Recently, I have made careful note of a number of cases, both with and without suggestion. The following, taken consecutively from recent clinical work, are sufficient for illustration:

CASES WITH SUGGESTION AND ETHER.

Time.	Time.
Mrs. N. . . . 12 minutes	Miss M. M. . . 12 minutes
Mrs. C. . . . 8 minutes	Mrs. G. L. L. . . 8 minutes
Mrs. J. . . . 15 minutes	Mrs. J. B. B. . . 7 minutes
Miss S. . . . 7 minutes	Mr. J. G. . . . 13 minutes
Mrs. H. M. L. . 9 minutes	Mrs. G. D. B. . . 9 minutes

Average time from beginning of ether to complete anesthesia, ten minutes.

CASES WHERE ETHER WAS EMPLOYED WITHOUT SUGGESTION.

Time.	Time.
Mrs. W. B. . . 24 minutes	Miss D. C. . . 18 minutes
Mrs. G. H. . . 20 minutes	Mrs. G. H. B. . 18 minutes
Mrs. E. . . . 16 minutes	Mrs. W. A. D. . 17 minutes
Mrs. F. D. . . 21 minutes	Miss S. B. . . 18 minutes
Mrs. T. K. . . 18 minutes	Mrs. W. C. B. . 20 minutes

Average time from beginning of ether to complete anesthesia, nineteen minutes.

There is no doubt but that any one of these patients in either of the lists might have been anesthetized more quickly than they were. But in no instance was there any effort at haste, and in each individual case all due precautions were used to insure safety. I am sure that the patients are often overcome, asphyxiated, as it were, by shutting off the air and crowding the anesthetic in three, four, five and six minutes, but in all the above cases the correct gradual method was employed. And so far as possible, exactly the same method was used in each individual case.

It will be seen from these two tables that the time necessary for complete anesthesia, is reduced nearly one-half by the use of hypnotic suggestion. I have no doubt that with more care a much greater reduction might be obtained.

The beneficial results from using hypnotic suggestion as an aid to anesthesia are obvious:

1. It calms the nervous system, and fortifies the patient to withstand the surgical operation.
2. It lessens the danger of shock.
3. It lessens the time, and consequently the amount of anesthetic.
4. The patient awakens as if from a natural sleep.
5. I believe recovery in these cases is more rapid and satisfactory.

There is a wide difference between individuals as to their susceptibility to suggestion. On some it has but little effect; on others it enables us to reduce the chemic anesthetic more than half, and occasionally we meet cases where it is within itself quite sufficient.

It can never, when properly used, cause harm. Then why not always employ it? I can not conceive of a case where it can not be applied. The more intelligent the patient, the more readily we may speak to the nerve centers and have them obey. Still to the insane, to the idiotic, and the unconscious babe, we may make suggestions to the sleep centers by gentle motions and soothing tones.

I believe that hypnotic suggestion will, in many ways, but most particularly as an aid to the anesthesia of chemic agents, prove a blessing to mankind.

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THE MEANING AND IMPORT OF CASTS IN THE URINE WITHOUT ALBUMIN, AND THE INADEQUACY OF THE ORDINARY CHEMIC TESTS.

BY LUDWIG BREMER, M.D.

ST. LOUIS, MO.

The microscopic examination of the urine, though resorted to more frequently now by the general practitioner than ten or twenty years ago, is still too little practiced and is underestimated as to its value by the vast majority of physicians. In suspected cases of renal diseases or complications, the chemic test, frequently a very crude one, is relied upon exclusively, and in case of absence of albumin the verdict is rendered: there is nothing the matter with the kidneys. How erroneous such a course is on the part of the physician, what dangers it involves to the patient, what damage it may cause to the reputation of the medical attendant, and how important it is to the medical man to emancipate himself from a time-hallowed and pernicious delusion, viz., the all-importance of the chemic urinary tests, I shall try to demonstrate and emphasize in the following remarks.

The diagnosis, albuminuria, is unscientific. Albuminuria, as is well known is not a disease, but a symptom of a number of diseases. Not only a variety of diseases but a variety of altered conditions still within physiologic limits, may give rise to the presence of albumin in the urine. Thus a full meal or great bodily fatigue may cause it in some persons. A certain percentage of cases of albuminuria during pregnancy also belong in this category.

