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## American Medical Weekly (Vol. IV, no. 1)

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E. S. GAILLARD, M. D.,

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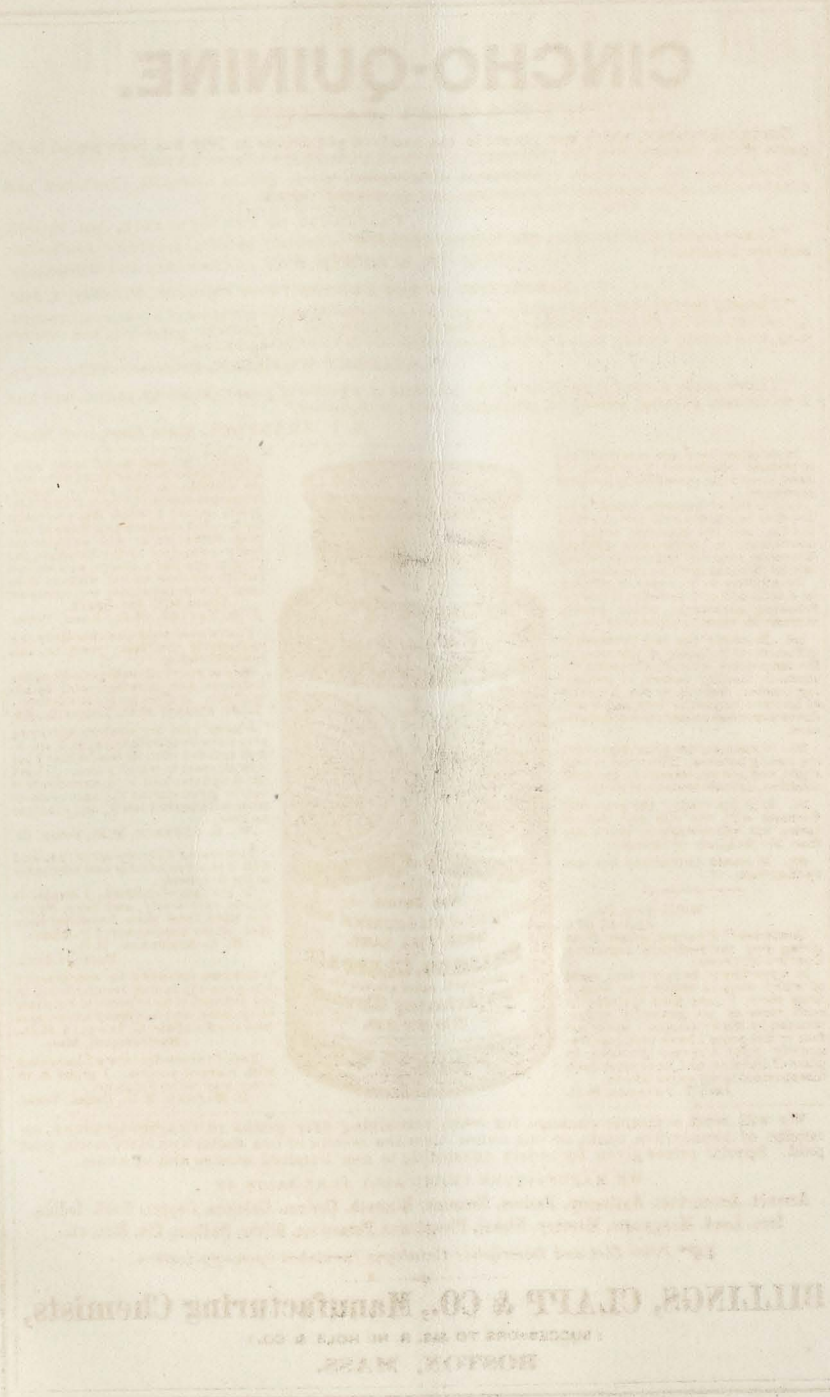
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THE  
AMERICAN MEDICAL WEEKLY.

VOL. IV.]

LOUISVILLE, KY., JANUARY 1, 1876.

[No. 1.

ORIGINAL ARTICLES.

The Treatment and Cure of Nævi—New York  
Testimony and Results.

REPORTED FOR THIS JOURNAL BY ITS REGULAR  
OBSERVER.

The subject of Nævi—with special reference to the best modes of treatment—has lately occupied the attention of the Medical Journal Association. The discussion was opened by Dr. George Bayles, in a short paper, which gave an excellent epitome of what is known on the subject. After describing the two common forms, known as the superficial or pigmentary and the vascular (divided into cutaneous, subcutaneous, and mixed), and then the rarer varieties, he ran rapidly over the various methods for their destruction, recommended and practiced by different authorities. Dr. Garrish was the first one to give his personal experience in regard to the affection. Some time before he had brought before this Society a child suffering from a nævus which extended over nearly all the right cheek and down on the neck. When first seen, it was about four inches in circumference; but its growth was quite rapid afterward. He had then proposed to inject persulphate of iron into it; but the parents were unwilling to permit any operative interference. He thought it just

as well, perhaps, that he had not adopted this measure, as it might have been followed by thrombosis and death. The child had died, however, only a few days ago, and at the autopsy, he found that the carotid artery and other large vessels were involved in the growth. For the treatment of ordinary nævi he preferred the actual cautery, and had always found it successful. When the nævus was in a position where this was not applicable (like the anterior fontanelle, for instance), he had found vaccination of the part the most satisfactory method.

Dr. R. W. Taylor related a case which had been brought to him at the College of Physicians and Surgeons. The growth had commenced behind the left ear, and occupying an area of about three inches when first seen, and afterwards spread over the entire vertex, extending to the other ear. After consultation with Dr. Draper, it had been decided not to interfere in the case.

Dr. Taylor did not know the subsequent history; but supposed the child was probably dead by this time, as it had been in a very weak state when last seen. In general, he preferred electrolysis for the treatment of nævi, and had found it a most efficient and excellent method.

Old Doctor Alfred Post, who has a very large experience with these



growths, related quite a number of cases which had occurred in his practice, and the different plans which he had tried for their removal.

Some years ago, at the New York Hospital, he had ligated the external artery in a case in which the face and neck were involved, the patient being a man past middle life; but phlebitis and pyæmia set in, and it was followed by a fatal result.

The late Dr. Kearney Rogers, however, once ligated the carotid for nævus in a child, and succeeded in curing the affection, though the patient was very near succumbing. In the flat, superficial variety of nævus, he thinks brushing the surface with nitric acid gives the best result; and for the more serious cases, gives the preference to the ligature or the cauterization needles. He has used the seton occasionally, either plain or medicated (with chloride of zinc), and has found it a slow method, but one which has the advantage of leaving a very slight cicatrix. He related a case of nævus situated on the forehead, in which he got Dr. Beard to employ electrolysis, because he thought the method would be less severe than the actual cautery; but it was followed by convulsions and other constitutional disturbance. As it was necessary to repeat the process in this case, the convulsions were a second time induced, but the child ultimately made an excellent recovery. Dr. Post exhibited to the gentlemen present a photograph of this case, and also a very efficient little apparatus for cauterization, consisting of six large, dull needles, devised by Dr. Thorpe.

