and, therefore, the field of operation may be rendered surgically correct. Insufflation of iodoform or other antiseptic powder upon the wound fortifies it in a measure against subsequent infection.

Because of its peculiar form this clamp effectually

Figure 4.

blocks the field of operation against the accidental invasion of feces or the remnant of an enema. There can occur no hemorrhage to inundate and obscure the field. The pile is dry-docked.

Figure 5.

This clamp demands that the wound shall be linear in form and parallel with the axis of the anus; it dilates the anus to a degree greater than its normal excursion,

hence there will be no subsequent contraction and stricture as a result of this operation.

That this method of clamp operation is inapplicable to inflamed or thrombotic piles, is obvious.

Eucaïn is much less toxic than cocain. Eucaïn may be sterilized by boiling without affecting its anesthetic property. An ounce or more of a one-tenth of one per cent. solution may be used without danger, for on the removal of the tumor most of the eucaïn is recovered. If the eucaïn be prepared in normal salt solution its injection is not so likely to be followed by smarting and burning.

Local anesthesia is a surgical refinement; skill in effecting it may be acquired only by the exercise of patience and practice.

729 Case Avenue.

A METHOD OF SUTURING THE GALL-BLADDER TO THE PARIETES IN GALL-BLADDER OPERATIONS.

WILLIAM WOTKYNs SEYMOUR, A.B. Yale, M.D. Harvard.

SURGEON TO THE SAMARITAN HOSPITAL.

TROY, N. Y.

In my last twenty cases I have attached the gall-bladder to the parietes in the following manner: A

full curved Hagedorn needle is threaded with silkworm gut and passed mattress-stitch fashion from within the gall-bladder through the peritoneum, overlying muscle

and fascia; then it is brought out and reintroduced and carried out through the skin a short distance from the wound. The opposite end of the silkworm gut is introduced in the same manner and the ends fastened by two or three shot, the uppermost of which is crushed. At first I used five sutures of this character to suspend the gall-bladder, but now I rarely use more than three. The suspension sutures are removed on the tenth day, or earlier, if indicated. The advantage in this form of suture is that there is no danger of the sutures falling into the gall-bladder to become the nidus of new concretions as in the cases reported by Homans, Kocher and Kehr, and the early removal of the sutures relieves the patient of the annoyance of the extrusion of unabsorbable sutures weeks after operation. In no instance have I had a fistula and the healing has been as prompt as was desirable in each case. In closing the abdominal wound I prefer the through-and-through suture of silkworm gut, at least three to the inch, passed so as to take in little peritoneum, a good grip of the muscle and fascia and very little skin, and not drawn very tightly. The time required is very brief and the joint a sufficiently light one.

GLIMPSES OF THE PRACTICE OF MEDICINE AND SURGERY IN BRITISH AND SPANISH HONDURAS.

N. SENN, M.D., PH.D., LL.D.

PROFESSOR OF SURGERY, RUSH MEDICAL COLLEGE,
CHICAGO.

The physicians in sparsely settled tropical countries have many disadvantages, difficulties and hardships to contend with unknown to their colleagues in prosperous countries in the temperate zone. They are isolated from the great centers of medical education, and the benefits arising from professional intercourse and attendance upon active medical societies. The defective mail service interferes with the regular supply of recent medical literature. The physician in remote country and coast towns is often thrown upon his own resources in the treatment of grave cases, as satisfactory counsel is frequently unavailable. He is seldom adequately remunerated for his services as the majority of those who apply to him for aid are too poor to reward him for his work. In many instances he furnishes the medicines or dressings without any expectation of a return of his cash outlay. If he is not in possession of an unusual degree of energy, he soon falls into a routine practice and finds himself in a few years far behind the rapidly advancing medical progress. Exposed to the depressing effects of a tropical climate, he leads a life which is not conducive to scientific research and professional advancement. It is under such circumstances that encouragement from outside sources often succeeds in stimulating the flagging professional and scientific interests. The occasional medical journal or some new medical book sent to these distant colleagues is always appreciated and its contents eagerly devoured.

