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# INDEX TO VOLUME XII.

JULY TO DECEMBER, 1892.

- ABDOMEN**, Gunshot Wounds, 127;  
Transfusion, 144.  
Abortions in Minn., 90; Pot. Chlorate in,  
15.  
Abscess Hepatic, 119; Renal, 58.  
Adynamic Insanity, 15.  
Aiken, Sir Wm., (Obit), 46.  
Albuminuria, 105, 116.  
Alcohol in Disease, 140; in Shock, 159;  
in Vagina Ulcers, 145.  
Alcoholic Insanity, 25.  
Alessandri, 148.  
Altopelia, 149.  
Alvenga Prize, 175.  
Ambulance Corps, 94.  
Amnorrhoza from Mental Strain, 86;  
from Scare after Coitus, 86; Secondary  
Causes of, 86; Reaction in, 86; To-  
bacco Workers, 86.  
Amnesia, 133; in Fiction, 80.  
Amputations, Forsarm, 147; Primary,  
35; Syme's, 130, 131.  
Anæsthesia. Ano-genital Reflex and, 140;  
Cætic, 45; Chloroform, 45, 127; Co-  
caine, 96.  
Anæstrosia Cocaine, 96.  
Angina, Saloi, 47.  
Ano-genital Reflex, 140.  
Antispasmodics, 47.  
Antipyrin, 115; in Headache, 118; Epilep-  
sia, 145.  
Antispasmodic Decay, 173.  
Antitoxin, 2116.  
Anuria Simile, 47.  
Anus, Absent, 68, 168; Musical, 43, 78.  
Aortic Stenosis, 65.  
Aphasia in Fiction (Ed.), 80.  
Aristot., 3, 34, 79.  
Arsenic in Leukæmia, 35; in Lues, 111.  
Arterio-Sclerosis, 39.  
Art in the Insane, 27.  
Aryan Medicine, 57.  
Ascariasis in Typhoid Fever, 149.  
Axicles. Cleavers in, 86; Copala in,  
12; Cynara in, 47; Hair-Cap Moss in,  
86.  
Asparagin Hydrarg., 84.  
Asparagus and Sugar Tests, 54.  
Aspermatism, 50.  
Aspiration Dangers, 6.  
Astasia Abasia, 36.  
Atropine, Untoward Effects, 123.
- DACTERIA** in Acid Media, 102.  
D Bartlett, Dr. Levi, (Obit), 27.  
Dauscheidtsam, 90.  
"Deer's Cholera Drops," 158.  
Detol in Diarrhoza, 126.  
Diamuth Salicylate, 3; Sub-Nit. as a  
Funis Dressing, 34.  
Bladder Aspiration, 4; Calculus, 97;  
Foreign Body, 118; Rupture, 96.  
Blood Gonococci in, 135; in Lues, 84;  
Serum in Lues, 148.  
Blushing, 145.  
Boose Grafting, 300.  
Bowel Catarrh, 48; Opium and the, 84.  
Brain Weight and Intellect, 82.  
Brutality Medical, 82.  
Bursa Arvistol in, 72; Dermatol in, 143;  
Europhen in, 3.  
**CÆSARIAN** Section, 126.  
Calculus, Bladder, 97.  
Cancer, 168; Breast, 81; Cervix, 34; Chin-  
ney-Sweeps, 81; Microbe, 96; Tongue,  
17; Uterus, 168.  
Cannabis Indica, 12.  
Capsella, 81.  
Cascara Aromatic, 167.  
Cataleptoid States from Faeces, 73.  
Cerebraethia, 124.  
Cephalodymia, 107.  
Cervix Cancer, 34, 68.  
Chaucer on Prescriptions, 139.  
Charaka-Sambha, (Rev.), 57.  
Chicago Academy of Medicine, 24, 60,  
78; "Clinical Review," 140; Medico-  
Legal Society; Typhoid Fever in, 19;  
Children Diarrhoza, 3, 7, 12, 24, 113;  
Diuretic in, 120; Hepatic Cirrhosis in,  
146; Hysteria in, 11; Insomnia, 135;  
Suicide in, 62; Uricæmia in, 51;  
Vagina Hemorrhage in, 79.  
Chloramid, 145.  
Chloroform, 127; Anæsthesia, 45; Deaths  
from, 24, 58; During Sleep, 90.  
Cholecystotomy, 90.  
Cholera Asiatic, 81, 95, 98, 102, 112, 113,  
114, 133, 148, 143, 144, 158, 175.  
Chorea, 47, 148, 159.  
Christian Science, 141.  
Chrysothanic Acid, 166.  
Cinchonamine, 84.  
Cincinnati Medical Practice Act, 140.  
Cinnamomol in Alopecia, 149.  
Cirrhosis see Hepatic.  
Clatburr, 85.  
Cleavers, 86.  
Clergyman Chalazata, 79.  
Clitoria, Masturbator's, 70.  
Cocaine, Death After, 124; Anæthro-  
dial, 96; Untoward Effects, 96; Code  
of Ethics, 138, 140.  
Collapse, 144.  
COLLAGES: Albert Barnes, 56; Chicago  
P. and S., 44, 177; Harvard, 16; Keokuk,  
56; Marion-Sims, 56; Kuala, 56; To-  
ledo, Yale, 56.  
Colon. Gunshot Wound, 71.  
Consent in Operations, 123.  
Constipation, 115, 249, 166.  
Contract Practice, 16.  
Contracted Pelvis, 146.  
Continuans, 131, 136, 137.  
Copaliba, 10, 19.  
Coralroot, 97.  
Cord Hydrocele, 49.  
Correspondence, 26, 35, 222, 149.  
