

Pregnancy," which has already appeared in full in the columns of the JOURNAL.

Dr. D. A. K. Steele reported, in detail, three cases of ovariectomy, one of which was followed by death, the other two recovered. The fatal result in the first case was determined by peritonitis, apparently the result of a sponge accidentally left in the lower part of the peritoneal cavity, as proved by a post-mortem examination. The other two cases were accompanied by no unusual symptoms or modes of procedure, and made good recoveries.

Dr. C. T. Parks reported three cases of laparotomy, two for the removal of ovarian cysts, both terminating in recovery of the patients. The third was for the removal of a supposed fibroid tumor of the uterus in a woman who had never borne children. The tumor occupied closely the entire cavity of the pelvis, causing much difficulty in defecation and urination, and was firmly fixed in its position. An incision through the abdominal walls was first made sufficient to ascertain that the tumor was not attached to the intestines. The incision was then enlarged and an effort made to lift the mass of morbid growth so as to remove it entire, either with or without the uterus and its appendages. This was finally done by the aid of an assistant pressing upward through the vagina, and the entire mass, with the uterus, was drawn through the abdominal incision. A sufficient amount of the cervix was found unaffected to constitute a good pedicle for the ligature. A solid rubber cord was passed around the narrowest part, and drawn as tight as possible. The diseased mass was then cut away half an inch above the ligature. While the surgeon turned to lay the diseased mass on the table, the rubber cord rolled over the free end of the stump, and the latter fell back into the pelvis, and a torrent of blood flowed from the severed vessels. It was immediately seized between the thumb and fingers and again drawn through the abdominal incision when the bleeding stopped. The pedicle was then transfixed and tied in halves with strong silk ligatures. After cleansing carefully the pelvic and abdominal cavities, the pedicle was dropped back to its place, the intestines, which had been forced out during the operation, in spite of the most careful efforts of assistants to prevent, were returned carefully, and the abdominal wound closed. The whole operation occupied nearly two hours, but the patient was placed in bed with only moderate symptoms of shock, and in six hours reaction was well established, and the patient had some sleep. This was followed by persistent vomiting for twelve hours, when it ceased for about the same length of time, and the pulse and the temperature were favorable. The vomiting then recurred and continued until the death of the patient, forty hours after the operation. A superficial post-mortem examination, which was all that could be obtained, showed no hemorrhage, only slight effusion into the peritoneal cavity, but about six inches in length of the ilium in a state of complete gangrene. No twist or strangulation of the intestines was found to explain the occurrence of the gangrene.

The cases reported by Drs. Steele and Parks,

elicited remarks by Drs. Tilley, Angear, Etheridge, Bogue, and others, and at a late hour the society adjourned.

At the meeting of December 15, Dr. J. B. Murphy reported two cases coming under his observation of what he regarded as Actinomycosis. The first was in the person of a young woman, the other in a young man. In both the fungus commenced its work around the neck of a tooth, giving rise to alveolar abscess, in the pus from which the fungi were shown by the microscope. Both cases recovered; the first speedily after the extraction of the tooth, but the other continued until an abscess formed behind the angle of the jaw and another in the neck. The diagnosis of Dr. Murphy was confirmed by Dr. C. Fenger, but its correctness was doubted by Dr. Tilley and others. The discussion and microscopic examinations occupied the whole evening.

STATE MEDICINE.

REPORT OF PROCEEDINGS OF THE ILLINOIS AND WEST VIRGINIA STATE BOARDS OF HEALTH.

While the various subjects embraced under the head of "State Medicine" have, within the last few years, received more attention from physicians than during former years, there is still much need of awakened enthusiasm relative thereto among the toiling thousands of the profession, while, as to the citizens in general, the work of enlightenment upon such subjects has just commenced. Here, as elsewhere, the "harvest is ripe, but the laborers are few."

It might be expected that every physician, at least, should be an active, working sanitarian; but, as yet, "curative" medicine has its engrossing duties, and either time is wanting or pecuniary necessity is such as to prevent a large portion of the hard workers from giving more than a passing glance at the subject mentioned.

Of all the different departments of "State Medicine" it is no doubt true that "Public Hygiene" is the one that should be most persistently taught the people in general. Many other departments may be regulated, or practically carried out, by the efforts of the few. But without the coöperation of an intelligent public, the individual members of which have been brought to see the need of the precautions or active efforts that sanitarians can so well portray, we cannot hope for more than a minimum of practical good results.

But how shall they be taught without a teacher? We have a few teachers to be found in Boards of Health, Sanitary Societies, and as individual sanitarians; but, as yet, such teachers are too closely confined within narrow limits.

