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CH. GATCHERLL

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MEDICAL ERA

CH. GATCHELL, M. D., EDITOR.

VOL. XII. (VOL. XIV.)

CHICAGO, OCTOBER, 1896.

NO. 19

CONSERVATIVE SURGERY.

The medical profession has gaps in its armor.

It is a fact that the people have to-day less reverence for the physician than they had years ago.

The reasons for this are various, chief of which is the fact that they have learned that medicine is, to a great extent, an empirical science and an experimental art.

But the surgeon has not, as yet, shared in this partial loss of confidence. His methods are looked upon as being more exact than those of the medical man, and the people commit themselves to the surgeon's care with a feeling of greater helplessness, and, at the same time, of greater trust.

In the case of the skillful master of surgery, this feeling of trust is fully justified. It is only imperilled by tyros who rush in where surgeons fear to tread.

It is a curious fact that surgery is itself responsible for this state of affairs. Asepsis has placed the scalpel in the hands of the young man. Years ago only the gray-bearded patriarch was considered competent to conduct a capital operation. Even then, under the prevailing methods, the results, too often, were disastrous.

But today, since the cranial cavity, the pleural sac, the heart's envelope, the peritoneal folds and the sacred precincts of the pelvis, may with comparative impunity be invaded, the surgical aspirant is emboldened to a *trop de zèle* that is a blot upon a noble science and a disaster to mankind.

Nor is it the surgeon's *age* that is to be criticized. In matters of science, youth is today no bar to preferment. The young surgeon of the present is a savior of mankind as compared to his aged predecessor of no more than thirty years ago. But, with his other qualifications, the young surgeon should not be wanting in that indispensable requisite—discretion.

This *trop de zèle* cannot be too severely condemned. Medical men, even more than the surgeons themselves, can, and, in this matter, must, become the censors. It is the medical man who places in the surgeon's hands the case for operation. One who claims to be especially qualified in children's diseases must not be trusted with edged tools.

It is our opinion that, after having acquired his knowledge of anatomy, his skill as a diagnostician, and his deftness in the use of the knife, what the surgeon most needs to complete his equipment is an exceedingly sensitive conscience.

AN ADMIRABLE APPOINTMENT.

W. A. DEWEY, M. D., of New York, has been appointed Professor of *Materia Medica and Diseases of the Nervous System* in the Homœopathic Medical college of the University of Michigan.

The University is to be felicitated upon having been so fortunate as to secure the services of Dr. DEWEY. It is an admirable appointment. Dr. DEWEY is so well and widely known as a master of his subject that his connection with the school will inspire its friends to renewed effort to put it on that high plane that it was intended by its founders it should occupy.

OPINIONS EXPRESSED.

The forceps are benign in benign cases.—*Dr. L. C. Grosvernor.*

True epilepsy is always a central disease.—*Dr. Chas. L. Dana.*

The worst time to learn to use the obstetrical forceps is when you have to use them.—*Dr. L. C. Grosvernor.*

The first essential of a good surgeon is skill as a diagnostician; next is a knowledge of anatomy.—*Dr. H. R. Chislett.*

It should not be forgotten that drug cure is only one of several methods of cure.—*Dr. W. M. Van Denburg.*

Man is greater than any of his parts; to study his general condition is better than to squint into any particular viscus.—*Dr. Chas. L. Dana.*

I have delivered a woman who in a previous labor had had symphysiotomy performed, and there was no subsequent paralysis or other sequel.—*Dr. Wilson A. Smith.*

Guided by my own experience, I would never operate for symphysiotomy so long as there are instruments by which to perform craniotomy.—*Dr. A. C. Cowperthwaite.*

A difficult case of forceps delivery is undoubtedly surgical in character, and, when improperly performed, is capable of inflicting much permanent injury on the subject.—*Dr. Sheldon Leavitt.*

There seems never to have been a time in the history of surgery when so many were standing ready to operate upon anybody, for anything, and so many standing ready to be operated upon, as at present.—*Dr. Chas. Adams.*

In the administration of drugs for the cure of mental and nervous disorders we should exercise profound patience, and calmly await the effects of a selected remedy without introducing new and unnecessary drugs.—*Dr. Selden H. Talcott.*

AFTER-THOUGHTS.