Dr. B. F. Dawson spoke of some of the disadvantages of various methods employed, especially the application of caustics (the extent of whose action is so uncertain), and the injection of the

persulphate of iron, which has occasioned death by thrombosis. In regard to the actual cautery, he said, the trouble is, that the amount of heat can not be regulated nicely, and if the growth is subcutaneous, the iron becomes cold in penetrating the external tissues. There is also apt to be a discoloration left from the deposit of the oxide of iron. He thinks there are now only two methods of treatment which it is desirable to employ, under ordinary circumstances—viz., electrolysis and the galvano-cautery. The first had been fully dwelt upon by Dr. Taylor; but he wondered that the other, except being alluded to by Dr. Bayles, had not been spoken of earlier in the discussion. He has operated by this means on a large number of nævi, of all sizes, up to that of a hen's egg, and always with the most complete success. For the cutaneous varieties, the platinum wire or knife should be heated only to a dull redness, in order to radiate properly into the tissues beneath; but when the nævus is subcutaneous, it ought to be brought to a white heat. Otherwise, it becomes cool before it fully reaches the growth, and will not destroy it effectually.

Dr. Charles Allin then related a case in which Dr. Dawson had operated for him. The child was three months old, and had three nævi (all of which were growing rapidly); one on the forehead, one behind the ear, and one on the wrist. Two operations were thought advisable, but the result was a perfect cure. He thinks this is the method par excellence for treating nævi, which is destined to supersede all others. It is so neat, elegant, and efficient, and the amount of heat can be so perfectly regulated when Dawson's battery is used, that it leaves nothing to be desired.

Dr. F. P. Foster now exhibited on his own forearm a scar about six inches in

length, extending up as far as the elbow, the history of which he proceeded to relate. There had been a tumor there as long as he could remember, and the part was liable to swell up from time to time until it was as large as his thigh. No satisfactory diagnosis was ever made up to the time he was fourteen. He was then (in 1856) sent to Boston, where Dr. Bigelow pronounced it a lipoma, and proceeded to excise it. The hæmorrhage, however, soon showed that he had to deal with a vascular growth. He then dissected out and ligated about thirty arterial branches which supplied it, and also evacuated a venous cyst of large size. The operation was followed by erysipelas and symptoms of pyæmia, and the question of amputation then arose. It was decided in the negative, however, on account of the low state of his system. The after-treatment consisted of the application of nitrate of silver and astringents, and the wound did not heal up entirely until seven or eight months after the operation.

At the last meeting of the Medico-Legal Society, Professor Frank Hamilton succeeded Mr. Clark Bell in the presidential chair. The retiring officer, in the course of his remarks on this occasion, spoke of the practical usefulness of a similar society in Paris, which has inaugurated a commission to examine into abstruse questions of medical jurisprudence, whose labors are of great benefit to the officers of justice. A similar commission here, he thought, could probably assist the courts in the solution of many perplexing problems. The address of the President elect was on the "Effect of Loss of Consciousness on the Memory of Preceding Events." Since the meeting, Dr. Hamilton has entertained the Society with a sumptuous dinner, at which there was the usual flow of soul and bowl.

## ABSTRACTS—EXTRACTS.

### Dugas' Pathognomonic Sign of Dislocations of the Shoulder-Joint.

Notwithstanding the great progress in our diagnostic knowledge of injuries about the joints in the last quarter of a century, many errors are still committed, even by able practitioners. The personal experience of every surgeon of large practice will furnish numerous examples of cases in which fractures about the joint have been mistaken for dislocations, and conversely, dislocations for fractures, and simple contusion for either. Now, the signs of each of these injuries are so marked, when the patient is seen early, that even the more inexperienced can scarcely fail to differentiate them; but in a short time, so much tenderness and tumefaction supervene that the signs which were so prominent become completely obliterated, to become prominent again when the tumefaction subsides.

It is during the stage of inflammation and tumefaction that so many errors are made, especially in dislocation of the shoulder-joint; the luxation is left unreduced, and the patient remains a living memorial of the surgeon's ignorance or inattention.

Almost all authors concur in the opinion that it is not always an easy matter to make a correct diagnosis in shoulder-joint dislocations. In 1832, Sir Astley Cooper, in his great work on Dislocation, after discussing the diagnosis of shoulder-joint dislocation, writes: "Yet it would be an act of injustice not to acknowledge that the tumefaction arising from extravasation of blood, and the tension resulting from the inflammation which frequently ensues, will, in the early days of the accident, render it difficult for the best surgeon perfectly to ascertain the exact extent of the injury."



In 1872, Dr. Gross, in his masterly work on Surgery, says: "Although the signs of this dislocation are generally well marked, there are few accidents which are so liable to be mistaken, and no pains should therefore be spared to establish a correct diagnosis."

And Ashurst, in his excellent work on Surgery, says: "Although, by a careful and systematic examination, the true nature of the injury may almost always be eventually determined, the surgeon should hesitate before criticising another practitioner for a mistake that may have been unavoidable under other circumstances."

Such is the opinion of almost every writer on the subject, and if we depend alone on the signs usually mentioned, mistakes will be constantly made. Fortunately, however, we have a sign upon which we can rely implicitly, under all circumstances—one which we have been teaching and practicing for many years with so much confidence, that we would be willing to base a diagnosis on this one sign alone. We of course refer to Dugas' sign.

In the March number (1856) of the "Southern Medical and Surgical Journal," we find an article by Prof. L. A. Dugas, on a new principle of diagnosis in shoulder-joint dislocations. In May, 1857, he made a report on the same subject to the American Medical Association. It is astonishing that so clear and lucid an exposition of a principle of diagnosis so important to the surgical world—nay, to the whole medical world—should have received so little attention from surgical writers.

Smith, in his excellent Surgery, barely mentions Dugas' paper.

Gross, who is usually so correct in all his writings, in his great work on Surgery, states the principle wrong, when he says: "Another sign, although not an

infallible one, first pointed out by Dugas, of Georgia, is the inability which the patient experiences in touching the sound shoulder with the hand of the injured limb."

Ashurst, who is always willing to give honor to whom honor is due, does not refer to it in his work. Nor do any of the European writers on Surgery mention it.

Hamilton, in his incomparable work on Fractures and Dislocations, refers very properly to Dugas' sign, and in his Surgery gives him full credit for priority, and copies largely from his report to the American Medical Association.

We are satisfied that the profession generally do not appreciate its great value, and even Professors of Surgery have often failed to avail themselves of it in their teaching.

