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PROCEEDINGS

OF THE

# Nebraska State Medical Society.

---

*FIFTEENTH ANNUAL SESSION,*

HELD AT

LINCOLN, NEBRASKA,

MAY 22, 23 AND 24, 1883.

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OMAHA, NEBRASKA:

HERALD PRINTING, PUBLISHING & STATIONERY HOUSE  
1883.

[REDACTED]

[REDACTED]

## MEMBERS OF THE NEBRASKA STATE MEDICAL SOCIETY.

THEIR ADDRESS, TIME OF JOINING THE SOCIETY, COLLEGE AND TIME OF GRADUATION.

Name.	Address.	Time of Joining Society.	College of Graduation.	Time.
Abbott, L. J. ....	Fremont ...	Second annual session, 1870. ....	Jefferson Medical College .....	1854
Ackley, W. ....	Juniata. ....	Twelfth annual session, 1880 ...	Rush Medical College, and Keokuk ..	1880
Anderson, A. B. ....	Pawnee City ..	Fourteenth annual session, 1882 ..	Louisville Medical College .....	1877
Anderson, D. F. ....	Edgar .....	Twelfth annual session, 1880 ...	College Phys. and Surg., Keokuk ....	1874
Andrew, J. P. ....	Blair .....	Inaugural session, 1868 .....	Medical College of Ohio .....	1832
Ayres, Geo. B. ....	Omaha .....	Fifteenth annual session, 1883 ..	University of Michigan, '77, L. I. H. C.	1876
Ball, D. R. ....	Tecumseh ...	Thirteenth annual session, 1881 ..	Medical Department Iowa University	1857
Beachly, N. J. ....	Lincoln .....	Thirteenth annual session, 1881 ..	Indiana Medical College .....	1877
Bear, Alexander. ....	Norfolk .....	Tenth annual session, 1878 .....	University of Maryland .....	1860
Blair, S. F. ....	North Bend ..	Tenth annual session, 1878 .....	College Phys. and Surg., Keokuk ....	1877
Bowen, A. ....	Nebraska C. ..	Inaugural session, 1868 .....	Castleton Medical College, Vermont.	1851
Bowen, Arthur H. ....	Lincoln .....	Fourteenth annual session, 1882 ..	Medical College of Ohio .....	1876
Bricker, F. J. ....	Aurora .....	Fifteenth annual session, 1883. ...	University of Wooster .....	1876
Bridenstine, S. J. ....	Madison .....	Thirteenth annual session, 1881 ..	University of Iowa .....	1875
Brown, Ewing .....	Omaha .....	Fifteenth annual session, 1883. ...	Jefferson Medical College .....	1883
Butin, Mrs. M. Ryerson	Dorchester. ..	Fourteenth annual session, 1882 ..	Woman's Medical College, Chicago ..	1881
Campbell, J. C. ....	Nebraska C. ..	Inaugural session, 1868 .....	Kemper College (Univ. of Missouri) ..	1843
Canfield, O. B. ....	Edgar .....	Twelfth annual session, 1880 ...	Kentucky School of Medicine .....	1877
Carter, James .....	Omaha .....	Fifteenth annual session, 1883. ...	Chicago Medical College .....	1880
Carter, J. O. ....	Lincoln .....	Fourth annual session, 1872 ...	Starling Medical College .....	1860
Chapin, Horace .....	Lincoln .....	Thirteenth annual session, 1881 ..	Harvard Medical College .....	1859
Chidester, T. J. ....	Western .....	Fifteenth annual session, 1883. ...	College Phys. and Surg., Cincinnati..	1873
Coffman, V. H. ....	Omaha .....	Inaugural session, 1868 .....	Jefferson Medical College .....	1866
Cook, C. C. ....	David City. ...	Thirteenth annual session, 1881 ..	Col. Phys. and Surg., St. Joseph, Mo.	1880
Cooke, John .....	Hastings .....	Fourteenth annual session, 1882 ..	Glasgow, Scotland .....	1869
Cox, H. M. ....	Neligh .....	Thirteenth annual session, 1881 ..	College Phys. and Surg., Keokuk ....	1876

34542

## MEMBERS OF THE NEBRASKA STATE MEDICAL SOCIETY.—(Continued.)

Name.	Address.	Time of Joining Society.	College of Graduation.	Time.
Crabbs, J. H. ....	Fremont ....	Tenth annual session, 1878 ....	College Phys. and Surg., Keokuk ..	1870
Daniel, D. Rush. ....	Norfolk ....	Tenth annual session, 1878 ....	Washington University .....	1876
Dayton, W. L. ....	Lincoln ....	Fifteenth annual session, 1883 ..	Chicago Medical College .....	1881
Deck, M. B. ....	Bennet ....	Fifteenth annual session, 1883 ..	University of Maryland .....	1879
Denise, J. C. ....	Omaha ....	Inaugural session, 1868 .....	Jefferson Medical College .....	1855
Dick, F. N. ....	North Platte	Fourteenth annual session, 1882 ..	University of Virginia .....	1867
Dildine, C. T. ....	Kearney ....	Eleventh annual session, 1879 ..	Buffalo, New York .....	1872
Donaldson, N. F. ....	North Platte	Fourteenth annual session, 1882 ..	College Phys. and Surg., Baltimore..	1880
Downing, Jos. H. ....	Waco .....	Fifteenth annual session, 1883 ..	Rush Medical College .....	1882
Duncan, J. K. S. ....	DeWitt .....	Thirteenth annual session, 1881 ..	College Phys. and Surg., Keokuk ..	1869
Engelhard, Ferdinand.	Summit .....	Tenth annual session, 1878 .....	Marburg, Germany .....	1866
Fuller, F. G. ....	Lincoln ....	Second annual session, 1870 .....	University of Michigan .....	1868
Gahan, M. J. ....	Grand Island	Twelfth annual session, 1880 .....	Galveston, Texas .....	1867
Gafford, C. C. ....	Wymore .....	Fifteenth annual session, 1883 ..	College Phys. and Surg., Keokuk ..	1881
Gibbs, W. S. ....	Omaha ....	Fourteenth annual session, 1882 ..	University of Iowa .....	1879
Graddy, L. B. ....	Omaha ....	Thirteenth annual session, 1881 ..	University of Nashville .....	1874
Haldeman, F. D. ....	Ord .....	Fourteenth annual session, 1882 ..	Omaha Medical College .....	1882
Hall, J. H. ....	Plattsmouth	Twelfth annual session, 1880 .....	Rush Medical College .....	1879
Hall, P. L. ....	Mead .....	Fifteenth annual session, 1883 ..	Rush Medical College .....	1883
Haggard, J. R. ....	Lincoln ....	Fifteenth annual session, 1883 ..	Rush Medical College .....	1868
Hart, Charles S. ....	Lincoln ....	Thirteenth annual session, 1881 ..	Columbus Medical College .....	1877
Hasemeier, J. A. ....	Louisville ..	Fifteenth annual session, 1883 ..	Medical College of Ohio .....	1878
Hay, J. T. ....	Asyl'm, Linc.	Thirteenth annual session, 1881 ..	University of the City of New York ..	1878
Henry, W. O. ....	Pawnee City	Fifteenth annual session, 1883 ..	Bellevue Hospital Medical College ..	1879
Hershey, D. W. ....	Nebraska C. ....	Inaugural session, 1868 .....	Buffalo Medical College .....	1854
Hewit, H. W. ....	Friend .....	Fifteenth annual session, 1883 ..	Rush Medical College .....	1877
Hobbs, N. R. ....	Elmwood ....	Eleventh annual session, 1879 ..	Rush Medical College .....	1876
Hoover, A. L. ....	Lincoln ....	Thirteenth annual session, 1881 ..	College Phys. and Surg., Keokuk ....	1873

Huddleston, R. H.	Waterloo	Fourteenth annual session, 1882	Rush Medical College	1872
Inches, Charles	Scribner	Fifteenth annual session, 1883	University of New York	1868
Jackson, A. H.	Cincinnati	Twelfth annual session, 1880	College Phys. and Surg., Keokuk	1875
James, H. M.	Nelson	Fourteenth annual session, 1882	Vermont Medical College	1878
Johnston, G. W.	Fairmont	Twelfth annual session, 1880	Bellevue Hospital Medical College	1872
Keller, A. H.	Plattsmouth	Fifteenth annual session, 1883	Omaha Medical College	1883
Klingman, J. C.	Papillion		Bellevue Hospital Medical College	1872
Knapp, W. M.	York	Eleventh annual session, 1879	St. Louis Medical College	1872
Lane, Milton	Lincoln	Thirteenth annual session, 1881	Jefferson Medical College	1869
Lane, Mrs. Sophronia M.	Lincoln	Fifteenth annual session, 1883	Woman's Medical College, Chicago	1883
Larsh, N. B.	Nebraska C.	Inaugural session, 1868	Miami Medical College	1857
Leas, J. S.	Neligh	Thirteenth annual session, 1881	College Phys. and Surg., Keokuk	1858
Leisenring, P. S.	Omaha	Thirteenth annual session, 1881	Med. Dep't of Pennsylvania College	1852
Link, Harvey	Millard	Second annual session, 1870	Kentucky School of Medicine	1849
Livingston, R. R.	Plattsmouth	Inaugural session, 1868	Magill College, Canada	1849
Lowry, H. B.	Lincoln	Thirteenth annual session, 1881	Cincinnati College of Med. and Surg.	1876
Lynn, W. H.	Hastings	Fourteenth annual session, 1882	Rush Medical College	1877
McKenna, L. F.	Omaha	Fifteenth annual session, 1883	University of Michigan and Bellevue	1869
Macrae, Donald	C. Bluffs, Ia.	Fifteenth annual session, 1883	Edinburg, Scotland	1861
Malick, U. H.	Bloomington	Fourteenth annual session, 1882	College Phys. and Surg., Keokuk	1878
Mansfelde, A. S. v.	Ashland	Eighth annual session, 1876	Rush Medical College	1872
Martyn, D. T.	Columbus	Tenth annual session, 1878	Chicago Medical College	1869
Mathewson, H. P.	Asyl'm, Linc.	Inaugural session, 1868	Dartmouth Medical College	1863
Mercer, S. D.	Omaha	Inaugural session, 1868	Berkshire Medical College	1866
Merriam, L. A.	Omaha	Fifteenth annual session, 1883	University of Michigan	1873
Mitchell, A. R.	Lincoln	Thirteenth annual session, 1881	Rush Medical College	1879
Mitchell, T. E.	Ogden, Utah	Tenth annual session, 1878	University of Maryland	1853
Moore, R. C.	Omaha	Inaugural session, 1868	Chicago Medical College	1865
Muir, Dan. H.	Lincoln	Fifteenth annual session, 1883	University of Michigan	1871
Naulteus, Alfred Fr.	Hastings	Fourteenth annual session, 1882	College Phys. and Surg., Baltimore	1882
Naulteus, Franz	Hastings	Fourteenth annual session, 1882	Leyden, Holland	1864
Noxon, D. C.	Ingster, D. T.	Thirteenth annual session, 1881	Bellevue Hospital Medical College	
Oxford, Charles	Scribner	Tenth annual session, 1878	Friedrich Wilhelm Univ., Berlin, Ger.	1874
Park, E. M.	Ashland	Fifteenth annual session, 1883	Chicago Medical College	1868

MEMBERS OF THE NEBRASKA STATE MEDICAL SOCIETY.—(Continued.)

Name.	Address.	Time of Joining Society.	College of Graduation.	Time.
Parker, A. A.	Omaha	Ninth annual session, 1877.	Medical College of Ohio	1866
Peabody, J. H.	Omaha	Inaugural session, 1868	Univ. of Georgetown, Washington	1860
Peebles, G. H.	David City	Tenth annual session, 1878	Rush Medical College	1864
Pelton, D. R.	Wahoo	Fifteenth annual session, 1883.	College Phys. and Surg., Keokuk	1875
Philpot, C. H.	Omaha	Fourteenth annual session, 1882	University of Iowa	1882
Porter, J. J.	York	Fourteenth annual session, 1882	University of Michigan	1873
Prentice, G. M.	Fairfield	Fourteenth annual session, 1882	University of Iowa	1881
Pritchett, G. L.	Fairbury	Fifteenth annual session, 1883.	Rush Medical College	1878
Protzman, Wm.	Lincoln	Fifteenth annual session, 1883.	Cincinnati College of Med. and Surg.	1882
Ralph, J. Beck.	Omaha	Fifteenth annual session, 1883.	Rush Medical College	1869
Rawlins, J. W.	Wash'ton, D. C.	First annual session, 1869.	Jefferson Medical College	1845
Reed, F. B.	Peru	Inaugural session, 1868	College Phys. and Surg., Keokuk	1859
Reed, Thos. A.	Liberty	Fifteenth annual session, 1883.	College Phys. and Surg., Kansas City	1880
Reynolds, O. C.	Seward	Fifteenth annual session, 1883.	Louisville Medical College	1878
Rightmire, Geo.	Wymore	Fifteenth annual session, 1883.	University of Buffalo	1872
Robbins, L. H.	Lincoln	Second annual session, 1870.	Missouri Medical College	1862
Royce, W. F.	Doniphan	Fourteenth annual session, 1882		
Schminke, J. C.	New York C.	Eleventh annual session, 1879	Long Island H. College	1882
Search, J. W.	Omaha	Fifteenth annual session, 1883.	College Phys. and Surg., Keokuk	1877
Sexton, T. C.	Fontanelle	Tenth annual session, 1878	Omaha Medical College	1882
Shaw, A. J.	Lincoln	Fourteenth annual session, 1882	Washington University	1871
Shilder, G. W.	York	Twelfth annual session, 1880	Rush Medical College	1881
Shipman, A.	Sterling	Eleventh annual session, 1879.	College Phys. and Surg., Keokuk	1875
Skinkle, Geo. L.	Sterling	Eleventh annual session, 1879.	College Phys. and Surg., Keokuk	1873
Smith, E.	Burchard	Fifteenth annual session, 1883.	College Phys. and Surg., Keokuk	1873
Smith, L. B.	Fremont	Tenth annual session, 1878	Rush Medical College	1876
Snowden, C. C.	Davenport	Fourteenth annual session, 1882	College Phys. and Surg., Keokuk	1878
			Jefferson Medical College	1882

Sowers, A. H. ....	Hastings ....	Eleventh annual session, 1879.	Starling Medical College.....	1862
Spalding, S. K. ....	Omaha .....	Fifteenth annual session, 1883 }	Bellevue Hospital Medical College... 1882	
			College Phys. and Surg., Keokuk .... 1874	
Stone, M. W. ....	Wahoo .....	Tenth annual session. 1878 ... }	Bellevue Hospital Medical College... 1861	
			Iowa University.....	1863
Swetnam, J. M. ....	Omaha .....	Fifteenth annual session, 1883.	University of Michigan .....	1870
Swisher, W. B. ....	Unadilla ....	Eleventh annual session, 1879.	Rush Medical College.....	1850
Tanner, Edward.....	Battle Creek	Thirteenth annual session, 1881	University of New York.....	1878
Taylor, S. B. ....	Blair .....	Tenth annual session, 1878 .....	College Phys. and Surg., Keokuk .... 1871	
Tilden, Geo. ....	Omaha .....	Second annual session, 1870.....	Albany Medical College.....	1867
Van Buren, E. ....	Hooper .....	Second annual session, 1870 ...	Rush Medical College.....	1867
Walden, D. A. ....	Beatrice .....	Fifteenth annual session, 1883.	Rush Medical College.....	1862
Wallace, R. B. ....	Factoryville.	Eleventh annual session, 1879.		
White, W. S. ....	Palmyra ....	Sixth annual session, 1874.....	St. Louis Medical College .....	1872
Whitten, E. M. ....	Nebraska C.	Third annual session, 1871.....	Bowdoin College .....	1865
Wilcox, M. W. ....	Harvard.....	Sixth annual session, 1874.....	Chicago Medical College.....	1865



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MINUTES OF THE FIFTEENTH ANNUAL SESSION

OF THE

Nebraska State Medical Society

HELD AT

LINCOLN, NEB., MAY 22D TO 24TH, 1883.

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OFFICERS  
OF THE  
NEBRASKA STATE MEDICAL SOCIETY.

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1883-84.

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VICTOR H. COFFMAN . . . . . President . . . . . Omaha.  
G. W. JOHNSTON . . . . . First Vice-President . . . . . Fairmont.  
E. VAN BUREN . . . . . Second Vice-President . . . . . Hooper.  
A. S. v. MANSFELDE . . . . . Recording Secretary . . . . . Ashland.  
R. B. LIVINGSTON . . . . . Corresponding Secretary . . . . . Plattsmouth.  
R. C. MOORE . . . . . Treasurer . . . . . Omaha.

MINUTES  
OF THE  
FIFTEENTH ANNUAL SESSION.

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HALL OF REPRESENTATIVES, }  
LINCOLN, Neb., May 22, 2 P. M. }

The Nebraska State Medical Society was called to order by the Secretary, and upon motion of Dr. A. R. Mitchell, Dr. A. J. Shaw was elected President *pro tem*.

Dr. F. G. Fuller, of the Committee on Arrangements, moved, that the Committee on Credentials be placed in possession of the applications for membership, and that we adjourn till 7:30 o'clock P. M. Carried.

EVENING SESSION.

7:30 O'CLOCK P. M.

The Society was called to order by the President, Dr. A. H. Sowers, and the Committee on Credentials submitted their report, as follows:

LINCOLN, Neb., May 22, 1883.

We, the undersigned Committee on Credentials, have the honor to report, that we find the following gentlemen present, and registered as permanent members:

DR. W. B. SWISHER.....	Unadilla.
DR. HORACE CHAPIN.....	Lincoln.
DR. CHAS. S. HART.....	Lincoln.
DR. F. G. FULLER.....	Lincoln.
DR. J. O. CARTER.....	Lincoln.
DR. A. R. MITCHELL.....	Lincoln.
DR. H. B. LOWRY.....	Lincoln.
DR. H. P. MATHEWSON.....	Lincoln.

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DR. L. H. ROBBINS.....	Lincoln.
DR. MILTON LANE.....	Lincoln.
DR. A. J. SHAW .....	Lincoln.
DR. W. S. WHITE .....	Palmyra.
DR. E. M. WHITTEN.....	Nebraska City.
DR. G. W. JOHNSTON.....	Fairmont.
DR. N. J. BEACHLY .....	Lincoln.
DR. W. ACKLEY .....	Juniata.
DR. E. VAN BUREN .....	Hooper.
DR. S. F. BLAIR.....	North Bend.
DR. A. S. V. MANSFELDE .....	Ashland.
DR. A. H. SOWERS.....	Hastings.
DR. D. R. BALL.....	Tecumseh.
DR. N. R. HOBBS.....	Elmwood.
DR. VICTOR H. COFFMAN.....	Omaha.
DR. S. D. MERCER.....	Omaha.
DR. N. B. LARSH.....	Nebraska City.
DR. JOHN COOKE .....	Hastings.
DR. N. F. DONALDSON.....	North Platte.
DR. W. S. GIBBS .....	Omaha.
DR. G. W. SHIDLER .....	York.
DR. A. B. ANDERSON.....	Pawnee City.
DR. ARTHUR H. BOWEN .....	Lincoln.
DR. M. W. STONE.....	Wahoo.
DR. R. C. MOORE.....	Omaha.
DR. WM. H. LYNN.....	Hastings.
DR. G. H. PEEBLES .....	David City.
DR. L. B. GRADY.....	Omaha.
DR. L. J. ABBOTT.....	Fremont.
DR. J. F. HAY.....	Lincoln.
DR. A. L. HOOVER .....	Lincoln.
DR. D. F. MARTYN.....	Columbus.
DR. HARVEY LINK .....	Millard.
DR. C. F. DILDINE.....	Kearney.
DR. J. S. BRIDENSTINE.....	Madison.

We also have the honor to report, that the following ladies and gentlemen have presented their credentials as del-

egates to this Society, said credentials being properly authorized and attested:

DR. DONALD MACRAE,.....	Iowa State Medical Society
DR. L. A. MERRIAM.....	Douglas County Medical Society
DR. J. M. SWETNAM.....	“ “ “ “
DR. J. B. RALPH.....	“ “ “ “
DR. EWING BROWN.....	“ “ “ “
DR. S. K. SPALDING.....	“ “ “ “
DR. L. F. MCKENNA.....	“ “ “ “
DR. JAMES CARTER.....	Omaha Medical College
DR. GEO. B. AYRES,.....	“ “ “
DR. SOPHRONIA M. LANE.....	Lincoln Medical Society
DR. WM. PROTZMAN.....	“ “ “
DR. W. L. DAYTON.....	“ “ “
DR. DAN. H. MUIR.....	“ “ “

The following gentlemen also present themselves as candidates for admission to the Society. Your committee has made a careful examination of the applications and credentials, and would respectfully recommend their admission to the Society.

