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ORIGINAL ARTICLES.

REST IN JOINT AFFECTIONS.

BY J. C. MINOR, M. D., HOT SPRINGS, ARKANSAS.

There are cases of spinal affections, rheumatism and other joint troubles that come to our great sanitarium which should not be treated with the hot baths of this place until we have a complete subsidence of all active disintegration and all active inflammation. I wish to call attention to the method I have pursued in dealing with such cases.

Rest is the desideratum; and to procure this, I have relied upon plaster of paris dressing with the internal administration of reconstructive or alterative tonics as the case may seem to require. In all cases proper nourishment must not be lost sight of, but must be carefully observed. To meet this latter indication, the lists prepared by Messrs. Reed & Carnrick, of New York, have proven of great value in plainly stating to the patient what he may take and what he must avoid.

To briefly come at what I consider the classes of cases requiring this line of treatment I will cite one case from each class, and let the results reported determine upon the feasibility of the plan.

CASE I. June, 1891.—Bertie C., eleven years old, a pale emaciated deformed blonde. Strumous diathesis, with severe night pains, characteristic of Pott's disease; no appetite. On inspection, a large "boss" was to be seen between the 12th dorsal and the 1st lumbar vertebræ, at which point the spinal column made an angle of about 110 degrees. The pains had gradually become worse and were, when the case was presented for treatment, continuous daily.

The diagnosis was Pott's disease with tuberculous origin. The treatment was local and internal. With the assistance of Drs. Keller, Rogers and Hay alternately during the following eighteen months a series of plaster corsets were applied at intervals of about three months. At each time the jacket was re-applied the spinal column was brought

nearer to the normal curve. The internal treatment was, first of all, food selected according to one of the lists furnished by Reed & Carnrick to overcome the malnutrition. To this was added codliver oil in the glyconin emulsion as prepared by the local druggists. For medication nothing was given except McArthur's Compound Syrup of the Hypophosphites with Lime, and I believe did much toward building up the nervous system and feeding the bone tissue. The patient was relieved almost entirely of the pain, during the first week, and, after the application of the jacket, for eighteen months, was dismissed. She is now a healthy looking young miss, attending school regularly, and in perfect health, with little or no trace of her deformity.

The second case was that of Mr. B., of Nebraska, aged forty, a strong healthy looking yeoman. He had sustained an injury to the spine four or five years before, which had caused no symptoms which would remind him of the fact except a growing weakness in the small of the back. He, however, suffered from rheumatism in the lower extremities, and failing to be relieved by the local physician, resorted, unfortunately, to the baths at this place, and for six weeks continued to bathe, growing weaker and more feeble each week. The case was not brought under my observation until the sixth or seventh week of his sojourn. He was then in bed suffering intense pain in the spine in nearly its whole length with a continued fever of about 100 degrees. My diagnosis was chronic myelitis.

It was the opinion of both myself and the attending physician that the spine should be placed at rest in the plaster, but it was too late. The impossibility of using the Sayre apparatus was evident from the fact that exquisite pain was experienced on the slightest jar of the bed, and our patient was too debilitated to take an anæsthetic. The man continued to grow worse each day, for two or three weeks, when death from neurasthenia came to his relief.

Here the failure to put the parts affected at rest in proper time, evidently caused the death of a strong healthy man who was just the opposite type of the little girl reported above.

The baths, as given, aggravated the spinal lesion in that the general relaxation only dilated the blood vessels in the field of the tuberculous origin, nourishing this enemy while the constant friction from mobility lent its aid as an irritant.

The third case was Mr. G., of Hot Springs. Was a patient of Drs. Gaines and Thompson. Dr. Jelks and I were called in consultation, in September, 1891. Mr. G. was about forty years of age and much emaciated from a siege of fever, which had then lasted him several weeks. He had sustained some slight injury to the spine one or two years before. Abscesses had occurred along the spine,

which had either ruptured or been lanced, and it was evident from the rigors and the depression that pus absorption had taken place. It was first thought that his salvation lay in an operation for removal of dead bone; this was, however, overruled and a plaster cast applied. The first jacket was a failure from a mechanical standpoint, and was removed and supplanted by another, which with nourishment and the reconstructive tonics brought the patient to recovery in about three weeks. Several inguinal abscesses occurred during his convalescence.

CASE IV. Miss K., of Chicago; aged 18.—Sent to Little Rock to receive the benefit of southern climate for what appeared and was diagnosed rheumatism. Was referred to me June, 1893, by Dr. J. A. Dibbrell, of Little Rock. On examination I found the patient inclined to be very restless, unable to sit erectly, walk or stand erectly without resting one hand or the other on her hip or thigh. Apparent rheumatic pains existed in the wrists and lower limbs. Monthly discharges very irregular and painful. Upon questioning her as to any injury to the spine, she could remember nothing of the kind, except that two years ago she slipped and fell on a stone step, which caused pain for several days in the coccyx. The spine showed a slight projection at the 12th dorsal and 1st lumbar vertebræ, which was painful to the touch and the seat of the back-ache.

