tion of empyæma of the gall bladder. A far more common cause of liver abscess is the embolic one. According to the statements of Orth, a very large majority of the cases of non-tropical abscess of the liver are due to embolic processes.

It is interesting to note that Kartulis has succeeded in cultivating the amoeba, although he has only once succeeded in obtaining a pure culture. Experiments upon cats developed a typical inflammation of the large intestine with characteristic ulcers in which the amoebæ were found on examination of microscopic sections.

Dr. J. M. Patton: I would like to ask Dr. Moyer why he considers peptonuria a special sign of the presence of pus. According to the theory advanced by Koettwitz in regard to the etiology of leucocythæmia, peptonuria in that instance occurs because there is a failure of the natural process of transforming peptones into various forms of albumin, or the globulins, which has been established by Hofmeister, and that transformation not taking place, the leucocytes, which are abundant in the mucosa of the intestinal canal, carry into the blood a large proportion of free peptones, and therefore peptonuria is simply a symptom or an evidence of leucocytosis. If that is a fact, I do not see how it should be received as an evidence of pus, because leucocytosis need not necessarily mean a tendency to the formation of pus. Is it a fact that the presence of pus in the body is shown by peptonuria with sufficient certainty to warrant our accepting it as a symptom of pus formation?

Dr. Harold N. Moyer: The presence of peptones is not constant where pus is incarcerated in the body, but it occurs with sufficient frequency to give the sign some value in such an obscure disease as hepatic abscess. Where we have some symptoms pointing indefinitely to this condition, it might exclude other things. There is some question as to whether this reaction is due to peptones. The reaction I mean is obtained with picric acid. The albumin, if any, is precipitated by heat, and the urine is overlaid with a saturated solution of picric acid. If a cloud appears at the point of contact that does not clear up by gently heating, I regard peptones as present. It makes little difference whether it is a true peptone; the main thing is the reaction.

Dr. Patton: Does that reaction obtain in cases of incarcerated pus?

Dr. Moyer: Yes, I think it does. I have obtained the reaction in a number of my own cases, but my experience has been so limited that I am largely basing my remarks on the literature of the subject.

Dr. Angear: I would like to ask Dr. Schaefer if he noted anything peculiar in the fecal matter? I will simply state my reason for asking that question. I have been somewhat interested in the study of the function of the liver. With our idea of the amount of liver substance that must necessarily be destroyed in this case, we should suppose that there was a less amount of bile thrown into the alimentary canal, and there should be some evidence of disturbed condition of the feces, such as, for instance, fermentation. We are taught, and have reason to believe, that the bile prevents fermentation, and that very frequently we have diarrhoeas of a yeasty character, that we ought to conclude is evidence of lack of bile thrown into the alimentary canal. The profession, from time immemorial, have been looking into the chamber vessels for evidences of bile, and if they had dark feces it is bile, they thought, when in fact the color of the feces comes from the large intestines, and not from the liver. In looking over many works on diseases of the liver, I do not find the clay-colored or white stools, nor the frothy diarrhoea, spoken of as often as we might expect in diseases of the liver—hence my reason for asking the question whether there was anything peculiar in the feces noted.

Dr. F. C. Schaefer, in closing the discussion, said: With reference to the point raised by Dr. Moyer, I will say it was not my intention to give all of the symptoms of liver disease as they are mentioned in our numerous text-books, and do not wish him to understand that I ignored the symptom he mentioned by any means. It has some bearing on the diagnosis.

In reply to the remarks made by Dr. Herrick concerning the diagnosis of the typhoid fever, that is one of the most important points, and should have been dwelt upon a little more fully. I remember distinctly that this man had the usual symptoms of typhoid fever, with the exception of diarrhoea. Of course, we have typhoid fever without diarrhoea. There was marked tenderness in the right iliac fossa, great tympanites in a very short time. There were petechial spots, although it was difficult to define them accurately, on account of the color of the skin. The man had headache

and bled from the nose—which, however, are symptoms of liver disease as well. The course of the fever was typical of typhoid, with the usual variation in the morning and evening temperature. The marked chills which occurred six or seven weeks after the onset of the fever, were indicative of some pathological change going on in the body which might have been secondary to the typhoid; at least, one would naturally look for complications coming on at that period.

I was positive in reference to the diagnosis, and do not think Dr. Skeer doubted the diagnosis when he saw the case, nor did Dr. Haven. It was with the utmost difficulty that we could make an autopsy. The intestines were of a milky-white color, almost bloodless. In the abdomen I felt some large mesenteric glands; a few of them presented nodules. I looked to the veins of the mesentery in addition, but did not see any enlargement or feel any hardness of them, and my conclusion was that the case was one of septic abscess of the liver, that the germs producing typhoid were conveyed directly through the venous circulation to the liver. I could not find any other explanation for it. There might have been originally multiple abscesses, their walls having broken down, and formed one large cavity.