DR. J. W. SEARCH.....	Omaha.
DR. GILBERT S. PRITCHETT....	Fairbury.
DR. S. R. MILLEN.....	Dunbar.
DR. JACOB A. HASEMEIER.....	Louisville.
DR. SAMUEL R. PELTON.....	Wahoo.
DR. F. J. BRICKER.....	Aurora.
DR. W. O. HENRY.....	Pawnee City.
DR. E. SMITH.....	Burchard.
DR. D. A. WALDEN.....	Beatrice.
DR. ALVIN H. KELLER.....	Plattsmouth.
DR. P. L. HALL.....	Mead.
DR. J. R. HAGGARD.....	Lincoln.
DR. CHAS. INCHES.....	Scribner.
DR. HAMILTON W. HEWITT...	Friend.
DR. GEO. RIGHTMIRE.....	Wymore.
DR. THOMAS A. REED.....	Liberty.
DR. E. M. PARK.....	Ashland.

DR. DONALD MACRAE . . . . . Council Bluffs.  
 DR. T. J. CHIDESTER . . . . . Western.  
 DR. C. C. GAFFORD . . . . . Wymore.  
 DR. JOSEPH H. DOWNING . . . . . Waco.  
 DR. O. C. REYNOLDS . . . . . Seward.  
 DR. M. B. DECK . . . . . Bennett.

A. R. MITCHELL, M. D., *Chairman*,  
 F. G. FULLER, M. D.,  
 A. J. SHAW, M. D.,

*Committee on Credentials.*

Motion by Dr. Mansfelde: That the report be received and adopted. Carried.

#### REPORT OF COMMITTEE OF ARRANGEMENTS.

The Chairman of the Committee of Arrangements has the honor to report that the Representative Hall of the Capitol has been secured for the meeting of the Society.

That, through the good offices of the permanent Secretary, reduced fare has been secured for delegates and members from abroad, over all railroads in the state, and that an invitation is extended to all members of the Society and their ladies, by the Lincoln Medical Society, to attend a reception and banquet, to be given Thursday evening, at the Senate Chamber of the Capitol and Commercial Hotel.

A. R. MITCHELL,  
*Chairman.*

Motion by Dr. Mansfelde: That the report be received and adopted, and that the thanks of the Society are due, and hereby extended, to the Lincoln Medical Society for the kind invitation. Carried.

Reading of minutes by the Secretary.

Motion by Dr. Van Buren: That the further reading of minutes be dispensed with. Carried.

Recess of fifteen minutes to sign the roll.

Motion by Dr. Robbins: That Dr. Charles S. Hart be elected Assistant Secretary for this session. Adopted.

Motion by Dr. Fuller: That the chair appoint a committee of three on regular order of business, to report after opening of Wednesday morning session. Carried.

Committee on regular order of business: Drs. Robbins, Whitten and Shaw.

Reading of Secretary's report.

SECRETARY'S REPORT OF THE FIFTEENTH ANNUAL SESSION.

*Mr. President, Gentlemen:*

By a habit into which I have fallen, it has become a custom in this Society to receive an annual report of the Secretary of matters and things which have transpired during the year just ended.

In fulfilling this my self-imposed task, I am reminded of the ever increasing prosperity of the Nebraska State Medical Society, and also of the additional work it necessarily heaps upon the Secretary. I look upon the coming year as the last one in which I may have the honor to be your Secretary, you will therefore excuse a few suggestions concerning this office.

The incoming Secretary should be paid a small sum, say fifty dollars a year, for the purpose of having some one beside himself do the clerical work of the Society. I am satisfied that, at a dollar an hour, you would be indebted to me from four to six hundred dollars for the last year, and for work which very often, as your delegation to the American Medical Association can testify, was promptly and cheerfully rendered, with a hope that it might further the interests of the individual members of this Society as well as the body itself.

During this year, eighty members of the Society received their certificate of membership as evidence of having fulfilled all the requirements of the Society.

Thirty or more members have still to settle their obligations to the Society with the Treasurer, and until this is done, it seems to me they should be deprived of the privileges of membership in the Society. Even with a Medical Society it takes money to run it successfully,

and no member should expect his fellows to pay his way, without at least asking for it. Obligations of many are accumulating, and as this is an incorporated Society, it may not be amiss, in an appropriate manner, to draw the attention of delinquents to the fact, that they may have to pay sometime, if the Society sees fit to so order.

That no person can quietly drop out of membership by reason of non-payment of dues, the American Medical Association has wisely prohibited by ruling, that no physician, dropped for non-payment of dues, is eligible to representation in that body—therefore not eligible to membership in any subordinate Society claiming allegiance to the American Medical Association.

One of the greatest drawbacks to the success of the Society, as a scientific body, in years passed, has been the manner of the appointments upon the sections, the incoming President, generally very little acquainted with the tastes of members, in the hurry of the closing session, is expected to make the appointments for the year, and as could only be anticipated, members are put on sections in which they take no particular interest, and Chairmen are chosen, who do not intend to accept the responsibility therewith connected; the legitimate result, failure of that part of our work, which should be most fruitful.

In order to avoid this in the future, I would suggest, that the board of trustees, or some other competent committee, be instructed, at the opening of this session, to select the Chairmen of the different sections from members present at the meeting, who shall promise (with the full intent and meaning of the reservation "God willing") to furnish an epitome of the progress in the section they have the honor to represent, and further, that the same committee with the Chairman of each section, complete the membership thereof, and when so completed, the same be submitted to the Society for ratification.

In this same category may be included the committees, officers and delegates, with, as I think, decided benefit to the Society.

Another method of accomplishing this much needed reform is voiced by the *New York Medical Record*, as follows: "One of the great needs of the Societies in question has been efficient and experienced officers, who understand what to do in order to get work out of the medical organization. All Societies should have a practically permanent executive officer, who shall generally be the Secretary. This officer, if supplied with a little money and a good deal of intelligent energy, could arrange definite programmes of scientific work, could solicit papers from men who know how to write, and could pre-arrange discussions. For experience has as yet failed to teach our brethren, who attend State Societies, that the medical work is not actually done at the annual meetings, nor is it expected to be done.

This work is to be finished before the sessions, and simply reported on at the time of meeting.

Experience has also failed to teach Society managers, that even debates are rarely satisfactory and useful, unless some previous thought has been especially given to the subject in hand. All these things a good officer could and should attend to."

Comments are unnecessary. The attempt made last year by the late President, Dr. Stone, and myself, and again this year by Dr. Sowers and the Secretary in this direction, sufficiently voice the correctness of this quotation. I earnestly hope the Society will take some action, which will secure to it the benefit of such improvements.

The Society will remember the refusal to membership, upon the report of the Committee upon Credentials, of one of the last years applicants, based particularly upon the testimony of one of our members, which oral testimony conflicts so entirely with a letter of recommendation written by the same member, that the conclusion becomes inevitable, that some one was gravely injured; a wrong, necessarily to be righted by this Society.

In the same connection I submit a correspondence had with the Secretary of one of the western colleges, a gradu-

ate of which was refused equal recognition with our fellows, by reason of some omission on the part of said college.

The objections have since been removed, and our Society, if such are the facts in its opinion, should restore the college and its graduates to honorable fellowship.

In announcing the time of meeting of the American Medical Association, which takes place in Cleveland, Ohio, from Tuesday, June 5th, at 11 o'clock a. m., to Friday, June 8th, I also suggest the propriety of electing delegates to the neighboring States, especially Iowa; also Dakota, Kansas, Missouri, Minnesota and Colorado, if they have State Societies.

At the last session of the Society, I received \$25.00 for postage and stationery. I herewith submit my itemized expenditure to the amount of \$34.45, leaving the Society indebted to me to the sum of \$9.45, for which balance I ask an order on the Treasurer. I also request the sum of \$25.00 to be set aside for the use of the Secretary during the coming year.

In conclusion, I submit the seal procured by the Secretary upon order of the Society, for its inspection. It is substantially as was suggested at the last annual meeting—one liberty only was taken. The central inscription of "Sum Cuique" is the device by which your Secretary for many years has endeavored to square accounts with the world.

It is his earnest desire that you shall feel the force of this, by admitting that in his relations to you he has tried "to give every one his due."

Respectfully submitted,

A. S. v. MANSFELDE.

Motion by Dr. Fuller: That a committee of three be appointed by the chair, to whom the report of the Secretary be referred for consideration, and to report to the Society such action as they may deem expedient and proper.

Committee on Secretary's Report—Drs. Fuller, Milton Lane and Abbott.

Motion by Dr. Fuller: That we stand adjourned until 9 o'clock a. m., Wednesday, May 23d. Carried.

## MORNING SESSION.

WEDNESDAY, May 23, 9 A. M.

The President, Dr. A. H. Sowers, presiding.

The Committee on Arrangements reported, that the address of welcome by Hon. R. E. Moore, Mayor of Lincoln, would be delivered at 2 o'clock P. M., this day, that a reception would take place in the Senate Chamber at 9 o'clock P. M., Thursday, to be followed by a banquet at the Commercial Hotel.

## REPORT OF THE COMMITTEE ON REGULAR ORDER OF BUSINESS.

*Mr. President and Fellows:*

Your Committee on Order of Business would respectfully report:

The daily sessions of the Nebraska State Medical Society will be as follows: Morning session from 9 to 12 o'clock, afternoon session from 2 to 6 o'clock.

The address of welcome by the Hon. R. E. Moore, Mayor of this city, will be given in this hall at 2 o'clock P. M., the 23d inst.

The annual election of officers will be held at 2 o'clock P. M., of the 24th inst., followed immediately by the delivery of the address of the retiring President.

The reception of members not present at the opening of the meeting, and reading notes from absentees.

The reception of members by invitation.

The reading and consideration of the stated annual reports of the standing committees in the order in which they are enumerated in the constitution.

The reading and consideration of the stated annual reports of the sections in the order in which they are enumerated in the constitution.

The selection of the next place of meeting will be made after the reading of the address, by the retiring President.

The choice of permanent members by vote.

The new appointments to fill the standing committees and

sections will be made by the newly elected President, at his earliest convenience.

Resolutions introducing new business, and instructions to standing committees and sections.

The reading and discussion of voluntary communications.  
Unfinished and miscellaneous business.

Adjournment.

L. H. ROBBINS, M. D.,  
A. J. SHAW, M. D.,  
E. M. WHITTEN, M. D.

Motion by Dr. Chapin: That the report be adopted.  
Carried.

Motion by Dr. Mansfelde: That the rules referring to the reception of members be suspended, so that applicants can be received at any time. Carried.

Excuses of absentees.

Communications were read from Drs. Shipman, A. Bowen, Leisenring, Prentice and Mary E. Ryerson Butin, regretting their unavoidable absence from the meeting.

On motion of Dr. Coffman, the report of the Treasurer was postponed until the afternoon session.

The Corresponding Secretary received time till afternoon session for his report, by order of the President.

Dr. Mansfelde, as member of the Committee on Medical Legislation, reported verbally:

That the efforts of the committee, though laborious, were not successful at the last session of the legislature, an amendment to the law governing the practice of medicine in this state being the sole product of legislation, which in no wise changed the inefficacy of the law.

Dr. Chapin, another member of the committee, reported substantially the same; both members agreeing, that the Society should take steps to enforce the law, thus demonstrating its defects, to be remedied by some future legislature.

Motion by Dr. Mercer: That the report of the committee be received, and the same be discharged. Carried.

Motion by Dr. Mansfelde: That Dr. F. A. Simmons, President of the Northwestern Medical College of St. Joseph, Mo., be made a member by invitation. Carried.

Motion by Dr. Cnapin: That Dr. G. W. Ross, of Bluffdale, Ill., a member of the Western Illinois Medical and Surgical Society, be made a member by invitation. Carried.

Under section on Medicine, Pathology and Special Therapeutics, Dr. Mansfelde presented a specimen of cystic degeneration of the Kidneys, explained by remarks upon the Pathology and Histology of the Kidneys, with special reference to cystic degeneration of the same.

Motion by Dr. Coffman: That the thanks of this Society are hereby extended to Dr. Mansfelde for presenting the specimen and the explanatory remarks accompanying it. Adopted.

Motion by Dr. J. O. Carter: That the Society hereby requests Dr. Mansfelde to transfer his lecture to paper, and present it to the Committee on Publication. Carried.

Dr. Mathewson invited the Society to visit the Insane Asylum. On motion of Dr. Carter, the invitation was accepted, and 8 o'clock P. M. set for the visit.

Hereupon Dr. Mansfelde described a case of Hysteria with Pleurosthotonos and its treatment by Valerianate of Ammonia and Compound Tincture of Bark.

A lengthy discussion ensued, participated in by Drs. Simmons of Missouri, James Carter, Hoover, Inches, Muir, Coffman, Mercer, Mathewson and Ross of Illinois.

Upon motion by Dr. Hart, Dr. J. F. Millspaugh, Battle Creek, Michigan, was made a member by invitation.

Dr. L. H. Robbins submitted the following invitation:

*Mr. President:*

In behalf of the officers of the Home for the Friendless, I extend to the members of the Nebraska State Medical Society a cordial invitation to visit this institution.

The Home is pleasantly located in the southern portion of the city, and it is the desire of the officers that the members of the medical profession throughout the state become ac-

quainted with its object, and thereby influenced to lend their powerful aid to the noble work of this charitable institution.

Motion by Dr. Coffman: That the invitation be accepted.  
Carried.

Adjourned till 2 o'clock P. M.

AFTERNOON SESSION.

WEDNESDAY, 2 o'clock P. M.

The President, Dr. Sowers, presiding.

Introduction of his Honor, R. E. Moore, Mayor of Lincoln, by Dr. A. R. Mitchell, and address of welcome by the Mayor.

Motion of Dr. Mansfelde, upon verbal report of Committee of Arrangements: That Dr. Donald Macrae, of Council Bluffs, Iowa, be made a permanent member of the Nebraska State Medical Society, by reason of his affiliation with the Omaha Medical College. Adopted.

Motion by Dr. Mercer: That the rules be suspended, and we proceed to the election of officers at an evening session to be held this evening (May 23d). Carried.

Adjourned until 7 P. M.

EVENING SESSION.

WEDNESDAY, 7 o'clock P. M.

The President in the chair.

Report of the Committee on Secretary's annual report:

*Mr. President:*

The committee you have selected to examine and report upon the communication of the permanent Secretary would respectfully suggest, that the thanks of the Society be extended to that officer for the able and efficient manner in which he has conducted the duties of his office, as well as for the zeal and energy he displayed beyond the performance of such duties, in advancing the interests of the Society.

In accordance with the suggestions made by the Secretary, your committee would recommend,—

1. That an annual salary of \$50 be paid the permanent Secretary for services rendered in the performance of his official duties.

2. That an allowance of \$35 be made the Secretary to defray the expenses of postage and stationery for the ensuing year.

3. That the itemized account presented by the Secretary, being correct and reasonable, the Treasurer be instructed to pay the balance of \$9.90 as shown by such account.

4. Your committee would recommend that at the opening of each annual session it shall be made the duty of the President to appoint a committee of three, whose duty it shall be to nominate from among the members present a chairman for each of the different sections, who shall promise to furnish an epitome of progress in the sections they represent, and further, that said committee, with the chairman so appointed, shall complete the membership of the section.

5. Your committee would recommend that at each annual meeting there be appointed one delegate from this Society to the annual meetings of the Societies of adjoining states.

With reference to the matter of admission to this Society of Dr. C. T. Poe, of Grand Island, who made application at the last session, presenting an honorary degree from the Saint Joseph Medical College, your committee has to report that the absence of the member whose verbal statement, made at the time of the application, wholly conflicts with his written endorsement of said Dr. Poe, prevents the members from arriving at any conclusion in the matter. The committee would therefore recommend, that consideration of the matter be postponed until the next meeting, when it is hoped the Doctor will be present to explain the apparent inconsistencies of his statements.

F. G. FULLER, *Chairman.*  
MILTON LANE.

Motion of Dr. Moore: That the report of the committee be adopted, except so much of it as shall refer to the selection of members of sections and their chairmen. Adopted.

By motion of Dr. Graddy, the part in the committee's report referring to the Northwestern Medical College, was expunged from the record, and

By motion of Dr. Moore, the following resolution was adopted:

WHEREAS, The diploma of one of the graduates of the Northwestern Medical College, of St. Joseph, was, at our last annual meeting, refused recognition, because we were unacquainted with the standing of said Medical College; therefore, be it

*Resolved*, That such action was not for the purpose of condemning said College, but suspension of recognition of the same, until our acquaintance with its operations should be sufficient to warrant such recognition.

Dr. Macrae then introduced the following resolution, which was adopted without a dissenting voice, by motion of Dr. Moore:

*Resolved*, That the thanks of the Nebraska State Medical Society be extended to Dr. A. P. Mathewson, Superintendent of the Insane-Hospital in Nebraska, for his courteous invitation to visit the Asylum. While we appreciate his entertainment and hospitality, we are well satisfied with the method of his management, and the elegant and cleanly appearance of the establishment; that the patients bear all the appearances of good care and good treatment, and we believe that the management of said Institution is unexceptionable.

Motion by Dr. Moore: That the Secretary be instructed, and is hereby authorized, to transmit a copy of the resolution of Dr. Macrae, under the seal of the Society, to the Governor of the State. Carried.

Motion by Dr. Graddy: That a copy of the resolution, adopted in favor of Dr. Mathewson, be furnished the leading newspapers of the State for publication. Carried.

## REPORT OF COMMITTEE ON PUBLICATION.

*Mr. President, Gentlemen:*

Your committee on publication beg leave to report, that in accordance with instructions, they have procured the lowest charges for the publication of our minutes for the years of 1881 and 1882, by letting the same to the Herald Printing Company, who have furnished 300 copies in the manner known to you by the copy you have, each one of you, received, for the sum of \$196.80, which was paid by the Treasurer upon receipt of the books.

Your committee included the report of our Delegation to the American Medical Association, though properly belonging to the proceedings of 1883, because of the interest attached to the matter by the members, and a desire of many to be soon and fully informed in regard to its outcome.

This, and the slowness of some members to return their papers to the Secretary, delayed the publication unusually long; the report on Necrology was entirely omitted, since, for reasons only known to the chairman of said committee, no copy could be had.

Fifty copies of the proceedings were sent to the Corresponding Secretary. A few extra copies were furnished members of the Society upon request, and at present one hundred and nineteen copies are still in the hands of the Secretary.

Respectfully submitted,

A. S. V. MANSFELDE,

RICHARD C. MOORE,

A. R. MITCHELL.

Motion by Dr. Graddy: That the report of the Committee on Publication be adopted. Carried.

## TREASURER'S REPORT.

*Gentlemen:*

I respectfully submit for your consideration the following Treasurer's report for the years 1882 and 1883:

R. C. MOORE, *Treasurer*,

*In account with* NEBRASKA STATE MEDICAL SOCIETY.

	Dr.	Cr.
To cash from Ex-Treasurer.....	\$223 85	
To cash from Lincoln meeting.....	36 00	
To cash from Hastings meeting.....	169 25	
To cash since Hastings meeting.....	165 00	
Total.....	\$594 10	
By cash expended as per vouchers.....		\$307 10
By acct. postage and stationery.....		3 66
By acct. Mansfelde (Hastings meeting).....		12 25
Total.....		\$323 01
Balance cash in treasury.....	\$271 09	

The following accounts unpaid, which I have classified:

Dues which will probably be paid.....	\$121 50
Dues which will probably not be paid.....	175 00
Dues, parties left state.....	24 00
Dues, parties dead.....	51 00
Total.....	\$371 50

I would suggest that the dues assumed against Wm. McClelland and D. C. Beedle, deceased members, be ordered cancelled.

Respectfully submitted,

RICHARD C. MOORE,  
*Treasurer N. S. M. S.*

Audited.

A. S. v. MANSFELDE.

Report received and adopted.

Motion by Dr. Whitten: That we proceed to the election of officers for the ensuing year. Carried.

The President appointed as tellers, Drs. Abbott and Lynn. The result of the ballot was as follows:

For President—Dr. Victor H. Coffman, Omaha.

For First Vice-President—Dr. G. W. Johnston, Fairmont.

For Second Vice-President—Dr. E. Van Buren, Hooper.

For Corresponding Secretary—Dr. R. R. Livingston, Plattsmouth.

For Treasurer—Dr. R. C. Moore, Omaha.

Motion by Dr. Fuller: That the President appoint the delegates to the American Medical Association.

Amendment by Dr. Graddy: That the matter be postponed and made the special order of business for 10 o'clock tomorrow morning, (May 24th).

Motion by Dr. Mercer: To lay the whole matter on the table and proceed to the election of delegates to the American Medical Association.

Motion by Dr. Johnston: To adjourn. Carried.

#### MORNING SESSION.

Thursday, May 24th, 1883, 9 A. M.

The President, Dr. Sowers, presiding.

Motion by Dr. Coffman: That the Secretary cast the vote of the Society for the delegates to the American Medical Association, as nominated. Carried.

The delegation consists of Drs. Dayton, Stone, Moore, Mercer, Coffman, Graddy, Bridenstine, Fuller, Peebles, Larsh, Whitten, Donaldson, Robbins, Livingston, Swetnam, J. O. Carter and A. R. Mitchell.

