

**Monthly journal [of the] Southern Illinois Medical Association.**

Southern Illinois Medical Association.  
Cairo, Ill.

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# Monthly Journal

OF THE

## Southern Illinois Medical Association.



EDITED BY

C. W. DUNNING, M. D., & HORACE WARDNER, M. D.,  
*Committee on Publication.*



CAIRO, ILLS., DEC. 1877.



### CONTENTS.

#### ORIGINAL ARTICLES :

|                                |    |
|--------------------------------|----|
| Ante-Version.....              | 65 |
| Cellulo-Fibrous Tumor.....     | 67 |
| Ovariectomy with Recovery..... | 68 |

#### EDITORIAL :

|   |    |
|---|----|
| Moral Influence as a Curative Agency..... | 70 |
| Correction.....                           | 72 |
| Notice to the Standing Committees.....    | 7. |

#### TRANSACTIONS OF ASSOCIATIONS :

|   |    |
|---|----|
| Southern Illinois Medical Association.....      | 72 |
| South Western Kentucky Medical Association..... | 74 |

#### COMMUNICATIONS :

|  |    |
|--|----|
| The Registration of Births and Deaths,<br>Etc..... | 74 |
|--|----|

#### MEDICAL BRIEF :

|  |    |
|--|----|
| Illinois State Medical Register. — The<br>Western Lancet. — Deductions from<br>Some Mortuary Statistics. — The Hotel<br>Dieu, Paris.....   | 75 |
| Freckles. — Dr. J. C. Cullingworth. — Dr.<br>Tichborne. — Morphia Injections. —<br>Surgeon-in-Ordinary to the Queen in<br>Scotland. — Salicylic Acid Pertussis. —<br>The Sense of Smell..... | 76 |
| New Treatment of Dysmenorrhæa. — Ni-<br>trate of Silver. — Oiling the Urethra.....   | 77 |
| Elementary Advice to Mothers.....  | 78 |
| Intestinal Polypus. — Pain in the Pneu-<br>mogastric Nerves.....   | 79 |
| Journalistic. — Chloral by Enema. — Fa-<br>tal Result --Receipts.....  | 80 |

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# MONTHLY JOURNAL

OF THE

*Southern Illinois Medical Association.*

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Vol. 1.      Cairo, Ills., December, 1877.      No. 5.

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## Original Articles.

### ANTE-VERSION.

BY W. S. MARSHALL, M. D.

[Read before the Southern Illinois Medical Association at Anna, January, 21, 1877.]

ON my first visit, May 8th, 1876, I found the patient to be a medium sized woman, nervo-lymphatic temperament, aged 28 years. The following history was given: Had had four children; eldest 12 years, youngest 8 weeks; had always had easy labors and rapid recoveries therefrom, until the last when she was attended by an old midwife and lost more blood than at any previous time. Had suffered greatly with pain in the back, left side, and pelvis almost continuously since first week after last confinement, in any position that she might assume, which was greatly increased and absolutely intolerable when standing on her feet. Had been bloated in face, abdomen and lower limbs, badly; for some time worse than now. No appetite at any time, but drank a little milk or soup every day reluctantly, which oftentimes lay so heavily on her stomach as to induce vomiting. Suffers frequent recurring paroxysms of rectal, vesical and urethral irritation, being most intense during and for some time after defecation and micturition, after straining a few drops of blood from the urethra. Has not had a refreshing sleep for a fortnight.

At first examination found objective symptoms to be: Slight flush on cheeks, skin dry, countenance expressive of pain, tongue



large, pale and slightly coated, showing indentations of teeth on the sides; pulse 120, temperature 102 1-2; lower extremities somewhat œdematus; abdomen large, soft, flabby, and tender to moderate pressure in hypogastric region; anæmia well marked. Subjective symptoms. Pain in pelvic cavity, headache, lack of appetite, thirst, bowels constipated, urine highly colored, and half normal quantity voided for past two or three days.

Gave morphine sulph. grain 1-8; and dissolved in tumbler of water, soda bicarb, potassa bromid, aa oz. 1, 1-2, to be given one tablespoonful every one or two hours until urine should increase in quantity and dysuria be moderated. Directed warm sitz bath always during micturition.

Flax seed tea ad libitum. Opiate to be repeated at bed time if needed, and should fair trial of these measures fail to make patient comfortable, instructed nurses to put her in the knee, elbow or breast position, as I suspected the existence of retroversion. Also, large, warm salt water injections, per rectum, to be given night and morning.

Visited her next morning, May 9th. Learned that she had rested better and slept more last night than for many previous nights. Having been fixed with pillows in knee-elbow position she remained thus for three or four hours and slept soundly. Pulse 115, temperature 101 1-2 deg. Pelvic irritation somewhat less, sitz bath and enema having served their purposes to a moderate degree, bowels not yet sufficiently evacuated. I now ordered: Soda et pot tart, 1-2 oz. every third hour until moderate catharsis, after which resume and continue treatment as before, according to demands of the case, with nutritious liquid diet, milk soup, beef essence, etc. The febrile symptoms I was inclined to view as being a malarial complication and conjoined with the debilitating effects of lactation causing, if I may properly so call it, the dropsical tendency. I accordingly ordered the babe weaned.

In three or four days, on a subsequent visit, a digital, per vaginal and rectal examination was had, which, however, was not at all satisfactory, on account of the extreme sensibility of the parts. The treatment from this date, May 17th, was from office prescriptions and substantially the same as already described: tonic, palliative and supportive. Case being reported from time to time as slowly improving, fever having disappeared, but patient weak, suffering much at intervals in pelvic region. On June 5th I prescribed Tr. Ferri Chlor, glycerine, aa 20 drops, after each meal; quinine

Sulph. gr. 2, before breakfast and half way between meals. Potassa bromid, potassa chloras, aa gr. 5, every hour at night when not inclined to rest, giving first dose at 7 P. M. This latter plan was continued more or less regularly until I was again called to visit her on November 1st; she during the past six months not having been able to sit or stand up more than five or ten minutes at a time, even so short a time causing great pain. I found her general condition greatly improved.

I now made an examination of the pelvic organs, and to my surprise found, instead of retrocession, an ante-verted uterus. The cervix and os so highly situated as with difficulty to be reached; fundus behind pubes resting heavily on bladder, making ante-version of the third or last degree; to remedy which I now applied a large double-curved lever, or letter S pessary, according to directions given by the late Prof. Hodge. After she rested a few minutes, I requested her to get upon her feet, which was obeyed, and to my questions she answered, with a smile on her face, that the pain and weight were greatly relieved; that she did not feel any painful pressure from the instrument. Three days from this time she commenced and continued to do her own housework, and had little or no trouble until about the sixth week. When on December 13th I visited her last I found the instrument a little displaced. I removed, reversed and replaced it, placing this time the greater curve upward, which is claimed to increase its power as a lever and lessen the pressure on bladder and urethra. Since its readjustment I have heard from her often. She still wears it; has perfectly recovered, having not the least local trouble.

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*Cellulo-Fibrous Tumor, Involving the Entire Uterus and Appendages.*

---

BY A. C. LUCAS, M. D., OF MOUNT VERNON, ILL.

[Read before the Southern Illinois Medical Association, at Anna, June 21, 1877.]

Mary D—, aged 10 years, of a scrofulous diathesis, was attacked April 3rd, 1877, with severe pains in the lower bowels. On my first visit I diagnosed the case to be peritonitis. The usual remedies entirely failed to afford relief or mitigation of the pains, or to allay the constitutional disturbance. On the 7th inst. she had the characteristic green vomiting of peritonitis, accompanied with inflammation of the stomach and bowels with tenderness over the entire abdomen. She could neither micturate nor defecate, except

by change of position, and even then the feces had to be liquified by copious injections of tepid water before they could be passed. There appeared to be an obstruction at the neck of the bladder, which prevented the introduction of a catheter.

During the past two years she had suffered from severe pains in the lower bowels, occurring at frequent intervals, lasting only a short time, being relieved with domestic remedies, such as mustard poultices, etc. She had, however, during the above period become quite emaciated. Upon making a more thorough examination, I discovered a large tumor located just below and to the left of the umbilicus. Death occurred on the 27th of April.

Upon making a post-mortem examination, a large tumor weighing about 7 pounds, about the size and shape of the head of a full grown foetus, was discovered in the left iliac region. The uterus could not be found. The peritoneum and bladder were adhered to the anterior portion of the mass, and the posterior portion was adhered to the rectum. A longitudinal incision was made down to the center of the tumor, which was found to contain four ounces of grayish matter, about the consistency of honey. Surrounded by the pus, was discovered a small bony substance resembling the point of a bone or ivory crochet needle, with calcarious deposits around it. The walls of the tumor were composed of gray fibrous tissue.

My theory of the origin of the tumor is that at a period about two years previous to her death, feeling some irritation in the region of the uterus, was induced to attempt to allay the itching by introducing the crochet needle into the vagina, and the point becoming detached was permitted to remain; the point gradually embedded itself into the walls of the uterus, and there being hereditary scrofula in the case, hastened the development of a tumor, whose growth incorporated the entire womb and appendages.

My reasons for this theory is: First, the age of the patient; and, second, the character of the tumor, being cellulo-fibrous.

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### *Ovariotomy with Recovery.*

BY DR. J. K. RAINEY.

[Read before the Southern Illinois Medical Association, at Carbondale, Jan 17, 1877.]

Mrs. J., aged 43 years, was suffering from the effects of a large tumor in the left iliac region. Was called to see her July 8th, 1865. Found that she had been suffering for about eight months, and supposed herself to be pregnant. All other signs of pregnancy be-



ing absent, it made the case clear to my mind as a case of ovarian dropsy. Saw the case again November 11th, at which time I tapped the tumor, draining off 44 lbs of opaque, white fluid, about as consistent and tenacious as ordinary mucilage, and giving off a malic acid odor.

March 1st, 1876, 37 pounds of fluid was removed by tapping the tumor. Again, May 1st, 35 pounds were removed by the same means. I continued to introduce the trocar, the intervals between the operations growing shorter each time, until September 13th,—having drawn off in all 339 pounds of fluid. The patient was at this time failing rapidly, becoming emaciated, tongue red, no appetite, with symptoms of intermittent fever. September 13th I obtained the consent of the patient to remove the tumor. I placed her under the influence of chloroform at 2 o'clock P. M. Commenced the operation by making an incision from one inch above the umbilicus, in the median line, extending it to the symphysis pubis; about twelve inches in length. Found the tumor attached to the peritoneum, almost the entire length of the incision. Commencing at the inferior portion of the incision, I detached the adhering portions of the peritoneum with my fingers. The entire anterior surface of the tumor was firmly adhered, by its superior surface, to the free margin of the omentum; also, to the lower portion of the right lobe of the liver. The pedicle, which was short and about 4 inches in breadth, was secured by a strong double silk ligature near its base, and then divided. After cleansing the parts with carbolized water, the wound was closed with sutures, by first passing the needle through the integument, and then through the peritoneum bringing both surfaces together with the same stitch. The stitches were about one inch apart, between which were applied strips of adhesive plaster. The pedicle dropped back leaving the ligatures out at the lower portion of the wound. Applied a flannel bandage which covered the entire abdomen, and placed her in bed at 3 P. M. The extremities being cold, and the pulse weak, ordered diluted alcohol and carb. amon. every thirty minutes until reaction was established. Directed the room to be kept quiet and at a temperature of 80 degrees. Reaction was established at 6 P. M.; prescribed sulph. morphine 1-4 gr. every 2 hours until easy. Slept well during the night. Used the catheter at 12 M. and at 6 A. M. September 14th, 11 A. M., pulse 103 full and regular; kidneys acting normally; used the catheter every six hours.

September 15th, 11 A. M., slept well through the night, spirits

good, had some appetite; continued the morphine. September 16th, 11 A. M., urine passed without the use of the catheter, slept well and feels comfortable. No change of treatment.

September 17th, 11 A. M., directed animal diet, with nourishing soups, etc.; patient improving rapidly; is able to turn herself in bed, with but slight discharge from lower portion of wound.

September 18th, 11 A. M. Bowels moved this morning without any inconvenience. Ordered full diet; (i. e., anything she desired to eat.) Pulse normal; skin and kidneys acting normally. September 19th, 11 A. M. No change. September 23rd. Removed straps and applied a gauze and colodion dressing; found the greater portion of the wound had healed by first intention, the discharge all coming from the lower portion of the wound. The ligatures from the pedicle keeping the wound open. September 25th. Strength improving. October 3rd. Ligatures from the pedicles came away; very little discharge at the time. October 13th. Patient doing well; able to sit up; wound entirely healed, and no tenderness over any portion of the abdomen. Discharged.

Appearance of the tumor after extirpation: External surface smooth and regular; wall thin, especially the anterior part. Interior surface rough and covered with small tumors from the size of a pea to five inches in diameter; some were simple encysted tumors; the larger ones were fibrous in character.

Tumor and contents weighed 34 pounds; and fifteen pounds after the contents were evacuated. The patient weighed 85 pounds thirty days after the operation, and 75 pounds immediately after the operation.

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### *Editorial.*

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#### *MORAL INFLUENCE AS A CURATIVE AGENCY.*

The effect of the moral forces in aiding the convalescence of a patient, is recognized by all practitioners of the science of medicine. If the sick are mentally depressed, usually their recovery is retarded. Many a man now mouldering in his grave would be living to-day, could he have been roused from that listlessness and mental inertia which are so often the companions of certain classes of diseases. Individuals possessing highly nervous temperaments, when dangerously ill must often be kept in ignorance of their actual state lest they should fall into a melancholy, despairing condition;

the effects of which would be to lessen their vital energies, and to increase the tendency to death. The aim of the physician should be to keep his patient in good spirits, to elevate his hopes of recovery, and to rouse in him a determination to live; for the will is often as thorough a remedial agency as the various drugs his skill may direct him to prescribe. Disease has a tendency to impair all the forces which belong to man; his physical ailments react upon his mental powers. This fact may not always be apparent in the milder forms of sickness; and yet a slight attack of biliousness will make a man conscious that he does not possess his usual capacity for mental labor. It is, however, in the more advanced stages of disease that it is most apparent. Nature mercifully dulls all the perceptions of man as he approaches dissolution, thus robbing death of the terror with which it would be invested for many minds. How necessary then it is to bear in mind the power of the mind over the body, and to seek to call into our aid the will as an assistant in ministering to a body diseased.

In attempting to assist nature to restore the patient to his normal condition, there are two avenues through which the disease which has caused the abnormal state must be attacked—the body and the mind. As an illustration of this, take the case of a man suffering from alcoholism; little can be done toward effecting a permanent cure unless his will force can be evoked as an active agent in his behalf. We do not believe in the mode popular with the public at the present day—of dealing with habitual drunkenness. It is not to be aided by false sentimentality and gush. No drunkard is likely to be cured by conveying the idea to him that he is not responsible for his drunkenness. It may be in keeping with the philosophy of the would-be new lights of the present day, to shed tears over him as the victim of circumstances, and to excuse him, because, poor fellow, he could not help drinking, but it is not common sense. It may serve for flights of eloquence to apostrophize King Alcohol, and invest him with a power almost omnipotent; and treat the inebriate as a being without any strength of resistance or moral stability, but it is not the way to cure the victim of alcoholism. It is necessary that he should be made to understand his responsibility for his actions; his manliness must be roused, he must not be allowed to think for one moment that he cannot overcome the habit of dram drinking. His only hope, humanely speaking, is to make him feel the necessity of bringing his whole will force into play, to break up the habit which he has



formed. If he belongs to that class of drunkards who are suffering from dipsomania, then the sooner he is sent to an asylum for treatment the better. If he belongs to the class that drink because they will not make the effort to stop drinking, if he could only be threatenend with a few months in the penitentiary, it would have a far more salubrious effect upon him than the false sentimentality and wasted tears that are shed over him. He needs to be roused to will action, and when kind words and encouragement fail, sharp and decisive measures should be adopted.

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### *CORRECTION.*

In the JOURNAL for November, we stated that we had received several communications from Dr. T. B. More, chairman of the committee of arrangements at Belleville, in reference to the next meeting of the S. I. M. Ass., etc. We should have stated that Dr. More was the Sec'y. of the committee. Dr. Jas. L. Perryman is the chairman of the committee. "Honor to whom honor is due," etc.

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### *NOTICE TO THE STANDING COMMITTEES.*

It has been suggested by the President of the S. I. Med. Association, that the members of the several standing committees, send all of their reports, papers, etc., to the chairmen of their respective committees, a week or ten days before the meeting of the Association at Belleville; in order that they can be called up for reading and discussion in the sections to which they belong; thus saving the confusion and loss of time which we have experienced in our former meetings. We hope the suggestion will be acted upon by the various committees. From present indications the Belleville meeting will be the largest and perhaps the most interesting session that the Association has ever had.

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### *Transactions of Associations.*

The regular annual session of the Southern Illinois Medical Association will be held in Belleville, in the City Park Hall, commencing at two o'clock, p. m., Wednesday, January 16th. 1878.

#### **PROGRAMME.**

Wednesday, Jan. 16th, 1878.—An address of welcome will be delivered by Dr. James L. Perryman, of Belleville, followed by the regular business of the session and election of officers. At 7 o'clock

p. m., the Annual Address will be delivered by the retiring President, Dr. L. Dyer, of DuQuoin, after which an address will be delivered by Dr. W. Duff Green, of Mt. Vernon, to which the public are invited.

Thursday, Jan. 17th, 1878.—Regular business sessions at 9 a. m. and 2 p. m. At 7 p. m., a lecture on Anthropology will be delivered by Dr. J. J. R. Patrick, of Belleville, to which the public are invited.

Friday, Jan. 18th, 1878.—Regular sessions at 9 a. m., and 2 p. m. Reports from the following committees are expected: 1. Nervous Diseases—Drs. Jno. McLean, DuQuoin; W. Duff Green, Mt. Vernon. 2. Obstetrics—Drs. W. A. Gordon. Chester; D. S. Booth, Sparta; C. W. Dunning, Cairo; T. B. Moore, Belleville. 3. Gynæcology—Drs. E. B. Chapin, Carbondale; C. Davis, Steele's Mills; Jno. D. Pollack, Chester. 4. Practice of Medicine—Drs. H. Wardner, Cairo; H. W. McCoy, Golconda; B. F. Ross, South Pass; J. H. Mitchell, Corinth. 5. Surgery—Drs. J. R. Rainey, Salem; J. Roberts, Carbondale; Theodore Meyer, Belleville. 6. Mental Diseases—Drs. A. T. Barnes, Anna; A. DeFoe, McLeansboro. 7. Diseases of Children—Drs. F. M. Agnew, Makanda; S. H. Bundy, Marion; J. W. Burnett, New Columbia. 8. Climatology—Drs. G. W. Elkins, Vienna; S. W. Marshall, Sparta. 9. Ophthalmology—Drs. W. R. McKenzie, Chester; J. W. Kurgess, DuQuoin. 10. Materia Medica—Drs. L. D. Burgess, Sparta; W. S. Marshall, Centralia. 11. Toxicology—Dr. H. Harmes, Dongola. 12. Hygiene—Drs. W. T. Fern, Sanburn; Ford L. Dodds, Anna. 13. Necrology—Dr. J. H. Norris, Metropolis.

#### RAILROADS.

St. Louis and Southeastern Railway, one and one-fifth fare; Wabash Railway, 15 to 25 per cent. off regular fare; Cairo Short Line Railroad, one and one-fifth fare; O. and M. Railroad return at one-third regular rate; Vandalia Railroad Round Trip Tickets 10 per cent. discount from regular fare.

#### HOTELS.

Republican House, \$1 25 per day; National Hotel, \$2 00 per day; Hotel Tiemann, \$2 00 per day; Hinckley House, \$2 00 per day; Thomas House, \$2 00 per day.

An entertainment will be given at the City Park Hall, on Friday evening, Jan. 18th, 1878, commencing at 8 o'clock, p. m., to which all Physicians and their ladies are cordially invited.

|                        |                                 |
|------------------------|---------------------------------|
| JULIUS KOHL, M. D.,    | } Committee<br>on<br>Programme. |
| L. BREMER, M. D.,      |                                 |
| L. J. BECHTOLD, M. D., |                                 |
| T. B. MOORE, M. D.     |                                 |

The Southwestern Kentucky Medical Association met at Hickman, Ky., Nov. 7th, Dr. A. J. Watson, of Clinton, President, in the chair, and Dr. J. W. Singleton of Paducah, Secretary.

There was an unusually large attendance of the old members, and over twenty new members, whose applications were received and accepted on the first day of the session. From the report of the proceedings which we obtained from the "Paducah News," we are convinced that the Association is in a flourishing condition, and is doing a good work in Southwestern Kentucky. The next meeting of the Association will be at Paducah on the 2d Tuesday in June, 1878.

### *Communications.*

The following extract from a private letter written by one of the leading physicians of the State, contains some very timely and valuable suggestions to the State Board of Health:

BRIDGEPORT, ILLS., Nov. 24th, '77.

DEAR DOCTORS:—

\* \* \* \* \* The system of the registration of deaths and births will undoubtedly go a great ways to assist the physicians of the approaching future greatly, as well as the vital statistician. I think that if there was a clause in the law making it unlawful for sextons, undertakers, etc., to bury any dead body without a certificate of death from a practitioner, whose certificate from your board is registered at the Co. Clerk's office, would be an improvement of great value to all concerned.

At any rate, I am glad to know that Illinois, the State of my adoption in my adopted country, has made a progressive move on that subject, but as long as medical men, possessed of a desire to become "Professors," will, unchecked and unhindered, start "Medical Colleges" in every hamlet, and hold out very questionable inducements to every dunce who fails on the farm, the shops, or as a railway brakeman, to become a "Doctor," thus long will the medical men of America be a by-word to the profession abroad, and a stigma at home.

With much respect, and my best wishes for your personal well-fare, I remain, dear sirs, yours, XXX.

MT. CARMEL, ILLS., Sept. 11th, '77.

H. WARDNER, M. D., Dear Doctor:—Herewith I hand in my subscription for the Monthly JOURNAL of the Southern Illinois Medi-



cal Association, with my best wishes that it may prove a success, however small its beginning. However, to make it a success, and commensurate with the wants and demands of the profession of Southern Illinois, all must unite in an earnest effort to sustain it, and encourage such enthusiastic and self-sacrificing men as yourself and Dr. Dunning. You surely deserve credit in assuming the editorial charge under the circumstances.

Truly Yours,      JOHN J. LESCHER.

### *Medical Brief.*

ILLINOIS STATE MEDICAL REGISTER, 1877-8.—The above book published by W. T. Keener, at Chicago, is received. It is edited by S. R. Jackson, M. D. assisted by the publication committee of the Medico-Historical Society of Chicago. It contains in addition to the list of Medical Societies in the State, a list of charitable institutions of the State, a roster of the U. S. Examining Surgeons for Pension, a list of the Surgeons of the Ills. Milita, the Hospitals of the State, Medical Colleges, etc. In fact, it satisfies a want long felt by the profession, and we hope that every regular physician in the State will subscribe for it.

THE WESTERN LANCET.—We are in receipt of the "Western Lancet," edited by the officers of the Medical Department of the University of California. It is a very well arranged pamphlet, containing twenty-one pages of original matter, and edited with marked ability. We recommend it to the profession.

DEDUCTIONS FROM SOME MORTUARY STATISTICS.—Dr. E. Fletcher Ingals, in the "Chicago Medical Journal for October, 1877, presents a study of the mortuary statistics of the principal cities of the Union, and deduces the following conclusions, which, although he does not claim to be established facts, he thinks bear the stamp of strong possibilities. 1st. Residence by the sea-shore is prejudicial to phthisical patients. 2d. There is something peculiar to the climate of San Francisco, or to the business and social relations of its inhabitants, which strongly predisposes to aneurisms. 3d. A large percentage of the mortality in Chicago is the direct result of organic poisons emanating from the slaughter-houses, glue factories, and rendering establishments of Bridgeport, and the foul water in the north branch.

THE HOTEL DIEU, PARIS.—The new Hotel Dieu was officially opened on the 11th of August by Marshall MacMahon. It appears to have cost forty million of francs and contains only 400 beds.

FOR FRECKLES.—Use some preparation containing sulpho-carbolate of zinc, as :

R. Zinci sulpho-carbol..... 2 parts.  
 Glycerinæ..... 25 parts.  
 Aquæ Rosæ..... 25 parts.  
 Spir. vini rect..... 5 parts.