Among the best text-books for the dissemination of sanitary knowledge, are the reports of the various State and local Boards of Health; but such reports seldom reach others than those already imbued with the true principles of sanitation. The *facts* con-

tained in such reports should be brought before the entire medical profession, and, indeed, before each citizen.

We have before us the Fifth Annual Report of the Illinois State Board of Health, and the Third Annual Report of the West Virginia State Board.

The Boards of Health, both of Illinois and West Virginia, act as Examining Boards to determine the qualifications of those entering the practice of medicine and surgery, thus supervising two departments of "State Medicine." While we may differ from others as to the policy of delegating both duties to one Board, we cannot but acknowledge that the work of the Illinois State Board of Health, for the last seven years, has achieved such good results that adverse criticism is not to be thought of, while the West Virginia Board, judging by the sample work since its organization, gives promise of advance, both as regards Public Hygiene, and the elevation of the interests of "Curative Medicine."

The last report of the Illinois Board is more voluminous than any of its predecessors. A work of over six hundred pages, and within it meat enough to sustain many workers in the cause, and enough of light to illumine a greater radius than heretofore. We shall only speak of its contribution to public hygiene, leaving detailed statements of the work as an "examining board" to others, or to a future time.

In the history of the epidemic of small-pox (1880-82) we find the following statement: "During the year 1881 there were seventy-nine different outbreaks reported outside of Chicago, causing an aggregate of seven hundred and seventy-four cases, with one hundred and seventy deaths, and in all but six of these outbreaks the origin was directly traced to newly arrived immigrants or to intercourse with places infected by immigrants."

In January the secretary reported to Dr. Smith, of the National Board, that "by the observance and enforcement of the instructions of the State Board there were not, at the outside, five hundred cases of small-pox and varioloid in a population of three hundred thousand souls."

Such "instructions and regulations" by which this result was accomplished was the vaccination of school children and adults, with bovine virus mainly, by competent physicians, who were obliged to certify to the result of their work, and not merely that they had performed the operation. He states that "the efforts of the board met with but little opposition from the people." All this corresponds with the course of events and facts that occurred under our own observation and by our direction in Indiana during the same period.

This is the "key-note" of the whole matter relative to the prevention of small-pox. We need not notice further. Divinity, through its "instruments," has given us knowledge of the means by which small-pox can be prevented, and yet as there are thousands who fight Divinity, we cannot be surprised that numbers of the same class, ignorant or depraved, fight the good things He sends, even though they perish themselves. It is not proper that sanitarians should

either skulk behind barriers or raise the white flag to avoid the onslaught of such natures. A steady, vigorous, onward course is called for.

While the scientists, physicians, and sanitarians are searching for the cause of diseases, with a view of more effectually preventing them, and while means are being sought to prevent other diseases upon the same plan as is known to be effectual in small-pox, it appears absurd for any one to raise opposition to the most stringent enforcement of vaccination of children and adults (both native and immigrant) until all have been successfully vaccinated, and then to continue such work with children. If this were done all tentative measures would be useless. Isolation, quarantine, disinfection (for this special disease) would all be things of the past. We can simply say, that among the army of workers in this special department of "public hygiene," that Dr. Rauch, aided and supported by his board, has accomplished much by his bold, energetic, and persistent efforts, and this mainly by impressing the truth upon the minds of others, causing responsive action.

Dr. Rauch, the secretary of the Illinois State Board has, as is well known by sanitarians, paid particular attention to the part taken by immigrants in the introduction and spread of small-pox in the United States and Canada, and he advances the following proposition as having been demonstrated by the operations of the Immigrant Inspection Service of the National Board of Health:

1. The immigrant is a prime factor in the origin and continuation of small-pox in the United States, on the one hand, even if protected himself, often being the bearer of the contagion in clothing and other effects; and on the other, if unprotected, frequently becoming the victim to the disease and propagating it to others.

2. Local efforts and expedients, either by States or municipalities, are inadequate to the control of small-pox in any given community or commonwealth so long as the contagion and material for the propagation of the contagion, continue to be replenished by repeated accessions of unprotected or improperly protected immigrants.

3. "A cautious sanitary surveillance of immigrant travel from the port of arrival to the point of ultimate destination, such surveillance to consist of repeated inspection, vaccination of all unprotected, systematic observation of suspicious sickness, prompt removal and isolation of small-pox or other contagious cases, disinfection of baggage, clothing, cars, etc., is essential to supplement whatever preventive measures can be secured before embarkation, during the voyage or at the port of arrival."

These propositions are considered separately, and proven to be true. They contain both the object that has inspired the actions of the Board and its able secretary, and also the result of such action.

