in the near future.

Yours, etc.,

E. J. Beall.

Society Notes.

The Twenty-second Quarterly Meeting of the Austin District Medical Society will be held in Austin, Texas, Thursday, March 23, 1893. You are invited to be present and participate in the following programme:

1. "The Relation of the Dental to the Medical Profession," by Dr. J. P. Stansell; discussion opened by Dr. R. P. Talley and Dr. T. J. Tyner.

2. "A Case of Placenta Previa," by Dr. W. T. Richmond; discussion opened by Dr. Sam Cunningham and Dr. Fannie Leake.

3. "Can Nerve Action be accounted for by McLaughlin's 'Physical Theory?'" by Dr. F. S. White; discussion opened by Dr. A. N. Denton and Dr. J. W. McLaughlin.

4. "Membranous Laryngitis," by Dr. C. O. Weller; discussion opened by Dr. A. Garwood and Dr. Matt M. Smith.

5. "A Treatment for Fistula in Ano without Cutting Operation," by Dr. T. J. Bennett; discussion opened by Dr. T. D. Wooten and Dr. J. C. Anderson.


7. Reports of Cases.

T. J. Bennett, Secretary. R. P. Talley, President.
American Electro-Therapeutic Association.—At the Second Annual Meeting of the American Electro-Therapeutic Association the following officers were elected for the ensuing year:

President, Dr. Augustin H. Goeler, No. 331 West 57th street, New York; First Vice-President, Dr. Wm. F. Hutchinson, Providence, R. I.; Second Vice-President, Dr. W. J. Herdman, Ann Aarbor, Mich.; Secretary, Dr. Margaret A. Cleaves, 66 Madison avenue. New York; Treasurer, R. J. Nunn, 119 Yonk street, Savannah, Ga.

The Third Annual Meeting will be held in Chicago on September 12th, 13th and 14th, 1893. A cordial invitation is extended to all members of the profession interested in electro-therapeutics. Arrangements for special rates on railways and hotels are in progress.

Psychological Section of the Medico-Legal Society.—This section has been formed under the auspices of the Medico-Legal Society, for the investigation of all branches of Psychological Science. Its affairs will be managed by a committee composed of its executive officers, who also act upon the election of members of the section. These, if members of the Medico-Legal Society, pay as annual dues $1.50 each, and all others $5 each, in advance. The section is interested in all which pertains to the wide domain of psychology; in the rapidly growing facilities which the colleges and universities are offering to students in Experimental work; as well as in that vast region of psychological phenomena, which, with its perplexing and increasing complications, demands the strictest and most scientific investigation. Committees will be appointed from the members of the section for especial study in the departments of Animal Magnetism, Hypnotism, Telepathy and Clairvoyance, and also of the so-called Apparitions, and other claims of respectable Modern Spiritualism. It proposes to conduct these inquiries and investigations with candor and fairness, upon strictly scientific lines, and to reach, in so far as possible, a valuable and enlightening collection of facts incident to these phenomena, from which important deductions may be made. Applications for membership must be endorsed by some one known to, or properly vouched for by some member of the committee or section. Every student of psychology is invited to unite and co-operate in the labors of this section.
EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., Editor.
S. E. HUDSON, M. D., Managing Editor.
A. J. SMITH, M. D., Galveston, Associate Editor.

EDITORIAL STAFF:

PROF. J. E. THOMPSON, M. D., Texas Medical College, Galveston; Surgery.
PROF. WM. KEILER, M. D., Texas Medical College, Galveston; Obstetrics and Gynecology.
PROF. DAVID ČERNA, M. D., Texas Medical College, Galveston; Therapeutics.
PROF. A. J. SMITH, M. D., Texas Medical College, Galveston; Medicine.
DR. ISAAC HENRY BIBB, Tulane University; Dermatology.
DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports.

The JOURNAL is the official organ of the Austin District Medical Society, the Wes Texas District Medical Society and the Galveston County Medical Society.

ANNOUNCEMENT.

Dr. Daniel takes pleasure in announcing that Dr. S. E. Hudson has purchased a half interest in DANIEL'S TEXAS MEDICAL JOURNAL, and assumes the position of Managing Editor. All communications relating to advertisements and subscriptions may be addressed to him or to the JOURNAL, and he will receipt for all moneys due the JOURNAL.

Dr. Daniel commends Dr. Hudson to the profession, as a gentleman and a physician of high character and ability, and well worthy of their entire confidence and esteem. The name of the JOURNAL will remain unchanged.

THE HOMEOPATHS AT IT AGAIN.

The homeopaths are at their tricks again. Representative Finlay, of Galveston, has introduced into the Legislature, now sitting, a resolution to require the Board of Regents of the University of Texas, to appoint one eclectic and one homeopath on the Faculty of the Medical Department (Texas Medical College).

There is reason to fear they will do it. The homeopaths claim
that the laws of Texas say that "no discrimination shall be made between schools of medicine,"—and they are now appealing to the law.

The Journal does not recognize any such thing as "schools of medicine;" there is but one "school" of medicine, as there is but one "Church;" but there are several "denominations," and there are several "pathies." Should the Legislature recognize any "pathy" as a "school" of medicine, and comply with the absurd demands of these fanatics, they must go still further, and recognize them all. Where can the line be drawn between homeopathy and hydropathy—electropathy, or Christian science? If an eclectic—who, as the name implies, is neither one thing nor another, but a kind of nondescript, who will give anything for any kind of disease, or a homeopath, be appointed,—who is only a homeopath in name (and for revenue), and who will, when he gets in a tight place—as the Journal has often said—throw away their principle (?) of similia similibus, and administer "strong medicine," in "allopathic" doses,—what excuse can be given for not going the whole swine, and putting on the staff a "Christian scientist"? The "Christian scientists" are at least consistent.

There is no "allopathy;" that is a name spitefully bestowed upon the practitioners of regular medicine by these Hahne-manics; and people associate the term "allopathy" with large doses of nauseous drugs. It is high time they were undeceived on this point; but one had as well whisper to the wind as to talk to the average Texas Legislator on the subject; their sympathies are with the homeopaths, and they are going to recognize them; mark the prediction!

But what sort of a school will be the result? The only difference between any of the so-called "schools," is the Materia Medica, and Practice. All are taught (if taught) all the other branches precisely alike. A homeopath or an eclectic, or any other kind of irregular, is taught the same kind of anatomy; it is a fixed thing; there are no varieties; there is no such thing as homeopathic "anatomy," nor homeopathic "surgery," nor "obstetrics," nor "chemistry," nor "hygiene;" they are the same in all "schools." Where, then, would be the sense in appointing a homeopath to teach either of these branches? The only branches in which there is any distinction between homeopaths and regular physicians, as stated, are, "Practice" and "Therapeutics;" their respective modes of practice and their Materia Medica;
these are the two branches which give character and name to a school; and were a homeopath appointed to the chair of Practice, or the chair of Therapeutics and Materia Medica, in our University Medical College, it would become at once a homeopathic college, and no physician—and when we say physician, we mean a physician, and not a homeopath, or other mongrel,—could consistently hold either of the other chairs;—hold a professorship in a homeopathic college!

Should the Legislature, therefore, be hoodwinked by the specious pleas of these persevering irregulars, and induced, through mistaken notions of right or justice, or through their sympathies for the little dog in the fight, to appoint one of their ilk on the Faculty, it will make a sad mess of it; if to the chair of Practice, they thus convert it into a homeopathic institution, and as it will drive the others out, it will be tantamount to turning the College over to them altogether. If one be appointed to any other chair, it would be but the name of the thing, and would doubtless have no other effect than to break up the school; as no student who has studied under a reputable preceptor—a regular physician,—could be expected to want a diploma from a mixed school,—it would be neither one thing nor another.

The alternative, in our opinion, is to appoint all or none of the professors from these "sects;" to make it either a homeopathic college, or let it remain as it is,—a Medical college.

Medical News and Miscellany.

The Texas Legislature, now in session, has passed an act making it a penal offense in a physician to give a prescription for whisky without an examination. It is intended to meet a too prevalent practice of prescribing whisky for people on Sunday when the saloons are closed.

Dr. J. B. S. Holmes' splendid Infirmary at Rome, Ga., was destroyed by fire on 26th January last, together with all its contents. The Doctor advises us that it will be immediately rebuilt and equipped, and put upon an even more splendid footing than before. When completed it will be duly announced.

We learn that a bill to create a State Board of Health was gotten up in Galveston, by whom we did not ascertain, and the
Galveston Senator was requested to introduce it. *If introduced* it will die in the committee room, as have all those which have gone before. The present health system seems good enough; it is economical and efficient.

The Quarantine steamer "Bessie Ross," which for two years has been lying unused at Harrisburg and which the Twenty-second Legislature by a special act authorized the State Health Officer to sell, has just been sold for $3000 to Captain J. Ward, of Houston. Last year she was advertised in Galveston and Houston for sale to the highest bidder, and $3000 was the best bid received.

At time of going to press the bill regulating the practice of medicine (published in full in our January number), which was gotten up by Dr. Wooten, and the main feature of which was to require a diploma from a three years' school, has not emerged from the committee room in the Legislature, the grave of innumerable predecessors. The bill pleased the homeopaths immensely, because it requires no examination, and recognizes the present status of those who have complied with the law.

**Massage Treatment.**—Massage is recognized by the regular profession as a legitimate feature of therapeutics. There has been in Austin, San Antonio, Dallas, and other Texas cities, recently, a lady who is said to be very skillful in this health-giving art, Madame Tully, and she brought with her proper credentials from leading physicians. She also had testimonials from prominent Texas physicians to the effect that she had successfully treated certain patients of theirs. She cures rheumatism, sciatica, and nervous diseases, and develops the muscular system. Madame Tully also treats the face, and cures pimples, black-heads and blotches. She will make a tour of Texas, and finally locate in one of our larger cities. Address her at 844 Main street, Buffalo, N. Y.

In Illinois, since Pfifer was snowed under, the governor who so loved homeopaths as to appoint a homoeopathic kid surgeon general, and a Democratic governor has been elected, it is said there will be a clean sweep of Republican office holders. The medical profession of Illinois were so indignant against Pfifer that they *organized* and voted solidly against him. *Now* there is a demand
—according to Illinois papers—for competent Democratic physicians to fill the various medical offices; and it said, as the law requires "experience" at the hands of the appointee, there is but one Democratic physician in the State eligible to be Superintendent of the State Asylum, and he will not have it. It pays $3500 a year and found. Illinois is looking to Texas for competent Democratic doctors.

Dr. H. C. Ghent's daughter, Laura, was married in Belton on 16th inst., to Dr. M. S. Graves, of Waco.

The Health Restorative Company have paid that advertising bill we offered for sale last month—just four months after it was due.

Quarantine Conference.—At the time of going to press (16th) there is in session in Washington a conference of State Quarantine Officers, called by Supervising Surgeon-General Waller Wyman, of the Marine Hospital Service. Section five, of the National Quarantine Law recently enacted by Congress, requires that rules and regulations to govern ships at starting, during voyage and arrival at American ports, shall be made; and Surgeon-General Wyman has asked the Secretary of the Treasury, who is the nominal head of the Quarantine Department! that Ex-Surgeon-General John B. Hamilton, Surgeon Giddings and some other be appointed a board to get up said rules. Of course the request was granted, and this board convened in Washington on 18th February, ult. Just what this conference is for, therefore, is conjectural; supposed to be for the purpose of agreeing upon some uniform system for coast quarantine.

Our State Health Officer, R. M. Swearingen, left Austin on the 12th to attend the conference, on a special invitation, Mrs. Swearingen accompanying him.

At a dinner given by the Galveston Medical Club, not long ago, and after the fourth course of wine had commenced to flow freely, impromptu speeches were called for. Dr. X., when called on for his experience, asked to be permitted to render it in poetry [?], which, being granted, he arose and said:

"Mr President and gentlemen, allow me to give an example of only one of my
HALCYON REMINISCENCES.

"Pictoribus atque poetas, quidlibet audendi fuit semper asque potestaes," and so forth.

I arise to a question of justice,
   To a privileged question I rise,
For I wish to relate here, this evening,
   A case that was "covered with flies."

Not actually covered with insects,
   But fig'ratively clad, so to say,
For alluding to flies on a person
   Is one of the "slangs" of the day.

'Twas a maiden whose case I encountered,
   A maiden though fair was not frail,
A maiden who cared not for fortune,
   So the drug stores in town did not fail.

'Twas a maiden of strange fascination,
   A lady of wonderful ways,
An old maid, without hesitation,
   And they called her Octavia Hayes.

Now Octavia Hayes was a daisy,
   But I always thought her head level,
While many considered her crazy,
   And some even called her the devil.

She has blossomed some forty odd summers,
   And, if everything's true that was said
By doctors and ladies and preachers,
   She had spent about thirty in bed.

Her weakest point seemed to be "misrey,"
   But misery not well defined,
For sometimes 'twas over the pubis
   And sometimes 'was seated behind.

A number of Galveston doctors
   Had taken a peep at her os,
And had penciled it over with silver,
   And had stuffed her with cotton and moss.

*     *     *     *     *     *     *

Now Octavia Hays,
   With her singular ways,
Knew all the best doctors of Texas;
    They had seen her face,
And had "pulled at her case,"
    Ere she came to our city to vex us.

They had looked at her organs
    From ankles to nose;
They had treated her down
    From her hair to her toes,
And what they had left out,
    Why — — — nobody knows.

She came to our city
    In anguish and want;
Was wasted in finance,
    Her anatomy gaunt;
She went for our doctors,
    And ladies, so kind;
She asked for the best
    That our people could find.

And unless it came quickly
    She raised merry Kain,
Till at last our good ladies
    Were kept on a strain
To supply her demands
    And Miss H. entertain.

A custom she had,
    Which you all might call bad,
Was to send for a doctor in a hurry,
    And if you came late,
You had better talk straight,
Or else there would be a small flurry,
    For her tongue it was long,
And her voice it was strong,
    And a giant would have called her a worry.

Another queer custom had Octavia Hays;
'T was to call at my office, on beautiful days,
    And from noon-time till dark
She would sit there and talk
Of all the old ailments I had heard o'er and o'er;
It caused me to keep a strict watch on my door.
Our doctors did all in their power they could,
To allay her condition and do her some good;
We filled her with medicine and ordered her food.

We blistered her back; at her rectum we whacked,
'Thout finding the lesion that ailed her;
We rubbed down her spine till the skin it did shine,
And all our kind service but failed her.

With pill and with powder we often did crowd her,
But she cried the louder: "Give something more strong!"
We doubled our blisters, gave capsicum clysters,
'Twas alwas this: "Misters, you're all in the wrong;
"Can't you use your big spectrum and look at my rectum?
You can cure me if ever you try;
Or give an injection after my own direction,
If you don't I will certainly die!"

Well, nothing would please her, we all seemed to tease her,
And medical men of sober mien
Were oft seen to giggle and sometimes to wriggle,
While madam gave orders or vented her spleen.

At last the profession, with one loud confession,
Declared her a nuisance and closed on her case;
When sent for to treat her, they said they would meet her,
Oh yes, they would greet her—in some other place.

But my poem I care not, right here, to disgrace,
Saying the name of that place any space;
Suffice it to say, though I loathe it to tell,
It was Hades or Houston—but oftener was—well.

Alas, she has landed, and I fear she has stranded
In a haven of pleasure, "dot rot her."
But she's contented, and the profession's resented;
The Medical Students have got her!

Book Notices.

Notes on the Newer Remedies, their therapeutic applications
and modes of administration, by David Cerna, M. D., Ph. D.,
Demonstrator of Physiology, Medical Department, University
of Texas; formerly Assistant in Physiology, Demonstrator of and Lecturer on Experimental Therapeutics, University of Pennsylvania. W. B. Saunders, Philadelphia, 1892.

In this excellently well-gotten-up little brochure, a veritable "multum in parvo," Dr. Cerna's aim "has been to furnish the practitioner and student, in as brief a manner as possible, the most salient points concerning the employment of the newer drugs in the treatment of disease." That the author's purpose has been accomplished in a most satisfactory manner, is attested not only by the hearty reception and richly deserved laudation accorded his work at home and abroad, but by the further fact that, in one hundred and sixty-seven octavo pages, he has given, in alphabetical order, the origin, chemical formulae, physical properties, solubility, therapeutic application, and modes of administration, paying special attention to the two latter subjects, of over three hundred of the most important of the "newer remedies," "whose usefulness has been more or less ascertained by clinical investigation," thus constituting the most "newsy" and valuable ready-reference hand-book on the subject extant, one that should be in the hands of every physician wishing to give his patients the benefit of recent discoveries in therapeutics. The present volume, replete with information to be obtained from no other single book, copiously indexed, using both the apothecaries and the mitric systems of weights. filling, as it certainly does, to completeness, "a long felt want," will not only have been, as the author assures us, as often as the progress of scientific therapeutics shall demand it, but is destined, as the basis of a larger, a more comprehensive treatise, in which the physiological and therapeutical actions of the new medicaments will be fully discussed;—a work for which Dr. Cerna is pre-eminently qualified.

R. H. L. Bibb, M. D.

A Texas Book: "Fermentation, Infection and Immunity,—A new theory of these processes, which unifies their primary causation and places the explanation of their phenomena in Chemistry, Biology and the Dynamics of Molecular Physics.

By J. W. McLaughlin, M. D., Austin, Texas. Cloth: price $2.50. Printed in Austin, by E. Von Boeckmann, Steam Power Press.

This is a highly scientific work; too deep and abstruse for the general reader, and one which we confess our inability to criticize or review, as it should be done. The style is clear and
forcible, and the conclusions, arrived at by logical deductions, appear to us incontrovertible. The work ran through the *Texas Sanitarian* as a serial, and notwithstanding the comparatively wide circulation of that publication,—27,000 copies in the year,—it has received but little attention. Had it been written by some foreigner, with an unpronounceable name, no doubt certain toady Northern journals, which see so much to admire in everything foreign, and so little in anything Southern in its origin, the author would have received much commendation.

Dr. McLaughlin has studied the subject of immunity very closely; and being not satisfied with either of the existing theories by which it is sought to be explained, evolved one of his own, which he calls the "physical theory," and accounts for immunity in a highly scientific manner, through the doctrine of what he calls "interference." We have read his book carefully, and as stated, we are unable to closely criticise it; we think his theory more rational, and his position more tenable than any other proposed.

A TREATISE ON DISEASES OF THE RECTUM, ANUS AND SIGMOID FLEXURE. By Joseph Matthews, M. D., etc., etc. Published by D. Appleton & Co., New York. Price, —

The author says that he wrote this book because he desired to record his individual experience as a rectal specialist for the past fifteen years, and in answer to the demand of his students and friends, and he has done his work well in every respect, and has made a book that covers the entire ground that he has laid out. It is a book that will interest the general practitioner, as well as the specialist, in fact, the general practitioner who studies it closely and follows its instruction, need not fear to undertake the treatment of any and all the diseases and conditions treated of. It is a book that ought to be in the library of every practitioner, who desires to keep abreast of the times. The work is stamped with the individuality of the writer, and is wholly his own. He has introduced several chapters new to books on this subject. He has devised and practiced a new operation for fistula in ano, which certainly is practical, and must prove the coming operation for this trouble. The chapter on the anatomy of the rectum in relation to the reflexes is made to follow that of the hysterical rectum, in order to account for some vague affections of the lower bowel. And by the way, the subject of the reflexes is one of vast importance, perhaps of more importance and of more in-
We want every physician to know that

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EMULSION,

Represents, in all essential features, the highest degree of perfection in the Emulsionizing of Cod Liver Oil.

We believe it to be the only Emulsion not advertised to the Public.

PHILLIPS' DIGESTIBLE COCOA.

A Peptonized Cocoa in which the fat of the bean is wholly retained and pre-digested by means of Pancreatin. It is a delicious food beverage, rendered assimilable and is nourishing to a high degree.

Besides its adaptability as a substitute for tea and coffee in daily use, and as a convenient and reliable article of diet in the sick room, it is particularly recommended in many conditions of debility where a supply of carbonaceous food is indicated, but where there is difficulty attending the digestion of ordinary fatty food.

PHOSPHO-MURIAE OF QUININE, COMP. WHEAT PHOSPHATES. MILK OF MAGNESIA.

The Chas. H. Phillips Chemical Co.
77 PINE STREET, NEW YORK.
"Keep only thy digestion clear:
No other foe my love doth fear."

—MARK TWAIN.

Pain and discomfort after eating is seldom calculated to make "The course of true love run smooth," and acid eructations constitute true foes to equanimity of temper. The most frequent cause of these distressing symptoms is the failure of the several digestive juices to perform their allotted work, because of a diminution in the amount of or the inefficiency in the action of the digestive ferments.

In order to promptly remedy this condition, this missing link in the digestive chain must be supplied.

LACTOPEPTINE

will supply this link, as it furnishes the digestive function with the ferments which it lacks, combined in exactly the same proportions in which they exist in the normal human economy. The operative cause is thus abolished, and the disorder is relieved.

We advance this reasoning as a rational explanation of the action of Lactopeptine. There may be other reasons to account for its beneficial action, but these we leave to physicians, who are better informed on such matters.

The New York Pharmacal Association,

*Literature and Samples Supplied on Request.*
terest than any other subject that we have to deal with. Perhaps the field of gynecology reveals more evidence of reflex action than any other. Yet those engaged in other specialties have found a great deal to interest them from the subject under discussion, and it is charged that the specialist is likely to refer the patient's trouble to the part of the anatomy that he treats.

The publishers have gotten the book up in good shape. The type is large and clear, and the paper smooth, heavy, and fine, and it is bound in first-class shape. W. E. S.

Bartholow's Hypodermatic Medication. The fact that this book has gone through five editions in so short a time, shows that the work is deservedly, popular. The book throughout is well written. The mechanical part of the work is done first-class, type large, clear-cut and plain, so that he who runs (and who does not in this age of push) may read. The paper is good, and the binding well done; in fact, it is first-class in every respect. The author, in the first chapter, gives a history of subcutaneous medication. Next, the method of use in, and the syringe, and how to care for it, etc., and the probable dangers from its use. This work is a full and complete history of all that is known in regard to this method of administering medicine. This edition brings the system up to '91. W. E. S.

Bryce's Pocket Practice, a complete and condensed work on the Practice of Medicine, for Physicians and Students. By Clarence A. Bryce, M. D., editor Southern Clinic, etc. Richmond, Va. Price, $1.

This book, which is intended as a pocket companion, is intended to "refresh the memory" on many points. It contains, in a concise form, a synopsis of the usual contents of standard works on practice,—symptomatology, diagnosis, etc.,—and an outline of treatment, full enough for practical purposes, the treatment being from the standpoint of Dr. Bryce's own observation and experience,—his method of curing sick people. The book will be found useful, more particularly to one busily engaged in practice.

Text-Book of Ophthalmology. By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Authorized translation from the second enlarged and improved German edition. By A. Duane, M. D., Assistant Surgeon

It seems there is no end "of the making of many books." The one before us is handsomely gotten up, and handsomely illustrated. In its text, so far as we have been able to examine it, we see no radical difference between this and several other works on the subject. This one appears to have been written "from the standpoint of experience," and every oculist's experience must be pretty much alike in the main. It is a nice book to have, provided your library is not supplied with any other on the same subject, but we cannot say that it is any better than those we have already noticed, "which have gone before." The publishers always do their part well.

Blakiston's Sons announce that very soon they will issue a revised edition of Moultin's Text-Book of Surgery, edited by Dr. John B. Hamilton. It will present Surgery as it is to-day, with new and beautifully colored illustrations printed in with the text. The publishers claim that this is the best text-book for the student and for general reference by practitioners. More than twenty medical colleges recommended it for a text-book, and the first edition, a very large one, was rapidly exhausted.


This book is one which the writer has condensed and given only that which is practical and necessary to the understanding of the subject under consideration. He has paid especial attention to the treatment of the diseases of these organs, and left out matters that are in dispute or doubtful. It is practical and common-sense. The publishers have, as usual, done their work well. The binding is good, paper not heavy but fine, and the type clear-cut and plain as type can be.


This book is based upon the notes of lectures delivered to the medical students of the University of California, and is what is demanded by student and practitioner, in this age of advancement; that is, it is full enough to give a clear idea of the anatomy and physiology of the organs of which it treats, without which it would hardly come up to the demands of the profession,
for in order to treat diseases of these organs intelligently, it is necessary to understand their anatomy and physiology. It brings the treatment of these organs down to the latter part of '92, or the very latest. The publishers have done their work well. The book is cheap at $2.50, the price asked for it.

W. E. S.


This book is just what the title says it is, and is what every student of medicine needs, and many M. D.'s would be greatly benefited by studying it carefully. The student will get as much, if not more, pure physiological chemistry, with foodstuffs and their products of assimilation, and with the different fluids and tissues of the body, but that, whenever possible, particular attention has been paid to the latest clinical tests. Buy it; read it. It will do you good, as well as your patients.

W. E. S.

Publisher's Notes.

Read the Cosmopolitan's great offer of a free education.

For Sale.—A four-room residence and two lots and practice worth $3000 a year for $1000, cash, in a flourishing railway division in the Panhandle country. Will sell the above property to any good physician, and start him in the practice. Address, Box 54, Clarendon, Texas.

For Sale.—Dr. W. B. Anderson, whose card appeared in the JOURNAL last winter, now, since his expected trip is close at hand, offers his property for less than cost. This is certainly an unusual opportunity, for the Dr. can put a physician into an annual $2000.00 practice at once without opposition. Address him at

CONTENT, RUNNELS COUNTY, TEXAS.

The Atlanta Polyclinic and Hospital, a new Southern medical school, offers exceptional advantages to physicians wishing to take post-graduate instruction. We wish to call the attention of our readers to the advertisement of this school in this issue of the JOURNAL. A glance at the names of the physi-
cians comprising the faculty will convince any one of the superior character of the instruction given. The hospital facilities are abundant, and the fees extremely low. Write to the secretary, Dr. R. R. Kime, for full particulars.

I am pleased to add my name to the list of practitioners who endorse and recommend SANMETTO. I have never been disappointed by its failure to act beneficially in all cases of urethral and vesical irritation and inflammations, where it was employed. I shall continue to use and recommend it in my practice, knowing I can depend on its giving the desired results.

CINCINNATI, O.

Wm. H. Rothert, M. D.

Acute Muscular Gout.—Mr. A. B., of a gouty diathesis, complained of great pain in the chest; the pain was located at the end of the trachea, just above its bifurcation. The pain was so severe that his breathing was difficult. He also suffered with irregular heart action and great mental excitement. Diagnosis, "gout of the muscular coat of the trachea." Prescribed Henry's Tri-Iodides. Cured in a few days.

Chronic Laryngitis.—

R. S. H. Kennedy's Ext. Pinus Canadensis (dark) 1 oz
Drosera Rotund...........................½ oz
Pure Glycerine ...........................4 oz

M. Sig. 15 to 30 drops three or four times per day. Also, in nasal catarrh I think it almost a specific.

Bronchitis—

R Antikamnia.......................... 3ii
Liquor Ammon. Acet.................. 3iiss
Mist. Glycyrrh. fld. ad .... 3iv
Extra. Rad. Glycrrh fld. ad .... 3vi

M. Sig.:—Two teaspoonsful every three or four hours.

Dr. Breitbach, of Badkrenscha, Dresden, Germany, November 17, 1892, says: "I have tried Bromidia in a case of insomnia caused by severe neuralgia, and the result was most satisfactory. Before I prescribed this preparation the patient always asked for injections of morphia, but never afterwards. I think that Bromidia will be of great service where one wants to wean a patient from the habit of taking morphia. I shall certainly continue to prescribe the preparation.

John A. Robison, A. M., M. D., Professor General Medicine, Post-Graduate School; Adjunct Professor Practice Medicine, Rush Medical College; Attending Physician Presbyterian Hos-
Many dollars and much future trouble if you correspond with us before purchasing Electrical Goods, as we have had twenty years' experience in the manufacture of Electro-Therapeutic Apparatus, and guarantee all our goods as represented.

Our large Illustrated Catalogue containing 200 pages and 377 illustrations will be sent to physicians on application.

WRITE FOR ONE.

McIntosh Battery & Optical Co.

141-143 WABASH AVENUE, CHICAGO.
pital; Spec. Throat, Nose and Chest, writes: "I desire to add my testimony to the efficacy of Cactina Pillets in heart disease of various forms. I have under treatment a case of essential paroxysmal tachycardia, result of excessive tobacco chewing, in which the only remedy that gives relief is Cactina Pillets. I have used them with signal success in the various forms of functional and organic disease."

Terraline in Pulmonary Diseases.—Terraline, or refined petroleum, is one of the comparatively new coal oil products, and merits the consideration of the medical profession, as one of the best remedies for all pulmonary diseases. I have recommended it to other parties, and used it in my own family with satisfactory results, as it is not apt to derange the stomach and has not the disagreeable taste of cod liver oil. The dose is small, and this renders the medicine inexpensive. As this remedy becomes better known, I feel sure that it will be more highly appreciated, and fill a desideratum in medicine that has long existed. Those who give it a trial will find it a most desirable substitute for the less agreeable preparation of cod liver oil.

Washington, Dec. 1, '92. H. E. Woodbury, M. D.

Some New Features in Parke, Davis & Co.'s List.—Among recent additions to the list of Parke, Davis & Co., whose constant endeavor is to add to and improve their manufactures, are the following: Fluid extract of Cocillana, the Bolivian remedy for respiratory inflammations. Compressed tablets of Calomel and Sodium Bicarbonate, 2½ grains each. Tablet triturates of ext. Carcara Sagrada, 1 grain. Antiseptic tablets, &quot;C,&quot; Gelatin-coated pills--Terpine Hydrate, 5 grains; also, Strychnine Nitrate, 1/40 grain. Pill of aloe and Iron, No. 797, &quot;A,&quot; half-strength Normal liquid Golden-seal. Improved Bronchial Lozenges. They also now prepare Liquid extract Cascara Sagrada, B. P.; Fluid Aloes Co. for dec. aloes co., B. P.; Fluid Sarsa. Co. for dec. sarsa. sarsa. co., B. P.; Fluid Gentian Co., for inf. gent. co., B. P.; Fluid Rhei for tinct. rhei, B. P.

Recent Observations on Sulfonal.—In a recent number of the Birmingham Medical Review, Dr. T. Sidney Short states that in his clinical experiences with sulfonal he often obtained a more rapid action from the drug than he had supposed it to possess. Doses of only fifteen grains sometimes produced sleep in a very few minutes, and he cites five cases in which the same quantity caused sleep in fifteen minutes. He writes: "I cannot point to any derangement of respiration, circulation or appetite, as following its uses, or any case of cyanosis." Dr. Harding (Medical World, March, 1892) writes: "I have used sulfonal in an extensive country practice, and find that it produces natural sleep and has no other action; in sulfonal we have a safe hypnotic that
The Treatment of Specific and Non-Specific Urethritis
By Topical Oleaginous Medication.

By Eustathius Chancellor, M. D.

So much has been written and published on gonorrhoea that the medical world has a certain distaste for any new literature on the subject; suffice it to say, that the numerous nostrums and panaceas for it are nearly as common as the disease is prevalent, and hence I feel a sincere misgiving in even attempting an allusion to this subject, not to say anything of the many benefits to be derived by the novel treatment hereinafter described.

More than a year ago, while on a vacation, I was in charge of several hundred men, some of whom were afflicted with the clap, and having but limited means at hand for their treatment, I was in a quandary as to the best method to pursue. The majority of the cases which came under observation were from five to twelve days after incubation, being just about the second period or stage of the disease, which was marked by an abundant, thick, greenish-yellow discharge, considerable pain on micturition, much heat of the caput and body of the organ, with redness of the urethra and meatus.

My attention had long since been directed to the remarkable properties of the chemical compound known as campho-phenique. Its high antiseptic and anaesthetic properties, its freedom from irritant effects, and its complete solubility in bland fats and oils, had early suggested its usefulness in the treatment of many dermatoses, and its tested and proven value in these, in turn, suggested its employment in the condition of things with which I was confronted.

Alkaline baths and a suitable regimen were enjoined, and each individual was directed to use the following injection from four to six times daily, by means of a small blunt-pointed syringe, the contents (about two drachms) being retained from one to two minutes:

R. Campho-phenique, 1 to 2 drachms.
Benzoated zinc oxide ointment. 1 ounce.
Sweet oil sufficient to make 4 ounces. M.
This in a short time caused an amelioration of the symptoms and a rapid convalescence.

The constant and almost daily use of campho-phenique has suggested several beneficial oily combinations. When properly prepared and used judiciously, the effects are as startling as the cure is speedy and permanent. A satisfactory experience has demonstrated that this agent, when mixed with oils or fats, is one of great value in venereal diseases, having properties which, for the sake of brevity, may be expressed thus:

1. It is an antiseptic, a local anaesthetic and, in proper dilution, entirely innocuous to the tenderest urethra.

2. The vehicle should be albolene, benzoinol, any bland oil or fat, or an ointment.

3. As an injection it appears to palliate the sensitiveness of the mucous membrane, and to act as a varnish over the entire tract, thus allaying the scalding and irritation subsequent upon micturition. Pain is greatly mitigated after the first few injections, each of which should be retained for several minutes.

4. Campho-phenique readily mixes with aristol or iodoform, should such a combination be desired. One scruple of either substance may be added to each drachm of campho-phenique. But small amounts of such mixture should be ordered, as they must be freshly made every day or two. It is well to remember that the antiseptic index of campho-phenique is many times that of either iodoform or aristol.

5. Campho-phenique injections, as described above, have proven highly efficacious and satisfactory in cases of erosive granulations, ulcers and indurations of the urethra. The troublesome discharges due to inflammation of the lacunae of the urethra succumb quickly to such injections, and danger of subsequent stricture is very much lessened.

6. The duration of the disease is remarkably lessened by the described treatment, the average length being from twelve to fifteen days, and could, I think, be further shortened by increasing the daily number of injections.

The following are given as examples of the mixtures spoken of above (4):

R. Campho-phenique, \( \frac{1}{2} \) to 1 drachm.
   Iodoform, 1 to 1 \( \frac{1}{2} \) scruples.
   Albolene, 2 ounces. Mix.

R. Campho-phenique, \( \frac{1}{2} \) to 1 drachm.
   Aristol, 1 to 1 \( \frac{1}{2} \) scruples.
   Benzoinol, 2 ounces. Mix.

R. Campho-phenique, \( \frac{1}{2} \) to 1 drachm.
   Bismuth subnitrate, 2 drachms.
CEREBRAL SYMPHILIS:  

BY MATHEW M. SMITH, B. S., M. A., M. D., RESIDENT PHYSICIAN  
CITY HOSPITAL, AUSTIN, TEXAS.  

[Read at Austin Distrist Medical Association, March, 1893.]  

CEREBRAL SYMPHILIS like many other diseases of the nervous system is regular in its appearance, difficult often of diagnosis and varied in its symptomatology. Syphilis as you know, affects man's whole organism, and is therefore constitutional. The infection enters the system by means of the blood vessels and lymphatics, attacking primarily the connective tissue, as a low grade inflammation with cell growth, forming granulation tissue and later involving the deeper and more important structures of the body; and as a result of these changes the nervous system may become involved; by means of deposits into the meninges, substances of the brain and cord and the peripheral nerves.  

The principal anatomical lesions of brain syphilis that occur, are gummata, obliterating endarteritis and a pachymeningitis.  

*The intra-cranial gummata*, usually originate in the dura or pia mater, and extend; but they rarely begin in the substance of the brain.  

At first there is formed simply, soft, granulation tissue, but later central caseation and fibroid metamorphosis take place.
These gummata may grow into the brain substance, and if at the base of the brain they develop and fill in all the interstices around the chiasm, the crura and pons, and when they extend into the adjacent brain tissue we have softening as a result.

The obliterating endarteritis, is not uncommon, and usually occurs at the base of the brain. The affected artery becomes hardened and thickened, by a new growth of fibrous tissue, beginning in the intima and increasing until the lumen is diminished to such an extent, that only one half or one fourth of the required amount of blood passes through it, or the artery may be entirely obliterated by this new growth, and that portion of the brain substance supplied by it degenerates.

Or thirdly, the Meninges may be the seat of inflammatory action; and a meningitis or pachymeningitis be the result, and there is formed, rather tough and thickened patches, or the inflammation may extend into the brain substance and thereby cause softening. As to the cause of Cerebral Syphilis, we all know the direct cause is syphilis, either inherited or acquired, and most usually the latter; and the attack may occur within a few months after the infection or it may be years later. But why it is, that one portion of the nervous system is selected as the seat of attack, in preference to another we do not know. But it is plausible to believe, it lays hold of that part rendered weakest by some lesion or lowered state of vitality; anything that has a tendency to reduce the general health will act indirectly as an exciting cause for the outbreak; such as over-brain work, venereal and alcoholic excesses, exposure, etc.

