nations, records of cases, etc. apply equally as well to diseases of the eye and ear, as they do to accidental injuries, which may come under our care in general practice or as specialists, and we should never undertake a case without consultation, unless we fully understand the nature of the disease we are about to treat, or having previously seen similar cases treated or operated upon by someone skilled in his profession, for by so doing we avoid suits for malpractice and share the responsibility. This duty we owe to ourselves as well as to our patients. An intelligent community demands this of us, and if we heed not the warning we must suffer the consequences. When on the witness stand, answer only such questions as you are obliged to answer, and do it in plain language and in as few words as possible. If you can better illustrate what you mean by models, etc., to a jury, do so. A jurymen once said to me: "In medical cases we want the witness to use plain language and well illustrated if possible." In conclusion, allow me to summarize the following points of interest from the foregoing remarks.

1. In all accidental injuries, operative cases as well as in general diseases of the eye and ear, make a thorough examination of the parts involved. Keep a record describing in detail all the parts injured and your opinion as to any previous pathologic conditions that are present now and may have existed prior to the present injuries sustained, and the relation they bear to each other as regards the impairment of vision or hearing for the present or future.

2. If you are not capable of using skillfully the ophthalmoscope or the ear speculum with reflected light, have a consultation with someone who is expert in their use; and do it immediately after you are first called to see the case.

3. It is necessary to be well versed in the anatomy and physiology of the eye and ear. Study it in health and disease, so you are able to distinguish between normal and pathologic conditions, and especially try to have plenty of experience with cases, for if you lack in this particular you had better not approach a witness stand.

4. Consider well the interests of the plaintiff as well as the defendant. State nothing but facts, and in as few words as possible.

5. Always get the consent of the proper authorities before performing any operations, and never promise your patient any definite results, or how soon they will or will not recover from any injury or operation. I am speaking from experience, which after all is the best teacher.

EXPERIENCE OF AN AMERICAN PHYSICIAN IN MEXICO.

OPERATING FOR SUPPURATIVE LYMPHANGITIS UNDER DIFFICULTY.—TAKING HIS OWN MEDICINE.—

STRYCHNIA POISONING.

BY D. H. GALLOWAY, M.D.

CHICAGO, ILL.

A peon came into my office and said that a man was "very sick in his leg." He also said that the man "belonged" to the railroad, so I sent him for a hospital permit while I went to the house. I found a man, 23 years old, lying on the floor in the front part of a little store. There was a space of three or four feet between the front wall and the little counter, and in this space the man lay upon a piece of straw matting,

spread on the earth floor. The sick leg was uncovered and I proceeded to examine it. This was no easy task, as it was so dirty I could see nothing and so tender that he would not let me touch it with my fingers. On comparison I could not see any difference between the two legs, so I gave him a placebo and ordered a bath. In the evening they brought the message that he was very sick and was keeping the whole neighborhood awake with his cries. I went with the messenger and found things no better than reported. The bath they had not given him; because no Mexican is willing to take a bath when he is sick; and also because the poor fellow's leg was too painful to admit of such rough handling as would be necessary to get it clean. This time I found a small abscess over the edge of the tibia and concluded that there were more of them farther up the leg. I told the family that I would come back in the morning, put the patient to sleep with chloroform and operate on his leg. They seemed satisfied with this. I gave the patient a dose of morphin to ease the pain and allow him to sleep and then went home. Before leaving I told them to have ready for use five gallons of boiling water.

In the morning I got instruments and dressings ready before leaving home. Dr. Doty, a dentist, accompanied me to give the anesthetic, and a boy 14 years old, to assist me.

A description of the room in which we were to operate will be necessary to an understanding of what followed. This room was about eight feet wide, eleven or twelve long and ten feet high. There was a door in the middle of the front wall opening directly on to the street. This door was two or two and one-half feet wide, and so low that I had to stoop in entering to prevent my hat striking the top, and I am considerably less than six feet tall. At the back of the room there was a similar door opening into the other part of the house. No light came into the room except by the front door. At the back of the room there were some shelves against the wall, then a space of about two feet, then a counter, eighteen inches wide and extending from the wall at one end to within eighteen inches or two feet of the wall at the other end. This left a space of about four feet between the counter and the front door.