Dugas' pathognomonic sign of shoulder-joint dislocations may be stated as follows: If the fingers of the injured limb can be placed by the patient, or by the surgeon, upon the sound shoulder, while the elbow touches the thorax, *there can be no dislocation*; and if this cannot be done, there *must be* a dislocation. In other words, it is *physically impossible* to bring the elbow in contact with the sternum, or front of the thorax, if there be a dislocation; and the inability to do this is *proof positive* of the existence of dislocation, inasmuch as no other injury of the shoulder-joint can induce this inability.

The proposition is so lucidly and powerfully sustained by the author, in his report, that we take the liberty of quoting it in full, with the illustrations.

"In order to make these propositions apparent, I beg leave to present drawings, taken from the skeleton, showing the relative position of the bones in the natural state, and in the several dislocations of the shoulder. The evidence

thus obtained in support of my principle would be still stronger, if the bones were invested with their normal coverings and attachments.

"Let us then look at Fig. 1, and we may observe, that while the head of the humerus occupies the glenoid cavity, and the fingers rest upon the other shoulder, the elbow and lower end of the humerus lie upon the thorax without difficulty, because of the circumstance that the head of the humerus, when in its natural position, is removed several inches from the ribs. In consequence of the rotundity of the thoracic walls it is physically impossible that both ends of the humerus should, at the same time, come in contact with the chest. We see, therefore, in Fig. 1, that in the absence

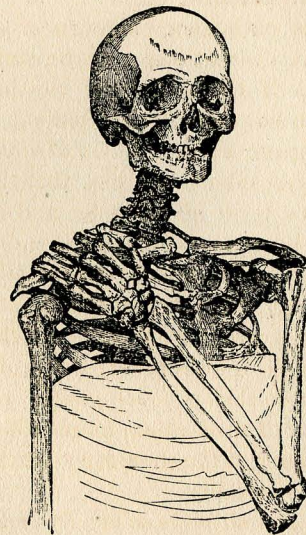


Fig. 1.

of any dislocation, the *upper half* of the bone does not touch the thorax, and that the *lower half* does so without the least difficulty.

"By now referring to Fig. 2, which represents a dislocation into the axilla, we find that, the fingers being placed upon the opposite shoulder, the elbow is forced so far forwards that it *cannot*

touch the thorax. In this state of things the upper end of the humerus alone

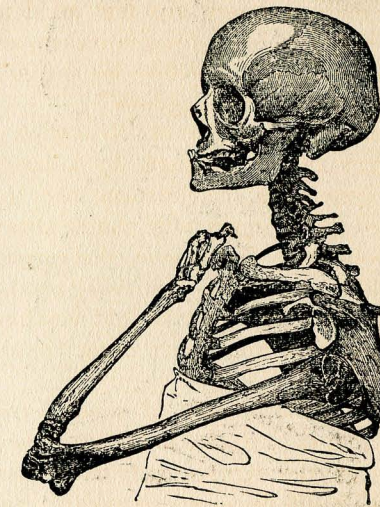


Fig. 2.

touches the ribs, while the lower end is proportionately removed from the chest. Any attempt to force the elbow against the thorax must be fruitless, unless at the expense of a disruption of all the soft parts by which the head of the humerus is held down; for, as I have already stated, it is *physically impossible* for both ends of the humerus to touch the thoracic walls at the same time.

"We have represented, in Fig. 3, a dislocation forwards, or below the clavicle; and here again we find the *upper end* of the humerus resting upon the ribs—the elbow being consequently removed from the chest. The *upper half* of the humerus touches the thorax, and so long as this is the case it is physically impossible for the *lower portion* of the humerus also to do it. In dislocations of this kind it is very difficult to carry the fingers upon the opposite shoulder, even though the elbow be allowed to project forward, because of the resistance offered by the strong muscles which pull back the humerus. I have, however, represented the bones of the skeleton in this position, for the purpose of showing the



effect, in case it could be assumed, in the living subject.

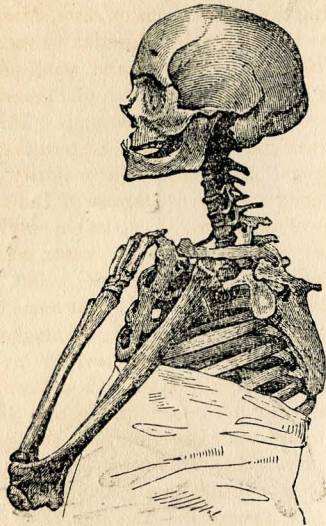


Fig. 3.

“Dislocations of the humerus upon the dorsum of the scapula, although very rare, should still be carefully studied. I have, therefore, represented this accident in Fig. 4, by which it may

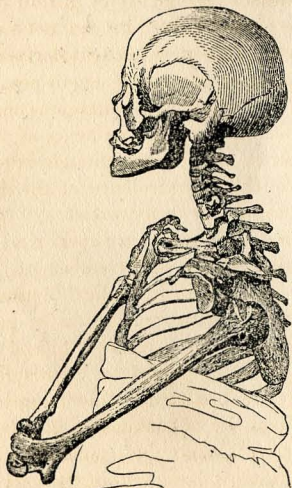


Fig. 4.

be seen that the same principles are applicable also to it.

“Here, as well as in other instances, it is only the *upper end* of the humerus

that touches the thorax, and the elbow projects strongly forwards. In this dislocation, it might be possible to bring the elbow against the side of the trunk, by carrying the humerus down parallel with the axis of the body; but any contact of the elbow with the chest is impossible, if the fingers be directed toward, or placed upon the sound shoulder, for then the form of the thorax would offer an insuperable obstacle.

“Having now, I trust, sufficiently demonstrated the truth of the proposition that it is *physically impossible* to bring the elbow against the front of the thorax in dislocations of the shoulder, I would simply add, that it is equally true, that no other injury of the shoulder-joint than a dislocation can induce this physical impossibility. It is obvious, that a mere contusion of the soft parts may render motion of the joint so painful as to deter the patient from the effort necessary to carry the fingers upon the other shoulder. But there can be no difficulty on the part of the surgeon in placing the limb in this position, and an anæsthetic might be used, if desirable, so as to render manipulation painless. The same may be said of fractures of the upper end of the humerus, of the acromion, of the coracoid process, and of the neck of the scapula. In neither of these accidents can there be any physical impediment in the way of bringing the elbow in contact with the front of the chest, for in neither of them can the *upper end* of the humerus be so fixed against the ribs as to make it impossible for the *lower end* to touch the chest. Nothing, therefore, but a dislocation can prevent the limb from being placed in the position indicated.

“If it be justly esteemed a matter of great importance to be in possession of correct principles of diagnosis in occult diseases, it is certainly not the less so

with regard to surgical accidents, especially when these demand prompt interference. Our professional records unfortunately establish too conclusively the imperfection of our diagnostic resources in injuries of the joints, to permit any difference on the subject. If, therefore, the views here presented may facilitate, in the least degree, the detection of injuries confessedly more or less obscure, my object will have been attained.”