Symptoms.—The onset may be very sudden, as an apoplectic attack, an epileptic convulsion, a paralytic stroke or a maniacal seizure. But usually it comes on gradually with prodromes, such as severe nocturnal headaches, paroxysmal in character, vertigo, confusion of mind, irritability of temper, melancholia and later, fainting spells, weakness of limbs, difficulty in speech, unequal pupils, strabismus epileptic or apoplectic attacks and even maniacal appearances. The symptoms in each individual case will necessarily vary, with the seat and the extent of the lesion. If basal deposits, there is usually inco-ordination, excessive vertigo, nausea, swoolen eyelids, epistaxis, etc. If pressure is made by gummata in this locality, affections of the cranial nerves, facial paralyses, neuralgias, disorders of vision, etc. And involvement of the motor area will produce motor spasm, weakness, hemiplegia, and frequently epileptic convulsions. If occlu-
sion of cerebral arteries occurs, the symptoms resemble thrombic softening, and the brain symptoms due to pressure, are similar to those seen in usual tumors of the brain.

I shall enumerate more in detail, the peculiar somnolence, paralyses, epilepsy and coma that are largely pathognomonic of cerebral syphilis.

Somnolence.—A peculiar condition which is very characteristic when present. The patient is often able to work; but may fall asleep at his task, and become very sleepy in the evenings. In the more advanced stages the mental symptoms are peculiar. Patient may be aroused but thinks slowly and speaks with difficulty; may get out of bed and wander without a knowledge of his whereabouts, and cannot find his bed on returning. May pass his secretions in one corner of the room or elsewhere, not for want of control, but because he feels to be in proper place. He is truly a restless, nocturnal rambler. This somnolent condition may last for weeks. In its excessive development, there appears evidences of brain softening.

Paralyses.—Their mode of occurrence shows great variation. They may appear gradually or suddenly, with or without an apoplectic or epileptic attack. Special and tansient palsies may occur, present to day and absent to-morrow; numbness and formication. The special senses may become involved, aphasia often is present in the more advanced stages of the disease.

Epilepsy.—Of frequent occurrence in cerebral syphilis, appearing in the two forms; grand and petit mal, headache usually precedes an attack. The symptoms of the severe form are similar to those occurring in non-specific epilepsy. A sudden loss of consciousness, tonic, followed by clonic spasms, foaming at the mouth, stertorous respiration; in some cases consciousness soon returns, while others remain unconscious and stupid for hours and even for days; a mild form may occur; there is a twitching of one side of the face, tongue drawn to one side, giddiness, trembling, weakness or cramps. Yet there may be only a rigidity, even no convulsion at all, patient while talking becomes unconscious and stares vacantly; this soon passing away and he proceeds with his usual avocation.

Coma.—May occur with premonitory symptoms, but often comes on with sleep and is noticed the following morning. The patient is pale, stupid, pupils contracted and irregular, divergent strabismus, reflex sensibility of conjunctiva abolished, marked relaxation of muscles, more or less anaesthesia and diminished
reflexes, incontinence of urine and faeces, pulse ranging from 40 to 60, respiration slow and shallow. The initial lasts from two to five days, usually by the tenth day the patient has recovered or died. In the final stage the symptoms increase in severity until death. In recovery the attacks may return again. Syphilitic coma is comparatively of rare occurrence.

**Diagnosis.**—We now come to an element about which there is great variability. One case may present typical symptoms, with a well-known syphilitic history; while another rests in obscurity, with a variety of indefinite symptoms. We must inquire into the history of all cases. Ocular palsies, epileptic convulsions after thirty years, headaches, partial failure of memory, numbness and weakness, hemiplegia, with exaggerated reflexes, etc., all go to make a clear case of brain syphilis. An excessive exaggeration of the deep tendon reflexes, of both upper and lower extremities, between the ages of eighteen and forty, is almost pathognomonic, when with a doubtful history. We must bear in mind those diseases which resemble the one in question, and isolate in that way. Where there is any doubt, give your patient the benefit of the doubt and give scruple doses of potassium iodide three times a day, and if no iodism is produced, as a rule, your diagnosis is correct.

**Prognosis**—Is not unfavorable if treatment is properly made use of at the onset. Yet there are many cases where treatment does not do any good, and relapses may occur.

**Treatment.**—The mixed treatment is undoubtedly the best; either give together or alternate. Use the iodide in large and increasing doses, and the mercury to tolerance. The following rules should obtain in all cases of cerebral syphilis: 1st, Use all possible expediency; 2d, Employ as energetic means as are feasible; 3d, Continue treatment during the entire attack and for a long time after the disappearance of all symptoms.

**Case.**—A. J., negro woman, age forty years, mother of six children; three living, one died at the age two years, with supposed measles, the other two were miscarriages. She gives some history of an old case of syphilis; scars over various parts of the body; about four years ago she had a violent eruption upon the face and neck, which later disappeared and left numerous scars over that region. A year or two after the disappearance of the eruption while washing, she suddenly lost consciousness and fell, stricking her head against the stove, making a scalp wound over the left parietal bone. After a day and night she regained
consciousness and returned to her usual health, which continued until six months later, when she had a second attack, very much like the first, but upon recovery she noticed some weakness and loss of power in the right hand. A few months later a third attack followed and with it an increase of the loss of power in the right hand and arm, and finally she had a fourth attack and remained unconscious for three or four days, and upon recovery she found almost complete loss of power in the right arm and leg. She has had these attacks ever since, occurring with no regularity. They are epileptiform in character. Just preceding their onset she experiences a trembling and drawing sensation in the hand, and it spreads over the right side of the body, and a typical convolution is the result. It disappears after an hour or two and leaves her in that stupid condition common in epilepsy, and after a sleep she returns to her normal health, except some nausea and weakness which disappear in a day or two. Examination shows the deep tendon reflexes increased and upon the right side much exaggerated, with decided right ankle clonus. She has a scar over the left parietal bone, which shows tenderness upon pressure, but I think no depression. She suffers from constipation. Some opacity upon the right cornea, but no ophthalmic examination was made. Usually little headache, an irritable stomach often, sleeps soundly at night, appetite usually good. About two years ago she was a helpless hemiplegic, but under treatment she has regained power until she can walk unaided about the room, and the epileptic attacks are much milder and are not so frequent. The best results have been obtained by the mixed treatment, with other remedies to meet any symptom that might arise.

In this case, with the syphilitic history, two miscarriages, corneal opacities, the epileptic convulsions with hemiplegia, and a decided benefit with treatment, make an unmistakable case of cerebral syphilis. I believe from the symptoms of this case that a syphilitic gumma had formed in the dura or pia mater, over the cortical surface of the brain, and by growing made pressure over the arm and leg centers, thereby causing the epileptic attacks and hemiplegia. These gummata being more or less fibrous in their nature, may not be completely removed by appropriate treatment. In the earlier stages of this case, no treatment was had, when the best results could have been obtained, and now, I think, there must be a degeneration of a certain amount of brain substance which indicates a permanent lesion.
A TREATMENT FOR FISTULA IN ANO WITHOUT A CUTTING OPERATION.

BY T. J. BENNETT, M. D., AUSTIN, TEXAS.

(Read before the Austin District Medical Society, March 23, 1893.)

At the San Antonio meeting of the Texas State Medical Association, held in April, 1889, I presented to that body a short paper with the above title, in which I endeavored to explain a very simple procedure for the relief of fistula in ano, basing the claim for the treatment upon the report of five or six well selected, successful cases. This paper was very short, scarcely occupying two pages of the Transactions. Either from its being buried in this volume, or for want of real merit in the suggestion (the latter most probably), the little idea never set the world on fire; it "died a bornin'," for I have kept my eyes on the journals, expecting a thrill, for four solid years, and "nary a thrill." But during these years I have had more experience with the method, and I am convinced of its value as a procedure for the cure of this very annoying and painful trouble.

The operation consists in first thoroughly cleansing the lower bowel and the fistulous tracts with an antiseptic wash, by means of a suitable syringe. I use for the sinuses a long nozzled uterine syringe, capable of considerable force, and a twenty-five per cent. solution of peroxide of hydrogen, or a simple carbolized solution, with which the tracts are freely flooded. The next step is to thoroughly divulse the sphincter muscle, in the usual way, with the fingers. Then again irrigate the sinuses in the same careful manner as before, with the same solution, and last, with plain water. After this, inject into the tracts a solution of nitrate of silver, forty to sixty grains to the ounce of water. Then with a little carbolized oil, or vaseline, spread upon absorbent cotton and bound to the parts with a bandage, the operation is completed, in simple cases.

In cases of the internal blind variety of fistula, openings should be made from the outside with the knife, in order that the pouches which are always formed at the termini of such tracts, and which always contain pus and debris, may be washed out, and the sinuses cleansed. The only cutting necessary is in this variety, and possibly the enlargement of some of the external
openings for the nozzle of the syringe, which is introduced only far enough to inject the fluid. With an experience so limited as mine has been, it would be presumptuous in me to claim to have discovered a treatment that would supercede the long tried and successful methods of our text-books. I can only say that the above plan is simple, and so far as I have tried it, it has been successful in every instance. Even a case of recto-vaginal fistula operated on in the same manner, recovered in a few days. In this case, I may say that I employed a six or seven per cent. solution of carbolic acid, instead of the silver, because I did not have the latter solution with me, not knowing or thinking that I should be called upon to do more than lance an abscess, as I had done before for this patient on two occasions, within a year.

The time saved to the patient in this operation, constitutes one of its chief advantages. The number of days required to remain in the recumbent position is from four to eight, and with no wounds to dress and keep clean, the patient spends this time in comparative comfort.

I wish it understood that I do not claim anything original in this operation, except, possibly, that I have placed together in an unusual manner some well known methods and principles.

The necessity of thoroughly cleansing the sinuses, getting rid of all foreign particles and matter, has been recognized and appreciated from almost the beginning of time. Also the divulsion of the sphincter has been employed, and some good results have been reported from this alone. And, too, the injecting of irritants into fistulous tracts has been resorted to, and reports have been made of cures resulting from this alone.

But the arrangement of these things in the manner and order given, belongs to me, so far as I know. The rationale of this treatment is based upon some well established surgical principles, together with a reasonable appreciation of the anatomy, pathology and physiology of the parts involved. In the first place, we have to deal with the most dependent portion of a long and tortuous tube, the blood supply of which is influenced by gravitation, and whose return flow is through veins that are without valves, and against gravity; with a mucous membrane that is in a constant state of hyperæmia, existing in all persons, it is claimed, whether they have ever had a rectal disease of not. And further, we have a large, ring-shaped muscle, the sphincter, which has scarcely any bony attachments, and whose fibers are closely adherent to the integument, and blended more or less inti-
mately with the other muscles and structures about the anus. This muscle stands vigilant guard over the great outlet of the human body. It is quite easy, then, to understand that the sphincter is very important, and that it is liable to become wonderfully hypertrophied from inflammatory stimulus during disease of these parts. The longer the disease continues, whether hemorrhoids, fissures, or fistulae, the greater the amount of blood to the parts, and consequently the larger the muscle grows and the stronger it becomes. Thus with increased size and strength, there is a corresponding retardation of the return circulation which favors disease, and above all, there is a wonderful increase in the muscular tension of the whole ano-gluteal region. The voluntary power of this muscle is diminished, and the involuntary power is proportionately increased, which also favors disease. Now, a fistulous tract, it matters not what produces it,—a foreign body that has lodged above the sphincter, a traumatism, constipation, or what not, anything, in fact, that would cause an abscess—for an abscess under all circumstances, it is claimed, causes the sinus,—this fistula, except in the superficial form, has its origin above the sphincter, within the bowel, and extends, more or less tortuously, down by the side of, and exterior, to the muscle, and makes its exit through the skin within an inch or two of the anus. Let there be many of them, or only a few, the destructive process is the same in all. The high tension of the muscular tissue causes retraction of the severed fibers, in accordance with the only function of muscular tissue, viz: contraction, and the result is non-coaptated walls. It may be likened to a taut suspender. As the rubber threads are cut, they retract, leaving an elliptical, or round-shaped hole. So in the case of the fistula in ano. Fecal matter, when in a liquid state, is always present in these sinuses, and prevents, together with the abnormal tension of the parts, a union by any plan of treatment other than cleansing, and relaxing the tension. This removes the debris, and permits the coaptation of the walls. The nitrate of silver is used simply to hasten union, which it does by exciting a temporary inflammation along the tract, thereby causing a cure before the paralyzed sphincter can regain itself. This is exactly what is done when all of the holes are cut into one, the standard operation for this trouble. The sphincter is severed, which relaxes the surrounding parts, and permits the cleansing of the tracts and the coaptation of the walls. Now, it is not proposed to do more than to state what has been the results of my limited ex-
experience with the operation which I have had the honor to present to you to-day, and I may be permitted to summarize the advantages claimed as follows:

1. There is from one week to a month saved in time to the patient.
2. There is less danger from incontinence.
3. There is no danger from embolism.
4. There is no suppurating wound to require daily dressing and cleansing.
5. The operation is practically robbed of its terror.

Certainly, then, the procedure is simple, and, to my mind, reasonable, and therefore I respectfully commend it to your further investigation and trial.

For Daniel's Texas Medical Journal.

**OBSERVATION ON A NEW ROLUB FOR ERGOTINE.**

**BY T. C. OSBORN M. D., CLEBURNE, TEXAS.**

TWO YEARS ago a passing wagoner stopped in Cleburne, and called upon me for medical assistance to his wife who had, he assured me, been many months afflicted with an incessant drain by monorrhagia. He had been advised, he said, by the physicians in attendance to travel by slow wagon stages, having exhausted their favorite prescription without benefit to the patient.

I found her emaciated and pallid. The woman was young, not over 23 years of age; mother of one child, since which time the issue of blood had continued irrespective of the best assistance the husband could command.

Inspection disclosed intra-mural fibroid of considerable dimensions, and the hemorrhage interfered with further investigation, especially as it occurred at night. To control the flow, I gave her several pills of Sharp & Dohme's make, containing three grains each of ergotine, because of my confidence in the remedy, promising to visit her again next day. One pill was given every two hours in the meantime. Next day I made a closer inspection and, in addition to the enlarged posterior wall of the uterus, discovered a sub-involution, with hyperplasia of the os and the cervix of the womb.

The vagina like all the other tissues was remarkably pallid.
But as the patient expressed so much gratitude for the relief she had experienced from the pills during the night, and desired to remain under my care sometime longer, I merely commended the continuance of the pills until the next approaching menstrual period. Two weeks later, upon examination, I found that a considerable change had been made in the condition of the os and cervix uteri for the better. Her general health was also much improved; she was hopeful, whilst I was doubtful of permanence in the improvement; the remedy was, however, continued, and in addition was ordered perfect recumbent rest, a nutritious diet, and liberal draughts of generous wine several times a day.

One month later exhibited further improvement, and the treatment was continued. The issue of blood seemed to be well under control. And at the end of another month she manifested a great desire to be up from the bed, which, I deprecated, but in the end consented to the change, only urging her to watch closely her condition, and go to bed again on the first approach of hemorrhage. At this time the os and cervix were improving decidedly. A month later the size of the uterus had diminished perceptibly, and at this time she begged me to permit her to go on the road again, as she was anxious to visit her mother in Ellis county; promising to keep me well informed of her improvement by letter, and to return to Cleburne on her return home for further instructions, if she needed them. Continue treatment.

Three months later she returned with a glow of health in her cheeks, and on examination the uterus was found still shrinking to its natural size; the hemorrhage had ceased, and I began to realize that the administration of ergotine was doing its work well. She had reduced the number of doses to one at each meal, and had perceived no ill effects from its continued administration at any time. The woman was glowing with hope of a permanent cure, whilst I was only just beginning to realize a new role for my old favorite in controlling hemorrhage in a durable sense; first, in its capacity of reducing fibroid tumors by shrinkage; and secondly, in its non-toxic effects upon the system by protracted administration.

There is a valuable lesson in this, if a more enlarged observation shall prove favorable to the hope entertained; and to prove my faith, I am now using it on every fibroid which presents itself to my attention.

Soon after my first case, I had another case of hyperlasia of the
os uteri, and under a protracted use of the ergotine given similarly, the diseased condition disappeared within two months after using the remedy.

I have now under observation a polypus of the cervix uteri, in which the ergotine alone seems to be doing its work hand-somely.

I have written the above with no effort at display, and I hope, without seeming redundancy, and my only wish is to call attention of the profession to the fine promise ergotine displays in this treatment of fibroid, hoping to hear further from it in the observations of other than myself.

For Daniel's Texas Medical Journal:

CASE OF SARCOMA OF THE ILEUM—PERFORATION—PERITONITIS—ABDOMINAL SECTION—DEATH IN 10 DAYS.

BY JAMES E. THOMPSON, M. B., B. S., LOND., UNIV., F. R. C. S. ENG. [Prof. of Surgery, Med. Department, Univ., Tex., Galveston.]

W. J. W., A FARMER, aged 19, was admitted under my care to the John Sealy Hospital on Oct. 19th, 1891.

He gave a history of two months illness during which time he had suffered from colicky pains in the abdomen. For some time previously, attacks of constipation had alternated with attacks of diarrhoea. About three weeks before admission symptoms became more severe; pain in the hypogastric region became intense, and in a few days a tumor developed in this situation:

Micturition was very frequent and attended with pain, and constipation was obstinate; no vomiting, high fever, especially in the evenings. Weakness and emaciation followed, and the patient was sent down to Galveston.

On admission I found the following: A tumor in the hypogastric region reaching from the symphysis pubis half way to the Umbilicus, and extending symmetrically outwards to the middle of Poupart's ligament. It was semi-resonant on percussion, but quite resonant near the border. It was hard and fairly well defined; the border not ceasing abruptly, but fading gradually into the healthy abdominal wall.

It was excessively tender and the abdominal muscles were firmly contracted over it.
The bladder contained only a small quantity of perfectly healthy wine.

Examination "per rectum" revealed a hard mass in front which could be perfectly palpated between the finger in the rectum and a sound in the bladder.

There was marked œdema of scrotum and both legs. No vomiting. Constipation was absolute; flatus not even passing. The temperature was 101.2° and the pulse 115, weak and compressible. From the physical and symptomatic evidence I concluded that I was dealing with a "localised peritonitis" and that the tumor was a mass of matted intestines, probably enclosing a purulent collection.

I sought in vain for any clue to the cause, such as affections of the vermiform appendix, rectum or bladder.

The following day an abdominal section was performed, the patient being under the influence of chloroform.

A four inch vertical median incision was made of the most prominent part of the tumor. After a careful dissection through the deeper layers of the abdominal wall, the peritoneum was raised with difficulty from a portion of the anterior surface of the tumor, which was then found to consist of coils of intestine glued together by fairly firm adhesions. Some of these adhesions were carefully separated, when, suddenly, a cavity containing pus and faecal matter was entered. This was promptly washed out and explored.

As far as could be made out it seemed to occupy the whole of the cavity of the true pelvis between the rectum and the bladder. The cause of the extravasation of faeces was searched for, but without result, so the cavity was thoroughly irrigated, and a glass drainage tube inserted. The greater part of the wound was sewn up, and a dressing of carbolised tow and iodoform gauze applied.

The next day the patient was a little better and the temperature was somewhat lower, but the pulse continued to keep its high rate.

Abdominal distension appeared on the 2nd day after the operation, and obstinate vomiting followed in twenty-four hours.

The patient was then fed on nutrient enemata to the end. The day before death the vomit became stercoraceous.

Constipation remained obstinate throughout; enemata of olive oil, castor oil and turpentine were given, but with no effect. The temperature gradually descended to 97.2 on the third day after the operation, then rose again, reaching 102.6 on the seventh day.
Pulse remained quick and weak during the whole period; never being less than 109 per minute and reaching occasionally 148.

Death occurred on the tenth day.

The results of the autopsy were as follows: The coils of Jejunum and Ileum were congested and greatly distended with flatus. On tracing the distended Ileum downwards it suddenly passed into a mass of peritonitic adhesions, situated just above the symphysis; and here the distension ceased, giving the appearance of stricture.

The lower two feet of the Ileum were tangled in a mass of inflammatory adhesions. A portion of this, about three inches in length, was the seat of a new growth of a hard cartilaginous consistence, and a bright rose color which occupied the whole circumference of the walls.

A perforation with ragged shreddy margins, admitting two fingers, and evidently of old standing, was found in the side of the growth, which was situated behind, and above the bladder,—and firmly adherent.

The perforation in the growth communicated with the intestinal canal internally, and opened externally into a large abscess cavity which occupied the whole true pelvis. The Cæcum and vermiform appendix were perfectly healthy, and two inches of healthy Ileum intervened between the growth and the Ileocaecal valve.

Bladder and rectum were healthy. There were no secondary deposits in the mesenteric glands and liver.

Examination of the growth shewed it to be a pure round celled sarcoma of the small celled type. No normal bowel structure was to be seen in the specimen.

The question of diagnosis in these cases is always difficult, and in many, a strictly accurate diagnosis is often impossible.

I felt quite sure I was dealing with a localised peritonitis, but all attempts to find a cause were in vain.

Perforation of the appendix seemed the most likely, but it was quite impossible to get any certain information on this point.

There were many things against such a diagnosis, such as:

1. The gradual onset of the disease.
2. No history of a previous attack, although this might have been the first manifestation.
3. The position of the tumor; strictly confined to the middle line, and not in the right Iliac fossa.
4. The absence of any symptoms at any time referable to this region, such as pain, tenderness, baggy swelling, etc.
All of these negative signs, however, may in certain cases be valueless, especially the third, as it is no uncommon thing to find the vermiform appendix hanging down over the brim of the pelvis, and, if in such a case perforation occur, the resulting abscess will occupy the cavity of the true pelvis, giving rise to a tumor with symptoms like the foregoing, and associated with a very prominent symptom, viz., frequent painful micturition, owing to the confined bound down bladder being unable to expand and retain a normal quantity of urine.

In the diagnosis of chronic peritonitis with matting together of loops of intestine, I would like to lay stress on the semi-tympanitic note over the swelling; also on the fact that the edge of the swelling fades gradually into the healthy peritoneal area.

Most solid tumors of a non-inflammatory origin shew a clearly marked and easily palpated edge.

In cases like these, abdominal section is certainly to be advised and that too as soon as possible.

Such operations should be conducted with a strict regard to the best interests of the patient. If possible the growth should be excised and a complete enterectomy done. This however, should only be entertained if the patient’s strength allows, and the condition of parts is such as to allow of its proper performance. In certain cases (and the above is one) a prolonged search for the perforation should be discountenanced, as by so doing we increase the dangers to the patient, and run a chance of converting a localised, into a generalised peritonitis. However, the conduct of each operation must be left to the discretion of the operator; as in many cases the perforation can be discovered, and if in the ileum stitched up; if in the vermiform appendix, removed.

For Daniel’s Texas Medical Journal.

**COCAINE IN URETHRAL SURGERY.**

**BY SAMUEL E. MILLIKEN, M. D., LECTURER ON SURGERY IN THE NEW YORK POLYCLINIC.**

**SINCE KOHLER’S** discovery of the local anaesthetic effect of cocaine, which was reported in 1885, the literature on this subject has been voluminous, to say the least. Cocaine has been lauded on the one hand and condemned on the other; nevertheless we must all admit it has reduced minor surgery to comparative simplicity.
That death has resulted from the local use of this drug our medical journals will demonstrate, but when it is employed with caution the dangers are slight.

In Urethral Surgery some of the most important points to bear in mind are:

First, to get the urinary apparatus in as near a physiological condition as possible before operating, examine the urine daily, endeavor to make it neutral and antisepctic by the use of acid boric, grs. v, three times a day or oil of gaulthia, three drops four times a day.

Second. Before examining a patient for stricture the bladder should be resipated and the urethra cleansed with some mild antisepctic, such as a \(\frac{1}{500}\) permanganate of potash solution or semi-saturate boric acid solution. I prefer the permanganate, particularly when it is necessary to cleanse the bladder, as the various changes in the colour of the solution owing to the amount of de-oxidation demonstrate the cleanliness of the tract. After having flushed the bladder three or four times the fluid will pass from the bladder without any appreciable change in colour. The urethra should always be douched from the meatus before the catheter is inserted into the bladder for fear of carrying infection further back, should it already exist.

Third. With a properly aseptic tract a small bulbous bougie (24 French) should be used for locating sensative or ulcerated surfaces, prior to the injection of cocaine.

Fourth. The strength of the cocaine solution should not exceed 6%, while a 2% or 4% will suffice. If a stricture has been located in the anterior part it is well to have the patient make firm pressure in the perineum and thus limit the surface cocainized. One or two drachms of a two or four per cent. solution should be allowed to remain in situ for at least five minutes before the urethratome is inserted.

Locating the stricture may be done by means of the bulbous bougie or Otis’ urethrameter; the former is preferable owing to the egg shape, but when more than one stricture exists the urethrameter is more satisfactory owing to one’s ability to increase or diminish the size of the bulbs.

Cutting of strictures may be accomplished by the internal or external method; it is usually given in our text books to limit the internal urethrototmy to those within four and one-half or five inches of the meatus; those deeper to be cut by perineal section.

With aseptic precautions a stricture in the membranous por-
tion may be cut instantly with perfect impunity and thus avoid the disagreeable perineal section.

The size of the penis regulates the degree to which the cutting should be carried. Otis gives a rule; e. g. a penis with a circumference of three inches can be cut up to 30 French, and that for each one-fourth inch over three inches, two sizes larger.

A bulbous bougie of the size to which the stricture is cut should be inserted which will locate any constriction that may have escaped the knife. When it is necessary to enlarge the meatus, which is the case nine times out of ten, it may be accomplished with an ordinary scalpel before the urethratome is inserted. By observing that precaution the whole operation can be performed with little or no pain; otherwise the distention at the meatus produced while the deep stricture is being cut will cause great discomfort.

Immediately after the operation it is very important to douche the urethra with the purmanganate solution, for two reasons: First, asepsis; secondly, to remove any excess of cocaine which may not have escaped previously.

Hemorrhage is a complication which should be guarded against, particularly with deep strictures. Dr. John A. Wyeth’s method of applying a figure of eight (8) bandage around the pelvis and under the perineum with a cotton compress over the end of the penis and one over the deep urethra cut is the most satisfactory.

Another important point in detail after cutting the meatus is to put in a small pledget of sterilized ganze which does not entirely fill the opening, but simply keeps the recently incised surfaces from coming in contact. If the patient is instructed to reinsert a piece of gauze after each urination, the hemorrhage following the passage of the sound four or five days afterwards will be of little consequence, owing to the rapid healing. It is unnecessary for the compress in the perineum to be worn longer than two or three hours, when the urine may be passed.

The use of the sound after the operation is of great importance and must be carried out on principles, only regulated by the type of stricture, as it will require a more frequent use for a broad and firm cicatricial band than for a slight constriction. During the first month, the passage of the sound once a week will usually suffice; afterwards once in two weeks, and so on for three or four months.

It is not advisable to intrust the use of the sound to the
patient when it can be avoided, although many good surgeons
do so without reluctance. As I have suggested in the beginning
of the article, it is essential that the urethra should be cleaned
each time before the sound is inserted, particularly where there
has been any hemorrhage produced at the previous instrumen-
tation.

Before closing, I wish to state that the worst cases of urethral
striction which have come under my observation, have been
those previously treated by dilatation. It seems as though the
irritation produced by the distension rather aggravates the for-
mation of adventitious tissue. On the other hand, when the ob-
struction is removed (by cutting), the methodical use of the
sound produces sufficient friction to produce absorption of the
cicatrical tissue.

Abstracts of Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

Under the charge of David Cerna, M. D. PH. D., Demonstrator of
Physiology in the Medical Department of the University
of Texas, etc.

DUBOISINE SULPHATE IN MENTAL DISORDERS

The sulphate of duboisine recommended by Belmondo some-
time ago in the treatment of mental disease, has been further
tried with the same excellent results, by Mazzocchi and Antonio.
(Rifooma Medica, November 15, 1892). Thirty patients were
treated, their symptoms varying from a slight mental excitement
to violent mania. The drug was given hypodermatically in
from \( \frac{1}{10} \) to \( \frac{1}{8} \) of a grain (0.002 gramme) in the course of the
twenty-four hours. The administration of the drug was followed
in the majority of cases by deep sleep, this coming on about
twenty minutes after the injection and lasting about five hours.
No untoward effects was produced by the drug, although there
were noticed in almost every case mydriasis, a sense of general
weakness, accompanied by a diminution of the pulse-rate, all this
however, wearing off on the appearance of sleep. Improvement
in the mental condition was observed in the majority of the cases; in a few little benefit was obtained, and in only one case did the drug absolutely fail. Control experiments showed that hypnotic suggestion had nothing in common with the effects of the alkaloid; and experiments with atrophine and morphine, for purposes of comparison, also demonstrated the fact that duboisine is superior to these latter drugs in the treatment under consideration. One patient received, during two months, as many as $50 \frac{1}{6}$ of a grain (0.001) doses and yet no increase in the amount was found to be necessary. The fear, therefore, of establishing a tolerance for duboisine, need not be entertained.

PHENOCOLL IN MALARIA.

From a study of the uses of phenocoll in the treatment of malarial disease, Dall 'Olio (Gazette degli Ospitali, January 14, 1893) draws the following conclusion: 1. The drug does not appear to have potent antipyretic properties as regards fever in general, but it is at least as effective as quinine in the malarial state. 2. Whereas quinine, in a great many instances, gives rise to toxic symptoms, such as ringing in the ears and cutaneous eruptions, phenocoll has not been found to give rise to any such unpleasant effects. 3. Phenocoll succeeds in a certain number of cases in which quinine absolutely fails, and this is an important discovery if only from the point of view that at any time there might arise a difficulty in obtaining a supply of quinine equal to the demand, whereas phenocoll is producible in any quantity. 4. The taste of the drug can easily be masked by means of syrup, and is not objected to even by children.

NAPHTHOL AS A VERMIFUGE.

Naphthol having recently been recommended as a vermifuge, Dubois, of Amiens, has reported a case in which he found it successful after all other vermifuges had failed. The patient was a girl of sixteen who had suffered from vomiting for several months, and the diagnosis pointed to worms as the cause; the vomiting continuing in spite of varied treatment, and the girl becoming much emaciated, he decided to order four grains naphthol three times a day. In the course of a few days she passed thirty-four round worms; the vomiting then ceased and the recovery was rapid.—London Lancet, February 18, 1893.
ZINC CHLORIDE IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

Good effect in the treatment of early pulmonary tuberculosis, by injections of chloride of zinc, has been reported by Jules Comby (L'Union Medicale, No. 1, 1893). In three cases the results were satisfactory, and the author believes that the drug can be injected into the lungs without any special danger. According to his observations the chloride of zinc tends to promote the formation of fibrous tissue, and thus a cure is produced in the same manner as occurs in the natural arrest of the disease. In the cases treated by Comby the disease was confined to the apices. He employed the drug in solution of the strength of 1 in 50 to 1 in 20. Three drops of the solution were injected subcutaneously, the dose being repeated every third or fourth day until six injections had been given. No untoward local or constitutional symptoms were produced by the novel medicament.

THE PHYSIOLOGICAL ACTION OF CERBERINE.

In a recent thesis, (Wratch No. 31, 1892—Gener de Therap, February 15, 1893) has studied the action of cerberine on frogs, rabbits, dogs, cats and hedgehogs. The substance was administered by the stomach, subcutaneously and intravenously. The effects of cerberine were found to be analogous to those produced by the digitalis group of remedies. The conclusions of the author are as follows; 1. Introduced under the skin, cerberine rarely produces abscesses; neither did it cause inflammation of the conjunctiva. The substance in its action resembles digitaline and digitaleine more than digitoxine. 2. Small doses, 15 hundredths of a milligramme per kilogramme of the body-weight, in dogs, of cerberine, only produced a sense of slight fatigue; in amounts 18 hundredths of a milligramme per kilogram of the body-weight, in the same animals, cerberine caused salivation, vomiting, diarrhoea, muscular weakness and dyspnoea. 3. The paralysis which is often produced is thought to be dependent upon an action on the striated muscular fibre. 4. In small quantities, the pulse becomes strong and slow. In large doses the pulse is at first strong and slow, but soon becomes feeble, weak and rapid. In cold-blooded animals, the slowness of the pulse is due to an action of cerberine upon the cardiac muscle; in mammals, to excitation of the pneumogastric nerve. Death is caused by paralysis of the vagi; the left ventricle of the heart.
is arrested in systole, that of the right side is diastole. 5. The arterial pressure rises slowly, it remains elevated for sometime, then falls slowly or rapidly. 6. The calibre of the vessels is diminished, except those of the kidneys. 7. Cerberine does not seem to influence the central vaso-motor system; consciousness is preserved; and the vomiting may depend upon an excitation of the vomiting centre in the medulla oblongata. 8. Cerberine is eliminated by the kidneys. 9. Different animals are affected differently by cerberine. Thus, upon rabbits and hedgehogs cerberine does not influence the digestive tract, whereas upon cats and dogs it causes vomiting and diarrhoea. Dogs are the most susceptible animals to the action of cerberine; to them this substance is fatal in doses of 18 hundredths of a milligramme per kilogramme of the body-weight; to cats, in quantities of 31 hundredths of a milligramme per kilogramme; to rabbits, 50 milligrammes per kilogramme; and the hedgehogs, 120 milligrammes per kilogramme.

(Note.—The technical name and the chemical formula of analgen, as they appeared in the February issue of the Journal, were wrong. The name of the drug is Ortho-oxyethyl-anamaocetylenamido-chinoline, its formulabeing C₂₆H₁₄N₂O₄. —D. Cerna.

DEPARTMENT OF PRACTICE OF MEDICINE.

Conducted by Professor Allen J. Smith, A. M., M. D., Medical Department University of Texas, Galveston.

Dilatation of the Colon in Young Children.—Osler (Archives of Pediatrics, February, 1893) records the instances of distention of the large bowel in children from coprostasis. One of these children, a colored boy of ten years of age, whose previous history was indefinite, presented a highly distended abdomen, measuring sixty-three centimeters in circumference, the body weight being 47.5 pounds. The lad was in a general way constipated, but not remarkably so, and all efforts to diminish the abdominal distention by means of purgation had failed. His general condition was such that, in view of failure to locate any cause for the condition, an exploratory laparotomy was performed and an extraordinarily enlarged colon was encountered, the greatest distension in the region of the sigmoid flexure, where the gut was forty-five centimeters in circumference. No stric-
ture of the rectum was found, but in the very unpromising condition of the child it was thought best to establish an artificial anus, which was done, large quantities of yellowish fecal matter and gas escaping. The wisdom of this apparently extreme measure was seen in the rapid improvement of the child, and his quick increase in weight. A second child is mentioned, seven months old, very constipated, and with abdomen much distended, save after efforts of the mother to cause movements of the bowels, accomplished by injecting a few ounces of water and a few hours afterwards passing a rectal catheter, bringing away quantities of feces and gas. There could be found no stricture of the rectum. When born the child was apparently healthy, but from the outset the napkins were not soiled and the abdomen became so swollen and tense that finally the physician introduced a rectal catheter, when the first tarry stool was evacuated. Since birth there had been natural movements of the bowel on only two or three occasions.

These cases suggest that often abdominal enlargements are associated with an early condition, in which, without demonstrable tightness of the sphincter or stricture of the rectum, the bowel is unable to empty itself. The regulation of diet and the relief of the bowel by irrigation would seem to be the special indications in the treatment.

The Period of Incubation of Chickenpox.—Eyre (British Medical Journal, 1892, vol. 2, page 1430; Archives of Pediatrics, February, 1893) relates the following: On November 18, Mrs. M., of Hampstead, visited her sister, Mrs. O., residing at Streatham, taking with her her little boy. They stayed three hours at Mrs. O.'s house. Soon after they left Mrs. O. found one of her children with a number of pimples upon her body, and the physician who saw the child the next day diagnosed the case as one of chickenpox. Mrs. M.'s child was taken with the same decease, on December 2d, and the rash appeared the next day.

Period of Incubation of Mumps.—Jessop (British Medical Journal, June 4, 1892) reports the case of a boy who was brought in contact with a person recovering from mumps on March 17; on April 19, having been in perfectly good health in the interval, he developed a typical attack of mumps. No other exposure was known. On the day of the onset of the disease, April 19, his two sisters kissed him. They were then removed and did
not see him again. Twenty-one days later, May 16, they also were attacked with mumps. This places the period of incubation in these cases definitely at three weeks. All the children were quite well during the interval between the exposure and the development of the disease.—N. Y. Med. Journal, February 11, 1893.

Period of Incubation of Diphtheria.—M. B. Dwight (Medical Age, February 25, 1893) states that from the observation of about twenty cases of diphtheria during an epidemic some years since he was able to place the period of incubation at forty-eight hours. The narration of his cases is of interest.

In July, 1884, two children, a boy and his sister, aged respectively nine and eleven years, inmates of a soldier's orphan home, made a visit to their relatives living in Jersey Shore, Pa. They first visited a family in which there were three children, arriving late at night on July 24. Late on the evening of July 26 two of the children visited were attacked with sore throat and fever. In the meantime the orphan children had gone several miles further up the valley, known as Pine Creek valley. Two days later Dr. Dwight was called to a family in this district, visited by the same children, in which there were seven children, one of whom had diphtheria. The orphans had separated in their journey up the valley, and while the girl had visited at the last named family the boy had remained at a house half a mile away. After night he rejoined his sister. Of the two children at the house he had visited, one, with whom he had slept, became infected with the diphtheria.