M. S.—Apply twice a day, and wash off after half an hour or an hour.—Journal of Chemistry.

Dr. C. J. Cullingworth, in the "British Medical Journal," reports a case of cancer (cylinder-celled epithelioma) of the stomach, in an infant five weeks old. The first symptoms manifested themselves on the tenth day after birth.

The following formula, by Dr. Tichborne, in the "American Journal of Pharmacy," offers a preparation of atropia which, while it prevents the formation of fungoid growths, is entirely unirritating to the eyes.

R. Atropiæ sulph..... gr. 2. 7  
 Acid salicylici..... gr. 1. 3  
 Aquæ..... f oz. j. M.

MORPHIA INJECTIONS IN PUERPERAL CONVULSIONS.—Dr. Dietrich relates (St. Petersburg Med. Woch., July 28,) two cases with a view of encouraging more frequent resort to subcutaneous injection of morphia in puerperal convulsions. In these cases recovery rapidly followed the injection of a quarter or one-sixth grain of the hydrochlorate, a repetition being required in one of these.—"Med. Times and Gazette," Aug. 25th, 1877.

SURGEON-IN-ORDINARY TO THE QUEEN IN SCOTLAND.—This position, which was vacated by Mr. Lister's removal to London, has been conferred upon Prof. George McLeod, of Glasgow.

SALICYLIC ACID PERTUSSIS.—Amidst the round of trials which salicylic acid is undergoing, may be mentioned its use in pertussis as recommended in the "Petersburg Med. Woch.," Nos. 22 and 23. Inhalation of a 2 per cent. solution for five minutes every evening during the convulsive stage, effects an immediate influence, a cure resulting, on the average, within two weeks.—"Med. Times and Gazette," Sept. 15th, 1877.

THE SENSE OF SMELL may, according to Dufuy, of New York, aid in the diagnosis of tuberculous. Patients having that disease emit an odor closely resembling wet linen. The odor in tetanus, on the other hand, is that of a wet cloth coat.

**NEW TREATMENT OF DYSMENORRHÆ.**—In that form of dysmenorrhæ in which no recognizable structural disease of the uterus can be found, but in which there is supposed to exist “an active neurosis of the uterine system of nerves, including spasmodic action in the muscular fibres of the uterus, and especially in the circular fibres of the cervix, Dr. Sussdorf, of New York, has obtained very gratifying success by the use of a tent, preferably of tupelo, containing through its centre a small tube, funnel-shaped at each end. This tent is introduced a few hours before the flow or pain commences, and is allowed to remain in situ from twelve to twenty-four hours. The susceptibility of the womb should be previously tested by the introduction of an ordinary tent, having an expanding power of not more than three-eighths of an inch. The length of the perforated tent should usually be about one and three-quarter inches. “In ordinary and recent cases it will not be necessary to introduce this instrument more than twice, the second time usually at the next period following but one. In old and obstinate cases, it may become necessary to use it oftener.—[Ohio Medical Record.

**NITRATE OF SILVER INJECTION IN CHRONIC DYSENTERY.**—Dr. H. C. Wood strongly recommends the use of solutions of nitrate of silver in the treatment of chronic dysentery. He dissolves from forty to sixty grains of the salt in a quart of warm water, which he then throws into the bowels by means, preferably, of a gravity syringe, which enables the fluid to reach a high point in the affected colon. The injection is usually retained from five to fifteen minutes, and may be repeated daily, or less often, as the case may demand.--[Philadelphia Medical Times.

**OILING THE URETHRA.**—M. Despres (Gaz. des Hop., Aug. 4) has employed, like all other surgeons, various substances for greasing instruments intended to be passed into the bladder, but has often found, in spite of every precaution, that very painful friction is produced. Although not a partisan for injecting the bladder prior to lithotrity, experience has taught him that greasing the patient is a far more effectual procedure than greasing the instruments. For this purpose he injects, by means of a glass syringe, without any catheter, from seventy to eighty grammes of oil, and thus renders the passage of the instruments far less painful, these passing into the bladder, so to say, by their own weight.—Med Times and Gazette, Aug. 25th, 1877.



**ELEMENTARY ADVICE TO MOTHERS AND NURSES.**—The duty of a mother is to preserve the life of her infant by suckling it from her own breast, or, if her health will not permit of this, by providing for it a nurse. If it be absolutely impossible to give the child human milk, or if this be insufficient in quantity, it ought to be supplemented by the milk of some animal (cow, goat, etc.) for milk is the only nourishment suitable for a child during the early months of life. Animal milk ought to be given under those conditions which render it most like the mother's milk. It should be taken as far as possible from the same animal. It should be given, still warm, soon after it is drawn, unless it be taken fresh, in a glass which has been thoroughly cleansed between the time of milking and that of the meal. It should never be boiled. It should be diluted with slightly sweetened water, warm enough to bring the mixture to the temperature of the body (37 degrees centigrade; 98.4 Fahr.) The dilution should be made at the time of each meal; with one-half water during the first week; one-third water during the three following weeks; one-quarter water afterwards up to the fourth month. Dating from this time it should be given warmed in a water bath, not diluted, but with the addition of a very small quantity of sugar. The hours of feeding ought to be regulated. During the day a meal every two hours is necessary, but an interval of four or five hours between the two meals from the middle of the night should be reserved for the rest of the nurse. After the sixth month various milk gruels may be given or light paps of cheese farina. About the end of the first year fat (meat) soups may be taken occasionally whilst still continuing the milk. The child will thus by degrees be prepared for weaning.

**WEANING.**—The weaning ought only to be made after the eruption of from 12 to 16 teeth, taking into account besides the season of the year and the health of the child. Even after weaning, animal milk ought still to enter largely into the diet up to the age of two years at least.

**TOILET.**—Each morning, before the first meal, the child should be washed from head to foot, with water rather fresh than hot, and have his linen changed. Where needful, a hair brush and oil should be used every day to prevent the formation of "bouzet," which is only an injurious crust (dandriff). Washing of the lower part of the body should be repeated as often as it becomes soiled with urine or the stools.

**CLOTHING.**—The clothing will vary so as to protect the child from variations of temperature. The garments should always be large enough to permit of the greatest freedom of movements. The belly-band (binder) should form part of the clothing during the first months.

**BED.**—The mother and child should never sleep in the same bed.

The cradle should be scrupulously clean ; the air and the light should circulate freely around it.

**EXERCISE.**—During the first days the newly-born should be held in the arms or on the knees for some hours ; but, unless in an exceptionally mild temperature, should not be taken out before the fifteenth day. After the first going out it should be carried out every day during the mildest hours. These walks, short at first, should be gradually increased, the prolonged action of a pure air favoring in a high degree the development and health of the child. The day should then be divided between long sleeps and long walks at regular hours. In the intervals the child should be laid upon the floor upon a blanket, free to move and roll about. He will thus learn to raise himself alone, and to walk when the time comes, without running the risks which the use of carriages and wheeled panniers, etc., entails. The midday sleep should be continued up to the age of three years at least.—*Union Medicale du Nord-est.*

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**INTESTINAL POLYPUS CAUSING INVAGINATION.**—Intestinal polypi (except rectal) are so exceedingly rare that the following case reported by Dr. Barthel in the "*St. Petersburg Med. Wochenschrift*," Sept. 15th, 1877, is of peculiar interest. The woman, aged 38, was admitted to the hospital with the symptoms of gastric catarrh. These soon changed, however, and the diagnosis of intussusception was unmistakably clear. Various methods of treatment were adopted, but the patient died on the third day of peritonitis.

On post mortem examination, a small tumor about the size of a pigeon's egg was found in the ileum, about a foot above the ile-oöcal valve. The invaginated portion measured half a foot, and at its upper extremity was found this tumor, which completely occluded the lumen of the intestine.

The polypi, a fibro-myoma, originated in the muscular layer, was covered with the normal mucosa, and had a comparatively small pedicle.

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**PAIN IN THE PNEUMOGASTRIC NERVES.**—M. Michel Peter in a communication to the Clinical Society of Paris draws attention to the fact that in pulmonary phthisis, pain in the pneumogastric nerves is a sign that the bronchial glands are affected. Pressure in the neck at the outer side of the carotid causes acute pain on the side affected or on both sides if both lungs are involved. Pain in the chest on the side affected is complained of, and the epigastric region is tender on pressure. A clanging, violent, laryngeal cough, gastralgia, vomiting and distressing palpitations also point to irritation and inflammation of the pneumogastric by the pressure of enlarged bronchial glands. In a case referred in which the diagnosis of adenopathy of the right

bronchial glands was fully confirmed by post-mortem appearances, great relief was derived from the hypodermic injection of morphia in the epigastric region morning and evening. Every distressing symptom was relieved, but the pulse was not reduced in frequency.—*La France Medicale*.

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**JOURNALISTIC.**—"The Canada Journal of Medical Science," published at Toronto, Canada, a monthly journal containing forty pages of original matter, is one of the most interesting monthlies published in the Dominion. The December issue contains, besides a great number of other interesting articles, a treatise on the Prognosis and Treatment of Diphtheria, by J. L. Smith, M. D., which is one of the ablest papers we have ever read on the subject.

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**CHLORAL BY ENEMA.**—Certain experiments with chloral go to show it can be taken up by the absorbents of the lower bowels with nearly the same energy as by the stomach. In a case of puerperal convulsions, a solution of chloral and brom. potass. was injected per rectum, with the result of allaying spasm promptly and decidedly. Thirty grains in two or three ounces of water will commonly suffice for a first injection.

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**FATAL RESULT FROM HABITUAL USE OF CHLORAL.**—The peril involved in the habitual use of chloral has received another illustration. A gentleman, aged apparently about forty, was found dead one morning at the Nelson coffee-house, New-cut, Lambeth, where he had lodged for the last three months. The deceased is said to have been an army surgeon, and to have been subject to sleeplessness, to remedy which he resorted to the employment of chloral-hydrate. A verdict of "Death by misadventure" was returned at the inquest held on the body.—*Lancet*, Sept. 1st, 1877.

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**A CASE of axillary aneurism cured by pressure on the subclavian,** by means of a shot-bag, is reported in the New York "Medical Journal," by Dr. B. A. Watson.

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**RECEIPTS.**—In consequence of the absence of one of the Editors of this JOURNAL, we are unable to give a list of subscribers who have paid their subscriptions since our last issue. All will be included in the list in the January number.

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# Monthly Journal

OF THE

## Southern Illinois Medical Association.



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*Committee on Publication.*



CAIRO, ILLS., FEB. 1878.



### CONTENTS.

|  |    |   |    |
|--|----|---|----|
| VALEDICTORY ADDRESS.....   | 1  | Session of the S. I. M. Association.....        | 11 |
| ORIGINAL ARTICLES:   |    | State Board of Health.....                      | 15 |
| Occlusion of the Vagina, and Rupture of the Perinaeum.....               | 4  | MEDICAL BRIEF:                                  |    |
| Severe Injury of the Skull and loss of Brain Substance with Recovery.... | 8  | Removal of Diseased Ovaria .....                | 16 |
| Opacity of the Cornea of both Eyes..                                     | 9  | Treatment of Hemoptysis from Lung Cavities..... | 17 |
| EDITORIAL:   |    | Nitrate of Silver in Pruritus of the Vulva..... | 18 |
| The Journal.....   | 10 | Foreign Bodies in the Ear.....                  | 18 |
| Books and Pamphlets.....   | 10 | Pile Ointment.....                              | 18 |
| Proceedings of the Fourth Annual   |    | Receipts.....                                   | 18 |

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# MONTHLY JOURNAL

OF THE

*Southern Illinois Medical Association.*

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## VALEDICTORY.

*Address of Dr. L. Dyer, of Du Quion, delivered before the  
Southern Illinois Medical Association at  
Belleville, Ills., Jan. 16., 1878.*

MR. PRESIDENT AND GENTLEMEN:—In accordance with a rule of our Society, it becomes my duty as its retiring President, to offer to you on this occasion some parting words, and as the third year of our organization has just closed, and we are now entering upon its fourth year, it may be a fit time to pause in our course, and give a moment to reflection.

On anniversary occasions like this, memory is ever busy, in recalling the events of the past, and the mind is ever prone, to indulge in anticipations of the future. And thus it is, by the school of experience, we are taught to avoid the errors of the past, while the wisdom born of that experience, may show us the onward pathway of safety and usefulness.

Among the occurrences of the past year deserving special notice, may be mentioned, a marked interest exhibited in the profession throughout the country generally; an addition to our association of some sixty new members, making about one hundred and forty in all; the publication of a Monthly Medical Journal; and the legislative enactment of a law, regulating the practice of medicine, and establishing a Board of Health.

In relation to the Medical Journal, I take occasion to remark, that, to our Association, composed of such a large, and constantly increasing membership, and embracing such an extensive territory, it will be found, I have no doubt, a most convenient and suitable

medium for publishing our proceedings, for reporting interesting cases, and for the free interchange of professional sentiments among its members. It will prove a strong incentive to intellectual discipline, to close observation and thought, and logical reasoning, and clear and forcible expression of ideas, so much needed by so many men in this fast age. It will serve to develop a vast amount of talent, that would otherwise lie dormant. It will make available and useful, an untold amount of acquired knowledge, that would otherwise remain hidden and useless.

Of the benefits that may result from the new medical law, it is too soon perhaps, to speak with confidence. I do not think it can be justly claimed, that it was passed for the protection of the profession, nor do I believe we especially need protection, but community does, most emphatically. We need only encouragement. According to my observation, statute law upon this subject, is apt to become at no distant day, a dead letter. Should physicians seek to enforce it, they will be charged with mercenary motives. Should other citizens become informers and prosecuting witnesses, they will incur the hostility of parties, and friends of parties prosecuted, and take the hazard also, of much trouble and expense, in matters in which they feel but little personal interest.

But, viewed as an independent proposition, based upon its own merits, I am unqualifiedly in favor of a stringent law, regulating the practice of medicine, a law without an absurd and inconsistent exemption clause like that which mars our present law. The welfare of the people demands it; the progress of the age demands it; the honor and usefulness of the profession demand it. There is neither apology nor excuse, at the present day, for permitting uneducated and unqualified men to crowd the profession. There is already a large surplus of physicians in the United States; and a large number, not less than thirty five hundred students graduated every year, many of whom are imperfectly read, and incompetent to practice their profession, and in this statement I do not include the irregular practitioner, nor the charlatan and empiric.

Is it asked, what practicable remedy can be applied to this condition of things? I answer, elevate the standard of medical education, insist on a more thorough preliminary course of study to begin with. Require three full courses of lectures, with lengthened terms, and but one term in a year, and adopt a more comprehensive and complete curriculum, and then, if the candidate for honors cannot sustain a thorough and satisfactory examination, do not graduate him. It were much better for the public to have fewer med-

ical institutions; and those of a far higher order than many now existing, and if I may be pardoned the digression, I will apply the same remark, to a large per cent of the literary institutions, and to the newspapers of the country also.

Happily the influence of a higher education is rapidly extending itself throughout community; and already, our social and business ranks are filling up with well read, and intelligent men and women, and the obvious effect of this, will be, a greatly increased energy in the various departments and activities of life, and a greater demand for the services of educated and talented men, in the professions. Let us be true to ourselves then, and, in honor and usefulness, ours will not be one whit behind the other professions.

Gentlemen, in all we do let us keep steadily in view the great end for which this association was organized. We should remember that the elevation of our profession, and its advancement in scientific and practical knowledge, constitute that end. While personal and professional ambition may be laudible, mere selfishness, has no appropriate place here. And it should be a recognized principle, as well as a rule of action, that he, who best promotes the general welfare, best promotes his own.

Differences of opinion will occur. Occasions will arise, when concession must be made; when forbearance will be specially demanded. To yield a personal preference, when no sacrifice of principle is involved, out of deference to the feelings of another, is a shining virtue. The human mind, in both its intellectual and moral nature, is a wonderful creation; and there is no philosophy, that will account for its occasional eccentricities and excesses, and for the exhibition of human passion and human prejudice. These reflections are suggested in part by an occurrence at our last meeting that caused a momentary ripple on the placid waters, upon whose bosom we had been so pleasantly and so profitably sailing. But it is hoped and believed, that whatever of a storm cloud then threatened us, has passed away utterly, leaving no trace behind.

But I will not detain you. I need not attempt to come to you with studied phrase and garnished rhetoric; and never having "kissed the blarney stone," I cannot entertain you, either with the scintillations of genius, or the gems of wit; nor having cultivated in any considerable degree, the "*cacoethes loquendi*," I have not acquired the habit I trust of being prolix.

Gentlemen, the official relations that have existed between us during the past year, have come to an end. These relations have been to me the most pleasant. And indeed since the organization

of our association, I have received such tokens of kindness and regard, as to have inspired me with the greatest respect, and the warmest friendship, for all its members.

When you elected me to the office of president, one year ago, while I regarded it as a delicate tribute paid to age, I felt assured however, that you would not place any one in a position of such prominence and such responsibility, unless you cherished for him personal respect, and had confidence in his ability to serve you creditably.

This act of yours constitutes, perhaps, the most agreeable episode of my life. Although I have received at various times flattering marks of respect, THIS comes to me in my old age, to comfort and gladden a chastened and weary heart. I know that the sunset of my days is near at hand. The mists of evening are gathering around me. Already the shades of night are settling down. And to have been deemed worthy of the place I have so recently occupied, by an association of brethren, so numerous and so intelligent, is honor enough for me, and I accept it as the realization of my highest ambition, as the crowning distinction of a long professional career. This reflection, is a rich consolation to me, and will be fondly cherished,

"Till the angel of death shall come, bearing  
The keys of life and immortality "

Gentlemen, for this testimonial, so generously bestowed and for all your kindness, I pray you, one and all, accept the profound homage of a loving and grateful heart.

## ORIGINAL ARTICLES.

### *Occlusion of the Vagina, and Rupture of the Perinæum.*

BY DR. S. W. MARSHALL, OF SPARTA, ILLS.

[Read before the Southern Illinois Medical Association, at Belleville, January 17. 1878.]

February 15th, 1869, I was called to visit Mrs. H—— aged 18, of nervous irritable temperament, and very intolerant of pain. She had been in labor with her first child for about thirty six hours, and was in a state of almost complete exhaustion. The labor had been very severe up to within six hours of my arrival when nature had given up the struggle and all pain had ceased. Hemorrhage had set in and was slowly but surely doing its fatal work. A deathly palor had settled upon her countenance, her pulse was feeble and irregular, and could not be counted. Stomach ejected everything, and frequently she vom-

ited the dark coffee ground substance so often the precursor of death. Her condition seemed almost hopeless. On examination I found the presentation to be occipito-posterior. Head well down in the pelvis but firmly impacted. Arrest due to the mal-position of the head as well as to its large size. There being no time for delay I immediately applied the forceps, and, with as much care as possible, delivered the child. No undue force was used and every precaution was taken to prevent injury to the soft parts and yet there was partial rupture of the perinæum. This resulted from the absolutely undilatable condition of the perinæum, induced partly, I think by the excessive manipulation of the medical attendant (an irregular practitioner who was in attendance upon her up to the time of my taking charge of the case.) As the rent did not implicate the rectum or sphincter ani, and as the condition of the patient precluded the possibility of a successful operation to restore the integrity of the parts, the usual advice was given as to position, and she was left in care of a competent physician living convenient to her, and after a long and apparently doubtful struggle she rallied and regained her general health. Four or five months subsequent to her confinement she visited me in my office. On examination I found that the rent in the perinæum had not only not healed, but there was almost complete occlusion of the vagina. A small fistulous canal, large enough to admit the end of a female catheter, through which the menses escaped, was all that remained of the vagina. This canal lead back in the direction of the os uteri, and I think with it, formed a continuous canal to the outlet of the vagina. I advised an operation but she was unwilling to submit.

Saw nothing more of her for about one year, when I was called to visit her during a most violent attack of dysmenorrhœa. I found a decided change in the relative position of the parts. Repeated efforts at sexual intercourse had forced back the stricture and had formed a cul de sac about three inches in depth. At the bottom of this pouch I found the above described fistulous canal, so much narrowed as scarcely to admit the small end of a silver probe. In this opening the blood had coagulated and arrested the flow. With a great deal of trouble, on account of the extreme irritability of the parts, I passed a probe and dislodged the coagula. The flow immediately commenced and she had no further trouble at that time.

On my advice she consulted Dr. Hodgen, of St Louis. He



declined operation and advised gradual dilatation. She did not at once submit to treatment. Eight or nine months passed during which she had two or three attacks of great severity, one of them lasting nearly a month. At length worn out with pain and exhausted from loss of blood she placed herself under my care.

I commenced with tents of slippery elm introducing them every other night and letting them remain as long as they could be borne, which was usually not more than six or eight hours.

I then substituted sponge tents, and afterwards a piece of steele wire bent upon itself, and introduced closed, so that by its elasticity the walls of the canal were kept on the stretch.

After six or seven months of anxious care and patient perseverance I had entirely relieved the dysmenorrhœa. The canal would now admit the easy entrance of a female catheter.

On account of the severe constitutional disturbance always attending the use of the tent and the conviction that I had accomplished all the good I could expect from its use, I discontinued the treatment. She menstruated regularly and without pain until last July when her menses failed to make their appearance. Ten days passed during which time she was sick at the stomach and frequently vomited. Her tongue indicated no gastric or intestinal trouble, but was perfectly clean, her appetite was good and she was otherwise quite well.

As she had never before missed her menses for a single day, except when pregnant, and as she had not been exposed in any way, or been subjected to any shock, mental or otherwise calculated to arrest the flow, and as there was no pain or uneasiness indicating a preternatural disturbance of the entire system, I strongly suspected pregnancy. This opinion was strengthened by the impressions of the lady herself that she was pregnant. Acting upon this hypothesis there seemed to me but one rational course to pursue, and that was if possible to produce abortion. Judging from the irritation and shock to the system invariably attending the use of the sponge tent, I felt sure that it would produce the desired effect. Accordingly I introduced as large a tent as would enter the canal and directed her to let it remain until the pain became so severe that she could bear it no longer, when she could remove it. In about six hours the pains were so severe that I was sent for to remove it, I did so and a flow of blood immediately followed and continued to flow profusely for several days. For twenty-

four hours the pains were as hard as at full term. At the end of that time they ceased and she gradually recovered, though long in being restored to her usual health.

Her menses returned in due time and she continues in good health up to the present time.

Since the above report was written there have been some interesting features in this case, which I deem worthy of reporting. On the 20th of last May, about two years subsequent to the above described illness, this patient came to me with the statement that she was again pregnant. The symptoms were well defined and there seemed no possible doubt as to this being the true condition of things. She had allowed two menstrual periods to pass and was most likely in the sixth or seventh week of pregnancy. This caused me grave apprehensions as to the result of an attempt to produce abortion, but being, to my mind, the only rational course to pursue I resolved to attempt it in the same way as before. Several sponge tents were introduced and allowed to remain as long as they could be borne; but, although they caused a great deal of constitutional disturbance, they did not produce the desired effect. I then took Sim's probe, and after a good deal of trouble succeeded in entering the cavity of the uterus, and detaching the ovum. Blood followed, and in a short time labor pains. On account of the advanced state of the pregnancy, it was soon discovered that the products of conception could not escape through the small aperture in the stricture until decomposition and disintegration had taken place, and they could be discharged in fragments. Further dilatation being impossible, there was nothing we could do but keep the pains and hemorrhage, as much as possible under control, keep up the strength of the patient and wait the result.

In five or six days the discharge became very offensive, and detached portions of the membranes and fetus began to be discharged. In about two weeks they had all escaped and the flow lost its offensive odor. It was more than a month before she had sufficiently recovered to be out of bed. She has since been regular in her menstruation and enjoys moderately good health, though not so good as before her last illness.

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*Severe Injury of the Skull and Loss of Brain Substance, with Recovery.*

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BY DR. M. G. PARSONS, OF MURPHYSBORO.

[Read before the Southern Illinois Medical Association, at Belleville, January 17th, 1878.]