By motion of Dr. Coffman, Dr. John Black, of Platts-mouth, was made a member by invitation.

Constitutional amendment offered by Dr. James Carter: That section 1, article 4, of the Constitution, entitled, "officers—their election", be amended to read "save the Recording Secretary, who shall hold his office until he resigns, or is removed from office for inefficiency or other good cause." Ordered to lay over.

Motion by Dr. Mansfelde: That a special committee of five members be appointed to revise the Constitution and By-laws, to report at the next, the sixteenth annual session of the Society. Carried.

Dr. Henry then introduced the following resolution, which was adopted :

WHEREAS, The object of this Society in its meetings is to advance medical science and for the mutual improvement of its members, therefore, be it

*Resolved*, That the Permanent Secretary be, and is hereby, instructed to prepare a printed programme annually, in which shall be specified the order of the sections and time devoted to the same; and be it further

*Resolved*, That it is the sense of this Society, that members should not only prepare such papers as are required of them, but in the event they cannot be present, such papers should be sent in and read by the Secretary, or other person present, that no part of the programme be omitted and the members be not thereby disappointed; also be it

*Resolved*, That voluntary papers should be mentioned to the Secretary in time to occur in the programme, and that said programme be furnished to each member of the Society at least four weeks before the annual meeting.

W. O. HENRY.

Motion by Dr. James Carter: That the Society at its next annual meeting, convene at 9 o'clock A. M. and to continue its session until 9 o'clock P. M. the day following.

Amended by Dr. Abbott: That the Society be called to order at 2 o'clock P. M. Amendment lost.

Motion by Dr. Moore: That the day of meeting be left indefinite.

Amendment by Dr. Coffman: That the meeting be held on the first Tuesday in May.

All of which was laid on the table.

Amendment by Dr. Mansfelde: That the Society hold its next annual meeting on the second Tuesday in May, 1884.

Accepted by Dr. Carter, who moved the previous question.

Dr. James Carter's motion, as amended by Dr. Mansfelde, now reads: That the Society meet in annual session on the second Tuesday in May, 1884, from 9 o'clock A. M.,

Tuesday, May 13th, until 9 o'clock, P. M., Wednesday, May 14th, 1884. Carried.

Motion by Dr. Mansfelde: That we now proceed to ballot for next place of meeting. Carried and ballot ordered. Result, Omaha.

#### AMENDMENT TO BY-LAWS.

Offered by Dr. Merriam: Article 3 of By-laws reads: "*The ordinary parliamentary rules* governing the business of deliberative bodies, shall, in so far as they do not conflict with the Constitution and By-laws of this Society, be adopted for the regulation of its business." The amendment I offer is, that the words, "*the ordinary parliamentary rules*," be stricken out, and the words, "*Robert's Rules of Order*," be inserted instead. Laid over until next annual meeting.

#### CONSTITUTIONAL AMENDMENTS.

Offered by Dr. Mansfelde: That that part of the Constitution referring to the appointment of sections, be amended to read that, "At the opening of each annual session, the President shall appoint a committee of three, whose duty it shall be to nominate from among the members present, a chairman for each of the different sections, who shall promise to furnish an epitome of progress in the sections they represent; and, further, that said committee, with the chairman so appointed, shall complete the membership of the sections." Laid over for one year, in accordance with the rules of the Society.

Motion by Dr. Mansfelde: That the rules be suspended, and Dr. A. B. Anderson be invited to read his paper, entitled, "Was it Aconite?" Carried.

The reading of the paper was followed by discussion, in which Drs. Mansfelde, Carter, Henry, Swetnam and Coffman participated.

By motion of Dr. Graddy, referred to Committee on Publication.

Motion of Dr. Mansfelde: That Dr. Leisenring be requested to furnish his paper on "Puerperal Fever," to Committee on Publication. Carried.

Dr. Ruth Wood was then made a member by invitation, upon motion of Dr. Mansfelde.

Resolution by Dr. Hart: That the Secretary shall, within one month of the adjournment of this Society, proceed to publish the proceedings of this Society.

All papers submitted for publication must therefore be in his hands on or before the 24th day of June, 1883. Carried.

Paper by Dr. Chapin now followed: "A Short History of Vaccination in America."

Motion by Dr. Abbott: That the paper of Dr. Chapin be referred for publication to the proper committee.

This paper was discussed by Drs. Inches, Abbott, Coffman and Mansfelde.

Motion by Dr. Mansfelde: That the rules be suspended and the first order of business, at two o'clock this day, be the installation of officers, and immediately following the address of the retiring President. Carried.

Adjourned until 2 o'clock p. m.

#### AFTERNOON SESSION.

May 24, 2 o'clock p. m.

The first order of business being the installation of the new officers, the retiring President, Dr. A. H. Sowers, appointed Drs. Link and Stone to introduce the newly elected officers, which being done, the new President, Dr. Victor H. Coffman, took his chair with remarks complimentary to the Society as well as highly creditable to himself. He was followed by the Treasurer, Dr. R. C. Moore, in the same happy manner, who entered his office the sixth time elected to it, which is sufficient to show that the Society honored itself in the re-election of a faithful officer.

The new President, Dr. Victor H. Coffman, in the chair.

The address of the retiring President, Dr. A. H. Sowers, entitled, "Societies, their Usefulness and the Duties of the Members," was now listened to by the Society and was referred to the committee on Publication. [See Appendix A.]

The President now filled the following committees and sections as follows:

## COMMITTEES.

*On Arrangements*—Drs. J. M. Swetnam, P. S. Leisenring and R. C. Moore.

*On Ways and Means*—Drs. G. H. Peebles, M. J. Gahan, and W. Ackley.

*On Grievances*—Drs. R. C. Moore, M. W. Stone and D. T. Martin.

*On Necrology*—Drs. J. H. Peabody, H. W. Hewett and J. O. Carter.

*On Foreign Correspondence*—Dr. R. R. Livingston.

*On Publication*—Drs. A. S. v. Mansfelde, R. R. Livingston and R. C. Moore.

*Special Committee for Revision of the Constitution*—Drs. S. D. Mercer, A. S. v. Mansfelde, Charles S. Hart, A. H. Sowers and J. O. Carter.

## SECTIONS.

*On Practical Medicine, Pathology and Special Therapeutics*—Drs. C. T. Dildine, James Carter and N. F. Donaldson.

*On Surgery*—Drs. R. R. Livingston, N. B. Larsh and Chas. S. Hart.

*On Obstetrics*—Drs. L. H. Robbins, E. M. Whitten and D. Macrae.

*On Materia Medica and Therapeutics*—Drs. J. Cooke, W. H. Lynn and R. C. Moore.

*On Anatomy and Physiology*—Drs. Geo. B. Ayres, A. R. Mitchell and W. S. Gibbs.

*On Forensic Medicine and Toxicology*—Drs. L. J. Abbott, F. G. Fuller and W. M. Knapp.

*On Ophthalmology and Otology*—Drs. L. B. Graddy, J. C. Denise and W. S. Dayton.

*On Climatology and Prevailing Diseases*—Drs. H. Chapin, A. H. Sowers and W. S. White.

*On Nervous Diseases*—Drs. L. A. Merriam, H. P. Mathewson and C. Inches.

*On History of Medicine*—Drs. A. B. Anderson, J. A. Hase-meyer and D. A. Waldon.

Paper by Dr. Mansfelde was now read, entitled: "Therapeutic Addenda"—Listerism (Enucleation of Sarcomatous

breast and Ovariectomy) Diphtheria, Bronchitic Asthma, Pilocarpia.

By motion of Dr. J. O. Carter: Referred to appropriate committee for publication.

By motion of Dr. Abbott: Permission was granted to Dr. Mansfelde to have his paper published in a respectable journal prior to its appearance in the proceedings.

A very animated and lengthy discussion ensued, participated in by Drs. J. O. Carter, James Carter, Chapin, Swisher, Swetnam, Sowers and Beachley.

Motion by Dr. Graddy:

*Mr. President:*

I move you that a special committee of three, consisting of Drs. Abbott, Merriam and Lowry, be appointed to report upon the progress in the treatment of Diphtheria. Carried.

Dr. C. O. Henry now read his paper upon a case of Cystitis, which was referred for publication upon motion of Dr. Abbott.

Motion by Dr. A. R. Mitchell:

*Mr. President:*

I move you that all papers, the title of which appears upon the card from the Secretary, and which for want of time cannot be presented here, be referred to the Committee on Publication. Carried.

Motion by Dr. Moore: That the new Committee upon Necrology furnish a report upon the lives of Drs. Leslie, Crane, Brunner and Beadle, within one month, to the Secretary for publication. Carried.

Resolution by Dr. Graddy: *Resolved*, That a vote of thanks of this Society be tendered its President for the efficient and impartial manner in which he has presided over this meeting, and to Dr. C. S. Hart, the efficient and active Assistant Secretary; also, to the U. P. and B. & M. railroads for courtesies extended to this Society. Carried.

Upon motion of Dr. Mansfelde, the Society adjourned *sine die*.

A. S. v. MANSFELDE,  
*Secretary.*

In Memoriam.



JONAS CRANE, M. D.,  
BROWNVILLE.

GILBERT C. MONELL, A. M., M. D.,  
OMAHA.

J. D. LESLIE, M. D.,  
LINCOLN.

H. BRUNNER, M. D.,  
PREMONT.

WILLIAM McCLELLAND, M. D.,  
OMAHA.

DAVID E. BEADLE, M. D.,  
PAPILLION.

OMAHA, Neb., June 3, 1883.

*A. S. v. Mansfelde, Secretary of Nebraska State Medical Society, Ashland, Nebraska.*

DEAR SIR:—Owing to the late hour at which the committee received notice of its appointment, it has been impossible to get the proper data from which to compile obituary notices of several of our deceased brothers. We however send such as we have, and will endeavor to make the list complete before our next meeting.

It is but just and proper that this small tribute should be made to the memory of those who have fought side by side with us in this great battle with disease and death. I trust that members who know of any who have passed away and not had this tribute paid to their memory, will furnish the facts to the committee for its future reports.

Yours fraternally,

JAMES H. PEABODY,  
*Chairman Committee on Necrology.*

## MEMORIAL OBITUARY

OF

JONAS CRANE, M. D.

On the morning of June 4, 1881, at sunrise, in his chamber at his home in Brownville, Jonas Crane lay dying. Before the sun had climbed to his mid-day throne, while yet the soft, cool breeze was redolent of many colors of flowers, and melodious with the songs of many birds, Jonas Crane had ceased to be a personal factor among beings here.

As he was a man of more than ordinary influence, note and potency here, it is a duty alike to the living and the dead that chronicle of his salient characteristics should be set down and preserved.

He was born in the year 1820, in Beverly, Randolph County, in the state of Virginia. Infancy, childhood and youth were one almost uninterrupted struggle whether manhood should ever be attained. Especially was this contest irksome and embarrassing during his efforts to obtain an education. Schools and school houses were few and far between, neither of the best description in the country. By the aid of the schools and with his own efforts supplemented, he succeeded in obtaining a good English education with a smattering of Latin and possibly Greek.

Stimulated and sustained by his own ambition, he covered the field of English classics, read deeply into ancient history and mythology, and obtained a good knowledge of modern history, with a clear

insight and understanding of the principles that underlie the foundation of government.

The works of the best poets were a source of perennial pleasure, and their choicest, most felicitous passages were stored in his memory, and were often opportunely recalled to brighten or paraphrase a thought of his own. His ear was attuned to music, and while his voice lacked softness, his perception of time, rhythm, tune and harmony made him a good critical listener. His faculties for size, weight, form and color, were so well developed, that he was a fair amateur draughtsman, and painted with fidelity and taste. In mathematics, though not a master, he was more than usually correct.

With this preliminary preparation he entered the private office of Dr. John Thompson, in the town of Luray, Page County, in the valley of Virginia. Here he prosecuted his studies with assiduity, notwithstanding frequent embarrassing interruptions from failing health and failing means. The latter were replenished by teaching school, the former by mountain tours. The income from teaching provided most of the money used in defraying his expenses at college attending lectures. His first course was taken at Hampden; second course at Richmond, Virginia, of which Mallett, Cabell and Jones were professors at the time. In the interval between his first and second course he rode, prescribed and practiced in a simple way under the supervision of his preceptor. During this time he sustained a fracture of the ankle joint, and suffered also from caries of the forearm. His ankle and elbow joints remained, in consequence, partially stiff to the day of his death.

While confined to his bed by injury and disease,

he read and studied very thoroughly Gall and Spurzheim's theories on craniology, miscalled phrenology. Many embraced the doctrines as taught by them, and it is no wonder the young student was led by their specious reasoning, and he firmly believed the time near when the examination of the brain of a child would determine its most suitable avocation. From his studies and references he prepared a series of lectures. The cuts, drawings and paintings used in illustrating his demonstrations, were all designed, cut and painted by his able hands. While he, in his maturer years, renounced a great deal of the Gall system of phrenology, and never took pleasure in referring publicly to it, yet it is certainly a strong fact in evidence of his individuality and perseverance. With his models, portraits, paintings and crania, he made an extensive course, which proved fairly remunerative.

In 1848-9 he graduated well—for in that day no honor of prizes were awarded—from the oldest Medical College in this country, the University of Pennsylvania. Its corps of Professors contained at that time such eminent names as Hare, Leidy, Gibson and the renowned Wood and Nathaniel Chapman; names known to all physicians in this country, honored in Europe. and to which he referred with pride. With honors of graduation fresh upon him, he returned to Luray, and was secured as a partner by his former teacher. A few years afterwards he married the beautiful, accomplished and excellent lady, Miss Kate F. Burroughs, at Orange Springs, Virginia, in the year 1853. From this marriage three children remain—two sons and a daughter. The children are nearly all arrived of

age. A few years after his marriage he removed to Oregon, Holt County, Missouri.

The man full grown was now to enter upon his distinct, separate, individual career. At this time he was far from a ladies' handsome man, but what men term good looking, small, rather petite of figure, with an enormously large head, with an abundance of shocky hair, heavy, broad brow, large luminous eyes, great nose, broad mouth, with seemingly long arms and small legs, five feet, five inches high, and weighing never more than one hundred and twenty pounds, and often less, is the personal appearance of the man. If not handsome, there was a cordiality of hand grasp and shake, accompanied with such a beaming, beautiful, winning smile, that all minds were at once impressed with the sincerity and bonhomie of him; that hearts were prepared to furnish a kindly greeting. As might be expected, he was hailed and welcomed by these new settlers in a new country, who gave him their confidence and their patronage. This country at this period of its history had no railroads, and steamboats were uncertain and were limited to a few months of activity. Hence some one for every hundred mile of circuit was relied upon to act as surgeon. He sprang almost at a bound to his position. The case that first brought him prominently before physician and people, was one of severe compound comminuted fracture of the thigh bone, from an accident in mill machinery. It was in a neighboring county. A doctor was already in attendance. Doctor Crane, in view of the fact that the limb was extensively contused and rapidly swelling, was in favor of delaying application of retentive apparatus until the eighth or ninth day, as no reparative action would

sooner occur. The practice had been to supply splints and bandage at once. The patient, contrary to all lore of uneducated experience, and against the violent and continued protest of friends, consented, and finally succeeded in securing an useful member, free from limp or blemish. His career was one of unabated success, with increased cliental and augmented confidence. With the exceptions of ovariotomy, lithotomy and ligation of larger vessels, he performed all the others falling within the legitimate healing by the surgeon's art. His operations of a plastic character, Rhinoplasty, Cheiloplasty and the still more difficult task of correcting vicious cicatrices of nodular tissue consequent upon extensive burns and scalds, were many. It is beyond controversy that he was the pioneer above St. Joe in introducing and performing many operations.

In the Southern States there were no large cities to which patients repaired seeking aid from one of wide reputation for skill. Near him, in his own State, lived J. P. Metteur in a little town of a few hundred inhabitants called Prince Edward Court House, who had performed Lithotomy more than seventy times, and in States adjoined resided two other men who had the distinguished honor to originate and perfect surgical procedures which have by computation added an hundred thousand years to the life of mankind. These physicians lived in villages and relied upon their own ingenuity and efforts. So Doctor Crane was compelled to trust to, and have confidence in, himself. When possible, he sought to familiarize himself with a case, made full and complete preparation of implements, sponges, ligatures, before going to patients for opera-

tion. Trained and skilled assistants could not be had, and everything had to be ready.

From Oregon he came to Brownville in this State in eighteen hundred and sixty-five, at which he resided at the time of his demise. Since his location in this State he has continued with undiminished interest to practice his beloved art until sheer debility, utter weakness, drove him reluctantly from the field, then to his bed, and finally the hand could no longer hold and guide the scalpel. Some of his achievements in operative surgery in the line of relief for irreducible strangulated Hernia have been collected and published by Dr. L. J. Abbott, of Fremont, and now constitute part of the history of the Nebraska State Medical Society, of which he was a member.

Throughout all Doctor Crane's life he had a most unmitigated, undisguised disdain and contempt for pretentious incompetency. For the young student, sincerely desirous of study and improvement, his mind and his library were alike open and free to him, as well as words of cheer and comfort. But he was unsparing and unstinted in his sarcastic denunciation of those he thought were wilfully ignorant, or falsely pretentious, of knowledge. He has kindled many a fire of opposition, of rivalry and hatred that a more politic man would never have excited. From this imprudence of expression it can readily be inferred he was not uniformly or universally liked or popular. He was a positive man—clear in his conceptions, emphatic in his statements. While his enemies were at no loss as to the estimate he placed upon them, his friendships were no less pronounced. There was no uncertainty about him, friend or foe alike knew where he was to be

found and how he stood. His disposition was eminently social, and no man cherished his associates more. He was delighted to meet with a number of lively, congenial companions, spend an evening in song, anecdote, music and recitations. As his notions were decided, his emotions were quickly aroused. His laugh was hearty and so unconventional, that his whole frame shook with the agitation. So free, hearty, joyous and spontaneous was it that the most phlegmatic and stoical would be involuntarily led to participate. It was infectious—one would be compelled to participate through sympathy. His sorrow and grief were no less unfeigned and genuine. The tribute of tears would tell how deeply his nature was moved by the story of distress, or at beholding the grief of a friend.

Though often solicited to stand for a nomination for political office, he invariably declined—but always ready to assist others and ever lending aid to contribute to the general welfare. Though public station was not distasteful to him, he never sought it. Unions and societies he often attended and belonged to a number of them, and contributed a valuable part to render them interesting. Few men were able to rise upon the moment and deliver a twenty or thirty minutes speech and do it more easily and acceptably than he.

The family circle was a closed circuit. Its affairs were not a theme for general conversation. Reference is not made to little accidents and troubles incident to every household—but those severe trials, heavy afflictions that rend the heart and furrow the face and whiten the hair. These were sacred, their existence would only be known through others. That the home and family were sought to be

protected, is evident by the fact that the wife's patrimony was never, even in days of prosperity, alienated or jeopardized by hazardous investments with his own means, but were sedulously cared for and judiciously husbanded.

For many a month and year around the domestic hearth, when extreme anguish wrings the brow of a sufferer or painful, dangerous wounds have been received, the exclamation will be wrung out, "I wish he were here." Though the fullness of time, according to the Psalmist, has not been accorded him, yet owing to the wild fire of emigration that seized upon the people of the east, the deaths and dispersions of the civil war. he lived to bid a final adieu to most of the companions of youth.

"The mossy marble rests  
Upon the lips he had pressed  
In their prime;  
And the names he loved to hear  
Have been carved for many a year  
On the tomb."

H.

### GILBERT C. MONELL, A. M., M. D.,

First President of Nebraska State Medical Society,

Was born in Coldenham, Orange County, N. Y., October 20, 1816. Educated at Union College, and graduated from that institution in 1834. He received the degree of M. D. from the College of Physicians and Surgeons of New York, in 1841. He first located at Newburg, N. Y., where he pursued a general practice, but made a specialty of diseases of women, until 1857, when he removed to Omaha, where he practiced until 1870, after which he only visited among a few of his old patients, who would not give him up. Rigidly and uncompromisingly

honest in private life, he was ever stern and unflinching in opposition to dishonesty and corruption in public life. Every sound and practical enterprise tending to promote the growth of Omaha or Nebraska, received from him active and liberal support, alike with voice, pen and purse. All appeals to him in behalf of private or public charity, met with prompt and liberal response.

During the latter years he retired from business to gratify his life-long fondness for literary pursuits, devoting himself especially to scientific investigation, and studying the history and theory of religions, both ancient and modern. The relation between science and religion was to him a subject of great interest, to which he devoted much time, careful study and profound research. From the notes and memoranda made during these investigations, he prepared two works on the relationship between science and theology and science and the Bible, and another seeking to define the extent to which the Bible is a work of divine inspiration. He was about to commence a final revision of these works previous to publication, when during a tour for rest and recreation he became ill and died at Detroit, Michigan, on the 29th of September, 1881.

