ently been separated for some time, the end of the stump being entirely healed excepting a small central opening through which protruded a small sharp spiculum of necrosed bone. There was no bleeding or evidences of recent separation of the soft parts. After tying and separating the funis I made a vaginal examination in search of the missing arm, which I found in the lower portion of the uterus, the separated end showing appearances identical with the end of the stump. The placenta was normal and healthy in appearance. The child was fully developed for a seven months' fetus, except that it was cyanotic, which condition caused death forty-five hours later. The photograph herewith exhibited was taken after death.

The above brief description is made from notes taken at time of attendance. I have purposely refrained from any discussion as to probable cause of such phenomena, desiring to leave that part of the subject to the members of this ASSOCIATION.

I attended Mrs. D. again on May 26, 1896, at full term, at which time she was delivered of a healthy male child.

WHAT TO DO WITH THE WASTE WATER OF A COUNTRY HOUSE.

BY HARVEY B. BASHORE, M.D.

WEST FAIRVIEW, PA.

For the convenience of studying this subject, country houses are divided into three classes: 1. Those which have water service and use water closets for the disposal of excreta just as in the city. 2. Those in which the excreta are disposed of by some method of dry closet; sewers not being necessary, but some form of drain for carrying the waste waters from the kitchen sink, bath, etc. 3. Those which have no water service, no bath, etc., a condition found in by far the greater number of houses outside of the cities. In such a house a slop bowl should be put up in some convenient place, either in the house or outside, and connected with a surface or subsoil drain. In England, where much attention has been paid to the subject of draining isolated houses, the general opinion seems to be that some form of surface drain is the better. One described by Professor Poore, consisting of a perforated tin roof gutter suspended over the garden bed, I know from experience, is quite practicable. Another way is to dig a gutter about a foot deep and a foot or two in width. This, being properly graded, is lined with round river-stones or cobblestones, such as are used for making street gutters, and connected by a tin or galvanized iron pipe to the slop bowl, kitchen sink or bath. This is probably the cheapest, most durable, and most efficient drain that can be made, and as the waste pipe opens into the drain above ground, there is no need of a trap. In some places, however, on account of lack of suitable land, a surface drain may not be practicable, and we have to resort to a subsoil drain, which may be made by digging a trench about two feet deep and twenty feet long, supposing the drain to be from the kitchen sink for a family of four or five. The bottom of the trench must be graded so that there is a fall of something like five inches in the twenty feet, then a narrow board is placed in the bottom and on this tiles are laid with their ends one-half inch apart. Then broken stones or coarse siftings of ashes, etc., are to be thrown in about the tiles and the trench filled with earth. Connect the sink and the drain with a lead pipe at one

end, and at the other end a similar pipe lead to the surface and allow a free circulation of air through the drain—a very important point. These subsoil drains, although rarely causing much odor in the room, should be trapped as a precautionary measure. The waste from the bath may be disposed of in the same manner. For the disposal of the bedroom slops, a slop bowl connected to the same drain may be placed in the bath room, or wherever most convenient.

For the disposal of sewage from isolated houses, the only method is some form of surface irrigation modeled after the large city plants. Choose a suitable location, with sufficient slope, and build a shallow tank; from this tank extend a gutter through the field, and from this extend distributing gutters in the direction in which the sewage is desired to flow. The tank, of course, should be managed with an automatic flush and be discharged intermittently. If for any reason a surface tank would not be desirable, one may be constructed under the ground, if there is sufficient slope for its outlet.

The absorptive field should be planted with corn and not with vegetables.

GUMMA ON THE FACE, SIMULATING LACHRYMAL FISTULA.

BY ALBERT B. HALE, M.D.

CHICAGO, ILL.

Wherever there is connective tissue there we may find gummatous inflammation. I suppose this is an axiom in pathology, and yet it is one I am myself very often forgetting, so I am not guilty of disrespect if I assume that it is occasionally forgotten by others. The following case is given, therefore, to illustrate how careful one should be, not only in making an examination, but also in searching the history for some causal factor which may have been neglected in any treatment previously attempted.

Mrs. A. B., married, four children living, one born dead, was seen by me after she had been examined and treated for the last six months elsewhere. She complained of a sore on the nose just underneath the inner edge of the right lower lid, for which, she said, all kinds of washes, salves and injections had been tried without relief. The examination showed a swelling exactly over the location of the tear sac (right eye) with no acute inflammatory appearance, but with a hard infiltrated area of congestion extending into the surrounding tissues. In the center of the swelling was a fistulous opening with reddened edges, through which very little pus but considerable serum and granular debris escaped. The swelling was practically painless. To all appearances, there had been an abscess of the tear sac, but the patient reported no history of great pain and no pronounced discharge with immediate relief. On further examination it was found that a probe could be passed through the lower lachrymal punctum into the nose without appearing at the opening, and that a second probe passed through the fistula failed to come in direct contact with the first, but that, when they were made to rub against each other, there was normal or at least living tissue between them. A distinct history of syphilis could not be elicited, although she had had a sore throat before the eye was bad; but considering the indolent character of the swelling, its resemblance to a suppurating gumma, its resistance to ordinary antiseptic treatment and the suspicious circumstance

of a miscarriage and some sore throat, I made the diagnosis of gumma and gave the iodid of potassium .75 grams three times a day, and only a simple boric acid wash for cleanliness. Improvement began at once and at the end of six weeks the swelling had disappeared, the fistula had closed, lachrymation had ceased and a probe passed into the nose as easily as through a normal duct.

Columbus Memorial Building.