The principle upon which this important diagnostic sign is based is true. The sign is pathognomonic in every variety of dislocation of the shoulder-joint. It is simply perfect and infallible.—*Ed. Nashville Jour.*

## CORRESPONDENCE.

LONDON, ENG., Dec. 7, 1875.

*Dr. E. S. Gaillard:*

Dear Sir,—In the “Times” of November 29th will be found a very interesting report on various subjects connected with the sanitary condition of India. In the first place, it is found that British soldiers in India are peculiarly subject to diseases in connection with alcoholism. In Bombay, it was found that each man, on an average, consumed a quart of malt liquor a day, and also four ounces of spirits; this amount of spirits being more than could be drunk with impunity in India. The quantity is not the only thing, the quality of the liquor is thoroughly bad. In this the Commander-in-Chief argues that “as it can not be expected that we should find in British soldiers an exception to the national desire for a certain amount of stimulant, it is important to provide that what they do drink shall be of wholesome quality, and shall be accessible to them in barracks,” in order that they may not have recourse to the “poisonous concoctions of the Bazaar.” With this purpose also coffee-shops are being established and barrack accommodation improved. With regard to pulmonary disease, in one regiment the deaths from this cause in India were 6.6 per 1,000; but on their return to England, they rose to 24.2 per 1,000. This is attributed to the consequences of exposure to heat and malaria. Vaccination has

been a great success, and caste prejudices have not opposed it. “It is curious that notwithstanding the superstitions of caste, Musselmans seem to have a greater objection to vaccination than Hindoos.” Cholera and small-pox, fearful as they are, slay by tens of thousands, but fevers by hundreds of thousands. This is due to the soil conditions in the Eastern districts of the Bengal presidency. The majority of cases of insanity are traced to the use of Indian hemp in one of its forms. Females in asylums in Bombay are only 16.5 per cent., whereas in England they exceed the males. But in most cases the females are cared for at home by their relations. Drs. Lewis and Cunningham, who have been specially appointed to investigate cholera, are of opinion that it is not contagious, and probably not infectious, but that its spread is connected with meteorological changes!!!

Dr. Evers has discovered a substitute for quinine as a tonic and febrifuge in champa (*nicchelia champæa*). The immunity from typhoid, supposed to be possessed by natives of India, is proved not to exist, most of them probably passing through it as children. Leprosy has been investigated by Dr. Carter, who pronounces against its contagiousness, but states that it is in nearly all cases inherited. Good nutritious food retards its progress; and Dr. Dougall speaks very highly of gurjun oil (*dip-terocarpus lœvis*), though he can not yet speak of the permanence of the benefit derived. The distribution and spread of small-pox shows, that “notwithstanding its contagious character, and independently of the influence of vaccination, a district may escape, though apparently exposed to the full virulence of the disease.” It is most capricious in its spread.

Dr. Alfred Meadows, in a paper read before the Harveian Society on November 4th, and reported in the “British Medical Journal” of November 13th, gave some results of his large experience in various forms of fibroid tumors of the uterus with regard to their symptoms, prognosis, and treatment. The importance of accurate diagnosis is founded on the fact that some of them are curable, some not. Of the symptoms, that of hæmorrhage was very valuable, as it indicated the intra-uterine, submucous or curable form. Displacement of the cervix indicated growth in the opposite direction, a closed os with a small and rigid cervix are almost fatal signs of incurability; the larger and softer the cervix, the better the chance of cure. As the subperitoneal form did not en-



croach on the uterine cavity, there is none of the elongation of the uterus which is met with in the submucous form in direct proportion to its size. The sound in the uterus, aided by the finger in the vagina, can determine by the relative thickness of the anterior and posterior walls which of these is the seat of the new growth. Ergot is of use in soft, small tumors by cutting off their supply of blood and steadily contracting the muscular fibres of which the tumors are composed. Gastrotomy is only justified when the tumor is fairly out of the pelvis, and the cervix as well as a good part of the body of the uterus free from disease. In the submucous variety, the cervix is to be dilated, the capsule of the tumor broken down, and the tumor enucleated by the finger; in the case of very large growths, the centre of the tumor can be pierced by the actual cautery, which will diminish the bulk and favor expulsion. Cystitis and pelvic cellulitis follow operations on the anterior wall oftener than the posterior wall of the uterus; a larger quantity of cellular tissue intervening between the uterus and bladder than between the uterus and rectum.

At the meeting of the Glasgow Pathological and Clinical Society, on October 12th, a case was brought forward in which a child, eight and a half months old, swallowed a double-bladed penknife two and a half inches long, on May 24th, remained in perfect health after its heavy meal, and only passed black stools (due probably to the iron) till August 27th, when it passed the knife much the worse for wear. The blades were in great part gone, the tortoise-shell back of the knife had quite gone. The career of this infant should be watched.

Mr. Maunder, Surgeon to the London Hospital, has for some time advocated a method of excising the elbow-joint, whereby the insertion of the triceps is left undisturbed—namely, by avoiding all transverse section of the tissues lying between the external condyle of the humerus and the olecranon. He has received a letter from one of his patients in New Zealand for whom he performed this operation for very severe compound comminuted fracture of the bones forming the right elbow-joint, stating that he had won the champion billiard cue, and taken the second place in the quoit match at Christ Church, New Zealand, and that in gratitude to Mr. Maunder, he had left him his arm in his will, and that he believed that his arm was the finest arm in the whole world without a joint. The account, with a drawing of Mr.

Maunder's operation, will be found in the "Lancet" for November 13th.

OCCASIONAL.

## REVIEWS.

ON POISONS, IN RELATION TO MEDICAL JURISPRUDENCE AND MEDICINE. By ALFRED SWAYNE TAYLOR, M. D., F. R. S., Fellow of the Royal College of Physicians and Lecturer on Medical Jurisprudence in Guy's Hospital. Third American Edition, from the Third and Thoroughly Revised English Edition, with One Hundred and Four Illustrations. Philadelphia: Henry C. Lea. 1875.—This work, though long before the Public, is, in its present edition, almost new; it has been completely revised, amended, and improved. Being an octavo of not more than seven hundred and fifty pages, it is of course not an historical work of poisons, but contains what is most useful to the practitioner and student. The author has not included in his work poisons generally, but only such as are of forensic interest and give rise to investigations before legal tribunals. It is, of course, possible that any physician may, without any or but little warning, be summoned into a court of justice to give such testimony in regard to a death from poisoning as he hopes shall bear the test of close analysis; and it is more than probable, that the examination to which he is subjected, by some gray-haired, astute, and clever lawyer, will be so close and searching, as to cover the medical man with ridicule and disgrace, if he is not fully prepared for such an ordeal. It is useless for any medical man, under such circumstances, to suppose that, even with some warning, he can, from a well-assorted general library, prepare himself for such a trial; he must have some work in which he can find, under the appropriate caption, most, if not all, of the information sought. Otherwise, he has only to be crucified and to hope that this may not be absolutely fatal.