CHARMING VACATION SPOTS.

Central America is an ideal place for a midwinter vacation, and it is somewhat strange that it is so seldom visited by our medical men who need rest for a few weeks at that time of the year. It is very accessible and can be reached from Chicago with comfort and ease in less than a week. The steamers of the United Fruit Company sail from New Orleans for the different ports every week. The voyage of five days is a restful one, admirably adapted for mental recuperation and physical rest. The gradual transition from ice and snow to a tropical climate is an experience well calculated to divert the channel of thought from the bedside and operating room to Nature's wonderful products and works of art. To leave ice-bound Chicago and find yourself ten days later shooting monkeys and parrots in the primitive forests of Spanish Honduras is an experience it would be impossible to duplicate by

traveling the same distance in any other direction. The dangers of contracting malaria or any of the tropical diseases, if one observes the ordinary precautions, is very remote. All of the Central American countries present scenery, inhabitants, antiquities, trees, shrubs, flowers, fruits and birds that daily furnish new object lessons for the study of the visitor from the north. The gigantic trees, the flowering shrubs, the birds of song and plumage, the antics of the monkeys in the tree-tops, the humming of insects, the immense fields of the stately banana, the magnificent coffee plantations on the hillsides, with the dark shiny green leaves of the shrubs bearing the snow-white fragrant blossoms and the purple berries, can not fail in fascinating the thoughts of the traveler. The mixture of races and the habits of the people are studies in themselves. To the medical man the study of tropical diseases and climatic conditions are of special interest. He will find in all of the larger cities physicians well prepared and willing to give detailed information on these important subjects.

Last winter I visited Costa Rica and reported the results of my observations in the columns of *THE JOURNAL*; this year I selected British and Spanish Honduras as the objective points of my short midwinter vacation. Last year the trip was made in January, this year in February. In comparing my experiences, I have come to the conclusion that January is the best time to visit any part of Central America, as the summer here begins during the month of February, with a marked increase in the temperature.

BRITISH HONDURAS.

This is one of the smallest colonial possessions of Great Britain. Since it came under British rule it has been free from strife and rebellion. The colonial government is a wise and efficient one and insures justice to natives and foreigners alike. The whole population does not exceed 39,000, of which number the whites number only 800. Belize, the largest city and the seat of government, has a population of 10,000. The coast is low and swampy, the interior mountainous. The principal articles of export are mahogany, cedar and bananas.

PHYSICIANS.

The practice of medicine is regulated by a board of medical examiners composed of three members appointed by the government. Examination is compulsory. Applicants must present a diploma from a recognized medical college. At present there are only seven licensed physicians in the entire colony, one of them a woman, a graduate of the College of Physicians and Surgeons, Chicago. The most prominent doctors in the capital city are Drs. Eyles, Harrison and Heusner.

HOSPITALS.

The colonial government has made adequate provision for the indigent sick by the establishment of three hospitals. The Belize Public Hospital has 43 beds and at the time of my visit every bed was occupied and a number of cots furnished accommodations for the overflow. During the year 1899, 429 cases were treated in this institution. The two-story buildings are constructed of wood and the wards are fairly well furnished. The operating room is small but well lighted and supplied with the most necessary instruments and appliances for aseptic work. Dr. J. H. Harrison is in charge of the hospital and at the same time attends to the insane asylum, poor house and prison, which means hard work. For all of this he receives the pitiable salary of \$1000 a year. Dr. C. H. Eyles, the colonial surgeon, for good reasons, takes great pride in the commendable fact that the colonial government sets aside 10 per cent. of the entire income for the medical department, something that can not be said of any other government in the world. The nursing in the hospital is done by colored women and two colored orderlies trained by Dr. Harrison. The first attempt to secure trained female nurses for the hospital was made in 1894. At first this was in the nature of an experiment, but as it proved to be successful the same plan has remained in force with the most satisfactory results. The female nurses remain in training for one year and when found satisfactory at the end of this time receive a salary of \$7 per month and board and washing. The orderlies are paid from \$240 to \$480 a year. They assist in oper-