A new Method of Prophylaxis.

The latest is a "Society for the Prevention of Hereditary Diseases." The organization was started by a score of young women in New York and the membership has rapidly grown. The method of prophylaxis against hereditary diseases is out of the usual line, and involves no use of serum or antitoxins. It consists of a pledge on the part of the young woman not to "enter into matrimonial alliance with any man whose family is subject to such hereditary diseases as consumption, insanity, or the appetite for strong drink."

We believe in giving this Society all possible encouragement. It is a move in the right direction. Young men who are matrimonially inclined would do well to consult its directory when in search of a sensible girl for a wife—providing he can himself show the proper credentials. We trust that there may soon be a branch society in Chicago.

The Same old Story.

In Hyde Park typhoid fever became epidemic. Its presence mystified the profession and the people. No one was able to account for its origin. Finally Dr. Geo. F. Washburne took it upon himself to investigate. He found that many of the afflicted families got their supply of milk from a common source. He took a train to Crown Point, Indiana, and there he discovered the source of the infection—there were several cases of typhoid fever among the inhabitants of the dairy farms that supplied milk to the Hyde Park families.

And yet there are some who even yet believe that typhoid is of spontaneous origin!

This is an Era of low prices, and here is a low-priced ERA.

THE DOCTOR TALKS.

"Did I ever tell you," asked the Doctor, "my opinion of germs?"

"Wheat-germs?" said I.

"Naw!" exclaimed the Doctor in a tone of disgust. "Germs, insects, bugs, these thing-a-ma-jigs that cause all the new-fangled diseases."

"O, schizomycoetes, you mean," said I.

"What's that?" snapped the Doctor.

"Microbes."

"Yes, microbes," said he. "Did I ever tell you my opinion of them?"

"No, you never did," said I.

"Then I'll do it. Come with me."

The Doctor led the way to the elevator of the Bay State building, and in a few moments we were comfortably seated in chairs in his office, where, from the open window, we could overlook the busy throng on State street. At that moment we saw Adams come out of Central Music Hall building, cross Randolph street with that peculiar yachting gait of his, and disappear down a stairway.

"That's where he takes his luncheon," remarked the Doctor. "There's a French *Café* there under the Masonic Temple—one of the best places in the city. We'll go over after my office-hour. But now I'll tell you all about this affair. In the first place, I want you to understand that I don't take any stock in it at all. It makes me tired to hear the young doctors talk about bacteria, and bacilli, and all sorts of 'cocci, just as if they were actual things, and try to account for the origin of all diseases by their presence. Why, they tell about their color, and size, and habits, and family life, and communities, and colonies, the color of their hair, size of hat, and all that sort of thing, just as you or I might discuss the tribes of Central Africa. And they also attempt to tell about the millions and billions and trillions that are about us everywhere. Pshaw! Don't you suppose if they were as

thick as that I would have stumbled onto them myself long ago? Bet your life I would! And then, what disgusts me is to have these young duffers tell me that more than half the time I'm carrying around about a million or two of their 'cocci in my mouth. That makes me hot! Don't you s'pose I'd *taste* 'em! I've got the acutest taste you ever heard of! Can't fool me on anything. I can tell any brand of tobacco without seeing the tag. Then to tell me I've got a mouthful of their bugs and don't know it is just like telling me I don't know enough to eat when I'm hungry. It's just a little more impudence than I care to put up with.

"Now, I'll just tell you how this whole germ racket is worked. It's the doings of a German syndicate—as graceless a set of rascals as ever went unhung. One year they get together and make up a cock-and-bull story about a new germ they've discovered, and how you can't see it unless you prepare the meat according to their prescription, and squint your eye just as they tell you to.

"Well, all these American duffers do as they are told, and, Lo! they see the germs!

"Of course they do! Nothing strange about that. They are told they'll see them if they'll do certain things, and its just human nature to see what you set out to see. I've watched such performances in spiritualist meetings and hypnotism *séances* hundreds of times. The poor fools always see the spirit of their great grandmother whenever they're told to.