With reference to amoebæ mentioned by Dr. Van Hook, seventeen or eighteen years ago that theory was advanced. Examinations were made in tropical climates where dysentery was common, and it was claimed that they were the cause of hepatic abscesses. We are apt to have these conditions more in tropical than in other climates.

I am positive that the symptoms of typhoid were as marked as in any case ever treated by me, with the exception of the absence of diarrhoea.

Dr. Graham: How early did you make the diagnosis?

Dr. Schaefer: I made it on the second day. The man came down gradually; he had a languid feeling a few days before, and when I came to examine his abdomen, it was extremely tender on pressure in the right iliac fossa, and as I pressed my ear down I heard the usual gurgling. There was no hepatic tenderness until the sixth or seventh week. The tongue was heavily coated from the onset, it was dry; there was constant thirst—in short, the patient had all of the general and most of the special symptoms of typhoid fever.

With reference to the question asked by Dr. Angear, I noticed that late in the course of the disease the stools were slate-colored at times. No diarrhoea. Earlier the stools contained mucus.

Dr. Angear: They were not white or clay-colored?

Dr. Schaefer: No. The abscess did not involve the entire structure of the liver while he was in my care. There was anasarca during the seventh or eighth week, and during the third month the patient was tapped by the physician in attendance for ascites, and a quart of ascitic fluid removed. The abscess was not opened by this procedure.

DOMESTIC CORRESPONDENCE.

To the Editor of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:
Springfield, Mass., April 25, 1892.

I enclose copy of resolutions adopted at annual meeting of Hampden District Medical Society, held in this city Wednesday, April 20. The district society is one of the subdivisions of the Massachusetts State Society. I also enclose comments of the lay press regarding same.

There is no question what the old and influential Hampden district medical society thinks of Dr. Keeley and his bichloride of gold cure. At the annual meeting, this week, resolutions were adopted by an almost unanimous vote, referring to the board of censors for action on the conduct of a member of the society, Dr. A. R. Rice, who has removed to Lexington to take charge of the new Keeley institute in that town. The utter contempt of the "regulars" for the Keeley "cure," which they declare is no secret, having been used for years, and the indignation provoked by the "degrading" act of a regular physician in associating himself with Keeley, are told as plainly in the following resolutions as the English language can make them. It will be seen that the society calls for a committee which shall recommend for expulsion any member whom it has found upon investigation to be using the bichloride "cure" or having anything to do with it.

Being the first official notice of the Keeley method by a Massachusetts medical society, if not the first by any medical society in the Eastern States, this thundering denunciation comes like a thunderbolt from a clear sky, and will be an eye-opener to thousands in this city and vicinity, which has already furnished not a few patients to the Keeley institute at White Plains, N. Y. In case the condemnation is warranted, it is exceedingly timely, and the conservative old "Hampden district" society will have the gratitude of the community. It is quite possible that the occasion of this action was not alone Dr. Rice's move, but the effect which the bichloride treatment had on a well-known gentleman who died in this city a few weeks ago after a season at White Plains. The resolutions gain added significance when it is known that the meeting was the largest in attendance for several years, and the vote for adoption was almost unanimous. Following are the resolutions in full, which were referred to the board of censors for action:

WHEREAS, according to common and newspaper report and upon information and belief it is known that a member of this society and fellow of the Massachusetts medical society in regular standing, has, by associating himself with one of the most notorious impostors of this century, in the application and use of a remedy for the cure of inebriety, called "bichloride of gold," and whose exact composition it is pretended is known only by, and is the sole property of, a certain individual, and

WHEREAS, no such stable chemical combination is possible, and the substance actually used with so much secrecy and profit to the proprietor is and has been employed in suitable cases for years by regular physicians, who well know its limitations and dangers, and

WHEREAS, by associating himself with a regular physician this pretender hopes to gain prestige, and the quasi-indorsement of the regular profession, thus enabling him to delude the public, and

WHEREAS, the association of a regular physician in such a capacity is calculated to injure the public and is degrading to those who are in fellowship with such physician, and recognizing that "naught but evil can finally result from trifling with moral or physical facts, and that it is better to cure rightly and really than wrongly and delusively," and that by the "humbuggery of secrecy, delusion and hypnotic suggestion," a far less number will, in the end, receive benefit, and

WHEREAS, it is the opinion of the members of this society that the use of the drugs, in the manner employed, for the cure of inebriety by the aforesaid impostor, produces a cerebral stimulation with intellectual disorders which are sometimes quite serious, together with other grave nervous troubles, themselves constituting a form of inebriety frequently leading to insanity and suicide, and a lowering of vitality rendering the patient less able to resist and recover from ordinary diseases, and

WHEREAS, in those cases of inebriety claimed to have been cured by means of this pretended secret method of treatment, it is our opinion that such cures resulted not because of said treatment, but in spite of it, and there seems little doubt that hypnotic suggestion played an important part in effecting said cures, and it is our opinion that in all of the so-called "cures" the result attained could have been better secured by improving the moral condition of the patient, by the use of tonics or hydrotherapeutics, regulating nervous action, and by attention to the digestive tract, without subjecting the patient to the dangers of another form of inebriety, and without the element of secrecy. It is, therefore,

Resolved, that this society hereby directs its president to refer this subject to a proper committee who shall, before the next regular meeting, ascertain if any member of this society has identified himself with the manufacture, sale, distribution or use of any secret remedy, contrary to the code of ethics under which this society is organized, and if so, that such member or members be recommended for expulsion from membership in this society at said next regular meeting.