Cough, Brown's in, 84.  
Counter-Irritant, 114.  
Cranotomy, 48.  
Crime in Michigan, 80; in Pa., 83, 91.  
Cynorch, 47.  
Cystitis, 94, 115, 129, 139, 142.
- DAKOTA** (South), Medical Practice  
Act, 140.  
Death Rates, Sex, 25.  
Decidua and Extra-Uterine Pregnancy,  
147.  
Degeneracy, Palate in, 126.  
Dermatol, 143.  
Dermoid Cysts, 137, 140.  
Diaphoretic Powder, 85.  
Diarrhoza, Detol in, 126; Children's, 13,  
7, 34; Lactic Acid in, 126; Treatment,  
102, 142.  
Diphtheria, 30, 51.  
Dispensary Abuses, 54, 138.  
Drummers for Quacks (Ed.), 131.  
Droboaine, 160.  
Dolcine, 174.  
"Doomy Chucking," 154.  
Dysentery, Bursa Pastoris in, 85; Clat-  
burr, 85; Drosoca, 84; Simaruba in, 14.  
Dyspepsia, 20, 167.  
Dyspnea, Urdemic, 71.
- EAR** Disease, Lysol in, 28; Screw  
Worms in, 90; Wax, 49.  
Eczema Neurotic, 47.  
Eels in Stomach, 78.  
Electrotherapy, 52.  
Epilepsy Insomnia, 2; Pasteurism in, 20;  
Sute Care of, 44.  
Eristaxia, Antipyrin in, 145.  
Ether, Death from, 124; in Hernia, 178.  
Europhen in Bursa, 3.  
Exsanguis in Chorea, 47; in Goitre, 126.  
Incompatibilities, 161; Untoward Ef-  
fects, 115.  
Exophthalmic Goitre, 158.  
Experts, Medical, 18; Femia, 42.  
Eye Disorder, Contagious, 19; Disorder,  
Male Feru, 145; Race and, 71; Lid,  
120; Pain, 135; Tobacco and, 48.
- FÆCES**, Retained, 29, 73.  
"Fasting," 15.  
Fees, 25, 43, 46.  
Female Curiosity, 43; Physicians, 14, 19,  
45; Suspenders, 82; Urethra Pro-  
lapse, 119.  
Femoral Hernia, 73.  
Fetidic Sexual Perversion, 83.  
Fever, 6, 29, 24.  
Fingers Cut off, 89.  
Fœtus, Parasitic, 73.  
Forsarm Amputations, 147.  
Forebodings and Intellect, 82.  
Foreign Body, Bladder, 118; Heart, 97,  
113; Intestine, 148; Pericardium, 36;  
Stomach, 89.  
Fracture, Humerus, 3; Osteotomy in,  
120; Radius, 90; Skull, 96.  
Freak, Female Physician, 183; Mann-  
facture of, 42.  
"Fren's" Treatment Swindle, 241.  
Funis Dressing, 34, Long, 64.
- GALLBLADDER** Operations, 147.  
Gastric Ulcer, 166.  
Gastritis, 20.  
Gastrostomy, 120.  
General Addresses (Ed.), 138.  
Genitalia, Masturbator's, 70.  
German Medical Societies, 155.  
Goitre, 91, 115, 158.  
Gold in Therapeutics, 142.  
Gonococci, 115.  
Gonorrhœa Rectal, 115; Sandalwood in,  
12; Treatment, 149.  
Gonorrhœum in Hemorrhage, 160.  
Gout Penis, 28.  
Graftage, 164.  
Gunshot Wounds, 71, 114, 170.  
Gynecology, Abuse of, 118.
- HEMATURIA** Malarial, 143, 160;  
Traumatic, 160.  
Hemorrhage, Clatburr in, 81; Haircap  
Moss in, 85; Testiculum in, 84.  
Hemorrhagic Clatburr as a, 85.  
Hæmomenia, 14, 79, 139, 141, 172.  
Haircap Moss, 86.  
Head Ache, 48, 78; Injury during La-  
bor, 80; Wounds, 27; in Uterus, 168.  
Heart Foreign Body, 97, 113; in Derm-  
oid Cyst, 137; Lues, 111; Wounds,  
114.  
Hepatitis Suppurative, 33.  
Hepatic Abscess, 33, 110; Cirrhosis, 146,  
148; Colic, 81; Phlebotomy, 64.  
Hereditry, 45.  
Hernia, 175; Femoral, 73; Umbilical, 73.  
Homœopathy, 14, 79, 139, 141.  
Humerus Fracture, 3.  
Hydrastin, 164.  
Hydrocele, 49.  
Hymen Bilobed, 53; Circular, 33; Coitus  
and, 20; Clitoris, 131; Double, 33.  
Fimbriate, 53; Horseshoe, 53; Imper-  
forate, 53; Labor and, 41; Semilunar, 53.  
Hysteria, 11, 34, 36, 49, 85, 86, 90, 127,  
129.
- ILLEGITIMACY**, 41.  
Indiana Constitution, 115.  
Infectious Disease and Pregnancy, 95.  
Inebriety, 14, 20, 41, 45, 59.  
Insanity Adynamic, 17; Art in, 27; Jail  
Inmates of, 15; Kefley Caused, 41.  
Kidney and, 83; Moral, and the Rec-  
tum, 14; Post Operative, 147; Puer-  
peral, 132; Shock and, 66; Suicide in,  
127; Vaccination, 159.  
Insomnia, Children's, 135; Chloramid  
in, 145.  
Intestine Foreign Bodies, 148; Perfora-  
tion and Ascities, 149; Perforation  
and Tapeworm, 152.  
Intubation, 173.  
Iodine in Snake Bite, 142; Untoward  
Effects, 72.