We put the patient on the counter and Dr. Doty, standing in the space between the end of the counter and the wall, anesthetized him. I took my stand behind the counter, facing the light, and the boy in front of it. They had prepared an abundance of hot water, in two earthenware vessels. One of these was kept boiling over a charcoal fire and the other on the counter at the patient's feet, for my convenience. A girl attended to keeping the fire going and changing the vessels as one became cold or empty. I filled a fountain syringe with hot water and suspended it from a rafter in the ceiling. As soon as the patient was asleep, I took a stiff brush in one hand, a cake of laundry soap in the other, let the water run from the irrigator and began to vigorously scrub the leg. I had hardly begun when the mother behind me set up a cry and shouted that we were killing her boy. In a moment the half dozen spectators increased to half a hundred. They crowded into the room and filled up the door, but could not get behind the counter. This shut off the light so completely as to stop all work. I requested them to go out, but they did not move. I had a stout cane with me, and with that I

reached over the counter and drove most of them out of the shop. They still filled up the door so that I could not see to work. I filled a cup with hot water and made a pretense of throwing it on the feet of those standing in the door, but they only looked stolidly at me. This was too much for my temper, and filling the cup again with hot water I threw the contents at the door, striking those who were blocking up the opening on the arms and chest. The water was nearly boiling and was effectual in opening a passage for the light. I threw more water as far as I could through the door, and the crowd fell back until it left a vacant space where the water showed on the dry ground. This space I kept clear during the entire operation by the same means. Every now and then a new-comer would elbow his way through, cross the open space and appear in the door, but before his eyes could become accustomed to the dim light within, about half a pint of hot water would strike him amidship and he would disappear with much more celerity than he had appeared. Every few minutes this would be repeated, no one outside seeming to think it his business to warn the unsuspecting victim, though there was no mirth; not so much as a smile did I see on the face of any one. Even we three reserved our smiles for a later time.

As soon as we had succeeded in clearing a way for the light, the scrubbing was resumed, and when that was finished we found a row of bright-red spots extending from just above the ankle, up along the tibia. Passing the knee, it crossed more to the inside of the thigh and stopped below Poupart's ligament. The largest of these spots was three inches or more in diameter, and they nearly coalesced into a broad red band. There was little or no swelling. With a scalpel I made a small opening in the one highest up the leg. Pus gushed out; I put my knife in again and enlarged the opening to two inches. Instantly there was another cry and a fellow, whom I had not seen before, "lit" on my back from behind. I struck at him with my scalpel and, in his haste to get out of the way, he tripped and fell to the ground on his back. I stood over him and, in the most forcible Spanish at my command, threatened to cut out his heart, liver, and various other thoracic and abdominal organs, if he so much as raised a finger at me again. After this interruption, I resumed the operation, only stopping occasionally to douse some fresh victim with hot water. The abscesses all seemed to communicate, so I made an incision two or three inches long, broke up all the little pockets with my fingers, then left about an inch and made another incision, and so on the whole length of the leg.

During all this time the crowd outside was making remarks, none of them complimentary and some of them threats. "He is dead! he is dead! the English butchers have killed him!" "Kill the butchers!" and many other remarks not conducive to our ease or comfort. When the man attacked me, Dr. Doty advised that we abandon the operation until we could come with a guard of soldiers. But I did not see exactly how we were to get away. The people already thought the man was dead, and would be sure of it if we by any means tried to leave while he was in that condition.

Several times as we neared the completion of the operation an old man came in, felt of the patient's pulse, looked at his eyes, then went out again and announced to the crowd that the man was not yet