"Well, in this way the German syndicate sets our country wild on the new germs.

"But just wait and see what happens. 'Long about next Spring word comes over from the Fatherland that they've discovered some sort of an antidote that's a dead-shot on these very germs, and the announcement sets this country wild. It's the work

of that same German syndicate. Going to catch the Yankees again!

"Then cable messages go across, ordering some of the stuff, and the next steamer brings an invoice of it, and by the price you pay you think that your share of the prize-package will be about as big as a trunk, but when you go to the express office for it you bring it home in your vest pocket. It's about the size of a hypodermic syringe case, and when you remove the wrappings of tissue paper and cotton you come down to a little glass tube filled with something that looks like water, for which you've paid about two dollars a drop.

"It's a base swindle," exclaimed the Doctor, striking the window-sill with his fist, "and it makes me hot! But I have to submit to the imposition, for the alleged virtues of the stuff have been set forth in all the newspapers, and if you don't use the 'new remedy' the dear people will just drop you with a dull, sickening thud, and call in some young squirt from across the street who was a muling, puking infant when you graduated. It's just enough to make a man retire from the profession in disgust.

"If you're going to use these 'new remedies' at all, its best to begin early, for they always cure when they first come out, long 's the excitement lasts. I've always noticed that. Then's the time to gather in the testimonials from suffering humanity so's to keep up business for a month or two after they've quit curing, and give the German syndicate time to get around with the next one. And they'll always do it! You can depend upon that.

"But the worst aggravation is to find, when the journals come from Germany, that tell all about the method of manufacture of the famous antidote, and you get one of these young conceits to read it for you, you find that the stuff is made out of old horses, balky mules, or something of the kind, that in Chicago would have gone to the

bone-yard, or been worked up into fertilizer and sold at six dollars a ton, while these slow-going Germans work it up into bug-poison that sells for more than two dollars a drop. Now that they've run out of coal-tar, so they can't make any more 'derivatives,' they've started in on their superannuated horses and mules, and before the campaign is over I expect that they'll be making medicine out of dead cats and other bric-a-brac of that kind. I tell you, we Chicago Yankees aint onto our job, we aint as rapid as we think we are. O, when it comes to slick schemes, these German Yanks can give us points and beat us, hands down! We aint in it.

"Just think of the amount of money we've paid them for their old carcasses put up in dram vials! No wonder there was such a flow of gold to Europe last spring during the diphtheria season! I knew what was the matter, all the time, but nobody else seemed to. Even our ablest financiers were all at sea, and couldn't get onto the combination no how.

"Then, soon as the diphtheria season let up, the gold began coming back. I guess I know a thing or two! It stands to reason that it couldn't have been due to anything else. Neither the gold men nor the silver men understand the cause of the present financial disturbance as I do.

"Well, I just want to tell you that this germ business is being rather overdone, and I propose to call a halt.

"I've already begun to investigate the subject a little, so's to be able to show these fellows that are dead stuck on it that there's nothing in it. I bought a microscope and a lot of tools, and the next case of pneumonia I had in one of my families I managed to get a *post*, and I examined some of the lung tissue according to Hoyle, and found a nest of little chiggers in it that look like a lot of number thirty pellets placed side by side. Then I got some of the sputum from a case of

consumption that I've been treating about a year, and examined that, and found something that looked like blue vermicelli cut up into bits. But it'll be hard to make me believe those things caused the disease. They're too small! The littlest things I ever saw. I think they were simply something my patients had been eating, gone the wrong way, for they both coughed like thunder.

"But I'm still investigating. The other night I went over to Rush and heard Senn lecture on the subject, and what he said was mighty interesting, and sounded reasonable enough if his premises were only right. But I don't take much stock in it. It's too plausible. I'm always skeptical of things that fit a case a little too exact. He explains it so clear that it makes me suspicious. And then, he's German, you know. Can't tell what relation he bears to that syndicate. But I'm going to hear him some more. It's just as interesting as if it was all true.

