question seems still as unsettled as the question of enucleation in a case of sympathetic ophthalmia. I think Alt recently reported a case where he searched most assiduously for the presence of microorganisms in the enucleated eye, but was unable to find any. I think it very unlikely that sympathetic ophthalmia should always travel through the optic nerve.

DR. FRANK BILLINGS: It is true, as Dr. Hotz has stated, that the staphylococcus pyogenes aureus has been found in sympathetic inflammation of the eye; it is the organism that is almost always found wherever there is pus present. So often is it found that, wherever we have an abscess, we can expect to get a culture of this organism. The experiments of Deutchmann, as given by Dr. Hotz, are on record in the reports of the Kaiserlichen Gesundheits-Amt. Other experiments were carried out after he made his statements; that is, injections were made of the staphylococcus pyogenes aureus with the object in view of seeing if it would excite a sympathetic ophthalmia. These experiments were made on rabbits, but not always with success; wherever suppurative inflammation resulted in the eye, then sometimes the sympathetic ophthalmia arose on the other, but not always; the subject is unsettled, and must remain so. Mistakes have been ascribed to the experiments already made, that they were careless in making their cultures, that perhaps they did not get that particular culture from the inflamed eye. The true culture of the staphylococcus pyogenes aureus would be of an orange color, and further, if the culture did grow within the eyeball, it would cause suppuration.

DR. HOTZ: I did not say in my paper that I accepted Deutchmann's view, that sympathetic ophthalmia is an infectious disease. I have not made any experiments myself, and this question is so new and so difficult to settle that it would be premature to decide on the experiments so far made and to assert that sympathetic inflammation is always the result of the immigration of microorganisms. I referred to these experiments of Deutchmann simply as an interesting illustration showing that in one way, at least, sympathetic inflammation can be produced, and that it always shows itself in the second eye in the optic nerve first. These are questions which I did not propose to discuss in this paper.

In reference to the statement made by one of the speakers that I did not give a clear definition of what I meant by sympathetic inflammation: From his remarks I should infer that he would not consider as the beginning of sympathetic inflammation such a condition as I described in the first and second cases. But I thought it was clear that if the optic nerve is not only hyperæmic, but its outlines indistinct and the papilla swollen, showing that there is more than an engorgement of the blood vessels, this condition of the nerve has passed the stage of irritation, that there is actually an active inflammation going on; we have an active neuritis and not simply an irritation. I consider this is the first stage of sympathetic inflammation. What I would call sympathetic irritation would refer to such disturbances in the second eye as sensitiveness to bright light or disability to use the eye on account of pain, in reading, a painful

accommodation as I may call it, an impossibility of accommodating the eye in reading for any length of time, while the eye appears absolutely normal shows no evidence of inflammation, externally or internally. Such a condition is sympathetic irritation, and as far as I know it never passes over into sympathetic inflammation. It can go on for months and never disturb the eye in any other way; and you will see at once this is a very different condition from anything I referred to. Sympathetic irritation can always be relieved by the removal of the exciting eye, no matter how long it has been going on. But in sympathetic inflammation there is great danger in delay; it cannot be arrested when advanced very far, but it can be in the incipient stage. That is what I tried to prove by my paper to night.

FOREIGN CORRESPONDENCE

LEIPZIG AND DRESDEN.¹

Thiersch—Spondylitis—Tubercle Bacilli and Suppuration—Osteo-Myelitis—Von Lesser—Stelzer—Fragments of Wood in the Bowels—Foreign Body in the Heart—Tubercular Osteo-Myelitis—Vaginal Hysterectomy for Carcinoma—Leopold.

Dear Dr. Fenger:—From Halle I went to Leipzig for the purpose of spending a few days in the surgical wards of Professor Thiersch. I came in time to attend the opening lecture of the Spring term and soon became convinced that this famous surgeon had passed the zenith of fame and usefulness, and is rapidly approaching senile marasmus physically and mentally. Thiersch has immortalized himself by his many ingenious plastic operations and his classical work on Epithelial Carcinoma, as well as by many other valuable contributions to surgical literature. It is a great pity that such men, for the sake of science, grow old too soon, but such is life, short in its duration, and the greatest genius must submit to the inevitable consequences incident to old age. During my former, as well as on this, visit to Europe I have been repeatedly reminded of the fact that when a man arrives at a certain age it would be better for himself, for his reputation, and more especially for the school he represents, to retire. Langenbeck appreciated this fact and retired at the time when he was still in the possession of all of his faculties to make room for a man younger in years. The sooner Thiersch follows his example the better for himself and the students. There are many younger men in Germany who would bring more enthusiasm into the lecture room, and who are well prepared to become the successor of this eminent surgeon.