I was called November 23d, 1878 to see William S——— aged 18, German decent, who had been helping to saw wood with a circular saw driven by a horse power. By pinching the saw in some way, the saw together with the balance wheel and the entire frame which held it, was thrown from the foundation on which it rested, while running at a high rate of speed. Striking the patient upon the top of the head ranging from back to front, in a line from the right ear, to the left eye, making an incision of about five inches long through the scalp and integument covering the forehead, and through the outer table of the skull, of about four inches, and through the inner table, two and one half inches. The accident occurred at ten o'clock A. M. and I did not see him until dark that night. During the time and until the wound was dressed, there must have escaped at least five or six drachms of brain substance.

Dr. Ormsby kindly assisted me in the operation, which was done by carefully removing the spiculæ of bone from the wound; several pieces of which were taken from the opening through which the brain escaped. In all about fifteen pieces of bone were removed; some of which were picked out of the mangled portion of the brain, which together with his excitement caused considerable brain to escape during the operation.

After removing all the loose bone, we drew the wound together with sutures, leaving the lower portion of the wound open for drainage.

The operation was performed without an anæsthetic. Applied warm water dressings, gave brandy and morphine. Pulse ranging for the next 24 hours from 40 to 60, quite irregular most of the time.

I saw the patient next day at 4 A. M. and 12 M. I found him quiet, pulse 60, and more regular, had taken some nourishment. Bowels constipated, and it was with much difficulty that I succeeded in getting them opened, not until he had taken five or six ounces of Sulphate Magnesia. He suffered considerable pain but was only unconscious during the first three days and only at intervals.

I visited him every day for four days, used carbolic acid dressing after the first night.

Visited on the sixth day again and found him convalescing rapidly. Dismissed him with orders, that if any unfavorable symptoms should occur to inform me at once.

All the treatment I gave him was Brom. Potass. in 15 grain doses every three or four hours for the first three days.

The patient came to town on the 15th day, a distance of ten miles in a lumber wagon, and had not had an unfavorable symptom since the third day after the accident. I removed the two remaining stitches after he came to town.

There is no depression and no tenderness in the region of the wound. The patient is now at work and says he will go to the next war, feeling perfectly safe.

### *Opacity of the Cornea of both Eyes.*

REPORTED BY WARREN J. BURGESS, M. D., OF DU QUOIN.

#### CASE I.

Miss P—— aged ten years, was brought to me by her mother for treatment. The mother stated that she was completely blind from birth and had never seen anything. She was very desirous to have me treat the case (having been successful in the treatment of an older daughter.) Yielding to her importunity I consented with little hope of success.

The following prescriptions were used: R. Iodide Potasia  $\frac{1}{2}$  ounce; Ferri Citras,  $\frac{1}{2}$  ounce; Sirup Sarsaparilla, six ounces. M. S. Teaspoonful one hour before each meal. Applications of hot water three hours, morning and night.

At the expiration of six months the first impression of light was received upon the retina.

The morning was clear. As the sun appeared above the horizon, the child, with wonder and delight, exclaimed: Mother! What is that? Twelve months after she went to school. Her eyes are now sound. The cornea is perfectly transparent.

#### CASE II.

Mr F—— aged 22 years had rheumatic ophthalmia for four months, and was treated by several physicians without any relief.

When he came to me for an examination, the cornea of both eyes were entirely opaque so that he was compelled to be led by an assistant.

There was soreness of the muscles of the eyes, when turning them in the sockets. There was no pain in any other part of the body. His appetite was good, I put him upon the following treat-

ment, ten grains of iodide of potass, three times daily, solution of carbolic acid and morphia. to be applied three times a day.

Also advised the application of hot water for two and one half or three hours daily. This patient so improved that he walked about alone, in three weeks, and seemed perfectly well in six weeks. What contributed mainly to the recovery of this patient?

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## EDITORIAL.

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At the Fourth Annual Session of the Southern Illinois Medical Association, convened at Belleville, the Committee on Publication made a report of their doings, which was fully endorsed by the Association, and the Committee reappointed with instructions to continue the publication of the JOURNAL. When we look back upon the result of our first editorial labors, we have every reason for self-congratulation, for, notwithstanding the universal cry of hard times, our subscription roll has steadily increased, and the JOURNAL is now self-sustaining. The general plan of the JOURNAL will remain unchanged, and if the members of the Association will communicate whatever of interest may occur in their practice, report any discoveries or advances in the science of medicine that may come under their observation, we are satisfied that the JOURNAL will soon become a necessity to the Association. We feel very grateful for the flattering endorsement the Association has given us, and shall strive to make the JOURNAL interesting to our subscribers, and shall also strive to uphold the dignity of the profession and to put down quackery.

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WE can excuse the St. Louis "Medical Brief" for inserting our article on "Sal Prunellæ in Fevers," without giving us credit, as the name of our journal is TOO LONG for an insertion in the "Brief." To be brief, you might give our initials next time.

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### *Books and Pamphlets Received.*

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THE thirty-first announcement of Starling Medical College.

ON "Clinical Thermometry in the Diseases of Women," by R. Ludlam, M. D.

"CLINICAL Lectures on Surgery," by J. H. Pooley, M. D., Columbus, Ohio.

"CAUSE and Treatment of Fever and Ague," by Dr. John H. Wier, of Edwardsville, Ill.

"NASHVILLE Journal of Medicine and Surgery," edited by C. S. Briggs, M. D.

PROCEEDINGS of Medical Society of Kings County, N. Y.

THE "National Live Stock Journal," published at Chicago.

"ARKANSAS Medical Record," conducted by J. I. Hale, M. D., editor, and Ambrose Lynn, business manager.

"A STUDY of Nine Hundred and Sixty-Five Cases of Chronic Pulmonary Disease." By F. H. Davis. Extracted from the Transactions of the American Medical Association.

CIVIL MALPRACTICE.—A treatise on surgical jurisprudence, with chapters on skill in diagnosis and treatment, prognosis in fractures, and on negligence. By Milo A. McClelland, M. D., of Knoxville, Illinois. The above book contains over 400 pages, and is of the utmost practical utility to the physician and surgeon.

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## PROCEEDINGS

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*of the Fourth Annual Session of the Southern Illinois Medical Association.*

The fourth annual meeting of the Southern Illinois Medical Association assembled at Belleville on Wednesday January 16th. 1878, at 2 P. M., in the City Park Hall, President Dr. Dyer in the Chair. The Association being called to order by the President, prayer was offered by the Rev. Dr. J. Post, after which Dr. J. L. Perryman delivered a very elegant and eloquent address of welcome, Dr. Theodore Meyer, President of the St. Clair County Medical Society, also tendered a welcome to the members.

Minutes of the last semi-annual meeting were read and approved. Roll was then called, when 55 members were found to be present. The Board of Censors reported the following named gentlemen for admission viz: Drs. T. B. Wright, J. M. Armstrong, Hosea V. Ferrell, M. C. Carr, C. G. Reagan and A. M. Scheel, who were duly elected. The annual report of the Secretary and Treasurer were read, received and ordered placed on file. On motion, the annual election was held which resulted in the election of Dr. D. S. Booth, President; Dr. J. L. Perryman, First and Dr. W. A. Gordon, Second Vice-President; Dr. C. W. Dunning, Permanent Secretary, and Dr. A. N. Lodge, Assistant Secretary; Dr. H. Wardner, Treasurer; Drs. T. B. Moore, E. B. Chapin, G. W. Elkins, J. H. Norris and L. Dyer, a board of Censors.

The committee on publication made the following report :

To the officers and members of the Southern Illinois Medical Association. Gentlemen:

After the close of the semi-annual session at Anna, your committee found, that to publish the proceedings, papers, &c., in one pamphlet, it would cost more money than there was then in the treasury. After consultation, a circular letter was sent to each member, suggesting the propriety of publishing the transactions in the form of a monthly journal, which would give our proceedings a more extended publicity, and at the same time afford the profession a means of communicating with the entire membership every month, in addition to the conference at our biennial meetings. The committee would farther report that with one single exception the members concurred in the proposition.

The contract with the house that is publishing the Journal can be concluded with the January number, or continued to the end of the year, at the option of your committee.

All of which is very respectfully submitted,

C. W. DUNNING, M. D.,

H. WARDNER, M. D.

Committee on Publication.

Moved and carried that the management of the Southern Illinois Medical Journal by Drs. Dunning and Wardner, in the interest of this Association, be fully concurred in.

Committee on Nervous diseases through Dr. Green read a paper from Dr. McLean, upon the important part which the mind through its threefold states of intellect, emotion and volition, plays in the cause and cure of disease. The paper contained much original thought, which was expressed in a very forcible and elegant style. The report was received and referred to the committee on publication.

Dr. W. J. Burgess, of committee on ophthalmology, reported two cases of opacity of the cornea which elicited much discussion.

On motion meeting adjourned untill 8:30 o'clock Jan. 17th.

#### SECOND DAY.

Southern Illinois Medical Association, met pursuant to adjournment, in the City Park Hall, Thursday, January 17th 1878. at 9 A. M. Reading of the minutes of the previous day dispensed with. The President named the following gentlemen as delegates to the American Medical Association: C. W. Dunning, H. V. Ferrell, W. Duff Green, A. B. Beattie, E. B. Marshall, W. R. McKenzie, L. Bremmer, Theo. Meyer, J. H. Bechtold, H. C. Hacker, M. G. Par-



sons, S. W. Marshall, Hugh R. Guthrie and L. P. Stookey; and the following as delegates to the Illinois State Medical Society: W. A. Gordon, S. G. Arnett, J. J. Trout, A. G. Williams, J. H. Norris, J. L. Perryman, D. H. McCord, Ford S. Dodds, G. W. Elkins, J. R. Smith, T. J. Garnett and T. B. Moore.

The following standing committees were appointed by the chair:

STANDING COMMITTEES.

Nervous Diseases.—W. Duff Green, A. T. Barnes.

Obstetrics.—W. A. Gordon, Jno McLane, A. G. Williams and T. B. Moore,

Gynæcology.—E. B. Chapin, H. V. Farrell and W. S. Marshall.

Practice of Medicine.—C. W. Dunning, J. L. Perryman, F. M. Agnew and Geo. Bratton.

Surgery.—H. Wardner, Jas. Robarts and Theo. Meyer.

Mental Diseases.—J. R. Rainey and A. DeFoe.

Diseases of Children.—S. W. Marshall, A. B. Beattie and D. Holmes Kohl.

Climatology.—Geo. W. Elkins, W. J. Fern and N. J. Benson.

Ophthalmology.—W. R. McKenzie and W. J. Burgess.

Materia Medica.—J. I. Hale and L. D. Burgess.

Toxicology.—Dr. Bechtold and Dr. Stookey.

Necrology.—L. Dyer.

Dr. W. A. Gordon, of Chester, was then called to the chair, and the President, Dr. Booth, read a report upon the use of the forceps in obstetric practice.

On motion of Dr. Dyer the President was directed to invite Dr. Rauch, of the State Board of Health, to address the Association this afternoon.

On motion of Dr. Elkins all reports and papers read before the Association shall pass into the hands of the Committee on Publication.

On motion of Dr. Booth, Dr. John H. Rauch, of Chicago, and Dr. Geo. J. Engleman, Jr. of St. Louis, were made members of the Association by invitation.

Dr. Dyer gave notice that he would move an amendment to the constitution at the next meeting of the association; admitting to membership applicants who have passed a successful examination by the Board of Health, when conducted in its present thorough manner.

Moved and seconded that Drs. Albert H. Meisenback, D. C. Heeley, N. H. Gibbins, A. M. Scheel, Jesse Chewing, John S. Birkley, John H. Neir, N. C. Day, A. Schlurintzour, J. K. Berkebile,

be ballotted for, for membership, which resulted in their election.

On motion adjourned to 2 o'clock P. M. January 17th.

Association reconvened at 2 P. M. January 17th, 1878, when Dr. J. H. Rauch, President Illinois State Board of Health, delivered an address upon the workings of the Board, which was followed by numerous questions from different members of the association.

On motion of Dr. C. W. Dunning, Dr. H. H. Mudd, of St. Louis, was made a member of the association by invitation.

Dr. W. S. Marshall, of Centralia, then read a report upon *Materia Medica*.

Dr. Parsons, of Murphysboro, read a report of injury of the skull.

Dr. Elkins, of Vienna, read report of a case of hydrometra.

By Dr. Dyer:

RESOLVED, As the sense of the Association, that the continued publication of the Journal by the publishing committee, Drs. Dunning and Wardner, is specially desired; that we cordially commend it to the profession, and that we individually and collectively, pledge our earnest efforts to sustain it, and extend its usefulness.

Moved by Dr. Dyer that the President be instructed to cast the vote for Drs. Jas. G. Guthrie, H. C. Fairbrother, C. A. Weber, William J. Sisson and Robert S. Edgar, for admission to membership, whereupon the above named gentlemen, were declared elected.

Dr. Rainey read report upon resections.

Dr. Meyer read a paper upon conservative surgery.

Moved by Dr. Wardner that the President cast the vote of the association for Lloyd T. Miller, M. D., for membership.

Moved by Dr. Dunning, that the next regular meeting, 3d Wednesday in June next, be held in Chester, which was unanimously carried.

Adjourned to 8:30, o'clock January 18th, 1878.

#### THIRD DAY'S PROCEEDINGS.

The Association met in City Park Hall, pursuant to adjournment, on January 18th, at 9 o'clock A. M.

Notice given by Dr. Walker to change article 4, of the constitution by striking out 3d Wednesday in January, and inserting first Wednesday in December, and strike out 3d Wednesday in June, and insert 1st Wednesday in June.

Dr. J. I. Hale offered the following resolution which was unanimously adopted:

RESOLVED, That the members of this Association, recognizing and appreciating the amount of labor and arduous duties devolving upon the committee of arrangements, hereby tender their most sincere thanks to the committee for the very perfect manner in which they have been discharged,

RESOLVED, That we also tender our thanks to the Mayor, the City Council and the citizens of Belleville, for courtesies, and their generous hospitality during our stay,

RESOLVED, That for these favors we will ever cherish in our memories a friendly and pleasurable feeling toward the city of Belleville, her Mayor, City Council, Physicians and Citizens.

Dr. Dunning reviewed Dr. Booth's paper on the use of forceps in obstetric practice, favoring the use of anæsthetics in instrumental delivery. Drs. Hale and Dyer also discussed the paper.

On motion of Dr. Moore the President was instructed to cast the vote of the association for Drs. Gulich, T. P. Yorks, H. L. Dorr, J. A. Close, J. H. Hewitt and Adolph Bilhart, for membership in the association.

On motion adjourned to 7:30 P. M. to hear Dr. J. J. R. Patrick's lecture on Anthropology.

Association reconvened at 7:30 P. M. The City Hall being crowded with members of the Association and citizens of Belleville and vicinity who were delightfully entertained for over an hour. The lecture was listened to with marked attention, by the large audience, who pronounced it one of the ablest lectures ever delivered in the city of Belleville.

At the conclusion of the address the thanks of the Association were voted to Dr. Patrick.

Adjourned to meet at next regular meeting in Chester on the 3d Wednesday in June 1878.

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|----------------------|-----------------------|
| A. N. LODGE, M. D.,  | C. W. DUNNING, M. D., |
| Assistant Secretary. | Permanent Secretary.  |

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STATE BOARD OF HEALTH,—There will be a meeting of the State Board of Health at Cairo on the 28th day of February, 1878, for the examination of applicants for license to practice medicine, and for other purposes. This will probably be their last meeting at this end of the State for some time to come.

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MEDICAL BRIEF.

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The following extract taken from the "Eclectic Reportory and Analytical Review," is the original report of the first operation for the removal of diseased Ovaria, by Dr. Ephriam McDowell, of Danville, Ky., Dec., 1809.

"In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affected with pains similar to labor pains, from which she could find no relief. So strong was her presumption of her being in the last stage of pregnancy that two physicians who were consulted on her case requested my aid in delivering her. The abdomen was considerably enlarged, and had the appearance of pregnancy, though the inclination of the tumor was to one side, admitting of an easy removal to the other. Upon examination per vaginam, I found nothing in the uterus, which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted, nor heard of an attempt, or success attending any operation such as this required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment, which I promised to perform if she would come to Danville (the town where I live), a distance of sixty miles from her place of residence. This appeared almost impracticable by any, even the most favorable conveyance, though she performed the journey in a few days on horseback. With the assistance of my nephew and colleague, James McDowell, M. D., I commenced the operation which was concluded as follows: Having placed her on a table of the ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibres of the above-named muscle, extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribed to the resting of the tumor on the horn of the saddle during her journey. The tumor then appeared full in view, but was so large that we could not take it away entire. We put a strong ligature around the fallopian tube near the uterus; we then cut open the tumor, which was the ovarium and fimbrous part of the fallopian tube very much enlarged. We then took out fifteen pounds of a dirty, gelatinous-looking substance, after which we cut through

the fallopian tube and extracted the sack, which weighed seven pounds and one-half. As soon as the external opening was made the intestines rushed out upon the table, and so completely was the abdomen filled by the tumor that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side so as to permit the blood to escape; after which we closed the external opening with the interrupted suture, leaving out at the lower end of the incision the ligature which surrounded the fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressings, put her to bed and prescribed a strict observance of the anti-phlogistic regimen. In five days I visited her, and much to my astonishment, found her engaged in making up her bed. I gave her particular caution for the future, and in twenty-five days she returned home as she came, in good health, which she continues to enjoy."

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**TREATMENT OF HÆMOPTYSIS FROM LUNG CAVITIES.—**  
Dr. R. DOUGLAS POWELL, Physician to Brompton Hospital for consumption, makes the following remarks on the treatment of hemorrhage from phthisical cavities. (*Lancet*, Dec. 1, 1877).

"The treatment is such as would be dictated by common sense. The most absolute rest in bed is imperative. Beware of the brandy bottle. The first thing the friends of the patient naturally do when they find him faint from hemorrhage is to give him brandy. But this moment of faintness is just the period at which there is the opportunity for the hemorrhage to become staunched by the formation of a coagulum, and so long as the pulse does not absolutely fail, we should withhold stimulants, and avoid them throughout the treatment of the case. We can scarcely expect drugs to do much in such cases as these. Ergot in full doses and turpentine have been found most useful at this hospital. The momentary application of an ice-bag to the chest or between the shoulders appears sometimes to be useful. When the shock is great, opium will best relieve it. After a day or two, if the exhaustion and anæmia be great, an astringent form of iron is often of great value, as the iron alum or the pernitrate of iron, but the effect of these remedies must be closely watched. In cases in which there is a

tendency to recurrence of the hæmoptysis, such patients usually making blood fast, the diet should be carefully restricted, principally to fish and farinaceous food without stimulants.

**NITRATE OF SILVER IN PRURITUS OF THE VULVA.**—Dr. Charles (Annal de Gynecol.) speaks most highly of the application of silver in the treatment of vulval pruritus. The seat of the itching is oftenest near the clitoris, or in the nymphæ; sometimes at the margin of the anus. It is necessary to cauterize freely, passing the crayon two or three times over the affected surfaces, and even somewhat beyond them. Dr. Charles states that he has found, without a single exception, great relief from the first cauterization; often a complete cure. Sometimes it is necessary to recur to the cauterization a second or third time after some days.—[American Practitioner.]

**FOREIGN BODIES IN THE EAR.**—[British Medical Journal.] In confirmation of the well-known fact, that a foreign body in the external meatus, if "left alone, cannot do harm—I have to report that a few weeks ago I removed with a syringe of tepid water, from the ear-canal of a patient, an irregularly-shaped stone about as large as a good-sized pea. There was the clearest evidence of its having been in the meatus fourteen years. Notwithstanding this, on examination of the ear after its removal, no abnormality of tissue was discoverable, but no attempts at its removal had ever been made. The following brief rules, to be followed as to the removal of foreign bodies from the external auditory meatus, may be of service to practitioners in general: 1. See that there is a foreign body to remove. 2. Remove it by the simplest means—syringe and water; if you fail, "try, try again." 3. In all attempts at its removal, SEE the body, and eschew violence in all your manipulations

J. P. CASSELLS, M. D., M. R. C. S.,  
Aural Surgeon, Glasgow Royal Infirmary, etc.

**PILE OINTMENT.**—R. Cere Flavæ, 8 parts; Rosinæ, 4 parts; Adipis, 12 parts; Olei Sassafras, 2 parts. Melt the wax, resin and lard; remove them from the fire, add the oil of sassafras, and stir until the mass is solid. This is said to be a most excellent application for painful or itching piles.—[New Remedies.]

**RECEIPTS.**—The following are the receipts for subscriptions to the JOURNAL since our last issue: Drs. L. F. Walker, C. G. Reagan, M. G. Parsons, John H. Weir, E. A. Laman, H. R. Derr, H. B. Gushrie, Adolph Berger, John M. Armstrong, W. C. Day, J. Hays, J. G. Wheeler, R. J. Watts, Warren J. Burgess, J. K. Burkabille, S. C. Mann.

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"More effectual than quinine, and less expensive."

### WARBURG'S TINCTURE.

(Prepared expressly for the use of Physicians, from Dr. Warburg's original recipe in the London Pharmacopoea of 1746)

This Powerful Tonic and Antiperiodic is successfully used by British surgeons in the most malarious districts of the East Indies (see London Lancet, Nov. 13, 1875.) In the treatment of malarial fevers and diseases arising from malaria, this remedy has often proved successful where quinine has failed. It is considerably less expensive, as two doses are usually sufficient to break an attack of malarial fever, or chills and fever. Directions for use accompany each bottle.

## SOLUTION DIALYSED IRON.

(Ferrum Dialysatum)

This new preparation, recently introduced in this country, has already become quite popular with the profession, and the results attained warrant the statement made by Prof. Maisch--Am. Journal of Pharmacy, July 1877--that "it will doubtless become one of the most valuable ferruginous medical agents." It is a true basic Oxymchloride of Iron, in a PERMANENT NEUTRAL solution, without the aid of acids or other solvents, and is, as nearly as possible, the form in which iron exists in the blood. In chlorosis, anaemia, etc., Dialysed Iron supplies nourishment to the blood, regenerating the red corpuscles more readily than any other preparation. The great advantage of this form of iron over the usually administered Murrate Tincture of iron, are, that it is nearly tasteless, does not blacken the teeth, is readily absorbed, will not constipate or disturb digestion, and is taken readily by persons who cannot tolerate the styptic preparations of iron. It combines with tannic preparations without causing inkiness, and as an ANTIDOTE FOR POISONING BY ARSENIC, it is said to be quite as efficient as the Hydrated Susquoxtle, and has the great advantage of being always ready for use. We also offer this preparation in the form of an Elixir, which is pleasantly flavored and gently stimulating.

## GLYCONIN AND COD-LIVER OIL.

With Free Phosphorus.

(Dr. Squibbs process. See proceedings A. P. A. 1876.)

This preparation accomplishes what has been so long desired by the Medical Profession--A PERFECT AND PERMANENT EMULSION of Cod-Liver Oil with Glyconin and Phosphorus. In this combination the objectionable taste of the oil is so completely disguised as to render it agreeable to the most delicate stomach, while its form--an emulsion--makes it readily assimilated. Each fluid ounce contains 5 drs. genuine Norway Cod-Liver Oil, 1 dr Glyconin, 1½ drs. Jam. Rum, and 1-25 gr. free Phosphorus.

## Elixir Grindelia Robusta.

This new specific for Asthma is a native of California and a habitant of the foot-hills of the Sierra Nevada. It has long been used as a specific for the poison of the Rhue Toxicodendron, "and of late years its happy effects in reducing the frequency and violence of the spasmodic constrictions of the throat and contiguous organs from Asthma, Bronchitis and kindred diseases, are so well authenticated as to claim for it a new and important place in the National Materia Medica." Each fluid drachm contains 10 grains Grindelia Robusta.

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the very best mode of administering

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Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for use. It will now doubtless be found in every drug store to supply such an emergency.

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In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference; Physicians will find our **Dialysed Iron** in all the Leading Drug Stores in the United States and Canada.

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|  |          |
|--|----------|
| Fees for Tickets to all the Lectures during the Preliminary and Regular Term, in-<br>cluding Clinical Lectures ..... | \$140 00 |
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|  |        |
|--|--------|
| Matriculation (Ticket good for the following Winter) ..... | \$5 00 |
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| Dissection (Ticket good for the following Winter) .....    | 10 00  |

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THE  
MONTHLY JOURNAL

*Southern Illinois Medical Association.*

EDITED BY

C. W. DUNNING, M. D., }  
H. WARDNER, M. D., } *Committee on Publication.*

CAIRO, ILLS., MARCH 1878.