"Why, it's come to such a pass that you can't mix with medical men at all any more, or go to a society meeting, without this subject coming up. I have heard so much of it that I can't think of anything else, and it even haunts my sleep. Why, what do you s'pose my wife says? She says that last night—I'd been out to Senn's lecture in the evening, you know—I kept talking in my sleep, and it was a long time before she could make out what I was saying. But finally she got onto the combination, and she says I was muttering over something like this:

"Germs in the air,
Germs in the sea,
Germs wherever you may be;
Germs in you, and
Germs in me,
German germs from Germanee."

All of which is truthfully reported
by SELÄH.

ORIGINAL ARTICLES.

FORCED FEEDING IN PROFOUND NEURASTHENIA.

BY JNO. W. STREETER, M. D., CHICAGO.

PROFESSOR OF MEDICAL AND SURGICAL DISEASES OF WOMEN AND CLINICAL GYNECOLOGY IN THE CHICAGO HOMOPATHIC MEDICAL COLLEGE.

THE importance of hyper-nutrition in those nerve-starved conditions which are classed under the general name of neurasthenia, and the difficulty found in accomplishing this result, are sufficient warrant for this short paper.

Very few physicians understand with what ease and comfort most patients can be over-fed by means of the nasal tube. Most anæmic, and all neurasthenic patients, will not or can not take sufficient food for daily use. The more profound the prostration the larger the deficit and the greater the loathing for food. Long continued rest-treatment, careful medication, change of scene and other methods of management will gradually improve most of these patients; but no other method will give such quick and satisfactory results as forced feeding.

My experience warrants the belief that the distaste for food in nervous cases is limited to the mouth, fauces, and upper third of the œsophagus; that below these regions there is perfect tolerance of large quantities. This means that food is tolerated when it is not *tasted*, and that large quantities of liquid food can be placed in the stomach without causing nausea or any other disagreeable symptoms. Indeed, vomiting is of rare occurrence after forced feeding, and when it does occur it is due to some slight error in the technique of the operation, *i. e.*, the fauces are irritated in passing the tube, or the tube is allowed to dribble in withdrawal, giving the taste of food. When the operation is carefully performed I have never known vomiting to occur excepting with one rebellious patient who, as soon as her nurse's back

was turned, tickled the fauces with her finger.

I first used this method of feeding in a case of puerperal mania, eighteen years ago. Since that time I have resorted to it frequently, always with favorable, and often with remarkable results.

Let me give the details of this simple operation, and then add the formula of the food which has served me best.

If the patient will take a moderate quantity of food voluntarily the nasal feeding is done but once in twenty-four hours. If, however, little or no food is willingly taken, the forced feeding should be accomplished twice daily. The technique is very simple. The formula given below (or one equivalent to it) is put into a clean fountain syringe which has a small hard-rubber nozzle at the end of its hose; and the end of this nozzle is introduced into a No. 8 soft catheter. A little of the fluid is allowed to run out. The bag is then hung five feet above the head of the patient as she lies in bed. The operator kneels at the head of the bed on the right side so that his left arm can hold firmly the patient's head and at the same time elevate the chin sufficiently to bring the posterior nares nearly into a line with the œsophagus. Now one finger of the left hand is used to push up the tip of the nose to open the nostrils. The catheter, having been thoroughly lubricated throughout its entire length with white vaseline is suspended above the patient's face by the nurse, who holds two or three feet of the tube in her hand. Grasping the catheter about four inches from its point, the operator easily passes it through the nose and by rapid motions slips it into the œsophagus until the whole length of the catheter has disappeared. Then the fluid is permitted to flow.

The point of the catheter is far below the area of either special or ordinary sensation, and the fluid is poured into the stomach without the knowledge of the patient. When the bag is empty

the stop-cock is closed and the tube is rapidly withdrawn. A towel should be held around the tube as it is withdrawn to dry the nostrils and catch the last drops from the catheter. Much depends upon dexterity and exactness in following out these details. Any awkwardness is apt to excite nausea.

Refractory patients must be firmly held during the entire process. Two accidents are to be looked for: *first*, the curling of the catheter forward into the mouth, which is evidenced by a chewing motion; and, *second*, the intubation of the glottis, which gives cough and choking.