- JACKSON, Dr. A. Reeves** (Obit.) 179.  
 Law Dislocation, 113.  
 Jenner Centenary, 99.  
 Jequirity, 84.  
 Journal, A. M. A. (Ed.), 77.
- VEELEY "Cure,"** 4, 89, 83, 86; Insan-  
 ity from, 4.  
 Kleptomania (Ed.), 79.  
 Kola Nut, Upward Effects, 147.
- LABOR, Extra-Uterine, Pregnancy,** 64.  
 L. Hæmia and, 72; Hymen and, 64.  
 Lactic Acid in Diarrhoea, 116.  
 Langenbeck (Obit.), 28.  
 Laryngotomy, 263.  
 Laryngology Model, 173.  
 Laxative Essence, 126.  
 Lavage Dangers, 143.  
 Leg Ulcers, 126.  
 Leprosy, Pregnancy and, 84; Symptoms  
 from Phosphorus Poisoning, 124.  
 Leucorrhœa, 129; Bursa Pastoris in, 85.  
 Leukæmia, Arsenic in, 38.  
 "Labeling" a Quack (Ed.), 139.  
 Lightning, Death by, 91; Stroke, 128.  
 Lithæmia, Piperazin in, 133.  
 Lithology, 77, 49.  
 Liver Wounds, 126.  
 Loxophan, 170.  
 Lues Blood in, 82; in Charitable Insti-  
 tutions, 36; Mercury in, 84; Nos-  
 ternal; Gonorrhœa, Paretic Dementia and, 51.  
 Lung Gashot Wound, 77.  
 Lycopus, 121.  
 Lymphoid Disease in Rabbits, 82.  
 Lysol in Cystitis, 129; in Ear Disease,  
 128.
- MAGNESIA Sulph.** in Bowel Catarrh,  
 48.  
 Malarial Hematuria, 143, 149.  
 Male Fern, 145.  
 Malpractice Suits, 46, 59, 158.  
 Marriage, Age of, 110; Early and Illegiti-  
 mate, 177; Masturbation and, 110;  
 Syphilis and, 99.  
 Maryland Medical Practice Act (Ed.), 14.  
 Massachusetts Medical Society Pharma-  
 copœia, 44.  
 Masturbation; Genitalia and, 90; Mar-  
 riage, 110; "choolgirl," 77; Suction, 70;  
 Thigh Friction, 70.  
 Maternal Impressions, 44, 48.  
 Medical Critics, German Treatment of,  
 150; Fees, 177; Journalism in, 128, 79;  
 Practice Acts, Cincinnati, 100; Dakota,  
 South, 140; Illinois, 128; Maryland,  
 14; Missouri, 144; Nebraska, 140; Ore-  
 gon, 179.  
 Menorrhagia, 21.  
 Menopause, 85.  
 Menstruation, Early, 86.  
 Mercury Asparagin, 84; in Lues, 84;  
 Pyroborate, 84; Tenon Capsulitis  
 from, 72.  
 Meyner, Dr. Theo. (Obit.), 59.  
 Microbes, 17.  
 Minnesota Medical Society (Ed.), 18.  
 Mississippi Valley Medical Association  
 (Ed.), 53.  
 Mitchell Compound, 17.  
 Mollère and the Physicians (Ed.), 144.  
 Moogonian Eye, 18.  
 "Moonshine" Potencies, 44.  
 Morphine in Nostrums (Ed.), 141; Reac-  
 tion from Clove Oil, 149.  
 Muna Muna, 156.  
 Murder Superstitions (Ed.), 45.  
 Musical "Anus," 43, 38.  
 Mutilations, Inherited, 45.  
 Myxædema, Cure of, 92.
- NASAL Secretions, Retained,** 103.  
 Nebraska Medical Practice Act,  
 (Ed.), 140.  
 Needles in Shoulder, 91.  
 Negro Eye Disease in, 72.  
 Nephritis, 105; Bursa Pastoris in, 85;  
 Chorea and, 148.  
 Neutralizing Cordal, 85.  
 Newspaper "Cure" Certificates, (Ed.),  
 140.  
 Nihilists and Patent Medicines, (Ed.),  
 16.  
 Nipples Chapped, 3.  
 Nitrous Oxide, Death from, 90.  
 Nos Alcoholic Treatments, 143.  
 "No Cure, No Pay," (Ed.), 154.  
 Nose Operations, 111.
- OLD Age, Pathology of,** 136, 165; Pleu-  
 risy in, 126.  
 Oophorectomy, Seventeenth Century,  
 (Ed.), 81.
- Opium Alkaloids, Bowel Action of, 84;  
 Poisoning, 26, 200; Suicide, 26.  
 Orientation Errors, (Ed.), 46.  
 "Orificial" Surgery, (Ed.), 139.  
 Osmectomy, 129.
- Ovarian Compensatory Hypertrophy,  
 48; Pregnancy, 163; Tumor Complic-  
 ation, 74.
- PAINDEASTY,** 160.  
 Pain in Eye, 125.  
 Paiale in Degeneracy, 126.  
 Pan-American Congress (Ed.), 171.  
 Papoid, 67, 143, 161.  
 Parasitic Forcra, 73.  
 Paretic Dementia, 92.  
 Paris Green Poisoning, 64.  
 Parthenogenesis, 142.  
 Passiflora incarnata, 125.  
 Patent Medicines in Africa, 90; Homop-  
 athy and, 171; Nihilists and, 165;  
 Pedology and, 46; in Russia, 92.  
 Peloid's Rheumatics, 128.  
 Penis, Abent, 99; Double, 68; Gout, 28.  
 Pericardium Foreign Body, 16.  
 Pertussis Tenuis in, 85.  
 Pharmacy Evolution of, 138; in Fiction,  
 77; Medicine and, 77.  
 Phenacetin, 21, 32, 47, 116.  
 Phobical, Hydrochol, 116.  
 Phosphorus in Fever, 6; Poisoning, 124.  
 Phthisis Bursa Pastoris in, 85; Crea-  
 tor in, 65; "Cure," 91; Drosera in,  
 84; Fibro, 121; Lycopus in, 122;  
 Tuberculoïd in, 74.  
 Physicians' Income, 125; and Miners, 91.  
 Pila Swallowing, 129.  
 Picrotoxin, 166.  
 Piperazin, 73, 133.  
 Placenta Prævia, 126; Retention, 40.  
 Pleasry Salicylates in, 71.  
 Pleura Cancer, 135; Eileston, 136.  
 Pneumonia, 34.  
 Pneumectomy, 83.  
 Poisoning, Paris Green, 64; Phosphor-  
 us, 124.  
 Polyp Bursa Pastoris in, 83.  
 Polyspermia, 141.  
 Post Mortem Movements, 114.  
 Post Partum Hemorrhage, 86.  
 Pot. Chlorate in Abortion, 15.  
 "Potentization," 241.  
 Practice Salts, 155.  
 Pregnancy, "Astral Body," 141; Dis-  
 comfort, 117; Extra Uterine, 64, 127,  