The Doctor contributed largely to the pages of the medical press during his term of active practice. He is the author of an essay on "Rheumatism," published by the Orange County Medical Society as a prize essay, in 1845; "Human Fossils" (translated from the French), in *American Quarterly Journal of Agriculture and Science*, May, 1845; on "Free Martins," in same journal, April, 1846; the same article, rewritten and illustrated by request of the editor of the *Journal of Medicine and Surgery*, for

that journal, January, 1846; "Secondary Typhoid Fever," in *Journal of Medicine and Surgery*, New York, September and November, 1846; "Mental Impressions on the Fœtus During Pregnancy," *American Journal of Agriculture and Science*, October, 1846.

The Doctor was elected Vice-President of the Orange County Medical Society, in 1853; was a delegate from that Society to the New York State Society, in 1854; President of the Orange County Medical Society, in 1855. He was one of the most active in the organization of the Omaha Medical Society, and was elected its first President, in 1866. Also a charter member and first President of the Nebraska State Medical Society, in 1868.

### WILLIAM McCLELLAND, M. D.,

Omaha.

The late Dr. William McClelland, whose death on Saturday has been chronicled, was born in Pittsburg, Pennsylvania, January 11, 1830. He was educated at Washington, Pennsylvania, and afterward attended lectures at the medical department of the University of Pennsylvania, the oldest institution of medicine in the United States. He graduated in April, 1853, and immediately commenced the practice of medicine in his native city, remaining there but a few years, after which, some time in 1855 or 1856, he removed to St. Louis. From that city he came to Nebraska in 1857, practicing in Fontenelle and Omaha until the outbreak of the rebellion, when he volunteered at the organization of the Nebraska First and entered the regiment as assistant

surgeon, the late Dr. Enos Lowe being surgeon. Owing to the resignation of Dr. Lowe, Dr. McClelland soon became surgeon of the regiment, serving with honor until the regiment was mustered out at the close of the war, and has since suffered from disease caused by exposure during the severe campaigns of his regiment in the south and on the frontier, the government awarding him a pension for his disability. The Doctor was presented with a sword which bears the following inscription :

Presented to Dr. William McClelland  
By Captain P. A. Wood, Chicago Light Artillery,  
For meritorious services  
In the battle of Shiloh, April 6th and 7th.

The Doctor was a member of Capital Lodge, F. & A. M., from its organization. His social qualities were universally acknowledged. He was full of life and wit in his early days, and he retained among our most prominent citizens some of the warmest friends to the day of his death—friends whose heartfelt sympathies are extended to his family in their bereavement. He was a man of no ordinary abilities as a physician and a scholar.

“ What were his faults, we may not ask, for death  
Has claimed him for his own, and ta'en him hence.  
What were his virtues is writ most  
In the memory of those to whom he came  
A gentle minister of medicine.”

### DAVID E. BEADLE, M. D.,

Was born April 23, 1834, at Galen, Wayne County, N. Y. Graduated from the University of New York, in 1855. The Doctor practiced medicine in his native place until August, 1869, when he removed to

Sarpy county, Nebraska, to look after some large landed interests in the town of Papillion, the county seat of Sarpy. He continued to practice here until the date of his death, April 9, 1883. He was of a warm-hearted social nature. At one time he did a large practice in his county. His time however, during his latter years was much taken up with his estate to the neglect of his practice. He leaves a wife and one son to mourn his loss.

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Address of the Retiring President,

A. H. SOWERS, M. D.

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*SOCIETIES: THEIR USEFULNESS AND THE  
DUTIES OF THE MEMBERS.*

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## SOCIETIES; THEIR USEFULNESS AND THE DUTIES OF THE MEMBERS.

BY A. H. SOWERS, M. D., HASTINGS.

The chief aim of every organized Society, should be progress in a practical development of all the fundamental principles embodied in its formation; and, as a respectable acceptance of its assembled acts, by the intelligent community among whom it exists, and the benefit derived by its supporters, depend upon the social culture, the blending and expansion of the practical thought, and the faithful performance of duty by the votaries, to the principles enunciated, it becomes incumbent on every member of any honorable Society, to contribute the full measure of his best qualities to the attainment of such aim, in the highest degree of its capabilities.

And, since the N. S. M. S. has been organized with such aims as are here contemplated in view, I trust that every one of its present and future members will ever be actuated by this vitalizing spirit, and in all their contributions to, and participations in, the deliberations of its future annual gatherings, will strive to promote progress, encourage investigation by comparative thought, and cultivate those social qualities so essential to evolve, construct and maintain successful, instructive and adherent fraternity.

So many able and praiseworthy disquisitions have lately appeared in our medical literature, on the past progress of the science of medicine, that I have failed to find anything in the late discoveries that could be embellished or rendered more instructive to this Society, by any effort of mine, on this occasion, to call your attention to the fruitful results yielded to the profession by these advancements. Let us all rejoice in the light that has been shed abroad by the unceasing labors and lucid descriptions of our industrious contemporaries throughout the entire civilized world, on the

progress that has been made. But let us not lull ourselves into the conclusion that those bright, electric jets, dotted all along the pages of our recent medical literature, are signs of the near completion of useful investigation.

While everyone who has carefully studied the history of advancement in our profession can not help but feel a sort of reverence for those astute minds who have been such prominent instruments in inventing and utilizing so many of the medical means, by the aid of which the practitioner of the day can arrive at an accurate diagnosis of diseases; and, whose diligent researches into changes wrought in the different tissues by certain specific diseases, have given us comparatively clear ideas of both general and special pathology; yet when we free ourselves from the tide of popular tendencies, and scan the unfinished work lying before us, we can readily see that much remains yet to be done by further investigation to complete a perfect system of scientific medicine.

Prominent among the interesting subjects for investigation, alluded to here, are, first, the definite action and physiological relation of the three great systems of nerves. We all understand that there is a system of nerves of sensation which responds to impingement and takes cognizance of disturbances anywhere on or in the body. The same is true in regard to the motory system, which responds to the demand for action, in both voluntary and involuntary muscular motion. We also have a pretty accurate conception of the function of the ganglionic system, i. e., that it presides over and furnishes the necessary stimulus to the process of nutrition, etc.

I repeat then, that we all understand the general outlines of the physiological functions of these different systems of nerves; but the exact physiological and pathological relation they sustain to each other has not yet been satisfactorily demonstrated, hence we are here presented with a very interesting topic for future investigation.

Each one of these systems is endowed with a certain amount of force of its own in the natural processes of life,

and that force can not be destroyed while life endures; but it may be partially arrested for the time being, in one or the other of these systems, by some one of the many disturbing influences with which the body almost constantly comes in contact; and, when such arrest has occurred, it seems evident to me, that one or the other of its associates must receive and store or utilize that force until the cause of diversion from its natural channel has been removed and healthy action re-established. It takes no great stretch of one's imagination to picture in his own mind the fact that a full understanding of this physiological relation will eventuate in the comprehension of a number of the finer grades of pathological problems that now lie hidden in the bosom of future investigation.

The next subject eminently attractive for future inquiry and to which I desire to call your attention for a few moments, is the origin, the real nature and the behavior of the red corpuscles. We all know that they are the little busy-bodies that convey oxygenated material from the centre to the periphery for the reproduction of wasted tissues; and that they carry back to the centre, for final elimination, carbonized matter, the result of destructive metamorphosis, but that they, too, in their turn, must die and that the places of the dead must be filled by a new generation is equally true, and whence the new born is an important question for future investigation and verification.

May not future research unfold the fact, that the material for the successive generations is taken from the peripheral cells and conveyed through the lymphatic vessels to regional lymphatic glands, in which is elaborated the corpuscular character, stamped with the impress of polarity that fixes their destiny to return to the same place from whence they came, after having passed through the final process of sanguinification, and, in their turn, become loaded with nutritious material? I simply suggest the question at this time, and submit it to the profession for solution.

Other propositions of inquiry—such as the specific actions of medicines and specific medication—the relation of tem-

perament to the influence of disease producing causes, and the susceptibility to the effects of medicine, etc., might logically be submitted in this connection; but time forbids that I should dwell any longer on this point, hence I will close this part of my theme by calling your attention in a casual manner to the necessity of a closer and a more scientific examination into the etiology and peculiar character of our Nebraska fever, a fever that partakes somewhat of the nature of both the malarial and typhoid, but in reality is neither one nor the other, a veritable nondescript that carries with it specific, or at all events essential characteristics of its own, which can only be elucidated and, its nosology satisfactorily established by diligent pathological investigation, under the auspices of qualified talent.

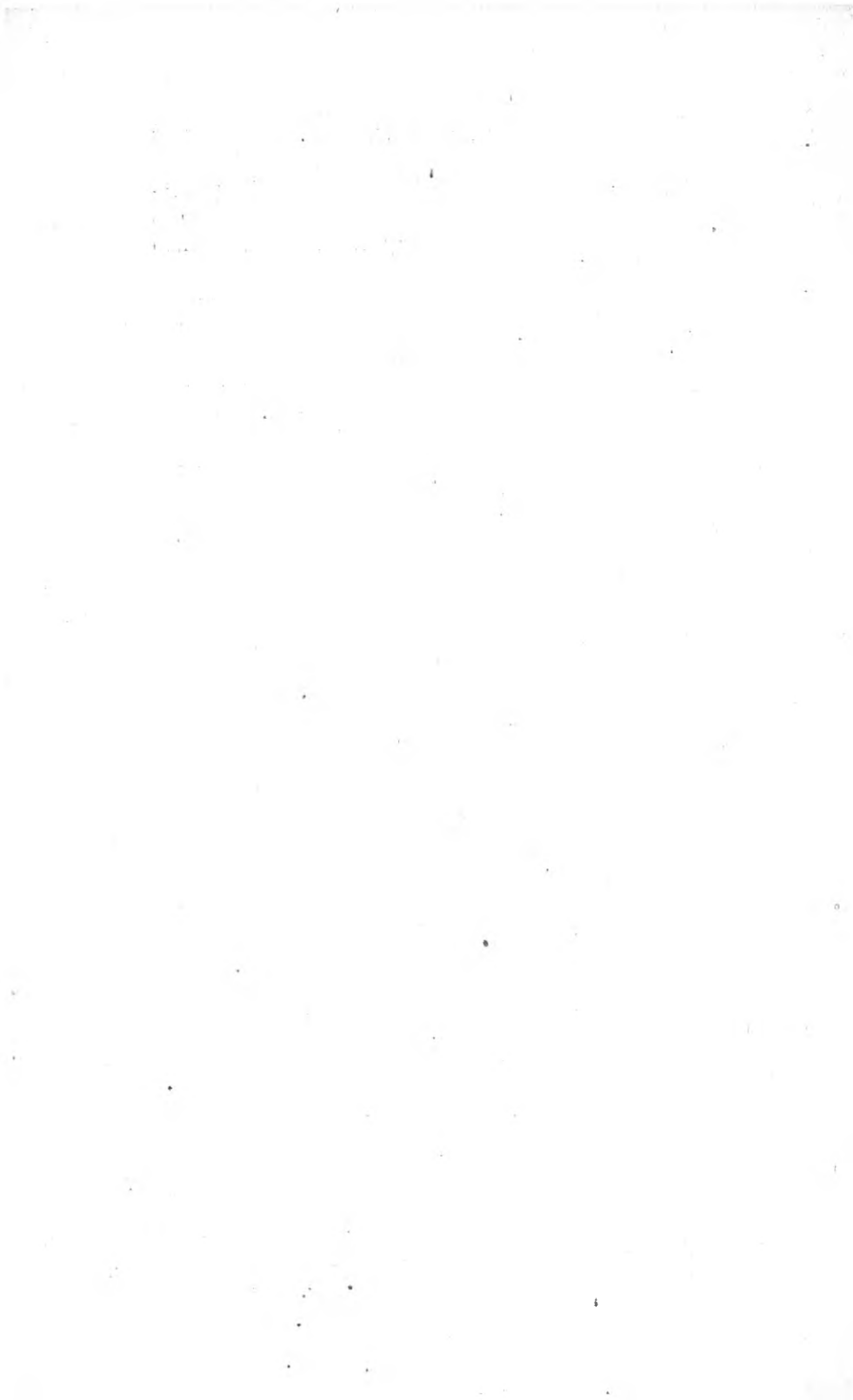
Agreeably to these few ideas, imperfectly delineated in the foregoing pages I have felt no inclination to speak disparagingly of what progress has been made, but rather to accept all that has been done in the true spirit of appreciation and carefully treasure it for future reference and comparison; and, at the same time endeavor to drop a few hints on some things that remain yet undone, in the hope that the suggestions offered, may stimulate a spirit of inquiry that will induce all of us to join in combined efforts to uncover the hidden treasures; and as a society contribute a fair share to the final solution of these interesting scientific problems—for more than any other pursuit in life, do the united efforts of earnest and devoted associates in the search of truth, strengthen harmony in sentiment among the participants and establish a lasting, beneficent and intellectual fraternity.

For homogeneous thought and unity in sentiment, directed in the channel that leads to the acquisition of knowledge and the crowning of truth, never fails to achieve results adapted to the wants of the times, and as this Society has now fully emerged from the frictions, incident to the trials of early life, and has clearly established its right to exist as one of the legitimate avenues through which future discoveries of scientific medicine may be communicated to the

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medical world ; it is to be hoped that every one of its members will become inspired with an unfading resolution to crown this central idea of unity, upon the throne of fraternity.

When we bring our yearly offerings to the altar of science with such aims uppermost in our minds, and evince a devotion to the cause of truth and humanity prompted by such high inspirations, our actions will stamp their footprints in every intelligent recess of Society, and mould a public sentiment in behalf of legitimate medicine, superior to what can be wrought by any other agency within the power of man.



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# Special Papers

Submitted at the Fifteenth Annual Session.

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1. REPORT OF PISTOL SHOT WOUND OF R. LUNG, DIAPHRAGM, AND UPPER LOBE OF LIVER. By M. J. GAHAN, M. D., Grand Island.
  2. VACCINATION IN AMERICA. By HORACE CHAPIN, M. D., Lincoln.
  3. CYSTOID DEGENERATION OF THE KIDNEYS. (*With specimen.*) By A. S. v. MANSFELDE, M. D., Ashland, Professor of General Pathology and Histology, Omaha Medical College.
  4. A CASE OF CYSTITIS. By W. O. HENRY, M. D., Pawnee City.
  5. A CASE OF POISONING BY ACONITE. By A. B. ANDERSON, M. D., Pawnee City.
  6. THERAPEUTIC ADDENDA—LISTERISM, (ENUCLEATION OF SARCOMATOUS BREAST AND OVARIOTOMY,) DIPHTHERIA, BRONCHITIC ASTHMA, PILOCARPIN. By A. S. v. MANSFELDE, M. D., Ashland, Professor of General Pathology and Histology, Omaha Medical College.
  7. PROPER PROCEDURE IN CASES OF OBSTRUCTION TO LABOR AT THE SUPERIOR STRAIT. By RICHARD C. MOORE, M. D., Omaha, Professor of Materia Medica and Therapeutics, Omaha Medical College.
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# REPORT OF PISTOL SHOT WOUND OF R. LUNG, DIAPHRAGM AND UPPER LOBE OF LIVER.

BY M. J. GAHAN, M. D., GRAND ISLAND.

On December 9, 1882, Walter Leamon, aged 16, was visiting a gun store in town, for the purpose of buying ammunition, and while there another youth stepped in with what is called a "bull dog self-cocking revolver," that carries a ball of 44 calibre, and wanted to dispose of it to the owner of the store. Mr. Connow casually examined it, in the act of which it was discharged, this being the first notice he had of it being loaded, the ball from which struck the said Walter Leamon (who was standing within five feet) on the rim of the right vest pocket, penetrating clothing, and passing into body in a downward course through the eighth intercostal space, lower lobe, right lung, diaphragm and upper lobe of liver, lodging against tenth dorsal vertebra, fracturing rib at its junction with that process. The boy was carried to my office, when, after passing a probe to its full extent into the wound, noticing its direction and finding no obstruction, I withdrew the probe and examined his back. Finding a slight protuberance close to spine, cut down on same, discovering the ball, extracting it, after which he was sent home, a distance of four miles, laying on a mattress in the bottom of a spring wagon, not expecting to see him again, as I concluded at that time it was a fatal wound. After receipt of wound, and during the time he was in my hands, he was under the influence of excessive shock and dyspnoea. During the next morning I was surprised to see a messenger arrive, wanting me to come out and see the boy. On my arrival, at 10 A. M., I found patient still under shock, wound looking healthy and the whole body taking on a yellow appearance. Ordered boy diet and  $\frac{1}{2}$  grain dose of S. Morph. T. 96. At 2 A. M. was sent for again.

On my arrival found T. 103, respiration frequent, skin more yellow, but exceedingly pale. Suspecting internal hemorrhage, and on examination found a very much bloated condition of chest, so much so, that the body appeared like a large feather pillow, ordered F. Ext. Ergot and Arom. Sulph. Acid, together in teaspoonful doses every hour in water, applied cold compresses around body, keeping them constantly wet, and watched temperature, which gradually went down to 96. I did not attempt to remove blood, as I desired that its bulk might act as a compress on bleeding vessels. During this time gave patient small doses of wine and Ammonia, as he was very weak. At day light stopped the cold applications, but continued the Ergot, etc. At 10 a. m. aspirated the chest at fifth intercostal space, drew off three quarts of dark fluid blood. The boy complaining very much of the pain and being exceedingly weak, I desisted for twenty-four hours from further aspiration, as he was relieved in breathing, and being desirous of assistance for administration of chloroform.

In the evening of same day visited patient again, and found T. 102, pulse 130, but very weak, also respiration hurried. Ordered T. Digitalis, 30 drops in water, to be combined with wine and beef tea every two hours until pulse showed a tendency to become stronger, then stop, also stopped Ergot, etc. Next day at 12 called in Dr. A. Naulteus to administer chloroform, but owing to the patient's weak condition, the pleading of his friends and his protest against taking it, we decided to operate without.

We accordingly tapped chest at the eighth intercostal space with  $\frac{1}{4}$  inch trocar, drawing off  $1\frac{1}{2}$  quarts of dark fluid blood, allowing trocar to remain in for sometime afterwards, from which blood dripped and eventually ceased in a few hours. From this time until December 19th I visited patient twice a day, watching temperature and pulse, the former averaging from 99 to 102, the latter from 108 to 140. On that day complained of pain over pericardial region and right shoulder. Applied hot hops to the latter and blister to the former, relieving them. At times he experienced pain in shoulder for

nearly two months, when it gradually disappeared. From this time on, to the 25th, pulse and temperature averaged as before. At my usual visit on that day, I noticed swelling of chest on right side, temperature 104, pulse 140, dyspnoea excessive. Tapped in seventh intercostal space and drew off two quarts of pus. Syringed cavity with warm solution of Carbolic Acid, 5 drops to ounce, injecting as much solution as pus removed. This was repeated every three hours until solution came away as clear as it went in. In the meantime the opening in chest cavity was retained and pus in the intervals would drip, and whenever ceasing I would renew tapping; either above or below the original place of opening, injecting and washing out as before. During the latter stage of the washing-out process, I noticed a few drops of water coming through the place from which the ball was extracted, that had heretofore almost closed. I re-opened wound and enlarged it by cutting down about two inches, so that when on introducing water through trocar on right side, just above the nipple, it would wash that side of the chest and run out in a stream through posterior opening. After keeping this process up for three weeks until chest cavity appeared perfectly clear of all secretion of pus, I withdrew trocar from side and allowed both wounds to heal up. During these three weeks patient gained rapidly in flesh, so much so, from being almost a skeleton he assumed a very fair proportion of flesh, temperature from 99 to 104, pulse from 108 to 140; the raise of pulse and temperature depending on the amount of pus accumulating.

I had made it a point to always keep on hand twenty-five grains of Quinine in capsules, and a clinical thermometer, with instructions to the nurse that whenever the temperature went up to 103, to give the Quinine, and send at once for me. By this means, I kept the temperature down until such time as I could get out, find the pus, and relieve it, either by tapping or cutting. There were no more accumulations of pus for about three weeks; temperature going down to 99 in the morning, and 100 to 101 in the evening. P., 92 to 108; respiration, 26. He was now in the habit

of sitting up, an hour or so, in a rocking-chair, every day, until January 4th, when, during the temporary absence of the nurse, and feeling somewhat better than usual, he got to turning and twisting his body in playing with a little sister, and eventually had to be put to bed with an increasing temperature, pulse and respiration, and within twenty-four hours, bloating of chest-walls ensued. From the 6th of January, when I began to evacuate pus by tapping and aspiration as before, until the 12th, there was taken away two and a half gallons of pus by measurement, my attendance on him being more or less constant during that time, and the carbolic injections used every three or four hours, day and night. After going through this siege, temperature fell to 99, with a fluctuating range to 101; pulse, 108 to 120; respiration, 24. He began to appreciate his food, and accumulate flesh as before, until February 28. On the night of that date, at 2 A. M., he complained of excessive pain about pericardial region and back, with violent dyspnoea. On my arrival I found temperature 104; pulse uncountable. No swelling of chest in front, but considerable on right side of spine, especially at seat of extraction of ball, and extending down some seven inches. I laid this open its full length, and cutting in from one-half to one inch in depth. This turned out to be a pus pocket, running down from old wound made by extracting. From this was discharged a quart and a half of pus, and two spicula of bone—the largest being two inches by one-quarter inch, and apparently pieces of the rib at its conjunction with the spine. After this, I inserted a gum-elastic No. 12 catheter, penetrated through old opening up into chest cavity eight inches, and syringed out same thoroughly with Carb. acid sol. This drainage was kept open for three weeks. When no more pus seemed to be secreted, I allowed it to close, which it did rapidly. From this time on, until February 24, patient improving, and my visits were made less frequently. On the evening of that date, I was sent for, with the information that he had been getting worse for the last two days and was now lower than ever before.