Thence the orphans retraced their steps back to Jersey Shore, a distance of two miles or more. On their way they visited a house for about two hours. There were several children here and from his previous experience the physician predicted in the family the occurrence of diphtheria within forty-eight hours. The result justified his prophesy; two, the mother and a child becoming ill two days after the visit. The orphans had gone before Dr. Dwight came up to the house, and had gone over a range of mountains into Nippenose Valley, a distance of fifteen miles. Dr. Dwight followed them the next day and examined them. They denied having had diphtheria, but their throats had a suspicious appearance. Dr. Dwight again predicted diphtheria in this last family and two days later his prediction was verified.
The Medical Department of Western Reserve University at Cleveland, Ohio, received from Mr. J. L. Wood, as a Christmas gift, the sum of $125,000. Of this $100,000 are to be devoted to the endowment of five chairs to be known as the John L. Wood's Professorships of Histology, Physiology, Chemistry, Anatomy and Pathological Anatomy. The other $25,000 form a reserve fund, the income from which shall be devoted to repairs required upon the building. This medical building was erected by the same gentleman recently at a cost of $200,000; and he also contributed to the Emily Wood's Endowment Fund $50,000.—Cleveland Medical Gazette, Dec., 1892.

"Are there too many doctors?" asks an exchange.
"No, there are not half enough; but there are too many men pretending to be doctors, who are not.—Texas Siftings.

The United States has one drug store to every three doctors.—Ex.

Pasteur celebrated his seventieth birthday on the 27th of December last, by a reception held in the Sorbonne. The President of the Republic, all the high government officials, the members of the Academy, and the leading scientists were present to congratulate him. Addresses were presented from England, Russia, Germany, and many other countries.

Obstetrics and Diseases of Women.

W. Keiller, F. R. C. S., Ed.
Texas Medical College, Galveston, Texas.

Vesico-Cervical Fistula.

Jacob Rosenthal reports from Prof. Leopold's clinic, at Dresden, an interesting case of the cure of vesico-cervical urinary fistula (complicated by a sinus leading to a carious focus in the pubic symphysis) by the supra pubic method.

The patient being in Trendelenburg's position, a transverse incision four inches long, parallel with the symphysis, is made through the recti; the bladder loosened from behind the pubes, a transverse incision in the anterior bladder wall; the bladder flaps stitched temporarily to the abdominal walls, and the fistula treated through this means of approach. A catheter is retained
in the bladder, and supra-pubic drainage is practiced. The method is valuable as a substitute for the older method of closing the cervix uteri and converting uterus and bladder into one cavity, menstruation then taking place per urethram.—Am. Jour. Obstet. and Dis. of Women, March, 93.

CONGENITAL MALFORMATION OF FEMALE GENITAL ORGAN.

Dr. Munde reports a number of interesting cases of the above, including:

1. A case of rudimentary uterus, absent ovaries, well developed vulva, but entire absence of vagina. He made a vagina, and stitched the uterus to its upper end.

2. Two cases who had not menstruated up to eighteen and twenty years. Each had a perfect vagina, but in one the uterus was rudimentary, in the other absent. Treatment, of course, was useless.

3. Case of double uterus and vagina. Menstruation from left half regular; imperforate hymen on right side, and retained menstrual fluid.

4. Case of perfect double uterus and vagina, accompanied by dysmenorrhoea which resisted all ordinary treatment. Oophorectomy had been advised. Finding the appendages normal, Munde advised the removal of the septum between the two halves of the vagina and uterus, up to the fundus. This was followed by perfect restoration to health.

The same treatment was followed in case 3, with excellent results.

5. Case of double uterus. Patient had one child, which had from the subsequent history been evidently borne by the more developed half. Pregnancy in the more rudimentary horn was first taken for a tubal pregnancy, and coeliotomy performed. The appendage being found normal Dr. Munde then thought it an intra-mural gestation, but more careful examination showed that it was double uterus. Wound stitched up. Patient aborted; recovery.—Amer. Jour. Obstet and Dis. Wom. March, 1893.

RECENT LITERATURE OF Puerperal Eclampsia.

In a review of the above in the American Journal of Obstetrics and Diseases of Women, (March, 1893,) the balance of evidence is against puerperal eclampsia being due to any specific microorganism. The usual cause is toxines retained in the system from deficient kidney action—in most cases albuminuria is present.
In 93.75% of cases the convulsions cease on delivery, and speedy delivery is therefore the best treatment. Duhrssen urges the induction of labor by rapid dilatation, aided if necessary, by deep cervical incisions; and condemn the protracted use of chloroform, chloral and morphine. Meckel also urges early delivery, reporting cases favoring this practice.

THE INDUCTION OF PREMATURE LABOR BY INTRA-UTERINE INJECTIONS OF GLYCERINE.

This method of inducing premature labor has attracted considerable attention lately. Pelzer describes it as follows:

Patient in Sim's position. A syringe with long nozzle (or gum-elastic catheter) is introduced between the membranes and the uterus, and about 150 grammes (five ounces) of pure glycerine is slowly injected, care being taken to empty the syringe or catheter of air. The glycerine causes mechanical separation and acts as an irritant, and its hygroscopic properties cause transudation of the liquor amni. It is safe and prompt.—Archiv. für Gynakologu Bd. XLII. Heft. 2.

Thos. Addis Emmet in an article on Female Plastic Surgery, laments the tendency to do multiple gynecological operations at the same sitting; especially to repair a lacerated cervix and the perineal floor at the same operation.

Regarding repair of the lacerated cervix, he thinks that more harm than good has resulted from it in the hands of the profession at large.

To do it properly is more difficult than an average ovariotomy. Yet in well selected cases the operation, if properly performed, will cause rapid involution and, relieve many reflex disturbances.

Of operations for lacerated perinæum, he condemns all operations which merely place a bridge of skin on part of the descending recto-cecle. The pathology of the condition producing a recto-cecle is a separation and retraction of the vaginal and rectal attachments of pelvic fascia and levatores ani; and this is to be restored by narrowing the posterior vaginal wall, and bringing it up towards the anterior—thus approximating the separated insertions of the pelvic fascia and levatores ani.

Vesico vaginal fistula he finds mainly caused by delay in delivery, and especially by the use of ergot. He has never seen it caused by instrumental delivery. It has become uncommon since ergot has been given up in the first and second stages, and in-
Instruments have been the rule before impaction of the head. Dr. Emmet has succeeded in restoring the base of the bladder and entire floor of the urethra after extensive sloughing from delayed delivery. He attributes failure to cure vesico-vaginal fistula to three causes. 1st. An effort to unite parts requiring too much tension to approximate them. 2d. To improper and too tight twisting of the wire sutures. 3d. To the use of a catheter not properly suited to the individual case. He advocates strongly silver wire and Sims' self-retaining catheter.

Silver wire is especially adapted to plastic operations and abdominal sections, because no form of suture will keep such broad surfaces in apposition as silver wire properly applied—it is at once a splint and a suture.

The avoidance of all cicatricial material in the vagina or genital tract wherever there is erectile tissue, is of the utmost importance, as cicatrices anywhere in this situation may cause reflex disturbances. The first step in the closure of vesico-vaginal fistula is to free all bands causing tension on the parts. This must be done by antero posterior section of transverse bands, and immediate closure of the wound, uniting the anterior and posterior angles of the resulting wound so as to produce a transverse line of sutures, and healing by first intention must be secured.

He condemns flap-splitting operations for the restoration of recto-vaginal septums, emphasises the necessity for union of the separated levatores ani and sphincter, and reiterates the efficiency of his own operation described in 1873. (See gynaecological text books.)—New York Journal of Gynaecology and Obstetrics, February, 1893.

DEPARTMENT OF DERMATOLOGY.
[Notes by Dr. Isadore Dyer, Tulane University, N. O.]

TREATMENT DE LA SYPHILIS—RUEFF & CIE., PARIS, 1893.

Treatment of Syphilis—Prof. Alfred Fournier.

This work has just appeared in French. Although there is nothing absolutely new in it, it would be difficult to imagine a clearer exposition of the modern views on the subject. All theories and methods are discussed, weighed and condemned in place. It is a thoroughly logical view of the different methods suggested for the treatment of syphilis, with a final statement of
Prof. Fournier's own views. Adapted from his lectures at the Saint Louis Hospital in Paris; the style in conversational, and though fulfilling excellently the work of a text book, it is an interesting work as well. The abortion of syphilis, the use of animal serum in the treatment, and the discussion of the various remedies used have each a chapter full of interest. Of mercurials the author prefers the prot-iodides and the bi-chloride. Mercury, he believes should be administered in full therapeutic doses. The intermittent treatment is advocated while opportunistic or the symptomatic treatment is condemned as not fulfilling the indications. Chronic diseases should be treated in a chronic way, and syphilis should be treated by prolonged medication. Prof. Fournier administers mercury in courses of six weeks each, with corresponding intervals of rest, over a period of two or three years. Then, and not till then, the iodide, (sodium or potassium), is begun and for the first year, is given for about six weeks at a time, with intervals of rest. The second year of the iodide, the medicine is given in only three courses of six weeks each, and the third year in two courses of like length. The author believes in the cumulative action of both drugs, and favors intervals of rest on this account first, and again because it prevents the patient growing accustomed to the drug. The iodide he prefers to give in good doses and in continued doses, to the increasing dose method.

No detail is omitted in making this a thorough investigation of all methods, while arguments based on long clinical experience defend the methods approved.

Diet and hygiene find full notice. The neurasthenia of syphilis, indications for treatment, with hydrotherapy, all find room.

The work commends itself, and it can hardly be long before an English translation will be afforded those who are interested. The cleanliness of its discussions and the rational suggestions with which the book is filled will find favor with both student and practitioner.


There is a certain originality in this little book which makes it useful. Diseases of the skin are handled in a clear and concise way. Space is economized, while material does not suffer. The definitions are excellent. The alphabetical arrangement,
and the formulary in the back of the book, will make it welcome to the busy physician. The treatment is suggested with judgment and the views of treatment are liberal. Dr. Ransom's connection with the Vanderbilt Chair in New York, has afforded him ample material to make this little book quite practical.

Society Notes.

ANNOUNCEMENT AND PROGRAM OF THE TEXAS STATE MEDICAL ASSOCIATION; 25th ANNUAL CONVENTION, TO BE HELD AT GALVESTON, May 2nd, 3rd, 4th, and 5th, 1893.

To the members of the State Association, and the Regular Medical Profession in Texas:

You are cordially invited to attend the forthcoming twenty-fifth annual session of the State Association, commencing Tuesday, May 2nd. If a member of the Association, you are urged to attend and contribute to its scientific work. If not a member, be present and identify yourself with the representative medical organization of the State.

H. A. West, M. D., Secretary.

PRESIDENT'S OFFICE, CLEBURNE, TEXAS, April 1, 1893.

To the Members of the Texas State Medical Association:

It is my duty and pleasure to remind you that the Twenty-Fifth Annual session of the State Medical Association will be held in Galveston from May 2nd to 5th inclusive. The city of Galveston, always a delightful one to visit, is especially attractive in the flowery month of May. I am assured by the Chairman of the Committee of Arrangements that everything for the comfort, pleasure and convenience of those in attendance has been looked after. The social features of the occasion will include an entertainment at the Garten Verein and an excursion on Galveston Bay. The Secretary informs me that the list of papers promised so far insures an interesting and instructive program. The necessity of organization and co-operation of the medical profession was never more apparent than at this time, and in the State of Texas. We can never hope to accomplish the needful reforms in medical legislation except through the enlightenment of public opinion through the organized medical profession. A committee was appointed for the codification and revision of the Constitution and By-Laws, of which Dr. J. H. Sears of Waco, is Chair-
man; it is hoped that this committee will formulate some plan by
which the various county and district societies may be brought
into more intimate relations with the State Association. These
and numerous other considerations impel me to urge a large at-
tendance.

Fraternally yours,

J. D. Osborn, M. D., Pres't

REduced RAILROAD RATES.

Mr. H. G. Thompson, General Passenger and Ticket Agent of
the Gulf Colorado & Santa Fe Railway, authorizes me to make
the following statement:

Galveston, Texas, April 4, 1893.

H. A. West, M. D., No. 2107 Market St., Galveston.

Dear Sir:—In response to your favor of March 18th and April
3rd, relative to delegates attending the State Medical Association
at Galveston May 2nd. For the occasion the Gulf, Colorado &
Santa Fe Railway will make a rate of one and one-third (1\(\frac{1}{3}\))
fares for the round trip on the certificate plan, and from advices
received, other Texas lines will undoubtedly make the same con-
cession. The certificate plan provides that where passengers
pay tariff rates from starting point to Galveston, they will re-
ceive a receipt or certificate showing form, route and rate of ticket
purchased, and this certificate when signed by the Secretary and
countersigned by Joint Agent, will entitle the holder to purchase
ruturn ticket at rate of one-third (\(\frac{1}{3}\)) fare, thus making rate of
fare and one-third for the round trip. The Secretary of the As-
sociation should gather all certificates from delegates and present
to the Joint Agent of the Texas lines, who in this case, will be
Mr. G. B. Nichols, City Ticket Agent of the I. & G. N. R. R.
When these certificates are signed by yourself as Secretary, and
countersigned and stamped by Mr. Nichols as Joint Agent, they
will be accepted by agents of the I. & G. N. R. R., and the G. C.
& S. F. R'y at Galveston as authority for rate of one-third(\(\frac{1}{3}\))
fare returning, with certain limitations; the first of which is the
going ticket must not have been purchased prior to May 1st,
and that the return ticket must be purchased not later than one
day from date of which meeting adjourns. Circulars will go to
our agents instructing them in this matter, and advising them
in regard to certificates for this occasion.

However, it would not be out place when issuing your notices
to members of your Association to say to them, that on purchas-
ing their tickets to ask agent for receipts or certificate. In cases
where persons are unable to purchase tickets through to Galves-
ton, they should purchase to the nearest junction point, and re-
purchase from that point to Galveston, taking a second certificate
or receipt, covering the purchase of ticket from junctional point
to Galveston, inasmuch as it will be necessary for each delegate
to show certificate for the entire journey from starting point to
Galveston in order to have them considered in the final count for
the required number in order to secure the reduced rate.

H. G. Thompson, G. P. & T. A.
HOTEL RATES.

Beach Hotel, $2.50 and upward per day.
Tremont Hotel, $2.50 to $3.00 per day.
Washington Hotel, $2.50 per day.
City Hotel, $1.50 per day.

Note.—Private Boarding Houses $1.00 per day. Those who desire to do so can secure accommodations in advance by addressing Louis Schleisinger, Esq., 406 Tremont St., Galveston.

THE MEETING.

The meeting will be held at Harmony Hall, Corner 22nd and Church Streets, which is within a few blocks of the Union Depot, and accessible by street cars. Members are requested to report at the Hall promptly and early, in order to register as far as possible before the opening, which will be at 11.00 o'clock a. m. Members of the reception committee will be present at 8 o'clock to attend to registration and furnish badges. The latter will only be furnished after registering. New members will receive badges after formal application, and exhibiting the Treasurer's receipt.

The following is a partial list of papers. It is incomplete simply from the fact that in spite of reiterated urging upon my part and officers of sections, titles have not been forthcoming.

H. A. West, M. D., Secretary,
And Chairman of Committee of Arrangements.

PRELIMINARY PROGRAM.

SECTION ON GENERAL MEDICINE.


Clay Johnson, M. D., Secretary, Corsicana.

SECTION OF OBSTETRICS AND DISEASES OF CHILDREN.

1. Report of Chairman, Irwin Pope, M. D., Tyler, Texas.
5. E. K. McKenzie, M. D., Secretary, Tyler.

SECTION ON SURGERY.

SECTION ON MEDICAL JURISPRUDENCE.

SECTION ON STATE MEDICINE, ETC.
2. "Some Thoughts on Higher Medical Education and Medical Ethics," David Cerna, M. D., Ph. D., Galveston.

SECTION ON GYNAECOLOGY.
1. Address of Chairman, J. F. Y. Paine, M. D., Galveston.
2. "The Pathology and Treatment of Intra-Pelvic Inflamma-

Geo. H. Lee, M. D., Secretary, Galveston.

SECTION ON OPHTHALMOLOGY AND OTOLOGY.
2. "Trachoma, or Granular Conjunctivitis," R. E. Haughton, M. D., Midland.
6. "Aural Catarrh, the Importance of Early Recognition and Treatment," Wm. H. Baldinger, M. D., Galveston.

George P. Hall, M. D., Chairman, Galveston.
Wm. H. Baldinger, M. D., Secretary, Galveston.

SECTION ON DERMATOLOGY, ETC.
H. P. Cooke, M. D., Secretary, Galveston.

MICROSCOPY AND PATHOLOGY.

AUSTIN DISTRICT MEDICAL SOCIETY.

There was a fair attendance of members of the Austin District Medical Society at the 22nd quarterly meeting which was held in Austin on the 23rd of March ult. Dr. R. P. Talley of Temple,
President, in the chair, and Secretary Dr. T. J. Bennett at the desk. Representatives from Belton, Bartlet, Burnett, Temple, Waco, Elgin and other places were present, and two lady physicians graced the hall with their presence, Doctor Leake, and Dr. Holder. Dr. J. M. Strayhorn of Bartlett joined the society. Dr. Caldwell of Waco was a visitor.

Dr. G. W. Christian, retiring president, delivered his address, which was, on motion, referred to the Publishing Committee, and will appear in the journal.

**Hemiplegia Changed into Paraplegia:**—Dr. Sam Cunningham of Elgin presented before the society a little girl of thirteen years of age who had, presumably as the result of a fall, suffered an attack of fever, on the third day of which partial hemiplegia made its appearance, the right side being affected. This occurred in July '92. The paralysis was confined to the arm and leg, the face and tongue (tongue only slightly deflected) not participating, nor the eyelids. In four weeks the paralysis had nearly left the right arm, and the left leg became paralyzed; the case now being one of paraplegia. Dr. Cunningham asked for a diagnosis. All the physicians present examined the child and discussed the probable cause and pathology, the preponderance of opinion being, in favor of spinal pressure. Dr. Poyner thought it was likely a case of peripheral reflex, in as much, he said, as if caused by spinal pressure, the paralysis would have been fixed, whereas it seemed to shift about; but he was not prepared to say whether the genitalia, or the digestive tract, or what not was the seat of the irritation; on the other hand Dr. Christian called attention to the clonic spasmodic contraction of the toes; a symptom, he said, never present in paralysis resulting from reflex irritation. The eyes were not affected. Dr. McLaughlin inclined to a belief that it was a multiple neuritis. All concurred in the opinion that the case should be treated "on general principles." Dr. Cunningham explained that he had exhausted his resources, empirically, of course; had used counter irritation, electricity, strychnia, and bitter tonics, iron etc. Extension was suggested by Dr. Caldwell, in which Dr. Bennett concurred; and Dr. Davis advised iodide of potassium. The child appeared to be fairly well nourished and in pretty good general health; mental faculties unimpaired.

Dr. F. S. White, Supt. S. Lunatic Asylum, read a paper entitled "Can nerve action be accounted for by McLaughlin's physical theory?" Discussed by Drs. Denton, McLaughlin and others and referred to publishing committee.
A POINT IN LEGAL MEDICINE.—Dr. Talley read a transcript of the evidence in the case of State vs. Geo. Fowler, on charge of rape. At last term of Bell county court Geo. Fowler white, aged 25, a discharged lunatic, known to possess the criminal impulse, was convicted of rape upon a white woman; in fact he made a full confession. The testimony was conclusive, both as to the act and to his insanity. Nevertheless he was sentenced to the penitentiary for life; the justification with the jury being, protection of the people of Bell county. Fowler had been tried for attempt at train wrecking, some years ago, and was acquitted on grounds of insanity, and was sent to the asylum. The then Superintendent, Dorsett, furloughed him, and as he did not return, he was discharged. When Dr. Reeves took charge of the Asylum, Fowler was recorded as discharged in default of returning from furlough, and so the record stands to-day. The Bell county people say that if he were sent to the Asylum he would be turned loose again, and so the jury sent him to the penitentiary. The point presented for discussion was, "is a jury justified in convicting a lunatic? and the court in sentencing him to the penitentiary?"

The subject was extensively discussed, without any conclusion being reached. Dr. Davis offered a resolution to the effect that it is the sense of the A. D. M. S. that lunatics with erotic mania should be castrated as a therapeutic measure. Resolution was tabled. It was agreed that the paper be left with the editor of Daniel’s Texas Medical Journal and made the basis of a paper for the Medico Legal Congress, which is soon to meet in Chicago.

What to do with the criminal insane in this State is a serious problem in view of the fact that the number of insane largely exceeds the accommodation for them; and to provide asylum and treatment for the more recent (and supposed, curable) cases, the law is such that cases of less than one year standing shall have precedence in admittance; and to make room for them, the chronic cases are sometimes injudiciously discharged, or furloughed. It is a custom with Superintendents to furlough a lunatic, and if he does not return he is discharged; and in his absence the asylum is filled by acute cases, and there is no room for him; he cannot get back. Hence, dangerous lunatics who ought to be confined, are at large, and a standing menace to the community. The man Fowler was dreaded; it was thought he would commit some crime. Henry Purnell, who killed Superintendent Reeves, Dec., ’91, was fur-
loughed. He is lying in jail now, because, as it is alleged, there is no room for him in the asylums, preference being given to cases of less than a year's standing. The laws badly need amending. Provision must and should be made for this class; there is none. They are either at large, or in jail, many of them. Some provision should be made at the Asylum for keeping this class confined, and separated from all others. Humanity revolts at sentencing an irresponsible person to the penitentiary for life, but what are we to do? They are as dangerous as if they were responsible, and more so. Having the brute instinct, and no moral sense, they are as dangerous as wild beasts.

* * *

The Austin District Medical Society numbering 80 active members, is entitled to sixteen delegates to the State Medical Association's annual meeting which will convene in Galveston May 2, prox. The following have been appointed:

Dr. F. R. Martin, of Kyle.
Dr. J. F. Dean, of Hornsby.
Dr. J. S. Poyner, of Bartlett.
Dr. H. H. Thorpe, of Liberty Hill.
Dr. A. Garwood, of New Braunfels.
Dr. Sam Cunningham, of Elgin.
Dr. J. S. Brown, of Taylor.
Dr. R. P. Talley, of Temple.
Dr. W. T. Richmond, of Manor.
Dr. C. A. Danforth, of Granger.
Dr. F. E. Daniel, of Austin.
Dr. R. M. Swearingen, of Austin.
Dr. A. N. Denton, of Austin.
Dr. J. W. McLaughlin, of Austin.
Dr. Mat Smith, of Austin.
Dr. T. J. Tyner, of Austin.
Dr. S. E. Hudson, of Austin.

Be sure to go to Galveston May 2. See program—the best in years. Strawberries and soft shell crabs are now in season, and the city is just lovely. Excursions on the bay and down to the oyster beds are part of the fun in store. Papers will be read by distinguished men from abroad. Amongst them Price of Philadelphia, and Cartledge and McMurtry, of Louisville. Prof. Cain, of Nashville, is expected also. It will be one of the biggest Texas turnouts the doctors ever had.
MARINE HOSPITAL SERVICE.

CIRCULAR.

Treasury Department,
Office Supervising Surgeon General,
U. S. Marine Hospital Service.

Washington, April 13, 1893.

A board of officers will be convened at Washington, D.C., June 26, 1893, for the purpose of examining applicants for admission to the grade of Assistant Surgeon in the U. S. Marine Hospital Service.

Candidates must be between twenty-one and thirty years of age, graduates of a respectable medical college, and must furnish testimonials from at least two responsible persons as to character.

For further information, or for invitation to appear for examination, address

The Supervising Surgeon General,
U. S. Marine Hospital Service, Washington, D. C.

Dr. W. W. Pugh, of Bryan, writes the Journal that in a number of tedious labors he has found it expedient to place his patient in a large vessel of warm aseptic water, when pains are coming on and the os is dilated. He says the water should come up an inch or so above the umbilicus, and the woman, being in squatting position, labor is facilitated by gravitation, and by getting rid of atmospheric pressure. The water can then be used for bath after delivery of child and percepts, for mother and child. Mother should then be wiped dry and placed in bed. Dr. Pugh claims that by this method sepsis and child-bed fever are prevented; and asks the brethren to give the method a trial.

New Texas Doctors: The Memphis Hospital Medical College held its Thirteenth Annual Commencement on the 30th of March ult., and graduated a class of ninety, thirty of whom were Texans. This college is a great favorite with Texas boys, and is deservedly popular. Its growth and prosperity have been phenomenal. The new college building, an imposing structure, was “christened” in fine style, and makes the above fine showing. Prof. Sim is a tower of strength, a whole “Faculty”, within himself, not that we would disparage his colleagues by any means.
The legal infliction of death, under sentence of the court, is a horrible thing to contemplate under any circumstances, and humanity revolts at it. It is a sin in the sight of heaven, and should be abolished; it is a stain upon our civilization.

Murder is a great crime. We have never been able to understand how, by murdering the murderer, even with the sanction and the authority of the law, it can be rendered less a crime, or, in any way, repair the consequences of the first murder. It is to be condemned from every standpoint. Its only excuse is a lame one; it is ostensibly, to strike such awe in the minds of the evil disposed as to deter them from crime. But statistics show that in States where capital punishment is the law, crime is actually on the increase. We believe it can be shown that it suggests crime in the minds of those who witness it; thus, it fails of its only pretext, its sole raison d'etre. It is to be condemned on the score of economy; for every adult person is said to be worth one thousand dollars a year as a producer.

But, a man, by the commission of a great crime, forfeits his right to live in a civilized community, they say. That is no reason why he should be put to death. Separate him from the world, and put him to work for the benefit of those whose society he has forfeited.
But, so long as murder by a sheriff is made legal, in the name of humanity, let it be inflicted in a manner the least horrible and revolting.

New York State substituted electro-cution, as death by electricity is commonly called, for hanging by the neck, as being, theoretically, less brutal and revolting; but in this respect it has proved a failure. *Nothing* could be more harrowing and disgusting to a Christian man or woman than were the accounts of the earlier electro-cutions at Sing-sing. We have just read the account of a recent execution there which is some improvement on the first (they are getting their hands in, we suppose); and this account has suggested that, so long as a man is to suffer death for his crime, let some method be adopted that will accomplish the end rapidly, surely, and without pain to the criminal, or disgust to the spectators or perpetrators; and it occurs to us that that end can be secured by a hypodermic injection of a drachm or two of hydrocyanic acid! Accounts of suicide by swallowing Prussic acid all agree that death is nearly instantaneous, and, it is to be reasonably inferred, painless; the suicide has not time to drop the vial, or take it from his lips.

We believe this a good suggestion. It is made in the name of humanity, and we would like to see it seriously considered, and discussed by the medical press. It would be interesting to ascertain the smallest amount of the poison which would, if given hypodermically, be equal to the thousands of "volts" it requires to murder a man; we have no statistics on hand on this point, but it is known that a very small quantity will kill if swallowed. Oily Gammon, and Jonas Chuzzlewit, are supposed to have cheated the gallows by the use of not over a drachm or so; it is known that many medicines are more active when hypodermically given than by the mouth, and it is fair to assume that a very small quantity of this acid would be sufficient to murder a convicted criminal. Let this method then be given a trial, at least; it certainly can be no worse than hanging,—ugh—or, the so called "painless death" by electro-cution.

**The Free-Booter Again.**—We have complained several times of the St. Louis *Weekly Review* for piracy on our editorial columns, but the pachydermatous party who hires to Chambers & Co. to do the alleged editorial work on that publication, (it seems to consist mostly of clippings without credit, and appropriating, bodily, editorial matter from its exchanges,) is as insensible to the
rights of others as he is regardless of the ordinary courtesies of the profession. He played a shabby trick on us recently. In our February number we had a paragraph (under the head of "A Mere Trifle,"') about "a Texas Contemporary," who had said a certain ridiculous thing, and we indulged in what was intended for a witticism; it was, at least a criticism. The pachyderm who poses as "editor" of the St. Louis Ishmael, the Weekly Review with his usual cool effrontery, reproduces the paragraph as original matter, and inserts the name of Daniel's Texas Medical Journal in lieu of that "Texas Contemporary" to which we had referred; thus, making us the butt of our own criticism, while he gets credit for the witticism as original. In response to a courteous remonstrance, the pachyderm writes us an offensive letter, in which he says "you may be tired of Journals clipping from you without credit, but is a deplorable custom which has been inaugurated and followed, and is really not worthy of having attention bestowed upon it;"—claims the right to steal editorial matter. We know of no reputable Journalist who is guilty of any such custom. Is there no protection against the wild and wooly Bedouins of the Journalistic field?

We have in Texas a pachydermatous creature, of the genus sus, species, razor-back. Ravenous for food he eats everything that comes in his way, without a thought or a care as to rights of property. The Review reminds us of him; but we have no standard of comparison by which to measure the utter disregard of the amenities of Journalism and ordinary professional courtesy which has of late characterized the editorial management of that publication.

It is always a source of pleasure and satisfaction to the Texas Medical Journal to see Texas students acquit themselves with credit at commencement day, thus upholding the credit of the State, and the reputation they have for winning honors in the front ranks.

At the recent commencement of the Medical Department of the University of Tennessee, in a graduating class of one hundred and fourteen, there were fifteen Texas students; and the honor of delivering the valedictory fell upon a Texan, Dr. PHILIP RUSSELL SIMMONS, of Sipe Springs Texas. The Southern Practitioner says "he acquitted himself of the difficult task with honor, and delivered the farewell gracefully, indulging often in eloquent metaphorical flights." Prof. Cain in a private letter to the Journal,
also bears testimony to the creditable manner in which Dr. S. acquitted himself; and of other Texas students graduated, Dr. Cain speaks as follows:

"There were two other Texas students who were honored during the past session. Vacancies in the interne-ships of two of our hospitals, St. Margarets' and the hospital of the Good Shepherd, occurred early in the session and it became necessary to fill them from our class. Dr. John M. Strayhorn, of Bartlett Texas, and Dr. Jerry Ashley, of Pecan Gap, both under graduates [at the time] but accomplished physicians, were placed in the positions, and discharged well the duties."

"The Southern Practitioner says: The class was the largest ever graduated from even this popular and worthy institution, and goes to show that the fame of the able Faculty which conducts it has gone abroad, and is attracting attention of young men wishing to study medicine, all over the country."

Dr. Strayhorn visited Austin since his return from Nashville, and joined the Austin District Medical Society, and the next thing he did was to subscribe for his home journal.

Medical News and Miscellany.

Dr. T. D. Wooten, President Board Regents Texas University has been very sick recently. The Journal is glad to announce that he is now able to resume his professional duties.

Dr. Albert Von Chrzaszczewski, of Sambos, Galica, Austria, on November 28, 1892, writes. "Bromidia is superior to all other hypnotics, and is free from all unpleasant effects."

Inguinal Hernia.—For next issue we have an excellent article on this subject by Prof. J. E. Thompson M. D. Medical Department University of Texas, which will be illustrated by cuts from pen drawings by the author.

A thoroughly competent druggist, twenty-eight years of age, married, desires a situation. Graduate of pharmacy; speaks Spanish and English and has had ten years experience. Best testimonials as to character habits and qualifications. Address "D", care this Journal, Austin, Texas.

Dr. W. T. Jenkins, the much praised and much abused Port Health Office at New York expresses the opinion—published in
an interview recently, that cholera will not get into America. If it
could not succeed last year when it took us unawares and caught
unprepared, it certainly cannot do so now. It missed the best
chance it will ever have.

Atlanta Polyclinic.—The Atlanta Polyclinic was formally
opened on 22d ult. (March, 1893). The building is admirably
adapted for the purposes, and clinical material, both medical and
surgical, is abundant. It will be open all the year, and physi-
cians can enter at any time. Southern physicians should show
their appreciation of Southern enterprise by a liberal patronage
toward this institution. Terms are reasonable and advantages
many.

The New York Medical Record criticises us for “spelling
whiskey without an “e”.” We will remark, parenthetically, that
Webster spells it like we do, but then, Webster is not Shrady,
you know; the fact is only mentioned to emphasize that Webster
was a chump. Now, brother Shrady has had more spells of
whisky than we have, and, of course, knows more about it,—we
derfer to his familiar acquaintance with the subject. He spells it,
and doubtless, drinks it, with “e”s.

Dr. B. W. Bristow, of Flatonia, has been appointed State
Quarantine Officer at Corpus Christi, (Aransas Pass). Dr. J. W.
Irion, of Fort Worth, filled the position under Gov. Hogg’s for-
er administration. Dr. Bristow is an able physician and a very
popular gentleman and will make an excellent quarantine officer.
The other stations are filled by the former incumbents, to wit:
Dr. Blunt, at Galveston; Dr. Wolff, at Brownsville; Dr. Perkins,
at Sabine Pass; Dr. Weisiger, at Velasco, and Dr. Duncan at
Pass Cavallo.

Died—Dr. J. E. Roach, of Sipe Springs, Texas, died at that
place April 10th inst., of acute gastritis. He was a Mason and
was buried with Masonic honors. Dr. Roach came to Texas
eleven years ago from Atlanta, Georgia, where he was formerly
engaged in the practice, and has resided and practiced at Sipe
Springs continuously ever since. He was a member of the Texas
State Medical Association and stood well with the general pro-
cession.

Try Salitonia; see advertisement.
The Therapeutic Merit of Combined Remedies.

BY STEPHEN J. CLARK, M. D., OF NEW YORK, N. Y.

In nearly every case where quinia is indicated, it can be advantageously combined with antikamnia, which thus becomes a valuable adjunct to quinia. Quinia, for example, is a most decided febrifuge, and its action is usually promptly reliable; but when combined with this member of the aromatic series, its action is markedly increased. Some individuals, however, cannot take any of the coal-tar derivatives; consequently the use of antikamnia will be inhibited in such cases; on the other hand, some patients cannot take quinine.

An important benefit to be derived from the addition of antikamnia to quinine is that it removes the sense of fulness in the head, constriction about the forehead and tinitus aurium—so common when the latter drug is administered alone; the disturbing action of quinia on the auditory nerve is suspended to a great extent, and the usual quinine deafness is absent. The combination of these agents in tablet form is a happy one.

The combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of non-defined origin; of the so-called “bilious attack;” of dengue; in neuralgia of the trigomini; in that of “ovarian catarrh;” and, in short, in nearly every case where quinine would ordinarily be prescribed.

Binz claims specific antiseptic powers for quinia; other writers are in accord with him on this point, and report good results from large doses in septicæmia, pyæmia, puerperal fever, and erysipelas. It is a germ destroyer of the bacilli of influenza (la grippe). A full dose of quinine and antikamnia will promptly relieve many cases of this disease. In the gastric catarrh of drunkards this combination is valuable. Quinia is a poison to the minute organism—sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose of antikamnia and quinia will often arrest a commencing pneumonia or pleuritis. This combination is also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever reducers.

The germicide power of quinia is the explanation of its success in the treatment of malarial disturbances. Thus it is also
Acis acts throughout the entire alimentary tract, from mouth to anus. "Has marked proteolytic action in acid, alkaline and neutral solutions." R. H. Chittenden, Ph. D., Prof Phys. Chem., Yale Univ.

PEPSIN acts in the stomach only (acid medium). Is destroyed by the alkali of the intestines.

PANCREATIN acts in the intestines only (alkaline medium). Is destroyed by the acids of the stomach.

JOHNSON & JOHNSON. CHEMISTS. NEW YORK.

This Half Page for Sale.
TAKE NO CHANCES

YOU WILL SAVE

Many dollars and much future trouble if you correspond with us before purchasing Electrical Goods, as we have had twenty years' experience in the manufacture of Electro-Therapeutic Apparatus; and guarantee all our goods as represented.

Our large Illustrated Catalogue containing 200 pages and 377 illustrations will be sent to physicians on application.

McIntosh Battery & Optical Co.
141-143 Wabash Avenue, CHICAGO.
a prophylactic against the various manifestations of malarial poison, and as such it can be relied on. The cause of malaria as a disease consists of pigmented bodies, which penetrate the interior of the red blood corpuscles—pigmented bodies of various shapes and flagellate organisms—both having amœboid movements—the filaments being in active vibration.

In meningeal troubles, attended by marked acceleration of the heart due to the rise in the fever temperature, full doses of quinine and antikamnia at intervals of, say, about four hours, will be productive of good. In measles, large doses of the combination at night—say ten grains of each for adults (doses for children in proportion), will relieve the distress of the catarrhal pneumonia, and modify, in a great degree, the amount of the exudative products. The periodical neuroses which may be either regular or irregular in their manifestations, but which are dependent on the malarial germ for their origin, are all controllable by the combination of quinine and antikamnia. Examples of such neuroses are asthma, laryngismus stridulus, summer catarrh, etc. Indeed, for the hemicrania and neuralgias of malarial origin, the combination of quinine and antikamnia, just alluded to, may be declared a specific.

The dose of quinine may be made smaller than usual when administered with antikamnia. Thus, one or two tablets of two and a half grains each of quinine and antikamnia will prove sufficient for great utility in puerperal mania, in the headaches of advanced age, accompanied with vertigo and despondency.

This combination is capable, by the combined influence of each drug on the nervous system and blood, of restraining all the processes which develop heat, organic changes, and muscular motion; therefore, it is "the one thing needful" in the treatment of the hyperpyrexia of malarial fevers. In the vast majority of cases, when necessary to administer quinine, if antikamnia be added to the prescription, the result will be surprising.