SURGERY ONE HUNDRED YEARS AGO.

AN HISTORICAL STUDY

BY DR. GEORGE FISCHER.

DEDICATED TO THE GERMAN SURGICAL ASSOCIATION.

TRANSLATED FOR THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
BY CARL H. VON KLEIN, A.M., M.D.

VIII.—PROFESSORS OF SURGERY AND PRACTICAL SURGEONS
(WUNDAERZTE).

(Continued from page 1234.)

Ferdinand Leber (1727–1808) was of much more importance; we have already mentioned his services in the abolishment of torture. Hyrtl has erected a small monument to this true son of Vienna (l. c. xxxiv). Leber's father made wigs, while his mother was a midwife. He was educated in a Jesuit school and became the pupil of a surgeon, under whom he learned bleeding and plaster-making during the three years legally prescribed. A small inheritance made him independent so that he could devote himself to the study of surgery. Jaus instructed him in anatomy and theoretic surgery, while he studied practical surgery in the Trinity (Dreifaltigkeit) Hospital, and became the assistant practitioner there. Having become Master of Surgery, in 1751 he received a minor appointment as physician in Breitenfurt with a salary of one hundred thalers, and in the following year, through his patron de Haën, he was called back to Vienna as surgeon of the great Citizens' Hospital. Here de Haën held his clinical lectures, and in the difficult cases called Leber in consultation. He had at the same time supervision of the two great suburban hospitals, St. Mark's and Bäckenhäus. He understood how to use the rich school and opportunities, and while in this position he laid the foundation of his reputation as a practical physician. In accord with de Haën's desire he provided, at his own expense, a collection of anatomic pathologic specimens. In 1751 he became torture-physician and in 1761 professor of anatomy and theoretic surgery. A copy of a college note-book on anatomy which Hyrtl had the opportunity to inspect, contained an odd mixture of earnestness, humor and triviality. The scientific part was cut short and there followed anecdotes from his surgical practice and a flood of humorous, caustic thrusts—sometimes reaching an incredible degree of vulgarity—against all the ways and shortcomings of public life, especially in the realm of medicine; but with all this Leber was a good anatomist and his surgical chapters were very thorough and accurate. The surgical illustrations in his lectures were practical and intelligible. When, in 1772, the teaching of the medical faculty was modified by Baron von Störck, Leber was charged to take as the groundwork of his lectures the German translation of Winslow's "Exposition Anatomique" and Schaarschmidt's tables. This impelled him in the same year to publish an anatomic manual—"Lectures on Dissection," a very good compendium for that time. This ran through many edi-

tions and replaced the most popular text-books, such as Heister's "Anatomic Compendium," etc. His surgical practice claimed his whole activity. Until the founding of Joseph's Academy he was the only operator in Vienna. He relates, among other anecdotes, a case where he, without any assistants, performed a Cæsarean section in a dark room, and found the head so wedged in that in disengaging it the whole body of the mother was lifted up; she recovered in nine weeks. He had a great reputation as a surgeon and was much sought after by foreigners. In spite of his rough, bearish and forbidding manner he was generally beloved. All biographers testify that he was an honest, open, good-hearted man, strictly moral and religious, but extremely gruff. His dwelling was besieged by patients the entire day, he authorized several apothecaries to fill his prescriptions for the poor and charge them to his account. With Boerhaave, he said: "The poor are my best patients, for heaven pays their bills." In 1776 Leber became body surgeon to the empress, and as such was two years later ennobled. In 1786 he gave up the chair of anatomy, presented his fine anatomic collection to the university and until his death taught only theoretic and practical surgery. He was the recipient of various honors; the university conferred upon him the doctor's degree *honoris causa*; Emperor Francis I. increased his salary 500 guilders and bestowed upon him the gold medal of honor, with a chain. He died in his 81st year, leaving thirteen children; one of his biographers attributes to him thirty-six children as the result of thirty-six years of married life with one wife. Excepting an essay on surgical practice and observations on hemlock (1762) and several small surgical notes in Plenck's and Mohrenheim's contributions, he wrote nothing. Most of these papers treated of surgical instruments, a part of which he had invented, a part improved; for example, a lens-knife, a curved scalpel for extracting bulbi, pharynx and polypus tweezers, a knife for operating on rectal fistula, a ligature needle for the art. *intercostalis*, a stethoscope, an ear trumpet, a urine receptacle, etc. His aspirator for emptying pleuritic effusions deserves special mention. Leber was also the first surgeon who (as I shall show in Chapter xvi) made known the cure for aneurysm through direct and indirect compression (1770), and first applied the indirect compression alone to an aneurysm. These services laid, in part, the foundation of the just claim of German surgery to originating indirect compression for aneurysms, although they forget that they have contributed nothing to the development of this method.

In sharp contrast to his meager literary accomplishment stood the mental activity of his colleague, *Joseph Jacob Plenck* (1732–1807). The latter, who was born in Vienna, was the most popular text-book writer of his time, and left almost no science untouched. Surgery and obstetrics, anatomy and medical jurisprudence, eye and skin diseases, syphilis and children's diseases, pharmacy and pharmacology, etc., are all treated by him in his more than forty elementary works, outlines, and the like, much of which was not original. (Haller accused him of copying the experiences of the obstetrician, Saxtorph, without giving the name.) Plenck had no importance as a surgeon, and his surgical works are without scientific value. They are as follows: "Samml. u. Beob. über Gegenstände der Chirurgie," 3 Th. 1769–1775; "Lehrsätze der prakt. Wundarzneiwissenschaft,"