CONTENTS.

ORIGINAL ARTICLES:

Report on Nervous Diseases ..... 1  
Physicians' Benevolent Society ..... 4

EDITORIAL:

Cause of Fevers ..... 5  
Correction ..... 6  
Books and Pamphlets Received... .. 7

MEDICAL BRIEF:

The Liquefactions of Oxygen ..... 7  
The Functions of the Spleen ..... 7  
Subcutaneous Injection of Chloro-  
form and Ether ..... 8

Letter from a Friend ..... 9  
Excisions of the Larynx ..... 10  
The Plaster Jacket ..... 10  
Treatment of Quartan Intermittents. 11  
Sign of Criminal Abortion ..... 12  
Diabetes and Alcoholism as Compli-  
cating Wounds ... .. 12  
Formulary ..... 13  
A Case of Hour-Glass Contraction  
before Delivery ..... 14  
A Dressing for Fractured Clavicle... 15  
Iodic Purpura ..... 16

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Volume 2.

Number 2.



# MONTHLY JOURNAL

Southern Illinois Medical Association.

VOL. 2—CAIRO, ILL., MARCH, 1878—NO. 2.

## *Report on Nervous Diseases.*

BY JNO. M'LEAN.

[Read before the Southern Illinois Medical Association at Belleville, Jan. 16th, 1878.]

It is well known that the mind through its three-fold states of Intellect, Emotion and Volition plays an important part in the cause and cure of disease, and the most rational explanation of such phenomena may be thus epitomized.

Through prolonged, sudden, or intense mental strain, changes are produced in the vaso-motor nerve ganglions, and through them, functional or structural changes in the viscera or glandular organs.

Innumerable well attested cases might be cited to prove that there is scarcely any organ but may be thus influenced.

I will call your attention to one case of stigmatta which shows the effect of fear upon the blood vessels. A sailor 30 years of age was so alarmed at an approaching storm, that he fell upon the deck speechless, and upon going to him large drops of perspiration of a bright red color were observed on his face. At first it was imagined to have come from the nose, or that the man had injured himself by falling; but on wiping off the red drops from the face, others were seen to ooze out and take their places. This colored perspiration oozed out from different parts of the forehead, cheeks and chin, but it was not confined to these parts, for on opening his dress the



neck and chest were also covered with this bloody perspiration. On wiping and carefully examining the skin the red fluid was distinctly seen to exude from the orifices of the sweat ducts. So deeply stained was the fluid that on taking hold of the handkerchief with which it was wiped off, the fingers were made quite bloody. As the bloody perspiration ceased the man's speech returned.

Luke on the influence of the mind upon the body. P. 257.

Upon the other hand, I might bring to your notice cases where cures have been effected through the same influence, (fear) but will remind you of what takes place almost daily in your practice, when you administer a placebo remedy to your patients, who are endowed with full faith and great expectations.

Hysteria is perhaps more closely allied to that class of diseases produced by the emotions, than any disease that we could name, the pathology of which is exceedingly obscure; autopsies having shed but little light upon the cause. I find in the most recent works on this subject these statements "That some alteration in the nature of the nervous system must be at the foundation of its altered function cannot be doubted. But whether we are to expect that those changes affect the structure of the nerve element, or only have reference to its chemical and molecular constitution cannot yet be stated. Whether we are to regard changes in function of the vaso-motor and secretory nerves, merely as dependent upon the central disturbances, or whether peripheral alterations of function also occur in such cases is not decided; the latter however is not improbable. Ziemssen, Vol. 14, P 488 & 493.

In the treatment of Hysteria I find but little that is new to the profession, and will only mention Dr. S. Weir Mitchell, of Philadelphia, who has treated very successfully a number of cases by a method that may be new to some of you. His treatment consists in putting his patients in bed, and feeding largely and at the same time exercising the muscles by massage and electricity. For a detailed statement of his treatment I would refer you to his work on fat and blood.

The next class of nervous affections that I will call your attention to is known as those produced by "Genital irritation" (and described to some extent by Drs. Sayre, Hamilton and Jacobs, of New York) and may be enumerated as paresis, hyperaesthesia, anaesthesia, dysaesthesia, choreic movements, loss of

consciousness, impairment of memory, melancholia, dementia, &c. The most common causes of this irritation are malformations and masturbation; the malformations are in the male, phimosis with adherent prepuce, and in the female, enlarged clitoris. The treatment in cases of malformations are surgical, and in those caused by masturbation, a breaking up of the habit.

The next disease to which I will call your attention is one of the most common affections of the nervous system, neuralgia. I will give you the latest I have seen as regards the Pathology. "Neuralgia has its essential seat in the central apparatus of sensory cells, called the sensory tract, lying within the confines of the gray matter of the cerebro-spinal axis. Its essential seat is not in the peripheral nerves.

The essential, morbid condition in neuralgia, is a nutritive lesion of the central sensory apparatus of cells, which are the seats of true nervous sensibility. This state is frequently caused by diseases of the peripheral nerves, but even in such cases the more irritable state of the sensory tract, is the main factor reached by judicious analysis of the phenomena of neuralgia. In this condition it reacts with pain to even trivial impressions made on the sensory nerves which terminate in the affected part or organ.

The attack of pain may be due to over excitation, and hence over-wear and waste of the affected center, produced by the channel of its sensory nerves, or by changes in blood pressure in the affected center, caused by loss or increase of tonus of the peripheral vessels, or a change in cardinal action, or by changes of posture, or of temperature, or barometrical pressure; or by influences acting on the vaso-motor nerves, distributed to the diseased center, and which may be affected from either the peripheral nervous system or from the cortex cerebri."

Prof. Jewell in Chicago Journal of Nervous & Mental diseases, April, 1877.

Assuming that the pathology is correct as detailed above the indications for treatment would consist 1st. in rest or cessation of action or excitation, and 2nd of the administration of such remedies and food as would restore the nerve centres to a healthy condition. Among the remedies that are most effective in producing rest are opium, atropia, chloralhydrate and the bromides, the most efficient method of using opiates are their subcutaneous administration, and the salts of morphia are the most eligible. Among the remedies used to restore wasted

nerve centers are the ferruginous preparations, the phosphates, cod-liver oil, sulph quinae, a generous diet, sunshine and fresh air.

Sciatica is a common form of neuralgia and one which I have seen more of in the last two years than usual, and have succeeded in arresting the disease in many cases with the subcutaneous use of morphia and atropia alone. In a few cases of long standing; was compelled to use quinia, iron and phosphorus and cod-liver oil.

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### Physician's Benevolent Society.

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BELLEVILLE, ILLS., Jan. 28th, 1878.

EDITORS JOURNAL:—I propose to the members of the S. Ill. Med. Association, that we form a Physicians Benevolent Society, under the auspices of the association. The plan in brief is this: let each member pay \$5.00 initiation fee and \$2.50 annual dues thereafter to defray expenses of incorporation and general running expenses; and on the death of a member, every other member pay one dollar to his family. None but healthy members would be admitted, and in a class of one thousand, which I think could be formed in a few months, the death rate would not exceed ten per annum, thus giving a policy of \$1,000 for not over \$15 the first year, and \$12 for each succeeding year. Arrangements are made to incorporate the society, if the members will co-operate in its formation. If one hundred members will do this, then it will be incorporated at once, and blank forms of application sent to each one, which they can fill out and return, together with the initiation fee, on the receipt of which certificates of membership will be issued. This will give us cheap life insurance in a home institution, and will be perfectly safe. Now what say the members of the association? If this is organized, I promise to give it all my time and energies till a class of one thousand is formed. I should be glad to hear promptly and favorably from every member of the Association. I intended to bring this before the Association at Belleville, but could not for want of time.

Respectfully Yours.

T. B. MOORE, M. D.

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*Editorial.*

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**Cause of Fevers.**

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Exhalations arising from marshes, low shores of rivers, undrained yards, alley and privy vaults, constitute poisons of such intensity that they produce fevers of different types and severity. The last mentioned places generate a poison so highly concentrated that animal life soon becomes impaired when continuously exposed to its influence. The form and severity of fever which these emanations produce are in proportion to the amount of moisture and the heat of the Sun's rays. It is by a consideration of the degrees of temperature that the relation of different types of fever becomes apparent. A moist and calm state of the atmosphere combined with excessive heat, are always favorable to an outbreak of epidemic fevers. Experience in all climates shows that there are local sources of sickness arising from terrestrial effluvia, and that their potency is increased by warmth and moisture. All substances when freely exposed to the sun give off effluvia. This is so obvious a truth with respect to those which have odor, that nothing need be said to substantiate it. We must conclude, from these facts, that terrestrial miasmas are diffused through the atmosphere in combination with vapor exhaled by evaporation, and that their quantity of potency increases in proportion as the temperature of the surface from which they arise increases. The miasma is dissolved by the vapor, and vapor is dissolved by air. These are the effects of the sun's rays.

Researches have shown that different bodies have different powers of radiating caloric, and that the nature of the surface has an important influence over the process. This produces corresponding variations in the rate of cooling, those surfaces which radiate heat rapidly becoming cold much the soonest. When the sun descends below the horizon, every portion of the earth's surface cools by radiation, and a reduction of the heat of superincumbent atmosphere necessarily ensues.

But as this radiating property is very different in different surfaces and different situations, so great variations are occasioned in adjoining places, not only in the temperature of the air, but also, in the amount of condensation of vapor; more mist, fog or dew, appearing when radiation is greatest. These are the effects of the night season.

The conditions under which various diseases arise accord with the laws of evaporation and terrestrial radiation, and hence in the precipitation of vapor, in the form of mist, haze, dew or fog, we have also the concentration of the poison. Condensation of vapor commences, and it appears as a consequence of this associated miasmata, left alone, it begins to show its qualities. Noxious effluvia do not at all times pass into the air, so as to be made sensible whenever dew or fog appears, but when they do exist, their quantity is determined by heat and evaporation, and their poisonous qualities are brought out when the associated vapor is condensed. The peculiar properties of many bodies disappear in combination. There is nothing, therefore, to negative the supposition that the hurtful qualities of terrestrial effluvia may appear only when their union with aqueous vapor is decomposed, and the theory accounts for the comparative absence of noxious qualities in the day time. It is not more difficult to conceive the irregular and unequal dispersion of hurtful exhalations over limited spots or tracts of country occasioned by terrestrial radiations, than to be convinced of similar inequalities in the distribution of clouds and fog. And this will explain the immunity afforded by elevation.

In examining the topography and habitations of all places wherein typhoid or other low grades of fevers occur in this portion of the Mississippi valley, we find invariably that the patient slept on the ground floor; either in close proximity to a privy vault or in the immediate neighborhood of a low marshy swamp. Our own experience, added to the history obtained from the attending physicians of numerous cases occurring in this locality, confirm the above theory. Hence we conclude that sleeping on the ground floor, especially near vaults, or where water stands under the floors of houses, is the prime factor, or predisposing causes of fevers of a low type.

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#### Correction.

The record of the proceedings of the last Annual Session of the Southern Illinois Medical Association, published in the February number of this Journal, failed to mention the proceedings of the adjourned meeting, which convened at 7-30 p. m. January 17. We wish now to correct the record, and to do justice to two of our Fraters who upon that occasion pronounced

the most eloquent addresses ever delivered before the association.

The Association met at City Park Hall pursuant to adjournment January 17th, 7-30 p. m. The Hall being well filled with citizens of Belleville and members of the association; Dr. L. Dyer, the retiring president delivered the usual valedictory address, which was listened to with unusual interest, and elicited much applause. At the conclusion of Dr. Dyer's address, Dr. W. Duff Green, of Mount Vernon, held the undivided attention of the large audience for over an hour, by his most eloquent address, which was universally mentioned in the highest terms as being replete with solid thoughts and valuable suggestions.

#### Books and Pamphlets Received.

"MALARIA and Stamina in their relation to the etiology of skin diseases," by L. P. Yandell Jr., M. D., Louisville Ky., reprint from A. M. edition, January, 1878.

"PRESENT and Prospective management of the Insane" by R. S. Dewey M. D. Reprint from Chicago Journal of Nervous and Mental diseases, January, 1878.

THE "Arkansas Medical Record," a monthly journal of practical Medicine, conducted by Jamez I. Hale, M. D., editor, Ambrose Lynn, business manager. Little Rock, Arkansas, January, 1878.

We wish this new enterprise an abundant success.

"A STUDY of Nine Hundred and Sixty-Five Cases of Chronic Pulmonary Disease." By F. H. Davis, of Chicago, Illinois. Extracted from the Transactions of the American Medical Association.

#### Medical Brief.

THE LIQUEFACTIONS OF OXYGEN.—At the Academic des Sciences on the 24th of December, M. Raoul Pictet announced that on the 22nd of December at 8 o'clock in the evening he obtained the liquefaction of oxygen under a pressure of 320 atmospheres and at a temperature of 140 degrees below zero. There therefore now remain only hydrogen and nitrogen in the state of irreducible gases.—L'Unoin Medicales and Canadian Journal of Med. Science.—Cincinnati Clinic.

THE FUNCTIONS OF THE SPLEEN.—At the fifth interna-

tional medical congress at Geneva, Prof. Schiff presented the following conclusions as to the functions of the spleen:

1. The extirpation of the spleen is without any permanent effect on the absolute or relative numbers of the red or white blood corpuscles.

2. Shortly after the operation there is observed a considerable diminution of the white corpuscles, with or without diminution of the red. These changes do not depend upon the absence of the spleen, but upon the severity of the operation necessary to secure its extirpation, and they are the same if the same steps be taken without ablation of the spleen.

3. After extirpation of the spleen it is very exceptional that enlargement or increase of volume is observed in the lymphatic glands. The development of these so-called supplementary spleens is about even a year and a half after the extirpation, though the operation be practiced in the first weeks after birth.

4. The exceptional swelling of the mesenteric glands appears to depend upon a local peritonitis which often develops after the operation.

5. The spleen increases in volume from the fourth to the seventh hour of stomach digestion.

6. While peptogeneous stuffs are being absorbed from the stomach, and while the stomach is being filled, the spleen is preparing a ferment which, entering the pancreas with the circulating blood, transforms in it an albumenoid substance into pancreas pepsin or trypsin; a powerful digestive of albumenoid substances.

7. After extirpation of the spleen, the pancreatic juice entirely and permanently loses its power of digestive albumen, though it still retains its other digestive properties.

8. After extirpation of the spleen, the substance in the pancreas destined to have been transformed into pancreas pepsin collects in the pancreas (as it does during the inactivity of the pancreas) and this substance is changed into a ferment even after death under the influence of decomposition.

9. The spleen withers after destruction of its nerves. Its vessels dilate passively whereupon the spleen soon atrophies like all erectile tissues after all their vaso-motor nerves have been completely paralysed.—*Verhandlungen d. v. internat. med. Congr., Geneva, 1877.*

**SUBCUTANEOUS INJECTION OF CHLOROFORM AND ETHER.**—M. Presmer has tried the deep injections of chloroform in cases

of neuralgia and has met with the marked success which followed their use in England and America. Chloroform is preferable to morphia because its prolonged administration does not engender an analogue of morphinism. M. Gelle has successfully employed the hypodermic injection of ether in the treatment of convulsions, and he has succeeded with two injections in interrupting convulsions, produced in a child of seven months by an incipient pneumonia. Both authors warn against the danger of embolism which would be incurred by an injection into a vein. —Lyon Medical, Jan. 20, 1878.

The educated physician is the peer of any one; no one can be higher than he. So true is this that a well-known and talented physician of England, on a return from a visit to America, remarked in an address that while in the United States there is no class known as the nobility, and hence no real aristocracy, yet that the medical profession might justly be regarded as the true aristocracy of the Republic. (Dr. W. B. Atkinson.)

The following extract from a personal letter from an old friend, who, although not an M. D., yet has a very correct appreciation of the necessities and needs of the profession, will be found highly interesting to our readers. We hope that our professional readers will reflect upon the very practical suggestions presented in the communication;

BARREN CREEK SPRINGS, WICOMICO CO., MD., Feb. 26, 1878.

MESSRS EDITORS:—Please accept my thanks for a copy of the "Monthly Journal of the Southern Illinois Medical Association." It is always pleasant to witness the efforts of those who are striving to place themselves and the profession to which they belong upon a higher plain of intellectual excellence.

Your association recognizes the fact that you are all searchers after the truth; that in the order of events you can not all have the same experience, even while recognizing the fact that it is in the range of possibilities, if not probabilities, that you may have a large portion, if not all, of it.

Recognizing this fact, and the further one that you are all subject to nearly the same climatic influence, it seems peculiarly appropriate that there should be some channel through which the more advanced thinkers and successful practitioners



could make known their views and experience. These views and that experience, when communicated, would doubtlessly remove much of human suffering and add to the length of life—the chief aim of all true physicians efforts.

When we reflect upon the great number of diseases known to the faculty, and the very limited course of study thought necessary in this country to deal successfully with them, and the great diversity of talent in those who assume the task of dealing with the important issues of life and death, we can but acknowledge the necessity of a higher and better standard of professional education, and the necessity of all possible light being thrown upon the subject.

Errors of the physician end in the grave, and “Dead men tell no tales,” are facts not to be controverted. As things now stand the physician is his own critic and judge, and, consequently, he would be more than human to condemn himself for his errors.

But enough of this. I started out simply to acknowledge your courtesy and return acknowledgement therefor.

Yours very truly;  
A. E. ACWORTH.

EXCISION of the larynx, and the use of artificial vocal apparatus, by Dr. Foulis, of Glasgow, is reported in the British Medical Journal, Dec. 8th. The operation was necessitated by malignant growth and gradual occlusion of the upper larynx. It was a success, and the patient has been enabled, by a hard rubber laryngeal tube, with vibrating reeds acting for vocal cords, to speak in a resonant, loud and clear, though monotonous voice. The Lancet, Feb. 2d, gives a cut, with description by Dr. Foulis. of the artificial larynx . . . This operation is said to be the first of the kind performed in Great Britain.

THE PLASTER JACKET—The British Medical Journal, Feb, 9th, reports a session of the London Clinical Society, whereat Mr. Berkeley Hill prestested twelve patients having angular and lateral spinal curvature, all wearing Sayr's Jacket. Other surgeons present reported numerous cases: Mr. Lucas, 12; Mr. Barwell, 17; Mr. Golding-Bird, 18; and so on. The last named had seen good result in all his cases, and no harm, after a little dexterity in the application had been acquired. Hundreds of cases must have been hard-finished, on the other side, by this time.

Treatment of Quartan Intermittents.

ED. MED. AND SURG. REPORTER:—

Under the head of "Querries and Replies," in No. 4 of the current volume of your estimable weekly, Dr. C. M. M., of Ohio, asks for "a good prescription for quartan intermittent." In No. 6 you publish two replies, both of which I have no doubt are very good. I am prompted to add a favorite combination of my own, partly from the fact that it contains some of the ingredients which enter into both of the above referred to recipes. This form of intermittent paludal fever I have found quite rare, though for eight years I have been practicing in an exceedingly malarious region. It is one, too, which often proves difficult to combat successfully. The following prescription, however, I have found very efficient in the treatment of all miasmatic disorders:—

|                         |         |    |
|-------------------------|---------|----|
| R. Strychniæ sulphatis, | gr. iss |    |
| Quiniæ sulphatis,       | dr. iss |    |
| Ferri sulph. exiccat,   | dr. j   |    |
| Acidi sulph aromatici,  | fdr. j. | M. |
| Et adde.—               |         |    |
| Acidi arseniosi,        | gr. ij  |    |
| Podophyllin,            | gr. x   |    |
| Gelsemin,               | Scr. j  | M. |
| Ft. pil. No. xc.        |         |    |

Sig. Take one pill three times a day, after meals.

These are to be omitted on the expected chill day, and six-grain doses of quinine given every two hours, commencing very early in the morning, until three or four doses are taken, p. r. n. I would here remark, if there is a disposition to intolerance of quinine, its combination with bromohydric acid (to which my attention was attracted in Braithwaite some time ago) will be a prophylactic against headache and other unpleasant results. The acid is an excellent solvent of quinine, and the addition of a drachm of the fluid extract of glycyrrhiza will greatly modify its unpalatableness. As this form of intermittent is hard to dislodge from the system, Dr. C. M. M. might not find it amiss to use "the old woman's remedy" as an addendum, i. e. yarn strings saturated with turpentine, applied around the waist, wrists and ancles, on the day of the expected chill. Of course, it is presumed that any hepatic indications have been promptly and judiciously met.

Yours, truly,

Horn Lake, Miss., Feb. 13, 1878. CHAS. BASKERVILLE, M. D.  
—Medical and Surgical Reporter. Philadelphia.

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**Sign of Criminal Abortion**

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MM. Gallard and Leblond brought under the notice of the Societe de Medicine Legale what they regard as a certain sign of early abortion having been caused by criminal agency. During the first three months of the life of the ovum, in spontaneous abortion, it is always expelled en bloc, with the membranes entire. After the third month the membranes are usually ruptured, the abortion then occupying two stages. In the discussion which ensued it was objected that the exceptions to this rule were too numerous to allow of its acceptance as a legal guide, while criminal abortion may be induced by various means which do not involve rupture of the membranes. Still, the knowledge of these means is not spread much abroad, and seeing the frequency with which the ovum and membranes are discharged intact after criminal abortion, the Society, while refusing to acknowledge this as a law, deemed it right to call great attention to it as a new mode of detection of a crime which so frequently goes unpunished.

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**Diabetes and Alcoholism as Complicating Wounds.**

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Remarking on the not infrequent co-existence of alcoholism and diabetes, Professor Verneuil, of Paris, said, in a recent paper, that these affections, considered apart, appear to act in a similar manner on the progress of wounds, and induce very analogical traumatic accidents. Alcoholic diabetes perhaps modifies in a special manner the reparative process; but we have no precise knowledge on this point. It, however, seems to be quite probable that it imparts to the prognosis an aggravation for which the alcoholism is chiefly responsible. When called to treat a diabetic patient, the practitioner should always inquire whether alcoholism co-exists or not; and whenever this is not the case, he should always try to prevent its occurrence. When alcoholic diabetis is present, great care should be taken in instituting operations, and even explorations or surgical manœuvres.—Medical Practitioner.

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A twenty grain solution of chloral hydrate is recommended as an application for the painless removal of warts.

### *Formulary.*

Dr. Francis Condie, in a foot note to the article in Watson's Practice of Medicine, 3d American edition, on "Diarrhœa Corpulosa," in which the fæces are discharged in a more liquid state and more frequently than is natural, recommends the use of opium, acetate of lead and ipecacuanha. The following formula I have found scarcely ever to fail:

R. Opii,  
Plumbi acetatis,  
Ipecacuanhæ, aa gr. x.  
Mix. fiat in pill No xxx. Dose, one pill every two or three hours. W. B.

#### WALLACE'S EMMENAGOGUE PILL.

R. Aloes ..... gr. v.  
Ol. tanacetii ..... gtt. xj.  
Cathartidis ..... gr. viij.  
Ferri lactis ..... Scr. jv.  
Mix. ft. mass. Div. in pill No. xxviij.  
Sig. One, morning noon, evening and night.  
(Med. and Surg. Recorder.)

JABORANDI IN MASTITIS.—Dr. G. M. Wells (New Remedies), after trying in vain a number of the usual remedies in cases of mammary abscess, administered the following with success.

R. Ext. jaborandi, fl.  
Ext. dandelion, fl. each ..... oz. ss.  
Syr. Simp ..... oz. iij  
Mix. Sig.—Table spoonful every two hours.

#### PERFECTLY TASTELESS QUININE MIXTURE.

R. Quin. sulph ..... dr. j.  
Acidi tannici ..... gr. xv.  
Syr. tolu ..... oz. iij.

Mix.

#### HAIR TONIC.

R. Quin. sulph ..... grs. xx.  
Tr. cantharidis ..... oz. j.  
Acidi sulphurici ..... dr. ij.  
Cocaine (Burnett's) ..... oz. viij.

Mix. Sig.—Rub well in daily. (Louisville Medical News.)

#### CURCHILL'S TINCT. OF IODINE.

R. Iodini pur ..... oz ijss.  
Potas. iodidi ..... oz. ss.  
Spir. rect ..... oz xij.  
Alcoholis ..... oz. jv.

Mix.