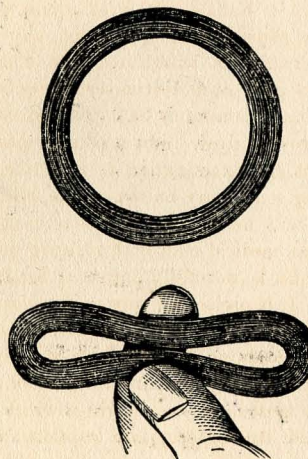
Every physician, then, needs some work on "Poisons" which shall be fully adequate for the purposes of forensic preparation and reliance. To all such this work is recommended.

Dr. Taylor still clings, in this edition, to his view of the Wharton-Ketchum case. He claims that "the symptoms were not consistent with acute poisoning from tartar emetic," etc. Of course no one can be free from prejudice and bias, even when writing judicially, but the author's repeated declaration here in this connec-

tion reminds one forcibly of the Manhattan witness who, once stating that a horse was fifteen feet high, declared that as he had said so, "he would not take it back." It will be remembered, that metallic antimony, taken from the body of Ketchum, was brought into court, though too late, as the jury had retired. This book is replete with interesting reading, and is excellently issued.

## MISCELLANEOUS.

NEW FORM OF PESSARY.—The pessary of which an engraving is given possesses manifest advantages. It consists of watch-spring coiled spirally, with the extremities left free; this is encased in caoutchouc, and in its external appearance resembles many of the various ring pessaries at present known. The advantages of this pessary will appear by reference to the engraving presented,



where it is shown collapsed for facilitating its introduction; when in situ it expands to the circular form, as shown on the top of the figure, or assumes such other shape as may best accommodate its contact with surrounding parts. The pessary is made in sets of three, and has the additional merit of being inexpensive.—*Lancet*.

In London last week 1,628 deaths were registered.

D. LUTHER, M. D., in an article in the "Philadelphia Medical Times," suggests the employment of soluble glass in hospital construction. In the building and arrangement of institutions, particularly those for the insane who exercise little control over the urinary or intestinal discharges, no system of ventilation or arrangement of the apartments occupied by such patients, whether of wood, painted, or oiled, or with floors of slate, metal, or cement, has been sufficient to effect entire cleanliness. A material having an entire absence of absorbing surface would seem to meet the demand in such cases, and glass is such a material. The walls, floors, and ceilings might be covered with it. It is not expensive, is strong when sufficiently thick, is impervious to water and dampness, and can be made of suitable color. Apartments thus fitted up could be thoroughly drenched with water so as to remove every particle of fetid matter. The floors could be made comfortable by covering them with rubber cloth, which, with the bedding, could be easily removed and cleansed.

MEDICAL PRACTICE IN SIBERIA.—The "Gazette Medicale de Paris" extracts from the "Courier Medicale Russe" an interesting description of the life of some practitioners in Siberia. Dr. N., says the narrative, having arrived at the shores of the Lena, applied himself to the discharge of the duties devolving on him. In the province where he was located—Yakutsk—the practitioner has to act as a hospital, district, town, and village medical officer, and even to compound his medicines. Very frequently he has also to act as director, *feldcher* (a sort of barber-surgeon), and steward of the hospital, although the names of persons supposed to perform these duties are borne on the official lists. In the course of ten months, Dr. N. travelled,



in his official visits, over 5,000 versts (about 3,385 miles); the weather being sometimes so cold that the spirit of wine froze in the thermometer. In travelling he was obliged to carry provisions with him; for it was very often impossible to get any others. The warmest clothing is not always sufficient, and two of Dr. N.'s predecessors died of frost-bite of the lower limbs. At night Dr. N. was obliged to rest in the *iurtas*, a kind of hut having the walls and roof covered with dung, which freezes and produces so great a lowering of temperature in the *iurta* that the air within is as cold as that without. Dr. N. has been unable to continue his nomad life, in consequence of the insufficiency of his pay. Besides attending to numerous patients, Dr. N. has published an excellent description of the medical topography of the country, and has described the pathology and symptoms of two diseases called in Siberia *prokaza* (probably a modification of elephantiasis) and *miri-atshilitshestvo!!!*

**ILLEGITIMACY IN SCOTLAND.**—The Registrar-General's report for the last quarter shows, as usual, a very great difference existing in different parts of Scotland with regard to the proportion of illegitimate to legitimate births; thus while over the whole country the percentage of illegitimacy is 8.75, in the large towns it is only 7 per cent., but rises in the mainland rural districts to 10 per cent.!!!

**ECZEMA PRODUCED BY TINCTURE OF ARNICA.**—Dr. Whittaker has (Ohio Clinic) lately encountered several cases illustrating the evils of the local application of tincture of arnica. One young man with orchitis applied it, and came to Dr. Whittaker with an extensive and profound eczema, which lasted for three weeks. Another man, having let a ten-

pin ball fall upon his toes, applied it to relieve the pain, and had a violent eczema, which was not cured for two weeks. At the society at which this communication was read, Dr. Longworth mentioned the fact as something peculiar about this drug; the majority of persons may use it with impunity, but it will now and then act as a virulent poison producing an eczema, not limited to the seat of its application, but which becomes universal, and is often very obstinate to treatment.

**FORMULA FOR THE COMBINED ADMINISTRATION OF COD-LIVER OIL AND PHOSPHORUS.**—Dr. Edward C. Mourn ("New York Medical Record," September 18th) has employed the following mixture with the happiest results, patients taking it readily who could not bear the plain cod-liver oil at all. R Yolks of three eggs; cod-liver oil 8 ounces; sherry wine 4 ounces; phosphoric acid, simple syrup, of each an ounce; bitter almond water 8 ounces; rectified spirit a drachm. Rub the eggs up in a mortar, adding the oil spoonful by spoonful. Last of all, add the phosphoric acid.

**THE LONDON WATER.**—Owing to the heavy floods, the river water is polluted with "large quantities of suspended impurities and of soluble organic matter of brown color." The five water companies drawing their supplies from the Thames delivered throughout the month water which was quite unfit for domestic use even after efficient filtration. The Grand Junction water gave a deposit consisting mainly of matted fungoid fibres.