Diagnosis: Myelitis. Treatment: Locally — plaster corset. Internally: McArthur's Syrup Hypophosphites. The rheumatic pains subsided as if by magic, and in two months the menstrual functions were restored. The nervous symptoms disappeared. The corset, after two weeks, was split down the front, and brought together each time it was removed for change of underwear with moleskin adhesive plaster (J. & J.).

With the assistance of the gentlemen (Drs. Rogers & Baird) who were admitted to the case in June, I applied the second corset in November last. The young lady is in perfect health now, and two weeks ago discarded the corset altogether.

Plaster of paris is equally beneficial and available in other joint troubles of syphilitic or tuberculous origin.

CASE V. Mr. R., of Richmond, Va.; aged 24. Specific and strumous history. Had a brother who has been afflicted since infancy with coxalgia. Mr. R. was put on the specific treatment here with baths. After the second week pains in the right knee and hip became so intolerable and intractable that he was advised to take the bed. He was placed in St. Joseph's Infirmary. The pains continued; opiates having no good effect.

With the assistance of Drs. Baird and Rogers I applied a spica of plaster. After two days and nights the pains ceased, the plaster removed, the patient was put on codliver oil in glyconin emulsion and McArthur's Syrup of Hypophosphites, with no specific treatment at all. After three weeks such improvement was experienced that the patient was allowed to come to the office. Baths and specific treatment resumed for nearly a month, when terrific night pains in elbows occurred. The right elbow intolerable. The plaster was resorted to with magic effect. Patient continued use of specific treatment, and made rapid progress.

I could report similar cases with similar results, but have already cited a sufficient selection to bear me out in my ideas as to the necessity for treating these different joint troubles with rest as being the most important agent.

There is a prevailing idea that plaster jackets, splints, etc., are too troublesome, too unreliable to warrant one in making use of them. But I am sure that where the best plaster is used, and put on intelligently, the result will be gratifying.

My rules are these for jacket work:

1. I use none but the best dental plaster.

2. I make bandages of cross-barred crinoline; roll them; put the plaster in a platter; then take the free end of the rolled bandage and commence rolling it loosely in the plaster.

3. I have a bucket of hot water to dip each roll in as it has to be used.

4. Allow the patient to rest the head in the Sayre jury mast with hands above the head grasping the rope. This raises the ribs so that the jacket when completed will not interfere with respiration.

5. I am careful to pad the crests of the ilia with a fold of double-faced canton flannel about the size of the hand. With this flannel I make pad for spine by taking three or four pieces, each one one-half inch narrower than the last one, and cut out a hole for the prominence, if any, in the spinal column; pin these together temporarily to the neck band of a closely fitting seamless gauze vest, and begin to apply the jacket by throwing the roller well down to the large trochanters and on up to the axillæ. When the first layer is completed I work in ten strips of galvanized iron in following order: Two down front, one on each side of the spine, and three at equal intervals, laterally.

6. I do not use alum or salt; either impairs the strength of good dental plaster.

SELECTIONS.

CREMATION.

ADDRESS TO THE GRADUATING CLASS OF MEMPHIS HOSPITAL MEDICAL COLLEGE.

BY PROF. SHEP. A. ROGERS, M. D.*

I shall to-night occupy your time with a question which is now attracting the attention of many of our leading thinkers, a question that all, regardless of vocation or position in life, are interested in, viz.: What disposition shall we make of our dead?

To the many sentimentally inclined, burial furnishes an easy answer to this question. So like the repose of sleep is death, that as they gaze upon the closed lids and folded hands of their dead friends, the impulse is to lay their lifeless bodies reverently and quietly in a grave marked by a marble shaft and covered by flowers kept fresh by the tears of affection. But there is a large and respectable class of men who are not content with the answer to this question thus given by sentiment, and it is well that they are not content with this mode of disposing of the dead.

It may not be improper to suggest primarily that the matter of death and burial has an economic side. Statistics show that 47,000,000 of people die every year, and that to each and every one of these 47,000,000 must be allotted 2x6 feet of ground, making a total of nearly 21 square miles of the earth's surface that is each year taken up for burial purposes; and the surrender of so much space to the dead, with the rapidly increasing population of the world, will soon become a feature of enormous importance to the living. In addition, when funeral expenses incident to these 47,000,000 burials are ascertained, the economic objections to interments are strengthened.