Now, in my experience and opinion, the presence or absence of albumin in the urine is not nearly of the diagnostic and prognostic importance, as the morphologic evidences of kidney disease, *i.e.*, the presence or absence of casts. I venture the broad statement that a person who constantly or periodically passes urine containing casts, even without albumin, or perhaps albumin in chemically demonstrable quantities, is not in good health. Such a person in my opinion has a damaged constitution; his kidneys are, to say the least, vulnerable. The irritative process which gives rise to the formation of casts may not amount to an actual state of inflammation; above all there may not be the recognized somatic signs of fully developed kidney disease, and yet the subjective symptoms may be very pronounced. They often are unaccountable, because sufficient importance is not attached to the presence of casts in the urine of such persons. Many obscure and inexplicable nervous disorders of an apparently functional character are, however, rendered intelligible when viewed in the light of uremic or uro-toxic conditions. A vulnerable kidney is naturally more easily disturbed in its function, more prone to perverted action than the normal one. If it be true (and the trend of modern views and observations point in this direction) that there is an internal secretion in the kidneys, it can be easily conceived how, beside the deficient activity of the kidneys, causing a lack of elimination of the body's waste products, there may be a vitiated metabolic process in the kidneys, processes whose products are of a toxic character and when absorbed give rise to a multitude of nervous and mental symptoms. From a single indisposition and malaise, from a slight soreness of the skin to the most torturing of neural-

gias, from an insignificant and often unheeded feeling of depression to the most aggravated cases of melancholia or mania, all these shades and different intensities of nervous and mental disorders may arise from such vulnerable or damaged kidneys, the demonstrable evidence of disease in these organs being casts alone, the albumin being completely absent.

Again, there are a number of cases, and I have quite frequently met them in my practice during the last five or six years, in which periodical or intermittent albuminuria is the feature and where the albumin is in evidence only when a nerve storm of unusual severity has set in. I have often diagnosed in such persons by the presence of casts, the vulnerable kidney which for want of a better name I have described as latent and intermittent nephritis without albuminuria (*Medical News*, Oct. 20, 1894). For a long time, often for weeks or months, such patients may not have any albuminuria, casts only being demonstrable; or even these may disappear and the urine be absolutely normal, and yet there is a dormant pathologic condition under which certain and favoring conditions are rekindled into activity. Such persons may live in comparative comfort for a time, until a nerve and kidney storm brought on by a variety of causes, a cold, excessive physical or mental strain and worry, an attack of an infectious disease, a fall, etc., renders the latent affection an active one.

In my practice it is an almost daily experience for me to hear that my diagnosis of vulnerable kidney, which I held responsible for certain nervous or mental affections had not been corroborated or verified by other physicians, who had repeatedly examined and "analyzed" the urine and found everything in a normal condition. Aside from such examinations, which are based upon chemic analysis exclusively and which I once more desire to state are unreliable, misleading and fallacious, there are such as, made with the microscope, fail to reveal any morphologic evidence of kidney disease in the shape of casts. There are several reasons why the examination for casts under such conditions may prove negative or may be looked upon as negative: 1, Microscopic incompetency, which is very general.¹ 2, the kidney trouble may have become latent, the casts are really absent, and there being neither albuminuria nor casts, the unwarrantable statement is made, there is no Bright's disease, the kidneys are healthy, while the correct statement would have been that at the present time there is no evidence of kidney disease. 3, in spite of competency, the casts are not detected because of insufficient instrumental equipment. No examination of this sort ought to be considered as final without the use of the centrifuge, an instrument which ought to be in the hands of every physician who is often called upon to make urinary examinations. 4, the examiner, even if he finds casts, may not attach any importance to them if unaccompanied by albuminuria. This, in my opinion, is an error of vital importance and one that is widely spread. Misleading experiments have helped to strengthen this misconception. Among other reasons why the presence of casts in the urine is alleged to be compatible with perfect health, is the finding of casts in the urine of athletes after great muscular

exertion. Now nothing is more fallacious than to say that because a man is an athlete, therefore he is a type of health. The well known and often commented upon liability of such persons to disease, especially of the heart and the blood vessels in general, ought to counsel caution; again, the fact, that they generally die young, ought to serve as a pointer to the real state of affairs. So far as my own experience in this matter goes, I have time and again had an opportunity of demonstrating in young men, who used to be college athletes, the existence of hypertrophied hearts and the presence of casts (without albumin) in the urine. The clinical symptoms of their disease presented the mottled picture of neurasthenia. These were certainly damaged men and their kidneys were not only vulnerable, but actually diseased.

Besides neurasthenia, other neuroses, notably hysteria in its manifold manifestations, grow and thrive on a soil prepared by diseased kidneys in the pre-Brightic or pre-cirrhotic stage. By this I do not mean that hysteria is a result of this form of kidney disease, but the latter acts as provoking agent and converts into a fully developed disease what otherwise would have remained simply a predisposition.

Among the other symptoms which latent or intermittent chronic parenchymatous nephritis may give rise to, is that known as "dead fingers." I must confess that I have seen but few patients who complained of this symptom. Quite frequent, however, are disturbances of speech and memory. Aphasic phenomena are particularly apt to manifest themselves, often only in a rudimentary or fragmentary way. Inexplicable diarrheas, harassing coughs, huskiness of voice, itching of the skin, nettle rash, muscular twitchings, hot waves and rushes of blood to the head, with a host of other symptoms may be present.