 147, 163; Infectious Diseases and, 96;  
 Leprosy and, 84; Medical Students, 46;  
 Ovarian, 163; Protracted, 144; Tubal,  
 127.  
 Prescriptions, Ownership, 79; Percent-  
 ages on, 130, 972; Russian, 92.  
 Professional Confidence, 59.  
 Prostatitis, 86.  
 Proteolol, 124.  
 Pruritus, 71.  
 Pseudohydrocephalus, 12.  
 "Psora," 147.  
 Psoriasis, 162.  
 Puerperal Fever, 146; Insanity, 139; Te-  
 tanus, 147.  
 Purpura Hemorrhagica, 157.
- QUARANTINE and Cholera** (Ed.),  
 6, 87.  
 Quinine, Upward Effects, 143.  
 Quinine, Cigarette, 26; Scarce, 26.
- RADIIUS Fracture,** 110.  
 Rectal Gonorrhœa, 115; Caused Moral  
 Insanity, 14; Uterine Implantation,  
 38.  
 Renal Abscess, 58, Disease Bursa Pas-  
 toris, 85; Disease Dyspnœa, 71; and  
 Insanity, 83; Hemorrhage, 85; Pri-  
 mary, 75.  
 Resort, 156.  
 Rheumatism, Chorea, 148; Salophen, 94,  
 143; Tetanus in, 86; Uterus Atrophy  
 from, 146.  
 Rumination, 104, 138.  
 Russian Female Physicians, 10; Medical  
 Censorship, 145.  
 Reviews: Alienist and Neurologist, 35,  
 141; American System of Surgery, 136;  
 Aryan Medicine, 57; Brostowski's  
 Pharmacy, 154; Cohen's Diagnosis,  
 154; Ewald's Stomach Diseases, 88;  
 Felt's Encyclopedia, 28; Keating's  
 Dictionary, 156; Lull's Chemistry,  
 156; Luik's Midwifery, 88; Lydston's  
 Gonorrhœa, 124; Page's Fracture, 88;  
 Penn Medical Register, 130; Poan's  
 Gynecology, 80; Reynold's Mid-  
 wifery, 88; Sajou's Annual, 82; Shaw's
- Psychiatry, 128; Treat's Annual, 86;  
 Tuke's Dictionary, 152.
- SACRO OCCYGEAL Dimple,** 51.  
 Sodium in Sexual Perversion, 83.  
 St. Louis Female Physicians (Ed.), 14.  
 Saison's Annual, 122.  
 Salicylates, 71, 142.  
 Salipyrin, 142.  
 Salivated Retinol, 122.  
 Saliol in Cholera, 123; in Cystitis, 116;  
 in Solution, 160; Upward Effects, 67.  
 Salophen, 73, 93; in Fever, 94; in Rheu-  
 matism, 94, 143; in Sciatia, 94.  
 Sassafras Oil, 15.  
 Sarapœon, 162.  
 Scalp Contusions, 131.  
 Scapulary, Anti-cholera, 143.  
 Scariatus, Jahorandi in, 38; Pruritus,  
 50; Treatment, 3; Uterus Atrophy,  
 146.  
 Schoolgirl Friendship Dangers (Ed.), 77.  
 Sciatia, 94.  
 Scroverworms in Ear, 90.  
 Scudder Autopsy, 25.  
 Scurvey in Typhoid Fever, 157.  
 Semis Anuria, 47; Pathology, 134, 165.  
 Sexual Impotence, 128; Perversion, 81,  
 83, 77, 83; Precoity, 159.  
 Sherris Alcohol in, 129; in Insanity, 62.  
 Silver Nitrate, Upward Effects, 64.  
 Simaruba, 14.  
 Stomatological Medicines, 48.  
 Strains Bone, Iodine in, 149.  
 Spermia, 73.  
 Spina Bifida, 129.  
 Sprain, 149.  
 STARS ITERS, 25, 58, 89, 123, 154, 180.  
 Sterility, 28.  
 Stomach, Eels in, 76; Foreign Bodies, 80.  
 Strontium Bromide, 84, 116; Iodine, 47.  
 Strychnine in Inebriety, 19.  
 Succin, 15.  
 Suicide, 61, 773; by Crucifixion, 63; Heat  
 and, 199; Insanity and, 17; Laws, 64;  
 Wounds, 62.  
 Sulphonal, 21.  
 Suppurative Hepatitis, 33; Counter-  
 Irritation, 114.  
 Surgical Dressing, 10.  
 Syme's Amputation, 130, 131.  
 Syphilis, Arsenic in, 111; Asparagin  
 Hydrogen in, 84; Eye, 774; Heart, 121;  
 Marriage and, 99; Paretic Dementia  
 and, 51; Rhinitis of, 103; Treatment  
 of, 148.  
 Systems of Practice, 43.
- SOCIETIES** 22, 56, 60, 86, 92, 100,  
 176; Amer. Electro-Therapeutic, 92;  
 Amer. Genito-Urin., 92; Amer. Med.,  
 18, 20, 41, 92; Amer. Medico-Psych., 24;  
 Amer. Obstetricians, 92; Amer. Physi-  
 ological, 23; Amer. Public Health, 92;  
 Arizona, 24; Brainerd District, 56;  
 Buchanan Co. (Mo.), 150; Cass Co.  
 (Ill.), 56; Chicago Academy of Medi-  
 cine, 24, 60, 177; Chicago Medico-  
 Legal, 24; Col. State, 24; Internat.  
 Dermatological Congress, 90; District  
 (Mo.), 56; Jackson Co. (Mo.), 150;  
 Kas. State, 24; Lehigh Valley, 56; Minn.  
 State, 24; Miss. State, 23; Miss.  
 State, 24; Min. Valley, 140, 150; N. J.  
 State, 60; Ore. State, 24; Pan-American,  
 174, 184; Stephenson Co. (Ill.), 56; W.  
 Va. State, 24; Wis. State, 56.  
 Society Expansions, 157.
- TAPEWORM and Intestinal Perfora-  
 tion,** 146.  
 "Temperance" Textbooks (Ed.), 45.  
 Tendon Reflex, 170.  
 Tenon Capsulitis, 72.  
 Testicle Neuroses, 116.  
 Tetanus Antitoxin in, 116; Feigned, 91;  
 Hepatic Cirrhosis and, 146; Puerperal,  
 147.  
 Tetralon, 116.  
 Therapeutic Malpractice, 122.  
 Thibila, 59.  
 Thion Compound Elixir, 149.  
 "Tr. Anti-cholera," 143.  
 Tobacco Eye Disorders, 148.  
 Tongue Cancer, 5.  
 Tooth Drops, 130; Plate Swallowed, 80;  
 Powder, 130.  
 Tonics, 11.  
 Trades Unions, Medical Aspects of, 153.  
 Traumatic Neuroses, 104.  
 Trepigne, 96.  
 Trichinosis or Worms, 13.  
 Tribunal, 116.  
 Triticum Repens, 116, 160.  
 Troscopamine, 164.