On my arrival I found chest excessively swollen, temperature  $104\frac{1}{2}$ , pulse thready and impossible to count, patient supported and sitting up in bed with very rapid respirations. I inserted one-fourth inch trocar, through sixth intercostal space, and drew off one gallon of pus, by measurement, leaving trocar in, pus dripping. I inserted the largest of my aspirating needles up through old wound in back, in as near a direction to its former channel as possible, and attached there to a small nozzle Mattison syringe, and by persistent efforts I succeeded in forcing a passage with hot water through into cavity. I gradually increased this opening by graded fenestrated gum catheters and hot water injections, until I could use a No. 12 catheter, which I allowed to remain in. From this time on I used only hot water without the acid, straining, as I heretofore had done, all solutions used for that purpose.

He rallied from this as quickly as he did from the other attacks, and when I turned him over, on February 28th, to Dr. Ring, an eclectic of his own selection, he had excellent drainage through trocar at sixth intercostal space anteriorly and the No. 12 catheter in posterior wound, hot water injected through trocar would run out freely from the back.

On my return from Omaha on March 31st, I found that shortly after I left, that drainage tubes were withdrawn and wounds allowed to heal. Soon thereafter he got worse, but with no outward indications of another accumulation of pus, and not getting any relief, was given up by the physician and his friends. During the worst of this stage his father was lifting him in bed, when, in the boy's own words, "something broke suddenly on the inside." A few minutes afterward he had a passage from his bowels of nothing but green bile and pus, as his father states, that every passage thereafter for about a week, he passed more or less of the same secretions with it. His urine throughout his sickness showed an excess of bile, but more especially (as I was informed) during this attack; that when allowed to stand for a short time it would become very thick. During the attacks of secretions of pus, he had frequent spasms of cough-

ing, which would always result in expectorations of quantities of pus. As soon as he would be relieved of the accumulation, these symptoms would subside.

At the time of seeing him again after my return, his temperature was  $102\frac{1}{2}$ , pulse 130, respiration hurried. Although there were no outward signs but these to indicate more pus secretion, I thought it best to explore. I therefore opened up the closed posterior wound by the same process that I used before—aspirating needle, catheter, hot water, etc. I was repaid by finding and drawing off  $1\frac{1}{2}$  pints of pus. I kept a tube in this position for six weeks, using injections frequently. The boy acquired a habit during this stage of amusing himself and also to assist cleanliness, to contract suddenly the pectoral, serratus and intercostal muscles, and eject forcibly any pus or water that might be in the cavity. After the removal of the tube his recovery was permanent and rapid, but I kept him in bed until the last of May, when I allowed him to get up and walk a short distance around the room, increasing his exercise daily as he became stronger, and at the present time he is able to come to town and walk around without fatigue to any great extent.

The results of the case at the present standing, I sum up as follows: Pulse averages 120, temperature 98, respiration 24 to 26; marked dullness on percussion over lower one-half of right lung and lower one-third of left lung; both wounds, back and front, healed and healthy-looking, and his weight 115 pounds; loss by pus 6 gallons, by blood  $1\frac{1}{2}$  gallons, measured; number of operations on chest 12, on back 4.

## VACCINATION IN AMERICA.

BY HORACE CHAPIN, M. D., LINCOLN.

Previous to the discovery of vaccination, very few escaped small-pox. It was estimated that ten per cent. of all the deaths resulted from this disease. Of those that recovered nearly all were more or less disfigured, and, in many instances, in a most shocking manner. For these reasons, it was, in the estimation of the people, a more terrible evil than all the other diseases combined. The opportunities that any one of us may have had to witness its action and results can give but an imperfect picture of the manifestations of this loathsome and hideous disease before the discovery of vaccination. Whatever could then be done to prevent the great mortality, or to modify its destructive effects upon the tissues, especially those of the face, the physicians earnestly sought to do, but with little apparent success.

Variolous inoculation was first introduced into America in 1721 by Dr. Zebdial Boylston, and was more or less practiced till 1799, when vaccination was introduced into the United States by Dr. Benjamin Waterhouse, of Cambridge, Mass., who had received a parcel of vaccine virus from Dr. Jenner, of England, the originator of vaccination.

Dr. Waterhouse, a ripe scholar, a physician of acknowledged merit, occupying the position of Professor of Theory and Practice in Harvard Medical college, having, while in England the previous years, witnessed the process of vaccination; had become fully convinced that it would protect from small-pox all those who had been effectively vaccinated. Through his influence, vaccination soon became general throughout New England, although there were many persons, and among them not a few physicians of ability and influence, who were not fully convinced that vaccination

was a preventative of small-pox. Moreover, some maintained that although it might prevent the disease, being itself, as they conceived, a modified form of small-pox, there was great danger that with it there might be introduced other diseases far worse in the end than small-pox itself. But, as small-pox had for ages decimated the human race, most persons were willing to run great risks, if thereby they could be protected from so great an evil; consequently it took but a few years to convince the medical profession, and the people generally, that vaccinia would prevent the occurrence of variola. As a result of this conviction, laws were enacted in many of the states compelling vaccination.

In 1800 Dr. Waterhouse published a pamphlet on the subject of small-pox, a copy of which he sent to Mr. Jefferson, then President of the United States.

The President, in a letter dated December 25, 1800, acknowledging the receipt of the pamphlet, says: "I had before attended to your publications on the subject in the newspapers, and took much interest in the results of the experiments you were making. Every friend of humanity must look with pleasure on this discovery, by which one evil more is withdrawn from the condition of man; and must contemplate the possibility that future improvements and discoveries may still more and more lessen the catalogue of evils."

Early in June, 1801, Dr. Waterhouse sent the President some vaccine virus. This virus was used immediately, but without effect. The President, in a letter written on the 26th of June, after acknowledging the receipt of the virus, says: "I immediately put it into the hand of Dr. Ganett, a long-established, judicious and successful physician of this place, together with the pamphlets and papers accompanying it. It turns out that it had been too long unemployed, for of numbers inoculated with it from the 18th to this time, no one appears to have taken the infection. In the meantime, a great anxiety is produced here to obtain a successful inoculation. I know not how it will be obtained, unless you could continue your goodness so far as to enclose by post

new matter two or three times successively, until we can inform you that it has at length taken."

The wishes of the Chief Magistrate were complied with, and Dr. Waterhouse every few days transmitted virus from Cambridge to Washington, a distance requiring eight days for its transmission. Early in July, both the President and Dr. Waterhouse were rewarded for their patient and persistent efforts by a successful vaccination. I will again quote from a letter of the President, giving a description of the manifestations of the disease, and other particulars regarding it. This letter bears evidence not only of the President's interest in the work, but of the correctness of his conclusions, as will be shown further on, particularly in regard to the day that the virus should be taken for use. He says: "In the course of July and August I inoculated about seventy or eighty of my own family, my sons-in-law about as many in theirs, and including our neighbors who wished to avail themselves of the opportunity, our whole experiment extended to about two hundred persons." And further on in the letter he says: "As far as my observations went, the most premature cases presented a pellucid liquid on the sixth day, which continued in that form the sixth, seventh and eighth days, when it began to thicken, to appear yellowish, and to be environed with inflammation. The most tardy cases offered matter on the eighth day, and continued limpid on the eighth, ninth and tenth days. Perceiving therefore, that the most premature as well as the tardiest embraced the eighth day, it made that the constant day for taking matter for inoculation, say eight times twenty-four hours from the hour of previous insertion, and in this way it failed to infect in not more, I think, than three or four out of two hundred."

Thus, through the influence of the President, vaccination was introduced into the Southern States, and soon became general in all parts of the country.

For seventy years following its introduction, the virus was obtained and vaccinia produced by vaccination from arm to arm. The virus obtained in this way fully retained its

power to produce the typical vaccine pustule, and consequently to prevent the much dreaded disease, small-pox.

But, inasmuch as there were many persons, including some physicians of respectable attainments, who were of the opinion that the vaccine virus had gradually become less and less effective, until it had lost much of its power to prevent small-pox, while at the same time it may have become a source of other diseases, quite as much to be avoided as small-pox, there were many attempts in England and America to reproduce the vaccine disease in the cow. Most, and as far as I am informed, all of these attempts were based upon the theory that vaccinia was variola largely deprived in some mysterious way, by the vital action in the kine, of the power to reproduce itself in the human being, except in an exceedingly mild form, and yet retaining its original action sufficiently to protect the system from a second attack of small-pox, vaccinia being the first. True to their theory they endeavored to produce the disease in the cow by inoculating her with varioloid virus, but, in every such experiment, there followed either no disease at all, which was usually the case, or, if vesicles and pustules resulted, the virus taken from them would invariably, when used to inoculate human beings, cause the genuine small-pox. Such experiments were commenced as early as 1801, and have been repeated from time to time to 1880.

I will give two instances as illustrations of the methods of obtaining vaccine virus by the disciples of this theory. In 1860, a physician in Boston inoculated into a cow's udder some variolous virus taken from a pock upon the body of a man who had died of variola, and succeeded in producing postules from which he obtained virus. With this he inoculated fifty persons, in most of whom small-pox was developed in a mild form. A few only had the confluent small-pox.

The last attempt, as far as I am informed, to obtain vaccine virus in this way, was made in 1880. In regard to it, Dr. DeWolf, health officer of Chicago, in a paper read before the Chicago Medical Society, April 4, 1880, says: "Other

experimenters have for the moment claimed success until informed of their failure by the appearance of small-pox as the result of the use of their virus." Such an instance occurred in our own state last year.

"Dr. Meyer, of Monee, a Post Office hamlet in Matterson, took matter from a heifer which he had succeeded in variolating, and introduced it into seven families. The majority of the patients suffered mild small-pox, several developed the disease in a confluent form." The reporter added that "the doctor's neighbors were looking for him, and anxious that he should decorate the bottom of a well, but he had left the *bailiwick*."

There are printed statements with results similar to that of Dr. Meyer's experiment. There are also printed statements of experiments of inoculations of the heifer with variolous virus resulting in vaccine vesicles. But, as I have been unable to find a single well authenticated case occurring here in America, and as those recorded in the books, as far as I have seen, occurred over forty years ago, and, inasmuch as a great many similar experiments have been made since then, resulting in not one instance in vaccinia, I am obliged to distrust the records of the alleged opposite results.

There is, however, but one opinion in regard to the point, that the vesicular lymph of the vaccine disease contains the germs of the disease, whether those germs have a common origin with those of small-pox or otherwise. This much we know, that the virus from a vaccine vesicle will produce vesicles that secrete virus, which will produce other vesicles whose function is identical with the original vesicles. Nearly a hundred years of observation and experiments have proven this. The descriptions given by Jenner, his co-workers and immediate successors, are perfect descriptions of the disease as witnessed to-day. The pustules described by them were prototypes of those last seen by us, and the reproductive and protective power of the virus has in no way changed; consequently, for ninety years, the disease has continued through a line of human beings, and proved to be as effec-

tive to protect mankind from the ravages of small-pox at the end of this period as at the beginning.

In the year 1867, an Italian physician successfully vaccinated a heifer from virus obtained from pustules found upon the udder of a cow. Other physicians, receiving virus from him, and adopting his methods of vaccination, were equally successful. Dr. Henry A. Martin, of Boston, receiving virus from this source, introduced animal vaccination into America in 1870. Since then, the operation has been repeated in different parts of the country by many persons, some of whom have entered upon the business of the cultivation and sale of animal virus.

The process of producing the cow pox at will in the heifer is a very simple one, and the results are usually very satisfactory. The animal is placed upon a table, and securely fastened thereto. With shears and razor, a place six or eight inches in diameter, generally over the loin and flank, is made bare. At twelve or fifteen points on this bare place, vaccine virus is introduced in the same manner that it should always be introduced into the arm of the human being. At the end of the seventh day, the vesicles are distended with virus, when the animal is again secured to the table as before, and the vesicles, six or eight in number in each pustule, are ruptured, and the virus removed. This is usually done by dipping the ends of pieces of ivory points into the virus while it continues to flow. From two hundred to eight hundred points, according to the more or less abundant flow of the virus, can be charged from one heifer. These ivory points are used to vaccinate human beings.

The process of vaccinating human beings is also a very simple one; still, to insure success, the operation should be carefully performed. It is necessary that the virus should be introduced into the skin, that is, just through the epiderma into the derma, when, if fresh virus has been used, and the patient has not been previously vaccinated or sick with variola, there will result, ninety-nine times in a hundred, a typical vaccine pustule. Three things are then necessary to insure the production of a vaccine pustule, viz.: first, fresh

vaccine virus; second, its introduction into the living tissues; and third, the patient's previous exemption from vaccinia or variola.

If it be so easy to produce the vaccine disease as represented above, why do we so often hear of failures in this respect? To my mind, there is no doubt that nine-tenths of the failures result from the inertness of the virus used.

By experiments upon the heifers, I ascertained that fresh virus, that is, virus used within twenty-four hours after being taken from the heifer, would produce the perfect vaccine pustule nearly every time, while there would be an occasional failure from virus forty-eight hours old, and with that a week or two old the failures would outnumber the successes. If a month had elapsed before its insertion, it was seldom followed by a vaccine pustule.

Two years subsequent to the time of the experiments just mentioned, I availed myself of an opportunity to experiment in a like manner upon human beings, and thereby to correct or confirm conclusions drawn from the experiments upon the kine. I held the office of city physician, and as such had many children to vaccinate. I adopted the plan to vaccinate at least four or five children each week, using virus from the arm of a healthy child on the day that I procured it. This plan I strictly followed for a year, and seldom, if ever, failed to produce the desired result. How was it with the action of virus that had been kept days or weeks before using? In order to procure evidence upon this point, I often vaccinated the little ones in two or more places; in one place with fresh virus, but at other points with virus that had been taken from the arm a week or two or more before using. The result entirely corresponded with those of the experiment upon the kine.

In the kine, as in the human being, the disease can be successfully continued, as has been proven by its transmission from animal to animal, since the discovery of animal vaccination in 1867. That man can be successfully vaccinated by animal virus has been established by millions of cases of vaccinia all over the country. It has been shown

by experiments that vaccine virus taken from the human being will produce the vaccine disease in the heifer. In short, there is no longer any doubt that vaccinia can be continued from animal to animal, from animal to man, from man to man and from man to animal *ad libitum, ad infinitum*, without loosing or gaining in its effective powers of reproduction or protection.

Have we evidence that vaccine vesicles secrete the germs of other disease? We believe that there is not sufficient evidence to show that, in any condition of the system, such power belongs to the vesicles. We know there are those who believe otherwise, and, in defense of their position, cite instances where vaccination has been followed by syphilis, and by diseases of the skin. The fact that other diseases sometimes follow vaccinia proves but little, unless it can be shown that the virus was taken from a person or an animal that had a like disease, and, even then, there must have been no possible chance for the admixture with the vaccine lymph, after the rupture of the vesicles, of other germs outside of the vesicles, that may have existed in the fluids or solids of the person or animal that produced the virus, before we should be warranted in the conclusion that vaccine vesicles sometimes secrete the germs of other diseases.

But, methinks I hear some practical physician say, it matters not to him, or to mankind generally, whether vaccine vesicles secrete the germs of more than one disease or otherwise, if the germs of other diseases are of necessity implanted with those of the vaccine disease. And so might we all say, if the germs of other diseases are of necessity implanted with the germs of vaccinia. Now, in more than one instance, I have had conclusive evidence that the fluid which contained vaccine germs also contained the germs of other diseases. In a number of cases where the virus was taken from the arm of an infant, and used to vaccinate other infants, perfectly pronounced chaneres followed, and, in a number of instances, that the patients were vaccinated with virus from the heifer, they were soon affected with dis-

ease of the skin somewhat unlike in appearance any other skin disease that I ever saw. But, in these, and in all other similar cases that I have had an opportunity to examine, I have been convinced that sufficient care had not been taken to procure the virus on the proper day, or to prevent the mixture of blood or other substances with the vaccine lymph. Many persons, in taking virus from the pustules, perform the work so carelessly that fluids or solids, not secreted by the vesicles, are mixed with the virus. There may no harm follow from the inoculation with such fluid, if the person from whose arm, or the heifer from whose side, it was taken is free from other infectious diseases, as will probably be the case in ninety-nine instances in a hundred. Many of those who are engaged in the business of cultivating and selling virus are, not infrequently, from the common walks of life, and perform their work with no higher aim than the average tradesman who, desirous of reaping as rich a reward in money as possible, often resorts to methods that would not be approved by any well informed and conscientious physician. For example, after rupturing the vesicles, and removing the virus that freely flows therefrom, they press upon and squeeze the pustules, causing a mixture of virus, blood and other matters that may exist in the circulating fluid at the time. A man, an employee of a firm that cultivated and sold large quantities of vaccine fluid, assured me that it was an invariable practice with him, when collecting the lymph, to squeeze each pustule in succession until, to use his language, he had milked the heifer dry. In this way he often succeeded in obtaining much more fluid than he otherwise could have done. Within the last year, I was informed by a physician, who has during the last ten years or longer cultivated and sold a great deal of virus, that he had a process by which he could, and did, charge thousands of points from the fluid obtained from one heifer. Now, as I have found the average flow to be sufficient to vitalize only about 300 points, and, as in no instance under my observation, has the flow been sufficient to vitalize 1,000 points, I conclude that the process by which

so much so called virus is taken from a single heifer, must cause it to contain a very large per centage of serum, and very likely more or less other foreign matter.

If, at the time of taking virus from a heifer, the formation of pus has taken place, or if the circumjacent tissues contain toxical matters in solution, then by this process they would be removed with the virus, and would necessarily be introduced into the arms of the thousands vaccinated with the virus from one heifer. During the small-pox epidemic of 1872-73, we seldom heard of erysipelas as the sequela of vaccinia, to-day the bane of the vaccinator, although animal virus was then as generally used as in the epidemic of 1882. But, in the latter epidemic, cases of erysipelas of a severe type were alarmingly prevalent. It is probable that many of the cultivators and venders of animal virus may have adopted the above method of obtaining large quantities of animal virus. May not the foreign substances that must have been mixed with it have been the principal cause of this unprecedentedly large number of cases of erysipelas?

Again, if the vaccinator understands his work, and conscientiously and as carefully as possible performs it, he may even then cause abrasions of the inflamed and tender skin around the pustule, and consequently mix more or less of other fluids with the vaccine lymph. It is hardly probable then that he will always succeed, if he takes every precaution, in obtaining unmixed animal virus. To further guard against the damages that may arise from mixed fluid, the animals to be vaccinated should be carefully selected by a physician so conversant with the diseases of animals, their symptoms and manifestations, as to be able to detect in them the least deviation from perfect health. Until such precautions are taken, and they never will be until their necessity is fully realized by the medical profession and the people generally, will the liability to implant with the germs of vaccinia, the germs of other diseases, be reduced to a minimum.

As the cultivation and sale of vaccine lymph is at present not regulated by law, selfish and irresponsible parties, to a

great extent, supply the profession, and very likely generally with that which is harmless. But if, as sometimes will be the case, unlooked-for and harmful results follow, who then will be held responsible, the unprofessional man who, with little knowledge of the nature of disease, cultivates and sells virus, or the educated physician who uses the virus, and is supposed to obtain it from a reliable source, and to understand the nature of vaccinia and the other diseases that sometimes accompany or follow it, and to be able, not only to treat the latter when they appear, but to prevent, as far as possible, by precautionary measures their appearance? I am quite confident that the patient and his friends, who know no dealer or operator in virus but his physician, will hold him responsible for any unfortunate results in this regard. But, even if his reputation as a painstaking practitioner is not questioned, the fact of the possibility that any one may become infected with the germs of disease through his ignorance of, or carelessness in performing his professional duty, should stimulate to a wise and careful performance of such duty. To that end, the physician should study carefully not only vaccinia, but the diseases that sometimes accompany or follow it, that he may thereby, as far as possible, be prepared to prevent the latter, or to treat them in case they appear. The only way yet known of preventing them is to use virus from a healthy infant, or from a healthy heifer, and being sure of that, and that due precautions have been taken in its collection, it matters little whether it comes from the human being or the animal. I should, other things being equal, prefer virus from heifers, for the reason that syphilis, more to be avoided than any other disease, belongs only to the human race. But, when virus is carefully taken from a healthy infant, there is no danger of its being a source of syphilis. Every physician ought to be able to select healthy infants as the source of supply. It appears to me that the liability to inoculate into the system the germs of infectious diseases with the germs of vaccinia will be less under present conditions, if the physician himself carefully procures the virus from apparently healthy infants, than if

he obtains it from the producers and venders of animal virus.