TREATMENT OF THRUSH—Apthæ.—As a local application in connection with the proper constitutional remedies, the following is recommended by the Canada Lancet:

R. Potas. chlor.  
 Sodæ. sulphitis.  
 Sodæ. bibor, each.....dr. jss.  
 Glycerinæ.....oz. ss.  
 Aquæ, ad.....oz. ij.  
 Mix. Michigan "Medical News."

#### **A Case of Hour-Glass Contraction Before Delivery.**

BY J. N. PAGE, M. D., OF DAYTON, OHIO.

Mrs. A. J., living six miles in the country, was taken in labor, Tuesday, 10 P. M., August 21st, 1877. I was called to see her on Wednesday, the 22d, at 7 A. M. The pains had been regular and frequent, from the first. An old lady in attendance, who pretended to act the part of accoucheur, had ruptured the membranes at about 2 A. M., and tried, as she stated, in every conceivable way, to deliver the child, but failed. On examination I found the os uteri sufficiently dilated to let the child pass, and the pains sufficiently strong; I thought if time enough were given, with considerable encouragement, that labor would progress naturally and delivery would be quite easy. On the second examination I found the pains did not produce any advancement; I then suspected something wrong, and introduced my hand to ascertain, if possible, the trouble. I found that there was no deformity that prevented delivery, and passed my hand around the head of the child, but could pass it no further, for the uterus was contracted around the neck of the child, as it is in hour-glass contraction around the umbilical cord. I then tried to pass my finger between the neck of the child and this contracted uterus, to relax the stricture but did not succeed. At about 9 A. M. I commenced to administer narcotics (hydrate chloral), which I continued until nearly one drachm had been given. (at the same time watching the progress of labor). The presentation being favorable, the face looking backward. I thought instrumental aid was demanded and really necessary; I therefore at once applied the forceps, but with all the force I dared to use I could not deliver the child. Perhaps it would be well for me to say here that I did not administer chloroform, as there was no one present to assist, and in the use of instruments had to endure the woman's resistance. I then waited a

little for the patient to rest, and introduced my hand only to find the same condition as before. Fearing a rupture of the uterus, or some other accident, I advised counsel, and immediately dispatched a messenger for A. W. Garlock, M. D., who arrived at 12 30 P. M. We determined to continue the use of the hydrate chloral and await time, which we did until we had given nearly one-half drachm more. At 3 P. M., the stricture continuing the same, we gave the ergot and anæsthetic. I applied the forceps, and with force succeeded in delivering the child at 4 P. M. After the head was brought down into the pelvic cavity the uterus seemed to relax and further delivery was easy. Fearing hour-glass contraction on the cord I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contraction of the uterus to expel it, which it soon did with the assistance I gave by gently pulling the torsion of the cord,

The woman made a fair recovery. The child lived about six weeks.

The principal object in reporting this case is, not merely to call attention of the readers of the "Reporter," to it' but to elicit some criticism.—Med. and Surg. Record, Philadelphia.

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### A Dressing for Fractured Clavicle.

By WACKERHAGEN, M. D.

The principle is that of Dr Sayre. The material used is common muslin instead of adhesive plaster.

It is easily applied, and, I think, more comfortable to the patient, especially during the hot weather in summer.

The method of application is as follows, viz:

1st. A ring of muslin stuffed with cotton to encircle the sound shoulder.

2d. A piece of muslin about sixteen inches wide, four times folded, and sufficiently long to permit of its being looped round the arm and ring posteriorly.

3d. Another piece of muslin about the same width is folded twice, and sewn at one extremity, into which the elbow, forearm and hand, are placed. The other extremity is then drawn under and through the ring anteriorly, when it is reversed, passed under the fore-arm and elbow, and fastened to the ring posteriorly.

### The Plaster of Paris Jacket

By EDMOND ANDREWS, A. M., M. D.

[The Chicago Medical Journal and Examiner, December, 1877.]

After describing the indication for support in Pott's disease, and the methods by which "curative apparatus" acts, the author compares the advantages with the disadvantage of the plaster jacket; his conclusions being as follows: "From these considerations it is very evident that the plaster of Paris jacket is a very valuable appliance in numerous cases and has the especial merit of being an extempore apparatus which can be applied, however remote the patient may be from instrument makers, and however impoverished he may be in purse. It has, however, some disadvantages, and at its best is in no way superior to a well-fitted combination brace containing the corset and splint in one instrument. Indeed, the superior convenience and tidiness of the combination brace will always cause it to be preferred by a large portion of surgeons and patients."

N. M. S.

### Iodic Purpura.

By FOURNIER.

[Lyon Medical, October.]

Fournier describes an eruption following the use of the iodide of potassium. He has seen fifteen cases. The eruption has a special seat, being confined to the leg, between the ankle and the knee, and always more fully developed on the anterior aspect of the limb. The spots vary in size from a pin's head to a millet seed. Their form is round or oval, without any perceptible elevation. They are unaccompanied with pain or itching, and usually escape the attention of the patient. These macules were not developed under massive, but under moderate doses of one to two grams. In certain cases Fournier continued the iodic medication, and found the spots gradually faded away; but if the dose were increased, they reappeared. [The influence of iodide of potassium in the production of cutaneous lesions was first noted, we believe, by the late Dr. John O'Reilly, of this city. (N. Y. Med. Gaz., Jan., 1854.) Besides other lesions, the doctor specially refers to a form of iodic purpura.]

H. G. P.

Erratum.—On page 7, in "Books and Pamphlets Received" read "Struma" instead of "Stamina."

RECEIPTS.—The following are the receipts for subscriptions to the JOURNAL since our last issue: Drs. J. Whitnel, W. R. Mizel, R. Waldo, H. L. Herndon, L. B. Dittoe, J. G. Wheeler.

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CITY OF NEW YORK.

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THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire faculty. Students expecting to attend the regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will begin on Wednesday, October 2, 1879 and end about the 1st of March, 1879.

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| Graduation Fee .....  | 30 00    |

### FEES FOR THE SPRING SESSION.

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|--|--------|
| Matriculation (Ticket good for the following Winter) ..... | \$5 00 |
| Recitations, Clinics and Lectures .....                    | 35 00  |
| Dissection (Ticket good for the following Winter) .....    | 10 00  |

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*Pure Extract of Malt with Hypophosphites.* Each dessert-spoonful contains two grains Hypophosphite Lime, two grains Hypophosphite Soda, one and a half grain Hypophosphite Potassa, and one grain Hypophosphite Iron.

*Pure Extract of Malt with Chemical Food. (Phosphates Lime, Soda, Potassa and Iron.)*—Each dessert-spoonful contains the same proportion of elements with Chemical Food.

*Pure Extract of Malt with Beef, Wine and Iron.*—Each table-spoonful represents two grains Soluble Citrate of Iron, one ounce finely-chopped raw lean Beef, with equal quantities of Sherry Wine and Pure Extract of Malt.

*Pure Extract of Malt with Pepsin.*—Each desert-spoonful contains three grains of Pepsin.

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This new preparation, recently introduced in this country, has already become quite popular with the profession, and the results attained warrant the statement made by Prof. Miesch--Am. Journal of Pharmacy, July 1877--that "it will doubtless become one of the most valuable ferruginous medical agents." It is a true basic Oxychloride of Iron, in a PERMANENT NEUTRAL solution, without the aid of acids or other solvents, and is, as nearly as possible, the form in which iron exists in the blood. In chlorosis, anaemia, etc., Dialysed Iron supplies nourishment to the blood, regenerating the red corpuscles more readily than any other preparation. The great advantage of this form of iron over the usually administered Murrate Tincture of Iron, are, that it is nearly tasteless, does not blacken the teeth, is readily absorbed, will not constipate or disturb digestion, and is taken readily by persons who cannot tolerate the stypic preparations of iron. It combines with tannic preparations without causing inkiness, and as an ANTIDOTE FOR POISONING BY ARSENIC, it is said to be quite as efficient as the Hydrated Sesquioxide, and has the great advantage of being always ready for use. We also offer this preparation in the form of an Elixir, which is pleasantly flavored and gently stimulating.

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This preparation accomplishes what has been so long desired by the Medical Profession--A PERFECT AND PERMANENT EMULSION of Cod-Liver Oil with Glyconin and Phosphorus. In this combination the objectionable taste of the oil is so completely disguised as to render it agreeable to the most delicate stomach, while its form--an emulsion--makes it readily assimilated. Each fluid ounce contains 5 drs. genuine Norway Cod-Liver Oil, 1 dr Glyconin, 1½ drs. Jam. Rum, and 1-25 gr free Phosphorus.

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Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for use. It will now doubtless be found in every drug store to supply such an emergency.

*Full Directions Accompany Each Bottle.*

In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference; Physicians will find our **Dialysed Iron** in all the Leading Drug Stores in the United States and Canada.

It is put up in bottles retailing for **One Dollar**, containing sufficient for two months treatment, Large size is intended for hospitals and dispensing. Retail at **\$3.00**.

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NEW YORK, 48 East 31st, St., Feb. 16, 1877.

I have just received the enclosed letter from Mr. Gates the patient you called with me to see a few weeks since. I first saw him last October; he was confined to his bed unable to move, with the most terrible leg I have seen in ten years of Hospital practice. I used the Elixir Iodo internally, and the Solution externally for months, and *nothing else*; you saw that result. I regarded it from the first a worse case than Mrs. Augustine's or any other I have ever seen, and was determined to test the power of this remedy. It has, I must confess, more than sustained my expectation. I certainly think he would have lost his leg had any other course of treatment been pursued. He is well and expresses his thanks as you will see. It would be well to publish his letter, for the benefit it might be in similar cases.

Yours truly, O. S. PAINE,  
Surgeon in Chief, St. Elizabeth Hospital.

## Letter from Samuel Gates, Esq.

Dr. O. S. PAINE:

NEW YORK, Feb. 15th, 1877.

My Dear Sir—Agreeably to a promise made you some time ago, I write you concerning my case and improvement. I suppose mine is perhaps one of the most rare cases met with by physicians in practice, and to you, sir, I am now indebted for a better limb than I have had since 1865. At that time (1865), I was confined to my bed in consequence of a painful swelling, upon the inside of my left knee: it grew in size and hardness from time to time, and to such an extent as to interrupt and prevent my attending to business for some months. The attending physician treated me for inflammatory rheumatism; the hard swelling, or induration of the parts always remained, even while the inflammation from time to time would subside; by wearing a bandage I was able to attend to business, but always with more or less pain and much inconvenience. Thus far I managed to get along with it until the 28th, of October last, when the swelling broke and formed one of the largest and worst ragged sores, mortal eyes ever beheld; it confined me to my bed. I sent for a physician who came, and upon examination he recommended me to go to the Hospital, as he regarded it one of the worst Scrofulous sores he had ever seen, involving the knee. I would doubtless have to suffer amputation, and if relieved would have a bad knee all my life. While considering what was best to be done, a friend of mine Mr. Henry Hildebrand, who is in the office of the New York Daily Times, called to see me and remarked that you had successfully treated a friend of his for the same, or a similar disease. I lost no time in sending for you. On an examination of the case you remarked that it was the worst case you had ever seen, but you believed it could be cured and the limb saved; and you then put me on large doses of the Elixir Iodo-Bromide of Calcium Compound, and used the Solution externally. The remedy increased my appetite and I gained strength; in a short time the sore assumed a better appearance and gradually improved, until now I am well. I can in a short time resume my attention to business. I consider that my life has been saved by your timely advice, and the use of this remedy, which from the hour of its first use gave evidence of being a specific in such cases. It is due to you and to the Messrs. Tilden that I should express my most heartfelt thanks, to you particularly for your kindness and skill.

SAMUEL GATES,  
No. 6 Spring St., New York.

NOTE.—We called with Dr. PAINE to see Mr. GATES, and found a limb that gave evidence one could not mistake of having been a severe and malignant case. The swelling from description must have reached nearly a foot in diameter, with four or five deep, ugly ulcers down to the bone, the one not healed was healing kindly from the bottom and nearly closed up, but enough remained to indicate the character of the others.

From this gentleman's description of suffering for years, and especially for months previous to his final prostration with it we were presented with really an extraordinary cure. The fœtor was terrible for a time, but the antiseptic action of the Solution entirely removed the odor, and little was perceptible after a few days. Our readers will understand that Dr. PAINE employed no other remedy but the "Elixir Iodo," and Solution of same.

### Chronic Scrofulous Ophthalmia, Malarial Cachexia.

Extract from letter of I. M. BRANNOCK, M. D., McKenzie, Tenn.

"Some four or five years ago I wrote you, in behalf of a poor widow who had a daughter afflicted with Chronic Scrofulous Ophthalmia, requesting you to send me some Iodo-Bromide Calcium Comp., in order that I might try the remedy in her case. You kindly sent me a supply of the medicine; and I immediately put the young lady upon the use of it, to the exclusion of all other remedies. In a short time improvement was manifest; and, it was not long before the patient was restored to health and usefulness."

"I have had remarkable success with the use of some of your remedies in the treatment of disease; and have been intending to report some of the cases for the *Journal*. One case in particular, a case of Malarial Cachexia, with enormous enlargement of the spleen, which had been treated by a number of physicians and pronounced hopeless, yielded to the Elixir Iodo-Bromide Calcium Comp., and in a few weeks the patient was entirely restored to health. I will report this case in full very soon."

### Scrofula.

MESSRS. TILDEN & Co.:

BALTIMORE, Md., Jan. 12, 1877.

Gentlemen—I beg leave to present to you the following striking case of the efficacy of the Iodo-Bromide Calcium Comp.:

In April of last year I was called to see Louis Smith, aged twelve years, who was afflicted with Scrofula. He had been under medical treatment several months prior to my visiting him, from which he derived little or no benefit,

I ascertained that he had been suffering from painful swelling in the hip and thigh, terminating in abscesses, which had been frequently opened. These conditions had continued for a period of two years or more. When I first saw him he was confined to his bed and unable to walk. He had but little appetite and was greatly emaciated. I ordered the Elixir Iodo in doses of half a teaspoonful, gradually increased to a teaspoonful three or four times daily. He had taken the medicine about four weeks, when to my satisfaction he exhibited decided improvement; his appetite was restored and he was able to walk about the room. The discharge, which had been profuse, was greatly diminished. The treatment was continued for a period of about five months, at the termination of which he was restored to perfect health.

Very respectfully, W. T. JONES, M. D., 31 N. Calvert St.

### In Tonsillitis, &c.

Extract from letter of G. P. H. TAYLOR, M. D., 45, Vandam St., New York.

"I find the Elixir Iodo-Bromide Calcium Comp., a good substitute for the many preparations of Iodine—especially the Iodides of Potassium and Sodium, having all their medicinal virtues without their nauseous taste. In affections of the throat and tonsils, the "Solution Iodo" is excellent, and is an elegant preparation as a counter-irritant in Tonsillitis, &c. I have also found the Elixir, combined with Mercury, very efficacious in Syphilis, in both its primary and secondary stages."

### Necrosis of the Femur and Ilium.

Extract from letter of R. D. BIBBER, M. D.

SIRS.—Was called in September to see a child eight years of age, who the parents said, had fever sores. On examination, I found she not only had softening of spine, but necrosis of the femur and ilium. There were eight openings, and numerous sinuses into which I passed my probes from  $2\frac{1}{4}$  to 8 inches.

I learned from the parents, that the child received a fall two years ago, and shortly after, this state of things began to show itself. She had been in the hands of physicians most of the time since, without any benefit whatever. They had at last given up all hopes of saving the child's life, and abandoned treatment of all kinds. I then told them that although I thought the chances of the child's recovery were very slight indeed, yet I would like to make one good trial of a medicine that I had faith in, and if that failed I should feel as though all had been done that I could do for her. I then prescribed Elixir Iodo-Bromide Calcium Co., with directions to begin with half teaspoonful doses three times a day, and increase the dose to a teaspoonful as soon as possible.

She began to improve slowly at first, but it was an improvement and I was satisfied. Her appetite began to improve and with it her strength. Pain began to subside, discharge from openings grew less. This improvement has been going on until this time; she is now fleshy, good appetite; free from pain—goes about the house with crutches and plays and laughs as hearty as the rest of the children.

In this case I am more than satisfied, for I could not give the child one chance in a thousand of recovering; and I give the "Elixir" credit of doing the work, as it was sinking rapidly before I gave it, and began at once to improve after taking it.

### Sore Foot with Caries.

Extract from letter of Amos S. Smith, M. D., Bismarck, Lebanon Co., Pa., Dec. 4, 1876: "Your medical preparations cannot be excelled. They do all you ask for them and more. I have used your Elixir Iodo-Bromide Calcium Comp. Internally, with the Bromo Chloralum externally, for a very sore foot on a woman nearly eighty years of age, with caries of the metatarsal bone of the big toe. She was entirely cured by the above named preparations. I could name other cases, where the use of the same agents, has proved in the highest degree efficient."

### Scrofulous Swelling with Abscess of the Ankle Joint, Complicated with Erysipelas.

Extract from letter of Dr. A. OSBORN, Peru, Huron Co., Ohio.—I find the Elixir Iodo-Bromide of Calcium Comp., one of the best alteratives I have ever employed. I have used it in quite a number of cases with astonishing results. One case, that of Mrs. G., is particularly worthy of note; a widow lady, aged 55, with chronic inflammation of the ankle joint, with two running sores near the joint. She was of a scrofulous diathesis and subject to attacks of erysipelas. I treated her for a month with alteratives, as Proto-Iodide and Chloride of Mercury, Iodide of Potassium, &c., but with my best endeavors, she did not improve.

I noticed in the *Journal of Materia Medica* some very extraordinary cures effected by the "Elixir Iodo," and decided to give it a trial at once, and was gratified at the immediate improvement perceptible, and in one month the sores were healed. Swelling passed away and with it all pain, and in a short time she was able to walk and take exercise. She remarked to me the last time I called that she had not been so well in five years.

Since this I have treated a number of other cases of scrofula, less severe but with equal results.

### Alterative.

Letter from Dr. JNO. W. WILLIAMSON, Jackson, Tenn.

"Your Elixir Iodo-Bromide of Calcium Comp. I have been using since soon

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after its appearance, and after a practice of more than 40 years. I know of no Medical Compound superior or equal to it in its general applicability in the various morbid conditions of the system."

Extract from letter of Mrs. J. P. DIMOND, M. D., Cambridgeport, Mass., March 5th, 1877.

"Thinking that it must be gratifying to you to hear occasionally from those who are using your medical preparations, and the results therefrom, I write this. I think your preparations are far better than any others now before the public, especially the Elixir Iodo-Bromide of Calcium Comp.; it works wonders. I use a great deal of it in my practice, in connection with the Solution and the Bromo-Chloralum.

#### Ulceration of the Bowels.

Extract from letter of Dr. S B. Merkel, No. 2423, Jefferson St., Philadelphia, Pa., March 30, 1877.

"Your Elixir Iodo-Bromide of Calcium has relieved my stomach, and is, almost I might say, rapidly curing me of ulceration of the bowels."

#### Scrofula.

Extract from letter of W. LIVINGSTON, M. D., Freeport, Ill., Dec. 11, 1876:

"I am using your Iodo-Bromide Calcium Comp. constantly in my practice, and with the best results in scrofulous cases. I have also found it very useful, properly diluted, as a vaginal injection."

#### Disease of the Scalp.

Extract from letter of L. P. BISSELL, Buffalo, N. Y.

For more than ten years I had been afflicted with an obstinate disease of the scalp—a form of scald head. A small spot appears upon the head, covered with what is apparently an excess of dandruff, the skin underneath being red and shining, upon removing the dandruff, or scab, it reforms from fresh excretion in less than an hour. These spots gradually enlarge, and others of the same kind appear. After a time these patches extend down to the forehead, about the roots of the hair, and occasionally appear upon the body and limbs.

During these ten years I have tried various remedies externally and internally; mineral water, sulphur, ammonia and applications of diluted corrosive sublimate, but all with no effect. Accidentally my attention was called to this preparation of Iodo-Bromide, and I was induced to try a bottle. I took it faithfully and according to directions; diluting a small quantity for local application. I found this very pleasant and cooling to the scalp, and it removed the constant desire to scratch away the *dandruffy* deposit upon the head. Before the first bottle was gone I saw an evident improvement, the spots began to dry up and recede. Slowly but surely this obstinate cutaneous enemy yielded to the purifying influence of the medicine. My clean head and pure blood I attribute wholly to the Elixir Iodo-Bromide of Calcium Compound.

#### Rheumatism.

Extract from letter of D. T. WHYBORN, M. D., Cleveland, N. Y.

Gentlemen—Having a very severe and protracted case of sub-acute rheumatism, which had proved rebellious to nearly all recognizable methods of treatment, I determined to test the value of your Iodo-Bromide Calcium Comp. The result was very gratifying to myself and patient, the improvement being prompt and positive.

**TILDEN & CO., 176 William St., New York.**

For particulars of other cases send for large pamphlet.

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THE

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*Southern Illinois Medical Association.*

EDITED BY

C. W. DUNNING, M. D., }  
H. WARDNER, M. D., } *Committee on Publication.*

CAIRO, ILLS. APRIL 1878.

## CONTENTS.

### ORIGINAL ARTICLES:

Case of Pneumonia ..... 35  
Resections of the Long Bones &c. .... 37

### COMMUNICATIONS:

Foreign Body removed from the Ear 42

### EDITORIAL:

Individuality in the Medical Profes-  
sion ..... 43  
Books and Pamphlets Received .... 44  
Notice ..... 45

### MEDICAL BRIEF:

Solid food in Typhoid Fever..... 45

The use of the Elastic Bandage..... 46  
Hæmoptysis, Subcutaneous Injection  
of Ergotine..... 47  
Plaster Jacket in fractures of the  
Spine ..... 48  
Physiological means of preventing the  
presentation of the Shoulder ..... 48  
Tannin in a case of very intractable  
vomiting during Pregnancy ..... 49  
The Illinois Medical Law..... 49  
Items ..... 50

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# MONTHLY JOURNAL

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## *Original Articles.*

### Case of Pneumonia.

REPORTED BY DR. J. B. ROSSON.

[Read before the S. I. Medical Association at Belleville, Jan. 8, 1878.]

I desire to report the following case for the purpose, solely, of drawing out information from those older and more experienced than myself.

It is a case, in the diagnosis of which, I was successful, but there were phenomenon presented which I have not been able to explain satisfactorily. I was treating some cases at the residence of Mrs. W. in my neighborhood, and during one of my visits there one morning in December, 1875, my attention was called to a young man, aged about 25, named Griffith, who was lying on a bed on the floor. I inquired of him in regard to his feeling, and he said he did not feel very badly. He had some pain, not serious, however, in the right side of the chest in the region of the nipple. Said he had just recovered from a chill. His pulse was about a hundred. Temperature 100 degrees. Breathing not difficult. He was able to talk intelligently. It was about 8 o'clock in the morning when I saw him, and those who were about the house said he was able to be up part of the time before noon, and talked intelligently with parties who came to see him on business.

By an examination I had in the morning, I found engorgement of the lower lobe of the right lung. I prescribed sulphate of magnesia to move the bowels, and left some doses of Dover's powders and quinine. He took the sulphate of magnesia which had its desired effect, in a moderate degree, in two or three hours. About one o'clock his breathing became difficult and he complained of feeling very bad. He asked the lady of the house to give him a drink of water. She did so, and informed me, that immediately after drinking he became speechless. I was sent for, and, upon arriving, found him completely comatose; pulse very rapid, but full; breathing difficult and pupils dilated. This patient died in about ten or twelve hours from the time he took the chill in the morning. He had taken no medicine except the sulphate of magnesia. As his death was sudden and unexpected, it was desired that I should make a post mortem examination. I did so, in the usual way. Exposing the lungs, I found complete engorgement of the middle and lower lobes of the right, of the lower lobe of the left, and partial engorgement of the upper lobe of the left. Heart and liver were normal as far as I was able to ascertain. Spleen was enormously enlarged, weighing about six pounds. It is necessary in this connection to state that this patient had been afflicted with enlargement of the spleen for more than ten years.