dead, but he soon would be. The investigator was a different man each time and always an old one, seeming to think he was less likely to get scalded. By the time I was done operating, the street was full of people, probably two or three hundred of them; they were noisy and restless, and we were pretty well alarmed for our own safety. We discussed the situation and decided that we could not leave until the patient had entirely recovered from the anesthetic. Not wanting them to think that we were afraid to go, I proposed to occupy the entire time necessary for his recovery in putting on the dressings. The Doctor stopped the chloroform as soon as I was done cleaning out the abscess cavities, I packed them all with iodoform gauze, wrapped the leg in sterilized gauze, put on absorbent cotton and then, beginning at the toes, covered the whole leg with a broad bandage. This I wound on with more care than is taken in doing a laparotomy, winding a few turns at a time, unwinding and rewinding, until the patient had recovered sufficiently to talk. Then we laid him down in his place on the floor and allowed his friends to come in one or two at a time and talk to him. When they found that he was alive and his pain all gone, a reaction set in, the crowd became quiet and we prepared to go. First I called in his mother and gave directions for his care, and asked that some one be sent to my office in the evening to inform me of the patient's condition. Then we gathered up our things and walked through the crowd as unconcerned as possible. They separated without a word and allowed us to go through. That evening a messenger came to say that the patient was doing finely and wanted his supper, which was proof to them that he would get well. I directed the messenger to come again in the morning, and when he brought the same message, I ventured to go. I called every day, and each day for a week had difficulty in entering the house, so many stopped me to apologize for their rudeness on the day of the operation. I took out the packing and thereafter irrigated and repacked every day until it was healed. At the end of a week the wounds were rapidly closing up. About this time the man who jumped on my back the day of the operation, watched the dressing and then told me that he once had one small abscess on his leg, that the doctor made a very small opening in it and it required six weeks to heal; in this case the openings had been made very large, but were nearly healed in six days. He said he was a brother of the patient and thought I was cutting more than necessary and that was why he attacked me, but he was sorry for it now.

The point where the infection gained entrance, I failed to find, but as they seldom bathe their feet they often have abscesses under or about the nails and very frequently the heels are fissured. In this case the infection probably entered some small injury to the toe, the original wound healing before any trouble was experienced. The greatest unkindness you can do a Peon is to give him a pair of American shoes. The probabilities are that he will put them on and wear them day and night, without removal, till they are worn out. They are in the habit of wearing only sandals, but I have had men come to me wearing American shoes and complaining of sore feet. On removing a shoe, I have found the entire foot macerated like a wash woman's fingers and an odor that is best left unimagined. In such cases I would direct soaking in hot soap and water for half an hour at a time

three times a day. This treatment and a return to sandals was effective.

It will hardly do to call a country uncivilized because a surgeon is molested in the discharge of his duties. The same things, or worse have happened here in Chicago and less than a quarter of a century ago. One of Chicago's old surgeons has told me of a time when a doctor was accompanied by a squad of police when he went to a factory or tenement to do vaccinations. This same surgeon was once called into a house, from the street, to see a man who was "dying." The doctor wore a high hat and carried a large operating case and was thus recognized as a physician by some one who ran out of the house looking for one of that profession. It was a thickly populated tenement house and neighborhood. He found an invalid on a bed and apparently dying of asphyxia. The man's dinner stood on a table by the bed and this led the doctor to think he was choking from a morsel of food. A hasty examination proved this to be the case but as he was unable to remove the food quickly, he took a scalpel out of his case and did a tracheotomy. The patient began to breathe and in a short time was out of immediate danger. Meantime the friends and neighbors, who had crowded into the room, saw with horror the stranger plunge his knife into the patient's throat. They instantly scattered leaving their friend in the hands of the doctor, and spread the report that a doctor had cut the sick man's throat and killed him. A cry for vengeance went up and by the time the doctor had removed the obstruction from the throat of the patient he found himself beset by an angry crowd bent on his destruction. He threw off his coat and taking a large amputating knife in each hand he offered with much energy and some profanity to disembowel all comers. The more aggressive who had gotten into the room were now only too eager to get out and a scramble through the door resulted, again leaving doctor and patient sole occupants of the room. The former kicked out a window and shouted lustily for the police. Fortunately an officer heard his shouts and hurried to his relief, but could not make his way into the house. While he went for help the doctor kept the mob at bay with his knives and a judicious use of his extensive vocabulary of profanity. It required the combined efforts of a dozen policemen to raise the siege and rescue him from his perilous position. But for the fortunate circumstance of his having his operating case with him, he would probably have been killed.