Formerly, the idea prevailed that in order to render the treatment of periodical fevers efficient, the gastro-intestinal tube should be cleaned out by emetics and cathartics. This, however, is a fallacy, as the conditions they are intended to remove depend mainly on the malarial poison, for which the combination of quinine and antikamnia is the specific cure.

In speaking of the treatment of pneumonia by quinine and antikamnia, Prof. Palmer says: "The effects desired, and certainly as a rule produced, are a decided reduction of temperature, a marked diminution in the frequency of the pulse, a de-
cided moisture of the skin or free sweating, a slower and more easy respiration, or relief from pain, and the feeling of fullness of the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration; and, in short, not only is there a checking of the fever, but of all evidences—general and local—of the pulmonary engorgement and inflammation."

In Meniere’s disease, or “labyrinthine vertigo,” this combination has, by persistent use, entirely removed the trouble in many cases. The curative effects of quinine and the coal-tar antipyretics in sun stroke are well known, and have been used recently with great benefit in numerous instances in this country and in India. In hysteria, and even in epilepsy, the combination of quinine and antikamnia is often indicated, and will frequently give the desired results. In whooping-cough and hay fever, quinine and antikamnia will prove beneficial.

The tablets of equal parts of quinine and antikamnia, spoken of in this article, can be administered by the rectum, with good effect. They should first be dissolved in whiskey, and then water can be added in any quantity needed—always remembering the total quantity of each drug in such enemata.

66 West Tenth Street.

Publishers’ Notes.

The Dios Chemical Co. have our first page this month with a full page ad. The preparations of this firm are now standard, and held in high esteem by progressive physicians.

Our readers are especially asked to read the new advertisement of Philadelphia Polyclinic. This institution is dividing honors now with the great New York schools, and many Texas doctors are attending courses there.

Saddle Bags.—The value and utility of the saddlebag is attested by the fact that while almost every other feature of old time practice has been relegated to oblivion, it is still in active use and demand. The Stephens bag is the great favorite. See ad.

For Sale.—A four-room residence and two lots and practice worth $3000 a year for $1000, cash, in a flourishing railway division in the Panhandle country. Will sell the above property to any good physician, and start him in the practice. Address, Box 54, Clarendon, Texas.
For Sale.—Dr. W. B. Anderson, whose card appeared in the JOURNAL last winter, now, since his expected trip is close at hand, offers his property for less than cost. This is certainly an unusual opportunity, for the Doctor can put a physician into an annual $2000 practice at once without opposition. Address him at CONTENT, RUNNELS CO., TEXAS.

Impure Bromides.

Helbing’s Pharmacological Record has an important statement concerning the undue proportions of potassium chlorate that are found in the bromides. An examination made by Helbing and Passmore show that it is a serious matter to buy the potash salt at the present time without having it carefully analyzed as to the percentage of chlorides it may contain. The importance of purity in a drug of this nature is very great, and will receive the earnest heed of neurologists everywhere.—Journal American Medical Association.

[Peacock’s Bromides are of known purity, and should be used when bromides are indicated, as they are the only preparation of Chemically Pure Bromides on the market.]

Surgical Instruments.—A recent number of Meyer Bros. & Co.’s St. Louis Drug Magazine states that the Fort WorthPharmacy Company, of Fort Worth, carries the largest stock of Surgical Instruments and mechanical curative devices in the Southwest. We are personally acquainted with these people and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of Electric Batteries and two manufactories of Physicians’ Chairs. Write to them for what you may want.

A Case of Suppressed Menstruation.

Arthur Rossiter Cobb, M. D., writes: R. L., aet. 18 years came to my office with following history, viz:

Although of apparant good physical development, menstruation had never been normal, but, for past three years had occurred at irregular periods of from three to six weeks, flow scanty, and accompanied by intense abdominal pain in the region of the ovaries and tubes; the pain was so severe as to cause, at intervals, for several days, marked attacks of syncope, followed by headache.

The case appeared to be one of acute amenorrhoe, and Apioline was exhibited, in usual doses, for three weeks, when menstrua-
tion occurred. To her surprise and gratification, the discharge was profuse, accompanied with but slight pain, no syncope or subsequent headache.

The last two periods have been normal. I am pleased to report the beneficial action of Apioline in this obstinate case.

—March, 1893. (PHILADELPHIA.)

You must know that there are reliable and also worthless pharmaceuticals. Your druggist may be perfectly honest in his convictions that his stock is reliable, but too few pharmacists ever test the quality of the drugs purchased. Many are influenced to sell an inferior quality through the greater margin of profit in it. The only safe rule is to specify, in prescribing, the product of the manufacturer that you know to be absolutely reliable, and see that your request is carried out, and that your druggist keeps in stock the products you want.

Parke, Davis & Co., claim that their facilities for securing the highest quality of drugs and their preparations are unequaled. They guarantee every unopened package from their laboratory as represented.

Losophan in Dermatology.—Losophan (or triiodocresol) has certain definite indications in dermatological practice which specially commend it to physicians. For instance—as stated by several recent observers—it has proved to be of the highest value in mycosis microspora, or facial mycosis tonsurans, in which it gave prompt and decided cures. In folliculitis barbae, or syphisis vulgaris, Losophan, in one per cent. ointment, or solution, gave excellent results. In some cases two and three per cent. compounds were employed to advantage. Some of the cases, which were said to have long resisted other treatment, were cured in from 18 to 20 days. The remedy is an energetic stimulant, but does not irritate except the quantity used be too large. In some cases where the remedy was discontinued on account of the irritation produced, it was found later, when weaker applications were employed, that the lesions got well. In acne rosacea and acne vulgaris, Losophan acted promptly and effectually in all cases. In pityriasis versicolor, complete cures were made with a few applications, with a brush of one and two per cent. solutions. The same results are reported from the use of Losophan in eczema siccum. In some cases of papular eczema also, the result was most gratifying. It was found that Losophan is the best remedy we have for prurigo, and it either cured or greatly relieved all cases. In scabies, Losophan acts more promptly than the usual remedies. Pediculosis capitis and pubis were cured by one per cent. solutions of Losophan, to which 25 per cent. of vinegar was added. It is thought that this remedy will be of exceptional value in the dermatoses determined by epizoa.
For Daniel's Texas Medical Journal:

RADICAL CURE FOR INGUINAL HERNIA.

BY JAMES E. THOMPSON, M. B. B. S. LOND., F. R. C. S. ENG.

[Delivered Before the Galveston Medical Society.]

The history of the operation of radical cure for inguinal hernia is replete with interest, and shows to a marked degree the evolution of surgical thought and the pliability and adaptability of surgical intellect. Engraved upon it are the imprints of all the great surgical advances, and no branch, save abdominal surgery, of which it is now a part, owes more to the teachings of the great Lister.

The older methods of operating were crude in the extreme, and one and all reflect most vividly the uppermost thought in the surgeon's mind, intense fear lest the peritoneal cavity should be tampered with.

Sir Astley Cooper* writing in 1827, says that a ligature applied around a part of the peritoneum must inflame it; and, as this membrane is continued without interruption along the sac into the cavity of the abdomen, the inflammation will follow the same course and expose the patient's life to hazard.

A slight review of the older methods will repay us for our trouble.

Direct pressure on the orifice of external abdominal ring was one of the earliest methods employed to secure obliteration of the hernial sac.

A conical lint pad was inserted into the ring and kept there by an elastic truss; the supine position was maintained for about four weeks, at which period suppuration was established. By some surgeons irritating applications, such as turpentine and cantharides were applied underneath the pad.

The treatment by the actual cautery dates from the Alexandrian school, and is mentioned by Paulus Aegineta.

By this method the tissues were gradually burnt away and the sac eventually destroyed.

† Various escharotics, such as caustic-potash, arsenic, lime and sulphuric acid have been used from time to time for the same purpose.

Ligature of the sac and stitching the sac by a number of sutures was the first real advance.

It was done in two ways, either through an incision which laid bare the sac, or sub-cutaneously, the threads being passed around the isolated sac by a needle, the point of exit of the instrument coinciding with the point of entry. In fact, an operation exactly similar to one commonly employed for varicocele.

Invagination of a plug of skin was tried by Dzondi, Jameson and Gerdy. Gerdy's operation deserves some description.

The scrotum was firmly invaginated into the inguinal canal by the tips of the left forefinger. A threaded needle was passed along the finger and thrust through the invaginated scrotum, external oblique, and abdomina skin. One end of the thread was pulled out and the needle withdrawn. Still threaded, it was introduced a second time, piercing the same structures nearer the middle line of the body; the needle was withdrawn and the loop cut. A plug of plaster was then fastened to the scrotal ends, and this was firmly drawn up into the mouth of the inguinal canal by hauling on the abdominal threads.

Signorini invaginated the skin of the scrotum and fixed it in situ by hare-lip pins, around the ends of which silk was fastened in the form of a figure of 8. † Bonnet performed an operation by which the hernial sac was obliterated subcutaneously. A num-

† South's Chelius, p. 282, Vol. 1.
ber of pins were passed between the sac and the structures of the cord, the tissues being compressed by corks thrust along the pins which were then bent to prevent the corks slipping. Wutzer had a most ingenious apparatus. It consisted of a box-wood cylinder about three inches long, perforated from end to end, and containing a curved steel tube through which a needle could be thrust.

The cylinder was firmly pressed into the inguinal canal, carrying with it invaginated scrotum. The needle was then passed through the tube and made to perforate the external oblique and skin, showing itself on the abdominal wall. A concave box-wood case was then passed over the projecting point of the needle and was firmly fixed to the other end of the cylinder by a screw apparatus. By this means the tissues were firmly compressed.

This operation was attended by great success in Wutzer's hands. Belmas attempted to excite inflammation in the hernial sac by introducing gold-beater's skin. A similar method has lately been introduced, by which various substances, such as alcohol and tincture of oak-bark are injected into the tissue around the circumference of the hernial aperture. In the hands of Heaton, Warren and Reetley, this has been attended with a fair amount of success. A new era in the operative treatment was opened with the publication of Wood's treatise on hernia in 1863.

His operation was conducted on true anatomical principles, and was the result of long training, both in the dead house and in the operating theatre.

An incision large enough to admit the forefinger and needle was made in the scrotum about half an inch below the external abdominal ring; the margins of the incision were freed from the subcutaneous tissues for some little distance at the upper part, to enable the operator to invaginate the scrotal tissues into the inguinal canal. A needle was now carefully passed along the invaginating forefinger (the cord being carefully isolated), and the edge of the conjoined tendon felt for. This was pierced from within outwards, the needle passing through the overlying external oblique and skin. It was then threaded with silver wire and withdrawn, one end of the wire being left emerging from the abdominal puncture. The unthreaded needle was then passed as

before, but this time through the outer pillar of the external inguinal aperture, emerging through the skin at the same point as before. It was then threaded and withdrawn, carrying with it the other end of the wire, a loop remaining outside the abdominal puncture. The needle was then released, passed through the outer pillar of the ring, underneath the hernial sac, there threaded with the inner end of the wire and withdrawn. The same manœuvre was done on the inner side, the outer wire being drawn under the hernial sac and through the internal pillar. A pad of gauze was fastened in the loop outside the skin puncture, and the scrotal ends of the wire drawn tight and twisted.

By this procedure the sac was compressed and the pillars of the ring laced together like a boot. The wire was allowed to remain in situ for about ten days; the loop was then cut and each end withdrawn.

In his later operations, Wood used catgut or kangaroo tendon and buried the sutures.

The next operation that came into vogue was Spanton's. A portion of the subcutaneous tissue of the scrotum was invaginated, and then a cork-screw-like instrument was introduced through the skin at the level of the internal ring. By twisting the instrument the point passed alternately through the pillars of the ring and the same structures were secured as in Wood's operation.

It has been incidentally remarked that perhaps this gentleman was more accustomed to use a cork-screw than a knife.

†Macewen brought forward the next advance. He, recognizing the fact that the structures forming the external inguinal aperture have but a small influence in preventing the recurrence of the rupture, sought to close up the inguinal canal in a valvular manner.

The external ring was clearly exposed by an incision, the hernial sac separated in toto up to its highest point from the structures of the cord. A knotted silk thread was then passed through the lower end of the sac and carried alternately from side to side, until the external ring was reached. The thread was then passed under the edge of the external oblique and made to pierce that muscle at the level of the internal ring. By pulling on the thread, the sac was rolled up tightly into the original

†British Medical Journal, Dec. 10, 1882.
canal, there forming a plug. A thread was then passed through the edge of the conjoined tendon and this was pulled outwards and downwards and attached to the outer pillar of the external ring. The two pillars of the external ring were then united.

†Barker has another modification. He ligatures the neck of the sac, cuts it free and pulls it up under cover of the external oblique. He then united accurately the pillars of the external ring, leaving sufficient space for the spermatic cord. The greater part of the sac is left undisturbed in the scrotal tissues.

In 1890 *Bassini published an account of an operation for radical cure of inguinal hernia, which seems to fulfil all necessary indications for success.

The steps of this operation may be briefly summarized as follows:

1. The skin incision extends the whole length of the inguinal canal.

2. The external oblique is slit from the external ring up to the level of the internal ring.

3. The sac of the hernia is carefully separated from the strictures of the cord, ligated and removed.

4. The spermatic cord is lifted from its bed, and the upper border of Poupart's ligament and the lower border of internal oblique and conjoined tendon exposed by a few strokes of the scalpel.

5. The lower arched border of internal oblique and conjoined tendon are united to Poupart's ligament by a continuous suture.

6. The cord is then placed in the new inguinal canal.

7. The two edges of external oblique are then united over the cord by a continuous suture—a sufficient space being left at the inner end of the exit of the cord.

8. The skin incision is united by a continuous suture.

The method I have adopted in the cases I shall presently report is a modification of Bassini's. I thought up to a few weeks ago that the innovation was my own, but I have reason to believe that Halstead has employed it.

The earlier steps of the operation are the same as those of Bassini's, but in the last stage the edges of the external oblique are united behind the cord, thus closing firmly and completely the inguinal canal.

†British Medical Journal, Dec. 3, 1887.

The cord emerges from the external oblique at the level of the internal ring and passes thence subcutaneously to the scrotum.

In this historical sketch of the various operations I have necessarily omitted many operations, some purposely, because they have been abandoned by their authors, and others because they failed to throw any light on the development of the operation.

The various steps of the operation are worthy of some consideration. The skin incision in the majority of cases reaches from the level of the internal ring (the middle of Poupart's ligament) to a point half an inch below the external ring.

It is quickly deepened until the external oblique is reached; all bleeding points being at once secured with artery forceps and tied with catgut. The external ring is clearly defined and a director thrust through it, underneath the external oblique, to the internal ring. The aponeurosis is now slit up in the line of the inguinal canal. The two edges of the aponeurosis are retracted, and the hernial sac carefully separated from the cord.
Sometimes this can be easily accomplished, but, occasionally, and this is the rule in cases of congenital hernia, the separation is exceedingly difficult. It is my rule always to open the sac in situ and carefully explore the margins of the abdominal ring to make sure that no intestinal structures are adherent in this situation. If omentum is adherent to the sac it is ligated and removed. Often it can be peeled from the surface of the sac and ligatured "en masse" higher up, but more often it is better to ligate in successive steps, each vessel being secured separately.

It is rarely necessary to pull down and remove normal omentum as Championnière advises.

Leaving omentum as a plug in the orifice of the sac is a procedure that merits the strongest condemnation; as it has been clearly shown that it may lead to a fatal issue afterwards by forming a band under which a loop of intestine may become strangulated.

After having reduced the contents, the sac is now separated from the structures of the cord and ligatured at its highest point.

During the separation due care should be taken of the vas deferens and the spermatic artery, although the last named structure can, in most cases, be cut through with impunity without danger to the vitality of the testicle. The stump of the ligatured sac is pushed well up under cover of the internal oblique.

Now comes a question: Are we to remove the remainder of the sac or leave it in the scrotum? I lay down no definite rule here, each case resting on its own merits. If the sac is not very adherent I usually remove it entirely, but if its connections with the tissues of the cord are very close I allow it to remain.

The next step in the operation is probably the most important. If a normal body be examined, the transversalis fascia, which forms the posterior wall of the inguinal canal for its outer two-thirds, is found to be a particularly strong structure. It is unyielding to a degree, and its integrity is a great factor in the normal strength of the abdominal wall at this point.

The case I shall show to-night exhibited to a marked degree the importance of this fascia. On opening the inguinal canal and drawing aside the cord, the abdominal contents bulged forward through the space normally walled in by the transversalis fascia; the swelling thus formed had a depression in its centre caused by the deep epigastric artery. There was no neck to the sac; there were, in fact, two sacs, one inside and the other outside the deep epigastric artery.
I believe that weakness of fascial structure is the greatest factor in the predisposing causes of acquired hernia.

The material for sutures has been a source of great anxiety. Up to a few months ago I had perfect faith in silk sterilized by being boiled for an hour in a five per cent. solution of carbolic acid. It has, however, played me such sad pranks that I have abandoned it and use specially prepared catgut kept in oil of juniper and spirit. The change has been a salutary one and I have no reason to regret it. My skin sutures are also of catgut and are continuous, the wound being entirely closed, no drainage being necessary. The wound is irrigated at each successive step with 1:2000 solution of corrosive sublimate.

The skin incision is dusted with iodoform and dressed with iodoform gauze and sublimate cotton. A firm spica is put on and the patient carefully removed to bed. In reference to after treatment nothing need be said, except that perfect rest is an absolute necessity. On no account should the patient get up
under two weeks, and it is even better to keep him in bed for three or four weeks.

For the first twenty-four hours little is given except milk, and then, if everything is going well, ordinary diet is given. Unless pain or elevation of temperature requires it, the dressing is not changed for seven days, when the sutures are removed. During the past three months I have operated successfully on three cases by this method. A slight resumé will be interesting.

Case 1. John K., Irishman, 57 years of age, had suffered from a reducible right inguinal hernia for two years. In addition to this, he was a perfect pathological curiosity shop, having a contracted finger, a small ventral hernia above the umbilicus, and an encysted hydrocele of the right spermatic cord. As the rupture had been troubling him for some time I decided to operate.

On incising what I thought was the hernial sac, I was surprised to find a blind cavity containing a clear fluid. Recognizing that this might be a hydrocele of the cord associated with a hernia, I cut through the posterior wall, and after incising two serous membranes, entered the true hernial sac. This was explored with the finger; the margins of the internal ring were free, and I dissected out the whole sac, ligating it at the upper end. I completed the operation as above described, leaving the spermatic cord under the skin.

Case 2. A negro, aged 40, was brought to me, suffering from a reducible left inguinal hernia, associated with a syphilitic testicle on the same side. The hernia had been present about five years, and had given rise to no urgent symptoms.

A gummatous ulcer, the size of a dollar, and a quarter of an inch deep, still existed at the lower end of the testicle; and there was an old scar connected with the lower part of the right testicle.

Excision of the testicle and radical cure of hernia were decided on. The operation was conducted as before but the cord and sac were ligated in the same knot, as it was found almost impossible to separate them. The patient made a successful recovery.

Case 3. Edward C., white, aged 45. Presented a double bubonocele. The right hernia had been giving much trouble, so an operation was decided upon.

The operation was conducted as before, but no incision was
carried into the scrotum. On slitting up the external oblique, the sac of the hernia was found to have no neck, but the yielding transversalis facia was pushed bodily in front of it. The union of internal oblique and conjoined tendon with Poupart's ligament completely obliterated the tendency to bulging. The cord was brought out subcutaneously. The patient made a quick recovery.

My method of procedure before was a combination of Mac-ewen's and Barker's, and with this I obtained excellent results; nevertheless, I consider that this method of buttressing the structures is more scientific and shows the best results.

Unfortunately, however, I have been unable to follow the cases, and as the men were unable on discharge to provide themselves with trusses, I am afraid that some degree of recurrence is only a question of time. Altogether, I have operated on twenty cases with no mortality; and in the few I have been able to follow, for one year only after the operation, there was no recurrence.

In reference to recurrence, I think that no operation will ensure freedom without the sincerest co-operation on the part of the patient.

A well fitting form of abdominal support should be worn for at least two years after the operation, and should be removed only when the patient is in a recumbent attitude.

The statistics of the operations for radical cure of inguinal hernia are as follows:

<table>
<thead>
<tr>
<th>Operations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bassini</td>
<td>262</td>
</tr>
<tr>
<td>Championniére</td>
<td>254</td>
</tr>
<tr>
<td>Schede</td>
<td>165</td>
</tr>
<tr>
<td>Banks</td>
<td>106</td>
</tr>
<tr>
<td>Park</td>
<td>115</td>
</tr>
<tr>
<td>Marcy</td>
<td>115</td>
</tr>
</tbody>
</table>

**IN THE PRE-ANTISEPTIC ERA.**

<table>
<thead>
<tr>
<th>Operations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood</td>
<td>339</td>
</tr>
</tbody>
</table>

This gives a mortality in the hands of the best operators of less than \( \frac{1}{2} \) per cent.

Now contrast this with the following list of operations for strangulated hernia taken from the case books of the Manchester Royal Infirmary. During nine months, forty-nine operations came under my personal observation, with fifteen deaths, giving
a mortality of almost 30 per cent. Of these the analysis reveals.

<table>
<thead>
<tr>
<th>Operations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inguinal hernia</td>
<td>20</td>
</tr>
<tr>
<td>Femoral hernia</td>
<td>15</td>
</tr>
<tr>
<td>Umbilical hernia</td>
<td>5</td>
</tr>
</tbody>
</table>

Giving a mortality of

- Inguinal: 24.4%
- Femoral: 20%
- Umbilical: 80%

Amongst these operations there were two enterectomies, the one for umbilical hernia, the other for inguinal hernia. Both were fatal. In the face of these alarming statistics, and there is here nothing hidden, can we view without concern the existence of hernia in any patient?

Is not the difference between ½ per cent. and 20 per cent. sufficient reason for every surgeon to urge most strenuously the performance of an operation for radical cure?

Every afflicted man may have his turn sooner or later, and the enormous difference between the mortality of strangulated and non-strangulated hernia, makes it incumbent on every surgeon to give his patient a chance of avoiding the terrible risks which are daily threatening his life, and which may overtake him when skilled assistance is unattainable.

For Daniel's Texas Medical Journal.

**A PLEA FOR CONSERVATISM IN GYNECOLOGY.**

D. R. WALLACE, M. D. LL. D., WACO, TEXAS.

[Read at Fort Worth meeting North Texas Medical Society, 1893.]

GYNECOLOGICAL surgery may be said to have had its origin within living memory. Still confined within the narrow limits of a few decades, its practice is now co-extensive with the civilized world. It is no part of the purpose of this hasty paper to attempt an exhaustive treatment of the subject. The field along all of its lines and phases is much too broad.

The laws of human progress, as the greatest of living philosophers has exhaustively shown and abundantly illustrated, like those of the material universe, are rhythmic in their action. Action; then come re-action. The pendulum of advance goes to
an extreme limit to-day, only to traverse a like arc to-morrow, until at last the limit is reached which the data and conditions of the age fix as the limit of advance for the time being. Our profession can constitute no exception, as the law is universal. We may example the familiar history of some of the most useful articles of the pharmacopœia. It is believed there is not a single one, however simple in its action and beneficial in result, or however popular, but has suffered eclipse, fallen into desuetude, and, perhaps, been banished from use for a time. Instance, Peruvian bark, tartarized antimony, mercury, opium, and in certain places and schools, even chloroform, chloral, the bromides, and the most useful of the coal-tar preparations. Surgery more palpable in its methods and technique, and obvious in result to inspection, is subject, though in a less degree, to similar waves of advance and retreat in professional estimation.

For reasons, some of which are obvious, gynecological surgery up to within recent times, did not keep pace with the general science. Its whole armamentarium, until the last century or two, consisted of the uterine sound, sponge-tents and the dioptra. Medical science seems to have made considerable advance among the Egyptians prior to the age of Herodotus, who tells us that in his travels through this wonder-land he found physicians everywhere, each physician applying himself to one disease, and no more,—some for the eye, others for the head, others for the teeth and others for internal diseases. In time of the Ptolemy's dissection of the human body, permitted so far as known by no other people of antiquity, was legalized. Still, though general surgery was considerably advanced, we read of none in connection with the pelvic viscera of the female.

Soranus, though he wrote a history of medicine and a biography of Hippocrates, and a work entitled "De Utero et Pudento Muliebri," does not mention any surgical procedure connected with these parts.

Topical treatment did not go beyond the use of astringents,

NOTE. —Dr. H. W. Brown, of Waco, ex-President Texas State Medical Association, and an old practitioner, on hearing this paper read, said "Doctor Wallace, I want you to have that paper published; it will do good. I did, in early life, a leading gynecological practice in Griffin, Ga., afterwards in Atlanta,—and you know what it has been for the last twenty-five years in Waco, and I pledge you my word, I have never had occasion to perform a laparotomy. I have had cases in which I thought I would have to; but, by drawing off water and making persistent equable pressure they were cured without"—Ed.
such as rose oil, alum, sumach and the like, together with emollients, poppies, linseed, etc. Their religion forbidding "the examination of women by the opposite sex" gynecological surgery found no place or favor with the celebrated physicians among the Mohammedans.

The nineteenth century dawned upon Récamier, Lisfranc and Astruc in France, Denman and John Clark in England, pushing gynecological research, and we get a glimpse of a contention that has continued sub lite and which is made the subject in part of the present paper; viz.: "Whether the local disorder is the cause or effect of the constitutional derangement, and whether as a consequence, treatment should be primarily directed to the one or the other?" The French holding the local disorder and the English the constitutional derangement precedent and causative. The consequence was natural. The French physicians are found in the lead in local treatment and topical application. In 1826, we see Guilbert recommended leeches to the cervix; in 1828, Lair, the use of the sound; in 1832, Melier, injections into the cervix; and Astruc, into the body of the womb; Recamier, the use of the curette; while Sir James Simpson, of Edinburgh, and Dr. Bennet, of London, were equally industrious in the advocacy of their views as to the constitutional nature of these troubles. After referring to the impetus given to gynecological surgery by such men as Simpson, Wells, Brown and Clay, in Great Britain; Simons, Esmarch, Ulrich, Hegar and Spiegelburg, of Germany, and of Sims, Atlee, Emmett, Bozeman, Peaslee, Dunlap, Agnew and Kimball in the United States, in the operation for ovariotomy, cure of ruptured perineum, vesico-vaginal fistula, constriction of cervix, prolapsus, etc., Prof. Thoams adds: "Professional opinion in their favor has of late years, like a pendulum, swung too far on one direction, gone to an extreme in the other." Continuing, he says: "The excessive surgical tendency of many leading gynecologists of our day is a matter to be deplored by all who wish well to gynecology. Every practitioner must often have seen cases in which pelvic peritonitis or cellulitis has arisen from an incision of the neck of the uterus, or some similar procedure, in which the patient is for weeks confined to the bed, and in which he is forced to doubt the necessity for the surgical resource which has been productive of the evil."

These words, true, as they most certainly were twenty years ago, when you could count on your fingers all the gynecological surgeons in this country who could be induced to resort to these
extreme measures, with how much more emphasis do they hold now, when every little cross-roads tyro is ready, willing and waiting to make a laparotomy or do an ovariotomy. My observation of these operative procedures calls for and justifies words of reprobation much stronger than those used by Dr. Thomas. I may be permitted to express the belief that I appreciate these operations to the full for all that is in them. That in instances where called for, they mitigate pain, relieve suffering, and even prolong life, I am prepared to admit. I do not forget how easy it is in view of their gravity, to underestimate the good they have done. When told that our countryman, Dr. McDowell, had performed an ovariotomy, one of, if not quite, the greatest surgeons of France, exclaimed "He ought to be indicted for man-slaughter." Even where a grave operation is necessary, constitutional treatment is no less so. Believing, as I most certainly do, from experience in the last forty years, that many, if not most of these have their origin in a vitiated condition of the general system, and while the system remains unrelieved any operative interference will generally be of no value, and should be had recourse to only as a dernier resort when death is imminent and life a burden. General innervation, and by this term I mean the office work of the whole nervous system, deteriorated to an extent making it inadequate to supply the necessary stimulus to establish the needed inter-communication between, and co-ordination of the other systems, for the due performance of their functions with consequent vitiation of the secretions, imperfect haematosis, nutrition and assimilation, certainly an operation promises little.

It is believed, the rule should be—of course, there are exceptions—to exhaust the resources of medical treatment, to do all within therapeutical competence to heal the lesion, to get rjd of abnormal growths, and to restore the system to health, before resorting to the knife. It has been my fortune, or misfortune,—my lot at all events, to see a great number and variety of these troubles. A lunatic hospital, the wards of which I have walked for a number of years, is not a bad place for their observation. Have had from twenty to thirty under treatment at a time, and this running through years. It is popularly supposed, and the supposition shared in by the more ignorant of the profession, that all insane women have some trouble or other of the pelvic viscera. Of course, denial is needless in such a presence. Still, if the object is to see troubles peculiar to the sex, worse places
might be selected than a hospital for the insane. There is another feature about these hospital cases,—owing to their excitement and lack of intelligence to appreciate their situation under surgical treatment, so as to act in such way as to favor recovery, the trouble they give and the care they require,—surgical interference is deferred and not had recourse to only as a dernier resort. Therefore medicinal treatment, constitutional and topical, is relied on.

It is not the purpose to inflict upon this body in this connection any dry details or statistics. I do not know what you may think of statistics. I regard cooked statistics, and they are generally cooked, as a nuisance. I believe the fellow was about right who said, "Nothing lies like facts except figures." Contenting myself, therefore, with giving the general result of my experience, I beg to summarize with the following conclusions:

1. Operations in cases of fistulae of various kinds and extent, being attended with little danger, should be resorted to at once.

2. Where graver operations are called for or contemplated, and cases in which they offer the only basis for radical cure, it should be considered whether the patient is in a condition to survive the operation, how long she would probably live without interference, and in what comfort. Operations involving laparotomy are of course justified in certain circumstances, but not until the diagnosis is plainly made out by tapping, aspiration, or even explorative incision. The cases are not few in which such tentative procedure is called for, it being impossible to tell whether the operation is justified or not until such incision is made, and even then should be abandoned if complications in the shape of adhesion to important pelvic and abdominal viscera make the chances against the life of the patient.

Operative measures in cervicitis and endometritis, metritis and the thousand and one cuttings, burnings, borings, scrapings, curettings, kolpocleisis, elyroplasty, elytrorraphy, episiorraphy, and all this line of treatment, trusted to in place of medicinal treatment, topical application, conservative appliances, is believed a great evil under the sun;—not that some of them may not occasionally be useful, but constitutional treatment is preferable, and is generally all that is needed.

These are but jottings in line of suggestion.

I beg to state a few things I have seen:—Some twenty years ago, in a lady, age about forty, a tumor, diagnosed as uterine interstitial fibroid, rendering micturition difficult, occluding the
vagina so as to prevent insertion of finger. This patient was sent to Atlanta for an operation. Diagnosis was confirmed by Drs. Logan and Westmoreland, who, however, refused to operate, advising her to go to Marion Sims of New York. Refusing to go North, she returned to Texas, and came again into my hands for treatment. By application of glycerole of tannin the tumor, of whatever kind it may have been, disappeared, and she, already the mother of several children, became a mother again; is still living, in usual health at an advanced age.

Another case—one of complete procidentia: Organ enlarged to three times the normal size. As dry as a piece of parchment. Had been operated on twenty years before, Dr. Stone, of New Orleans, performing the operation, kolpocleisis. By depleting organ in usual way, returning to pelvic cavity and having patient wear Gold Globe pessary, in two years the cure was complete.

Another case: I was present at a laparotomy for ovarian cyst, involving all the pelvic viscera by adhesion, and as I recollect, the omentum as well. This was ascertained before the tumor was removed. Should the operation have been performed, even after the explorative incision? I thought then, and I think yet, the fluid drawn off, the wound should have been closed and the operation left alone, but it was completed and the woman died in forty-eight hours. By aspiration or tapping the woman might have lived on most probably for some years in tolerable comfort. The operation was performed secundum artem by one of the most distinguished surgeons of the South.

Another case: Was called to see a lady with some similar trouble on whom it was decided to operate. I was satisfied from her enfeebled condition and peculiar make-up that she would not survive the operation. Accordingly I advised against it. She was placed on supporting treatment. It has been three years since. She is, I learn, in tolerable health, well enough to cook a meal readily when she has no cook, entertains, and enjoys the companionship of her friends.

A word to close—a word the least agreeable and amiable of all. It is to be feared that many of the younger members of the profession are attracted by the eclat and dazzled by the glamour of these operations. Beware. All is not gold that glitters—all is not glory that sounds big. It is a small matter to cut open a woman's belly—anyone can remove an ovary that can spay a pig.

Nobody knows better than I do that it is unpopular to use
such language. I am too old to care much for popularity. Believing with the foremost philosopher of modern times that "our thoughts are our children we may not needlessly let die," I say what I think, and in the familiar words of an unfamiliar language:

"Vive valeque—Siquid novisti rectius istis
Condidus imperti; Si non, his utere mecum."

Abstracts of Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

Under the charge of David Cerna, M. D., Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, etc.

CHLOROFORM FOR MAGGOTS IN THE NOSE.—James P. Kimball, of Fort Clark, Texas (New York Medical Journal, March 11, 1893), reports an interesting case of maggots in the nose, in which the action of chloroform in causing the expulsion of the worms was very decided. Other remedies had been employed previously without avail. The pure chloroform or a mixture of it with water, equal parts, was injected into the nostrils, a measure that was followed by the expulsion of the maggots. From a study of the case described, and the brilliant results obtained with chloroform injections, the author concludes that in this remedy "we have a reliable remedy for a disease which, under any other method of treatment hitherto recommended, has usually proved fatal." The author condemns remedial measures recommended by various high authorities, consisting in "inhalations of alcohol, either, turpentine and chloroform; syringing with carbolized solutions or solutions of corrosive sublimate, or decoctions of bitter herbs or tobacco; injections of turpentine or of oil; insufflation of calomel, and pencilings with balsam of Peru;" affirming that such measures "are scarcely any more avail than Mrs. Partington with her broom against the waves of the Atlantic ocean." This may all be well enough in the opinion of Kimball, but the editor of this department has seen excellent results following the simple insufflations of calomel in just such cases.
as that described by Kimball. He also differs with the author quoted in that "it appears to be satisfactorily established that this fly (Sarcophaga georgina) deposits its larvae only on the unsound mucous membrane." I have seen cases in which the larvae had undoubtedly been deposited in previously healthy mucous membranes. It remains, therefore, to be definitely established whether the fly has a special love for diseased membranes. The cases referred to by Kimball, besides the one reported in detail, do not seem to be sufficiently numerous to warrant him to make a conclusive statement to the effect that the larvae are deposited only on the unsound mucous membrane.

Alangine.—Alangine is the name applied to an alkoloid found in the root and bark of Alangium Lamarckii, Thewaites, a tree belonging to the N. O. cornaceæ. According to Mohideen Sheriff (Pharm. Ztg., p. 17, 1893, Notes on New Remedies, February, 1893), it is a safe emetic in doses of 3.0 grammes; in small doses it has an antipyretic effect. It is said to be a good substitute for ipecac, except in cases of dysentery. Alangine, which is regarded as the active principle of the bark, is very bitter and uncry stallizable. According to Schuchardt, it is soluble in alcohol, ether, chloroform and acetic ether, but entirely insoluble in water. It is precipitated from its solutions by mineral as well as acetic, tartaric and oxalic acids, which yield with it crystallizable salts.

Salicylates in the Treatment of Pleurisy with Effusion.—In an interesting paper, Dr. George Dock, of Ann Arbor, Michigan (Therapeutic Gazette, February 15, 1893), reports two cases of pleurisy with effusion, in which the use of the salicylates gave satisfactory results. The author, from personal experience and from a study of the literature of the subject, draws the following conclusions: 1. Salicilylic acid and its salts are among the most effectual agents in the treatment of pleurisy with effusion. 2. In effective doses the remedy is harmless, and with proper selection of the preparation, and care in administration, causes little or no discomfort to the patient. 3. Salicylates act most promptly in pleurisies with serous effusion of recent origin or of long standing, but they are efficient in simple dry pleurisy, and often act favorably in secondary pleurisy. 4. There is no evidence that they are useful in suppurative cases. 5. The drug acts as a diuretic, but may have an effect on the
pathological process, or on the cause of the disease. 6. Salicylates have a more marked action in pleurisy than have the diuretics commonly so called. 7. "The duration of the treatment with salicylic preparations is less than with diuretics, common salt or roborant medication."—(Eugster). 8. The remedy can be used at the earliest period, and favorably affects all symptoms. 9. The drug may be given in the form of the acid, or any of its salts, in doses of a drachm of the former, or 1 to 2 drachms of a salt daily. In ordinary cases it is not necessary to give the larger doses, and 60 to 90 grains of sodium salicylate or salol daily may be considered full beginning doses, to be diminished one-third or one-half after the effect is manifest. 10. The ordinary precautions must be observed in giving the drugs, and during their administration the total amount of urine should be measured daily.