**A NEW METHOD OF TREATMENT OF FEBRILE ARTICULAR RHEUMATISM** (Centralblatt für Chirurgie, from Deut. Zeitschrift für Prakt. Med.)—The treatment consisted in the hypodermic use of a solution of carbolic acid, and has been

tried for a period of two and a half years. One or two joints were placed under treatment simultaneously by making one or two injections of a solution of carbolic acid, of a strength of two per cent., at the most painful points. No irritation usually resulted, and if there was any it was but of but slight intensity. The acid seemed to act almost as an anæsthetic, for in a period varying in length from half an hour to several hours all pain ceased, the patient fell asleep, the swelling of the joint diminished, and but a slight amount of stiffness remained. After the lapse of a few days all symptoms of a rheumatic character vanished from the joint, and in but few of the cases did any relapse occur. The action of the carbolic acid was purely local, and influenced the fever only so far as it was due to the local inflammation. Quinine was also used in gramme doses; and Kunz thinks that by combining these two modes of treatment it is possible to shorten the course of the disease to a considerable extent.—*Phil. Med. Times.*

**SUGAR IN URINE.**—In his brevity, your reporter has conveyed an incorrect representation of my communication to the Royal Medical and Chirurgical Society on the 23d inst. I made the remark, as given, that sugar is found to occur in urine as a transitory condition more frequently than is generally supposed; but this referred to sugar present to such an extent as to be at once recognizable by the copper-test, and to amount, as quantitative examinations have shown me, and as I mentioned, to some grains to the fluid ounce. The product exhibited at the meeting of the Society was not obtained from urine of this description, but from urine which failed to give a reaction on being tested in the simple and ordinary way. I took scrupulous care to state that every sample of urine,

before being treated for obtaining the product, was tested with the copper solution, and was only employed when found to give a negative reaction. The object I had in view in exhibiting the product was to carry conviction throughout the profession that sugar must be ranked as a constituent of healthy urine, although such urine may not betray its presence (from the minute extent to which it exists) under the ordinary mode of testing. I was led to adopt the course I took from the unsettled state of opinion upon the subject. In the interest of medical science (for the question, I consider, has an important bearing in this direction) I should be glad if you would make the correction, so that the readers of your Journal may not remain under the impression that the sugar exhibited had anything to do with a transitory condition.—*F. W. Pavy.*

**DRINK AND DISEASE.**—The "Lancet" gives some curious calculations which have been made of the proportional amount devoted by the workingmen of Birmingham to the support, respectively, of their public houses and of their hospitals. The figures bear something like the ratio of thirty to one. Three thousand pounds sterling are contributed annually by them to the medical institutions of the town, and £900,000 spent in drink. The "Lancet" further asks, "What proportion does the contribution of the workingmen bear to the total expenses of the hospitals?" which are for them and theirs only. On the other hand, what proportion of the work of these medical institutions is occasioned by the drink on which they spend so much? Commenting on the state of the case the writer says: "We remove every obstacle to as free a consumption of liquor as is consistent with the maintenance of equilibrium, and then, with a benevolent appropriateness,



we provide hospitals in which the consequences of the drink can be recovered from, ameliorated, or assisted to an euthanasia." The corrective suggested for this state of affairs is "that the drink sold within a certain area should be so taxed as to defray the expenses of skilled treatment for those whom drink has prostrated and incapacitated for their work."

**PROPHYLACTIC IN CHOLERA INFANTUM.**—The numerous cases of gastro-intestinal catarrh occurring in small children during summer, preponderate among such as are fed with the bottle. The various kinds of treatment adopted by physicians have not proved very successful, hence a prophylactic against this disease is of great value. As the affection originates in the nourishment of the infant, Jacusiel ("Berl. k. Woch.,") has been led to add two tablespoonfuls of a one-third per cent. solution of salicylic acid in water to the daily allowance of milk, with the effect of rendering the germ of the disease powerless. The children fed in this manner have not had gastro-intestinal catarrh, or suffered any inconvenience from this rather free use of salicylic acid. The remedy is harmless and also inexpensive.—*Hospitals-Tidende*—*N. Y. Med. Jour.*

**MEDICO-LEGAL ASPECT OF ABORTIONS.**—The "Obstetrical Journal" says: Dr. Leblonde has collected a series of eleven cases from which he endeavors to prove the medico-legal value of the integrity of the membranes in abortions in the early months of pregnancy. His conclusions are:

1. When abortion occurs "en bloc"—i. e., the embryo is contained in the sound membranes which are unbroken, abortion is probably spontaneous, or at least has not been produced by agents which determine the expulsion of the

ovum without implicating the membranes.

2. When the membranes are ruptured, but healthy, in all probability abortion has been provoked.

3. When the membranes present pathological alterations, we can form no conclusion from an examination of the expelled product, though probably the abortion results from diseases of the ovum and is due to spontaneous production.

**AMPUTATION OF CARBUNCLE.**—At a recent meeting of the Medical Society of the District of Columbia, Dr. Triplett called attention to his mode of treatment of carbuncle, which is by amputation, and cited two cases in which this method seemed to have produced excellent results. In the debate which ensued, he held that nothing in the principles and practice of surgery forbade the operation, and that it was only aiding and anticipating natural processes to remove the slough as soon as possible.

## NEWS.

A SCHOOL of Medicine for Women was opened in Brussels in December.

SMALL-POX is epidemic in Cincinnati, the greatest mortality being among children.—*Med. Record.*

**SUPPLY OF SUBJECTS FOR DISSECTION.**—The London "Lancet" says loud complaints are made by almost all the teachers of anatomy in that city of the scarcity of subjects for dissection. Although we have now entered upon the third month of the session, there are, in the large schools, many first, and even second, years' students who have not been able to procure one part for dissection.

ACCORDING to "L'Union Medicale," for the first time since the creation, a census of India has been taken. It is found that India, with the English provinces and their dependences, contains 256,830,958 souls, a population equal to that of all Europe. Each square mile contains on an average 211 inhabitants. The largest city is Calcutta, which, with its suburbs, has 895,000 inhabitants. Bombay has 644,000; Madras, 398,000; Lucknow, 285,000. Reckoning according to their religions, there are in round numbers 140,500,000 Hindoos; 40,750,000 Mohammedans; 9,500,000 Buddhists, Jews, and Parsees. The religion of the remainder has not been ascertained. The Christians number 900,000, of whom 250,000 are Europeans and 650,000 natives. Twenty-three different languages are spoken in India. In the Western provinces there are at least three hundred castes; in Bengal about one thousand. In the service of the Government, including the native establishments, there are computed to be 1,236,000; 629,000—of whom 849 are missionaries—are supported by religious establishments. There are 30,000 religious mendicants, 10,000 astrologers, 5 sorcerers, 465 exorcists, 518 poets, 1 orator, 33,000 jurists, 75,000 physicians, 218,000 artists, among whom are reckoned acrobats, serpent charmers, etc. Other statistics are given as to the number of agriculturists, drivers of elephants, camels, etc., and of thieves, highway robbers, vagabonds, etc.

Two clinical lectures, by Dr. William Goodell, on the Causes, Prevention, and cure of Laceration of the Perineum, have been published in pamphlet form (J. B. Lippincott & Co.). They are well illustrated, and the suggestions are most ingenious and practical.

The next International Medical Congress is to be held in Geneva in 1877.

