cases, and except the six above named have yet to see the first severe unpleasant effect.

At the same time it is not out of place to watch the effects of any new drug on a patient; in very young ones to *dilute* skin applications the same as those exhibited internally, and to be there to stop its use if trouble ensues. It is my common practice when administering any new drug, or to new patients, to stay with them from one to six or eight hours and watch its effects. This is perhaps rather "old timey" and does not show up the "busy doctor" exactly but it is safe—and I find I lose nothing by it.

DR. BEN H. BRODNAX.

Bony Union in Fractures of Neck of Femur— A Question of Priority.

MINNEAPOLIS, MINN., APRIL 11, 1896.

To the Editor:—In Dr. Hamilton's Columbus address published in the *JOURNAL* of April 4, Dr. Mussey is stated to have been the first to demonstrate the possibility of bone union after inter-capsular fracture of the hip joint. I have for many years understood that this honor belonged to my dear old friend, Dr. Phineas Spalding of Haverhill, New Hampshire, who is now past 97 years of age, and whom I had the pleasure of visiting a month ago. While I was living at Haverhill fifteen years ago, Dr. S. related to me the circumstances of this first case, and as I find an account of it in the "The Spalding Memorial and Personal Reminiscences," which may interest the *JOURNAL* readers, I venture to transcribe and enclose it.

Very Respectfully,

EDWARD J. BROWN M.D.

"During the sixteen years I remained at Lyndon (Vermont) I had a great amount of practice in the neighboring towns in all the branches that pertain to a physician's life. Being the principal surgeon and consulting physician I had a good opportunity not only to become acquainted with the most important cases of sickness, but also with the views and practice of my professional brethren. Very many cases came up of great responsibility, and I will relate one, because I believe that it was a benefit to the profession, being a new departure at that time from the established mode of treatment:

Governor Cahoon, of Lyndon, fell sixteen feet, in his mill, producing an intercapsular fracture of the hip joint. I had been taught by Professor Mussey, and from the writings of Sir Astley Cooper, of London, that fractures of this character would not admit of ossification, only ligamentous union, on account of the nature of the parts; and a person suffering such an accident must necessarily be a cripple. After being perfectly satisfied as to my diagnosis, I stated this to Mr. Cahoon, and read to him the different authorities on the subject. I then said to him, if I were injured in this manner, I should make appliances and try for a perfect cure, but that it would require ninety days to give the limb a fair chance for ossification, and perfect rest, without which it would not take place. He replied, on account of a pulmonary difficulty he could not submit to such a confinement. I therefore fixed the limb as well as I could, and left him. After a few days the limb shortened three inches and the foot very much everted outward. Mr. Cahoon then sent for me and said he would rather die than remain a cripple for life, and he would submit to any treatment I thought best. I therefore made my appliances with an apparatus of my own invention, and watched the case with a great deal of care; and at the end of three months had the satisfaction of seeing a perfect cure. As this was so important a case in surgery, I felt it a duty I owed the profession and the world, to publish it, and therefore wrote an article in the *New England Medical Journal*, printed at Boston, October, 1827, giving a full history of the case, my mode of appliances, and my reason for disagreeing with former authorities. Mr. Cahoon lived about ten years longer and no one would have supposed by his walk that he ever had a fractured limb, and he afterward died of consumption. I made an examination of the joint, found the bone had been fractured according to my diagnosis and that there was a most perfect union. This examination I also published in the *Boston Medical and Surgical Journal*.

I am now of the opinion that if this case was not the first one where a cure of fracture within the capsular ligament was perfect, that it was the first case published, and the reasons given why under favorable circumstances we may hope for a perfect union of the bones. Several years after this Dr. Mussey carried a thigh-bone to Europe and showed it to Sir Astley Cooper,

who acknowledged his error in his former teaching, and now in all our hospitals in this and other countries, the doctrine is fully established."

Toxic Effect of Antitoxin.

SHULSBURG, WIS., April 11, 1896.

To the Editor:—The account of the death of a child from a prophylactic dose of antitoxin, in the *JOURNAL* of April 4, makes me desire to put on record a case similar in its action although death did not occur. The facts are as follows: February 4, I was called to see Henry Snyder. Found him and his five-year old daughter affected with a severe type of diphtheria. I injected the father with a 1500 units and the daughter with a 1000 units strength, Behring's antitoxin, with good results. Mrs. Snyder, who was nursing her husband and child, complained some of her throat and wanted me to examine it. I found the arches of the fauces a little red, nothing more, pulse and temperature both normal, appetite good. She was apparently in good health, except being fatigued from broken rest. As she was the only dependence for a nurse to take care of her husband and child, I advised her to take a prophylactic dose of antitoxin; she consented. Not having the prophylactic dose, I used No. 1, green label, 600 units strength, Behring's, Op. No. 253. A few moments after the injection she complained of feeling faint, her pulse went up to 100, almost imperceptible at the wrist. She became very pale, feet and hands cold, respiration hurried and shallow, pupils dilated. Face was covered with a cold perspiration. I laid her down with her head low and administered stimulants. It was six hours before she rallied so she could sit up and twenty-four hours before she felt herself again.

Place of injection was over right breast and every aseptic precaution was taken. I noticed symptoms of the same nature, not so severe, from the use of a prophylactic dose of antitoxin in a child of 9 years. It seems that antitoxin is apt to produce toxic symptoms in the well.

C. C. GRATIOT, M.D.

Association Badge.

NORTH MINNEAPOLIS, MINN., April 7, 1896.

To the Editor:—In the last number of our *JOURNAL* I notice a short article from Dr. Blaisdell on the "Association Badge." I have spoken of it a number of times during the last few years, asking myself and others of the ASSOCIATION members: What had become of our badge? It has been so long since it was decided and I think voted upon in the ASSOCIATION that we were to have it that I have really forgotten at what meeting it was acted upon, whether Detroit, Chicago, Washington, Richmond, or where. I think Dr. N. S. Davis, of Chicago, introduced the subject, but am not sure. I have grown old since that time, now nearly 74 years, and I feel as though if I am to see a badge it will have to be coming along very soon. A great many of our brethren have already "crossed the river" since the action was taken, and many more will go, I am afraid, before we get the "badge"; unless prompt action be taken. The Atlanta meeting will soon be in session, and some more definite action should be taken in the matter.

Very respectfully,

A. A. NOYES, M.D.

Bone Grafting.

MILWAUKEE, WIS., April 11, 1896.

To the Editor:—In your issue of April 4, p. 692 is an extract from the *Medical Press and Circular*, in regard to "An Unusual Case of Bone Grafting. Permit me to say that this is another illustration of the old saw, "A prophet is not without honor, save in his own country" and to call your attention to an article on this subject by Professor Senn, in the *Am. Jour. Medical Sciences*, September, 1889.

Yours,

G. J. KAUMHEIMER, M.D.