**Ichthyol in Gynecology.**—A careful study of the uses of ichthyol in gynecology warrants Homer C. Bloom, of Philadelphia (Merck's Bulletin, March, 1893), to draw the following conclusions: 1. It acts as an anodyne in nearly all pelvic troubles. 2. It is of no value for the cure of chronic endometritis. 3. It is particularly useless in old chronic exudations around the uterus; but in recent pelvic exudations it is an important ally. 4. It is a good anodyne placebo in salpingitis and ovaritis—clearing the way for other appropriate treatment. 5. It deserves to be tried in cancer of the uterus. 6. In the early stages of specific vaginitis, it is second to no other drug.

**Tin-Poisoning.**—W. A. Campbell, of Colorado Springs, Col. (Therapeutic Gazette, March 15, 1883), reports six cases of tin-poisoning, and summarizing his observations, states: 1. Stannous salts are poisonous to the human system, being similar in their action to the other mineral poisons,—lead, zinc, arsenic, animony, etc. 2. The salts of tin are anthelmintic as well as the powder product. 3. Toxic doses of salts produce symptoms similar to those from ptomaines. 4. Canned-food products may contain stannous salts in poisonous quantities. 5. The danger from this source is increased from exposure to the air; hence all fruits should be emptied from tin cans as soon as opened.

**The Treatment of Gonorrhea.**—Writing upon the above
subject, H. M. Christian, of Philadelphia, (Therapeutic Gazette, March 15, 1893,) says that the use of injections prior to the subsiding stage of acute gonorrhea acts, in quite a large proportion of the cases, as an exciting cause in the production of posterior urethritis and epididymitis, and on this account is not to be considered as the best treatment of the disease. All patients at the venereal dispensary of the University hospital are now put upon the internal use of a capsule containing five drops of sandalwood oil and five drops of the oil of copaiba, with one drop of the oil of cinnamon. From four to eight of these are taken for the first three weeks. When the "morning drop" persists, an injection of sulpho-carbolate of zinc and hydrastis is used. It is not claimed for this plan of treatment that it in any way cuts short the duration of the disease, but only that it aids in preventing the frequent occurrence of posterior urethritis and epididymitis, the two most troublesome complications of gonorrhea.

The Therapeutic Uses of Myrrholin.—In the Centralblatt fur Klinische Medicin, February 25, there is an abstract of an article by Dr. M. Kohn, published in the Munehener Medicinische Wochenschrift, in which the author reports good results in the treatment of eczema narium with an ointment of myrrh, also in that of both simple and fetid atropic rhinitis with tampons imbued with the ointment. The use of myrrh as a corri- gent in the creasote treatment of pulmonary phthisis is said to have proved satisfactory. The preparation employed was myrrholin (a mixture of one part of myrrh and two parts of oil). Capsules, each containing three-tenths of a gramme of creasote and two tenths of a gramme of myrrh were very well borne by consumptives.—N, Y. Medical Journal, March 18, 1893.

DEPARTMENT OF PRACTICE OF MEDICINE.

Conducted by Professor Allen J. Smith, A. M., M. D., Medical Department University of Texas, Galveston.

The Shurley-Gibbs Treatment of Tuberculosis.—Dr. E. Fletcher Ingalls, of Chicago (Lanphear's Kansas City Medical Index, January, 1893), gives an analysis of forty-two cases of tuberculosis, treated by himself according to the iodine and sodium and gold treatment, more commonly known as the Shur-
ley-Gibbs treatment, the following: These cases were all cases of pulmonary tuberculosis, treated in this manner for a period of five weeks or more, without regard to the origin, stage, course or result of the disease. Such cases, the progress of which seems to have been checked for several months, in which the general health continues good, and the cough and other symptoms have nearly or quite disappeared, are classified as arrested. The treatment has not seemed to destroy or change the appearances of the tubercule bacilli in those cases in which the germs were sought. No cases are classed as cured, as the author holds that no patient can be properly counted cured, in a disease like pulmonary tuberculosis, who has not been free from all symptoms and signs for at least two years.

Of these forty-two cases, fourteen (or one-third) received no apparent benefit; but twelve of these fourteen were far advanced when they came under treatment. Fourteen others were apparently decidedly improved for some time, but ultimately grew worse, and six have since died. Of the fourteen first mentioned, all are dead, according to the author's belief. Six of the forty-two are noted much improved; all have been under observation for many months, and are, with one exception, doing well. Four of these had been ill but a few months, and were in the early stages. Eight cases of the forty-two are noted as arrested, all of whom are in good health, although bacilli and expectoration continue in small amount every day.

Dr. Ingalls believes the method of decided promise in the treatment of incipient cases, but would not rely on it alone, adding to it all the beneficial elements of the routine treatments.

ALBUMINURIA IN THE APPARENTLY HEALTHY.—W. H. Washburn, of Milwaukee, contributes to the Medical News of April 1, 1893, an interesting article upon the above subject, in which he analyzes thirty-eight cases of albuminuria, encountered in 1070 urinalyses made in the course of life insurance examinations. Of these thirty-eight cases, two have died from chronic nephritis, one four years, the other three years, after the examination. One died from pulmonary tuberculosis fourteen months after the examination. Six were lost sight of completely. Fourteen are known to be living, and in apparent good health, after intervals of from one to five years after examination; but the condition of their urine is not known. In three of these last cases, cardiac lesions were associated. Two are known to
be still albuminuric, one about six months and the other four years after the examination, and not under medical care; and three more are still albuminuric and under care, one for two years, one for eighteen months, and one six months after the examination. Six are known to have recovered.

From his experience with these cases, the author inclines to agree with Talamon and Lecorche, that albuminuria is, in itself, of but little prognostic value, indicating only the existence of a lesion of the glomerular membrane of the kidneys, and nothing as to the degree or profundity of such disease.

**Yellow Fever.**—Dr. Joseph Jones, of New Orleans (St. Louis Medical and Surgical Journal, February 1, 1893), in a series of lectures before the class of Tulane University announces that from his extended observation of yellow fever in New Orleans during the past 35 or 40 years he is able to make the following conclusions:

1. Yellow fever is a continued pestilential fever with two well defined stages, the first one of active chemical changes in the blood and organs, and characterized by elevation of temperature and aberrations of the nervous functions, the other one of depression induced by the sedative action of the febrile poison and by profound changes in the blood and certain organs. Yellow fever is a self-limited disease.

2. The changes in the blood seem to be continuous, the appearance of the stage of depression being simply the result of the constitutional action of the poison developed during the first stage and thereafter. The blood of yellow fever differs from that of malaria, the corpuscles of the former rapidly assuming a crenated shape with minute transudations upon them. In some cases of yellow fever the blood contains small particles possessing vibratory motion. (Dr. Jones here describes a series of experiments and observations on the blood of yellow fever patients, which are, however, almost all invalidated by the fact that there is not eliminated the grave chance of putrefactive changes in the blood employed, the blood being drawn into bottles and examined or used for experimentation sometimes afterwards.)

3. The maximum of temperature is rapidly attained on the first or second day of the disease, varying with the severity of the attack from 102° to 112°F. in the axilla—then steadily falling; in some fatal cases it rises again toward the end. The fever during this first stage is essentially a temperature elevation
due to the increased chemical changes in the blood. Usually there is an increase of excrementitious solids, but this is not invariable. Neither the rise nor the rapid decline are due to the nervous effects of the poison, probably; since the progress of the case seems to bear a more or less definite relation to the degree of hæmical change.

ST. LOUIS CLINIC.

[Reported by Dr. Z. F. Lillard, of Tyler, Texas.]

TWO SURGICAL CASES.

Case I. Sam Williams, colored, age 22 years, was admitted to the hospital at 6:35 p. m. Friday, March 17th.

An examination revealed a gun shot wound, the ball having entered the neck on right side an inch below the external auditory canal. He was unconscious, his breathing labored. The tissues below the jaw on the right side were disturbed greatly by what was diagnosed as a hæmatoma. This pressed upon the larynx and was considered the sole cause of the disturbance of respiration until the post mortem gave rise to the question as to whether nerve fibres severed aided in producing such an effect. Tracheotomy was an immediate necessity, and was performed by Dr. Marks the superintendent of the hospital. But for the operation he could not live five minutes it seemed. A tube was inserted, his neck dressed antisepically and patient put to bed.

An intelligent attendant was at the bedside with orders not to leave the patient. This attendant states that soon after he took charge of the case he noticed paralysis of left side of face, arm, and leg, a symptom not discovered till next day by the surgeons. He was conscious a portion of the time Saturday and Sunday but his hemiplegia was permanent. He remained in this condition till death, March 20, at 8:45 p. m.

Post Mortem.—A probe was inserted along track of bullet till it could be felt on the opposite side of neck. An incision was next made along the upper portion of the right common carotid which was dissected out. The external branch was next followed up and found intact. Next the internal carotid was followed up and found to be severed about half in two. There had been no hemorrhage from the hole of entrance of the ball but the blood from the internal carotid had infiltrated the tissues below the inferior maxilla on right side. Behind the œsophagus and ex-
tending over a portion of the left side the blood had formed more a hematoma. This had undoubtedly constricted the larynx and helped to make an immediate tracheotomy a necessity. The dissection was not fine enough to determine the damage to the nerves. The ball also struck a vertebra and shattered off a small piece or two.

Cranium next opened, and brain removed. Left half of brain was of normal firmness, and otherwise normal in its entirety. Right half softer than normal, and in two or three places completely degenerated.

Other organs not examined. The interference in the circulation explains the paralysis, the unconsciousness, and the succeeding brain degeneration.

The readers of the Journal can see that the paralysis at least would perplex most observers.

CASE 2. Caroline, age 46, colored. February 28, 9 o'clock p. m., came into hospital with a history of having been shot an hour or two previously. The ball had entered left eye, and made its exit immediately above the right ear, almost grazing the penna. Was conscious, and very talkative from the influence of liquor. The head was shaved and parts made as clean as possible. The left eye enucleated, and a horse-shoe shaped incision, convexity upward, was made, and flap dissected up, exposing the hole of exit. This hole was enlarged with bone forceps, from which a small portion of cerebral tissue exuded. The introduction of the finger revealed the fact that the optic nerve to the right eye had been severed. A drainage tube was inserted, and antiseptic dressing applied. As usual, this dressing was not disturbed till her temperature showed that the wound was not doing well. Reference to her chart shows that her temperature reached 101 on the evening of March 1st, 102 on the evening of the 5th, and 106 on the morning of the 15th, with lower temperature between the above dates. It was normal on the mornings of the 11th and 13th, with higher temperature on all other mornings.

Wound was examined about the fifth day after operation, and thought to be doing well. About the tenth day examined again, some of the stitches removed, one or two stitch abscesses discovered, and a few drops of pus pressed out of hole of exit of the bullet, and bichloride gauze pushed in the opening at lower and posterior end of incision to establish drainage.

On the morning of the 15th, when fever reached 106, dressing
was again removed. There was much oedema on right side of head and face, and considerable pus on dressing. By enlarging the opening of exit and making an incision at upper and anterior portion of the flap, more pus was evacuated. From this time on wound has been dressed daily, and gauze inserted to secure drainage. Temperature has gradually receded. Discharges were at one time very offensive, but after the use of chloride of zinc, 8% solution, and bichloride solution 1 to 1000, the wound has been almost odorless. Chances of recovery, at present, are good. Of course the sight of both eyes is lost, but patient insists that if she had her 'specs' she could see.

Society Notes.

TEXAS STATE MEDICAL ASSOCIATION.

The twenty-fifth annual session of the Texas State Medical Association was held in Galveston, Texas, May 2d to 5th inclusive, Dr. J. D. Osborn, of Cleburne, President, in the chair, Dr. H. A. West, of Galveston, Secretary.

MINUTES OF THE MEETING.

Association called to order at 11 a. m. Tuesday, May 2d inst., in Harmony Hall, by H. A. West, M. D., chairman Committee of Arrangements. Rev. Dr. Scott opened the session with prayer, invoking the Divine blessing on the deliberations of the meeting, and asking for Divine guidance in the search for truth.

Hon. R. L. Fulton, Mayor of Galveston, was then introduced, who tendered "the freedom of the city" to the doctors, in a neat and facetious address of welcome.

Dr. George H. Lee, of Galveston, on behalf of the Galveston Medical Society, delivered an address of welcome couched in eloquent and well-rounded sentences, which did him credit, as well as those he represented.

These warm words of welcome were responded to briefly and in appropriate terms by the President, Dr. Osborn, who then proceeded to business by reading the usual

PRESIDENT'S MESSAGE AND RECOMMENDATIONS.

Fellow Members of the Texas State Medical Association:
To-day our eyes are gladdened by the rich harvest which that
little germ, planted twenty-four years ago, in the city of Houston, has borne, and before me are medical men, representing every part of our great State, who are here to demonstrate the great good of this Association, and to participate in the professional and social benefits inuring from that membership. Let us honor that little band of noble workers to whose courage and wisdom we owe all this, and with renewed determination let us continue the good work, remain true to the rich heritage, and fight valiantly to the end.

We believe that under our operations a great reformation ought to be worked out. Time and time again we have attempted, through our learned and diligent committee sent from this body, to get our Legislature to enact a law to regulate the practice of medicine. The failure upon their part should not discourage us. We must keep hammering away at it until quacks are banished from our State, and I would recommend that this Association pass, by a unanimous vote, a resolution requiring its own members to have the moral courage to prevent persons from entering upon the study of medicine whose preliminary education is inadequate for the undertaking. By this, I mean, to use their influence wherever it will avail, and especially in regard to their office students. In this way we can aid the Medical Department of our State University, for they value their examination papers both as to their literary and medical merits; working on this plan, we would soon find our young men eager to take advantages offered them at home, instead of seeking other fountains of knowledge where they are not examined on their literary attainments.

It is absolutely essential for the preservation of the profession, that preliminary examinations upon spelling, grammar, English literature and the classics should be required of any student who may apply for permission to enter upon the study of medicine. After we have taken this broad view and made this stand for higher medical education, and to enable us to make the issue with a rainbow of promise, I would recommend that we, through a committee, petition our legislative powers to give us annually three beneficiary scholarships, to be known as the Texas State Medical Association beneficiary scholarships in the Medical Department of the State University, and the same to be in charge of the three Vice-Presidents of the Association, whose duty it shall be to advertise the same freely, from the the adjournment of the Association until the 15th of September, each year, and the same to be awarded to the student passing the most satisfactory examination in the English branches. Upon a certificate from said officers, the student would receive from the Secretary of this Association his order for a free scholarship. When this is well understood, the medal of the Texas State Medical Association would be eagerly sought after, and I feel confident that one of these three young men would win the prize medal, and it would incite greater interest in this State among the young men entering or intending to enter upon the study of medicine.
If in your wisdom this should seem fair, and you adopt the suggestion, and our wishes and prayers be granted by the powers that be, and I have an abiding faith that they would do so, it would then be right and proper for the nominating committee to elect for Vice-Presidents one from North, Central and South Texas, and have in view those who would take great interest in looking after this important work.

Since the powers that be have established the office of county health officer, without calling on this Association for advice or consultation as to such appointment, it might seem presumptuous or improper in our Association to make them any suggestions, but I can see how we might, through these same health officers, establish a wonderful system of collecting vital statistics; and I would suggest that a committee be appointed at once, whose duty it shall be to explain our wishes to the Legislature, and secure, if possible, an addition to the law governing county health officers, requiring every one of them to keep a correct record of the births and deaths, and endemic and epidemic diseases occurring in the county, and said law to so extend as to compel every physician throughout the State to make weekly reports to the county physician, and the county physician to make monthly reports to the State Health Officer, and the State Health Officer would make annually a report which this Association would have the benefit of. We would then have a reliable record of valuable statistics, and could point with pride to our work, and willingly would our Association crown our State Health Officer with a chaplet of richest jewels.

While we are not permitted by these same powers that be to control or lead in sanitary affairs, or proclaim quarantine, it does not lessen our duty as an association, nor our duty to our fellow men, to be ever on the outlook, and we must perform our duty faithfully and promptly; we must educate the people in the principles of health and the penalties for their violation. For this we receive no praise or fame, but we still keep the priceless luxury of doing good; to this end I would suggest the appointment or selection of a standing committee, to report annually to the Association on the "sanitary resources of Texas" in reference to its "air, soils and water," both potable and medicinal waters, climate, advantages, and the peculiarities of each particular and peculiar region of the State, with the effects of the same on the people thereof. I know that this work will be arduous, but a committee can make it very interesting, and it will become an important factor in our proceedings.

Another suggestion I would make to you, that we create the office of annual orator, whose duty it shall be to deliver an oration to the Association on the first night after the opening of the session. The election or selection of his subject be left entirely to his choice, and that this office be filled by the nominating committee. We have many gifted and brilliant minds from among your members, and each year we would select one who would interest us greatly, furnishing food for thought and reflec-
tion, and thus enable us to pass a pleasant evening. I remem-
ber that we once had an essayist selected, but why the custom
was dropped my memory fails to recall. Let us try it again,
and mark my prediction, the looking forward to that evening’s
entertainment will be one of the most pleasing thoughts con-
nected with the meeting. It will not only be profitable and in-
teresting, but it will also be on the social order one of the lead-
ing features.

I would suggest that a part of the morning of the third day
be set aside for the calling of the roll of county medical socie-
ties, and hearing reports from them through their accredited
delegates. Let us give more prominence to county societies; in
that way we can get more influence. Let us extend a cordial in-
vitation to them to send in voluminous reports of their work;
thus we get many of the professional brothers who would not
otherwise work, interested in our meetings; they begin then to
organize more efficiently in the counties, and from the counties
they all come to us. Let our worthy Secretary notify each
county medical society of a cordial invitation to unite with us.
There are a large number of county societies that have never
affiliated with us. We should try and get them to attend by
their representatives, and thus secure membership of some who
might otherwise remain outside. This hour or two devoted to
their reports will fill a long felt want to my mind, for I have
never yet seen any attention paid to delegates as county repre-
sentatives. Think over this and let us form a plan to make these
visiting delegates feel that their services as delegates are not
thrown away. Let us instruct our Secretary to send to each and
every county society a cordial invitation to meet with us; send
in an annual report of their meetings, their workings, their suc-
cess, their membership. This interest has been lacking too
long; we must have them with us, and have a part of a day set
aside for such reports.

In drawing this message to a close, I am pained to inform you
that amidst our cordial greetings we have cause for sorrow, as
many of our true and tried and honored fellows have passed
away, and the roll of dead will show that we too have suffered,
and our loss is great yet while we lament them, we feel sure
that the good work they did while among us has prepared them
to stand unfaating and undaunted before the great white throne.
We will miss them, and never hear Francis, Ward, Pope, Crow,
Nicholson and others answer the roll call any more. Peacefully
they rest; watched are the mounds over which we weep; lov-
ing eyes and fond hearts wait for a reunion with them in the
great unknown beyond. I pass this part of the report with
bowed head, to the committee on necrology, who I feel satisfied
will do all honor to our noble dead, and their report be a credit
to them and reflect honor upon the association.

It gives me pleasure to report that no friction has arisen, nor
does any now exist between myself and my associates. The
government of the association has been an easy matter to handle,
for we believe that the government is best which is governed the least. Your able Secretary has done his work well, and I wish to return him thanks, together with my able Vice-Presidents, for their counsel and assistance; and before closing I wish to acknowledge my thanks for the high compliment conferred in making me your presiding officer. To be President of this Association is a distinction worthy of the most vaulting ambition. Now let your generosity extend the mantle of charity over my errors. Believe me, they are of the head and not of the heart. As we enter upon the business before us, let us each one resolve to make it an harmonious session, replete with good fellowship and full of instruction for our weary brains seeking more light.

Surrounded as we are with so many pleasant environments, I can but augur a happy meeting, and now bid you enter upon the business before you.

* * *

The secretary then called the roll, revealing the presence of ninety-one members of the Association.

Reading of the minutes of the last annual meeting was, on motion, dispensed with.

Secretary West read his annual report, which was received and referred to a special committee.

Dr. Loggins then moved that the President's message be referred to a special committee also, which was done.

Treasurer Larendon read his annual report, which was referred to a special committee.

The committee on constitution and by-laws was called on, but not being ready to report was granted further time.

The President's message was referred to a committee of five, who reported later, endorsing the recommendations.

SECTION WORK.

The Section on Practice of Medicine was then called. Dr. J. C. Loggins, of Eunis, Chairman, took the chair, and Dr. Clay Johnson, of Corsicana, Secretary.

Dr. Loggins read his address, an able paper on general, practice, in which he took a wide range, and discussed State Medicine and Public Hygiene, taking occasion to compliment the public services of State Health Officer Swearingen, and Quarantine Physician Jenkins, of New York. The address was listened to with marked attention and was, on motion, received and referred to the Publishing Committee.*

*All the papers and addresses will appear in the annual volume of Transactions.
The Judicial Council was called meantime, and Dr. J. C. Loggins, Chairman of Section on Practice, being Secretary of the Council, was relieved by First Vice-President, T. J. Bell, who took the chair and presided till the close of the Section. Vacancies were filled by the President, and the Council, as organized, was composed as follows:

P. C. Coleman, M. D., President, Colorado.
J. C. Loggins, M. D., Secretary, Ennis.
S. R. Burroughs, M. D., Raymond.
E. L. Menefee, M. D., Granbury.
A. B. Gardner, M. D., Belleville.
H. H. Darr, M. D., Caldwell.
Irwin Pope, M. D., Tyler.
A. N. Denton, M. D., Austin.
R. E. Moss, M. D., San Antonio.
W. P. Powell, M. D., Willis.
W. L. York, M. D., Decatur.
J. D. Burch, M. D., Aurora.

They retired for work and Section of Practice was resumed.
Dr. H. A. West read a paper on "The Association of Deafness and Morbid Processes."

Prof. Allen J. Smith, of the Medical Department Texas State University, opened the discussion on Dr. West's paper. He agreed thoroughly with the views held by Dr. West. Single lesions were the exceptions rather than the rule. In a vast number of post-mortem examinations he had found this to be the case, and had found a complicity of diseases. In typhoid fever, for instance, the system is weakened, and the disease attacks other organs of the body any weak spot in the system would surely suffer. He cited a case of pneumonia, where, after death, lesions of the heart, kidney, etc., were found. He then showed why it was perfectly natural that such conditions should prevail and spoke of the diseased liver, and pointed out how the flow of the blood was impeded, the circulation made sluggish, and how these conditions affected all the organs in the human body. His address was extremely interesting and instructive, and was listened to with rapt attention. He closed with the statement that in his experience a complexity of lesions is found in post-mortems rather than single ones.

Further discussion was invited by Chairman Bell, but no one cared to speak.
On motion, Dr. West's paper was received and referred to the
Publishing Committee.

The next paper was by Dr. David Cerna, of the Galveston
Medical College, on "The Action and Uses of Pental." Dr.
Cerna first explained what pental is, and then read an exhaust-
ive report of experiments made by himself and others, showing
the effects of the drug on the heart, nerves and circulatory sys-
tem. The paper was very complete and gave evidence of thor-
ough investigation and deep thought on the part of Dr. Cerna.

At the conclusion of the reading a vote of thanks was given
Dr. Cerna for his valuable contribution. Referred to the Pub-
lishing Committee.

Prof. Thompson, of the Texas Medical College, discussed the
paper. In his opinion the drug was a chemical curiosity, noth-
ing more. As a practical remedy it was useless if not absolutely
dangerous. He told of tests made by Dr. Cerna and himself in
the surgical wards of the hospital. In two cases it was given a
fair trial and in neither was the patient under the influence of
the so-called anesthetic and in both recourse had to be had to
chloroform. The Doctor created a laugh by telling how one of
the patients kicked, literally kicked, when they tried to perform
a minor surgical operation on him after giving him a dose of
pental. "In my opinion," said he, in conclusion, "the drug is
useless as a remedy, is dangerous and has the most disgusting
smell one ever came in contact with. The whole ward was filled
with its disgusting odor when we used it."

The next paper was by Dr. C. H. Wilkinson, of Galveston, on
"Concussion of the Spine," in which he treated at length those
special cases due to railway accidents. His conclusions were
that many of the so-called cases were the result of fright and
shock to the nervous system rather than to any actual injury
received. He did not question that the patients suffered, but drew
attention to the fact that many of the worst cases quickly recover
so soon as they receive damages from the railways for the injury
done them. Such cases could not have been those where actual
injury had been done the spinal cord, and yet such patients have
just as genuine symptoms of concussions as the others.

Dr. Wilkinson's paper was received and a vote of thanks ex-
tended the doctor.

Several members asked that some of the railway surgeons
present discuss the paper, as in their opinion it was too valuable
not to have further notice taken of it at this meeting. None of
them spoke, however.

Prof. Allen J. Smith thought that Dr. Wilkinson included too
many of the immediate symptoms of accidents and in his opinion
some of the subjective symptoms were of great importance. The
fact cited by Dr. Wilkinson that some of the patients were cured
by receiving money from the railroad proved nothing except that
it made the conditions of a speedy recovery more favorable.
Every physician knows that peace of mind and absence of worry
are favorable conditions for recovery. Money is often the means
of prolonging life if not of saving it. The rich consumptive
will live longer than the poor one. The cases cited by Dr. Wil-
kinson were just those which would be most readily affected as
they were due to mental and nervous causes.

Dr. Kennedy, of San Antonio, attempted to tell of two cases
of "railroad spine" which had come under his observation, but
was cut off by Chairman Bell who stated that the limit of time
for discussion had expired.

"Continued Fevers of Texas Classified" was the title of the
next paper, read by Dr. B. F. Brittain, of Baird.

He placed all Texas continued fevers in two classes, typhoid
and malarial, and then showed that these two were often so much
alike that the physician could not tell them apart. "I've made the
mistake," said he, "and I see by the way you fellows dodge and
look at each other that you have all made the mistake of treat-
ing malarial fever for typhoid fever, and vice versa."

Dr. West was much pleased with "the hard, common sense
paper" of Dr. Brittain, and he thanked him for it.

Dr. O'Barr agreed with Dr. Brittain, and mentioned several
cases which had come under his own observation, going to show
the correctness of Dr. Brittain's views and conclusions.

Dr. Sears, of Waco,—the President elect for 1893-4, was skepti-
cal. "I admit," said he, "that there is a great deal of typhoid
fever in Texas, and perhaps more of it in Galveston than else-
where, as Dr. West seems to claim. Perhaps we have typhoid
fever up our way, for we have had considerable continued fever
there until lately, when we got good artesian water. The change
in water may have changed the disease, for they claim that
typhoid fever is caused by drinking water in which the little
typhoid bugs live.* They get into the system through drink-

*Dr. Sears is not a believer in the germ theory of disease, and calls mi-
crobes, "bugs."—Ed.
ing water, though if they have legs and wings and can fly about, I don't see why they have to get into the water before they can get into the human body. They should be able to fly in as well as to float in. But that has nothing to do with it. We have had considerable, and still have some continued fever in Waco. Perhaps it is typhoid, as Dr. West claims, but if it is, then he will have to admit that quinine will cure typhoid fever, for that is all we give our patients."

Dr. West: "How long does it take to cure with quinine?"
Dr. Sears: "From one to two and sometimes three weeks."
Dr. West: "Do you call that curing?"
Dr. Sears. "Yes; don't you?"
Dr. West: "No, sir; I call it surviving the treatment."
Dr. Sears then proceeded and described the symptoms and treatment. The cause was malaria, and the remedy quinine. He spoke of hundreds of cases of continued fever, all of which had been treated with quinine, and all which had recovered.

Dr. Pope asked Drs. West and Brittain if they denied the existence of catarrhal fevers in Texas. He could not see why the mucous membranes of the intestines should be exempt from fevers any more than the mucous membranes of the eye, throat or ear.

Dr. West answered that he admitted that we had catarrhal fevers to a limited extent, but they were not so prevalent as popularly supposed, and that mild forms of typhoid fever were often mistaken for them.

Dr. Shenck spoke of temperature charts of typhoid fever, and stated that if the cases spoken of by Dr. Brittain were typhoid, then these charts would have to be changed.

The hour for adjournment having arrived, an attempt was made to continue the discussion of Dr. Brittain's paper over until morning.

Chairman Bell stated that there was another paper on the same subject, which would admit of a full and free discussion.

On motion, Dr. Brittain's paper was referred to the Publishing Committee and the Association adjourned until 9 o'clock sharp Wednesday morning.

SECOND DAY, WEDNESDAY MAY 3.

MORNING SESSION.

At 9:30 the meeting was called to order. President Osborn in the chair. Prayer by Dr. Carter, of Grace (Episcopal) church.
Reading of minutes of yesterday dispensed with.

The Committee on President’s recommendations reported, endorsing the same. Later, in pursuance of their recommendation a committee composed of Dr. J. W. McLaughlin, Dr. F. E. Daniel, Dr. A. N. Denton, Dr. C. M. Rosser, Dr. G. W. Christian was appointed to go at once to Austin and lay the matter before the Legislature, then in session, and endeavor to secure the passage of an act in accordance with the President’s views. *

The Committee on Revision of Constitution, appointed at Tyler meeting, was called on for report.

They submitted two reports; one by Secretary West, and one by Dr. Sears, the only members of committee present, differing in some essential features.

Both reports were read by Secretary West. He explained the differences, which related to the attitude of the State Association towards County and District Associations and the rules governing trials and discipline. Drs. Sears insisted on making membership in a County or District Association a pre-requisite to membership in the State Association, while he (Dr. West), insisted that such a rule would be unfair, and would exclude from the Association many good and desirable physicians, who for one cause or another, might not care to become members of their local organization.

Dr. Sears argued in favor of his position. In his opinion, it was the duty of the State Association to foster and build up County and District Associations, and nothing would do this so well as the rule he advocated.

Dr. Clark favored both reports in part, and neither in its entirety.

Dr. Christian indorsed Dr. West’s position, and considered it the wisest plan for the Association to adopt.

Dr. Brittain spoke in favor of county organizations being given the greatest encouragement, and personally he was in favor of doing everything possible to foster them. "They are great institution," said he. "The other day they organized the East Texas Medical Association, and they had the good sense to elect me President. That settles it. You can stop right now."

* [This committee went to Austin on adjournment of State Association (Saturday May 6), but found that the Legislature was about to adjourn. They therefore organized and adjourned to meet at some future day and bring the matter before the next session of the Legislature.—Ed.]
Prof. Allen J. Smith thought that the difficulty could be gotten over by allowing non-members of County and District Associations to join the State Association, provided no objection is filed against them from members of such Associations.

After some further discussion a vote was taken, and it was decided to reject the amendment of Dr. Sears and leave the question just as it was.

The 1st. Section of the Constitution was then read as follows: "Every regularly educated man within the limits of the State, who is a graduate of a regular medical college in good standing, and who adopts and conforms to the code of ethics of the American Medical Association, shall be eligible to membership in this body."

The reading of this section precipitated another discussion. Dr. Rosser moved that the word "white" be inserted before "man."

Dr. Knox requested him to explain what he meant by "white," and wanted to know whom he was anxious to exclude.

Dr. Rosser said it was well known what "white" meant, and that it was the intention to exclude negroes.

Professor Keiller: "I have seen much of the civilized world and yet it has remained for me to come down here in Texas to find that a man of scientific education and training should be excluded from a body composed of scientific men because of his color."

Professor Clopton: "The gentleman has not been in the South long enough to appreciate the prejudice which exists in the minds of the Southern people against anything like social equality between the whites and negroes. I desire to offer an amendment to that section, which is that every regularly educated physician, except negro physicians, shall be eligible to membership in this body."

This amendment was seconded and carried by an overwhelming majority. It permits lady physicians who are graduates of regular colleges, and who are otherwise qualified, to become members of the Association.

Dr. C. L. Gwyn, of Galveston, offered an amendment, having for its object the election of officers of the Association by all the members present, and doing away with the nominating committee.

After considerable discussion, a vote was taken, and Dr. Gwyn's amendment was rejected.
The question of trials and discipline having been practically settled by the continuation of the rules defining the attitudes of the State Association to County and District Associations, no great discussion was had, and the by-laws formed by Dr. West was adopted.

A vote was then taken on the constitution and by-laws as a whole, and it was adopted.

The Committee on Treasurer's Report found it correct and endorsed same.

Dr. West stated that a medical journal was anxious to secure the paper read by Dr. David Cerna on Tuesday, and moved that the rule prohibiting the publication of papers read before the Association previous to their appearance in the published proceedings be suspended in the case of Dr. Cerna. This gave rise to a lively discussion, quite a number of members standing out for the enforcement of the rule. Dr. Cerna explained that he was anxious to secure the publication of his paper at the earliest date possible, since he had embodied in it the results of scientific investigations made by himself, and he was anxious to secure priority for them. If he waited until the regular proceedings were published, some one else might make the discoveries he had made, and he would lose all the credit and honor.

Dr. Scott moved that any member of the Association may be permitted to publish his paper or papers at any time he sees fit to do so, provided due credit is given the Texas State Medical Association.

A motion to table this was lost, and then it was carried by a good majority.

At this point the Judicial Council came in, and reported the following named gentlemen entitled to membership:

Dr. John B. Haden, Galveston.
Dr. J. E. Wall, Carthage.
Dr. T. Flavin, Galveston.
Dr. Allen J. Smith, Galveston.
Dr. A. H. Norton, New Braunfels.
Dr. F. M. Duke, Alvin.
Dr. R. M. Sproule, Wallisville.
Dr. C. C. Barrell, Galveston.
Dr. W. J. Bearers, Houston county.
Dr. J. M. Largent, McKinney.
Dr. J. W. Hale, Waco.
Dr. W. A. McAlpine, Galveston.
Dr. V. P. Armstrong, Dallas.
Dr. A. J. Farrell, Wharton.
The resignation of Dr. J. M. Litten, of Austin, was read and referred to the Judiciary Council. Accepted, and Dr. Litten was then elected an honorary member.

On motion, Dr. S. O. Young, of the Galveston News, formerly Secretary of the State Medical Association, was elected an honorary member of the Association.

The hour for adjournment having arrived, the Association adjourned until 2:30 p. m.

AFTERNOON SESSION.

Section on Practice resumed work, First Vice-President Bell presiding.

The first paper was one by Dr. James Kennedy, of San Antonio, on "Reconversion of Peptone into Albumen, etc."

Dr. Kennedy explained that he had not had time to complete his paper so as to show the medical portion of it, but would read what he had, which related to chemical changes he had found to take place. He then explained a number of investigations he had carried on, and gave the results. The paper was very learned, but dealt too much in chemical changes, etc., to prove very attractive to the average physician.

Dr. Cerna discussed the paper. He said that Dr. Kennedy had gone over the ground very thoroughly, and had conducted his investigation with much intelligence. There were many factors which enter into the coagulation of the blood. Just what the important one is, we are unable to say. It is true that we have many theories, but we know few absolute facts. Dr. Kennedy had spoken of fibrine plastine and the difficulty of separating it, and yet it was not necessary. The same is true of fibrinogen and fibrine ferment. Both may be present, and yet no coagulation occurs until an inorganic salt is introduced. In his opinion, an inorganic salt is the chief factor in coagulation of the blood. The subject was one inviting the closest study and investigation, and he hoped Dr. Kennedy would continue his research.

On motion, Dr Kennedy's paper was referred to the Publishing Committee.

There were other papers on general medicine, but the time having expired they were all referred to the Publishing Committee, and the

SECTION ON OBSTETRICS AND DISEASES OF CHILDREN was called on.
Dr. Irvin Pope, of Tyler, took the chair, and Dr. I. E. Clark, of Schulenburg, acted as Secretary.

Dr. Pope read the report of the chairman. It covered a great deal of ground, and dealt with subjects with which all present were perfectly familiar, and with which they had had much experience. The first portion dealt with obstetrics, and the second with diphtheria and kindred diseases of children.

Dr. Sears spoke of that portion relating to membranous sore throat, and gave his experience in its treatment. He was listened to with great attention, for all present value his extensive experience.

Dr. W. R. Blaylock, of McGregor, referred briefly to the obstetrical, and then passed to other portions of the paper, to diphtheria and membranous croup. In his opinion, there were two kinds of diphtheria bacillus, only one was the genuine, and when this was present the patient generally died. He related a recent case in his practice, that of a child. All the symptoms were those of true diphtheria, and yet no other cases followed, though the conditions were very favorable for their development. Just when he got ready to perform tracheotomy, the child died. He performed the operation anyway.

Prof. Thompson referred to the obstetrical portion of the report, and spoke of the treatment of the cord in newly born infants. Dr. Pope had stated that the cord required no treatment or special bandages. Prof. Thompson differed with him, and thought that in this climate the cord should be treated on surgical principles, and should be washed with antiseptic preparations. There was so much in Dr. Pope's paper that he scarcely knew where to begin or end a discussion of it. He would content himself by advocating the use of antiseptics on the cord.

Dr. Christian settled the question of antiseptic treatment—at least to his own satisfaction—by stating that he had never tried it but once, and that two weeks later he was sent for by the mother, who wanted to know what on earth he had done to that cord, for it was as fresh and green then as when he had dressed it. That cured him of using antiseptics.

This closed the discussion of Dr. Pope's paper, and the next paper was read. This was on "Paracentesis Capitis in Hydrocephalus," the report of a case by Dr. N. A. Olive, of Waco.

Prof. Thompson opened the discussion. He thought that frequent tapping in such cases was useless, if not absolutely harmful. Some method of drainage would be better. The pro-
longation of the life of a child for a week or two was absolutely useless, as death was inevitable. He could see no good that could come from it.