He had been treated by several competent physicians, but not complying with their directions failed to obtain relief. He had intermittent fever the year previous, none recently. He had taken quinine some weeks previous to his death, with the view of benefitting his spleen. With the exception of this trouble of the spleen, he was perfectly well, seemingly, the previous day; ate a hearty supper the night before his death, and boasted of how well he felt, with the exception of a soreness, which was common, however, in the region of the spleen. He was a young man who was able to do much hard work on the farm. It is an evident fact that my patient had pneumonia, an attack so extensive as to produce death. But the question is, what caused the sudden coma? Was it a pernicious attack of intermittent fever in connection with pneumonia, or was it a passive congestion of the brain caused by an impeded circulation of the blood through the lungs? I am induced to believe if the coma had been due to the former it would have made its appearance more gradually. It might have been due to the latter, on account of the lungs being so extensively engorged

that the circulation of the blood from the heart to the lungs was so slow and difficult, that the progress of the blood from the head through the descending vena cava was impeded.

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**Resections of the Long Bones of the Superior and Inferior Extremities.**

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BY J. K. RAINEY, M. D.

[Read before the S. I. Medical Association at Belleville, Jan. 17, 1878.]

In drawing your attention to this subject we do not propose to add anything new to surgical literature, but repeat the old story, already familiar to all, and only give that which has fallen under our observation.

We understand resections to be the removal in whole, or in part, the bone structure, in such a manner as will permit the patient to have more or less the use of the limb, and preserving the soft parts and, thereby, obviating the necessity of an artificial limb; and may be performed for the relief of gun shot wounds, railroad injuries, caries, necrosis or osseous tumors.

Berard, in speaking on this subject, says: "The preservation of the soft parts constitutes the special character of this operation, which should be practiced so as to avoid all lesions of the arterial or venous trunks and injure the muscles and tendons as little as possible." A question often arises in the mind of the surgeon, how much injury will the soft parts sustain and yet a limb be restored? This question is hard to answer for many reasons.

The age of the subject, habits of life, temperament, vitality, and conditions of mind, all have a bearing in the case. Again, we find many cases on record where great loss of the soft parts have been sustained and yet good recoveries of limb. There was a theory advocated by the older surgeons that if we have divisions of the arterial and venous trunks together with the nerves we must amputate, but we find examples on record where all these have been severed (especially the superior extremities) and yet the limbs saved and were more useful in after life than an artificial limb could possibly have been. In Vol. iv in "The life and opinions of Sir James Napier" he reports a case as follows: Gen. Hunter while leading the assault on Brothpoor was met on the rampart by a giant in complete armor whirling his sword. Hunter held up his own in defence but to use his own words the giant sent it with a whirl into the air. Hunter



held up the scabbard but the blow went through it and his arm just below his elbow leaving merely a bit of skin uncut. An officer tied a sash around the arm above the wound to stop the hemorrhage, then a surgeon came up and put the two ends together and tied them and they united. Another interesting case is reported by regimental surgeon Hoffman of Berlin in 1785 in which he reports a soldier aged 20 received a sabre cut across the arm four fingers in width above the condyles severing the humerus entirely. The ends of the bone were placed in apposition, the several muscles fastened by sutures and secured by splints and the soldier recovered perfectly in ten months. In the *Edinburg Med. and Surg. Journal*, 1837, Vol. 47, Page 334, reports a sabre wound dividing the belly of the biceps and shaft of the humerus. The attendants described the stream of blood as profuse and projecting many feet. A turban was twisted about the limb with great tightness and completely arrested the hemorrhage. There was no pulse at the wrist, on the third day the pulse was barely perceptible at the wrist, on the thirteenth day the pulse was stronger at 68, while in the sound arm it was 82. The wound cicatrized on the twenty-eighth day, and on the forty-fifth day the bone was entirely united. These cases sound like the marvelous, but I only quote them to show what injury the soft parts may sustain, and the limb recover.

It is not expected that resections will ever replace amputations, but we believe they might be resorted to oftener than they are, thereby saving many useful limbs.

In young and healthy subjects (especially in the agricultural districts of the country) we can safely employ this class of conservative surgery where we have great loss of either the osseous or fleshy tissue with great certainty of preserving useful limbs. As we said above we do not expect resections to ever take the place of amputations, and from the authority of our early writers we are prejudiced against this class of conservative surgery. Even the Surg. Gen. in his report on this subject reports unfavorable to it and says in 2d Vol. Surg. History of the Rebellion Page 695 "I cannot discern that the experience of the war lends any support to the doctrines of the justifiability of operations of this nature, except in very exceptional cases." Yet he gives a table on p. 696 of the same work of 696 cases of excisions of the shaft of the humerus for shot injury with 467 recoveries, or a little more than 28 per cent rate of mortality, while he reports 5,466 amputations with a little more than 23

per cent terminating fatally, giving about 5 per cent in favor of amputations. We often forget that the soldier is not a fair test case to either prove or disprove the merits of any operation. In the first place before injury his life is such as to make him bear these operations poorly, subsisting on bad food as we often found the army ration to be, producing scorbutic taints that favored erysipelas, gangrene and kindred diseases. After injury they were often deprived of the comforts and surroundings necessary to speedy recovery. But those persons in the quiet walks of life, especially in the agricultural districts not exposed to malaria, and temperate in their habits, bear the grave operations of surgery better than any other class.

Case 1st. Young man aged 18. healthy and of regular habits, was out "ducking." While standing on the railroad track with the breach of the gun resting on the rail, the gun slipped off the iron to the ground and struck the hammer on the iron, discharging the load of shot in his arm. The shot entered the arm at the inferior angle of the axillary space, ranged upward through the deltoid muscle producing comminution of the shaft of the bone and extensive laceration of the soft parts. Was called to the case five days after injury to amputate the arm. The arm was swollen and feverish. Made a longitudinal incision through the body of the deltoid muscle the entire length of the muscle, removed the comminuted portion of the bone, together with shot and portions of clothing, smoothed the ends of the broken bone, brought the wound together with sutures and retained the parts in position with adhesive straps, and applied carbolyzed oil dressing. Thirty days after operation the wound was firmly cicatrized. The arm is four inches shorter than its fellow. Uses the fore-arm and hand freely.

Case 2d. Resection of five inches of the ulna and radius, the result of comminuted fractures of both bones. Young man aged 17, strong vitality, well developed muscles. While attempting to adjust the driving belt of a threshing machine his arm was caught between the cylinder and belt and was rolled and crushed until portions of the ulna and radius were entirely denuded of periosteum and detached from the soft parts. Removed all spicula of bone, smoothed the ends of the bones, cleansed the wound. Applied a splint something after the style of Valkman's wire splint for the fore arm. Applied carbolyzed dressing. He had extensive sloughing. The wound cicatrized after several months. No bony union; four and one half inches

shortening, but by using a neat fitting corset on the arm, he performs all kinds of farm labor, and says his hand is as strong as before injury, and can lift as much with the arm as before.

#### REMOVAL OF THE SHAFT OF THE RADIUS FOR GUN SHOT WOUND.

Ball entered the arm one inch below the elbow joint, followed the radius to within one and one-half inches of the wrist joint. Removed all fragments of bone and pieces of clothing, smoothed the ends of the bone, and applied cold water dressing. Kept up extension and counter extension with the fixed dressing, leaving an opening along the radial side of the arm to apply the dressing, and for the discharge of pus. The arm recovered without curvature, with limited rotation and supination, good flexion and extension of the elbow and wrist joints.

#### RESECTIONS OF THE SHAFT OF THE FEMUR FOR ARTIFICIAL JOINTS.

We will give two cases—one resulted favorably, the other died. We give these two cases for this reason, viz: we do not think it justice to the operation, or to the subject under consideration, to give only those cases that recover, but report them as they occur and in the order in which they come. Prof. Miller in his work, "Principles of Surgery," p. 631, says in regard to ununited fracture, "there need be no two opinions as to the right mode of treatment, namely, to put up the limb afresh to keep the parts immovable, and to maintain the general health and powers of the system in as vigorous a condition as possible." Again, in speaking of resections in this connection, he says on page 632, "thus a recent fracture re-established no doubt, but is a compound one, and being so, it is by no means an improvement on the original casualty. The proceeding proved unsatisfactory in practice and may be said to be abandoned." Prof. Gross in his "System of Surgery," third edition, p. 885, says: "such an operation, however, should never be resorted to without due deliberation, and until after the failure of the more ordinary and simple means. It is by no means devoid of danger; indeed it has not unfrequently proved fatal." It appears from Miller and others that resections in the shaft of the femur for ununited fracture are unwarrantable and unjustifiable, but during the late war it was resorted to often, and proved successful in so many cases that we do not now hesitate to resort to resections more than any other class of grave operations. We cannot have any fixed rule or law to guide us in the matter, but

view all the surroundings and complications that attend the particular case; in short, allow each individual case to be determined for itself, and on its own merits.

Case No. 1. A young man aged 20, healthy and full habits, while running a horse, came in contact with a tree, producing compound fracture middle of the shaft of the femur. The cardiac end of the bone passed through the skin at the superior angle of the popliteal space. Was called to see him 16 weeks after injury. The external wound healed, non-union of bone. Inflammatory stage had passed. The bones were not in position. Commenced the operation by making an incision eight inches long through the body of the vastus externus, turned out the ends of the bones, and found them dry and denuded of periosteum one inch back from point of fracture. Cut off the bones at the point of sound periosteum, brought the bones in position, united the incision with sutures and adhesive straps, applied the fixed dressing, opening a space for drainage opposite the wound. The wound healed kindly, bony union perfect in ten weeks and made a good recovery with two inches shortening.

Case No. 2. A young man aged 18, strumous diathesis fracture of lower third of femur. Was called to see him five months after injury; found no union. The attending physician thought there had been union, but that the provisional callous had been absorbed. No inflammation in the parts at this time. Operated as in the above case, found the cardiac end of the bone dry, denuded and partially absorbed. The distal end was covered with periosteum, had increased its length two inches by throwing out granulations from the end of the bone, and was firmly adhered to the surrounding parts. One and a half inches back from the point of fracture in the cardiac end of the bone, we found it healthy, and only freshened the distal end of the bone, brought the parts together, applied the fixed dressing, as in the above case; but on the fifth day he died. Died of exhaustion, the result of gastric irritation. He did not bear the anaesthetic well which appeared to be the exciting cause of the gastric trouble.

Case No. 3. Necrosis of the femur extending from one inch above the condyles to the middle of the shaft of the bone, the entire body of the bone being involved. A boy 16 years old, scrofulous diathesis, was injured playing ball two years previous to operation. He suffered some pain at the time of injury, but in a short time after the leg began to swell and pain him severe-

ly. About six weeks after large quantities of pus was discharged from about the center of the shaft of the bone on its anterior surface. They had employed all the domestic remedies they could hear of, including "faith" doctors. At length they employed a famous "faith" doctor, who told them he could cure him if he only knew the name of the disease. He told them to go to some physician and have the boy examined, get the name of the disease and have it written down, so they would not forget it, then bring the boy to him and he would cure him, and that they might go home and rest contented because he never failed. The family returned home happy in anticipation, but, alas, hopes were blasted, the doctors faith, like the May apple and poke root poultices, failed to perform the cure. When examined the superior end of the sequestrum was exposed at the fistulous opening about the center of the shaft of the bone and loose. Cut down on it, and found it embraced the entire body of the bone and was four inches in length. A callus had formed on the posterior part of the bone, uniting the condyles to the superior portion of the living bone which had preserved the length of the limb. In a few months after the exfoliated bone was removed, the limb was strong enough to bear his weight so that he could walk without a stick.

Case No 4. Necrosis of the tibia. Boy 14 years old, sanguine temperament, while climbing out of a wagon, struck his shin on the edge of the wagon-box. He complained a little at the time, and it remained tender for some time. At length it began to swell and pain severely. It was opened by some one thinking it was a boil, when it discharged pus freely. After a time spicula of bone came away. Was called to see him 16 months after the injury. Found it discharging from three fistulous openings, and could find necrosed bone at all the points of discharge. Cut down on the anterior part of the tibia, removed a part of the callus, extracted the loose bone, applied carbolized oil dressing, and placed the patient on iron tonics. He recovered in a short time with a good limb.

### *Communications.*

LEBANON, ILLS., March 23, 1878.

Editors Monthly Journal S. I. M. A.

GENTS—Inclosed find a report of a case, which you may publish, if you deem it worth while.

In the February number of the Journal, I find a case reported

from the British Medical Journal of a foreign body removed from the external meatus of the ear, which had been in the same for fourteen years. Some years ago I removed by the same means—syringe and water—a cherry stone, which the patient, a German lady, had introduced in her ear, when a child of six years, it having never given her any inconvenience, only slightly disturbing her hearing. The stone was removed in fragments, impacted in ear wax, showing plainly the contour of the same. The lady being then twenty-four years old, the stone must have been 18 years in the ear canal.

A. BERGER, M. D.

### *Editorial*

#### Individuality in the Medical Profession.

The Materia Medica is open to all, and the same drugs are used very generally by all physicians; and yet unquestionably not with equal success. It may be urged that the reason this is the case, is that they are not used with the same discretion. This is undoubtedly true, and yet it does not seem to account for this fact entirely. The same course of study has been pursued by most practitioners—similar methods for making a diagnosis of a disease are in the main followed by all alike. Like symptoms are met and treated very largely in the same way—Two machinists will take a given set of tools and accomplish the same kind of work equally well, provided they are possessed of an equal skill; but two physicians, standing on a par with each other in their medical knowledge, do not always meet with like success with a given drug. It may be urged that the difference is to be accounted for by the variety of temperaments in the patients, or perhaps by the climatic influences being unlike, or by the surroundings of their clientele being of a nature in itself to account for a given drug failing with the one and succeeding with the other. As for instance, one man's patients have good nursing, and well ventilated rooms, while the other had inferior attention, and were forced to breathe impure air. But these reasons will hardly account for the variety of effect of a certain medicine where both physicians are practicing in one city and amongst the same class of patients. Perhaps the difference of effect may be largely due to the variety of effect produced by the individuality of the physician upon the patients; the influence of the drug upon the system being not simple but

complex—viz., the drug plus the effect of the individuality of the practitioner upon the mind and sympathies of the patient.

Two men will utter words that are alike in their combination; one will but repeat the sentiments spoken by the other. Their declamation may agree verbatim et litteratim et seriatim, and yet one thrills his audience, and the words of the other fall still born. Not always the most graceful or correct speaker of the two is it that meets with the greatest success.

Two musicians will play a chosen aria on the piano, the rendition of both will be mechanically perfect, the execution of each thoroughly good, and yet the impression upon their hearers will be marvelously different. Here we have difference of impression on the nerve centers created by man through a natural agent, not by the difference of sound, for the same tones are given forth in response to the touch of both performers. Shall we say that the difference is in the magnetism or the psychic force of the artist? Why may not the same psychological elements play an important part in the administration of physic, and these varied influences in conjunction with a specified drug bring about variations of effect?

#### Books and Pamphlets Received.

CONTRIBUTIONS to the history of Medical Education and Medical Institutions in the U. S. of America. 1776—1876. By N. S. Davis, A. M. M. D. Published at government printing office, Washington, D. C.

THE "Western Lancet." Geo. Hewston, A. M. M. P., Editor, San Francisco, Cal.

THE "Nashville Journal of Medicine and Surgery." C. S. Briggs, M. D., Nashville, Tenn.

"NEW Remedies." Geo. S. Davis, Detroit.

"RICHMOND and Louisville Medical Journal." Jany., 1878.

"INJURIES of the Eye and their Medico Legal Aspect." Translated from the German of F. Von Cerlt, M. D., by C. S. Trumbull, M. D. Claxton, Remsen and Haffelfinger, Philadelphia. This work of 198 pages is well executed and worthy of the house publishing it. It is divided into four chapters.

1st. Injuries produced by sudden compression or concussion of the eye.

2d. Injuries produced by the entrance of a foreign body not acting chemically.

3d. Scalds and corrosives of the eyeball.

4th. Such affections as are either feigned or produced artificially and intentionally.

The work is replete with valuable information upon a subject of much interest to the general practitioner. We give it a hearty welcome and recommend it to our readers.

"REPORT of the Department of Health of the city of Chicago," for the year 1877.

NOTICE.—We call the attention of our readers to the advertisement of the Bellevue Hospital Medical College, City of New York, Member of the American Medical College Association. Some inaccuracies having been overlooked by the proof reader, the stereotype plates cannot be changed; hence we adopt this method of correcting the same.

The regular session will begin Oct. 2d., "1878" instead of "1879".

Joseph D. Bryant, M. D., "Professor of" General Descriptive &c, instead of "Lecturer on &c."

"Erskine Mason, M. D.," instead of "Erskine Mahon."

In the list of "Professors of special departments" omit the names of "Edward G. Janeway M. D.," and "A. A. Smith, M. D."

We cannot too highly recommend this institution to the student of medicine in the West and South.

### *Medical Brief—Selections.*

#### Solid Food in Typhoid Fever.

Dr. Turney, early in practice, observed the similarity between the later stages of typhoid fever and the effects of imperfect nutrition. He came to believe that many deaths attributed to the disease were the results of unsupplied waste of tissues. A more liberal diet of nutritious fluid food—rich soups, beef tea, egg-nogg and milk—was followed by milder symptoms, shorter continuance of the disease, and increased numbers of recoveries. As early as possible, before the stomach has lost its digestive power, he advises solid food—beef, mutton, roast potatoes, and toast. He advises little or no fluid at meals; patient is urged to eat, if only a few mouthfuls, and the habit kept up; in the course of three or four days, loathing of food ceases, it is readily taken, and even anticipated. *Pari passu* the gravity of the symptoms subside, and the course becomes mild, and the patient convalesces at the end of the third week, with no other



therapeutic means. Contrary to accepted belief, Dr. T. asserts that solid food does not increase fever, or cause indigestion, gastro-enteritis, aggravated diarrhoea, ulceration of Payers patches, hemorrhage or perforation.—New York Hospital Gazette.

### The Use of the Elastic Bandage.

ED. M.D. AND SURG REPORTER:—

Since the report of Dr. Henry A. Martin to the American Medical Association, on the use of the Strong Elastic Bandage, I have used them with uniform and gratifying success in sprains and injuries of the joints, and also for varicose veins, and heartily recommend their use; and I wish especially to call the attention of practitioners to their use in making uniform and reliable pressure to the female breasts, in the treatment of mammary abscess; for the suppression of the lacteal secretion when desired; for the dissipation and absorption of adenoid tumors; to prevent secondary hemorrhage after amputation of the breasts, and as a close-fitting and effectual dressing in pleuritic effusions, where it is desirable to keep up a diaphoresis of the chest walls. I have used these bandages in such cases with the greatest comfort to the patients.

The bandages are made of pure rubber gum, and can be rinsed in water and dried in a moment, without injury to the texture, and may be prepared by any surgeon, as the material can be obtained at any rubber store, usually coming about thirty inches wide. Three yards will be a convenient length, and this may be rolled snugly and evenly about a window-shade roller, and secured with twine at every three, four or five inches, according to the width of bandage required. Have the roll put in a lathe, and with a sharp beveled knife, such as wood turners use, cut down to the stick, where the twines are secured, the cutting tool to be kept wet with water during the operation; in this manner the bandages are cut evenly throughout, and will cost less than one dollar each for bandages for that length.

In applying them for the inflammation of the breast and abscess, a soft sponge wrung out of water, to make it pliable, is first applied directly to the surface, and the bandage passed round and round the chest, each layer overlapped the other from below upward, comfortably sewing from below the breasts up to the axilla, and secure the end by pins; tapes will not answer as well.

Pressure can be applied to enlarged lymphatic glands in the breast, interposing the sponge over the tumor.

As a first dressing after amputation of the breasts it is admirable, as its continuous pressure in any position of the body prevents the oozing which so often follows, to form clots and interfere with primary union.

R. B. BONTECOU, M. D.

—Phil. Medical & Surgical Journal.

#### **Hæmoptysis. Subcutaneous Injection of Ergotine.**

Jos. Hirschfield (Wiener medizinische Presse, No. 21, 1877.) says that among the therapeutic measures used against hæmoptysis cold deserves some recognition, as it, by reflex action, produces constriction of the vessels and diminution of their calibre, and so facilitates the formation of thrombi. The internal use of ice is to be preferred to the external application of cold. Any therapeutic procedure against hæmoptysis is essentially aided by deep inspiration (recommended by Niemeyer), provided the hæmoptysis does not come from a cavity. The expansive force of air breathed in and held in the lungs as long as possible, exercises evidently, a pressure on the walls of the vessels and on the gaping wound. The forced inhalation of astringents has not answered expectation. Styptics, such as alum, lead, tannin, chloride of iron, etc., taken internally effect but little, and often disturb digestion. Of the narcotics, digitalis deserves special consideration, as it will show a beneficial, although not a rapid action when the heart is excited, and especially when an uncompensated affection is the cause of the hæmoptysis.

The sovereign remedy against hæmoptysis is ergotine, which, it is well known, excites the vaso-constrictors. A solution in glycerine (1.10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the patient is much excited or has much cough the author is accustomed to precede the ergotine injection with one of morphia, or to give them both at once but in different places. In this way, the patient becoming quiet in mind and body, the ergotine has a better chance to act.—Boston Medical and Surgical Journal.

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### Plaster Jacket in Fractures of the Spine.

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Prof. J. T. Hodgen M. D., of St. Louis, has recently treated two cases of fracture of the spine, with the plaster of Paris jacket—one in the dorsal, and the other in the lumbar region. The first without paralysis, but accompanied by fracture of the sternum; the last was a fracture of the third lumbar vertebra with displacement, deformity and paralysis. The fracture in the dorsal region was at the fifth or sixth dorsal, and there was no displacement. Although the circular turns of the plaster bandage cannot be made to reach sufficiently above the sixth dorsal vertebra to afford any direct support to the vertebral column, it must be remembered that the ribs connect with the dorsal vertebræ, pass obliquely downward and forward to join the sternum, and may be used to support the upper dorsal vertebra, so that by encasing the upper part of the pelvis the abdomen and the lower two-thirds of the chest in a plaster bandage, we may efficiently support the spine and secure the rest to the part so important to repair, without impairing the general health of the patient by confining him to bed. The case in which the fracture existed in the dorsal region, has progressed without an unfavorable symptom and is now well, after two months and a half; while in the other case, the lumbar fracture, the paralysis still remains, the urine must be drawn off. No bed sores have formed, and there is not the slightest improvement in the paralytic condition, though it is hoped the general health may be improved by allowing him to be carried about in the open air. At the present writing, three months after the occurrence of the accident, the case is not promising, though we certainly believe a plaster jacket has prevented the occurrence of bed sores.—St. Louis Medical and Surgical Journal, March, 1878.

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### Physiological Means of Preventing the Presentation of the Shoulder.

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M. Pinard (La Tribune Medicale, Jan. 13th, 1878), after calling attention briefly to the danger, both to mother and child, in shoulder presentations, states that for some years past, he has been endeavoring to determine the cause of such faulty presentations with a view of preventing them. He claims that the cause lies in the too great laxity of the abdominal walls; and in proof of this, he calls attention to the fact that shoulder pre-

sentations are ten times more frequent in multiparæ than primiparæ. The cause does not reside in an original malformation of the uterus. If this be true, he continues, by giving to a woman, whose abdominal walls are too lax, a band to wear during the latter months of pregnancy, the abnormal presentation of the child will be prevented. He states that in more than twenty cases, when shoulder presentations were recognized before labor set in, the mal-presentation has been rectified by the band so as to cause the vertex to present. In only two cases where this means was resorted to, did it fail, and then version had to be practiced. In conclusion, he says that in every case when the head is not in the pelvic excavation during the last month of pregnancy, every means should be adopted to bring it there.

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**Tannin in a Case of Very Intractable Vomiting  
During Pregnancy.**

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Diboue reports a case of this kind in the Archives de Toxicologie for September, 1877. The patient was a young woman, about 22 years of age, whose constitution was not very strong, but who had never had any serious sickness. The vomiting commenced very early in her pregnancy, but only became alarming after two months. All the usual means—such as iced drinks, alcoholic liquors, champaign, bitters of various kinds, antispasmodics, tonics, opiates, bromide of potassium, chloral, belladonna, &c.—were tried without benefit. Before resorting to the induction of abortion, it was determined to try tannin, which was given in the form of a pill, and in the dose of 1 1-2 grains morning and evening. Two hours after taking the first pill, the patient was able to take a little soup, and this she did again in the evening. The vomiting was not entirely relieved, but was lessened to such a degree that the nourishment could be taken and retained in sufficient quantity. An intense headache, which had lasted for some weeks, also disappeared in a few days, and strength was rapidly regained.