But public opinion at present in this country is greatly in favor of the use of animal virus. For this reason, the profession will be obliged to rely upon the producers and venders of animal virus for its supply.

Already, in England, arrangements have been made by Parliament, that the National Vaccine Department shall supply pure and fresh animal lymph, in stock, to medical practitioners as they may desire.

That the people in our country may be equally protected from diseases that under present conditions are quite certain sometimes to be introduced with cow-pox, is it not time that the cultivation and sale of vaccine virus be regulated by law?

## CYSTOID DEGENERATION OF KIDNEYS.

*(With Specimen.)*

BY A. S. V. MANSFELDE, M. D., ASHLAND, PROFESSOR OF GENERAL PATHOLOGY AND HISTOLOGY, OMAHA MEDICAL COLLEGE.

*Mr. President and Gentlemen:*

The specimen, which I have the pleasure of submitting for your inspection, is one of Cystoid Degeneration of the Kidney, a disease, comparatively speaking, of rare occurrence and more often attacking males than females, and then by preference during the latter years of life, seldom before the thirtieth year, excepting the congenital form.

I submit a short history of the patient, sketched by my friend, Dr. J. A. Paddock, to whom I am also indebted for the specimen, which will hereafter be found in the pathological museum of the Omaha Medical College:

J. H. U. S., occupation, in early years, cigar maker, late years a miller; family history good, with an exception of an obscure history of gastric carcinoma, said to have been discovered upon autopsy in the case of father's accidental death; previous history good; habitual weight about 200 pounds; was considered, by all who knew him, an unusually strong and healthy man. Some five or six years since he received a blow upon the head from a 300 pound weight, thrown from the hand of a large man. This made a scalp wound, a little below the occipital prominence, and somewhat to the left, of about  $1\frac{1}{4}$  inches in length, producing no fracture of the skull. From this he complained of great pain in head running down spinal column and into the calves of the leg. This wound discharged considerable laudable pus for from two to three weeks. A very intimate and observing friend dates patient's trouble from this time, and says that after this his stomach became more and more irritable up to his death, it being no uncommon thing for him to vomit up the

whole of a meal immediately after eating the same. During all this time and up to death he was complaining of a lame back. There was not, as far as I am able to ascertain, any complaint as to kidney or bladder trouble. From this time it seems that patient gradually failed as to strength, and lost as to weight—developing a well marked cancerous color. Failure of strength was almost total at the time of taking bed. Early habits were somewhat irregular; for last eight or nine years very steady, hard working and temperate. Up to taking bed his bowels manifested no irregularity. No earthly symptoms of uræmia at any time, unless they existed when you saw him. Last few days he complained of tasting salt in everything. Took to bed March 8, 1882; died March 25, 1882; aged 35 years, 3 months and 9 days.

J. A. P.

I quote from Ebstein-Ziemsens Cyclopaedia of Medicine, volume XV, page 640:

“In isolated cases complete cystic degeneration of both kidneys may be observed in adults. The kidneys are then more or less enlarged and may attain such dimensions as to be felt during life. Both kidneys are found attacked, though perhaps not to an equal degree; the substance of the kidneys is transformed into a series of closed cysts, which are imbedded in an abundance of connective tissue, and which vary in size, sometimes attaining to the dimensions of an orange. They contain tough, yellowish or reddish serum, or sometimes a gelatinous substance; their contents are always albuminous, but free from urinary substances, (with which view Rindfleisch does not agree. A. S. v. M.) and are found to contain blood corpuscles, pus corpuscles and cholesterine crystals. In very advanced cases, every trace of kidney tissue is wanting; often, however, remnants of it remain in the midst of the connective tissue. . . . .”

“The clinical history of this affection is as yet imperfectly studied. The symptoms are not very characteristic. The course of the disease is chronic. No diminution in the urine appears, but during the advanced stages its specific gravity

seems to be considerably lowered. Albuminuria and haematuria, recurring from time to time, are the most constant symptoms. As a general rule, the course of the disease is latent and insidious, and if patients do succumb to the kidney affection, death generally follows suddenly with uraemic coma and convulsions."

The pathology of the case is set forth in the following language by Prof. Rindfleisch in his pathological histology, page 493:

"Cysts by constriction are found in the cortical substance of such kidneys, in which an inflammatory hyperplasia of the connective tissue has particularly attacked the environs of the larger renal vessels at the medullary limits. These cysts are either single, or they even occur so numerous that the whole cortical substance is occupied by them and but few remains yet exist of relatively intact parenchyma. In the latter case (cystoid degeneration) we have the best opportunity yet of following the development of the cysts in all their stages. Virchow has but recently, correctly warned against the assumption that the cysts arose each from a urinary tubule. The foundation of cysts is rather formed by a roundish, circumscribed spot, of perhaps the size of a hemp seed, in the region of the convoluted urinary tubules, within which all the tubuli are considerably dilated; the walls, however, have fused together, so that the whole even now makes the impression of a cyst subdivided by narrow septa. Afterward the partition walls atrophy at the thinnest place; the ectatic urinary tubuli open into one another and finally run together into a single larger cyst. The remains of the partition walls fall back like a torn spider's web against the walls, and may yet be demonstrated here even upon larger cysts. The contents of the cysts is originally a urinous fluid, even in larger specimens. By evaporating with many times its volume of alcohol, extracting the remainder with absolute alcohol and some ether, and treating the extract with nitric acid I found urea in tolerably large amount. . . . There is also not infrequently blood

found in the cysts, whereby they get a brownish or ochrous yellow color, finally albumen, which may be coagulated by boiling."

I saw the patient, in consultation with Dr. J. A. Paddock, March 20, and later, March 21, 1882, with Dr. R. R. Livingston. We were unable to form a definite diagnosis. We knew we had to deal with enlarged kidneys, but failed to ascertain the nature of the enlargement. We all agreed that the patient would die ere long. His condition presented the picture of a person succumbing to remittant fever, coupled with an extreme degree of nerve exhaustion, without an interference with his mental faculties, which he retained to his death, which, as stated by Dr. Paddock, occurred March 25. The absence of albuminuria seemed to exclude inflammatory changes; the absence of pain the formation of cancerous growths. Amyloid kidney, generally a concomitant of chronic wasting diseases, particularly of suppurating bone (necrosis), seemed out of the question. Leucaemic enlargement was excluded by the absence of leucaemia. Our presumptive diagnosis, a tumor of some kind. March 22, a disciple of the sage of Kathen was called in, and he pronounced the case one of disease of the kidney, which very wise decision was corroborated by the autopsy, March 26.

Dr. Paddock writes, March 29:

"I have the kidneys of Mr. H., they are very large, weighing five and four pounds, left and right respectively."

A description of the specimen is already given by the quotation from Ziemsens Cyclopaedia, in the words of Dr. Ebslein.

Three points concern us in the examination of this case.

In the first place, the manner in which the practitioner of moonshine diagnosed the case: kidney disease. This much the very intelligent attending physician knew himself, whose treatment, not of the disease, but of the patient, fully testified to his having taken this matter under consideration; but frequent examinations of the urine, both for albumen

(with nitric acid and heat tests), and for casts (with the microscope) failed to give evidence of either. Certain it is, that no person knew *the disease* to which the patient succumbed. But with characteristic omniscience the follower of Hahnemann pronounced the disorder kidney disease. It is to be regretted that the remedy he proposed cannot be reported for the benefit of future generations likewise afflicted.

The second count I make, is the corroboration by this case, of the position of Professors Virchow and Rindfleisch in regard to the formation of the cysts, and particularly as to their contents. Were the cyst formation one which proceeded from a hyperplasia of the interstitial connective tissue with constriction of the uriniferous canals, taking the extreme degeneration of the kidney into consideration, suppression of urine would of necessity have been an early symptom, but on the contrary, this never occurred, and finds a ready explanation in the agglutination of the tubules, filled of course with urine, their coalescence into smaller or larger cysts, the contents of which change with time. As long as these changes do not involve the majority of the tubules, the convoluted portions by preference, a diminution of urine is not likely to be noticed by the patients, as compensatory work is performed by the remaining portion, this being a physiological attribute of the kidney. It is only the part directly involved in the cyst formation which loses its function, the remainder being unmolested in its work, except by the hindrance of the neighboring cystic enlargement which is compensated for by a hyper-nutrition from the enlarged supply of blood.

Finally, I cannot omit drawing attention to the fact, that this man, though burdened with at least eight pounds of additional kidney substance, followed his business to within two weeks of his death, and during the time that this slow change, but sure cause of death, went on, he succeeded in accumulating quite a fortune, not by simple speculation, but by unremitting application and toil. The most perverse of conditions of life held under subjection to fulfil the aim of life; never giving up, until death ended his career.

The fellows of this Society will excuse the application of the moral. Of all the men I know, none so little heed the lesson taught by this case, as country doctors. With abundance of opportunity and time to cultivate the science of medicine in its broad aspect, or in special directions, each one of them, endowed with the capacity for research and record, should leave behind him a wealth of knowledge, which would soon make our profession the richest in the land.

It is true, most of us find it hard to make ends meet—to do justice to larder and home; yet how few of us meet with an impediment equal to nine pounds of kidney.

What a blessing it would be to the people of a state, if like the decennial revision of the United States Pharmacopoea, a like revision of the "pounds," intrusted to each physician was undertaken! What a weeding bee, that would be!

## A CASE OF CYSTITIS.

BY W. O. HENRY, M. D., PAWNEE CITY.

*Mr. President and Gentlemen in Medicine:*

Allow me to invite your attention to the report of a case, which for reasons obvious in the sequel, has been of special interest, and has excited several inquiries in my own mind as to its various symptoms and their causes.

October 14, 1882, Rev. G. W. Goodale, aged 62, of temperate habits and by heredity of good constitution, requested me to examine his hand, and said that for two or three weeks he had suffered from bad blood as shown by numerous boils on various parts of the body for which he had taken, in vain, a mixture of molasses, sulphur and cream of tartar. He thought he had a chill on the previous day, and for several days had suffered from general malaise. Upon the back of the left hand were two or three hard, circumscribed swellings of unhealthy appearance and quite painful. I ordered Sul. of Cinchonidia every three hours; F. E. of Sarsaparilla Co. and Syr. of Iodide of Iron after each meal; also a bread and milk poultice saturated with equal parts of Tr. of Aconite Root and Tr. of Opium, constantly applied to the tender swellings. October 16, 8 A. M, I was sent for, and told by the patient that he was no better, but rather worse, for the pains now extended nearly to the elbow, and he had not been able to sleep for two nights. The hand presented very much the same appearance as two days before; and there being no suppuration, nor sufficient distension of the connective tissue to warrant the use of the lancet, the poultices were continued, and in addition to the internal remedies, an anodyne of Hyd. of Chloral, Brom. Potassium, Tr. of Aconite root and F. E. of Belladonna was directed every two hours, until the patient was comfortable and able to secure rest. At 10 o'clock P. M., a messenger came for me

hurriedly, saying: "Mr. Goodale is worse." On arriving at the bedside of my patient, found him suffering severe pain in the region of the bladder, and making strenuous but unavailing efforts to pass water. He said: "Since four or five o'clock I have not been able to make water."

Thinking my patient was suffering from retention caused by an enlarged prostate, I introduced the catheter, but only succeeded in getting a drachm or two of bloody fluid, which, of course, gave no relief, as the trouble was suppression, caused by renal congestion.

The indications to relieve pain, secure action of the skin, kidneys and bowels were clear, and he took Res. of Phodophyllin and Fl. Ext. of Belladonna, drank freely of hot teas, and externally applied hop poultices. The pain increasing in severity, small doses of Morphia were given, but seemed to afford no relief. My patient thought he must die, and desired to make his will. At 3 A. M., we dispatched a messenger for the proper authority, and I sent for Dr. Jackson and my partner, Dr. Andersen, both of whom soon came to my assistance. After examination, we were all of the opinion that our patient would recover, and gave in addition to the above treatment, Fl. Ext. of Buchu, Uva Ursa, Acetate of Potassium, and Spts. of Mindererus, every three hours. In about twenty hours from the beginning of the suppressions, the patient desired the catheter used, and about two or three ounces of urine were drawn. By an injection, the bowels were freely moved, and the patient was more comfortable than for several hours previously. Patient had no fever, and pulse was from 85 to 90 beats per minute, full and regular. Treatment was continued, the catheter being used every six or eight hours to relieve the distensions, which he then complained of, and was unable to overcome. The secretions of urine soon became normal, his appetite improved, and of the bladder he did not complain except when distended, this of course being relieved by using the catheter. The swellings in the hand now suppurated freely, and gave him no more pain. October 23, patient was up and doing well. He was unable to void urine, but I hoped that when he had

regained his strength, that would soon become natural. He was imprudent, and disobeyed my positive directions, which were that he should not strain or make any protracted effort to overcome his difficulty. In violation of orders, however, he went to the stable, and made a futile attempt to make water. He then went to the privy, and there made an injudicious, prolonged and vain effort to surmount the obstacle in the way to recovery. He went into the house much disheartened, and feeling some annoyance from the distensions, he sent for me to come and relieve him before the usual time. The next morning not feeling so well, and suffering pain in the bladder, *not* relieved by using the catheter, he kept the recumbent posture, and reapplied the poultices over the seat of pain. In a few days the urine contained muco-pus, and occasionally blood-clots. The pain was more severe, and patient had some fever. My partner now saw the case with me again and we began washing out the bladder with simple water once a day just after drawing the urine. In a few days I used carbolized hop tea as an injection. After using this for ten days, the fluid injected returned along the urethral canal by the side of the catheter, and there was no more retention, but such an irritable condition of the mucus membrane, that the bladder would not retain the urine, for no sooner would a few drops find their way into it, than by spasmodic contraction they would be sent along the urethra with great force and accompanied by excruciating pain, to relieve which he inhaled a few drops of chloroform with each attack of pain. The diseased organ was washed out once a day as before, and the patient took Balsam of Copaiva three times a day. To remove that unpleasant but characteristic odor of cystitis from his person, the external parts were bathed with carbolized water. Patient again improved, and ere long he suffered no more pain, and urine was retained naturally and passed voluntarily. The Copaiva was stopped, and patient had simply a dietitic, hygienic and tonic treatment. He was quite weak, but evidently mending. The friends, however, anxious to leave nothing undone that might add to the certainty of his

recovery, asked Dr. Fuller, of Lincoln, to see the case with me. He confirmed my diagnosis, endorsed the treatment, and very properly gave a favorable prognosis. All went well for several days, when my patient lost appetite and began to fail in strength and vitality. For a tonic I gave him Elixir of Gentian and Iron with Elixir of Pepsin and Strychnia three times a day, after meals. Under this treatment his appetite improved, but now he complained of nausea regularly just before meals. This, however, would soon pass away, and he could eat the food placed before him with a fair relish. With each recurrence the nausea became more severe and prolonged. The tonic was then stopped, and he took Pepsin and Subnit. of Bismuth before meals, but the nausea increased in severity until it produced anorexia and emesis. I then tried milk and lime water, but this and all other food was promptly rejected. No water, tea or coffee could be received, and pellets of ice held in the mouth seemed only to aggravate the already severe retching. Bismuth, Calomel, Hydrocyanic Acid, Morphia and Lime water, with mustard externally, were entirely useless. I then determined, if possible, to maintain his strength by nutritive enemata, and thus give him nothing whatever per orem, thinking that in this manner the gastric irritability would subside. Accordingly, he took per rectum milk punch and beef essence, at regular intervals, in such quantities as he required. This treatment he bore well, the injections were retained and duly appropriated, but the nausea and retching were not in the least relieved, even after several days, in which he took nothing whatever by the mouth, and in consequence of their constancy and severity he was daily losing strength. Hence it was apparent that unless these untoward symptoms were controlled, my patient would shortly die. The usual remedies having been tried in vain, I gave him two grains each of Chlorate of Potassium and Carbolic Acid in a dram of cold water every three hours. The result was all that could be desired, for the retching was immediately checked and nausea promptly diminished. At the end of forty-eight hours, no retching hav-

ing occurred and the nausea being removed, the remedy was suspended. In a few hours the nausea reappeared, but was quickly and permanently relieved upon resuming the treatment, which was now continued for several days at intervals of greater duration. At the end of one week, after the injections were commenced, his stomach seemed so well, that he was permitted to take a little water. That agreeing, he took Pepsin and afterwards a small quantity of egg-nogg and tapioca three times a day. For another week his main diet was by enema. At the end of that time the rectum becoming irritable, and the stomach being in good condition, the injections were stopped and the food taken per orem was gradually increased in quantity, and the range of his diet enlarged until December 19, when I called. He was sitting up in bed eating a hearty meal of oysters, roasted potato, crackers, tapioca, egg-nogg, and drinking freely of milk. He now slowly but steadily improved, day by day, although he was troubled with facial and intercostal neuralgia, rigors followed by profuse perspiration, yet no fever at any time in the twenty-four hours. These, however, were more or less periodical, and I gave him pills of Cinchonidia with a happy effect for a few days, but their controlling power was soon gone, and I then gave a solution of Cinchonidia in Arom. Sul. Acid, Fl. Ext. Belladonna and Fowler's solution with a similar effect. He then took Fl. Ext. Quassia and Columbo with Fowler's solution three times a day, when he was promptly and permanently relieved, and his recovery was speedy and uninterrupted. His illness lasted from October 14, 1882, until February 1, 1883, when he was about his usual business, although it was some months later ere he had regained his strength and felt as well as before passing through the above ordeal.

Finally, gentlemen, although my patient is now well, there are a few questions which, if you will kindly assist me in answering, it will not only relieve my mind, but will enable me the better to treat any similar case with which I may meet in the future.

First. What, if any, was the relation between the eruption of boils and the urinary trouble?

Second. When I first saw the case was there anything I could have done to prevent the suppressions and following cystitis?

Third. What caused the gastric irritability and made it so difficult to control?

Fourth. Was there a malarial element in the case throughout its entire course?

And now, gentlemen, with a request for your criticisms and a solution of these queries, I will ask you to accept of my thanks for your kind attention, and herewith leave the report in your hands for discussion.

## A CASE OF POISONING BY ACONITE.

BY A. B. ANDERSON, M. D., PAWNEE CITY.

I regret that in my report of this case I am unable to give a more full and complete account of the symptomatology from the onset of the attack. The distressing circumstances and sad termination of the case prevented me from gathering more information as to the symptoms prior to my arrival. The statement of things that occurred previous to my acquaintance with the case will be such as could be elicited from the husband in a state of grief and excitement. On Friday evening September —, 1882, as I was leaving home to go a short distance into the country, a messenger came riding up, and informed me that Mr. G., living some eight or nine miles out, wished me to see his wife as soon as possible, as it was thought she was dying. Telling the messenger that I would be along as soon as I could, I hastened to make the call immediately before me, and in a short time started for Mr. G.'s home. On the way I learned from the messenger, whom I had overtaken, that Mrs. G. had been sick since the Saturday preceding, that she had typhoid fever and that she was thought to be in a dying condition. The messenger also at this time stated, that she had been treated by Dr. H., a homeopathic physician, since the second day of her sickness.