These accidents are immediately corrected by withdrawing the tube to the posterior nares. It is often difficult to pass the catheter through the right, or the left nostril, but I have not met a case in which it could not be easily done through *one* of them.

I call attention to this method of feeding, not that it is new, but on account of its simplicity and wonderful usefulness. Some remarkable results have followed its use in my hands, and I am impelled to recommend its consideration in all cases of profound neurasthenia.

The following formula is the one which I commonly use. The alcohol may be omitted if desirable:

Malted Milk, four ounces;
 Extract of Beef, one-fourth ounce;
 Ferrated Malt, one-half ounce;
 Cod-Liver Oil, one-half ounce;
 Whisky, one ounce;
 Eggs (beaten), two ounces;
 Cream, eight ounces;
 Milk, sixteen ounces.

The malted milk and beef extract are to be smoothly dissolved in the milk; the other ingredients are then added (with the exception of the eggs) and the whole mass is to be heated to 110° Fahrenheit. The beaten eggs are placed in a pitcher into which the food is strained through two thicknesses of gauze. It is then poured into the bag of the syringe and is ready for use.

2646 CALUMET AVENUE.

THE OBSTETRIC FORCEPS.

BY SHERLDON LEAVITT, M. D., CHICAGO.

PROFESSOR OF OBSTETRICS IN HAHNEMANN MEDICAL
COLLEGE AND HOSPITAL, CHICAGO.

THE design of the present paper will not permit me to enter upon a history of this useful instrument, nor have I a disposition to do so, since the discussion at this time expected is not intended so particularly for the medical student as for the physician who seeks to make himself proficient in this branch of surgery. Neither will I be permitted to enter into a minute study of the mechanism of forceps delivery, with which the thoroughly-furnished specialist may find it convenient to be familiar. At the same time it will be my aim to raise the subject of forceps delivery out of the common, or at most, semi-surgical position, which it now occupies. A difficult operation of this kind is unqualifiedly surgical in character, and when improperly performed is capable of inflicting much permanent injury upon the subject; yet it is commonly undertaken by men and women who would shrink from opening an abscess situated anywhere but in the most superficial locality. The subject really involves much of science and art, and should be made thoroughly familiar to those who take a practical interest in it.

It is important, first of all, that one become familiar with the instrument itself. We are provided with the long forceps and the short forceps. The former is in more common use, and is best suited to a delivery which is likely to require much traction effort. The short forceps owes its brevity to the abbreviation, or entire absence, of the shank, and the shortness of the handle; the fenestrated part of the instrument not being materially smaller, though thinner, than that of the long forceps. It is recommended chiefly because of easy portability, and the possibility of robbing the operation in some degree of its formidable aspect. It is claimed by those who advocate the use of this

instrument that its application is so simple as sometimes to escape the notice of the patient herself. Of this we have serious doubt; but, even if true, let us understand that it establishes no important claim in its favor, inasmuch as an operation so undertaken cannot be conducted with the scrupulous regard for the antiseptic precautions which properly belong to every such procedure.

Consequently the description which I shall give is of the instrument commonly known as the long forceps. Of this there are many patterns; and, while they all have the same general features, there is no doubt that some possess advantages for ordinary use which are worthy special consideration. The features to be sought are: (1) handles of moderate length and so curved as to give axis-traction benefits; (2) blades as light as the necessary strength will justify; (3) a cephalic curve sufficiently pronounced to insure firm hold upon the head even when the blades are widely separated, as in application over the long cranial diameters; and (4) a pelvic curve acute enough to enable the points of the blades easily to clear the pelvic brim without excessive depression of the handles.

The Salient Features of the Instrument.—The blades of the instrument are constructed with fenestræ of a form corresponding to that of the blade itself, the intention of which is to diminish its weight, and at the same time to augment the retentiveness of its hold upon the foetal head. The blade requires to be strongly made, hence the best quality of steel should be used in its construction.

In order that compression may be equably applied and that the instrument may conform itself better to the shape of the foetal head, the blade is provided with what is termed the "cephalic curve." We believe with Dr. Landis, that, "with a proper head-curve the tips of the blades will approximate to such an extent when the in-