Tubal Pregnancy, 127.  
 Tuberculin, 74.  
 Tuberculous Leprosy and Phosphorus, 129.  
 Tuberculosis and Sterility, 28.  
 Take Centenary (Ed.), 149.  
 Typhoid Fever, 37, 170; Ascariasis and, 149; in Chicago, 19; Purpura in, 157;  
 Renal Abscess and, 58; Scurvy and, 157;  
 Symptoms from Foreign Bodies, 148;  
 Treatment, 116; Uterus Atrophy from, 146.  
 "Typho-Malarial" Fever, 37.  
**U**  
 ULCERS, Leg, 118; Vagina, 148.  
 Umbilical Hernia, 73.  
 Umbilicus, see Funis.  
 Untoward Effects: Atropine, 133; Cocaine, 96; Exalgin, 113; Iodine, 72; Kola Nut, 142; Male Fern, 145; Phenocoll, 116; Quinine, 143; Salicylic, 142; Sautol, 47; Silver Nitrate, 64.  
 Urachus, 158.  
 Urethral Implantation Rectal, 38.  
 Urethral Application Argylia, 64; Inflammation, Aristol on, 77; Irrigating, 141; Prolapse, Female, 279.  
 Uricæmia in Children, 53.  
 Urinary Meatus Double, 135.  
 Uterus Atrophy in Girls, 146; Hemorrhage; Coesymph in, 164; in a Scrotum, 49; taken for a Lymphatic Gland, 120.  
**V**  
 VACCINATION, 108; in the Insane, 125.  
 Vagina Hemorrhage in Infants, 72; Inflammation, Aristol on, 72; of Masturbators, 70; Relaxation of, from Masturbation, 70; Ulcers, Alcoholism, 148.  
 Varices, Aristol on, 72; Leg, 118.  
 Variola, 68; Darwinism Treatment of, 144.  
 Vertigo, 30.  
 Virehow (Ed.), 113.  
 Visceral Lesions, 136, 137.  
 "Via Mediatrica," 64.  
 "Vitaline," 16.  
 Vivisection, 171.  
 Vomiting Strout. Brom. in, 116.  
**W**  
 WERLHOF'S Disease, 158.  
 Wilder, Dr. Homicide (Ed.), 82.  
 Women: Double Meatus in, 135; Evolution and, 45; Masturbation in, 70, 77, 120; Physicians, 14, 19; in Germany,