In his introductory lecture he advised his students to take full notes on the cases presented in the clinic so as to preserve the material thus gained for future use and reference. The subject of his clinic was spondylitis, and he presented a number of cases to illustrate the different stages of the disease. He called attention to the fact that tubercular inflamma-

¹ By permission of Drs. Fenger and Senn.

tions of bone or joints may heal spontaneously as long as no suppuration takes place, and that even in the latter event a cure is still possible. I believe it can be considered as a settled fact that the bacillus of tuberculosis produces no suppuration, that its presence only indicates a specific inflammation which terminates invariably in the production of granulation tissue, and that when suppuration takes place secondary infection with pus microbes has occurred. A tubercular abscess without the presence of pus microbes does not contain pus, but the products of degenerative changes in the fungous granulations. If the bacillus of tuberculosis meets with sufficient resistance on the part of the surrounding tissues it finally exhausts the nutritive material in the granulations and dies, or remains in a latent condition, and the granulation material is converted into connective or cicatricial tissue and the local lesion is cured. These are the cases which terminated most frequently in spontaneous cure. If liquefaction of the infected tissues takes place and the products of degeneration are absorbed a similar favorable termination is possible. If the same product is evacuated by incision under antiseptic precautions a spontaneous cure is accelerated. If on the other hand a secondary infection with pus microbes takes place the patient incurs the danger of septic infection and diffusions of the tubercular process. Thiersch never alluded to the operative treatment of tubercular spondylitis, and a number of cases which were shown seemed to prove that such a course of treatment is unusual in his practice.

A case of osteo-myelitis in a young man was brought into the operating room after the class had been dismissed. The original disease affected the tibia and adjacent parts and amputation of the thigh had been performed to save the life of the patient. As is so often the case during the latter part of the infective process the lower epiphyses of both radii became painful and swollen. At present the patient has no fever and the lower end of the bones is only moderately swollen and tender. The patient was narcotized and the lower end of one of the bones was opened with a chisel under the supposition that it contained pus. The cancellated structure was found in an osteo-porotic condition, but no pus or necrosed bone was found. It is one of the characteristic features of acute infective osteo-myelitis that the intensity of the infective process is diminished with successive attacks in different bones of the same individual and that the more remote the time of infection from the primary attack the less tendency to suppuration. While at the primary seat of infection rapid suppuration takes place the secondary or tertiary points of infection are less likely to suppurate. Very often the remote points of localization become the seat of an osteo plastic inflammation because the potency of the infective germs has become reduced to such an extent that they are no longer capable of producing pus, hence I was not at all astonished that in this operation no pus was found, but that the bone was in a condition of osteo-plastic inflammation.

The surgical wards of the Klinik contain 15 beds

which afford ample material for clinical instruction. The antiseptic treatment of wounds is not as thoroughly carried out as in most of the Kliniks in Germany, and a visit through the wards only corroborated this statement. During my stay in Leipzig I called on Freiherr Dr. von Lesser, who is one of the teachers of surgery in the University. He is an able surgeon and a hard student, and well known by his numerous contributions to surgical literature. I was so unfavorably impressed with the surgical clinic in this city that I left the next day for Dresden.

I had met Dr. Stelzer in Berlin, and as his papers at that time attracted a good deal of attention, I was anxious to see some of his work in the hospital. Dr. Stelzer has a very large clinical material at the Allgemeines Krankenhaus in Dresden, and is known to have performed many novel and difficult operations. You will find in the next volume of the *Transactions of the German Congress of Surgeons*, a paper read by him in which he gives a graphic description of two abdominal sections made on the same patient for the purpose of removing large fragments of wood from the intestinal canal, with recovery of the patient, and another in which he gives a description of an operation for the removal of a foreign body from the heart; and although he did not succeed in extracting it after he had exposed the heart and had seen the foreign body, (a piece of knitting needle) his patient recovered, although during the operation not only the pericardium but the pleura also was opened. He showed me a number of exceedingly interesting cases, which for want of space and time I am sorry I cannot describe. Sublimate solutions are used for irrigation and sublimated wood-wool for dressing.

The first day I visited the hospital I saw him perform an operation for tubercular osteo-myelitis in the tibia of a young woman. The bone was considerably swollen above the ankle, and a number of fistulous communications led to the diseased bone. With a chisel the bone was opened above the ankle joint, and in the line of the epiphyseal cartilage a large carious deposit was found which was carefully removed with a sharp spoon. Most surgeons would have stopped here, as the bone above this point showed no enlargement and the tubercular deposit had been apparently removed by the *evidement*, but Dr. Stelzer suspected mischief higher up and chiseled away more of the anterior wall of the tibia, and to my utter astonishment exposed a number of distinct and isolated tubercular foci as far as the upper epiphysis of the tibia. This case was instructive to me, and has satisfied me that many of the recurrences after operations for tuberculosis in bone are due to imperfect operations. The distant tubercular foci had not as yet given rise to secondary periostitis, and a more careless operator would certainly have overlooked them and his services would have been called into requisition at some future time without fail. The wound was closed with sutures, except at the upper and lower angles where drains were introduced.