I do not desire, however, to direct your thoughts in that line; they are considerations for the political economists. Your attention as specialists who are to have charge of public health must be directed to the unsanitary features of burial, to the cost in lives, and

*Reprint from the "Memphis Journal of the Medical Sciences."

not in dollars. That this cost in lives annually reaches far in the thousands, there can be scarcely a doubt. Among others, Pasteur has made many experiments which tend to prove that burial is a dangerous practice. One of the most striking of these was this: He buried the body of a sheep that had died of charbon twenty feet beneath the earth's surface. After a lapse of ten years time, he allowed a flock of healthy sheep to graze upon and around the grave; this resulted in death to all the flock from charbon. This instance alone, would prove nothing, but coupled with other investigations of his, Koch, Carpenter and Evert, all of which have given similar results, together with microscopical examinations of the dead animal tissue in its various stages of decomposition, show plainly that the germs which cause the charbon do not die with the body, but thrive and multiply in the decomposing carcass, and are transmitted to the earth's surface by earthworms and are then ready for new victims. Reasoning by analogy, the same would be true of the germ of yellow fever, cholera, typhus fever, phthisis, and in fact all other germs that attack the human kind. But we scarcely need reason by analogy, for our cemeteries are notorious breeders of disease. Instances are numerous where the upturning of the ground in burial places has given rise to fatal sickness. Potters' field in New York City, in 1806, was ploughed up for the purpose of converting it into a public park; this upturning of the earth liberated the germs of cholera which had been buried three years previously in the victims of that disease, and caused a terrible epidemic to sweep over that city. London had a similar experience in 1665, from the disinterment of bodies that had been buried nearly 300 years. In 1843, Minchinhampton, Eng., suffered from a plague that had not visited that place for seventy-five years, and was directly traceable to the disinterment of bodies from an abandoned graveyard. At Kelioab, a town near Cairo, the bodies of victims of a plague were disinterred 100 years after burial, and the liberated disease germs attacked new victims and caused a second plague. Modena met a similar fate from the disinterment of bodies that had been buried nearly 300 years.

Many other well authenticated instances of a similar character could be cited illustrating the dangers from this source, but another will suffice. It has been noticed that streams in the vicinity of graveyards are very apt to cause sickness, which at times partakes of an epidemic nature. In such instances the diseased germs migrate from the bodies of the victims to the water, or they may be carried there by earthworms; then they are distributed along the banks of the stream, and are ready to attack any whom they come in contact with.

There is little doubt in my mind but that Memphis owes some of her mortality to the relation of Elmwood cemetery with Bayou Gayoso. Elmwood is situated upon one of the headwaters of the bayou. This is a small, sluggish stream that pursues a serpentine course through the most thickly populated portions of the city, having every opportunity to collect from Elmwood the germs of disease and distribute them broadcast. And who knows but that the terrible epidemics of '73, '78 and '79 were but the legitimate outcome of the yellow fever germs buried with the victims of 1867?

Nor does the danger of burial end here—the earth and the water does not receive all the contamination; the atmosphere gets its pro rata. Cases are not rare where gravediggers, while disinterring bodies, have been stricken with death by the foul gas that escapes from the burial tomb. Well did Sir Henry Thompson express the dangers of burial when he said, "No body is ever placed beneath the soil without polluting the earth, the air, and the water above and around it."

We cannot withhold our condemnation of the deleterious system, nor refrain from urging that it be abandoned. Now what substitute have we to offer for it?

Some genius, taking advantage of the chemical composition of the body, proposes to immerse it in sulphuric acid, thereby destroying the organic portions and converting the inorganic residue into the sulphates, which would consist largely of sulphate of lime or plaster of Paris. Out of this could be cast a perfect model of the dead one's face by means of a mould previously taken; this would be sanitary, and it is a beautiful idea, but of course impracticable. Cremation offers the most satisfactory solution of the question. With cremation there can be no contamination of the earth, the air, or the water. No source of disease.

Before discussing cremation as it is to-day, let us see how the ancients disposed of their dead. The primeval savage probably removed his dead to some secluded spot and allowed nature to do the rest. Later on, as population increased and man became more humane, some mode less revolting to natural instincts had to be adopted. Land being abundant, burial was the mode selected by the masses. The intelligent and wealthy, however, even in very early times, practiced cremation. The exact period when cremation first begun history fails to tell, but reference is made to the funeral pyre 2,000 years B. C., and judging from all evidence now at hand, the Orients were the first to practice it. As to what it was indebted for its birth, authors are at variance. Some of the modern cremationists believe it to have been the result of sanitary research. I cannot quite agree with them, as it was practiced by different nations