155; Urethra Prolapse in, 129.  
 Wood-sage, 85.  
 Wood, Dr. T. F. (Obit), 113.

## CONTRIBUTORS.

**A**  
 ALLEN L. B., Humboldt, Neb., 21.  
 Ayres, S. Pittsburg, 11.  
**B**  
 BALDY J. M., Philadelphia, 147.  
 Bean S., Bronson, Fla., 106.  
 Bigelow H. R., Philadelphia, 12.  
 Reiland E. B., Pittsburg, 65.  
 Bowman A. W., Davenport, 46.  
 Buchanan J. J., Pittsburg, 100.  
**C**  
 CHEATHAM W., Louisville, 175.  
 Christopher W. S., Chicago, 7, 20.  
 Church A., Chicago, 30.  
 Comeyra C. M., Cincinnati, 37.  
 Crawford J. C., Davenport, Ia., 136.  
 Crothers T. D., Hartford, Conn., 149.  
**D**  
 DANDRIDGE N. P., Cincinnati, 5.  
 Dewey E., Kankakee, Ill.  
 Dorrett W. E., St. Louis, 128.  
 Dowling F., Cincinnati, 148.  
 Dulaney W. T., Louisville, 71.  
 Dulles C. W., Philadelphia, 175.  
 Duncan J. W., Atlanta, Ga., 5.  
 Dunlap F., Danville, Ky., 153.  
**E**  
 ELDREDGE J. A., Wareham, Mass., 31.  
**F**  
 FEARRINGTON J. P., Falton, N. C., 117.  
**G**  
 GIBON A. L., Washington, D. C., 1.  
 Grube E. H., Pittsburg, Pa., 136, 165.  
 Guttmann P., Berlin, Ger., 93.  
**H**  
 HAVEN A. C., Lake Forest, Ill., 176.  
 Hektton L., Chicago, 96.  
 Henning J. A., Grunett, Kas., 116.  
 Hersman, C. C., Pittsburg, 27.  
 Hughes C. H., St. Louis, 107, 169.  
**J**  
 JOHNSTONE J. H., Cincinnati, 137.  
**K**  
 KIERNAN J. G., Chicago, 14, 15, 21, 61.  
**L**  
 LANPHEAR E., Kansas City, Mo., 163.  
 Lemoyne J., Los Angeles, Cal., 82.  
 Lewis B., St. Louis, 128.

Livesey, T. N., Patoka, Ill., 13.  
 Lydston, G. F., Chicago, 34.  
**M**  
 MACFARLANE, W., Pittsburg, 131.  
 McKee, E. S., Cincinnati, 33.  
 Madigan, M. J., Brooklyn, 22.  
 Mallison, Elizabeth, St. Peter, Minn., 52.  
 Manley T. H., New York, 73.  
 Mann, C. A., Chester, Ill., 178.  
 Mann, M. D., Buffalo, N. Y., 64.  
 Matson, E. G., Pittsburg, 105.  
 Morrow P. A., New York, 21.  
 Murdock, J. B., Pittsburg, 130.  
**N**  
 NOBLE, C. P., Philadelphia, 147.  
**P**  
 PACKARD, J. H., Philadelphia, 159.  
 Palmer, C. D., Cincinnati, 72.  
 Park, S. J., Chicago, 161.  
 Perkins, C. E., Sandusky, O., 109.  
 Pitcher, Zina, Detroit, Mich., 167.  
 Poole, T. C., Mansfield, Tex., 48.  
 Potter, W. W., Buffalo, N. Y., 92.  
 Pusey, W. B., Louisville, 175.  
**R**  
 RACHEL, G. W., New York, 74.  
 Reed, C. A. L., Cincinnati, 54.  
 Reed, R. H., Mansfield, O., 13.  
 Reilly, E. W., Springfield, Ill., 98.  
 Richardson, G. F., Georgetown, Ill., 48.  
 Riggs, J. E., Pittsburg, 127.  
 Roberts, J. B., Philadelphia, 70.  
 Robinson, W. D., Philadelphia, 91.  
 Rohe, G. H., Catonsville, Md., 132.  
**S**  
 SAALFELD, E., Berlin, Ger., 69.  
 Sajous, C. E., Paris, France, 122.  
 Sanger, T. D., Baltimore, Md., 6.  
 Schmidt, H., Richmond, Minn., 21.  
 Seau, J., Chicago, 120.  
**T**  
 TAYLOR, W. H., Richmond, Va., 91.  
 Thayer, W. S., Baltimore, Md., 35.  
 Thomas, J. D., Pittsburg, 97.  
**V**  
 VERITY, W. P., Chicago, 157.  
**W**  
 WARREN, C. E., Boston, 110.  
 West, E. G., Boston, 125.  
 Wright, T. J., Churchland, Va., 21.  
 Wyeth, J. A., New York, 15.  
**Z**  
 ZEIT, F. B., Medford, Wis., 129.



2731



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## MICROBES AND TOXINES.\*

BY A. L. GIBON, M. D., U. S. N., WASHINGTON, D. C.