The secretary gives a detailed statement as to vaccination of school children. The order for the prosecution of such work being issued December 1, 1881, and also supplement orders of January 21, 1882, January 23, 1882, and September 20, 1882. At the time of issuing the first order there were 713,431

enrolled scholars in the State; less than one-half had been vaccinated; within sixty days nearly ninety-three per cent. of them in attendance had presented evidence of being successfully vaccinated, an increase from four hundred and fifty to nine hundred and forty of all school children vaccinated.

The secretary estimates that the recent small-pox epidemic cost the State a round total of nearly a half-million dollars; but if estimate is made upon the value of the time consumed in sickness, the diminished productive power and the expense of supporting the disabled survivors, and including the money value of lives lost, the amount would be swelled to a grand total of over fifteen million dollars. But we can do no more than to commend the utterances relative to small-pox and its prevention that are found in this report for the study of every one interested in having the fatal disease stamped out.

Such a work as has been accomplished in Illinois, cannot, we think, have been excelled in any other State, and this owing largely to the liberal ideas of the secretary and Board of Health, as to what was needed, and the energy with which it was prosecuted. There was neither hot-headedness nor hesitancy. The opposing forces appear to have been met and handled with fearless tact.

The Board of West Virginia cannot show by its reports the same *amount* of work accomplished as that of the Illinois Board, as it was only established in 1881, the act creating it being adopted March 8, 1881, the same year and month that the act creating the State Board of Indiana was enacted; but we cannot criticise the *quality* of the work as shown by this report. Like the Illinois law, that of West Virginia empowers the Health Board to act also as a board to determine the qualification of those engaging in the practice of medicine, and otherwise to "regulate the practice."

THE REPORT OF THE SECRETARY TO THE GOVERNOR OF THE STATE

Gives the proceedings of the several meetings of the Board, copies of circulars issued, of blanks for certificates of qualifications of physicians, etc. The work of the Board does not embrace the collection of vital statistics, and in viewing the financial statement this fact must be kept in mind. We find that the total receipts from special tax, fees, etc., from June 13, 1881, to August 10, 1883, were \$1,745; total disbursements, \$3,241.51. The excess of disbursements over receipts (\$1,496.51) was paid by the State. The salary of the secretary was \$500 per annum. Certainly all these figures show that the work in West Virginia has been hampered by want of funds; this, however, is the case in nearly all States where similar work has been organized. It is also a fact that secretaries of boards of health, as a rule, must act because of personal interest in the welfare of the work, certainly not because of the money returns.

Both Dr. Rauch and Dr. Reeves are men who have worked the matter from the ground up; but through all their labors have been somewhat more fortunate than others in escaping trouble in shape of

onslaught from professional enemies or political aspirants.

Indianapolis, Indiana.

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LETTER FROM PARIS—THE CHOLERA EPIDEMIC.

FROM AN OCCASIONAL CORRESPONDENT.

PARIS, Nov. 22, 1884.

MR. EDITOR:—Believing that a short account of the recent epidemic of cholera which has visited this city may be of interest to some readers of the JOURNAL, I send you a brief description of what it came in my way to observe.

I reached Paris, Oct. 20. In Berlin the weather had been cold with frequent drizzling rains and a dull, dark and dismal atmosphere. I was told that a somewhat similar state of things had also been present in Paris, although the weather was fine on my arrival. During the four weeks of my stay in this city, there have been two rainy and two or three cloudy days. The weather during the remaining time has been generally clear, and the temperature cool, the midday averaging perhaps 50° F. to 55° F.

The drainage of the greater part of the city seems to me excellent. The sewers are supplied with an abundance of water from the public fountains and other sources, and the mains are regularly opened in the streets or beneath the sidewalks for the purpose of additional flushing. I have not been able to detect any odor from the sewer openings, and in the houses where I have been there was not the slightest perceptible trace of sewer gas.

I did not go through the sewers, but a friend who travelled some five miles through main or contributory sewers on Oct. 25, described the condition of the sewerage as very dilute, and except in a few localities at the junction of trunk sewers there was no offensive odor. The telegraph system of Paris is also conveyed in the interior of the sewers, and one of the men constantly employed in repairs and new construction said that he had not been sick or in any way unpleasantly affected by the work in the sewers during five years of service.

In some limited districts of Paris, the improved sewerage system has never been fully carried out, and one may there see still the old form of gutter near the sidewalk, with more or less offensive and discolored contents. The older houses are also built in the shape of a square block inclosing a small courtyard where the water supply for the entire building is located, and the drainage, except from the latrines, flows through the courtyard and under the main entrance to the street in an uncovered gutter. Here there may at times be noticed a somewhat offensive odor.

The food supply seems to be exceptionally good. I visited the great central market "les Halles" at one o'clock in the morning. I could observe nothing in the least degree questionable in quality and was