Dr. Olive's paper was then referred to the Publishing Committee.

"Placenta Prævia with Instruments for Treating Same," was the title of the next paper, read by Dr. Q. C. Smith, of Austin. Prof. J. F. Y. Paine, of Galveston, discussed this paper at some length, and delivered an admirable address on the subject, pointing out that the chief danger from placenta prævia is hemorrhage, and suggesting the best modes for preventing and arresting this.

After some further discussion by Prof. Keiller, and a rejoinder by Dr. Smith, the paper was referred to the Printing Committee, and the Section on Obstetrics adjourned.

SECTION ON SURGERY.

The Section on Surgery was then opened, the chairman, Dr. A. B. Gardner, of Bellville, postponing his report until morning, in order to allow Prof. J. E. Thompson an opportunity to read a paper on "Whitehead's Operation for Hemorrhoids Considered from an Anatomical and Pathological Standpoint." Prof. Thompson had several anatomical specimens and plates with which he illustrated his lecture. The paper created great interest.

Dr. A. F. Sampson, of Galveston, having a paper on the same subject, was invited to read it, so that both might be discussed. He did so, delivering a fine address on "A Modified Whitehead's Operation." The modifications were his own, and were intended to do away with the chief objection to Whitehead's operation, the danger of hemorrhage.

The discussion was full, and covered the ground thoroughly. It was opened by Dr. Hadra, and participated in by Dr. Brittain, Dr. Knox, and others. The discussion was extremely interesting.

Adjourned till 9 a. m., Thursday.

THIRD DAY.

MORNING SESSION.

Prayer by Rev. Dr. Byrd, Episcopal church.

Minutes dispensed with.

SECTION ON SURGERY

resumed, Chairman A. B. Gardner in the chair.
Dr. Gardner, as chairman, read his report, which had been passed over the previous evening; in order to allow Prof. Thompson to read his paper. Dr. Gardner's report was listened to with rapt attention, and at the conclusion of the reading was referred to the Publication Committee, without debate, the reports of chairmen not being debatable.

"A Case of Splenectomy, with Recovery," was the title of the next paper, by Prof. J. F. Y. Paine, of Galveston, and proved a most interesting one. It was a report of a case in which the spleen had been successfully removed from a lady in this city by Dr. Paine. The paper described at length the history of the case, and gave each detail of the operation, and the treatment afterward. The lady herself was present, and her appearance was the best evidence of the success of the operation. The paper was received, and referred to the Publishing Committee.

Dr. Clay Johnson asked if the blood of the lady had been examined since the operation, and was told that no satisfactory examination had yet been made, because of the want of proper instruments at the hospital with which to make it.

Dr. J. D. Osborn asked if the prognosis was such that Dr. Paine thought that the woman would die if the operation were not performed. He asked because he had had a similar case in his own practice recently, one which presented nearly the same symptoms that appeared in Dr. Paine's patient, and which had recovered without an operation.

Dr. Pope described a case where an operation was indicated. The cause in this was an injury received in a railroad wreck. The patient received $5000 damages, and was enabled to change climates, and the last time he heard from him, he was well.

Dr. Shearer, of Wallisville, gave the history of an interesting case, recently occurring in his practice.

The next paper was called for. "The Treatment of Depressed Fractures of the Skull," was the title of an interesting paper by Dr. P. C. Coleman, of Colorado. It was received and referred.

Dr. B. E. Hadra, of Galveston, was much pleased with Dr. Coleman's excellent paper. In his opinion, it was a superb report, and so rich in suggestive facts that it was hard to find the most appropriate point to discuss. However, he would say that in all cases of the kind reported, he favored the most thorough exploration of the brain. "You need not be afraid," said he, "it is utterly ridiculous the way you can probe and cut into some parts of the brain. When the injury is on the forehead, or the
front part of the brain, you can even cut pieces of the brain away, and it will do no harm. I've tried it, and am simply telling you what I know from experience. I don't know what use the front part of the brain is any way.' He then related a number of cases in which he had cut huge chunks of the skull out, and run his finger around the convolutions of the brain, seeking for injured portions. In only one of perhaps twenty such cases, had the patient died, and that was a long time after the operation had been performed. Before Dr. Hadra had finished, his time had expired, but by unanimous consent of the members, he was permitted to continue his interesting talk.

Dr. C. A. Smith, of Tyler, told of a case which had recently come under his treatment. The man's skull had been literally torn off on one side of his head, and a deep furrow cut in the brain substance, by a railroad engine. The man recovered, and is now working on a section. In his opinion, immense injury could be done the brain without apparent bad effect.

The Section on Surgery was then suspended, the Judicial Council came in, and reported the following gentlemen eligible to membership, and they were elected members:

Dr. L. C. Red, Houston.
Dr. C. T. Hughes, Houston.
Dr. J. W. Scott, Houston.
Dr. W. J. Ducie, Galveston.
Dr. Frank King, Lampasas.

MEMORIAL SERVICES.

The hour set aside for holding memorial service having arrived, President Osborn called Dr. C. M. Rosser, of Dallas, chairman of the Committee on Necrology, to the chair.

Dr. Rosser stated that Dr. E. J. Ward, of Waxahachie, was the only active member of the Association who had died since the last meeting of the Association. He then reviewed the life and works of Dr. Ward, and paid high and feeling tribute to his memory. It was suggested that Dr. A. B. Burroughs, a brilliant young physician, had also died during the year. He not being an active member at the time of his death, however, no official notice could be taken of it, according to the rules of the Association.

It was then moved and carried that all ex-members of the Association who had died during the year be placed on the roll of active members, and that their names be enrolled among the list of active members who had died. A committee was appointed
to draft suitable resolutions, to be presented at the meeting in the morning.

Adjourned.

AFTERNOON SESSION.

Chairman Gardner called the Association to order promptly at 3:30 o'clock, and the sitting of the

SECTION ON SURGERY

was resumed.

"The Treatment of Tetanus," was the title of a splendid paper by Dr. George H. Lee, of Galveston. It was received, and referred to the Publishing Committee.

The members were anxious to discuss Dr. Lee's able paper, and one or two tried to do so, but the chairman stated that there were too many papers yet to be read, and too many Sections to report, to allow discussion. All the other papers were then read by caption, and referred to the Publishing Committee.

This closed the work of the Section on Surgery, and the Section stood adjourned.

SECTION ON MEDICAL JURISPRUDENCE

was called on. The Chairman and Secretary both being absent, and no papers being before the Association, that Section was passed.

SECTION ON STATE MEDICINE

was then convened, Dr. C. M. Rosser, of Dallas, in the chair, and Dr. I. E. Clark, of Schulenburg, Secretary.

Chairman Rosser then read a valuable and interesting paper on

PRACTICAL METHODS OF SEWAGE DISPOSAL.*

Dr. Blaylock said he had listened with the greatest interest to Dr. Rosser's magnificent paper, and was much impressed by it. It was of the greatest importance to every town and city. The plan of subjecting faecal matter to the high temperature of 350 degrees destroyed all disease germs, and rendered it harmless.

Dr. Armstrong, City Physician of Dallas, spoke in high terms of the apparatus of Dr. Rosser. It was the most perfect system he knew of.

Dr. Burroughs, of Houston, indorsed the paper from the first line to the last. The apparatus described by Dr. Rosser was the great need of the hour.

Dr. Christian thought the most important duty a physician

*This paper will appear in full in the Texas Sanitarian for May.—Ed.
has to perform, is to protect the public health. No small towns relying on wells for a water supply could be healthy, unless the proper removal of filth was looked after. The physician should impress on the people the importance of proper sewers and the disposal of sewage. He regarded a system of disposing of sewage as cheaply as the one offered by Dr. Rosser, a public blessing.

Dr. Brittain gave Dr. Rosser's apparatus the strongest indorsement. "It is to our interest to let the people get sick," said he, but we don't want them to get too sick. I regard the paper as the best and most timely that has yet been read, and think the people of Texas should have the benefit of it at once. I therefore move that our rule be suspended, and that the paper be given to the press of the State, with the request that they publish it and give it the widest circulation possible."

This was seconded by half a dozen members, and it was carried unanimously.

Dr. Burroughs, of Houston, suggested that the newspapers be requested to head the article "Cholera" in big letters.

Another member suggested "C. C. C." as a suitable heading, stating that these letters stood for "Certain Cholera Cure."

Dr. David Cerna was to have read a paper, "Some Thoughts on Higher Medical Education and Medical Ethics,* but suggested that in view of the many important papers yet to be read his own be referred to the Publishing Committee, which was done. The members took this action with regret, for recognizing Dr. Cerna's ability they looked forward with pleasant anticipation to the reading of his paper. The

SECTION ON GYNECOLOGY

was then called, Dr. J. F. Y. Paine, Chairman, and Dr. George H. Lee, Secretary.

Dr. Paine delivered an admirable address. It was thoroughly scientific, as all that comes from his pen is; it was replete with common sense suggestion and in this respect intensely practical. Every mother and every keeper of a boarding school for young ladies should have a copy of the first portion of it. Unfortunatel y the rules of the Association prohibit the discussion of a chairman's report, but, fortunately they do not prohibit thinking about it, and that is what most of the members will do for some time about Dr. Paine's paper. Dr. Paine, being called away at

*Dr. Cerna's paper on Medical Education and Medical Ethics will appear in next number of Daniel's Texas Medical Journal.—Ed.
the conclusion of his address, requested Dr. Osborne to preside over the Section.

"A Contribution to the Pathology of the Fourchette" was the title of an interesting paper read by Dr. B. E. Hadra, which was referred to the Publishing Committee.

"Cervical and Corporeal Endometritis" was the next paper read by Dr. Wm. M. Cunningham, of Bastrop. Received and referred.

All the other papers were read by caption and referred.

"Pelvic Peritonitis and Cellulitis" was the title of a paper to have been read by Dr. Wm. Keiller. He wished to withdraw it, and after some discussion was permitted to do so. The Section was then adjourned.

Dr. C. F. Paine, a member of the Committee on President's Message, asked that the committee report, made during the morning session, be returned to the committee, so that the report could be amended. The request was complied with.

The Nominating Committee, of one member from each county, then came in and submitted the following list of officers and committee-men for the ensuing year:

NEW OFFICERS.

President, J. H. Sears, Waco.
First Vice-President, C. M. Rosser, Dallas.
Second Vice-President, E. M. Rabb, Hallettsville.
Third Vice-President, W. A. Watkins, Kemp.
Secretary, H. A. West, Galveston.*
Treasurer, J. Larendon, Houston.*

JUDICIAL COUNCIL.

To fill vacancies on the Judicial Council: R. Rutherford, Harris; S. Cunningham, W. B. McKnight, Parker; L. Ashton, Dallas. Orator, W. R. Blaylock.

Section on Practice of Medicine: J. C. Jones, Chairman; I. E. Jones, Secretary.
Section on Obstetrics and Diseases of Women: Ed. Randall, Galveston, Chairman; A. B. Gardner, Denison, Secretary.
Section on Surgery: C. A. Smith, Tyler, Chairman; Clay Johnson, Corsicana, Secretary.
Section on Medical Jurisprudence and Psychology: B. F. Britain, Jacksonville, Chairman; C. F. Paine, Comanche, Secretary.

*Elected in 1891 for five years; holds over.—Ed.
Section on State Medicine and Hygiene: T. J. Bennett, of Austin, Chairman; A. M. Armstrong, of Crawford, Secretary.
Section on Gynecology: G. W. Christian, Burnet, Chairman; R. W. Knox, Houston, Secretary.
Section of Ophthalmology and Otology: J. V. Spring, of San Antonio, Chairman; ——, Secretary.
Section on Dermatology: F. E. Daniel, Austin, Chairman; S. E. Hudson, Austin, Secretary.
Committee on Publication: Continued.
Committee on Necrology: Continued.
Committee on Microscopy and Pathology: Allen J. Smith, Galveston.
Committee on State Board of Health: R. M. Swearingen, Austin.
Time of holding next meeting: Fourth Tuesday in April, 1894. Place: Austin, Texas.
Committee on Arrangements: A. N. Denton, Austin.
Adjourned to Friday morning.

FOURTH DAY—FRIDAY.

MORNING SESSION, MAY 5, 9:45.

No minister present, prayer dispensed with.
Section work was resumed, and Dr. C. F. Paine, of Comanche, read an exhaustive and valuable paper entitled "Pneumonitis," some notes on its treatment, which was received and referred to Publishing Committee.

Dr. David Cerna was much pleased with Dr. Paine's excellent paper and thought that it was worthy of the freest and widest discussion. There was one fact, which, in his opinion, should never be lost sight of—in pneumonia the disease is in the lungs, but the danger lies in the heart. He, therefore, considered cardiac stimulants as of the utmost importance. Alcohol might be used in the first stages, but never in the latter, because alcohol was a depressor as well as a stimulant and the constant use of it during the progress of the disease would necessitate larger doses later on, which might have the reverse effect of that intended. He warned the members against the use of coal tar derivatives. They were all, without exception, heart depressors. The use of antipyrine in pneumonia he considered as absolutely criminal. In the latter stages of pneumonia the heart was weak from overwork and anything that depressed it, might prove fatal. He favored the use of digitalis which possessed the quality of being...
a stimulant as well as furnishing food for the heart. Digitalis feeds the heart and stimulates the nerve centres. He favored using it in large doses; never in small ones.

Dr. Knox, of Houston, said that pneumonia was a self-limiting disease, and in his opinion the least medicine given the better it was for the patient,

Dr. Christian thought that the duty of the physician in such cases was first to relieve pain and then insure the recovery of his patient. Counter-irritants would do the former and proper food the latter. He then related some recent cases in his own practice, when the free use of cold water had been followed by the happiest results.

Dr. S. Ashton, of Dallas, endorsed the cold water treatment and also advocated blood letting. He knew that bleeding was not fashionable or popular but he had tried it of late, and in every case where it was indicated and he had bled, the best results were obtained. He had tried it time and again.

Dr. Cunningham also advocated cold water in pneumonia but thought extreme caution should be observed in its use. The sudden application of cold water often caused more injury than good. This was an important point for the physicians to bear in mind.

Dr. H. A. West, at the request of Dr. Cerna, discussed the paper and gave it the strongest indorsement.

Drs. Denton, Shearer, McLaughlin and Bell also made interesting talks, giving their conclusions drawn from experience as to the best methods of treating the disease under discussion.

The Executive Session was then resumed and the minutes of whole session were read and, after corrections had been made in some points, they were approved.

The remaining Sections were called on and all papers were read by caption and referred to the Publishing Committee.

The Section on Ophthalmology and Otology held a special session in the ladies' waiting room of Harmony hall, Dr. George P. Hall, Chairman, and Dr. William H. Baldinger, Secretary.

Promptly at 2:30 o'clock p. m., the Section was called to order.

In lieu of the usual annual report on the progress in ophthalmology and otology, Dr. Hall read a very interesting paper, entitled, "A Contribution to the Study of Insufficiencies of Ocular Muscles and Measures Directed to Their Relief," which was favorably received and fully discussed by Dr. Pope, of Dallas, Dr. Hodges, of Galveston, and Dr. Moss, of San Antonio.
The next paper on the list, "Trachoma or Granular Conjunctivitis," by Dr. Haughton, of Midland, was read by caption and referred to the Publishing Committee, as was the paper by Dr. Carter, of Corsicana, entitled "Paralysis of Accommodation as a Sequelae."

Dr. Spring, of San Antonio, next read an interesting paper entitled "Neurosis of the Eye Due to Stricture in the Male Urethra, With Cases," which was discussed at length by Dr. Chilton, of Dallas, Dr. Hall and Dr. Hodges, of Galveston, and Dr. Irvin Pope, of Tyler.

Dr. B. A. Pope, of Dallas, next related several interesting cases of tobacco amblyopia, which were instructive from the fact of treatment by hypodermatics of cocaine and combined medicalation of pilocarpine, cocaine and strychnine, and also entertained the Section with experiences with menthyl-violet in carbuncle, furuncle and "treatment of certain tumors of the face and eyelids with menthyl-violet."

Dr. Hodge's paper on "Dislocation of the Lens" was then read and fully discussed by Drs. Pope, Spring, Chilton and Hall.

"Treatment of Strabismus," by Dr. Chilton, of Dallas, proved an interesting paper, and was discussed by Drs. Moss, Haden, Spring, Pope, Hall and Hilgartner.

A paper by Dr. Hilgartner, of Austin, entitled "Thiersch's Skin Grafts for Pterygium," proved most interesting and was most favorably received, and there being no further business the Section adjourned.

In an informal meeting after adjournment, the question as to the advisability of forming

A STATE OPHTHALMOLOGICAL AND OTOTOLOGICAL SOCIETY
was discussed, and a committee of three—Drs. Hodges, of Galveston, Spring, of San Antonio, and Hilgartner, of Austin—was appointed to take active steps during the coming year to formulate matters concerning the organization of such a society, and to correspond with all ophthalmologists in the State, and report at the next meeting of the State Medical Association.

Dr. Hall announced that the formation of this society was in no manner to detract from the membership of the State Medical Society, but simply intended to bring all interested in this field to closer relation and fellowship. It is the intention of the organizers to meet annually at the same point as the State Association, and one day previous, and will in no way interfere with the work of the Association, but to develop more strength and interest in section work of ophthalmology and otology.
THE PRESIDENT'S ADDRESS

Was delivered at 8 p. m., Thursday, third day, at the Garten Verein: after which a dance was indulged in by the young people, a great many ladies being present. A splendid "buffet lunch" was spread in the Club house at the "Garten," and members indulged in "bowling," both at the alley and at the Club house. The social features of the meeting were very pleasant. A reception at the house of Congressman-elect Gresham; a ride over the city, several sails on the bay and excursions to the jetties. On Friday a large number of delegates and citizens with their ladies made a trip on the U. S. Revenue Cutter Galveston, down and all around the bay; another party on the quarantine steamer Hygeia, etc., etc. There was no banquet and no speeches.

There were four of the original organizers of the Association on the floor; and another, who as a medical student, participated in the birth of the Association—Dr. D. F. Stuart, the only man now living who signed the original call for the first meeting in Houston; Dr. T. J. Heard, of Galveston, the first President of the Association; Dr. J. H. Sears, of Waco, who had just been elected President; Dr. J. Larendon, the perpetual Treasurer, who has never missed a meeting since the organization.*

Meantime, in general session the President appointed the following Committee on Scholarships in the medical college: Drs. J. F. Y. Paine, H. A. West and Ed Randall.

Dr. Tucker introduced the following resolution, which was adopted:

Resolved, that it is in violation of the code of ethics for a member of this Association to associate himself in partnership with an undergraduate, and that any violation of this will be punished by expulsion from this Association.

Dr. Christian moved—and it was duly seconded and carried—that a special vote of thanks be given Dr. T. Flavin for the excellent stenographic record of the meeting he made.

Dr. Allen J. Smith spoke of the efforts being made by the medical college to secure specimens for the college museum, and invited all members to contribute specimens.

The hour having arrived for the induction of the new officers of the Association into office, President Osborn appointed Dr. D.

* Dr. D. R. Wallace, of Waco, was one of the organizers we are quite sure.—Ed.
F. Stuart, one of the founders of the Association, and Dr. P. C. Coleman as a committee to escort President-elect Sears to the stage.

The committee performed its duty gracefully, both Drs. Stuart and Coleman making happy speeches in introducing the new President. Dr. Sears returned his thanks for the honor, saying that he rather regretted that the honor had been put upon him, for it deprived him of the greater distinction of being the only one of the organizers of the Association who had never held office. His speech was warmly applauded.

Drs. Bell and Grammer were appointed by the chairman to conduct Vice-President Rosser to the stage. Dr. Bell introduced Vice-President Rosser in a neat speech, and Dr. Rosser thanked the Association for the honor done him.

The second and third Vice-Presidents were absent, and therefore could not be inducted into office.

Dr. Osborn, the retiring President, made an eloquent and feeling address in turning over the high office he had held to his successor. He thanked the Association for the honor it had conferred upon him, and the members for their uniform courtesy and the assistance they had given him.

At the conclusion of Dr. Osborn's address Dr. Bell offered a series of resolutions, which were adopted, returning thanks to the railroads, the mayor and citizens of Galveston, Colonel and Mrs. Gresham, the News and the Post for their reports, etc.

Resolutions were also adopted indorsing in the strongest terms the John Sealy training school for nurses.

On motion of Dr. J. F. Y. Paine, a vote of thanks was given Dr. Orborn, the retiring President, for the able and impartial manner in which he had conducted and managed the affairs of the Texas State Medical Association during the past year.

The Association then adjourned to meet next year in Austin.

Circulars are being scattered among the physicians of the United States in favor of the proposed international memorial to be erected to the honor of Semmelweis, whose great service in establishing our knowledge of the origin and prevention of puerperal fever and the antiseptic treatment of child-bearing women is now generally recognized. Subscription can be forwarded by P. O. or by check to the Treasurer, Dr. J. Elischer, Budapest, Hungary, Petőfi-tér No. 1.
The Texas State Homeopathic Society was to have met at San Antonio on the 9th instant, but members did not materialize. Same thing happened last year, when meeting was called for Galveston. Alas! poor Yorick. When Fisher left Texas he carried “The Texas State Homeopathic Society” in his pocket; he was head, tail and body of the layout.

State Medicine.—It was a deserved compliment to our esteemed contemporary of the Texas Sanitarian, and a graceful recognition of his labors, to elect its editor, Dr. T. J. Bennett chairman of the Section on State Medicine and Public Hygiene. The Texas Sanitarian is a “clean” journal of sanitation. That may sound like a paradox, but it will be understood.

The Cisco Cyclone.—The friends of Dr. S. H. Stout throughout the South will rejoice to learn that the distinguished veteran surgeon and teacher was spared in the terrible visitation which destroyed Cisco. The Doctor writes in reply to an anxious inquiry: “Thank God, none of my family received any injury; a part of my residence was moved from its foundation. My loss is small.” Not a church, school-building or hotel survived the crash.

The Legislature of the great State of Ohio has proved itself
the highly representative body it has always been held to be, by
enacting a law for the regulation of the practice of medicine and
for requiring an examination before any man or woman shall be
permitted to enter into practice of medicine—upon horses. The
same high-minded body which thus distinguished itself refused
even to give a decent hearing to a bill regulating the practice of
medicine among human beings.

According to Dr. Jones, of New Orleans, during a period of
thirty-eight years (from 1842 to 1880) 19,233 cases of yellow
fever were treated in the Charity Hospital of that city, of which
9,667 (50.2 per cent.) terminated fatally. From 1844 to 1880 a
total of 304,213 cases of various fevers, including yellow fever,
were treated at the same institution, with a total of 43,718 deaths.
Throughout the whole city during the same period there were
28,739 deaths from yellow fever, but during the same period
there were also 24,071 deaths from pulmonary tuberculosis, and
a grand total of 242,426 deaths from all causes.

Roll of Honor, Tex. Med. College.—First year students;
the two sons of Dr. T. D. Wooten (President Board of Regents,
University of Texas), Joe. Wooten and G. H. Wooten, are two
of five who took first honors, by competitive examination, in
anatomy; of four in physiology; of three in each, materia medica and pathology. Second year; J. H. Sampson took first honor
in anatomy, physiology, surgery, obstetrics, pathology, histology
and materia medica, and won the histological prize. In physi-
ology, honors were divided with Duggen and Thompson.

Third year; T. T. Jackson took first honor in surgery, medi-
cine and therapeutics, and won all three medals, one given by
the State Medical Association, one by Dr. Keller, of Arkansas,
and one by the College Faculty. The JOURNAL congratulates
these young gentlemen on this great distinction.

The Commencement Exercises of the Texas Medical College
(Medical Department University Texas) were held in Harmony
Hall, Galveston, May 2. A vast audience of Galveston's elite
graced the occasion, and the interesting event occurring during
the time of the meeting of the Texas State Medical Association,
a large number of medical men were present. There were two
graduates—Drs. T. Terrell Jackson and Wm. Gammon. Their
diplomas were presented by Hon. T. D. Wooten, M. D., Presi-
dent Board of Regents. Prof. Paine, Dean of the College, delivered the annual address and presented the medals. We regret that on account of our very full report of the Texas State Medical Association which appears in this issue, we are compelled to omit our correspondent's very interesting report of the Commencement, and the many pleasant and important events connected therewith, as well as all mention of the social and other incidental features of these two occasions. Dr. Gammon received his diploma by proxy, he having gone to Philadelphia to compete for an Internership in a hospital.

Medical News and Miscellany.

Dr. W. G. Jameson, Chief Surgeon of the I. & G. N. Railroad at Palestine, is at the New Orleans Polyclinic.

Dr. A. W. Fly, President Galveston County Medical Society, is a candidate for mayor of Galveston and will doubtless be elected.

Prof. Seth M. Morris, M. D., Professor of Chemistry, Texas Medical College, has been re-elected by the Board of Regents at the recent annual meeting held in Galveston.

Dr. H. C. Grace. The JOURNAL is pained to learn of the death, at Oakwood, Texas, recently, of Dr. Harry C. Grace, a talented physician and an old subscriber to the JOURNAL.

Prof. J. E. Thompson, M. D., Professor Surgery in the Texas Medical College, (Med. Dep. Univ. Texas,) will leave for Europe very shortly and will be absent three months, returning by the first of September.

The Belgian Academy of Medicine has offered a prize of 4000 francs ($800) for the best essay upon the pathology and treatment of epilepsy. Papers in competition must be presented before February 1894.—Ex.

Dr. J. H. Sears, of Waco, the newly elected President of the Texas State Medical Association, was one of the organizers of the Association (1869). His election gives very general satisfaction; it is a merited compliment.

Another Four-Year School.—The Women's Medical Col-
lege of Pennsylvania has advanced the requirements for graduation to four years. All new matriculants must now take four annual courses of lectures. Thus of Philadelphia's five medical schools, two have recognized the demands for advanced medical training.—Ex.

Honors to American Physicians Abroad.—Professors Horatio C. Wood, Edward T. Reichert, Hobart A. Hare, of Philadelphia, and Allen J. Smith, of Galveston, have been made corresponding Fellows of the Sociedad Española de Higiene, of Madrid, in recognition of their valuable contributions to medical science.

Dr. J. B. S. Holmes, of Rome, Ga., whose infirmary was burned in January, has leased some residences and had them fitted up for temporary use as an infirmary and is now, May 10, ready for the reception of patients. His infirmary is being rapidly re-built. Dr. Holmes' fame as a surgeon-gynecologist is too well known to require mention in this connection.

For Sale.—Dr. W. B. Anderson, whose card appeared in the Journal last winter, now, since his expected trip is close at hand, offers his property for less than cost. This is certainly an unusual opportunity, for the Doctor can put a physician into an annual $2000 practice at once without opposition. Address him at CONTENT, RUNNELS CO., TEXAS.

Triplets.—Dr. R. H. Eanes, of Taylor, Texas, reports to the Journal a case of triple birth in his practice. Mrs. W., second labor, first a boy, gave birth to three boy children on the 2d of May inst. The birth was premature by six weeks, and the children died. "With the first two, the head presented; third, breech presentation. No difficulty or delay in delivery. Weight, 2½, 3 and 3½ pounds respectively."

Our attention has been called to an article "The Nostrum Cancer" in the March number of Merck's Bulletin—the Hessian trade journal of Merck's drug house, Hesse Darmstadt, Germany. Is the German a better chemist than the American? Is not the reverse true? Are the German products advertised in this German trade journal any more ethical than those made by the American chemist and advertised in medical journals? Glance at the articles advertised by German chemists in this trade journal; what do you learn about their formulæ? and how
to make them? Examine carefully and draw your own conclusions. Are the medical journals of America more venal and ignorant than the German medical journals? Is the German doctor a better physician than the American? Is it not time for the medical journals of this country to assert their Americanism, and sit down on this German impudence?

Surgical Instruments.—A recent number of Meyer Bros. & Co.'s St. Louis Drug Magazine states that the Fort Worth Pharmacy Company, of Fort Worth, carries the largest stock of Surgical Instruments and mechanical curative devices in the Southwest. We are personally acquainted with these people and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of Electric Batteries and two manufactories of Physicians' Chairs. Write to them for what you may want.

Beauties of the English.—Fastidious, was Doctor DeLisle; he affected the "heavy-swell" stysle; when a lady he'd meet in crossing the street, he'd dexterously doff his new tisle. A sharper, was Doctor Carlisle; tho' his face was all innocent of guise. He'd back "a small pair," with a nonchalent air, and rake in the whole of the pisle. Lazy was young Doctor Wright. He hated to get up at wnight; but when he did go he made a great show, and knocked the case higher than a wkight. Busy was old Doctor Pugh; he had more'n he sometimes could dugh. But he went day and night, for all 't was in sight, and of funerals,—well, he had not a fugh. Then there was a new Doctor named Talliafero.* He hailed from somewhere up about Bolliafero. He drove an odd pair,—a horse and a mare, and his "cub" was a boy they called Oliaferro!

C. U. LATER, M. D.

*Pronounced "Tolliver."—Ed.
Book Notices.

The International Medical Annual and Practitioner's Index for 1893. Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M. D., Secretary of Staff. 626 octavo pages. Illustrated. $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this one-volume reference book is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the Profession, as providing, at a reasonable outlay, the handiest and best resume of Medical Progress yet offered.

The arrangement of the work is alphabetical, and with its complete index makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years—$2.75.

Publishers' Notes.

To Cure Leucorrhea is easy enough, if you know how. We will tell you how to do it. Use Chloro-Phénique. See?

The Celebrated Baltimore College of Physicians and Surgeons has an advertisement with us again. Please read it, and write to Dr. Opie for further information.

The Bedford Mineral Springs, Pennsylvania, are advertised in this issue. We suggest to our readers to write to the address given, and obtain full information and testimonials.

Following Mr. Howells' lead, apparently, both Frank R. Stockton and Mrs. Frances Hodgson Burnett have gone over to The Ladies' Home Journal, and the most important works by these authors upon which they are now engaged, will shortly see publication in this magazine.

We have had great satisfaction purchasing goods, supporters, etc., of G. W. Flavell & Bro., 1005 Spring Garden street, Philadelphia, Pa. They commenced in a very moderate way and by strict fidelity and honest goods have worked their way up to a large business.—Medical World, April, 1893.
Delicious Cocoa.—Who does not love a cup of rich and smoking hot cocoa? It is as nutritious as it is delicious, provided one gets the *right kind*, and it is properly made. Write to Walter Baker Co. for pamphlet and sample of the "right kind," mentioning advertisement in this issue.

A thoroughly competent druggist, twenty-eight years of age, married, desires a situation. Graduate of pharmacy; speaks Spanish and English, and has had ten years experience. Best testimonials as to character, and habits and qualifications. Address, "D," care this journal, Austin, Texas.

I find, after using Sanmetto, that I am highly pleased with it. In cystitis it has no equal. In atony of the bladder it is a specific, and last but not least, in gonorrhea it will cure the disease in less time than any treatment I have ever used.  

A. S. Kirk, M. D., Louisville, Miss.

The New York Polyclinic has an advertisement in this issue of the Journal, to which attention is called. It would be superfluous in us to speak any words of commendation in connection with an institution so well known and so popular with Texas physicians as this. Wyeth is a Southern favorite, and "our own" Miliken is there lecturing, also.

"Its Action in Labor."—Antikamia is prompter and more decided in its action in labor than opium, and has none of the unpleasant after effects. It may be continued in smaller doses to control after pains, and rather favors than interferes with the secretion of milk.  

J. B. Riley, M. D., St. Joseph, Mo.

Dr. Cyrus Edson, Sanitary Superintendent New York Board of Health, in the Doctor of Hygiene for March, has an article on "The uses of cod liver oil in the artificial feeding of Infants." The value of cod liver oil as a nutrient and constructive is well known and appreciated, the bad taste and the difficulty of assimilation being the great objections to its use; but Dr. Edson finds these objections practically overcome in Scott's Emulsion, and recommends that preparation in certain cases of impoverished blood, or marasmus in infants.

Nashville Medical College, Medical Department, University of Tennessee, is the first of the colleges to send us the usual summer advertisement announcing fall session. Please read it. This is one of the most popular colleges with Texas students, a large number having attended there, last session,—of which fifteen graduated. In our last issue we gave these gentlemen a special mention. Professor Cain, of this college, was expected to have been at Galveston at the meeting, but was not able to be present. Write to the Dean, Dr. Eve, for a catalogue. Mention this notice.
Professor James F. Babcock, the well-known chemical expert, for many years State assayer for Massachusetts, recently purchased in open market a sample of Walter Baker & Co.'s Breakfast Cocoa, and, after making a careful analysis, filed a certificate in which he says: "I find that Walter Baker & Co.'s Breakfast Cocoa is absolutely pure. It contains no trace of any substance foreign to the pure roasted cocoa-bean. The color is that of pure cocoa; the flavor is natural, and not artificial; and the product is in every particular such as must have been produced from the pure cocoa-bean without the addition of any chemical, alkali, acid or artificial flavoring substance, which are to be detected in cocoas prepared by the so-called "Dutch process."

Fat Men Take Notice.—Phytoline is put on the market as an "antifat," on its merits, demonstrated by long trial and careful observation. D. I. N. Love in speaking of its use says: "Clinically the results have been satisfactory. In a number of cases wherein I have directed the using of the Phytoline, for the reduction of fat, I have had favorable results, and I am persuaded that the profession is justified in the use of the medication. In the several cases wherein used, ten-drop doses were given both before and after the three daily meals, making six doses per day. The clinical reports are satisfactory. Even though as yet administering this remedy empirically, I feel that the uniformly favorable clinical results justify strong hopes from its use. I have observed nothing objectionable in its application, and shall continue to watch results with interest." See advertisement and mention this Journal.

EXPERT EVIDENCE.

Q. Doctor, what discoveries and improvements in the treatment of syphilis have been made in the past two years?
A. None.
Q. None?
A. No. I mean in the way of "new" remedies, but only in the way of our better knowledge of handling old and well known remedies. For example, your Elixir Three Chlorides, R. & H., is a perfect chemical and therapeutic combination,—one of the most potent agents in my hands known. Yet it contains no new drugs.
Q. Do you administer Elixir Three Chlorides, R. & H., according to directions?
A. Generally. Yes, I prescribe it in q. s., i. e., ad libitum.
Q. Have you ever developed toxic symptoms either of the arsenic or mercury?
A. Never.
Q. Do you consider the dose as per combination and direc-
tions large enough to meet requirements, and conform to your ideas of quantity?

A. Singly, no; but combined there is a mutually synergistic action which is not only surprising, but convincing.

Q. What do you think of Elixir Three Chlorides, R. & H., as a vehicle for kali-iodide, as a preventor for coryza, and gastric disturbances?

A. Will answer that question on further trial.

Q. What do you think of Elixir Three Chlorides, R. & H., as a general tonic in anæmia, chlorosis, and that symptomatic trouble, amenorrhæa?

A. In these troubles, it is worthy to be called a sheet-anchor. You are certainly right in speaking of amenorrhæa as a symptom, or symptomatic trouble.

Q. Then I take it you do not approve of specifics, so called, or emmenagogues?

A. They are a delusion and a fraud.

Q. Why so?

A. Answer that question yourself. What is the most rational and sensible view to take of the etiology of amenorrhæa?

Q. Well, if you put it in that way, first, we have an impoverished condition of the blood, and an insufficient quantity, and the function is thus suppressed, I might say for the protection of the patient.

A. Exactly. Now, let the uterus and ——— alone, they have nothing to do with it, and direct your efforts to the building up of the blood, and through it tone up the nervous system, and the menstrual function will reappear as a natural sequence, and amongst a few good things I know nothing better than your Elixir Three Chlorides, R. & H.

Q. Of what service do you find Elixir Three Chlorides, R. & H., in dermatological practice?

A. Theoretically, it is a good combination, and practically I have not been disappointed. I rely upon it as one of my standbys. The iron and calisaya alkaloids are tonic and feeders, while the arsenic and mercury are too well known to require discussion.

Q. On the whole, do you consider Elixir Three Chlorides, R. & H., a good standard remedy, and worthy the confidence of the profession?

A. Most assuredly, yes.

Caution.—Since establishing the fact that Elixir Three Chlorides, R. & H., is an exceedingly valuable alterative and tonic, it has led to much silent substitution, therefore, kindly specify Renz & Henry's (R. & H.) to insure a prompt and progressive result, pleasant taste, and avoid any bad features, as substitutes do not meet our claims.

We will mail to any physician supplying the missing word, a Rubber Pen Holder. RENZ & HENRY.
Original Contributions.

For Daniel's Texas Medical Journal.

**TRACHELOMORRHAPHY.**

G. J. STARNES, M. D., SAN ANTONIO, TEXAS.

[Read before the Lone Star Medical Association, at Galveston, Texas.]

The subject under consideration has been a topic of so many discussions and furnished a thesis for so many writers within the last decade, that I feel myself wholly incompetent to interest you with a paper. However, I shall endeavor to present the treatment and the principal features of the operation, together with a few cases operated upon by myself, thereby hoping to have you, in the words of Munde, "see the string on which my beads are strung."