On my arrival at the house, I was met at the door by Dr. H., who immediately began to make explanations, unsolicited, as follows: "Doctor, it's a case of typhoid, but they made a mistake in giving the medicine." Said he: "I gave the husband a two ounce vial containing two drams each of Tinc. Bryonia and Tinc. of Aconite, first decimal dilution, remainder of the mixture water. I directed as follows: 'Put one teaspoonful into four teaspoonfuls of water and give a teaspoonful every hour.' The husband put one tea-

spoonful into four of water and gave the whole of this and repeated it every hour." From the husband and other attendants I learn that the patient seemed to grow rapidly worse after a few doses were administered, but the attendants thinking that "all medicine had to make them feel worse before it could begin to do good," continued giving, notwithstanding the protests of the patient, until about fourteen doses were taken. This latter statement was verified by the vial which contained about two drams of the original mixture. On Monday, the doctor who prescribed the medicine was sent for and the mistake detected. According to the doctor's own statement, he began immediately to administer the antidote (?) of green tea and Tannic Acid. The medicine, Aconite and Bryonia, was procured Sabbath afternoon, and the patient began taking it about 5 o'clock the same evening, and continued until the next day, sometime in the afternoon. The doctor visited her each day, until I was called. What was done for the case during these days and nights of his attendance, I was unable to find out except that "he was giving the antidote." When I inquired as to what he was now doing for his patient, he replied, that he was now giving Digitalis and the antidote. I here informed Mr. G. that I had been called without a true knowledge of how matters stood, that a consultation was out of the question, and that if it was satisfactory to him I would retire. To this he would not listen, and at his urgent request and the consent of Dr. H., I went in, examined the patient, and noted the following conditions: a flushed, anxious countenance; temperature 97°; respiration 45 per minute; pulse 130, irregular, barely perceptible at the wrist; extremities cold and clammy; choking sensation in the throat, unable to articulate audibly, dreaded to make an attempt at swallowing; pupils unequally dilated. Previous history of patient good, German descent, mother of four children, youngest nearly two years old. Mr. G. stated that his wife felt indisposed on Saturday, but was around attending to her work. The next day she did not feel so well, complained of headache, a feeling of lassitude, and was in bed the great-

er part of the day. He got the medicine for her at this time, and begun giving it as he understood the directions. After a few doses the wife thought she felt worse and objected to taking more of it. He said that his wife at this time looked pale; that she complained of terrible burning in the stomach; that she could not lift up her head without getting faint; that she took no food; that she had distress in the stomach, with retching and vomiting throughout the attack; that she was not delirious any of the time. I retired from the bed-room, and gave as my opinion, that the case would terminate fatally. However, I would still be in favor of doing something more to prevent what seemed to be the inevitable end. I thought as the patient had had nothing but homœopathy since the Monday previous, possibly something yet might be done to rouse the system, and prevent the fatal issue. Mr. G. begged that something be done to save the life of his wife. Dr. H. willingly acquiesced in the suggestion. I ordered mustard to feet, hands and epigastrium. The only stimulant I had with me at the time being alcohol, I commenced administering this in quarter teaspoonful doses every fifteen minutes, using also friction and dry heat to extremities. As before stated, it was with great difficulty that she swallowed anything, hence the administration of remedies by the mouth was very slow and cautious. A few hours later gave brandy and Carbamate of Ammonia per rectum. After following up these measures for a time, thought there were some symptoms of improved condition; pulse slightly decreased in frequency, and breathing not so hurried. But these symptoms soon gave place to those of a more grave character, she went down rapidly, dying in a convulsion about 12 o'clock Saturday. As near as I can determine, about seven and a half minims of this Tinc. of Aconite was taken every hour for about fourteen hours, making 105 minims in all. Just what relative strength this homœopathic tincture has, I am unable to say. But estimating the mother tincture to be four times as strong as our Tincture of Aconite, this patient got a quantity equal to three minims of our Tincture of Aconite every hour. In my estimates and conclusions, I have

ignored the bryonia because of impressions, whether correct or not, that this drug is harmless in all ordinary doses. The strange part of the case to me is the length of time after the medicine was given that death took place. However, Taylor, in his work on poisons, gives the case of a man who tasted of greens that contained aconite, and fatally poisoned one who ate freely of them, who only recovered after five weeks. It is my own opinion that the fatal result was chiefly due to the aconite. That there may have been a condition of the system brought about by disease, that worked in harmony with this powerful sedative, making its effect the more certain, if not hastening it, I will allow. But I could see nothing about the case, nor get anything from the history thereof, that pointed to the impairment of function or organic disease of any vital organ. The patient's tongue was clear, no deposits on the teeth, lips not parched, and she continued rational as long as she was able to speak. There was nothing to indicate a malarial or typhus condition of sufficient intensity to produce the collapsed state in which the patient was found. And hence I was, and am still, under the impression, that the drug aconite was the prime factor that brought about the deplorable result. Deplorable, that such carelessness as to allow the patient, or the patient's friends, to dispense remedies of such dangerous potency, should be practiced by one who calls himself a physician. Deplorable, that such ignorance should be found among those who ought to be the guardians of the health and the lives of those who trust them, as to suppose that Tannic Acid or any other chemical antidote would run down and destroy a readily absorbed poison carried by the blood to every part of the body, long before the antidote was ever administered.

Stille, in his work on *Materia Medica*, quoting Dr. Fleming, says he would not advise proceeding further than the second dose of five minims repeated in two hours. And as to the symptoms of a fatal dose, he says: "The individual becomes entirely blind, deaf and speechless, retaining consciousness to the last. The pupils are dilated, muscular tremors or convulsions follow, and though the pulse is re-

duced in frequency as an immediate result, it very soon rises in frequency, and becomes irregular and intermittent. Taylor says Dr. Male, of Birmingham, died from not more than eighty drops of the Tincture of Aconite. Another case is given by the same author where death occurred from one dram of the tincture taken at two doses.

My own experience with aconite is, that it is the most inefficient and dangerous of the so-called febrifuges; that it is very slow to reduce the temperature in fevers, and that it does so at the expense of vitality, and not until it has been continued to that extent, which is at the same time unpleasant to the patient and often a source of alarm to the physician: In *Veratrum Viride* we have a more safe and a far more certain remedy. And also, if an overdose is taken, its effect is comparatively easy to counteract. We have recently known of a case where a teaspoonful of Fl. Ext. of *Veratrum* was taken by mistake, and repeated in twenty minutes. Alarming collapse, with retching and vomiting followed, but the patient, a lady of not a very robust constitution, made a rapid and complete recovery.

THERAPEUTIC ADDENDA—LISTERISM,  
(ENUCLEATION OF SARCOMATOUS  
BREAST AND OVARIOTOMY), DIPH-  
THERIA, BRONCHITIC ASTHMA, PIL-  
OCARPIN.

BY A. S. V. MANSFELDE, M. D., PROFESSOR OF GENERAL PATHOLOGY AND HIS-  
TOLOGY, OMAHA MEDICAL COLLEGE.

When, on parting at Hastings, I promised a contribution to your section, I hardly imagined the importance of the responsibility with which my courtesy had charged me. Many are the thoughts which I have bestowed upon the "How to fulfill my promise"—and all of them fruitless, until I read in a lecture of Professor Roberts Bartholow, entitled "Qui Bono?" and delivered as an introductory at the Ohio Medical College, October 1, 1872, the following: "The therapeutics of to-day rejects dogmas, and the therapeutics of the future will accept nothing which cannot be demonstrated by the tests of science. No longer faith, no longer a blind experience will suffice, but keen observation, guided by knowledge and every appliance of science, will be demanded. To the results that have been accomplished, to this hopeful future, as foreshadowed in the work of the present, do we point, when assailed by the skeptics within, who simply have doubts, but do not attempt to resolve them."

Reading this quotation, I was reminded of an every day occurrence, very deplorable and altogether inexcusable, the assertion of physicians "that therapeutics is, after all, only guess-work, and not happy guess-work all the time either." How can men, to whose hands the health and lives of their patrons and friends are entrusted, give utterance to such thoughts and expect any other conclusion from those impressed with the rapid and vast advances that scientific

therapeutics has made during the last decade, as portrayed by the prophetic words of Professor Bartholow, than that *theirs* has been the fate of Rip Van Winkle, or worse, that they have never tasted of the fruit of the tree of knowledge.

In surgical therapeutics, Listerism—meaning thereby the methods employed to protect the patient, during and after an operation, from foreign substances which may create or hasten the establishment of suppuration or putrefaction, and all the long train of consequences which will make that operation unsuccessful or fatal—has made operations possible, which but a few years ago the surgical world itself condemned as murder in the first degree. And Listerism has not only made them possible, but, with the excusable pride of success, its devotees point to the many lives saved by it. Yet of all the operations that I have witnessed in my practice of sixteen years, I have seen but one, my own excepted, where Listerism received the slightest attention—and this was a successful ovariectomy!

I am not now referring to the methods employed in the practice of Dr. Lister, but to the translation of his grand principle to every-day surgery, modified as the case and circumstances may demand, yet the principle ever uppermost, the exclusion of foreign substances, of whatever name or nature, from the wound. A case or two in point may suffice to show that even without using the dressings of Dr. Lister, his principle may still be carried out with the most pleasing results. September 19th, 1882, I enucleated the entire breast for a round cell sarcoma. The tumor weighed five pounds seven ounces. Its size necessitated some eight or ten sutures to close the greater part of the wound. The breast, operator's and assistants' hands, the instruments, sponges and water, were thoroughly carbolyzed; so also was the wound, which immediately thereafter was covered thickly with iodoform. Upon this a vaseline dressing was placed, to be covered with a thick layer of cotton batting. The result: no shock, no surgical fever, the temperature never higher than 101°, and the greater part of the wound healed by first intention.

October 19th, 1882. I removed from Mrs. T.—a multilocular ovarian tumor, weighing sixteen pounds and six ounces. Allow me to briefly recall the precautions taken to prevent septicemia and presumably death. The patient received on the evening before the operation ten grains of quinine. Everything and every body coming in contact with the wound were most thoroughly caroolized, except the water used during the operation, which was as hot as my assistant could bear it on her hands. The room in which the operation was performed was converted into one of Mr. Tyndall's "moteless chambers" in the following manner: The floor, ceiling, walls, doors, and windows, were painted over with a mixture of water, glycerine and carbolic acid, and left undisturbed for half a day; then the room was heated to ninety and more degrees, and the patient laid upon the table, the tumor removed in the usual manner. After all oozing had stopped, the stump being tied with braided silk, the wound was closed with deep and superficial horse-hair sutures; the deep sutures were braided, the superficial not. The wound was covered with a salve composed of vaseline and iodoform, prepared by heating the former and incorporating into it one drachm of iodoform, dissolved in sulphuric ether, to each ounce; this mixture was stirred until the ether had evaporated, and then was kept sealed until used in the operating room. Finally, the salve was covered with several layers of cotton wadding, which had been boiled in caustic potash, rinsed in hot water, dried in an oven and immersed in an ethereal solution of iodoform, from which it was removed when called for as a dressing, the ether permitted to evaporate, and the wadding fully charged with iodoform used as already stated. The result was most gratifying—no shock, no fever, no suppuration of wound. The average respirations before the operation were 23 per minute, the beats of the pulse 106 per minute, and the temperature  $98^{\circ}$ , everything indicating a lessened vitality coupled with a low grade of inflammation. This was amply demonstrated by the condition of the patient as well as by the extensive peritoneal inflammation, accompanied by effusion, discovered upon opening the abdominal cavity.

From 3 o'clock P. M., October 19, one half hour after the operation, to 8 o'clock P. M., November 11, the average of 42 takings of the respiration was about  $26\frac{1}{2}$  per minute, of 54 takings of the pulse 103 per minute, and of 55 takings of temperature  $99\frac{1}{2}^{\circ}$  Fah. All these registers were verified by repeated observations, and most always two thermometers were used in taking the temperature. The highest number of respirations was 36, the lowest 21 per minute. The highest number of beats of the pulse was 126, and the lowest 84 per minute. The highest temperature  $100.45^{\circ}$ , the lowest  $98^{\circ}$  Fahr. None of these markings point toward any influence that the operation may have had upon the patient in any direction, and the good result was credited to the large dose of quinine preventing shock, the cessation of all oozing, and the attempt to prevent septicemia by the means above indicated, absolute quiet and careful nursing. In fact, the higher temperature and respirations accompanied by a lower pulse were taken by the operator as signs of returning strength, and not as tokens of surgical fever.

A great deal has been written upon the subject of remedies for diphtheria. All the way from the insufflation of sulphur, as practiced by the laity, to the employment of caustics of various intensity, has ranged the armamentarium against this fell destroyer of children. I am strongly inclined to believe, nay, have had the conviction forced upon me, that many of the successful cures of diphtheria owe their existence to mistaken diagnosis. Herpetic eruptions and ulcerative tonsillitis have materially swelled the percentage of reported recoveries. Sporadic cases of diphtheria should be looked upon with doubt, but when epidemic, with all the train of escort and followers, irresistibly establishing its horrid presence, then the conscientious physician views his therapeutic armor with dismay, and greedily accepts any suggestions offering help to both the afflicted, the doctor and his patient. Seven cases of diphtheria this spring permit me to justify a rehearsal of their treatment, particularly since in so doing I fulfill in part the object of this paper.

I am most emphatically an apostle of the stimulant treatment, *not* of *diphtheria* as is often done, but of the *patient*, and not of the patient *in toto*, but of that part of the system which presides over the circulatory centre and its nearest branches. Thus I deem it of the utmost importance to watch the pulse, as indicative of the heart's force, ever ready with quinine, belladonna and alcohol, par excellence the heart's tonics and stimulants, to sustain its sinking energies. These remedies, looked at as curatives, and administered because the patient has diphtheria, are greatly overrated and out of place, but given when indicated they prove the staff of life. Aside from the deaths which occur early in the disease, and peculiar to some epidemics, caused no doubt by that "subtle poison" the nature of which is still unknown, "which circulating in the blood saps the foundation of life" (Bartholow), those deaths which occur, often after all throat lesions have subsided, are pre-eminently the consequence of an exhaustion of the heart's energy. The throat lesion is undoubtedly a local manifestation of a systemic poisoning, and finds its parallel in small-pox. Not that the *causes*, but the *processes* are identical. In diphtheria as well as in small-pox, the general disease, caused presumably by the multiplication of species of schizomycetes, localizes itself by the causation of embolic masses of micrococci, followed by necrosis of the part from which, by this cause, the circulation has been cut off. The *caput mortuum*, both of small-pox and diphtheria, contains the germs for a transplantation of the diseases, provided the soil for their growth and development offers itself.

And these necrotic masses in both diseases, accompanied by nests of micrococci, occur in most any part of the body, yet they occur by preference, in the case of small-pox in the skin, and in diphtheria more often in the mucous membrane of the buccal and respiratory tracts. The point, however, to which I beg to draw your attention is this, that in both diseases—and I think with good propriety in all infectious exanthemata—the poison invariably works its way from the center to the periphery, from the blood stream to

the oxygen bathed exterior. If a living organism (as is now taught), it may change its nature by reason of the new environment, or the plaque of mucous membrane, changed by the disease into necrosed tissue, may become the soil for other species inhaled with the air, but more likely both conditions exist, and furnish the ever present micrococci, propagators of the disease and unquestionably inducers of the coalition of the originally distinct spots of dying tissue, by their rapid multiplication and consequent involvement of the yet healthy intervening membrane. Now, the conditions to be met are two-fold, paresis of the nutrient vessels supplied by the cardiac branches of the vagus, in other words, the danger of death by exhaustion of the heart, and secondly, the spreading of the originally circumscribed local necroses over large areas, particularly of the mucous membrane of the larynx, trachea and bronchi. The former condition, the paresis, is best met, as already indicated, by quinine, belladonna and alcohol. The latter, the local manifestation of the disease, is checked and terminated by a judicious combination of an infusion of belladonna, lime water and oil of turpentine. These three can be associated and administered with very little inconvenience to the patient, a desideratum of no little moment in such cases.

A weak infusion of belladonna may be used for the purpose of slacking a piece of lime. When this process has been completed, the surplus fluid is decanted and some oil of turpentine incorporated with the slacked lime; when by trituration the decanted liquid is added and finally filtered, we now possess a saturated, terebinthinated lime water containing belladonna. This may be used often, or constantly, as the case may warrant, by two methods: steaming and atomization. The former is readily accomplished by a frame over the crib, bed or chair, in which the patient or patients are comfortably placed, covered with a blanket or other impermeable substance, a gallon jar with the fluid and pieces of hot iron or brick. The latter method needs no description, being accomplished by the familiar atomizer. This view of the nature of diphtheria very clearly explains

the contradictory statement in regard to the action of pilocarpin and its salts. Some observers consider its administration dangerous practice, others laud it as *the* remedy. Both are correct. In the earlier stage of the malady, when the disease consists of a membrane, the deeper vessels of which are highly hyperæmic, one can readily understand the benefit accruing from the administration of a remedy which paralyzes the vaso-motor nerves, and controlling the circulation, thereby permitting the establishment of normal relations between tissue and blood. But when the paresis of the nutrient vessels of the heart and its immediate branches threatens to destroy the function of that viscus, when belladonna becomes the chief reliance, how dares any one administer its physiological antagonist, pilocarpin, without anticipating death as a vivid demonstration of the law of cause and effect?

This paralytic action of pilocarpin upon the vaso-motor nervous system drew my attention to the possibility of the beneficial action it might exert in controlling bronchitic asthma. This terrible affection, whether caused by lobal irritation exciting reflex spasm of the bronchial muscles and the diaphragm, or by a neurosis which induces the local manifestations or changes—asthma, I say, is always accompanied by a tumefaction of the bronchial mucous membrane, which, no doubt, increases the difficulty with which the patient endeavors to expire the pent-up air from his lungs.

My theories very quickly found application. A chronic case, indeed one in which I exhausted the pharmacopœia and myself—sometimes the remedies successful, but more often the patient—took a severe turn. The patient, a middle-aged man, a miller by profession, had not slept for several nights, sitting in a chair, bent forward, with his arms as props, endeavoring to satisfy his hunger for air. As a last resort, because I feared the depressing action of the pilocarpin upon his heart, I injected into his arm about one-fourth of a grain of it, with an equal amount of morphia; within ten minutes, by diaphoresis and ptyalism, large

quantities of fluid were discharged, and within half an hour from the time of administration my patient was sound asleep in bed, the most gratifying effect of medicine that I have ever witnessed. Since that time I have repeatedly used the same remedy and always with the same result.

I have endeavored to give a demonstration of the truth that therapeutics, though a field with vast tracts yet uncultivated, still offers a rich harvest to the diligent husbandman. Do you not think that it would be of immeasurable benefit to the fellows of this society to have each one yearly cultivate a piece, however small, and throwing the produce into the common granary, have us, at these our yearly "harvest homes," enjoy the luxury of a plentifully filled board? "Then no longer a blind experience will suffice."

In the discussion following my paper, the question of treatment received the lion's share of attention. Cold water dressings to the neck; emollient applications to the diseased pharynx and adjacent parts, with a view to hasten the removal of the products of the malady, and also for the protection of the wounded membrane, such as lime water, glycerine, and carbolic acid; cleanliness of the patient and his surroundings, nutrient food, alcoholic stimulants, quinine, iron and chlorate of potash, seem to constitute the treatment mostly relied upon by our Nebraska physicians. And yet any one present must have felt that the many remedies suggested as helpful, in the hands of their advocates, were only means accidentally found useful, none of them bearing the impress of scientific therapy, such as I endeavored to advocate in the preceding article. The indiscriminate use of pilocarpin, if any proof is needed, demonstrates fully the truth of my observation. And this deplorable state of affairs in the case of diphtheria, and indeed in the treatment of many other diseases, is owing principally to two causes: an ignorance of the factors concerned in producing the disorders, and a very vague knowledge of the changes which are produced in the tissue. Allow me to presume, for illustrations sake, that bacteria are the cause of diphtheria; it becomes at once evident that a knowledge of their life

history, as well as the modifications produced by them in the body which they inhabit, is absolutely necessary to get indications for a rational therapy.

It is no longer doubted that in diphtheria, as well as in other diseases of similar character, a stage of incubation intervenes between the moment of infection and the manifestation of symptoms, which are labeled in their grand total, scarlet fever, measles, small-pox or diphtheria. The sanitarian is concerned in the solution of the problem of *how to prevent infection*. The physician must endeavor to make infection harmless, and if not successful in this, try to make the consequences of the infection the least dangerous to health and life. I am sure the goal PREVENTION, though distant, will be reached some time; man's mind in the aggregate, is infinite and omnipotent, therefore capable in the *future* to accomplish the impossible of to-day. Bactericides will come to our aid during the incubation period of the disorder, after we have become sufficiently expert in detecting the presence and work of the multiplying virus. Thus we will be able to *abort* the disease, the best work next to prevention. In the mean time it is our duty to conduct the disease to a speedy and happy termination. To do this successfully, it is necessary that we be familiar with the changes wrought in the body. The main pathological conditions, and consequent indications for treatment, I have hinted at in the paper above printed. I will here briefly allude to the throat lesion, and express my conviction that the so-called membrane of diphtheria in nowise deserves such a name; this should be restricted to laryngitis, with exudation or croupous inflammation of the laryngeal membrane. This is characterized by a loss, in the first place, of the epithelium lining the area inflamed; and, secondly, by the migration and rapid multiplication of cells and the transudation of blood serum; the destroyed cells furnish to the serum the material necessary for a coagulate, which forms the network of fibers, between which numberless cells, denucleated and dead, are placed. This membrane, composed as described, is always super-imposed upon the hyaline basis membrane of mucous surfaces, only penetrating into the deeper tissues

when this basis membrane is wanting, and then only as an inflammatory hyperplasia. It is otherwise with diphtheria; here no membrane forms at all, but the tissue, *in its deeper layers always* (whether this be upon the pharyngeal mucous membrane, or on wound surfaces in commencing hospital gangrene), becomes intensely congested, presumably induced by the presence of micrococci and phases of their development. The congestion is followed by inflammatory products, multiplication of cells, and an exudate *into* the tissue. Next, small areas of the superficial layers of the membrane are cut off from all nutrition; they die, and present the very characteristic picture of diphtheria, circumscribed plaques of so-called membrane. The intervening tissue next succumbs, if remedial agents have not succeeded in arresting the congestion and inflammation; the product if examined, is composed, not of a new formation, as in laryngitis membranacea, but of a veritable "*caput mortuum*," the dead tissue plus the inflammatory products and the micrococci. The detachment of this "*caput mortuum*" takes place in the same manner as a slough elsewhere—a demarcation line forms (i. e., a reactive inflammatory proliferation of cells ensues, some to form pus, others to form cicatricial tissue), the dead tissue becomes detached, and an ulcer is the result. In membranous laryngitis, upon the other hand, a mucoid softening of the deposit and a washing away of the same by the secretions terminates its career. The epithelium often reforms marginally, before the entire membrane has been removed; in diphtheria this new formation of the epithelium is simply impossible. If my description of the local changes be correct, it becomes apparent that in the different phases of the local manifestation of the disease, different therapeutic measures become necessary, and that one measure may be highly beneficial now, when later it may be entirely useless, nay, even injurious. The point that I desire to make is, that the remedies suggested are all of them proper in diphtheria, but have been so promiscuously used that happy results are more often the consequence of chance, which should not govern the administration of remedies.