THE superintendents of the New England Institutions for the insane have taken a new departure by the formation of a local organization, the New England Psychological Society, which it is believed will result in mutual improvement, increased usefulness of the Institutions under their charge, and the advance of the interests of the insane. The first movement in the matter was made by Dr. B. D. Eastman, Superintendent of the Worcester Lunatic Asylum.—*Bost. Med. and Surg. Jour.*

It is with regret that we have to announce the death of Mr. William Acton. On Monday last, Mr. Acton was in his usual health, and in the evening of that day entertained some friends at Harley-street. He retired about 1 o'clock, and at 8½ o'clock on Tuesday morning had, as usual, a cup of chocolate in his bedroom, and was then apparently quite well. As he did not appear at breakfast, about 9½ o'clock some one was sent to call him, but found Mr. Acton lying across the bath dead. Dr. Garrod was called in, but life was extinct.—*Lancet.*

At a recent meeting of the Executive Committee of the British Pharmaceutical Conference, a suggestion was made that the Conference should nominate in connection with the Cambridge University Extension Scheme, a Travelling Professor of Pharmacy, with a stipend of £150 a year, whose duties would be to lecture in the provinces at different centres.—*Lancet.*

DURING the quarter ending September, there were registered in Ireland 32,585 births, being equal to an annual birth rate of 24.5 in every 1,000; and 19,289 deaths, representing an annual mortality of 14.5 per 1,000.

THE Paris correspondent of the "London Lancet," announces the death in that city of Dr. Giralde's.



THIS work has been so enlarged as to contain one-third more reading matter. The old price was \$2.10 (postage included) per annum. In consequence of a third more matter added, a third dollar is also added to the price of subscription, which is now \$3.10 yearly, if paid in sixty days from date of new or renewed subscription; but \$3.60 if paid after that time. It is hoped that every subscriber will save for himself the fifty cents additional by remitting promptly. The work for its size and the material used in it is the cheapest Journal issued anywhere. It is hoped that its old friends will make this known, and aid the work by the use of their influence and pen.

**NIGHT MEDICAL SERVICE IN ROME.**—Dr. Lauchlan Aitken writes from Rome to the "British Medical Journal," that a system of night medical service has, for two years' time, been in operation in that city, and that thus far it has been quite satisfactory. In Rome, when the night service was established, a pharmacy was selected in each of the five Rioni—the old Regiones—into which the city is divided for municipal purposes. These five pharmacies remain open all night, and are marked by a gas-lamp of peculiar form, colored red, and distinctly marked, "Servizio Sanitoris Notturmo." To each of these are attached a certain number of physicians and surgeons who attend in rotation, receiving for each night of such attendance (from 10 P. M. to 6 A. M.) the sum of seven francs, and any fees they may recover if called to patients who can afford to pay.

Dr. WM. E. BRICKELL has been called to the Chair of Anatomy in the New Orleans School of Medicine. A most excellent selection. Professionally and personally, Dr. Brickell is eminently fitted to adorn such a position.

**SOCIETY FOR FURNISHING DISSECTING MATERIAL.**—In Paris there has been formed a society whose object is a singular one, and the number of whose members has already reached the respectable number of one hundred. The members, by a special clause in their will, declare that they do not wish to be buried, but, on the contrary, desire that, in the interest of science, their bodies shall be delivered to the dissecting rooms.—*Mouvement Medical*

**MODESTY.**—While we would, therefore, advise all to subscribe to as many journals as they are able, we would assure them that, if they can afford only one, that one should be the *Peninsular Journal* for 1876.—*Peninsular Journal of Medicine.*

**AN UNSUSPECTED PISTOL BALL IN THE HEART FOR THREE WEEKS.**—M. Tillaux presented the heart of a woman who had received two balls from a pistol Oct. 7; the balls measuring 7 centmtr. One lodged in the diaphragmatic pleura and caused abscess of the liver. The other traversed the lung and penetrated the left ventricle through its posterior wall. It was found lying in the cavity of the ventricle.

There was no sign of heart lesion in life. The track of the ball could scarcely be traced, so rapid had been the cicatrization. It was really only by accident that Tillaux discovered the second ball, and if he had not received information that there were two balls he would not have looked for it.—*Le Mouvement Medical.*

DR. OWENS, J. P., who was nominated July last Lord Mayor of Dublin, has unanimously been elected Chief Magistrate of the city of Dublin for 1876.

A SUM of £800 has been put aside in the German Chancellor's budget for the establishment of a Supreme Board of Health for the empire.

THE recent meeting of the American Public Health Association at Washington, D. C., was a decided success. The inaugural address was delivered by Dr. J. M. Toner, who strongly urged a close imitation of the manner in which sanitary reform is worked out in England, which he termed "the most enlightened country in Europe." The meeting extended over four days, and drew together a large number of the more prominent members of the Medical Profession in the States. Among other matters, it was decided to memorialize Congress to introduce a better system of registering births, marriages, and deaths. The Association has the good wishes of all sanitarians in this country.—*Lancet.*

A PAPER was read before the Society of Arts last week by Dr. Richardson, says the "Lancet," "On Industrial Pathology, or the Influence of Certain Injurious Occupations on Health and Life." From researches which had been made, Dr. Richardson was enabled to state that the rate of mortality is greatest among the class of persons who traffic in intoxicating liquors, and the principal cause of degeneration of working men was alleged to be intemperance. The lecture, one of a series to be delivered during the winter, was distinguished by Dr. Richardson's usual ability and effective delivery.

THE rate of mortality among officers of the British army throughout India was 12.55 per 1,000 in 1873.

## REGISTRATION.

Died,

At Jefferson, Ga., October, 1875, Dr. J. D. LONG, of typhus fever.

On November 22, 1875, Dr. JOHN P. METAUER, at his residence, at Worsham (the old Court House of Prince Edward County, Va.), in the 88th year of his age.

Near Atlanta, Ga., Oct., 1875, Mrs. AMANDA THOMPSON, wife of Dr. Asbury Thompson.

## EDITORIAL.



A HAPPY NEW YEAR is the wish earnestly tendered to each reader. This Journal will do all in its power to secure, so far as medical literature is concerned, a realization of this wish. In its new dress; enlarged; illustrated; and issued in a style inferior to no Journal foreign or domestic; with its short but comprehensive articles; correspondence fresh from European and American medical centres; faithful and prompt reports of all news foreign and domestic, and with an editorial department devoted pre-eminently to the welfare, defense, and progress of the American Medical Profession, it is hoped and believed that this Journal will contribute somewhat to making the present a happy new year.

Will its readers reciprocate; will they give their powerful influence to sustain and support it?