We mean by trachelorrhaphy a suture, a term used to describe the operation for the repair of the lacerated cervix, better known in this country as "Emmet's operation." Dr. Emmet, of New York, first conceived the idea in 1862, and later, in 1868, read a paper in support of his views before the New York County Medical Society. I shall set forth, first, the treatment preparatory to an operation, and also, the treatment of the conservative, which sometimes relieves the existing symptoms and often promotes a cure. The classes of lacerations are generally three: unilateral, bi-lateral and stellate or star shaped, either of which may be diagnosed by the touch.

The initiatory treatment for a recent laceration should be: vagi-
nal douches as hot as can be borne; this serves a two-fold object, namely that of cleanliness and depleting the engorged capillaries, thereby reducing weight and congestion in the parts. The good effects of the douche may be increased by the addition of antiseptics to the lotion above named. The results of the douche are about the same, regardless of the class to which the laceration belongs. The antiseptic lotion, besides its cleansing properties, prevents the absorption of septic material, thereby warding off para-metritis and peri-metritis, peritonitis, cellulitis, metritis and a host of kindred ailments, heir to the same cause. Besides this, the antiseptic lotion has the effect of husbanding the parts—bringing the rent surfaces into apposition and often causing union from the first intention. This constitutes the bulk of treatment required in an ordinary case of recent laceration, and a great many cases go on to healthy recovery without any treatment whatever.

Where the physician finds a case of laceration which has for days and months been a source of irritation, the above treatment is wholly inadequate, but forms a splendid adjuvant to the field of other remedies that must be brought to bear before a cure can be obtained, if obtained at all. It should be borne in mind that the antiseptic douche must be used first, last and all the time.

Frequently, on examination, a crop of little cystic eminences will be found projecting from the os. These may be destroyed by puncturing with Battle's scarifier as a bistoury, allowing the watery contents to escape, and afterwards painting the parts with Churchill's iodine, cauterising with pyroligneous acid, fuming nitric acid or any cautery that will destroy the little glands that produce them; and this treatment continued at intervals from two to three times per week until they cease to appear. When a denuded surface presents itself upon the os and lacerated portion and a thin mucus discharge of an acid nature is kept up, it is plain that the acid discharge prevents healing; then alkaline washes are indicated, to neutralize the acid: Sodium phosphate, sodium borate, bismuth in solution or sprinkled dry over the parts, or a tampon, saturated with a solution or sprinkled with the powders, may be introduced and forced up well under the posterior lip of the os and kept intact for at least from twenty-four to forty-eight hours, and always followed by the hot douche, when removed. This course persevered in twice per week for four or five weeks, ought to be followed by favorable results.

In other patients there will be found protruding from the cer-
vix a thick, viscid, tenacious, discharge, which is only removed with considerable effort. Before attempting to make applications this mucus should be removed and the parts thoroughly cleansed. This may be accomplished by taking a piece of cotton in Sim's or Emmet's dressing forceps (any other may do as well but I have found these to answer my purpose best), passing it well into the cervix, and then, by twisting the mucus into the meshes or fibres of cotton, detach it. Frequently the addition of a little alcohol or carbolic acid will coagulate the mucus; it then can be seized with the forceps and removed immediately. After thorough cleansing, the parts should be cauterized with a 40 per cent. solution of carbolic acid, Churchill's iodine, chrysophanic acid, or blue vitriol, so applied as to come in direct contact with the open mouths of the little diseased glands that emit the discharge. A little absorbent cotton saturated with either of these remedies (except the blue vitriol) held with the dressing forceps may be applied over the parts. A single piece of the crude vitriol may be filed or ground to convenient shape and then used in the same manner as lunar caustic. The most popular way of treating the internal uterine mucous membrane is Sims'. This is an ordinary sound, with a canula attached to the end and made just the curvature of the cervix; this canula is uniformly perforated; being filled with the desired preparation, introduced into the cervix, then pressure upon the piston forces the menstruum out over the surface of the mucous membrane, distributing pretty nearly equal over all parts. This treatment having been effected, then a tampon of cotton wool, lamb's wool or non-absorbent cotton, saturated with glycerine, raw glycerole, pinus canadensis, or glycerole of tannin should be introduced and forced up well against the os, and allowed to remain there from twelve to thirty-six hours. After removing, the hot douche should be used three or four times per day, the patient remaining in the dorsal decubitus, hips elevated and shoulders lowered, retaining this position for about twenty or thirty minutes, after the douche has been used, so as to allow the lotion to come in contact with all the mucous folds of the vagina and os. In a goodly number of these patients will be found old cicatrices, infiltration of foreign tissue, adenoid tissue stasis, more or less superinduced by engorgement and increased weight, congestion and adhesions, all of which may be more or less relieved by painting with iodine and the use of tampons, as above mentioned. As complete and elaborate as the above course of treat-
ment may appear, one will sometimes be astonished to find that some obstinate cases fail to be benefited. Then a second and more pleasing astonishment may be enjoyed by employing a little strategem, after the following manner:

Take a little lamb's wool, saturated with glycerole of tannin, and bind around the end of a tupela or sea tangle tent, then force the tent well into the cervix until the os and lamb's wool are brought in apposition, fitting squarely against each other. The os drops down upon the floor of the pelvis, the tampon and os are brought in apposition, fitting squarely against each other. The os drops down upon the floor of the pelvis, the tampon and os are held in position by the weight of the uterus and stem of the tent, fitting like a tenon in a mortise, holds the parts in contact any length of time. This, gentlemen, is purely original, but none the less valuable in the treatment of an inflamed, painful and sometimes ulcerated os uteri, and of all the applications in my experience is most to be relied upon in the majority of chronic, obstinate inflammations and ulcerations.

INDICATIONS FOR AN OPERATION.

When the above treatment has been patiently and persistently employed, and there still exists pains in the loins, lower part of the abdomen, small part of the back, occasional sick stomach without other cause, leucorrhea and general lassitude, it is then plain to reason that an operation is necessarily imperative. We scarcely ever find all of the enumerated symptoms existing in any one individual at the same time, but any or a sufficient number will justify an operation, when no other cause for the disturbance can be cited.

OBJECT OF AN OPERATION.

The object in the operation is to aid in overcoming the subinvolution, areolar hyperplasia healing the rent, checking leucorrhea, breaking up sterility, and relieving the otherwise exhausted and depressed condition of the system, caused by the laceration.

OPERATION.

Everything being in readiness, the patient is placed in the supine position, upon a table or bed, knees flexed. We may mention here that an anaesthetic is scarcely ever indicated, as very little pain is experienced, a Sims' speculum introduced and the uterus seized with a pair of volssellum forceps and drawn down within an easy reach of the surgeon's scissors or lance. Most operators prefer Skene's hawk-bill scissors for paring the rent
surfaces; it having two advantages over the lance and one over
the ordinary surgeons' scissors. Great care should be taken in
cutting away the hardened and cicatrized tissue, as you will be
surprised to find after a sufficient time has elapsed for union to
take place, that an examination will show that the smallest re-
 mains of an old scar or burrowing tissue has prevented it. Hav-
ing cut away sufficiently all unhealed tissue, we proceed to
stitch; for this purpose the small curved Armstrong needle has
answered my purpose best. This needle is made broadest in its
anterio-posterior diameter, and when pressure is made upon the
suture, the opening made by the needle is closed, or the parts
are drawn more closely together, thereby causing it to heal more
readily, whereas in the ordinary surgeon's needle, made broadest
from side to side or lateral diameter, the opening made by the
needle is made wide and union is longer taking place. When
Jackson's angular needle for suturing the cervix was introduced,
I thought it was the coveted boon, but a few trials has convinced
me that it was not.

THREAD USED IN SUTURING.

For this operation some prefer catgut, some silkworm gut,
some silk, and others silver ligatures. I have so far obtained
the best results from the use of silver; this is not so easily re-
 moved as the silk, the catgut and silkworm gut, which being ab-
sorbed, gives them a decided preference over the silver,—naturally
enough the question is asked: why do you prefer the silver?—it
being bunglesome and hard to remove on account of the difficulty
arising on attempting to introduce the speculum to remove the
stitches. The advantages of the silver are these; when the parts
are properly pared and the sutures are twisted they are held in
perfect apposition and union takes place from the first intention;
whereas, in the use of silk and catgut there is sometimes a lap-
ping over or slipping or tucking under of edges, which prevents
union from taking place, and frequently, you find yourself in
need of making a second operation, which renders some em-
barrassment on the part of the patient, gives room to doubt your
knowledge or skill to master the situation. Most operators di-
rect that in sewing a bi-lateral laceration the stitches be
taken alternately. I have found it most convenient that when
you have the parts in position to finish one side and then under-
take the other; for the constant freeing and adjusting of the
tenaculum increases the number of wounds in the cervix, pro-
longs the operation and pain, as well as the danger, in case your patient is anæsthetized, while the results are no better than taking each in its turn and finishing it, before removing the forceps and tenaculum. You will find that the books direct that in taking your stitches you will reach back about one-fourth of an inch in inserting the needle. The fourth of an inch on two sides, and that back and front upon the small organ under consideration and in the space allotted to the operation, is not as practicable in practice as in theory, and a little experience will show that an eighth or a sixth of an inch is about all that reason will justify. In the stellate or star shaped laceration we should convert it into a bi-lateral, by cutting away the smallest projection, thereby forming one posterior and one anterior lip and proceed as before to operate. There is another class of lacerations, to which name has not, as yet been given. This laceration presents a denuded anterior or posterior lip rolled upon itself and causing a regular ectropion, as the case may be. In this class of lacerations, the paring should be carried far enough back on either side to give sufficient room to cut away all the denuded surface; otherwise you fail to get the desired results. The operation finished, all the clots removed, and the vagina thoroughly cleaned by washing with a 1-40 solution of carbolic acid or a 1-3000 bi-chloride solution, a sponge sprinkled with iodoform and placed against the os, and the uterus forced well into its normal position, then a narrow strip of iodoform gauze passed into the vagina until it comes in contact with the sponge to form a partial drainage. Then a dressing of absorbent cotton should pretty well cover the external parts, and be kept there from three to five days, when the dressing and stitching should be removed, the bowels emptied, and the patient required to remain in bed for five or six days longer. During the time the dressing is kept up, the bladder should be emptied from day to day, with the catheter.

OPERATIONS.

No. 1. Mrs. B., aged 37 years, mother of three children, youngest three years.

Symptoms: Headache, pain in back, loins, lower portion of abdomen, leucorrhea, sick stomach, pains over the pericardial region, with general lassitude. Laceration, bi-lateral. This patient presented herself in March, 1887, and was operated upon in April of the same year. I was assisted in the operation by Dr. Burchett, of Memphis, Tenn.
Results: Before the operation patient was able to do about one-fourth of the work of the healthy woman; but for the last two years, she has been doing all of the cooking for a large family, going up and down stairs a dozen or more times a day, a thing which she had not been able to do for five years.

No. 2. Mrs. H., aged 21 years, mother of one child; able to do about three-fourths of the work of the healthy female. At present perfectly healthy and stout and able to do more than the average female. This operation was made in April, 1889. Assisted by Dr. Kennedy, of San Antonio.

No. 3. Mrs. S., aged 28 years, mother of one child.

Symptoms: Poor digestion, constant cough; pain in small of back and lower abdomen, occasional sick stomach, headache and general malaise, able to do about one-half the work of the average female. Laceration bi-lateral. I was assisted in this operation by Dr. Townsend, of Victoria. This patient remained in my care only about a month after the operation, and I was not able to learn how much she was benefited by the operation, only as she stated through letters. She claimed to be considerably relieved. But in that one month there was improvement in the cough, the appetite, the strength and the sick stomach.

No. 4. Mrs. F., aged 20 years, mother of one child, the child aged 3 years; able to do about one-half of the work of the average female, symptoms about the same as those usually present in such cases. Laceration, an ectropion, assisted by Dr. Kingsley, of San Antonio. The operation was performed September 28, 1889. The patient became pregnant October 18th, of the same year.

No. 5. Mrs. J., aged 22 years, mother of one child; patient in bed, laceration bi-lateral, rectocele, rent complete into the rectum, patient unable to retain feces, operation performed in December, assisted by Drs. Johns and Kingsley of San Antonio.

Results: The patient has been able since to follow her occupation of washing and ironing.

For Daniel's Texas Medical Journal.

SUPPURATIVE APPENDICITIS—OPERATION—RECOVERY.

BY EDWARD M. ALBERS, M. D., VICTORIA, TEXAS.

GEO. H. White, male, 23 years of age. Well developed, weighing 185 pounds. Taken violently ill on the 12th of February, 1893, after eating some almonds, which he had not
thoroughly masticated; abdominal pain marked. Called in a
physician who administered morphia hypodermically, and mer-
curial purge; continued the administration of morphia until the
evening of the 15th inst., when he discharged his then medical
attendant and called me in. Found him narcotized, tempera-
ture 105°, pulse thready, but not over 100. Tongue thickly coated,
gums swollen and tender, breath offensive, no action on bowels
since the 12th, a countenance indicating anxiety and marked de-
pression; complaining of great pain and tenderness all over the
abdomen, especially marked in the right iliac region. By careful
palpation and percussion outlined a tumesfaction, occupying the
right iliac region, and extending up to or near the lower border
of the ribs. Pressure over McBurney’s point elicited pain,
marked upon firm pressure. Diagnosed the case appendicitis,
and determined not to mask the symptoms with morphia; ac-
cordingly withdrew morphia, and put him on quiniae sulp.
gr. v, every three hours, ammon. carb. 10 gr. and 5iv whisky
every three hours, rectal injections of hot water (hot as could be
borne), to be repeated every four hours,—which promptly emptied
the rectum and afforded marked relief. On following morning,
16th inst., found him much improved, temp. 99½°, pulse fuller,
tenderness considerably diminished. On the following day he re-
fused to use the hot water injections, owing to some fancied
cause;—continued to improve until the 19th. On the evening of
the 18th prescribed a saline purgative, during the night it
operated two or three times; in the morning found him with a
temperature of 102° and thready pulse. He stated that during
the nigh the awoke feeling greatly depressed. Concluded perfora-
tion had taken place, and an operation demanded; called an-
other physician in consultation, who advised delay, which was
consented to. Temperature for the next three days ranged from
102° in the morning to 104° in the evening, with pulse increas-
ing in frequency. On the morning of the 22nd, sudden and
alarming symptoms of pulmonary complication developed—resp.
36 to 40, dullness on percussion on the right chest, extending
above the nipple, complete absence of respiratory sounds, and con-
siderable cough with blood streaked expectoration. Decided to
operate at once. Ably assisted by Drs. Duncan and Thornton, I
operated under chloroform and full antiseptic measures; made a
careful dissection from McBurney’s point in an oblique direction
three or four inches to the right. Upon entering the cavity thick
and fetid pus poured out, some two or three pints, some fecal
matter mixed with the pus. After exploring the cavity, inserted a large rubber drainage tube, and packed iodoform gauze over tube and incision; did not wash out the cavity. Marked improvement followed the operation; temperature in a few hours declined to normal with a corresponding improvement in the pulse, and a subsidence at once of the pulmonary symptoms. The discharge of pus continued offensive for seven or eight days; moved bowels by glycerine enema three days after operation, inability to evacuate bladder for one week after operation; necessitating use of the catheter; after that period function returned. Removed the tube twenty-six days after operation, discharged the patient cured on the 1st of April. He has regained his weight and resumed his occupation of livery-stable man.

There are several points I wish to call especial attention to in this case. The apparent improvement after using the hot injections.

Was the saline purgative responsible for causing perforation by increasing peristalsis?

Did not wash out or pack cavity, but kept external parts clean, and used iodoform gauze over tube with an outside layer of bichloride of mercury gauze. And lastly the pulmonary complication. I find no mention of this by authors on appendicitis. My own conclusion was, the liver displaced upwards by the tumefaction thereby incroaching upon the capacity of the lung.

In conclusion I should state nothing further could be desired in this case, as the convalescence was prompt and progressive from the hour of operation.

For Daniel's Texas Medical Journal.

THE PROPRIETY OF OPERATIVE INTERFERENCE IN TUMORS OF THE BREAST.

BY VARD H. HULEN, M. D., GALVESTON, TEXAS.

[Read before Galveston County Medical Society, February 20, 1893]

TUMOR of the breast is a very common malady among women; and the disease is on the increase. According to Fordyce Barker, the mortality in New York from this cause was 400 to a million in 1875, while in 1885 it was 530 to the million. There are said to be over fourteen thousand patients dying every year in the United States from carcinoma alone.
Tumors are found in the breasts of both sexes, though the female breast is by far the most frequent site. The sex of the subject is not taken into consideration in the treatment.

In correctly classifying tumors there is considerable difficulty experienced; authorities differ more or less, yet all agree on the general terms, benign and malignant. The dividing line cannot be sharply drawn, but practically it is not of as great importance as it might at first seem.

Tubercular and syphilitic growths are here classed as benign tumors, though properly speaking, they are not tumors. These growths are to be treated on general principles. Cystic tumors, if few in number, only require evacuation, if many, excision of breast may be necessary.

Billroth says that as far as he knows angiomata and true neuroma do not occur in the breast.

Lymphatic tumors rarely require excision.

Lipoma, myxoma, enchondroma, and osteoma come under the general rules for treatment to be laid down later on. Adenoma and fibroma can be surely differentiated only under the microscope, but this is not necessary for correct treatment. These tumors should be excised as soon as detected; they may stimulate malignant growths, and it is a settled fact that fibromatous nodules may become carcinomas. It is best to remove them immediately on detection, for the critical point might be passed unnoticed if delay were practiced.

Occasionally after removal of these benign growths, secondary tumors of a cancerous nature appear. Paget thinks these are independent growths as a result of the previous local irritation. It must be remembered that all recurrent tumors are not cancers.

Billroth says "As a general rule, I might lay it down as a maxim that every continuously growing tumor should be extirpated of whatever nature it might be." There are any number of cases on record where tumors had every appearance for years of being benign, but finally assumed a cancerous nature.

Wyeth's advice is to excise, as soon as discovered, a tumor of the breast occurring in either sex after the 30th year of life.

Of the malignant tumors, there are two general classes. Sarcoma and carcinoma. Sarcomas are of several varieties, the spindle-celled greatly predominating; some authorities claim that not all sarcomas are malignant. Of carcinomas, there are two principal divisions; the encephaloid or soft cancer, and scirrhous
or hard cancer. Gross states that nineteen-twentieths of all tumors of the breast are of the latter variety.

The only treatment for these tumors is early and complete removal by the knife of all diseased and suspicious tissues.

Dr. Geo. F. Shrady states that tumors which commence on the inner or sternal margin of the mamma are always, in his opinion, less promising than those upon the outer portions, due to the arrangements of the lymphatics of that region.

It is the recurrence of the disease that has to be contended with, for of malignant tumors, a vast majority do recur in a few months. Billroth is authority for the statement that if the diseased tissues are removed entirely the cancer will not recur,—though a new growth may form from the same (unknown) cause of the first tumor. It is certainly of vital importance that every particle of diseased tissue be recognized and removed, that it may be almost positively concluded that if a mammary gland contain even a small cancerous nodule it is wholly diseased, and if the nodule is found adherent in the least to the fascia of the pectoralis major, the muscle is diseased, and if a muscle is infected with cancer it seems to be diseased throughout its entire extent.

The closest attention must be given to the lymphatics, especially of the axilla, in all cases of suspected cancer. It is in detecting and entirely removing infected tissues that the skill and ability of the surgeon are shown, and not in amputating so beautifully the cancerous gland.

From the fact that almost all cancers recur sooner or later after the operation, a few surgeons do not advise surgical interference. Even should it be granted that a case of cancer was never cured, statistics certainly show that an operation will prolong life, and the patient be made more comfortable. It is satisfactory sometimes to only temporarily improve the condition of the patient and soothe the mental distress, which accompanies this loathsome disease.

Weeden Cooke found that 409 out of 413 operated cases of cancer remained free from recurrence for six and a half months. Benjamin got an average of four and a half months in eighty cases. Von Winiwasten calculated from ninety-one cases that eleven remained free for over eleven months, and two out of the eleven were free one and a half years, two for two years, and one for three and a half years. Three years are taken as the standard time to represent permanent cures; Billroth takes the
ground that after one year of complete absence of signs of recurrence, we should regard it a radical cure. He reports a number of cases that remained free for from thirteen months to twelve years. Volkman says "If a whole year passes after the operation without a local recurrence, glandular swelling or symptoms of internal affliction being demonstrated on most careful examination, we may begin to hope that a permanent good result has been obtained, of which we are usually certain after two years, and almost without exception, positive of after three years." On this basis he reports a number of cures.

Gross gives the percentage of recovery at about nine. Scirrhus may prove fatal in from six weeks to twenty years. The average duration according to Paget in unoperated cases is forty-three months, and operated cases fifty-seven and a half months, but these figures are undoubtedly too high. Sibley gives the duration of unoperated cases thirty-two months, and operated fifty-three months.

Gross gives the average life in the natural course of carcinoma as twenty-seven and a half months, when operated on as thirty-nine months. There is no doubt that life is prolonged for a few months at least, and there seems a chance of permanent cure in some few cases.

The cases of recurrence of carcinoma amount to about 75 per cent. of those collected in the basis of the three year limit. Dr. T. S. Dennis, of New York, in the May, '92, number of Gaillard's Medical Journal, states that with his cases, he has reducted the percentage of recurrence very much. He strongly advocates removing always without exception, the entire breast with the pectoral fascia and the lymphatic glands in the most insignificant cases of scirrhus. Kuster examined microscopically the lymphatic glands removed in 117 cases of carcinoma of the breast, and in only two of these 117 cases did he fail to find unmistakable evidence of carcinomatous infiltration.

To recapitulate: First. In case of a small tumor in the breast of a young patient that gives no indication of its presence other than it can be felt on examination and of slow growth would defer operating. If this same tumor was found in an older patient, would excise it at once, or if this tumor commenced to grow more rapidly, would then operate, or if there were a family history of cancer, would extirpate the tumor as soon as detected. If the presence of the growth caused the patient to be in constant dread of cancer, would remove it.
Second. If the tumor were large, and caused inconvenience, it should be excised.

Third. If the mammary gland were affected by the growth, that is, if the veins were enlarged, or the breast feverish or tender in touch, or if affected by lancinating pains at times, or the tumor were slightly adherent to the gland, would amputate the breast at once; and if the glands of the axilla were tender or enlarged, would dissect them out also.

Fourth. In case of early detection of cancer with an absence of metastatic growths, would amputate the breast and excise the glands of the axilla, in order to prolong life, and with a slight hope of a permanent cure.

Fifth. In hopeless cases would operate if requested to do so in order to relieve the pain and remove the distressing and disgusting growth and foul odor, provided we could expect the patient to survive the operation a reasonable length of time, the general condition and circumstances of the patient are always to be taken into consideration.

Sixth. Recurrent growths should be at once removed if no visceral complication be detected, for such removal certainly prolongs life, and lessens the risk of further infiltration or involvement of internal organs.

The propriety of an operation for tumor of the breast is not infrequently presenting itself to the surgeon, and a discussion of the subject will be interesting and instructive. It is to provoke this discussion that a paper so lacking in originality is presented to the society.

For Daniel’s Texas Medical Journal:

**ETIOLOGY OF PUEPERAL ECLAMPSIA—GERDES.**

**J. O. LEWRIGHT, M. D., AUSTIN.**

Below you will find a short abstract of an article from Muncheuer Med. Wochenschrift, 1892, No. 22, which is in line with those treated of in the Journal:

In a case of severe puerperal eclampsia a bacteriological examination was made of the kidneys, the liver, the lungs, and of blood from the aorta. All slides prepared from these organs, took after 24 hours in the incubator. The culture, which is quite accurately described, consisted of short bacilli, which
stained when fully developed, and were morphologically similar to the group of bacilli found in chicken cholera, swine plague and rabbit septicæmia. In the hanging drop this bacillus shows a lively motion of its own. It is decolorized by the Gram method. Gerdes was also able to demonstrate the bacilli in sections of the organs of the eclamptic. This bacillus has a very deadly effect upon rats and mice. The latter, soon after the subcutaneous injection of 1-10 ccm. of a fifteen-hour old bacillus culture, are seized with vomiting and convulsions, and finally die comatose. In rats, no convulsions, but great listlessness and inertness were observed, and they finally lapsed into complete unconsciousness.

Abstracts of Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

[Under the charge of David Cerna, M. D. Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, etc.]

Against Neurasthenic Pains.—In the treatment of these conditions, Huchard (Rev. Internationale de Therapeutique et Pharmacologie, March 15, 1893,) recommends faradization by means of an electric brush, spraying with chloride of methyl over the vertebral column, and the subcutaneous injections of from 80 to 160 minims (5 to 10 grammes) of an artificial serum prepared according to the following formula:

R

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<tr>
<td>Distilled water</td>
<td>100.00 grammes,</td>
<td></td>
</tr>
<tr>
<td>Chloride of sodium</td>
<td>6.00 &quot;</td>
<td></td>
</tr>
<tr>
<td>Phosphate of sodium</td>
<td>10.00 &quot;</td>
<td></td>
</tr>
<tr>
<td>Sulphate of sodium</td>
<td>2.50 &quot;</td>
<td></td>
</tr>
<tr>
<td>Pure phenic acid</td>
<td>1.50 &quot;</td>
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Should the anaemia be pronounced, the author adds to the above treatment a daily injection of 16 minims (1 gramme) of a solution of hæmoglobin of the strength of 1-10 per cent.

Sozoidol for Whooping-Cough.—Insufflations of the sozoidolate of sodium have been found of great service by Gutt-
mann (Therap. Monatssch. No 1, 1893; Rev. Internationale de Therapeutique et Pharmacologie, Feb. 15, 1893) in the treatment of whooping-cough in children. The author tried the drug in thirty children. The quantity insufflated into the nose at each treatment was 4 grains (0.25 gramme). The method tended to diminish the number and the frequency of the attacks in the majority of the cases observed.

Antitoxine in the Treatment of Tetanus.—A very interesting case has been recently reported (March 3, 1893) to the Société Médicale des Hospitaux by Barth and Mayet (Rev. Int. de Ther. et Pharm., March 15, 1893), successfully treated by injection of antitoxine. A young man, eighteen years of age, electrician by occupation, began to exhibit symptoms of tetanus on the 9th of January. There was no traumatic cause. He was admitted to the hospital on the 14th of the same month, in a very serious condition. On the 16th he received at 5 p. m. the first hypodermic injection of 800 minims (50 cubic centimeters) of an antitoxic serum of the power of 10 millions, furnished by Houx of the Pasteur Laboratory. At 8 p. m. a similar injection was administered, and at 10 p. m. a third injection of the same quantity was given. A fourth injection was made on the 17th of January at 8 a. m., and the fifth injection at 5 p. m. On the 19th the patient received the sixth injection at 1 p. m., and on the 21st the seventh and last injection of 480 minims (30 cubic centimeters) of antitoxine. The patient recovered completely by the 10th of February. No apparent local reaction followed the injections. The general reaction consisted in a considerable elevation of the temperature which soon afterwards declined. The definite amelioration was manifested after marked sweating, followed by the appearance of a general urticaria-like eruption which lasted thirty-six hours.

The Antiseptic Treatment of Aphthous Stomatitis.—Bearing in mind that the pathological cause of aphthous stomatitis is identical with the microbe found in aphthous fever of the lower animals, the salicylated treatment for the above affection has been recommended as follows:

1. Touch the affected parts with this:

<table>
<thead>
<tr>
<th></th>
<th>Grammes</th>
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<tr>
<td>Salicylic acid</td>
<td>2.00</td>
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<tr>
<td>Glycerine</td>
<td>30.00</td>
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<tr>
<td>Alcohol</td>
<td>q. s.</td>
</tr>
</tbody>
</table>
or with this other combination:

\[
\begin{align*}
\text{bR} & \quad \text{Sulphoricinate of sodium} \quad 80.00 \text{ grammes,} \\
& \quad \text{Salol} \quad 20.00 \quad " \\
\end{align*}
\]

2. During the period of ulceration touch the affected parts with the following:

\[
\begin{align*}
\text{cR} & \quad \text{Salicylate of sodium} \quad 1.00 \text{ gramme,} \\
& \quad \text{Hydrochlorate of cocaine} \quad 1.00 \quad " \\
& \quad \text{Boiling water} \quad 100.00 \quad " \\
\end{align*}
\]

3. Administer internally this combination:

\[
\begin{align*}
\text{dR} & \quad \text{Salicylate of bismuth} \quad 1.00 \text{ gramme,} \\
& \quad \text{Benzo-naphthol} \quad 1.20 \text{ grammes.} \\
\end{align*}
\]

Mix and make four cachets.

Sig.—One cachet four times a day.


DUBOISIN IN PARALYSIS AGITANS.—E. Mendel (Neurolog. Centralblatt; Internat. Medical Magaz., May 1893) recommends du-boisin in paralysis agitans, not as a remedy, but as a great palliative. After injection of two or three decimilligrammes of the drug the tremor ceases for a period of from three to five hours. Sleep, too, is much improved by it and muscular rigidity decreased. The remedy can be used safely for a long time, and there is no danger of the formation of a drug habit.

GUAIACOL IN PHthisis.—D. M. Reese (Internat. Med. Mag.; University Med. Mag., May, 1893) reports his experience with guaiacol in phthisis. He employed the drug in sixty-six cases in the out-patient department and in thirty-five in the wards of the Johns-Hopkins hospital. Of the dispensary patients, thirty-five had extensive diseases, and thirty-one had slight involvement of one or other apex; thirteen with advanced phthisis, showing some signs of improvement, while in the remaining twenty-two there was no change. Of the thirty-one incipient cases, ten showed distinct improvement. Among the ward patients, thirty-five in number, twenty-one were distinctly benefited. In three cases the drug was given hypodermically in ten minim doses daily, with the view of lowering temperature, but in no instance was it lowered more than one degree an hour after the injection, and the fall was only transient. Pains were experienced at the seat of injection, but in no case was there abscess formation. The only good effects seem to have been temporary reduction of
cough and expectoration. In a few cases the physical signs improved, but there did not seem to be any evidence of specific action on the bacillus. In early cases the general nutrition was benefited and the appetite improved. Guaiacol had the advantage over creasote in not causing gastric disturbance.

For Diarrhœa.—According to L'Union Medicale, Mencke employs the following prescription:

\[ R \]

Powdered resorcin ........... grs. xv,

Paregoric ......................... mins. xv,

Distilled water ................. 5 iij,

Syrup .............................. 5 ij.

A dessertspoonful of this may be taken every two hours.
In the case of children it is well to diminish the quantity of resorcin and of the paregoric, or a coffeespoonful of this mixture may be given every two hours.—*Therapeutic Gazette*, May 1893.

**DEPARTMENT OF DERMATOLOGY.**

[Notes by Dr. Isadore Dyer, Tulane University, N. O.]

The lather of a Calomel soap, applied and left on the skin, is a recently advanced treatment of syphilis.

For hyperidrosis with fetor, Dr. Long suggest \[ R \] Ext. white agaric, gr. viii to xv, alcohol, 5ii. Sig. To be painted on.

An Austrian physician recommends dermatol after cauterization with nitrate of silver, to relieve the pain. It is to be dusted on.

Dr. J. Hutchinson reports a case of leprosy cured under long arsenic treatment and abstinence from fish diet. The patient had enjoyed three years immunity since the last lesions had disappeared.

Pilocarpine hydrochlorate is suggested as efficacious in the treatment of elephantiasis abrarum. From one-sixth to one-third of a grain is daily injected into the tissues involved.—*Dr. Poulet, Semaine Medicale.*

Dr. Leloir advocates warm baths and prolonged immersion as
a therapeutic measure in acute lichen planus. The itching is promptly relieved and the inflammation reduced.—*Transactions French Dermatological Society.*

Europhene has been used by Dr. J. Goldschmidt (Madeira) in the treatment of Leprosy. A five per cent. solution in olive oil was rubbed in three times a day for five minutes at a time. Injections of the oil were also made into the nodules.

**Peroxide of Hydrogen as a Preservative Against Syphilis and Soft Chancres.—**Dr. Z. Krowczynski, senior surgeon to the special department for syphilitic and skin diseases of the Lemberg hospital (Galicia), has performed a series of very interesting experiments from which it would appear that the use of a slightly acid solution of peroxide of hydrogen may prove to be an excellent preservative against syphilis and soft chancres.

The experiments consisted in the inoculation of patients suffering from syphilis or chancroidal ulcerations, in some cases with the unaltered pus from soft chancres, and in others with the pus after admixture in a watch glass with the following solution:

\[
R \quad \text{Hydrochloric acid} \quad \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \quad \text{gtt. } x \\
3 \% \text{ solution of peroxide of hydrogen} \quad .5\text{iv.}
\]

Dr. Krowczynski selected the peroxide of hydrogen for his experiments because of its powerful antiseptic properties and of its freedom from all caustic action. It was thought desirable to add a small quantity of hydrochloric acid to increase the destructive power of the fluid as regards the virus of the above mentioned affections, previous researches having satisfied the investigator that the secretions from chancroidal and syphilitic sores are always alkaline in reaction. The addition of the acidified peroxide of hydrogen solution to the secretion from soft chancres always gives rise to a brisk effervescence.

The patients were inoculated on the forearm, after carefully scarifying a limited area of skin with the point of a knife. The site of inoculation was first washed with soap and water, and wiped dry after being rendered aseptic with a 3% solution of carabolic acid.

The results of the experiments have so far proved very satisfactory. Fifteen inoculations were made with the pure pus, all which gave positive results, that is to say on the third day after inoculation, a small pustule appeared, which soon became sur-
rounded by a zone of inflammation. The pustule ran the usual course of typical soft chancres. On the contrary, out of fifteen inoculations with the pus after admixture with the peroxide of hydrogen solution, in fourteen the results were absolutely negative. In the fifteenth case, a patient suffering from late syphilitic manifestations, an ulcer formed at the site of inoculation on the sixth day, but it presented none of the ordinary appearances of soft chancres.

Lastly, Dr. Krowczynski has had the opportunity of inoculating two medical men who had never had syphilis, and who volunteered to submit to the experiment, with syphilitic virus previously mixed with the acidified peroxide of hydrogen solution. The inoculations were made through the scarified skin of the forearm as before, in the one case with the secretion from a specific chancre, and in the other with that of a mucous tubercle. The parts were not covered until they were quite dry, after which they were kept in cotton-wool for three days. In both cases the results were negative.

Although the facts observed by Dr. Krowczynski, as he himself admits, are far from being conclusive, owing to the small number of cases experimented upon, especially in respect of syphilis, we think that these experiments present sufficient interest to justify us in describing that at some length. The question is doubtless one of the greatest practical importance, for a very great advance would be made in the prophylaxis of venereal diseases if the risk of infection with syphilis or soft chancres could be done away with by the external application of peroxide of hydrogen or some other fluid after a doubtful connection.

It is obvious that the antiseptic power of the peroxide of hydrogen solution depends on its strength. Dr. Krowczynski employed a comparatively weak solution (3%) because he was unable at the time to procure a more concentrated preparation.

CLINICAL REPORTS—NEW ORLEANS.

[By Robert Morris, Resident Student and Ambulance Surgeon of N. O. Charity Hospital.]

A YEAR ON THE AMBULANCE.

A few preliminary words before enumerating the cases and the treatment pursued, may not be amiss.

This compilation includes those cases which came under my
care on the ambulance and in the amphitheatre, and as I attended to only my pro rata of the ambulance calls and the amphitheatre cases, it only represents a small portion of the surgical work of the hospital.

The amphitheatre cases are those emergency cases which are brought to the hospital and demand immediate treatment.

Each intern is on duty certain days, and when such cases are brought in they are called, and if the case is of much gravity, the House Surgeon or Assistant House Surgeon is called in to advise or operate.

The after-treatment of many of the cases cannot be given, as they were sent to wards over which I had no jurisdiction, but the result will be mentioned as accurately as possible.

For convenience, I will divide the cases into surgical, medical, and toxicological.

From April 1, 1892, to April 1, 1893, I attended to 271 ambulance calls, and 205 amphitheatre cases. In 15 of the calls the patient was dead on arrival; so these will not be considered.

Surgical.

Amputations.—There were two amputations of the thigh, eight of the leg, sixteen of the arm, four of the foot, and ten of the fingers and toes.

The flaps were made by the circular method in the thigh and arm, the modified circular in the leg, the posterior flap in the foot, and the pocket incision in the fingers and toes, when the injury of the part would permit.

Both of the thigh amputations died; in one case the amputation was due to spreading gangrene following a compound fracture, the other was due to gangrene resulting from an embolism of the femoral artery,—unfavorable cases.

In operating, all aseptic and antiseptic precautions are carefully observed; the field of operation is thoroughly cleansed with soap, alcohol, carbolized water, and corrosive sublimate solution, 1:3000, while sterilized and carbolized towels are placed around the operative area. The instruments are sterilized in pure water, to which has been added a small quantity of bicarbonate of sodium, and placed in a carbolized solution, 2 to 5%. The operator's hands are cleansed in a similar manner to the field of operation.

The wound is dressed with iodoform and bichloride gauze; this dressing remains for six or seven days, depending upon the
temperature and the condition of the dressing. The drainage tube is removed at the first dressing.

Fractures.—There were seven fractures of the skull, four of which were trephined. Of the trephined cases, three recovered, while all of the non-trephination cases recovered.