The second day I saw him perform a vaginal hysterectomy for carcimoma. The woman was 35 years

of age, and a multipara. The disease had existed for some time, but appeared to be limited to the cervix. Thorough antiseptic precautions were observed before and during the operation. The patient was placed in exaggerated lithotomy position and the uterus rendered accessible with retractors. Instead of forceps sharp double hooks were used for bringing the uterus down. The vaginal roof close to the insertion of the uterus was incised with the scalpel and the organ detached with blunt instruments and scissors. Where hæmorrhage was expected the incision was made between two ligatures. The peritoneal cavity was first opened in front of the uterus but as it was found impossible to anteverte the fundus sufficiently to bring it out through the wound the cul-de-sac of Douglas was opened, and the fundus brought out through this opening. The round and broad ligaments were tied separately before they were divided. After the uterus was removed the omentum came down into the vagina and after thorough disinfection it was reduced and the vaginal canal plugged with iodoform gauze. Duration of operation about an hour and a half.

I visited the gynecological and obstetrical wards in charge of Professor Leopold, and was promised a laparotomy for next day. I was asked to come perfectly aseptic, which request I carried out conscientiously, including bath, shampooing, etc.; but was informed next morning that inasmuch as the city was celebrating the King's birthday, the operation would be postponed. As Dr. Stelzer performed his vaginal hysterectomy an hour later it could not have been considered a crime in Dresden to perform a surgical operation on such an eventful day, and I made up my mind that a surgeon who postpones on such flimsy grounds cannot be troubled with many operations during the year; consequently I did not wait to test the reliability of the second promise, but lost no time in transporting the aseptic *ego* to a more profitable place.

N. SENN.

DOMESTIC CORRESPONDENCE

UNPROFESSIONAL CONDUCT OF RAILWAY SURGEONS.

Dear Sir:—While the poet has said,

The rank is but the guinea stamp,
The man's the gowd for a' that,

the world concedes the importance of the stamp. Germane to your editorial on, "Medical Rank in the Navy," we desire to remark, "We have heathen nearer home." For a quarter of a century, by resolution and memorial, the American Medical Association has been endeavoring to dignify the profession, and to protect American seamen by providing surgeons for ocean steamers and by giving to the medical officers of the Navy a rank and pay proportionate with the acquirements and services demanded; and yet the Surgeon General reports, "It is impossible with the present inducements offered to find young men, possessing the necessary qualifications, who are disposed to become medical officers in the Navy."

Meanwhile there has grown up a system of land transportation that carries more passengers in one day than our marine service transports in a month, and liable to accidents and injuries that can hardly occur on the water. Some of our great railroads, recognizing the danger to which its employees and passengers are constantly exposed have appointed men of distinguished professional ability as "chief surgeons," and in every considerable town along the lines of their roads the best resident practitioners as "local surgeons," paying them an honorarium commensurate with the services rendered and tendering the compliment of an employee's pass, thus assuring to the traveling public and to their employees the best possible surgical skill in case of accident.

Other great roads, with the greed too often common to monster corporations, or with a deplorable ignorance of the importance to themselves and the public, have appointed as chief surgeons men whose respect for their profession permits them to send to doctors along the line of their roads this contract:

For and in consideration of a pass over the ——— division of the ——— & ——— road I agree to render all the professional services required by such road and by the Hosp. department of the road in ——— county, state of ———.

WITNESS.

While on these roads every other employe, from the president to the section boss, in addition to his salary, can get a pass for the asking, the surgeon, who, if he has any practice, rarely has occasion to ride, except in the service of the road, and whose services require the highest skill and are fraught with the gravest results, is placed beneath the lowest employe of the road and tendered for his services a pass. What a regard for his profession must such a chief surgeon have, and what a soul!

Unlike applications for appointments in the Navy such roads do not require precedent examinations and "necessary qualifications," and hence have no lack of applicants.

While some good men accept their appointment to maintain their professional standing among a people who without knowledge of the emptiness of the honor look upon it as evidence of merit, an overcrowded profession gives and abundance of supplicants who need opportunity for surgical practice.

The chief surgeon of a rich corporation who would ask skilled and valuable services from his professional brethren for nothing, while he receives a salary far above his professional worth, should receive the condemnation of every honorable member of the profession; and the chief surgeon of a great railroad who would appoint cheap doctors, because they are cheap, to a position that might place under their care any man in the nation from its chief Executive down merits the execration of the whole people.

If the American Medical Association feels that the honor of the profession and the protection of the people is involved in appointing competent surgeons to our ocean steamers and in securing suitable rank and pay to the medical officers of the Navy, has it not a parallel interest in the qualification and position of the local surgeons of the great railroads of the country?

W.