There are many and great abuses in the Medical Profession; newspaper charlatanism; inefficiency and corruption in medical corporations; debility and helplessness in Health Boards; irregular practitioners superseding, by shams and rascalities, the labors of scientific practitioners; frauds, trickery and meanness in the securing of practice; these and many other abuses need the attention of the Medical Profession. This Journal



will endeavor to do here its full duty. It will seek also to advance the interests of the Profession in securing the enactment of laws beneficial and necessary; laws preventing those unqualified to practice from doing so; laws securing to physicians' bills the same security granted by the State to all others; laws regulating the registration of births, marriages and deaths; laws establishing State Boards of Health, with subordinate or contributory Boards in each county; laws regulating hospitals, almshouses, and county charities, whereby the physician can control these institutions in their medical relations and secure reasonable compensation for his work. Apart from all this, this Journal is avowedly and publicly devoted to exposing the shams, impositions, and irregular public action of spurious medical men who like foul Upas trees flourish in the medical field, and poison all else of healthy and benignant growth there. In such a course, it is often necessary to seize nefarious medical men with no friendly grip, and to hold them up to the contumely and just derision of the Profession. There is much in this to injure a Journal and a journalist; for these culprits often, like those pinioned on the gallows, die hard, and are not scrupulous as to the means of escape, or the blows secretly and unfairly given for the overthrowing of those who intend to punish them. In such a work a journalist needs the voice as well as the support of the Profession; and receiving these, asks only a fair trial and reasonable time to secure satisfactory results. Will the Profession give this aid; not only the aid of purse, but of person; not only the small subscription price asked, but bold and open approval in public places, when such acts on the part of journalists are brought up for criticism and, in the absence of

open and earnest men, for abuse and condemnation? This is what the press needs. Not that portion of the press which seeks to conciliate and to please all, praising everybody, and apologizing on all occasions, even for doing what is right and proper, if such a course affronts those who ought oftener to be affronted and castigated. Will the friends of this Journal "hold up its hands;" sustain, approve and support it in this course? Such a result would be very grateful; for to all there comes, at times, the need of support and encouragement. When that splendid embodiment of all that is strong in body and grand in mind stood upon the heights watching for all that was injurious to the comfort and safety of Israel, he, with his matchless will and power, needed support. If Moses felt how great was the help rendered, when Aaron, his brother, held up his hands, surely those cast in a weaker mould may well cry out for the comfort and support of their brethren.

With such declarations and requests, the WEEKLY enters upon a new year; developed; improved; earnest; watchful; but asking that its friends may yet "hold up its hands" in the hard work before it.

It is true that the outlook is not as prosperous as in years long past; before the blight of war fell upon this country. But what is this fact to those who are to meet, and intend to meet it well?

All around may wear the garb of winter; the season may be cold and fruitless; the land frozen and for the time barren; but amid each such period the earnest man remembers that there is also a Spring; a Summer; and the Autumn harvest; and coming forward with ice above and around him, he feels that it is pleasant and proper to greet all who meet him with the comforting, cheery old cry, "A HAPPY NEW YEAR."

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MANUFACTURERS OF  
 FLUID AND SOLID EXTRACTS,  
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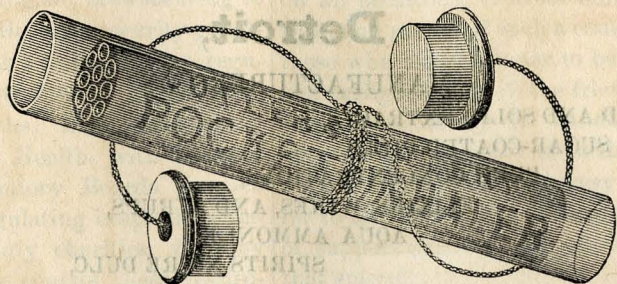
R. Macready & Co., Cincinnati; Kenyon, Potter & Co., Syracuse, N. Y.; Geo. A. Kelly & Co, Pittsburg, Pa.; Benton, Myers & Canfield, Cleveland, Ohio; Geo. M. Dixon, Dayton, Ohio; A. Peter & Co., Louisville, Ky.; E. Burnham, Son & Co., Chicago, Ill.; A. A. Mellier, St. Louis, Mo.; Colburn, Birks & Co., Peoria, Ill.; Geo. A. Eddy, Leavenworth, Kan.; Godbe & Co., Salt Lake City, Utah; Plain, Williams & Co., Toledo, Ohio; Shrewsbury Bros., Parkersburg, W. Va.; Farrand, Williams & Co., Detroit, Mich.; Swift & Dodds, Detroit, Mich.

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Dr. George Hadley, Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words:

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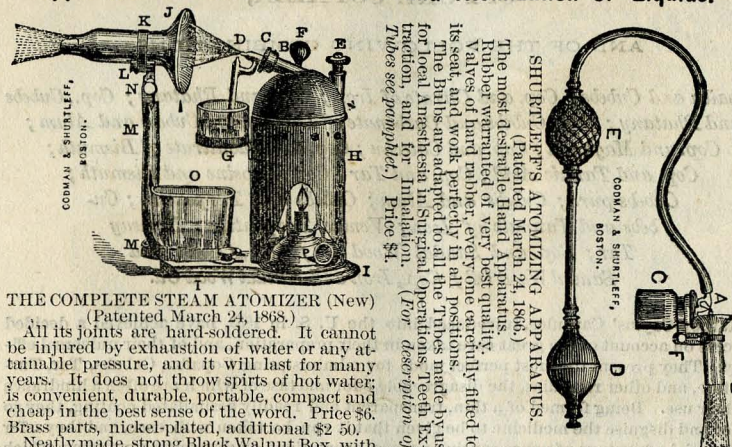
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Also an article by Rev. J. L. W. Thudichum, M. R. P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulae.

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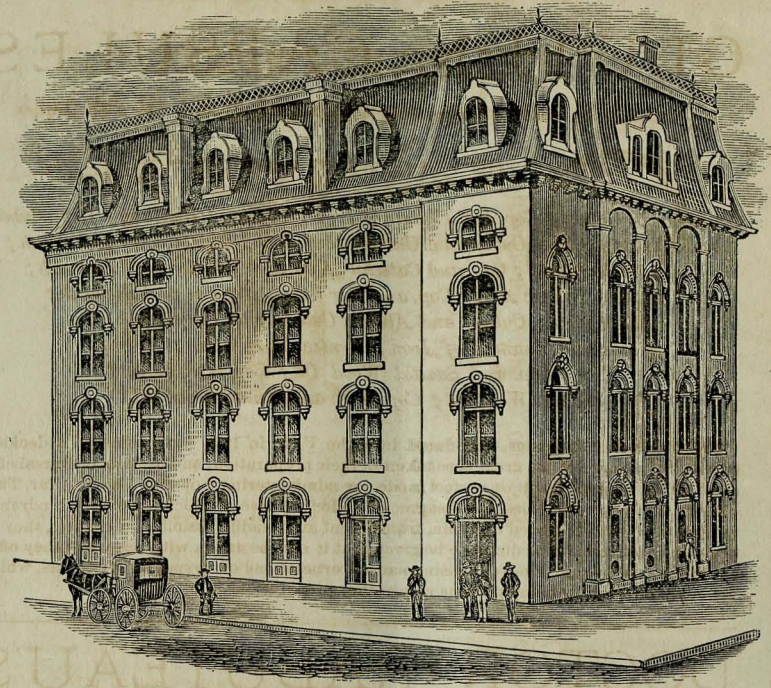
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