A. O. SQUIER,

342 Main St.

Censor Hampden Dist. Med. Soc.

BOOK REVIEWS.

THE HYDRATIC TREATMENT OF TYPHOID FEVER, by CHR. SIHLER, M.D., Ph.D., Professor of Histology in the Medical Department of the Western Reserve University; formerly Fellow of the Johns Hopkins University and Assistant in the Biological Laboratory. Cleveland: Published by the Author.

Dr. Sihler has appeared before the profession before, as an advocate of the methods of Brand, in the treatment of typhoid fever. He certainly deserves great credit for his earnestness, but he is certainly misinformed as to the stand which the American profession has taken with regard to the treatment of typhoid fever by cold water. The method is well known to them and thoroughly understood by them, and if it has not obtained the extensive use which Dr. Sihler thinks that it ought to have, the reason is to be found in the peculiar practical nature of American physicians. The severely logical arguments of Dr. Sihler, which are too rigid to reach the whole truth in so flexible a subject as medicine, appeal more to the German than to the American mind. The exceedingly practical nature of American physicians, and their actual success as practitioners, ought to show Dr. Sihler that there is something more in medicine than the German philosophy yet dreams of. As a careful

and faithful report of what has been done by Brand and his followers and of the possibilities of the hydratic treatment of typhoid fever, the book is to be commended. Its perusal will repay any physician, and it is to be hoped that its circulation will be wide. The book is blemished by numerous typographical errors, and by some linguistic slips which betray the author's nationality. They do not, however, in any way diminish the actual value of the work.

GUY'S HOSPITAL REPORTS. Third series, Vol. xxxii. Edited by DRs. N. DAVIES-COLLEY and WM. HALE WHITE. 8 vo., pp. 369. London: J. & A. Churchill. 1891.

This presentation of the work done at Guy's is equal to the best of its series. It opens with a memorial note regarding the late Sir William Withey Gull, M.D., whose name appeared so frequently in the earlier volumes of these Reports. Gull's name was identified with Guy's Hospital from his earliest student days. Dr. Hale White's contribution on pernicious anæmia is based on the doctrine that this is a disease essentially distinct from and marked by the absence of the ordinary causes and concomitants of symptomatic anæmia. The proportion of recoveries among the cases treated at that hospital has been small. Not a few of those discharged cured have afterwards returned for further treatment, and some of these have died in hospital. Two cases, kept under observation a number of years, have not relapsed, and may be recorded as cured. Dr. White also writes on malignant diseases of the liver. The other editor, Dr. Davies-Colley, treats of malignant pustule, and his employment of ipecacuanha, internally and externally, with five successes in that number of patients; the neck was involved in three of these individuals. Dr. Golding Bird has a paper on congenital wry-neck, with remarks on facial hemiatrophy. Mr. A. H. Tubby writes on the pathology of acute infective periostitis and necrosis of growing bone. This is the report of investigations carried on in the work-room of the Royal College of Surgeons and the Leipsic Pathological Institute. Dr. James Goodhart gives one of a series of lectures on the pathology of cardiac bruits. Dr. J. W. Washbourn reports a case of glanders, with the results of experiments in inoculation and cultivation. The same author is joined in the contributions of the anatomists of the Hospital, and with Mr. Jacobson and Mr. Percy Evans in their antiseptic and antituberculous experiments. Mr. Clement Lucas has a case of uncomplicated fracture of the coracoid, and a study of that lesion. Dr. Goodall treats of chorea and compression paraplegia. The usual lists and routine information close the interesting volume.

WASHING THE HANDS.—For washing the hands previous to making vaginal examinations Prof. Parvin uses and very strongly recommends *sapo viridis* and sand. The *sapo viridis* gives a good lather, and the sand by mechanical action leaves the skin of the hands soft and in excellent condition for examination. This method is in general use in Germany, and since its introduction midwives have been required to wash their hands in this manner, and the mortality in obstetrical practice has been considerably reduced.—*Weekly Medical Review*.

MONOBROMIDE OF CAMPHOR FOR SPERMATORRHEA.—The *Medical Summary* says: The monobromide of camphor has been successfully used in the treatment of spermatorrhea, where a host of the usual remedies had been administered with no satisfactory results; finally the monobromide of camphor was given with prompt effect and perfect cures.

CAMPHORIC ACID IN ACUTE CORYZA.—A cotton-wool tampon charged with a 2 per cent. solution of camphoric acid, and introduced into the nostril, gives rapid and permanent relief in acute coryza.—*St. Louis Clinique*.