## PROPER PROCEDURE IN CASES OF OBSTRUCTION TO LABOR AT THE SUPERIOR STRAIT.

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In cases of normal head presentations, with the head retarded in its downward course at the superior strait, the difficulties are due to two causes, or combination of those causes. First, a disproportion between the size of the foetal head and the upper opening of the maternal pelvis, and secondly, uterine inertia. Since in a paper of this character it will be impossible to enter into detail as to the proper mode of procedure when the maternal pelvis is contracted or distorted to a degree rendering it absolutely necessary to either remove the child by piecemeal or by abdominal section, I will only treat of such cases in which the pelvis is sufficiently roomy to allow the passage of a not excessively large foetus, that is, having a conjugate diameter of three and three-eighths inches.

When the difficulties to be overcome are due to disproportion between the size of the foetal head and maternal pelvis, we find, at our first visit, one of two conditions, either the first stage is not completed and the head can be felt through the partially dilated Os, resting at the brim of the pelvis, or the patient is in the second stage, with the Os widely dilated and the presenting part either already prominently pointing or commencing to point into the genital canal.

If the first stage of labor is not completed, we can very materially assist our patient and in the end hasten the termination of labor, by resorting to such means that will relax the soft parts of the mother and allay the ineffectual, though they may be powerful, contractions of the womb. To accomplish the first object much can be accomplished by

anointing the maternal organs with some warm oleaginous material, and if the Os is rigid, by smearing it with an ointment composed of warm lard and belladonna. To accomplish good by these means the oil or ointment must be applied warm and the applications frequently made. Also during the paroxysm of pain by dilating the Os, by introducing the finger and making gentle traction, the completion of the first stage can be very materially hastened. These simple means will be found very useful when the labor pains are regular, and of sufficient force to press the head firmly against the mouth of the womb, but if the pains are irregular and without force, while they cause the patient intense suffering, they accomplish nothing towards terminating labor, the proper procedure then is to administer an opiate, the Sulphate of Morphia is probably the best, and thus, by controlling the muscular contraction of the uterus, when they are of no avail, we give the patient an opportunity to recuperate and the muscular fibers of the womb to recover their lost tone, and by the time the woman has repaired her strength and courage, the womb will have the power to contract upon its contents with almost irresistible force.

Furthermore, the general relaxing properties of the opiate will exert a most happy effect upon the undilated Os, and by producing a mild diaphoresis, will provoke a better circulation of the blood at the surface of the body, and will thereby cause a feeling of warmth to permeate the entire organism. The opiate must not be administered in narcotic doses, but a small dose of about one sixth of a grain of Morphia will be found sufficient. If one dose fails to have the desired effect, it can be repeated in twenty minutes or half an hour. By simply allaying the distressing, irregular pains the patient will soon enjoy a quiet, refreshing sleep. Another point, see that the surface of the body of your patient is warm, that her limbs and feet feel decidedly warm to the touch; do not trust this important factor to the nurse, but satisfy yourself by passing your hand over her legs, thighs and feet. If they are cold and clammy, make warm applications, hot flat irons, bottle of hot water, or what is

better, envelope them in a warm blanket. It is a well established axiom that *a cold woman can not give birth to a child.*

Several years ago I saw a case in consultation with two old and experienced physicians, who were dosing a flabby, anaemic woman with ergot and brandy, actuated by the delusive hope of stimulating a tired-out uterus into active contraction, having entirely overlooked the fact that her limbs and feet were as cold as if bathed in ice water. I suggested the enveloping of her body in warm blankets and the placing of warm flat-irons at her feet and discontinuing all internal remedies, which by the way, as is usually the case, she invariably vomited as soon as they were swallowed. Soon after adopting this common sense treatment, the poor, restless, almost lifeless woman sank into quiet slumber, and the walls of the womb firmly and naturally contracted upon the enclosed foetus.

This procedure saved the woman much trouble, if not her life, and the physicians their reputation, neither of whom, however, were sufficiently appreciative, the doctors to treat me with courtesy, and the husband of the patient to pay a reasonable bill.

But you ask, if pains are ineffectual, why not administer Ergot or some other oxytocic? Drugs of this class are useful in only one complication of labor, namely, hemorrhage. If we have post partem hemorrhage, or if from the history of previous confinements such a difficulty is anticipated, the administration of Ergot at the proper time may be the means of arresting the bleeding, or averting a most dangerous complication. But in the first stage of labor, I cannot imagine the circumstance under which its use can possibly be followed by any good results.

So long as the mouth of the womb is not sufficiently dilated to permit the passage of the head, you have no particular danger to fear from the length of time consumed. But after the first stage is completed, you must take into consideration the danger to the mother from the long and continuous pressure of the hard foetal head upon the parts

surrounding the maternal canal. But if the first stage is completed with the head above or engaged in the superior strait, and the powerful uterine contractions have the effect only to point the presenting part, or if the womb through fatigue refuses to forcibly contract, you must act promptly; you gain nothing by delay, and it is under just such circumstances that, if you understand your business, you can be of service to those who employ you. In this class of cases there is but one thing to do, and that is apply your forceps.

To properly use the forceps with the head firmly impacted at the superior strait is one of the most difficult operations the obstetrician is called on to perform, and it is in such emergencies that the old saying about "meddlesome midwifery" has been most frequently quoted. How often has the young obstetrician watched hour after hour at the bed side of the lying-in woman, making frequent examination and always finding the head in the same position at the upper strait, until the woman through exhaustion fails to make an effort to expel the child from her body, and gradually becoming weaker and weaker, is seemingly rapidly sinking into the repose of death. The obstetrician, overcome by sleep, hears constantly ringing in his ears the fearful admonition against "meddlesome midwifery" and in his fitful dreams, *horribile visu!*, beholds the awful spectacle of the angel of death, with fingers dipped in blood, writing upon the wall "thou art weighed in the balance and found wanting." If the physician possesses the elements of decision and independence, which alone bring success in the practice of medicine, he rises superior to hackneyed advice, grasps the forceps, seizes the foetal head and lo! the child is born, the woman is saved and the young doctor is happy.

In resorting to the forceps, when the head of the child is above or engaged in the superior strait, the position of the antero-posterior axis of the foetal head, as well as the obliquity of the plane of the strait must be considered. It is impossible, in these cases, to grasp the head over the parietal eminence, for the simple reason, the lateral axis of the head

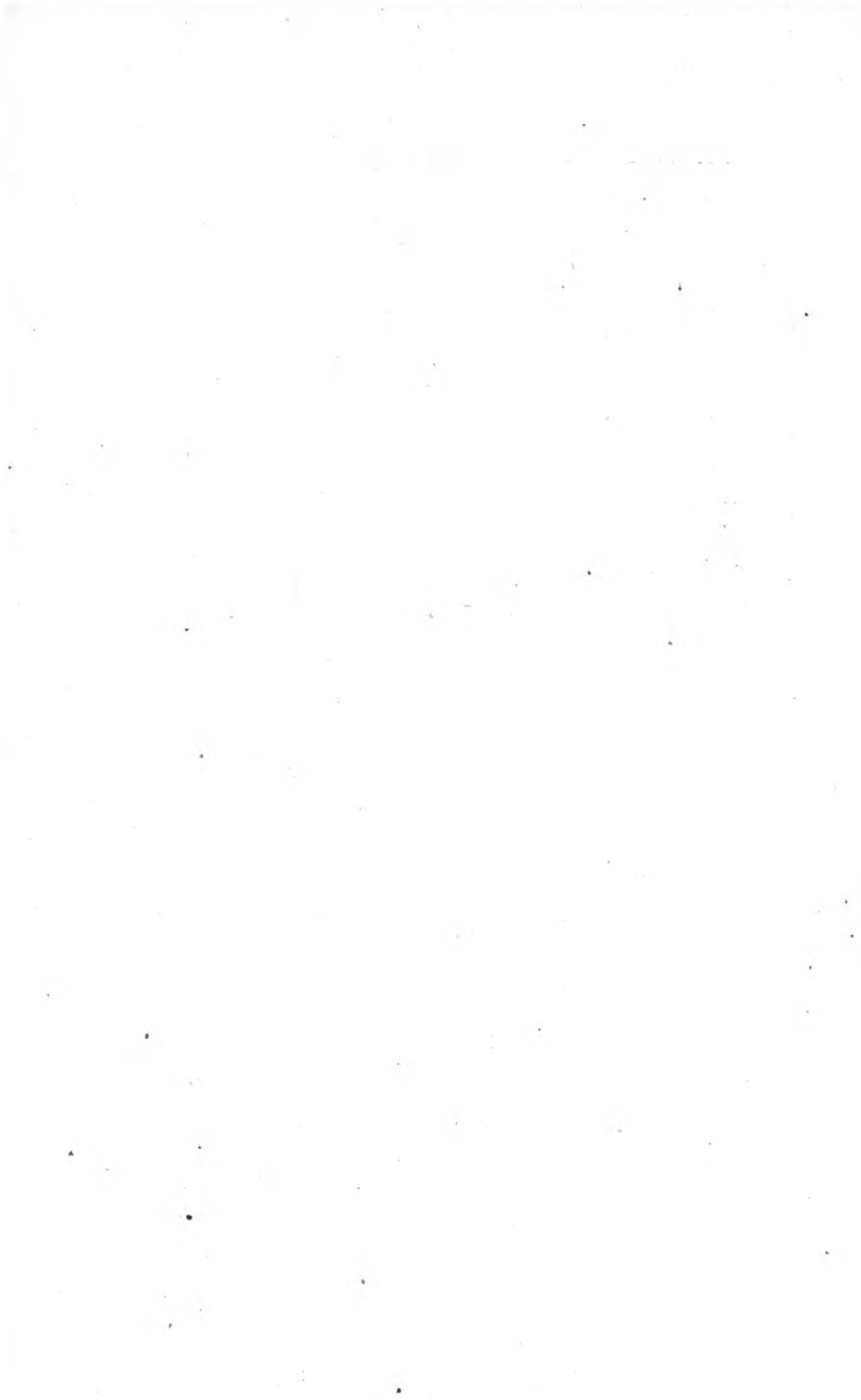
is not at right angle to the antero-posterior diameter of the pelvis, and to introduce and lock the forceps, and make traction in the proper direction, corresponding with the axis of the superior strait, it is absolutely necessary that the curve of the forceps should correspond with that of the maternal pelvis. I have found that in grasping the head in this locality, that one blade of the forceps fits over a fronto-temporal region and the other to the right or left of the occipital protuberance. It therefore becomes necessary after drawing the head into the pelvis, to remove and readjust your forcep, so that the curve of the instrument will still coincide with the pelvic curve.

In order to overcome the difficulty of making traction downward and backward in the axis of the superior strait a number of curved and turned traction forceps have been invented. They are very beautiful and ingenious instruments to look upon, but practically they are not worth the metal used in their construction. The best instrument I have found to be the Hodge's forcep, and by pressing backward at lock with the left hand at the same time that traction is made, with the right hand on the handles, the force can, with a little practice, be applied in the proper direction.

A short time ago in conversation with a gentleman of the homeopathic persuasion, although otherwise not devoid of common sense, he made the wise remark, "that the forceps was woman's best friend," and it is especially in these difficult cases of delayed labor at the superior strait that the great truth of his remark can be fully appreciated. When I find that the head can not pass into the pelvis, I do not wait until my patient has become exhausted by the terrible suffering and the violent muscular efforts of powerful uterine contractions have forced the foetal head into the shape of a cocoanut in order that it can pass the narrowed strait, but I immediately resort to the forceps and as speedily as possible relieve the patient. It has been asserted that the use of the forceps endangers the life of the child. This I deny unless the disproportion between the foetal head

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and pelvic strait is so great that it is necessary to powerfully compress the head to bring it down. Under these circumstances the squeezing of the head may endanger the child, but on the other hand, by allowing a head of this size to be forced through the maternal organs by the unaided efforts of the womb, and the long and continuous pressure, which must necessarily be made upon the pelvic organs, the safety of these structures and even the life of the mother is endangered, and it is a safe rule that when danger threatens both mother and child, the safety of the mother is everything and the life of the child is nothing. I would rather bring into the world a still born child than have my patient arise from her bed with a vesico-vaginal or recto-vaginal fistula, or have her life placed in jeopardy by an attack of pelvic cellulitis.



# INDEX

## TO FIFTEENTH ANNUAL SESSION.

	PAGE.
Absentees, Excuses of.....	20
Aconite, a Case of Poisoning by.....	87
Address of Members of N. S. M. S.....	3
Address of Retiring President.....	47
Amendment to By-Laws.....	29
Amendments to Constitution.....	27-29
American Medical Association, Delegation to.....	27
Anderson, A. B., a Case of Poisoning by Aconite.....	87
Arrangements, Report of Committee of.....	14
Assistant Secretary, Election of Dr. Hart as.....	14
Asthma, Bronchitic Treatment by Pilocarpia.....	98
Beadle, David E., in Memoriam.....	33
Beadle, David E., Obituary of.....	45
Breast, Sarcomatous, Enucleation of.....	93
Brunner, H., in Memoriam.....	33
By-Laws, Amendment to.....	29
Chapin, Horace, Vaccination in America.....	63
College of Graduation of Members N. S. M. S.....	3
Committee of Arrangements, Report of.....	14
Committee on Credentials, Report of.....	11
Committee on Medical Legislation, Report of.....	20
Committee on Nephrology, Letter from James H. Pea- body, M. D., Chairman of.....	34
Committee on Publication, Report of.....	25
Committee on Regular Order of Business.....	15
Committee on Regular Order of Business, Report of.....	19
Committee on Secretary's Report.....	18
Committee on Secretary's Annual Report, Report of.....	22
Committee, Special, for Revision of the Constitution.....	31
Committees Sixteenth Annual Session.....	31
Constitution, Amendments to.....	27-29
Constitution, Special Committee for Revision of.....	31
Crane, Jonas, in Memoriam.....	33
Crane, Jonas, Obituary of.....	35
Credentials, Report of Committee on.....	11

	PAGE-
Cystitis, a Case of.....	81
Cystoid Degeneration of Kidneys.....	75
Delegation to American Medical Association.....	27
Degeneration, Cystoid of Kidneys.....	75
Diaphragm, Pistol Shot Wound in Right Lung, Upper Lobe of Liver and.....	57
Diphtheria, Special Section on the Progress in the Treat- ment of.....	32
Diphtheria, Therapeutic Addenda.....	95
Diphtheria, Treatment of by Pilocarpin.....	98
Election of Assistant Secretary.....	14
Election of Officers.....	26
Excuses of Absentees.....	20
Fifteenth Annual Session, Special Papers Submitted to the.....	55
Gahan, M. D., Report of Pistol Shot Wound in Right Lung, Diaphragm and Upper Lobe of Liver.....	57
Graduation, College and Time of Members N. S. M. S.....	3
Hart, Charles S., Election of, as Assistant Secretary.....	14
Henry, W. O., a Case of Cystitis.....	81
Henry, W. O., Resolution by.....	28
Home of the Friendless, Dr. Robbins' Invitation to Visit, .....	21
Insane Hospital of Nebraska, Resolution of Thanks to Dr. H. P. Mathewson, Supt.,.....	24
Installation of Officers.....	30
Invitation, Members by,.....	21, 27, 32
Invitation, by Dr. Robbins to visit Home of the Friendless, .....	21
Kidneys, Cystoid Degeneration of,.....	75
Labor at the Superior Strait, Proper Procedure in cases of.....	102
Legislation, Report of Committee on Medical,.....	20
Leslie, J. D., in Memoriam.....	33
Listerism, Therapeutic Addenda.....	93
Liver, Pistol Shot Wound in Right Lung, Diaphragm and Upper Lobe of.....	57
Lung, Diaphragm and Upper Lobe of Liver, Pistol Shot Wound in Right.....	57
McClelland, Wm., in Memoriam,.....	33
McClelland, M. D., Obituary of William,.....	44
Mansfelde, A. S. v., Cystoid Degeneration of Kidneys,...	75

	PAGE.
Mansfelde, A. S. v., Therapeutic Addenda,.....	92
Mathewson, H. P., Superintendent Insane Hospital of Nebraska, Resolution of Thanks to,.....	24
Meeting, Time and Place of, Sixteenth Annual Session,	28
Members by Invitation .....	21, 27, 32
Members of Nebraska State Medical Society.....	3
Members of N. S. M. S., Address of,.....	3
Members of N. S. M. S., College of Graduation of,.....	3
Members of N. S. M. S., Time of Joining, .....	3
Memoriam, in, .....	33
Minutes of the Fifteenth Annual Session .....	11
Minutes, Reading of, .....	14
Monell, Gilbert C., In Memoriam,.....	33
Monell, A. M., M. D., Obituary of Gilbert C.,.....	42
Moore, Richard C., Proper Precedure in Cases of Labor at the Superior Strait,.....	102
Nebraska State Medical Society, Members of,.....	3
Nebraska State Medical Society, Officers of, .....	10
Necrology, Letter from James H. Peabody, M. D., Chair- man of Committee on,.....	34
Northwestern Medical College, Resolution Concerning,...	24
Obituary of David E. Beadle, M. D.....	45
Obituary of Jonas Crane, M. D.....	35
Obituary of William McClelland, M. D.....	44
Obituary of Gilbert C. Monell, A. M., M. D.....	42
Officers, Election of, .....	26
Officers, Installation of,.....	30
Officers of Nebraska State Medical Society.....	10
Order of Business, Committee on Regular,.....	15
Order of Business, Report of Committee on Regular,.....	19
Ovariectomy, A. S. v. Mansfelde, M. D.....	94
Papers, Special, Submitted to the Fifteenth Annual Ses- sion.....	55
Peabody, James H., Chairman of Committee on Necrol- ogy, Letter from,.....	34
Pilocarpin, Treatment of Bronchitic Asthma.....	98
Pilocarpin, Treatment of Diphtheria with,.....	98
Pistol Shot Wound in Right Lung, Diaphragm and Up- per Lobe of Liver,.....	57
Place of Meeting Sixteenth Annual Session. Time and,...	28
Poisoning by Aconite, a Case of,.....	87
President, Address of H. H. Sowers, M. D.,Retiring,.....	47

	PAGE.
Procedure, Proper, in Cases of Labor at the Superior Strait.....	102
Publication, Report of Committee on,.....	25
Report of Committee of Arrangements,.....	14
Report of Committee on Credentials,.....	11
Report of Committee on Medical Legislation,.....	20
Report of Committee on Publication,.....	25
Report of Committee on Regular Order of Business,.....	19
Report of Secretary, .....	15
Report of Committee on Secretary's Annual Report,.....	22
Report of Treasurer,.....	25
Resolution, by W. O. Henry, M. D.,.....	28
Resolution, Concerning Northwestern Medical College,..	24
Resolution of Thanks to H. P. Mathewson, M. D., Super- intendent Insane Hospital,.....	24
Revision of Constitution, Special Committee for,.....	31
Robbins, L. H., Invitation to Visit Home of the Friend- less, .....	21
Sarcomatous Breast, Enucleation of,.....	93
Secretary's Report, Fifteenth Annual Session,.....	15
Secretary's Report, Committee on,.....	18
Secretary's Annual Report, Report of Committee on,.....	22
Section, Special, on Progress in the Treatment of Diph- theria,.....	32
Sections, Sixteenth Annual Session,.....	31
Sixteenth Annual Session, Committees for,.....	31
Sixteenth Annual Session, Sections for,.....	31
Sixteenth Annual Session, Time and Place of Meeting,..	28
Societies, Their Usefulness and the Duties of the Mem- bers,.....	49
Sowers, A. H., Address of Retiring President,.....	47
Special Papers Submitted to the Fifteenth Annual Ses- sion,.....	55
Special Section on Progress in the Treatment of Diph- theria,.....	32
Strait, Proper Procedure in Cases of Labor at the Superior,.....	102
Therapeutic Addenda, .....	92
Time of Joining N. S. M. S., of Members,.....	3
Time and Place of Meeting of Sixteenth Annual Session,	28
Treasurer's Report, .....	25
Treatment of Diphtheria, Special Section on the Progress in the,.....	32
Vaccination in America,.....	63