The discovery of this or that microbic cause, or coincident or inevitable consequent of cause, of one disease after another, naturally led to the deduction of special germicidal agencies for each, and for a time there was an appalling prospect of preventive hypodermic tattooing, scarcely less repulsive than the disease, and a bravado resolve to let each particular microscopic devil do its worst. Multiplying a million a minute, it was realized that we could be no match for our Lilliputian enemies, whom we could not kill by drugs without at the same time killing ourselves. Apace with the bacteriologists' revelations have been the chemists' syntheses, which, however we might be disposed to recommend to our friends and patients, none of us were brave enough to care to take within our own economies. I confess to no intimate familiarity with these latest evolutions of the laboratory, though the names of some I know by sight very well, even if most of them I neither can speak nor can spell. Hence it was a gratifying announcement that we had within ourselves our own defenders and defenses. "In the blood is the life thereof" began to have greater significance through the belief that its living cells devoured these countless swarms of intruders, and thus prevented their disastrous inroads. It was enough for us, then, by tonic and alterative, and stimulant and corroborant, to preserve the appetites of these domestic phagocytes, and see that they were always in sufficient force to patrol the avenues of the circulation. So, the homely phrase of cleansing the blood of its impurities came back like an old friend in a new dress—but already we are called upon to abandon our bio-therapeutics, with its war of the microbes and the final victory of good over evil-minded bacteria, as poetic fancy, and now comes the chemist with potencies, that are marvelously alike in looks, which set sail on their mysterious voyage in the channels of the blood to neutralize the toxic products of each malefic monad.

Among the pleasantest recollections of my early life are those of my old preceptor, whose father, himself a favorite pupil of Benjamin Rush, had conferred the latter's name upon his own son, which doubtless explains my inherited admiration for that wonderful man. I recall how carefully I was indoctrinated with the belief, which I have not been over-ready to abandon, that nosological nomenclature was a treacherous guide, that diseases were not so many entities for which specific antidotes were to be sought, and that the cardinal points of diagnosis to guide the medical pilot were the grade of action as indicated by the pulse, the state of the secretions and the condition of the organic fiber. To-day, we go behind these with lens and test-tube to ferret the particular microbe, bacterial proteid or chemical toxine, which has disturbed the circulation, obstructed the flow of the secretions, or irritated, inflamed or disorganized the basis structure of the tissues.

It would be unpardonable, therefore, if, in an address on medicine, however cursory and superficial, one should neglect to give due credit to the bacteriological investigators, the scope of whose researches embraces not merely the discovery of disease causation, but the means for its prevention and cure. The busy practitioner, perhaps, has little time to follow diligently the discussion as to whether the bacteria themselves are the real enemies of health, or only the agents for the introduction of their proteid products or toxalbumins, ptomaines or other chemical toxins, which are the actual pathogeners. He is chiefly concerned as to the practical results of these investigations.

Dr. Sternberg in a recent valuable paper admits that until a very late day the bacteriologist's demonstration of the specific cause in a considerable number of infectious diseases had not resulted in the discovery of a specific treatment for these diseases. Preventive medicine has almost exclusively profited by his researches, as when the discovery of the bacterial parasite placed tuberculosis among the infectious dis-

\*Abstract from Address on General Medicine, Detroit Meeting, A. M. A.

eases and the destruction of the sputum became a recognized practical necessity. Of the same order are the precautions of modern aseptic surgery and obstetrics, and the use of antiseptics in traumatic infection and in localized infectious processes. Sternberg has described 475 species of bacteria of which 158 species are pathogenic, although all are not differentiated by morphological characteristics, and the latest discoveries have established the fact that the pathogenic action of those bacteria, which have been shown to be concerned in the etiology of specific infectious diseases, is due to the formation of toxic products during the active development of the bacterial cells, and to isolate these toxins and toxalbumins is now the attempt.

Recent experimenters, significantly prominent among whom were three Japanese biologists, having demonstrated that the blood of an animal having a natural immunity against anthrax, if injected into the body of a susceptible animal, protected the latter from anthrax, it was subsequently found that the blood of animals having an artificial immunity against tetanus or diphtheria injected into susceptible animals, in like manner, protected them against the effects of the injection of virulent cultures of the bacilli of tetanus or diphtheria, and finally Dr. Rudolph Schwartz, assistant to the surgical clinic at Padua, reported the actual successful treatment of an advanced case of traumatic tetanus by injections of tetanus antitoxine obtained by Dr. Tizzoni from the blood-serum of a dog, which had been rendered immune against tetanus, and three other cases of success with this same treatment elsewhere have been since reported.

Since Behring's experiments, in Sternberg's opinion, suggest the possibility that the potent toxalbumin of the diphtheritic bacillus may be neutralized in the bodies of infected animals, and the Klemperers having shown the probability that the blood serum of animals which have an artificial immunity against cultures of micrococcus pneumoniae crouposæ, when injected into other susceptible animals, renders them immune, Sternberg indulges the hope that croupous pneumonia in man may be arrested by a similar mode of treatment. He further says, from analogy, based upon experimental evidence, the successful treatment of tuberculosis appears to call for the administration of anti-tuberculin rather than that of the active toxic principle elaborated by the tubercle bacillus.