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**The Illinois Medical Law.**

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A valued correspondent writes to us, from Illinois: "The Illinois State Board of Health have done a work very satisfactory, not only to the profession but to the public. The law is not perfect, but will be a stepping stone to something more. Over

six hundred non-qualified have left the State. Every doctor in the state is reading up. Very few students are entering our offices. Western Colleges, as a result of the law, have been filled with students. Surrounding States will pass similar laws, in self-defence"—Medical and Surgical Reporter.

#### Items.

The pupils of the Reading, Pa., High School have for some time been undergoing an examination of their eyes, and the results show that of 140 persons examined, the eyesight of 68 1-2 per cent was found to be defective. The principal defect was myopia. In Class "A," 75 per cent. are short-sighted: while in the other classes, "B," "C" and "D," the disease is found to range from 61 to 63 per cent.—a marked preponderance of visual defection in the class first named.

The Washington Board of Health have fallen into a violent quarrel among themselves, over cream-puffs. Are they poisonous or not? General Le Due had some analyzed, and says he finds nothing in them which is not good to eat; whereat the confectioners rejoice.

The total number of medical students in Paris this winter is 4870.

It has been determined to hold the sixth session of the International Medical Congress in Amsterdam, in September, 1879. A committee, of which Professor Dondors, of Utrecht, is President, has been formed to make the necessary arrangements.

A father lately induced a croupy little boy to make a healthy meal of buckwheat cakes and molasses, but the latter proved to be syrup of squills. The boy said he thought something ailed the molasses the very minute his father told him to eat all he wanted.—Phil. Med. & Surg. Reporter.

F. M. Stockfleth,

F. Bross.

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# BELEVUE HOSPITAL MEDICAL COLLEGE

CITY OF NEW YORK.

## SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire faculty. Students expecting to attend the regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will begin on Wednesday, October 2, 1879 and end about the 1st of March, 1879.

## FACULTY.

ISAAC E. TAYLOR, M. D.

Emeritus Professor of Obstetrics and diseases of women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,

Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,

Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,

Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,

Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery, and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,

Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,

Professor of Obstetrics and diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,

Professor of Materia Medica and Therapeutic and Clinical Medicines.

AUSTIN FLINT, JR., M. D.,

Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,

Lecturers on General Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,

Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

## PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,

Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,

Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MAHON, M. D.,

Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,

Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the regular Winter session, in addition to four didactic lectures on every week day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring session consists chiefly of Recitations from Text-Books. This term continues from the first of March to the first of June. During this session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are given in the Hospital and in the College building.

## FEES FOR THE REGULAR SESSION.

|   |          |
|---|----------|
| Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical lectures ..... | \$140 00 |
| Matriculation Fee .....   | 5 00     |
| Demonstrator's Ticket (including material for dissection) .....   | 10 00    |
| Graduation Fee .....  | 30 00    |

## FEES FOR THE SPRING SESSION.

|  |        |
|--|--------|
| Matriculation (Ticket good for the following Winter) ..... | \$5 00 |
| Recitations, Clinics and Lectures .....                    | 35 00  |
| Dissection (Ticket good for the following Winter) .....    | 10 00  |

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon the Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address Prof. AUSTIN FLINT, JR., Secretary Bellevue Hospital Medical College.



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Among the merits which distinguish the EXTRACT of MALT, prepared by us from the especial formula of Baron Liebig, is its great richness in sugar of Malt, prepared in a VACUUM at a low temperature: it preserves the true amber color indicative of purity, as well as proper method of preparation, as also—the following elements unimpaired: SUGAR OF MALT—DEXTRO-MALTOSE—DEXTRINE—DIASTASE—ALBUMINOIDS—CARBOHYDRATES—PHOSPHATES and PHOSPHORIC ACID.

*Pure Extract of Malt.*—This is of a light amber color, and is the true Extract of Malt without flavoring.

*Pure Extract of Malt with Hops.*—For those who prefer it with Hops to obtain the bitter tonic of strong ale.

*Pure Extract of Malt with Firwein.*—This is combined with one-third Firwein and has been used with marked success in cases of consumption with impaired digestion.

*Pure Extract of Malt with Elixir Iodo-Bromide of Calcium Compound.*—*Alterative.*—Equal parts of each.

*Pure Extract of Malt, Ferrated.*—Each teaspoonful contains two grains Pyrophosphate Iron.

*Pure Extract of Malt with Quinine and Iron.*—Each teaspoonful contains two grains of Citrate of Iron and Quinia.

*Pure Extract of Malt with Iodide of Iron and Manganese.*—Each dessert-spoonful contains one grain each.

*Pure Extract of Malt with Hypophosphites.* Each dessert-spoonful contains two grains Hypophosphite Lime, two grains Hypophosphite Soda, one and a half grain Hypophosphite Potassa, and one grain Hypophosphite Iron.

*Pure Extract of Malt with Chemical Food.* (*Phosphates Lime, Soda, Potassa and Iron.*)—Each dessert-spoonful contains the same proportion of elements with Chemical Food.

*Pure Extract of Malt with Beef, Wine and Iron.*—Each table-spoonful represents two grains Soluble Citrate of Iron, one ounce finely-chopped raw lean Beef, with equal quantities of Sherry Wine and Pure Extract of Malt.

*Pure Extract of Malt with Pepsin.*—Each desert-spoonful contains three grains of Pepsin.

*Pure Extract of Malt with Pepsin and Bismuth.*—Each desert-spoonful contains three grains of Pepsin and one of Ammonio-Citrate of Bismuth.

*Pure Extract of Malt with Cod Liver Oil.*—Equal parts.

*Pure Extract of Malt with Cod Liver Oil and Iodide of Iron.*—Each dessert-spoonful contains one grain of Iodide of Iron.

*Pure Extract of Malt with Cod Liver Oil and Phosphorus.*—One dessert-spoonful contains one one-hundredth grain of Phosphorus.

*Pure Extract of Malt with Cod Liver Oil, Iron and Nux Vomica.*

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# CASES IN PRACTICE TREATED WITH ELIXIR IODO-BROMIDE CALCIUM COMPOUND.

## Severe Case of Scrofulous Swelling and Abscess of the Knee.

MESSRS. TILDEN & Co.

NEW YORK, 48 East 31st, St., Feb. 16, 1877.

I have just received the enclosed letter from Mr. Gates the patient you called with me to see a few weeks since. I first saw him last October; he was confined to his bed unable to move, with the most terrible leg I have seen in ten years of Hospital practice. I used the Elixir Iodo internally, and the Solution externally for months, and *nothing else*; you saw that result. I regarded it from the first a worse case than Mrs. Augustine's or any other I have ever seen, and was determined to test the power of this remedy. It has, I must confess, more than sustained my expectation. I certainly think he would have lost his leg had any other course of treatment been pursued. He is well and expresses his thanks as you will see. It would be well to publish his letter, for the benefit it might be in similar cases.

Yours truly, O. S. PAINE,

Surgeon in Chief, St. Elizabeth Hospital.

## Letter from Samuel Gates, Esq.

Dr. O. S. PAINE:

NEW YORK, Feb. 15th, 1877.

My Dear Sir—Agreeably to a promise made you some time ago, I write you concerning my case and improvement. I suppose mine is perhaps one of the most rare cases met with by physicians in practice, and to you, sir, I am now indebted for a better limb than I have had since 1865. At that time (1865), I was confined to my bed in consequence of a painful swelling, upon the inside of my left knee: it grew in size and hardness from time to time, and to such an extent as to interrupt and prevent my attending to business for some months. The attending physician treated me for inflammatory rheumatism; the hard swelling, or induration of the parts always remained, even while the inflammation from time to time would subside; by wearing a bandage I was able to attend to business, but always with more or less pain and much inconvenience. Thus far I managed to get along with it until the 28th, of October last, when the swelling broke and formed one of the largest and worst ragged sores, mortal eyes ever beheld; it confined me to my bed. I sent for a physician who came, and upon examination he recommended me to go to the Hospital, as he regarded it one of the worst Scrofulous sores he had ever seen, involving the knee. I would doubtless have to suffer amputation, and if relieved would have a bad knee all my life. While considering what was best to be done, a friend of mine Mr. Henry Hildebrand, who is in the office of the New York Daily Times, called to see me and remarked that you had successfully treated a friend of his for the same, or a similar disease. I lost no time in sending for you. On an examination of the case you remarked that it was the worst case you had ever seen, but you believed it could be cured and the limb saved; and you then put me on large doses of the Elixir Iodo-Bromide of Calcium Compound, and used the Solution externally. The remedy increased my appetite and I gained strength; in a short time the sore assumed a better appearance and gradually improved, until now I am well. I can in a short time resume my attention to business. I consider that my life has been saved by your timely advice, and the use of this remedy, which from the hour of its first use gave evidence of being a specific in such cases. It is due to you and to the Messrs. Tilden that I should express my most heartfelt thanks, to you particularly for your kindness and skill.

SAMUEL GATES,

No. 6 Spring St., New York.

NOTE.—We called with Dr. PAINE to see Mr. GATES, and found a limb that gave evidence one could not mistake of having been a severe and malignant case. The swelling from description must have reached nearly a foot in diameter, with four or five deep, ugly ulcers down to the bone, the one not healed was healing kindly from the bottom and nearly closed up, but enough remained to indicate the character of the others.

From this gentleman's description of suffering for years, and especially for months previous to his final prostration with it we were presented with really an extraordinary cure. The foetor was terrible for a time, but the antiseptic action of the Solution entirely removed the odor, and little was perceptible after a few days. Our readers will understand that Dr. PAINE employed no other remedy but the "Elixir Iodo," and Solution of same.

### Chronic Scrofulous Ophthalmia, Malarial Cachexia.

Extract from letter of I. M. BRANNOCK, M. D., McKenzie, Tenn.

"Some four or five years ago I wrote you, in behalf of a poor widow who had a daughter afflicted with Chronic Scrofulous Ophthalmia, requesting you to send me some Iodo-Bromide Calcium Comp., in order that I might try the remedy in her case. You kindly sent me a supply of the medicine; and I immediately put the young lady upon the use of it, to the exclusion of all other remedies. In a short time improvement was manifest; and, it was not long before the patient was restored to health and usefulness."

"I have had remarkable success with the use of some of your remedies in the treatment of disease; and have been intending to report some of the cases for the *Journal*. One case in particular, a case of Malarial Cachexia, with enormous enlargement of the spleen, which had been treated by a number of physicians and pronounced hopeless, yielded to the Elixir Iodo-Bromide Calcium Comp., and in a few weeks the patient was entirely restored to health. I will report this case in full very soon."

### Scrofula.

MESSRS. TILDEN & Co.:

BALTIMORE, Md., Jan. 12, 1877.

Gentlemen—I beg leave to present to you the following striking case of the efficacy of the Iodo-Bromide Calcium Comp.:

In April of last year I was called to see Louis Smith, aged twelve years, who was afflicted with Scrofula. He had been under medical treatment several months prior to my visiting him, from which he derived little or no benefit.

I ascertained that he had been suffering from painful swelling in the hip and thigh, terminating in abscesses, which had been frequently opened. These conditions had continued for a period of two years or more. When I first saw him he was confined to his bed and unable to walk. He had but little appetite and was greatly emaciated. I ordered the Elixir Iodo in doses of half a teaspoonful, gradually increased to a teaspoonful three or four times daily. He had taken the medicine about four weeks, when to my satisfaction he exhibited decided improvement; his appetite was restored and he was able to walk about the room. The discharge, which had been profuse, was greatly diminished. The treatment was continued for a period of about five months, at the termination of which he was restored to perfect health.

Very respectfully, W. T. JONES, M. D., 31 N. Calvert St.

### In Tonsillitis, &c.

Extract from letter of G. P. H. TAYLOR, M. D., 45, Vandam St., New York.

"I find the Elixir Iodo-Bromide Calcium Comp., a good substitute for the many preparations of Iodine—especially the Iodides of Potassium and Sodium, having all their medicinal virtues without their nauseous taste. In affections of the throat and tonsils, the "Solution Iodo" is excellent, and is an elegant preparation as a counter-irritant in Tonsillitis, &c. I have also found the Elixir, combined with Mercury, very efficacious in Syphilis, in both its primary and secondary stages."

### Necrosis of the Femur and Ilium.

Extract from letter of R. D. BIBBER, M. D.

SIRS.—Was called in September to see a child eight years of age, who the parents said, had fever sores. On examination, I found she not only had softening of spine, but necrosis of the femur and ilium. There were eight openings, and numerous sinuses into which I passed my probes from  $2\frac{1}{4}$  to 8 inches.

I learned from the parents, that the child received a fall two years ago, and shortly after, this state of things began to show itself. She had been in the hands of physicians most of the time since, without any benefit whatever. They had at last given up all hopes of saving the child's life, and abandoned treatment of all kinds. I then told them that although I thought the chances of the child's recovery were very slight indeed, yet I would like to make one good trial of a medicine that I had faith in, and if that failed I should feel as though all had been done that I could do for her. I then prescribed Elixir Iodo-Bromide Calcium Co., with directions to begin with half teaspoonful doses three times a day, and increase the dose to a teaspoonful as soon as possible.

She began to improve slowly at first, but it was an improvement and I was satisfied. Her appetite began to improve and with it her strength. Pain began to subside, discharge from openings grew less. This improvement has been going on until this time; she is now fleshy, good appetite; free from pain—goes about the house with crutches and plays and laughs as hearty as the rest of the children.

In this case I am more than satisfied, for I could not give the child one chance in a thousand of recovering; and I give the "Elixir" credit of doing the work, as it was sinking rapidly before I gave it, and began at once to improve after taking it.

### Sore Foot with Caries.

Extract from letter of Amos S. Smith, M. D., Bismarck, Lebanon Co., Pa., Dec. 4, 1876: "Your medical preparations cannot be excelled. They do all you ask for them and more. I have used your Elixir Iodo-Bromide Calcium Comp. internally, with the Bromo Chloralum externally, for a very sore foot on a woman nearly eighty years of age, with caries of the metatarsal bone of the big toe. She was entirely cured by the above named preparations. I could name other cases, where the use of the same agents, has proved in the highest degree efficient."

### Scrofulous Swelling with Abscess of the Ankle Joint, Complicated with Erysipelas.

Extract from letter of Dr. A. OSBORN, Peru, Huron Co., Ohio.—I find the Elixir Iodo-Bromide of Calcium Comp., one of the best alteratives I have ever employed. I have used it in quite a number of cases with astonishing results. One case, that of Mrs. G., is particularly worthy of note; a widow lady, aged 55, with chronic inflammation of the ankle joint, with two running sores near the joint. She was of a scrofulous diathesis and subject to attacks of erysipelas. I treated her for a month with alteratives, as Proto-Iodide and Chloride of Mercury, Iodide of Potassium, &c., but with my best endeavors, she did not improve.

I noticed in the *Journal of Materia Medica* some very extraordinary cures effected by the "Elixir Iodo," and decided to give it a trial at once, and was gratified at the immediate improvement perceptible, and in one month the sores were healed. Swelling passed away and with it all pain, and in a short time she was able to walk and take exercise. She remarked to me the last time I called that she had not been so well in five years.

Since this I have treated a number of other cases of scrofula, less severe but with equal results.

### Alterative.

Letter from Dr. JNO. W. WILLIAMSON, Jackson, Tenn.

"Your Elixir Iodo-Bromide of Calcium Comp. I have been using since soon

after its appearance, and after a practice of more than 40 years. I know of no Medical Compound superior or equal to it in its general applicability in the various morbid conditions of the system."

Extract from letter of Mrs. J. P. DIMOND, M. D., Cambridgeport, Mass., March 5th, 1877.

"Thinking that it must be gratifying to you to hear occasionally from those who are using your medical preparations, and the results therefrom, I write this. I think your preparations are far better than any others now before the public, especially the Elixir Iodo-Bromide of Calcium Comp.; it works wonders. I use a great deal of it in my practice, in connection with the Solution and the Bromo-Chloralum.

#### Ulceration of the Bowels.

Extract from letter of Dr. S B. Merkel, No. 2423, Jefferson St., Philadelphia, Pa., March 30, 1877.

"Your Elixir Iodo-Bromide of Calcium has relieved my stomach, and is, almost I might say, rapidly curing me of ulceration of the bowels."

#### Scrofula.

Extract from letter of W. LIVINGSTON, M. D., Freeport, Ill., Dec. 11, 1876:

"I am using your Iodo-Bromide Calcium Comp. constantly in my practice, and with the best results in scrofulous cases. I have also found it very useful, properly diluted, as a vaginal injection."

#### Disease of the Scalp.

Extract from letter of L. P. BISSELL, Buffalo, N. Y.

For more than ten years I had been afflicted with an obstinate disease of the scalp—a form of scald head. A small spot appears upon the head, covered with what is apparently an excess of dandruff, the skin underneath being red and shining, upon removing the dandruff, or scab, it reforms from fresh excretion in less than an hour. These spots gradually enlarge, and others of the same kind appear. After a time these patches extend down to the forehead, about the roots of the hair, and occasionally appear upon the body and limbs.

During these ten years I have tried various remedies externally and internally; mineral water, sulphur, ammonia and applications of diluted corrosive sublimate, but all with no effect. Accidentally my attention was called to this preparation of Iodo-Bromide, and I was induced to try a bottle. I took it faithfully and according to directions; diluting a small quantity for local application. I found this very pleasant and cooling to the scalp, and it removed the constant desire to scratch away the *dandruffy* deposit upon the head. Before the first bottle was gone I saw an evident improvement, the spots began to dry up and recede. Slowly but surely this obstinate cutaneous enemy yielded to the purifying influence of the medicine. My clean head and pure blood I attribute wholly to the Elixir Iodo-Bromide of Calcium Compound.

#### Rheumatism.

Extract from letter of D. T. WHYBORN, M. D., Cleveland, N. Y.

Gentlemen—Having a very severe and protracted case of sub-acute rheumatism, which had proved rebellious to nearly all recognizable methods of treatment, I determined to test the value of your Iodo-Bromide Calcium Comp. The result was very gratifying to myself and patient, the improvement being prompt and positive.

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THE  
MONTHLY JOURNAL

*Southern Illinois Medical Association.*

EDITED BY

C. W. DUNNING, M. D., }  
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CONTENTS.

THE OBSTETRIC FORCEPS:

- When and How to Use it—Geo. J.  
Engelmann, M. D. . . . . 67  
Which is the Best? . . . . . 68  
The Nature of the Instrument . . . . . 68  
Indications for its Use . . . . . 69  
Conditions Necessary for its Use . . . . . 70  
When to Apply . . . . . 71  
Method of Application . . . . . 72

COMMUNICATIONS:

- A Remarkable Case of Injury of the  
Brain—A. Berger, M. D. . . . . 76

EDITORIAL:

- Next Semi-Annual Session of the  
Southern Ill. Medical Association . . . 78  
Programme of the same . . . . . 79  
Resolutions of the State Medical So-  
ciety of Arkansas . . . . . 80

SELECTIONS:

- Delayed Ligature of the Funis . . . . . 81  
Belladonna as a Remedy for Collapse 81  
Artificial Alimentations of Infants . . 82  
Skunk Cabbage as a Remedy for  
Choræ . . . . . 82

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# MONTHLY JOURNAL

Southern Illinois Medical Association.

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## *THE OBSTETRIC FORCEPS; When and How to Use it.*

GEO. J. ENGELMANN, M. D., ST. LOUIS.

---

I wish to give, in a concise form, my views upon the use of the obstetric forceps, and will endeavor to confine myself to those points which are of the greatest practical importance, the indications for the use of the forceps and the method of its application. In order to be brief, I will not refer to the well-known and widely differing views of the various authorities, nor can I elaborate my own as I should like to do.

I can but trace in outline the course which, to me, it has seemed most advantageous to pursue, and point out those conditions which we must look to as beacon lights to guide us in the application of the forceps. It is absolutely impossible to lay down a series of dogmatic rules for the use of the instrument on account of the variations in individual cases, each case presenting a combination of circumstances and symptoms peculiar to itself.

There are certain general laws which the obstetrician cannot infringe upon without injury to his patient; but the details of his action must be dictated by his own judgment, based upon a thorough understanding of the conditions of that special case, as well as a clear appreciation of the mechanism of labor, both natural and morbid.

## WHICH IS THE BEST FORCEPS?

It is even difficult to answer that very natural and oft asked question, *which is the best instrument to use?*

If it is a question between the long and the short forceps, I would say decidedly use the long forceps, and the long forceps only; it will serve you in every case, whether it be for the high or the low operation, whether the head be in the brim or at the outlet, and by the sacral curve it adapts itself much better to the pelvic canal.

The short forceps is of use only in a limited number of cases, when the head is low in the pelvis; it is hence a totally unnecessary addition to the outfit, even of a well equipped obstetrician; moreover, the operator who accustoms himself to the use of one and the same instrument will become familiar with all its features, and will use it with greater dexterity and more success than if he resorts sometimes to one, sometimes to another.

But which of the long forceps is the best? I have seen the Nægele, Busch, Martin, and other forceps in Germany, the long Leverett forceps in France, the shorter Barnes and Simpson in England, the Hodge in this country, and it seems to me that it makes very little difference which you use, provided you know how to use it.

Some of the members of the association may remember a heavy, somewhat clumsy looking German forceps, the D'Outre-pont, which I showed, with others, at the Belleville meeting, in January last. That instrument my father has used for 47 years; it was the first forceps used in this city, probably, in this entire region, and he still uses it most successfully, preferring it to my own modern and more graceful instruments.

All our modern long forceps fulfill the necessary conditions. They have a sacral and a head curve; the blades are not too thick or unshapely, and the entire instrument is not too unwieldy; weak, yielding instruments are like dull knives, apparently more harmless, but in fact useless, if not dangerous. *The hand that is to use the instrument is of more importance than the instrument itself;* we want to know *how* to use the forceps, not *which* forceps to use.

## THE NATURE OF THE INSTRUMENT.

In order to know how to use it we must understand the nature of the instrument. The forceps is a tractor, mainly; as a lever it is of little service, possessing this action only in simpler

cases, when nature alone would probably effect the necessary motion of the head in answer to the tractor power of the forceps; in difficult cases when the head is compressed or wedged in the pelvis, and when we might desire its use, it is dangerous or impossible to use the forceps with such intention.

As a compressor, the forceps must not be used; it is no more a compressor than the wire or string loop with which we draw out, through the narrow neck, a cork lost in an empty bottle. The compressive force to be given must be sufficient to grasp the head firmly but no more. The forceps with but a few isolated points of pressure cannot accomplish in a short time a compression and configuration of the head, which it requires nature a long time to accomplish with the continued, steadily increasing and evenly distributed force of uterine contractions. If a long drawn out head is delivered by a difficult forceps operation, its configuration is not due to the compressive power of the forceps, but to the resistance of the non-yielding walls of the pelvic canal through which the softer head is drawn by the tractor as the cork is drawn by the thread through the narrow neck of the bottle.

#### INDICATIONS FOR THE USE OF THE FORCEPS.

It is proper to resort to the use of the forceps, and it is unquestionably necessitated: 1st, *when there is an IMPROBABILITY that delivery will be completed by the powers of nature*, be it by reason of a failure of the expulsive forces, weakness or absence of pains in certain stages of labor, or on account of a disproportion between the size of the head and the pelvis, either a large (not hydrocephalic) head, or a minor degree of pelvic deformity. I have intentionally used the word IMPROBABILITY, as I should deem it injudicious, in certain cases perhaps criminal, to wait until the IMPOSSIBILITY of expulsion by natural labor is established.

Temporary weakness of labor pains is no indication.

2d, *the forceps is indicated if dangers, which will be obviated by a speedy delivery, threaten either mother or child*; then sickness on the part of the mother, weakness, excessive vomiting, convulsions, intense suffering of nervous women, occasionally uterine hemorrhage, placenta prævia and rupture of the uterus. I might add that in cases of rupture, version is generally our best resort, as it is in placenta prævia, in which immediate delivery is usually no longer a necessity, if the conditions for the application of the forceps exist, as the head when low

enough to be within reach of the instrument will serve as a tampon and check the hemorrhage. If the parts of the mother be hot and dry, or swollen and subject to undue pressure, threatening injury, instrumental interference is called for.