In trephining, the usual antiseptic precautions are observed in cleansing the scalp and the instruments, but when the button is removed, sterilized water alone is used, or a mildly carbolized solution, so as to avoid all danger of exciting a cerebritis.

Aspiration is the usual manner of ascertaining the presence of a sub-dural hemorrhage, and when discovered a slit is made in the dura, and as much blood as can be consistently removed, is withdrawn. The dural opening, if the hemorrhage is extensive, is drained with a small rubber tube, around which is placed sterilized gauze. The wounds are dressed from time to time, depending upon the severity of the scalp injury, and the amount of subdural hemorrhage.

One case brought in on the ambulance was particularly interesting, as it was of unusual severity, and presented very pronounced symptoms of irritation of motor area. The patient, a negro 22 years of age, was knocked down by a street car while attempting to jump aboard. An examination revealed the following:

A small wound of temporal region and an extensively contused wound of scalp over the left parietal bone, under which was a fissured fracture about two inches in length, extending backward from a point on the coronal suture about one and a half inches from its juncture with the sagittal. In addition to this fracture, there was a separation of the left parietal and frontal bones. The amount of separation was about one-eighth of an inch, the separation extending from the anterior end of the sphenoparietal suture to the junction of the sagittal with the coronal.

While the patient was on the table, he had two of the most typical convulsions, from pressure on the motor area, that I ever witnessed; first there was a spasmodic contraction of the frontal muscle, then, after an interval of a few seconds the right arm became clonically convulsed, which passed to the right leg, then became general. The seizures lasted for a short time only, after which patient would again become somnolent.

A button of bone was removed very close to the line of fracture, by the Assistant House Surgeon, Dr. Bloom, an inspirating
needle was passed through the dura-mater, and a small quantity of blood was withdrawn. The wounds were dressed so as to give free exit to any blood that might escape through this minute opening in the dura.

The patient recovered. The after-treatment was supervised by Dr. Souchon, to whose ward he was assigned.

**Nasal Bones.**—There were only two cases of fracture of the nasal bones, and these were treated with strips of rubber adhesive plaster, the bones being held in position by waddings of gauze placed on the outer side of the bones and held in that manner by the strips of plaster. The result in each case was very satisfactory,—only slight deformity.

**Fracture of Inferior Maxilla.**—Two cases were treated, one by a pasteboard splint supported by a Barton’s bandage, the other by wiring the adjoining teeth of the two fragments. The result was satisfactory.

**Fracture of Clavicle.**—There were six cases. These were treated with a Valpeau’s bandage. There was some deformity in all the cases.

**Humerus.**—There was one fracture of the anatomical neck, one of the surgical, three T fractures of the inferior extremity, and one complete separation of lower epiphysis. The two former cases were treated by bandaging the arm to the chest with liquid glass dressing, strengthened by a pasteboard shoulder cap; the latter were splinted with an obtuse angular, tin splint. This dressing remained twelve or fourteen days, when passive motion was instituted and practiced every third or fourth day, if it did not produce severe pain or inflammation.

**Forearm.**—There were twenty-one cases of fracture of the bones of the forearm. In six of these cases both bones were broken, two of which were compound. The radius was fractured twelve times, eight of which were Colle’s, the remaining were of the shaft; one of these was open. The ulna was broken three times; one of the olecranon process, the others of the shaft.

The cases were treated by splinting the forearm midway between pronation and supination, if the break was below the radial attachment of the pronator radii teres, if above, in complete supination. The fractures of the radius at the lower third, were splinted in a similar manner, observing that the palmar splint did not project beyond a line corresponding to the superficial palmar arch, and that the palmar splint was so padded that the radial convexity was preserved. This manner of applying the
splints tends to retain the fragments in their proper position, and allows free movements of the fingers, so that no tendinous adhesions could form. One case was treated by Moore's method, that is, bands of rubber adhesive plaster wound snugly around the wrist, with very satisfactory results.

One of the cases of Colle's fracture was not pleasing in its result. The fingers were stiff, the bone somewhat deformed, and the wrist movements very much retarded five months after the receipt of the injury.

The fractures of the shaft of the ulna were splintered midway between the pronation and supination. Fracture of the olecranon was treated by completely extending the forearm, and maintaining it in that position.

The cutaneous wounds of the open fracture were carefully and thoroughly cleansed, and irrigated with bichloride solution, 1:2000, before dressing, and redressed as often as the case demanded.

Fingers.—Nine fractures of the fingers were treated, all with a palmar splint, utilizing the sound fingers as lateral supports.

Ribs.—There were five cases of fracture of the ribs. These were invariably treated with rubber adhesive plaster, either in strips or in single width of five inches. The plaster started one or two inches beyond the vertebra, on the sound side, and extended the same distance beyond the sternum in front, immobilizing the fracture.

Fracture of the Ilium.—Only two fractures of the ilium, and these were of the crest. In both cases wide strips of adhesive plaster were placed around the body, completely encircling the pelvis.

One of the cases left the hospital early, and the result could not be ascertained, but the other remained five weeks, and was discharged with complete osseous union of the two fragments.

Correspondence.

DR. BENNETT'S OPERATION.

Pueblo, Col., April 29, 1893.

Editor Daniel's Texas Medical Journal:

To write a criticism on Dr. Bennett's paper, entitled "A Treatment of Fistula in Ano without a Cutting Operation," in your
April edition, would be an unnecessary undertaking in the interest of experienced surgeons, but I wish to say that in my opinion it is not good surgery to go to the extent of divulging the sphincter, and then substitute an uncertain for a more certain finish. The terror of the knife is all in the imagination of the patient. Thorough divulsion is by far the most severe step in the operation, but neither the divulsion nor the cutting is severe, nor should possess any terrors under an anesthetic. In short, when you want to cure a fistula in ano, anesthetize patient, divulse the sphincter, cut fistula thoroughly through into rectum, remove all pyogenic and callous tissue either by actually dissecting it all out, or scarifying and curetting thoroughly. Don’t do a part of the radical procedure and then switch off on something you should have tried before, if you are going to try it at all. Many recent fistulæ, free of diverticula, may be cured by injecting with carbolic acid or nitrate of silver. If this will not cure without anesthesia and divulsion, when you anesthetize and divulse,—CUT.

WILL B. DAVIS, M. D.,
City Physician.

AXIS TRACTION FORCEPS.

Letter From Prof. Wm. Keiller, M. D., of Edinburg,
Professor of Anatomy, University Texas Medical College.

S. S. Neuces, en route for New York,
Atlantic Ocean, May 15, 1893.

Editor Daniel's Texas Medical Journal:

A smooth sea, a blue sky, a cool breeze, and the somewhat limited society on this trip on the Mallory steamer are conditions conducive to thought; and my thoughts have wandered backward to, amongst other things, my failure to send you my usual contributions to the JOURNAL. I trust, however, I may be able to send you one from Edinburgh for the July number.

Early in the past winter I read a paper at Galveston on Axis Traction Forceps, and though I was prepared to find them only in the hands of younger practitioners, I was not prepared to find them so completely absent from the local obstetrical armamentium; still less was I prepared to find that in the exhibit of in-
Instruments at the Association meeting they should not be represented, or represented only by a pair of rods, to be adapted to ordinary long forceps, device familiar to the schools of long ago, and only indicating that the inventor is very imperfectly familiar with the principles of axis traction. I feel quite confident that no obstetrician who will once give them a fair trial and master the slight initial difficulty of their application, will ever use any other instrument. But many of the instruments at present in the market are by no means true axis traction forceps.

Let me explain shortly the principles of their construction and use, and for further details, let me refer your readers to my paper in the American Journal of Obstetrics and Diseases of Women for April of this year.

1. The parturient canal is curved from entrance to exit.
2. During its descent the fetal head is constantly changing in three different ways.
   a. In the direction in which it is travelling, i. e., first downwards and backwards, and through all gradation to downwards and forwards.
   b. In the amount of flexion of the chin on the sternum.
   c. The presenting part tends to rotate to the front or rear.

From these combined facts a true traction must answer four conditions.

1st. It must be capable of producing traction in the exact direction of that part of the parturient canal through which the fetal head is traveling without interference with the constant change in direction which the head must adapt itself to.

2nd. It must indicate the exact direction in which traction should be applied.

3rd. It must not interfere with the flexion of the head on the sternum.

4th. It must admit of rotation of the presenting part to the front or rear.

Ordinary long, and to a less extent short forceps, interfere with all these movements, are incapable in the most skilled hands of admitting traction in the right direction, and some experienced operators have a very imperfect idea of the direction in which they ought to draw down the child's head.

True axis forceps fulfill all these indications, and are ideal in their perfection.
a b c is the blade which grasps, without appreciably compressing, the child's head; d e, the shanks which serve two purposes. 1st. They are used for applying the blades and locking them. 2nd. They are a constant indicator of the direction in which traction is to be applied. They must never be themselves used to pull with; d f g the traction rods, jointed at d as nearly as possible to the centre of the head, and admitting of free flexion and extension of the head of the child. From their attachment at d, a point rather in front of the centre k of the foetal head, they tend to favor rather than hinder flexion. They are so bent that, when the portion of d f is parallel with the shanks, the traction handle h is directly in the axis of the segment of the pelvis through which the head is passing. Thus as traction is applied, the shanks d e of the forceps move forward as the head descends, and if the operator will keep following the shanks, (not pushing them) with the rods, so as always to keep the portion d f parallel to the shanks he cannot fail to pull in the right direction. Lastly the joint at h admits of free axial rotation of the head to front or rear.

A word as to their indications. Short forceps are unnecessary. One pair of long axis traction forceps will do all that forceps can
do. They are the best instruments, either at the brim or outlet.

Lacerations or rents, where they are properly used, should be
the exception, not the rule.

With axis traction forceps a normal child can be delivered
through a true conjugate of three inches.

With the addition of symphysiotomy it can be delivered through
a true conjugate of 2½ inches.

Below that, the choice is between the indication of premature
labor, cesarean section and embryotomy.

I have been asked by students in the obstetrical clinic at Edin-
burg why the neck of a child can stand so much dragging. It is
entirely a misconception to imagine that there is any appreciable
dragging on the fetal neck when the forceps act as a wedge and
the uterus itself forces down the body of the child as fast as the
head descends, the wedge action of the blade preparing the way.
I have twice had the forceps on the child's head for two hours
without doing it any damage whatever.

I trust I have succeeded in again drawing the attention of my
professional brethren with some success to this important addi-
tion to the obstetrical outfit, and permit me for once to sign
myself in view of recently past events. Sincerely yours,

* "The Gentleman from the Land o' Cakes."

Society Notes.

TEXAS STATE MEDICAL ASSOCIATION.

Notes on the Recent Meeting in Galveston.

GALVESTON, TEXAS, MAY 29, 1893.

Editor Daniel's Texas Medical Journal:

There are some points of interest concerning the recent meet-
ing of the Association which were not mentioned in the epitome
published in your May number, and which doubtless may be en-
tertaining to some of your readers. In regard to the attendance
—the register shows about one hundred and sixty-five members
present, including thirty-seven new members.—This may look
like a small proportion, but considering that Galveston is upon

*In debate at Galveston our facetious friend, Dr. Q. C. Smith alluded to
Prof. Keiller "as the gentleman from the land o' cakes and ale."
the extreme southern border of the State, the attendance was fair, about fifty more registering than at Tyler. The program which was issued some weeks in advance of the meeting, must have been a revelation to those who had dismayingly predicted that the Association was fast approaching a condition of "innocuous disuetude."—It presented a list of about fifty-four papers, which, in point of ability as the Transactions will show, favorably compares with those of any similar body in America. This result was due to the careful selection of officers of Sections at Tyler. Unfortunately time was wanting to read more than half of the papers, which demonstrates the necessity hereafter of dividing the work into Sections, or, at least, of having the Sections of General Medicine, Surgery and Gynecology in the general session, and the other Sections separately. At Tyler there was a woeful lack of discussion—it was truly a Quaker meeting. The Transactions of this year will show an intelligent and interesting discussion of almost every paper read. It is hardly necessary to state that this happy result was due to the timely announcement of the program.

CHANGES IN THE CONSTITUTION.

A radical change was made in the first article,—the bars have been let down,—our Association is no longer to be composed of men only; we have opened our arms to receive our sisters in the profession. The committee upon revision had not thought of or suggested the change, it was a spontaneous and unpremeditated act of nineteenth century progress and enlightenment exemplified by the members present. A vital defect existed in the old constitution, whereby process against offenders could only originate in county societies. This is remedied. While every safeguard is provided to make trials equitable, the Association now has jurisdiction and can purge itself when necessary, of objectionable members without appeal. A matter upon which there was manifested considerable difference of opinion, was the abrogation of the ordinance prohibiting publication of papers prior to their appearance in the Transactions. I think this was a wise and progressive enactment. Authors of original and valuable papers do not want them buried in the Transactions; some might be willing to sacrifice themselves for the love they bear the Association, but the majority are not; the only compensation they ask is, that their contributions may be offered to the world through a more widely circulating medium. This privilege is
allowed by some of the foremost medical organizations in the world, and I have no doubt but that it will prove the incentive to the production of a better class of papers for ours.

Of the social features of the occasion it would not be becoming in the writer to speak in detail, but one thing I wish to mention: that is, what appears to me as the charming success of substituting the buffet banquet and concert, where ladies could grace the occasion by their presence and smiles, for the traditional drinking bout and maudlin speech making, ordinarily called "a banquet, which has heretofore prevailed. It was mainly to try this experiment that induced me to accept the responsibility and labor incident to the chairmanship of the Committee of Arrangement. The general impression made upon my mind was that the recent meeting was a grand success in every way, and a most favorable augury for the future progress and usefulness of our beloved old Association.  

H. A. West, M. D.

PAN-AMERICAN MEDICAL CONGRESS.

CINCINNATI, Ohio, May 24, 1893.

Editor Daniel's Texas Medical Journal:

The date of the Pan-American Medical Congress is near at hand.

The prospects for a brilliantly successful celebration of this important medical event are most encouraging.

The Congress will be opened by the President of the United States on September the fifth, and an official reception at the White House will be given on a date not yet determined.

The invitation extended by the National Government to the Pan-American countries has been uniformly accepted, and many highly distinguished delegates will attend officially. The presence of a number of distinguished European guests is assured. The scientific papers secured for the various sections are numerous and important, so that the proceedings of the Congress will certainly be highly interesting and valuable.

It may be safely asserted that the volumes of Transactions will alone far exceed in value the amount of registration fee. The Committee of Arrangements will provide ample accommodation for all portions of the work of the Congress; and the entertainments proposed are unusually attractive. It is absolutely indispensable that an estimate should be now formed of the num-
ber likely to attend. It is confidently hoped that a very large representation of our profession will be present on an occasion of such practical and historic interest.

Will you kindly proceed at once to ascertain by personal enquiry and solicitation how many of your professional constituents propose to attend.

You are hereby officially requested to secure as many registrations as possible, and to have the registration fees forwarded to the Treasurer, Dr. A. M. Owen, 507 Upper First street, Evansville, Indiana, who will promptly return membership tickets therefor.

Yours sincerely,

CHARLES A. L. REED,

By the Executive Committee, Secretary-General.

Approved:

WILLIAM PEPPER, President.

The Twenty-third Quarterly Meeting of the Austin District Medical Society will be held in Austin, Texas, Thursday, June 22, 1893. You are invited to be present, and participate in the following programme:

1. "A Report of a Case of Bright's Disease of 30 Years' Standing," by Dr. W. E. Shelton; discussion opened by Dr. R. Atkinson and Dr. J. Cummings.

2. "The Treatment of Salpingitis without Operation," by Dr. W. J. Mathews; discussion opened by Dr. B. E. Hadra and Dr. J. W. McLaughlin.

3. "Some Observations on Puerperal Eclampsia," by Dr. S. Cunningham; discussion opened by Dr. C. O. Weller and Dr. S. M. Morris.

4. "The Keely Cure—Its Ethical Status, etc.," by Dr. F. E. Daniel; discussion opened by Dr. R. M. Swearingen and Dr. W. T. Richmond.

5. "Spinal Concussion and John Eric Erichson's Book," by Dr. D. R. Wallace; discussion opened by Dr. T. D. Wooten and Dr. G. W. Christian.

R. P. TALLEY, President.

T. J. BENNETT, Secretary.

University Regents.—Judge E. A. Cowart, of Dallas, has been appointed on the Board of Regents, to fill the vacancy occasioned by the resignation of Judge Simkins.
SALUTATORY.

Shake, brethren! This number of Daniel's Texas Medical Journal completes Vol. 8. It rounds out and finishes the eighth year of its sunny existence,—for its career has been like a summer day, unclouded by trouble—unhindered by any misfortune. It has flourished, thank you, like the fabled and famous green bay-tree; prospered and grown like a well fed and healthy infant; grown and grown, till, in fact,—it has gotten too big for its breeches, (figuratively speaking and in a Pickwickian sense). Up, up, higher and higher has it climbed the ladder of success till it has left all competitors, and is, itself, in the vernacular of the day, away out of sight. (How is that for high?) So, this June number is a memorial number; it commemorates at once, the birthday, and the demise of Daniel's Texas Medical Journal. Nay, start not; not dead,—nor sleepeth, not by a large majority. It has simply changed form,—cast off its too small trousers,—nickerbockers, so to speak, and with July will don the long breeches of the full grown man!

That is to say,—it is no longer Daniel's Texas Medical Journal; but
(Daniel & Hudson, owners, editors and proprietors.) That's funny, you may say; a distinction without a difference. Not quite. Did you ever think about it? The "Daniel's" is, in a sense, an adverb, qualifying,—telling the kind of Texas Medical Journal it is (or was). From which, it might be inferred that there are or might be, other Texas Medical Journals,—clearly a mistake;—for instance,—one could infer, if this is Daniel's Texas Medical Journal, Smith may, can, must, might, could, would, or should have, somewhere, a Texas Medical Journal. It is like the devoted young wife, who when she received a letter from "Hubby" addressed to his "dearest Maria," sensible (and jealous) woman as she was, "burst into tears" [used by permission, copy righted by Ned Buntlin, I believe,] and exclaimed, "where, Oh where are his other dear Marias! if I am his dearest Maria? show me to them; do."

Which is to say—there is but one Texas Medical Journal, and this is the identical! It fills the requirements; covers the ground; and, to tell the truth, there is no room, even in this great big State for any other Texas Medical Journal.

As we make our conge after the 8th act, we make our bow and beg to be excused while we go and change our—knickerbockers.

Our July number will be a beauty. She will sail out under the title "Texas Medical Journal," and we announce now, and wish it to be borne in the mind that under this "signo," we will continue to "vinces" as in the past we "vince"d under the original title.

With cordial thanks to all our friends who have contributed so liberally to the success of Daniel's Texas Medical Journal we ask of the Texas profession a warm and generous support in our earnest endeavors to give them and the State the best medical journals published any where!

The Louisville Medical College.—This institution is to be congratulated upon its elegant new building, just completed. The length of the building is 184 feet, and the width 87 feet; four stories high, with basement under the entire structure. It is built of stone, and the architecture is "modernized Romanesque," much taste and judgment being displayed in the finish and ornamentation. The college is situated on the northwest corner of First and Chestnut streets, and towering above all ad-
joining buildings, it is a conspicuous and graceful ornament to
that aristocratic neighborhood. Heat and water are directed
and controlled throughout the entire building, and every con-
venience and requirement is amply met.

The Louisville Medical College management deserve great
credit for the zeal, energy and intelligent enterprise they have
displayed even under past disadvantages. They have now over-
come all obstacles and can rejoice. The institution is, and has
always been a great favorite with the Texas boys, even when the
old square antiquated stucco building was the best they could
do, and Texans have contributed no little to the triumph of the
school. The Secretary, Dr. Geo. M. Warner, says in a letter to
the JOURNAL, "Texas was splendidly represented last session,
(as it always is) and I would be at a loss to say which one of our
many good students from the Lone Star State would not be
worthy of special mention. They always rank high." We give
in this issue a cut of the new building and publish the announce-
ment of the next session. In writing to Dr. Warner for cata-
logue please mention this notice.

DR. MCLAUGHLIN'S BOOK.—"Fermentation Infection and
Immunity" is, we are gratified to see, attracting much atten-
tion in Europe, and has received the compliment of a neat
review at the hands of the two leading English medical periodi-
cals, the Journal of the British Medical Association and the
London Lancet. Doubtless it was somewhat of a surprise to our
cousins across the water to see published in Texas the results of
so extensive original research upon such a subject, and that too
by an amateur, the subject being one that has heretofore en-
gaged the attention only of bacteriologists among the savants of
the old world. The work reflects credit upon its talented author;
and the Journal is pleased to see that though tardy, recogni-
tion of his claims as an original thinker has come at last, and
Dr. Mclaughlin is accorded position with the foremost investi-
gators. As a matter of interest to our readers, and also from a
feeling of State pride, we reproduce in this issue one of the no-
tices referred to, that from the London Lancet (of April, 1892),
and will give that of the Journal of the British Medical Asso-
ciation in our July number.

AN IMPORTANT PAPER FOR JULY.—Our July number, which
begins Vol. 9, will contain a valuable contribution to the litera-
ture of Forensic medicine from the pen of the able and distinguished alienist and neurologist, Dr. D. R. Wallace, of Waco. It will be a write up of the famous "Newburg Case," which created so much excitement in Johnson county recently, a case where an old lady of good character, and kind and affectionate disposition, gently took her three little sleeping grand-children out in to the yard and cut their throats. The write up will contain the expert testimony of Dr. Wallace and Dr. T. C. Osborn. Orders for extra copies should be sent in at once, as the edition will be limited.

Notice: Pan-American Medical Congress.—The Journal is requested by Prof. H. A. West, M. D., of Galveston, to say that (referring to the notice of the Pan-American Medical Congress published elsewhere) those who wish to attend the Congress are requested to notify him, Dr. West, at once, and either send him the registration fee or send it direct to Dr. Owen. As soon as one registers, or notifies Dr. West that he will attend the meeting, Dr. West will issue certificate of delegation.

Memorial Edition.—As usual with the beginning of a new volume the Journal will issue for July 1500 copies of 100 pages. The leading article in the July number will be the report of the Newburg Case by Professor D. R. Wallace, mentioned elsewhere. Advertisers should take advantage of this extra issue and place their orders for space without delay. Will make special rates for that one edition.

Medical News and Miscellany.

Removals.—Dr. W. T. Jones has removed from Hockheim to San Marcos, Texas.

Dr. J. E. Roberts, at Lone Star, Texas, lost his life in a fire which occurred on the 23d May ult.

Dr. W. S. Evans, of Jewett, Texas, has returned from taking a post-graduate course at the New Orleans Polyclinic.

Dr. E. M. Johnson, late Dean and Professor of Obstetrics, Kansas City Medical College, died in Kansas City in April.
Married in Lampasas May —, ult., Dr. J. H. McCaleb, of Webberville, to Miss Mattie Hamilton, a sister of Dr. Hamilton, of Lampasas.

The Medical Mirror is running an advertisement for a remedy warranted to cure "that tired feeling." American medical editors, "where are we at?" — St. Joseph Medical Herald.

A Thoroughly Competent Druggist, twenty-eight years of age, married, desires a situation. Speaks Spanish and English, and has had ten years experience. Best testimonials as to character, [and habits and qualifications. Address "D," care this journal, Austin, Texas.

The Ohio State Board of Health insists that kissing shall be suppressed, "because it conveys the bacilli of disease." Now we know what causes that peculiar sensation when the ruby lips of Rebecca Merlindy Johnson are rooting around under our white-horse moustache. It is the disease bacilli scampering down our back. Don't let it happen again, Merlindy.—Ex.

For Sale.—Dr. W. B. Anderson, whose card appeared in the Journal last winter, now, since his expected trip is close at hand, offers his property for less than cost. This is certainly an unusual opportunity, for the Doctor can put a physician into an annual $2000 practice at once without opposition. Address him at

Prof. H. A. West, M. D., Secretary of the Texas State Medical Association, requests all members who participated in the discussion of papers at the Galveston meeting, to send him, at once, at outline of their remarks, brief and to the point. Also requests members who are in possession of any facts in connection with the mortuary record of members which have been omitted, or who are cognizant of any errors in the list of deceased, to correspond with him.

Death of a Veteran Texas Physician.—The Journal is pained to chronicle the death of another of the old land marks of pioneer medicine in Texas. Dr. J. E. Walker, of Georgetown, died in that city on 31st of May, ult., of gastro-enteritis, after a protracted illness. Dr. Walker was a brother of Judge A. S. Walker, of Austin, and was one of the oldest and most popular physicians of the State. He had practiced medicine in
Georgetown, and in Williamson county, more than a quarter century. In his death the State sustains a loss which will be widely mourned,—a highly educated and able physician, and an honest man, the noblest work of God.

For Sale.—One of the best improved and most desirable places in Pontotoc, with a practice worth $2000 a year. House and lot cost $1500 five years ago. As I have made arrangements to go to another point, in order to make a quick sale, I will take $800 for property and practice, one-half down, balance in one and two years. Pontotoc has a fine school, and three good churches. Address:

R. B. Anderson,
Pontotoc, Mason county, Texas.

Prof. E. Lanphear, M. D., of Kansas City, will deliver a course of lectures in the Chicago Post-Graduate Medical School, this summer, on "Some Achievements in Intra-Cranial Surgery," from the standpoint of his own large experience, larger, perhaps, than that of any American surgeon. In the announcement of this course of lectures, sent out on postal cards, in which course Lawson Tait, Reginald Harrison, Jos. Price, Prof. Lanphear, and others, will take part, the management made the unpardonable mistake of locating Prof. Lanphear at New York, and of omitting the title of his subject. We make the correction with pleasure.

Bills.—As usual on sending out the last number of a volume, we will send bills for the next volume, to all our subscribers, giving them the opportunity to pay in advance, as so many prefer to do. We also make out and mail every bill on the books that is past due, and respectfully ask that, if convenient, those in arrears will please remit. We know that money is scarce in the country in summer, and we do not wish our friends to construe this as a dun, or think the JOURNAL is disposed to press for payment. Remit if convenient; but do not pay up and stop. It takes money to conduct the JOURNAL, but we are not obliged to inconvenience any one.

No Tongue Depressors Necessary.—Dr. T. J. Pugh, of Hearne, writes the JOURNAL that in his practice he has no use for a tongue depressor. He seats his patient so as to get a good light on the parts and directs him or her to open the mouth well and at the same time to take a long, deep inspiration. When
this is done properly the posterior part of the tongue is as fully depressed as it could be done with any depressor, and there is no "gagging," something that nearly always attends the use of the instrument, and a good view of the fauces and adjacent parts is had. Local applications can be made satisfactorily, also. A little practice will enable any one to well expose the pharynx and fauces voluntarily. Dr. Pugh recommends physicians to give his plan a trial.

The Sign Rider.—The Lampasas Leader will soon commence the publication of a serial story, entitled "The Sign Rider," which will continue about five months, and will present ranch life in Texas in a form never before undertaken. It is a love-story with a happy moral, and delineates a pursuit, and a life consequent upon it, both of which are fast passing away, and will soon be known only in history, in story, and in song. Were the story without thrilling incidents, hair-breath escapes and blood-curdling horrors, it would not be true to the life on the frontier of Texas.

The story is written by Dr. J. W. Carhart, whom all Texans know. The doctor has fine literary attainments, and is the author of several popular novels. His personal experience in ranch life in Texas will make the "Sign Rider" a splendid story eagerly sought after. The Leader is published at Lampasas Springs, Texas. Subscription price, $1.50 a year, in advance.

Prof. J. E. Thompson, M. D., Professor of Surgery, Texas Medical College, will spend the summer in England, returning to Galveston September 1st. His address is Eddisbury Hall, Macclesfield, England.

Prof. Allen J. Smith, M. D., Professor Pathology, Texas Medical College, will spend the greater part of the vacation at San Antonio, where his family are at present domiciled,—vibrating between San Antonio and Galveston.

Prof. Wm. Kliëller, as stated in our last, is in the land o'cakes. His address is Glasgow, 16 Berkeley Terrace, care Mrs. McLaughlin. These gentlemen all being on the staff of the Journal, will contribute, as usual, to its pages.

Dr. D. Cerna and Prof. Seth M. Morris, M. D., of the Texas Medical College, also on our staff, will, so far as we know to the contrary, pass the summer in Galveston.

Archives of Confederate Medical Service.—Dr. S. H.
Stout, of Cisco, Texas, who held the position of Medical Director of Hospitals of the Confederate Army, has begun, by invitation of the Editors of the St. Louis Medical and Surgical Journal, the publication, in that journal, of a series of papers under the head of "Reminiscenses of the Services of Medical Officers of the Confederate States Army, Department of Tennessee," the first paper appearing in the April number.

The editor of Daniel's Texas Medical Journal was one of the medical officers embraced in the above list, and having been intimately associated with Medical Director Stout and familiar with much of what is being written, feels a deep interest in the publication. We are very glad indeed that an opportunity has been presented to place this interesting history before the world; it has never been published, and no one but Dr. Stout could publish it. He has all the books and records; and but for the disastrous results of the war, by which he, like all other Confederate soldiers, was impoverished, it would have been published in book form long ago. There has been much talk of publishing it, and certain parties have tried without avail to get possession of the papers. When completed, this work will be a most valuable contribution to the medical history of the war.

"Supposin' a Case."—John B. is 20 years of age, and has a spell of sickness. He is thought to be in extremis and a priest administer extreme unction. The priest is paid a fee. The patient is a step-son of a practicing physician, Dr. C. Patient recovers, and in a short time is of age, and comes into possession of his property, an estate worth $10,000. In his sickness he is faithfully attended by a physician, Dr. A. who is a poor man. The question is, "is John B. entitled to complimentary services from Dr. A?"

The above hypothetical case is sent the Journal for answer with request to submit it to the profession.

Assuming that there are no qualifying conditions which would make the above an exceptional case (such, for instance as perhaps Dr. A. or some member of his family had received or accepted "complimentary services" from, or were under some kind of obligation to the other doctor, the patient's step-father), we should unhesitatingly answer the question in the negative. Indeed, we can scarcely conceive any circumstances under which John B. could claim Dr. A.'s services. In the first place, no one has a legal or even a moral claim on a physician for gratuitous services. The gratuity must be voluntary. The code says—
"All practitioners of medicine, their wives, and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired." Custom has made it a rule for physicians to not charge each other's family for services, but in any case where the courtesy could not be reciprocated we see nothing to prevent a physician from making a charge if he so desire, for services rendered even to a physician's family. And, circumstances alter cases.—The code even stipulates that where a physician in affluent circumstances has the services of a "distant member" of the profession not so well off, the latter "should not refuse an honorarium if offered."

John B. was not a member of Dr. B.'s family; he was not "a child under parental care;" he was a man, and in a few months after his recovery was of legal age, and moreover, was possessed of an independent estate,—i, e., independent of his step-father. Our own opinion is that John B. not only had no right to ask or expect the services of any physician gratuitously but, under the circumstances, he should be ashamed to even think of such a thing, and Dr. A. should not only present his bill, but should make him pay it.

The question, looked at from the standpoint of the code, and of right and justice, will not admit of discussion. It has but one side to it, so far as we can see; but others may not look at it as we do, and we have given it, and our views, for the benefit of those who do not understand the question. If a doctor were obliged to render "complimentary services" to all step-sons who are of age and rich, where is the line to be drawn? He must extend the compliment to this step-son's progeny, even after they come of age; and, so on, ad infinitum, as long as he lasts.

However, the question is submitted, and is open for discussion,—the Red Back is not the court of last appeal, nor the oracle. Let us hear the other side, if there be any who differ with us.

Surgical Instruments.—A recent number of Meyer Bros. & Co.'s St. Louis Drug Magazine states that the Fort Worth Pharmacy Company, of Fort Worth, carries the largest stock of Surgical Instruments and mechanical curative devices in the Southwest. We are personally acquainted with these people and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction
to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of Electric Batteries and two manufactories of Physicians' Chairs. Write to them for what you may want.

Book Notices.

Fermentation, Infection and Immunity: A New Theory of these Processes which unifies their Primary Causation and places the Explanation of their Phenomena in Chemistry, Biology and the Dynamics of Molecular Physics. By J. W. McLaughlin, M. D. Austin, Texas: Eugene Von Boeckmann, 1892.

In this work we have evidence that the processes of fermentation, infection and immunity are exciting as much interest amongst our cousins in America as they are on this side of the Atlantic. The author writes with the special object of showing "that the accepted principles of molecular physics and those of chemistry and biology, if supplemented by legitimate deductions from them, are amply sufficient to account for all the known phenomena of these processes and also to explain their relationship and intimate nature." In this Dr. McLaughlin cannot be accused of want of hopefulness, and many will feel inclined to criticise this predominant feature of his work. As, however, he shows that he has not only carefully studied his subject, but has also devoted a considerable amount of thought to some of the points he has taken up, his words are worthy of attention, as they show in what direction the thoughts of an observer who is not actually engaged in the experimental proof of the facts that he adduces, are likely to run. After going over the various theories of immunities and giving them fairly and fully, he then puts forward his theory "why the wave motions of a ferment and a fermentable substance must recur in a relative order of time, that those of the first can disrupt and convert those of the second into ferment products, likewise the wave motions of a bacterium and those of ultimate albuminoid molecules must recur in equal periods that the bacterium can convert the albumi-
noid molecules into poisons albumens; the products in both cases, it will be remembered, give off wave motions that interfere with those of the respective bacteria and in this way inhibit their action.” Outside the body in artificial media this may be simple enough, but within the body, where the question of immunity has to be considered, it must be borne in mind that there is great diversity in the molecular structure of the various closely allied albumens, and Dr. McLaughlin hold that here “a dynamic change in any single group of these bodies may induce change in other groups, and that the products of such changes may in some cases be harmless and in others harmful.” He then works out the process of the conversion of susceptible into “immune” albuminoids and speaks of the whole matter of immunity as “being resolved into the question of susceptibility or non-susceptibility of the albuminoid molecules of the animal body to molecular bombardment of a given bacterium.” It is somewhat difficult to follow Dr. McLaughlin in his descriptions and especially to see that he offers anything like proof of his physical theory; nevertheless we can recommend this as an interesting philosophical disquisition, which, however theoretical it may be, and however much we may disagree with certain of the author’s deductions and inductions, affords some food for thought,—London Lancet, April 29, ’93, p. 1002.

Publishers’ Notes.

We call the attention of our readers to the attractive and distinctive Antikamnia advertisement in this number. This firm gladly sends samples free to physicians who will furnish their address.

Late Arrivals.—Just in time for this issue came the page ad. of the Wagner Chemical Co., which see, and a half page standing announcement of the Marion Sims Medical College. Too late to make more than mention now.

Nervousness of Children.—

R1 Celerina .................. 3 oz.
Syr. simp .................. 4 oz.
M. Sig. Teaspoonful before supper and at bedtime.

Depression of Opium Habit.—

R2 Tinct. Capsici ............... ½ oz.
Con. Tinct. Avenæ ............. 1 oz.
Celerina [Rio] ............... 6½ oz
M. Sig. Teaspoonful several times a day.
Salitonia is being daily prescribed by the leading physicians of this country, who are profuse in their expressions of satisfaction with its prompt and efficient action. As Artemus Ward would have said, "it is a howling success."

A Valuable Therapeutic Agent.—The Elixir Six Iodides (Walker-Green's) ranks as one of the most valuable pharmaceutical preparations we have for the treatment of skin diseases. Many physicians prescribe it with great satisfaction where they desire tonic and alterative effects. See new advertisement in this issue.

Doctor:—Do you need a surgical chair—one that you can place in any position desired; one that is strong and durable; simple and easily operated, and at the same time is an ornament to any physician's office? If so, write to the Canton Surgical and Dental Chair Company, Canton, Ohio, for catalogue and prices. They make the best chair on the market.

Acute Muscular Gout.—Mr. A. B., of a gouty diathesis, complained of great pain in the chest, located at end of the trachea, just above its bifurcation. The pain was so severe that his breathing was difficult. He also suffered with irregular heart action and great mental excitement. Diagnosis, "gout of the muscular coat of the trachea." Prescribed Henry's Tri-Iodides; recovery in a few days.

Fellow's Comp. Syrup Hypophosphites is the very best all-round tonic, especially for delicate, illy-nourished girls and young women, we know of. It is a blood-maker; promoting appetite, digestion, and assimilation. It is admirably adapted for young girls who are backward in establishing an important function, and can be administered with absolute safety and benefit in a large class of cases where a tonic is indicated. Advertisement renewed in this number. Order a sample bottle (free), and mention the little "Red Back."

A Standard Diuretic.—Wayne's Diuretic Elixir is a standard remedy in prostatic troubles, irritable bladder, and urethral inflammations; in fact, it meets every indication in the treatment of all irritations of the kidneys, bladder, urethra, and prostate, and the diseases dependent on these disorders. It is composed of juniper, buchu, acetate of potash, etc., and is put up in a form that is agreeable to the taste of the patient. Write to the Wayne Elixir Co., 175 Sycamore St., Cincinnati, Ohio, for free samples. All they ask is a trial.

"Clinical Reports in Departments of Surgery, Abdominal and Cranial."—Excerpt from paper read before the Iowa State Medical Society, Des Moines, Ia., May 19, 1892, by T. J. Max-
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