Ehrlich's experiments with pathogenic tox-

albumins not produced by bacteria, but of vegetable origin, Sewall's showing that immunity from poisoning by rattlesnake venom may be produced by injection of small doses of its toxic agent, and others strongly support the view that all infectious diseases are due to the action of substances resembling the toxalbumins already discovered, and that acquired immunity from any of them is due to the formation of antitoxines in the blood of the immune animal—but while in many infectious diseases the toxalbumin is produced by a specific micro-organism, we have no evidence that this is the case in the strictly contagious eruptive fevers, and none to justify a generalization that all infectious diseases, as small-pox and scarlet fever, are due to specific micro-organisms. Sternberg suggests the possibility that in these diseases the toxalbumin, which gives them their specific character, is a product of the living cells of the body of the infected individual, and says the inference is justifiable that the blood and tissue-juices of any individual who has recently suffered an attack of small-pox or scarlet fever, contains an antitoxine which would neutralize the active poison in the circulation of another person immediately after infection, and he holds the experiment warrantable to ascertain whether a small quantity of blood drawn from the veins of the protected person would suffice to arrest or modify the course of these diseases. The transfusion of a moderate amount of such blood might be curative or confer immunity in advance of infection, and possibly an antitoxine may be obtained from the blood of vaccinated calves, which would have a curative action in small-pox. Dr. Sternberg has himself demonstrated, by recent experiments with the blood of vaccinated calves, that there is something in this blood which does neutralize the specific virulence of vaccine virus, both bovine and humanized.

I can hardly close without a passing reference to the malady which is on every tongue, and is credited with the virulence of a plague—the influenza—the influence whose mysterious grip upon the physically strong and robust, as upon the feeble and frail, leaving all alike mentally and bodily prostrated, has been attributed to some occult cause, acting upon or through the nervous system. It too is now known to have its bacterium, the latest micro-organism to be discovered, unless the verification of the Berliner Hospital experiments shall give that distinction to the alleged bacillus of measles. The bacterial proteid of influenza has not yet been isolated,

and when it is, and its antitoxine shall be demonstrated and successfully administered with curative results, a new era shall indeed have begun in general therapeutics.

**ARISTOL IN CHAPPED NIPPLES.**—Vinay ("St. Louis Med. and Surg. Jour.") recommends a twenty per cent aristol ointment as useful in chapped nipples. After suckling, the base of the nipple is firmly grasped so as to open out the cracks, which are then brushed with the ointment.

**EUROPHEN IN BURNS.**—Dr. Siebel has ("Berlin klin. Woch.") had excellent results in the treatment of burns and injuries resulting from corrosives and caustics from the use of the following ointment:

Europphen.....	3 grams
Olive oil.....	7 grams
Vaselin.....	60 grams
Lanolin.....	30 grams

He obtained the best results from this ointment, and what was especially remarkable was the marked diminution of the secretions. Owing to the latter effect it was found possible to leave the dressings in place for three or four days, and to renew them easily and without pain. Many patients were enabled to continue work under the use of a starch dressing. Severe burns of the third degree healed completely after three or four dressings. The longest period of healing (twenty-two days) was observed in a case of severe injury from hydrochloric acid, extending from the elbow to the wrist, over a breadth of five centimeters. It should also be noted that the europphen ointment relieved the pains from the moment it was applied to the burns. In children europphen can also be employed without risk, since it may be regarded as innocuous, at least in the doses which obtain here.

**TREATMENT OF SCARLATINA.**—Lauder-Brunton ("Med. Bull.") speaks favorably of arsenic, when the tongue remains red and irritable during convalescence. Ammonium carbonate in frequent doses is greatly recommended. Ringer recommends chlorine water for sloughing throat; arsenic and nitric acid for persisting red tongue in convalescence; cold compresses to the throat throughout; ice to be sucked; gray powder for inflamed tonsils; packing throughout, especially on retrocession of rash; veratrum for convulsions.

**BISMUTH SALICYLATE.**—Dr. Miknevitch emphatically recommends ("St. Louis Med. and

Surg. Jour.") the treatment of protracted diarrhoeas in children under two years of age by the internal administration of bismuth salicylate after the formula:

℞ Bismuthi salicylici.....	gr. xxiv
Gummi arabici.....	3 i
Sacchari albi.....	3 iss
Terendo adde	
Aquæ destillatæ.....	3 viii
Fiat lac. Tum adde	
Aquæ destillatæ.....	3 xlviii
M. S. Shake well before using. Give from one to two teaspoonfuls from three to six times a day.	

Each teaspoonful of the mixture contains about one-half grain of the salicylate, which represents a normal individual dose (repeated three or four times daily) for an infant aged from six to eight months. The bottle should be kept in ice or cold water (to prevent nausea, sometimes produced by the salicylate). In emaciated children the remedy, in largest doses, is apt to induce profuse perspiration, accompanied by general weakness. Hence, as soon as the sweating appears, the dose should be correspondingly diminished. In recent cases (of a few days' standing) the salicylate is useless.

**FRACTURES OF THE HUMERUS.**—Dr. J. B. Roberts in a paper read before the American Surgical Association arrives at the following conclusions anent the treatment of uncomplicated fractures of the lower end of the humerus: In the treatment of fractures of the lower end of the humerus, the divergent angle between the axes of the arm and forearm must be preserved; and hence, dressings which interfere with the normal difference in level of the radius and ulna are not permissible. Fractures of the lower end of the humerus of ordinary severity are, as a rule, more successfully treated in the extended than in the flexed position, because the "carrying function" is less liable to be impaired. Passive motion at an early date is harmful, and should be deferred until union has occurred and the dressings have been finally removed. Good results as to anatomical conformation and as to motion are generally to be expected, and can usually be obtained. Recent fractures in which satisfactory coaptation is not obtainable under anaesthesia may with propriety be subjected to exploratory aseptic incisions. Old fractures, in which deformity and impairment of function are marked, may, within certain limitations, be subjected to refracture or osteotomy for the relief of these conditions.