There are now districts in every large city in this country where a man would not be safe under similar circumstances. It has been but a short time since a man was shot and killed in Kentucky because it was thought that he might carry smallpox through a "shot-gun" quarantine. I will guarantee that before twenty-three store "holdups" could be committed in the city of Mexico as has happened in Chicago the robbers would be shot and the epidemic stopped. Superstition and a fear of anything new or unusual or not understood is a thing of which no clime, country, or people can claim a monopoly. We can not afford to throw stones very vigorously yet awhile.

When the average man arrives in a foreign land with the intention of making it his home, he is very prone to find many things which need reforming and he may be sufficiently enthusiastic and guileless to embark in the undertaking.

Soon after my arrival in Mexico I noted one custom

which needed reforming. As it related to the taking of medicine and as I was both a druggist and a doctor and dispensed my own medicine, I thought that no other could do it quite so well—indeed I, like the preacher, felt "called" to the work.

Medicines are prescribed and taken in doses ranging from a tablespoonful to half a cupful. Infusions and decoctions are much used and consequently popular. This was the custom which I set myself the task of reforming. In pursuance of this plan of reform I provided myself with a silver teaspoon which I purposed showing to my patients when giving directions so that there could be no mistake regarding the size of the spoonful directed.

The "reform" went along swimmingly till one day a man came in who was suffering from a distressing cough. I made up for him a two ounce mixture, each drachm of which contained—5 grains of muriate of ammonia; 1-16 of a grain of tartar emetic; 20 minims syrup of ipecac; 10 minims of tincture of squills and syrup sufficient to make up the teaspoonful. I directed him to take a teaspoonful every two or three hours till expectoration was free.

The next day I got on the train to go to a neighboring city. In the baggage and mail car there was a small room containing a desk and a cot for the use of the conductor. After the train started I went from the first class coach, through the second and third class coaches to the baggage car, into this room and lay down on the cot. I was just falling into a doze when the door opened and some one stepped in. I supposed it was the conductor and at first paid no attention to him. But as he stood still and did not speak, I presently looked up over my shoulder and there stood my patient of the previous evening. For a moment neither of us spoke, nor did he move, not so much as a cough escaped him. Then he shot out a hand toward me and in it was the bottle of medicine I had given him the night before, half an ounce, or less, of the medicine still remaining. Accompanying the gesture, he said, "see that?" I replied, "yes, that looks like the medicine I gave you last night." He said, "Yes, it is, I take one dose and now damn you, you take some," at the same time drawing from his clothes a "six shooter" and holding the muzzle two inches above my nose. I measured the "gun" carefully with my eye; it was about two or three feet long and had a bore about the size of my coat sleeve! I could look directly into the barrel and see that it was loaded to the muzzle with coupling pins and links and other railroad iron. Visions of coffins, graveyards and funeral processions passed dimly before my eyes, but whether the "gun" was loaded with them too, I did not know. Remembering that I belonged to an arbitration society, I was inclined to be conciliatory, so I said: "Certainly, I'll take all of it, if you like." Suiting the action to the word, I turned up the bottle, drank about a teaspoonful, smacked my lips and said: "That's all right; now if you take it according to directions it will cure you."

He took the bottle from my hand, put it in one pocket, the revolver in another and went out. Then I thought: He took one dose; in that he got at least $\frac{3}{4}$ of a grain of tartar emetic, 60 grains of muriate of ammonia, 4 teaspoonfuls of syrup of ipecac and 2 teaspoonfuls of tincture of squills. That dose he took last evening at about 7 o'clock and then he was coughing very vigorously, this morning at 10 o'clock I did not notice him cough at all.

When a man puts his hand to the plow and the plow strikes a stump, sometimes it is better to turn back. From that time on I believed in large doses. Thereafter when a patient brought me a quart bottle for medicine and I wanted to give him eight doses, I put in the proper quantity of medicine, then filled the bottle with water and directed—eight tablespoonfuls every hour.