As a means of saving the child the forceps is indicated when the beat of the foetal heart begins to weaken and grow slower, when the *caput succedaneum* shows an increasing and injurious pressure upon the child's head, and occasionally in cases of prolapse of the funis, in which version is, however, our usual resort, as the cord generally comes down with the rupture of the membranes and delivery is then at once called for.

These are the more decided and important indications which, when existing, clearly call for the use of the forceps; the high operation, when the head is still at the pelvic brim, should never be undertaken unless it be for one of the above indications. In fact, instrumental interference is not positively necessitated at any time, if it be not for one of these indications. It is far more difficult to mention the indications which should guide us in that large class of cases in which the forceps is now resorted to, which, if left to nature, would be completed by her unaided powers without injury to either mother or child; nor is it necessary that the indications be so clearly defined, or so carefully considered, as this operation which is undertaken for the comfort of the mother, to save her strength or avoid a few hours of unnecessary suffering is a comparatively simple one, and very harmless in skilled hands.

The low operation, when the head is well in the pelvic cavity, resting upon the floor of the pelvis or even at the outlet, may be undertaken, provided the necessary conditions exist, to afford relief to an anxious or excited mother, even if it be not absolutely called for.

#### CONDITIONS NECESSARY FOR THE USE OF THE FORCEPS.

The forceps must never be resorted to until we have assured ourselves of the existence of the following conditions; it is only in exceptional and extreme cases that it may be applied by an expert when these conditions have not been fulfilled, and I would advise the practitioner, who values the welfare of his patient and his own fair fame, to religiously observe them:

1. The pelvis must be normal, or but slightly disproportionate. The forceps can never be applied with a conjugate diameter of less than 3 inches, and then only if the head be small.
2. The soft parts must be yielding, the vaginal orifice as well

as the os uteri. Strictures are a serious obstruction, often amounting to a contra-indication, especially if they are above the os.

3. The os uteri must be fully dilated, or nearly so, and dilatable. A greater degree of dilatation is necessary for the use of the forceps than for any other operation. Complete dilatation need not be insisted upon, but it is advisable to await it lest the os obstruct delivery and be lacerated.

4. The membranes must have ruptured and have withdrawn from the head. If the forceps be introduced while the membranes still envelop the head, before or after the escape of the waters, they will be grasped between the blades and the foetal head, and the after-birth will be torn loose as the child is extracted, an accident which is likely to be followed by fatal hemorrhage.

5. The foetal head must be fixed and not above the brim of the pelvis; it is preferable that it be in the pelvic canal.

*Permanent contraindications* to the use of the forceps are a narrow pelvis, a very large, a hydrocephalic or putrefying head, and narrow strictures.

#### WHEN TO APPLY THE FORCEPS.

If the indications are such as to demand the use of the forceps and the conditions are favorable, when is the proper time to interfere?

If mother or child be in danger the instrument must be applied at the earliest possible moment, as soon as the conditions permit its use; in other cases when the danger is less imminent, we can lay down no rule for the accoucheur as to the time when he must act, it depends greatly upon his judgment and his skill in the use of the forceps.

Long continued pressure of the presenting part on the maternal structures is certainly far more injurious to the mother than the application of the forceps by skilled hands. Dr. Priestly, in a recent address before the London Obstetrical Society, when retiring from the presidential chair, justly said "Although we know that danger to both mother and child increases with the duration of labor, yet it is obvious that time alone cannot be taken into account. One patient may encounter greater peril from severe or continued uterine contraction against rigid structures in two hours, than another in six, and a variety of matters have to be weighed before concluding that instruments are necessary. Obstetric practitioners in isolated

localities are, perhaps, not always in the best condition of mind for weighing nicely these various considerations; wearied by long journeys and night watching, distracted by demands for their services in different places at the same time, they require all the support which authorities can give them in favor of patience and prudence. \* \* To interfere when all is going on favorably, although it may be slowly, is to do away with all those safeguards, so far at least as the mother is concerned, with which nature has surrounded the parturient process. More especially is it apt to interfere with the full and perfect contraction of the uterus after delivery, and the gradual and progressive dilatation of the maternal canals which tends to prevent laceration."

#### METHOD OF APPLICATION OF THE FORCEPS.

Some preparation is necessary before we proceed to the application of the forceps, rectum and bladder must be empty and the patient placed in proper position.

If the case has been previously referred to the practitioner, he should see that for several weeks before confinement the bowels are well open, when labor begins they should be cleared by an enema and, if it becomes necessary to use instruments, the bladder must be emptied previous to their application.

The patient should be placed in the dorsal position under all circumstances; if the head is resting on the floor of the pelvis and you are preparing for the low operation, draw the patient down toward the foot of the bed, elevate the nates by a hard pillow or folded blanket placed under the hips, let the thighs be flexed and the feet rest against the foot-board of the bed; you can then, without moving or exposing the patient much, comfortably apply the forceps while standing at the foot of the bed.

For the high operation, in which the handles of the instrument must be depressed, this position will not answer, but the patient is placed in lithotomy position across the bed, the pelvis resting upon the edge of the bed, each foot is placed on a chair, and the operator is seated on a third, lower, chair between the well separated limbs; the head must not lie too low and the patient must be well covered, the legs being wrapped in two sheets or blankets. The English claim as an advantage for the left semiprone position that the patient is less exposed; I think that she is equally well guarded, and certainly is moved about less in the dorsal position, which I recommend for the low operation. In difficult cases the English also resort to the lithot-

omy position, and even Barnes, a great advocate of the position on the left side, says that in the last stage of extraction it is often useful to turn the patient on her back, that you thus get the aid of gravity, the assistant can better support the uterus in the axis of the pelvis, and the handles of the forceps travel more easily around the symphysis.

This is very true, but it is far better to place your patient at once in the most advantageous position, and not to move her about while in the midst of the operation.

The operation is greatly simplified by the use of an anæsthetic; it is not as necessary as it is in version. In the low operation it is a matter of comfort to a nervous patient, and it is a great assistance to the operator in the high operation, as well as a relief to the patient. I do not introduce the forceps until the patient is well under the influence of chloroform, which, be it remembered, is as harmless as ether to parturient women; the muscles are relaxed, the patient does not resist and the blades are more readily placed; the pains are not suppressed and traction, as without the anæsthetic, is only made during the uterine contraction.

The following GENERAL RULES may serve as a guide in the application of the forceps:

1. Determine precisely the position of the head, as it is this which governs the application of the instrument.

2. The head must be grasped in its transverse diameter; the pelvis governs the introduction of the forceps, but the foetal head their application and final adaptation; hence the blades are introduced in the sacro-iliac fossae where most room is given, and not in the sides of the pelvis; the introduction is thus facilitated, and when the blade is well in the uterus, one will always be found to be in position, grasping the foetal head laterally at the pole of its transverse diameter; the other blade must then be rotated so as to adapt itself to the other side of the head and the instrument will readily lock. If the position of the head be disregarded and the blades applied in the sides of the pelvis, the head, if high in the pelvis, may be seized in its antero-posterior diameter, one blade on the forehead and one on the occiput, thus endangering the sinus longitudinalis.

3. If the position of the head can not be determined, introduce the blades in the sides of the pelvis.

4. Handle the forceps lightly, as you would a pen or a probe, *use no force in its introduction.*



5. Introduce the left blade, the lower blade, the blade which lies in the left sacro-iliac fossa, first, and not that blade which it will be most difficult to introduce.

6. Rotate that blade which corresponds with the diagonal diameter of the pelvis occupied by the foetal head; if the right diagonal diameter is occupied by the head, as in the first occipito-anterior position, the right blade is made to rotate; the left blade is first introduced in the left sacro-iliac fossa and remains there, as it grasps the head laterally; the right blade is next introduced in the right sacro-iliac fossa, but when in the womb it will be found that it clasps the forehead with its head curve; this blade must now be rotated about the head in order that it may occupy the other pole of the transverse diameter of the head, grasp it laterally and allow the forceps to lock. If the left diagonal diameter of the pelvis is occupied by the longitudinal diameter of the head, the left blade of the forceps is made to rotate.

The operator will find it of great assistance to him, if before applying the forceps, he joins the warmed and well oiled blades and holds the instrument in the position which it is to occupy when claspings the head, with the concavity of its pelvic curve toward the presenting foetal part, *i. e.* that part of the head which will first appear under the symphysis; next seize the left blade with the left hand and hold it perpendicularly before the vulva, the handle even tipping somewhat over toward the abdomen; introduce two fingers of the right hand, and if the head be high, the entire hand in the left sacro-iliac fossa, between the head and the womb, and let the blade be guided into position by gliding along in the groove between index and middle finger; never introduce a blade without this guide.

The blade is in position when its point becomes moveable, and if it clasp the head as it should it cannot be withdrawn by straight traction; when it has satisfactorily passed this test it is given to an assistant, who holds it in position while the right blade is introduced in the same way. Rotate the proper blade as soon as it clasps the head.

Accurate locking shows a good adjustment, but it must not be forced; if the blades do not lock readily, take out the right, the one last introduced, and readjust. When locked grasp the handles in one hand and with the other examine the relative position of head and blades; the sagittal suture should be found in the middle between the blades and parallel to them; then

farther test the adjustment by a slight traction, and, if the head seems firmly seized, extract.

The operation should not be hurried, as the head must have time to be moulded in its passage by the encompassing walls of the pelvic canal.

Traction should only be made during the continuance of the pains, but during the free interval some little force must be used to retain the advantage gained.

An oscillating motion antero-posteriorly should not be resorted to; laterally a slight swaying is often very effective, but it must be done with great care, especially when the head is in the outlet; the less of it the better for the maternal parts.

We rely entirely upon traction to deliver the head, but it is skill rather than force which must guide the hand. The traction must be carefully made in the axis of the pelvic canal; when the head is in or above the brim the handles must be depressed and traction is downward; as the head descends the handles are gradually raised, in the inferior straight traction is straight forward, and as the occiput appears under the pubis the handles should be perpendicular and finally lie upon the abdomen of the mother. Guard the perineum with one hand if there be no assistant, and guard it especially after the forceps have been removed, during the passage of the shoulders.

Occipito-posterior positions should be delivered as such if they can not be changed into occipito-anterior by posture of the patient; it is better not to attempt to force a rotation of the head by the instrument.

So much for head presentations; to the after-coming head I do not apply the forceps, as I have always succeeded well and have been able to deliver rapidly, by expression, Crede's method.

Our space is limited and I feel obliged to close this brief sketch, although I do so with regret, as I have been unable to do justice to the subject; yet I shall be well pleased if I have succeeded in bringing out prominently some of the more practically important points in connection with the use of the obstetric forceps.

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COMMUNICATIONS.

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*A Remarkable Case of Injury of the Brain.*

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On the 7th day of April, A. C., I was called to see a young man, N. N., 17 years of age, who in a state of temporary mental aberration had tried to commit suicide by shooting himself with a revolver. About a quarter of an hour after the deed had been committed, 1 o'clock a. m., I found the patient on the floor, next to his bed, from which he had fallen, in a pool of blood, bleeding freely from three wounds, two in front of his head and one on his neck. Examining him I found one bullet had penetrated the os frontis between the arcus superciliaris, a little to the left, the probe passing without difficulty two inches inward downward and backward; the other bullet had entered the upper internal angle of the left orbita, the probe passing in the same direction without hindrance over one and a half inches through the internal bones of the orbit; the third wound was in the neck, apparently the exit of one of the bullets, about two inches to the left of the process spinos of the fourth vertebra, the probe passing over two and a half inches in an upward direction, the canal corresponding with the tracks of the bullets, creating the frontal wounds.

The three wounds bled freely, especially the one in the orbita, the left eye was closed, exophthalmous like, containing coagulated blood in the cavity and between the eyelids; there was also considerable hemorrhage from the meatus externus of the left ear. One bullet was found in the room, the location of the other one could not be discovered at the first examination. The wounds in front were blackened and powder-burnt. The patient, after being removed to his bed, was unconscious, the extremities cold, pulse hardly perceptible. At 10 o'clock A. M. patient had a severe convulsion, lasting over three minutes; after which reaction commenced. he became semi-conscious, so that his bloody shirts could be removed partly with his assistance. The hemorrhage continued for several hours, the patient being in a soporous state during the day; at 6 o'clock P. M. there was another convulsion, lasting about as long as the former one. At 10 o'clock P. M. extremities still cold, pulse 76, temperature 38 C. (100 F.) respiration 24.

April 8th, 6 o'clock a. m. Pulse 88, temperature 38½ C (101 F.) extremities warmer, still soporous, restless, complains when

aroused of headache, swelling of left eye, face and neck, increased, stiffness of the neck, impossibility to open the mouth, difficulty in deglutition. 3 o'clock p. m. hypodermic injection of gr. 1-2 of acetate of Morphia, after which he slept quietly, another injection was made at 11 P. M. when he slept till morning.

April 9th, 6 a. m. Pulse 80, Temp. 38 1-2 C. (101 F.) respiration 22. Reaction now having been established; conscious; swelling of eye, face and neck not increased; could show his tongue, which was coated; no taste on its left side. Day and evening pulse, temperature and respiration the same as in the morning.

April 10th, 6 o'clock a. m. Pulse 80, temperature 38 1-2 C, respiration 22; rested well the previous night without any anodyne. Swelling of face and neck decreasing, also swelling of eye. Day and evening condition the same.

April 11th 6 o'clock a. m., pulse 76, temperature 37 6-10 C., (99 1-2 F.) rested well all night; skin moist, perspiring; tongue less coated; still no taste on left side of tongue; swelling of left side of face and neck and left eye less; the eyelids of left eye very sensitive to the touch.

April 12th, 9 o'clock a. m., pulse, temperature and general condition the same as on previous day; taste more normal, has a little appetite.

April 13th, 14th. 15th, condition same.

April 16th, 10 o'clock a. m. Pulse 100, temperature 38 C. (100 F.) complains of headache; skin moist, has still some appetite; swelling of eye decreasing.

April 17th, Pulse 96, temper. 38 C. (100 F.) Extracted this morning the second bullet, which was discovered on the 11th inst., one inch below the exit of the first one, about two inches to the left of the process spinos, of the fifth vertebra colli and about one inch below the skin in the muscular part of the neck. Having no ice on hand, I used for local anaesthesia Sulphuric Ether with the atomizer.

April 18th to 22nd, pulse 96, temperature 38 C. (100 F.) respiration 18.

April 23d, pulse 80, temperature 37 1-2, (99) Swelling of eye has very much decreased.

April 24th. Pulse 76, temperature 37 1-2, respiration normal; all wounds having healed by first intention, except the one in the angle of the orbita, which is slightly suppurating.

The first bullet penetrated the os frontis, passed through the lower basis of the left hemisphere of the cerebrum and out through the os sphenoidum; the second bullet entered the orbita behind the eyeball, destroyed the nervus opticus. Taking the same direction, but crossing the track of the first shot obliquely, so that it passed entirely through and out; the first one having more impediments to overcome, did not penetrate but was left in the neck; however, both bullets might as well have passed through in the same parallel direction.

The pistol used was a large Colt's navy revolver, of calibre No 36 (Ball canoidal) and was held closely to the head.

The case is a remarkable one, considering the severity of the wounds and the parts injured, in the absence of severe constitutional and inflammatory symptoms, except in the first few days, and the rapid closing of the wounds by first intention and is worth recording.

The young man is of robust stature, of good constitution, highly intelligent, a superior student, was never sick, except occasionally with fever of the prevailing malarial type.

To-day, May 15th, patient is up and around, all wounds healed, left side of face a little swollen yet, left lower eyelid somewhat tumefied, hearing of left ear well established, has no disturbance of mind nor of any of the senses, with exception of left eye, the sight of which is lost and which is still under treatment for the local injury.—

A. BERGER, M. D.

LEBANON, St. Clair Co., Ills.

### EDITORIAL.

#### *Next Semi-annual Session of the Southern Illinois Medical Association.*

From the extensive preparations being made by the committee of arrangements we are warranted in saying that the approaching meeting of the association will be of more than usual interest. The City of Chester being near the geographical center of the association, and easy of access, it is to be hoped and expected that there will be a very large attendance. We most earnestly urge upon the members the duty and importance of attendance upon this session—duty to the profession and value to themselves.

*Programme of the Semi-annual Meeting of the Southern Illinois Medical Association.*

The regular semi-annual session of the Southern Illinois Medical Association will be held at Chester, in the court house hall, commencing at 2 o'clock p. m., Wednesday, June 19th, 1878.

PROGRAMME.

WEDNESDAY, JUNE 19, 1878.—An address of welcome will be delivered by Dr. W. A. Gordon, of Chester, followed by the regular business of the session.

THURSDAY, JUNE 20.—Regular business of the session at 9 a. m.

At 2 p. m. an excursion will be given to the old town of Kaskaskia, if the river is navigable at the time, and at 7 p. m. an address will be delivered by Prof. J. B. Johnson, M. D., of St. Louis, to which the public is invited.

FRIDAY, JUNE 21.—Regular session at 9 a. m. and 2 p. m.

Reports from the following committees are expected:

1. Nervous diseases, Drs. W. Duff Green, Mt. Vernon, and A. T. Barns, Anna.
2. Obstetrics, Drs. W. A. Gordon, Chester; Jno McLane, Du Quoin; A. G. Williams, Dongola, and T. B. Moore, Belleville.
3. Gynæcology. Drs. E. B. Chapin, Carbondale; H. V. Farrel, Centerville, and W. S. Marshal, Centralia.
4. Practice of medicine, Drs. C. W. Dunning, Cairo; J. L. Perryman, Belleville; F. M. Agnew. Makanda, and George Bratton, Vienna.
5. Surgery, Drs. H. Wardner, Cairo; James Robarts, Carbondale, and Theodore Meyer, Belleville.
6. Mental diseases, Drs. J. K. Rainey, Salem, and A. DeFoe, McLanesboro.
7. Diseases of children, Drs. S. W. Marshal, Sparta; A. B. Beattie, Red Bud, and D. Holmes Kohl, Belleville.
8. Climatology, Drs. G. W. Elkin, Vienna; W. J. Fern, Sanborn, and N. J. Benson, Vienna.
9. Ophthalmology, Drs. W. R. McKenzie, Chester, and J. W. Burgess, Du Quoin.
10. Materia medica, Drs. J. I. Hale, Anna, and L. D. Burgess, Sparta.
11. Toxicology, Drs. S. J. Bechtold, and L. P. Stookey, Belleville.
12. Necrology, Dr. L. Dyer, Du Quoin.

RAILROADS. St. Louis and Southeastern Railway, one and one-fifth fare. Cairo Short Line Railroad, one and one-fifth fare. Cairo and St. Louis Railroad, one and one-half fare. Ohio and Mississippi Railroad, return at one-third regular fare. Vandalia Railroad, round trip ticket ten per cent. discount from

regular fare. Cairo and Vincennes, one and one-fifth fare. Wabash, Chester and Western Railroad, one and one-fifth fare.

HOTELS.—Virginia Hotel, (on the hill) \$1 25 per day, St. Charles Hotel (on the hill) \$1 25 per day, St. James Hotel (under the hill) \$1 25 per day, Renault Hotel (under the hill) \$1 25 per day.

INVITATION.—The public generally is invited to attend on the evening of the 20th on the occasion of the address then to be delivered. An interesting meeting and large attendance are expected and desired.

GOMMITTEE ON PROGRAMME: W. A. Gordon, M. D., J. T. Pollock, M. D., A. B. Beattie, M. D., S. W. Marshal, M. D., W. H. McKenzie, M. D.

ERRATA.—In the article translated by Dr. Berger which appeared in No. 4, Vol 2 of the Journal, there were several typographical errors which require correction in order to give a perfect understanding of the case. On page 54, line 12, read 80 minutes, instead of 60. Page 55, 7th line from below, read shutting off instead of "shuffling off." Instead of right sinus valsalea, read right valsalva,

There were several other very annoying errors committed by the printer, but which do not change the sense sufficiently to require special attention directed to them.

THANKS.—We are under obligations to Dr. Geo. Engelmann, of St Louis, for the very able and interesting article on the subject of the "Obstetrical Forceps", contributed for this number of the Journal

Dr. A. Berger, of Lebanon, Ills., is entitled to our thanks for the very interesting and in many respects remarkable case reported for this No. of the Journal.

From the proceedings of the State Medical Society of Arkansas, we abstract the following, and sincerely hope that the physicians of Hot Springs will hereafter be more cautious in violating the code of ethics. The prompt and just rebuke which they have received from the state society, will, it is hoped cure some of the evils, which the hot water, or something else, of that famous locality seems to have produced.

"Resolved. That no member of the Hot Springs and Garland county Medical Society be allowed to register, or delegate therefrom, be admitted at this meeting of the society.

Resolved. That Drs. P. H. Ellsworth, O. A. Hobson, G. W. Lawrence, S. W. Franklin and E. A. Shiffey be expelled from all the rights, privilege and immunities of the State Medical Society of Arkansas "

C. A. W.

A Doctor who recently settled in Murphysboro, has been publicly referring to several prominent citizens in and about Cairo. Such reference has been in several instances, at least, without the knowledge or consent of the persons referred to.

This is assuming rather too much, a little more caution would be commendable.

### SELECTIONS.

#### *Delayed Ligature of the Funis.*

Dr Budin, while interne at the Maternite, came to the conclusion from his investigations that it is better not to tie the funis until one or two minutes after the complete cessation of the pulsation. By tying it immediately after birth we, in fact, prevent the child from deriving about ninety-two grammes of blood from the placenta. Now, as Welcker, Bischoff, and others have shown that the weight of the blood of a new-born infant amounts on a mean to 270 grammes, or about a thirteenth part of the body, abstracting ninety-two grammes may be considered as equivalent to bleeding an adult of the weight of sixty-five kilogrammes to the extent of 1.764 grammes. Dr. Helot, Surgeon to the Hospice at Rouen, has since examined the subject with the intention of showing whether the infant really acquires this blood, by counting the globules of blood by Hayem's method, and by weighing the infant immediately after birth before dividing the cord, and then again when the cord has ceased to beat. By these means he found that there was an increase of 209,632 globules, and an addition to the weight of the child of fifty-three grammes. He therefore thinks that in normal cases rapid ligature of the cord should be entirely rejected, this operation not being performed until some instants after respiration has been completely established.—Med. Times and Gaz, March 23, 1878, from Gaz. de Hop., March 14.

#### *Belladonna as a Remedy for Collapse.*

Reinard Weber, M. D., recommends the use of belladonna as a restorative in collapse, for which it has been customary to ad-



minister camphor, musk and alcoholic stimulants. He has also employed it as an antidote for the toxic effect of digitalis, and reports a case in which a fourth of a grain of the extract had the effect of removing symptoms of collapse from digitalis. In a case of gastro-enteritis in a woman aged 41 years, a grain of the extract with 20 drops of tincture of opium and 1-2 drachm of chloral of potash relieved the symptoms of failing heart action. And in a third case of a little girl of 6 1-2 years,  $\frac{1}{4}$  of a grain relieved the coldness of the surface, difficult breathing, and bronchial congestion occurring in the fourth week of a typhoid fever. He expresses his belief that, when used in medium or small doses, belladonna, through its action upon the vaso-motor system, will be of service in cholera collapse.—New Remedies.

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*Artificial Alimentations of Infants.*

Prof. Zwiefel, of Erlangen, has just published a paper on this subject, which furnishes many practical suggestions to the profession. He finds that the casein of different kinds of milk differs in digestibility; that casein from the milk of a mother is more readily digested than that contained in cow's milk, and that condensed milk is preferable to the buying of milk from the cart without guaranties as to the health of the animals, from which the latter was obtained. The addition of sugar to milk accelerates lactic fermentation, when it has once commenced, and augments the gravity and danger of infantile diarrhœa.

Farinaceous compounds of all kinds should be proscribed for the first two or three months, as the salivary glands and the pancreas are not yet competent to their functions. Liebig's soup is more easily digested than porridge, because some of its constituents assist to dissolve the farinaceous compounds mixed with them. Acute diarrhœa in babies are due to the formation of an acid irritant in the intestines which may be detected by the presence of green coloring matter in the excreta.—N. Y. Med. Record.

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*Skunk Cabbage as a Remedy for Chorea.*

Prof. H. C. Wood suggests a saturated tincture of the rhizome of *Dracontium fœtidum* given in doses of 60 to 90 drops, three times daily, as a remedy for chorea. It must be made from fresh roots collected in the fall and before dying.—New Remedies.

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