One day I received a telegram asking me to meet a train and take off a sick passenger. I went to the depot and when the train arrived, the conductor stepped off and told me that one of the passengers had been taken with a fit and the train crew would like to be relieved of the responsibility of his care. I took the patient off the train and he was able to walk, with the assistance of two men, to the hotel which was a block away. They were obliged to stop frequently as his arms and legs would jerk in a way which was alarming to his conductors and to himself. After I got him in bed, I asked whether he had been taking any medicine. At first he said no, but afterward, recollected that he had taken a dose a short time before the "fit" came on. The doctor who had given it told him to take a teaspoonful. Having no teaspoon, he drank out of the bottle that amount, as he supposed. I looked at the bottle and estimated that he had taken about five drachms. He had taken but one dose and the bottle was full when given to him. The label informed me that each teaspoonful contained, among other things, 8 minims of Squibb's fluid extract of nux vomica. On the slightest movement his muscles would jerk and twitch in a most distressing manner. He said he had what seemed an uncontrollable desire to kick and strike and jump about in every direction and it was only by the exercise of all the power of his will that he was able to refrain from doing so.

I told him that his recovery depended on his ability to lie perfectly still. I gave him a sedative and he remained quiet but wide awake for six hours when he slept, and next morning was well.

REPORT OF A CASE OF COMPOSITE MONSTER—MONOMPHALIC ISCHIOPIGUS.

Read before the Chicago Pathological Society, June 8, 1896.

BY ELIZA H. ROOT, M.D.

PROFESSOR OF OBSTETRICS NORTHWESTERN UNIVERSITY WOMAN'S MEDICAL SCHOOL; ATTENDING OBSTETRICIAN TO WESLEY HOSPITAL, ETC.

M. J., Swede, blonde, age 26; domestic; primipara; entered the Chicago Hospital for Women and Children, March 18, 1893. Last menstrual period July 7, 1892. Patient was delivered May 4, 1893, 301 days from the beginning of last menstruation.

On entering the clinic the patient was pale and passing albuminous urine with low specific gravity, in excess of the normal quantity in the twenty-four hours. Under treatment the albumin disappeared, to again return for two weeks preceding labor. The patient complained of the weight of the tumor and of pain along the line of Poupert's ligaments.

Examination.—Inspection found the abdominal tumor very large and prominent, abdominal muscles tense and the skin greatly stretched; size of pelvis normal.

Palpation discovered two heads in fundal zone of the uterus and to right of median line. The head of the posterior fetus lay deeply in relation to the anterior uterine wall. Back of anterior fetus easily followed to breech into the iliac fossa (left). Fetal

heart sounds were heard above umbilicus, a little to left of median line. Second heart sounds not heard. Although polyhydramnios was present, the uterine contents were not freely movable, except the head of the anterior fetus and at no time could the extremities be determined. Internal examination found anterior vaginal fornix empty.

Diagnosis.—Twins; first, breech sacro-anterior; and second, breech sacro-posterior; both oblique (the vertical axis of the uterus in median line), with a provisional diagnosis of "something unusual, perhaps a double-headed baby." This last was made only half in earnest, for the idea of a composite monster had not taken serious hold upon my mind. On April 18, albumin reappeared in the urine; urine excessive in quantity, frequently amounting to 90 or more ounces in the twenty-four hours. The patient complained of feeling dull and weary. The tumor was very large and hanging well forward. The bowels were kept free with small daily doses of Epsom salts. Bland's iron pill was given for the anemia. April 29, patient

FIG. 1.—Anterior view, with foot of posterior fetus in front.

restless and does not sleep well; excessive amounts of albuminous urine continues to pass. May 3, patient began to have slight uterine contraction-pains. During the night labor was established. As there was no progress made of the presenting parts, the pains being strong, the house physician called me to the hospital on the morning of May 4. I found the os well dilated, the membranes ruptured, and a presenting mass only partly engaged in the inlet. The examining finger found no feet, no namable part and slipped into a rather large orifice guarded by a border of loose folds. It was very evident my provisional diagnosis was more than true, and that I was confronted with a difficult and dangerous labor. Dr. John Bartlett kindly responded to my call for assistance. The patient was put to sleep with chloroform and the pelvis explored, which confirmed the diagnosis of double breech presenting. Pains continued strong and we proceeded to deliver. The obstetrics of the case is of considerable interest. Given a square mass present-