In my experience, many cases of supposed malaria and grippe were nothing else than cases of acute or subacute nephritis, developing from the mild chronic form above alluded to. On the other hand, I believe that both these diseases are powerful factors in producing the trouble under discussion, giving rise to an acute infectious nephritis which ends in a slow, insidious chronic form without albuminuria. Especially is grippe apt to leave a chronic parenchymatous nephritis behind.

Migraine is often nothing else than a uremic paroxysm. During the attacks the casts increase in numbers. The same is true of other periodic headaches.

I have found casts in almost all cases of tabes and and paretic dementia that I have had an opportunity of examining. These patients rarely die from kidney disease, it is true; although they have casts in the urine for years, they may not present any uremic symptoms, but it is reasonable to infer that the diseased kidneys help to develop the disorders of the central nervous system and invite the diseases to which such patients finally succumb, such as pneumonia, erysipelas, etc.

As a prominent physical symptom of an existing chronic parenchymatous nephritis I have often seen, especially in men, a slight thickening of the temporal artery, with the characteristic tortuosities so common in the cirrhotic form of Bright's disease. Often it is only indicated by a temporal pulse stronger than normal. The main symptoms, however, are generally the subjective ones briefly outlined above.

¹ Microscopic incompetency is especially prevalent and apt to cause mischief in those who have taken a course in microscopy, bought an instrument and consider themselves experts. The curious notions some of these microscopists have about casts are almost incredible.

In conclusion, I would say that a person who has constantly, or from time to time, casts in the urine, even if they be only of the hyalin variety, must be considered damaged and prone to contract and succumb to other diseases. Again, albuminuria without casts is of exceedingly rare occurrence, while the opposite, casts without albuminuria, is very frequently met with.

A rational course of dietetics, above all the avoidance of rare meats and the derivatives of meat, such as meat soups and rich gravies often bring about great improvement and in some cases total disappearance of the casts, together with the subjective symptoms. As a curative remedy I have great faith in mercury, especially blue mass, administered in 5 grain doses twice a week, and small doses (5 grs.) of sodium iodid.

I have had patients under observation for many years who, by prudent living have managed to remain in a fair state of health, attending to their business and enjoying life in a quiet way, although casts would be from time to time demonstrated and slight uremic disturbances were not infrequent. If a proper hygiene is observed, latent or intermittent chronic parenchymatous nephritis does not seem to interfere materially with longevity in the well-to-do. It is different with people who have no means of properly taking care of themselves.

SOCIETY PROCEEDINGS.

American Association of Obstetricians and Gynecologists.

Abstract of the Proceedings of the Eighth Annual Meeting, held in Chicago, Sept. 24, 25 and 26, 1895.

FIRST DAY—MORNING SESSION.

The Association met in the South Parlor of the Auditorium Hotel, and was called to order by the PRESIDENT, DR. J. HENRY CARSTENS, of Detroit, Mich.

After an Address of Welcome by DR. WM. E. QUINE, of Chicago, and a response by the President, the reading of papers was proceeded with.

DR. JAMES F. W. ROSS, of Toronto, read a paper entitled
BILATERAL SUPPURATING PAROTITIS.

He narrated a case in which after vaginal hysterectomy, the tenth day after the operation, the temperature rose to 103 degrees, and a swelling in each parotid gland presented itself. The swelling gradually increased. The sides of the face became enormously swollen, the eyelids were puffed, and the patient could scarcely open them. The complication he believes to be an unusual one, and for that reason brings it before the Association. Double parotitis is seen occasionally as one of the sequelæ of the infectious diseases, a distinctly septic disease. It is difficult to believe that the removal of the ovaries can produce a parotitis. If parotitis has a peculiar tendency to follow the removal of the uterus, we should have sufficient data upon the subject to make us well aware of this fact also.

DR. EDWIN RICKETTS, of Cincinnati, related a similar case in which two days after the removal of the diseased appendages, a double parotitis made its appearance.

DR. C. C. FREDERICK, of Buffalo, saw a case in the practice of a prominent practitioner in Buffalo a few years ago in which a double parotitis followed ovariectomy. The woman made a good recovery. No suppuration in the case.

DR. JAMES F. BALDWIN, of Columbus, narrated an instance in which the parotitis was limited to the left side, it having followed a vaginal hysterectomy about the third day, accompanied by elevation of temperature, pain and swelling.

DR. W. G. MACDONALD, of Albany, said that parotitis associated with the removal of the uterine appendages was not a new thing. Among the earlier operators it was not an unusual or uncommon complication. The patients, however, usually died. He saw one case following a supravaginal hysterectomy. He had also seen it after amputations of the thigh.

DR. JOHN M. AULD, of Chicago, had seen one case of non-suppurative parotitis of one side. It followed perineorrhaphy and hemorrhoids.

DR. H. W. LONGYEAR, of Detroit, had seen parotitis associated with typhoid fever.

DR. A. H. CORDIER, of Kansas City, Mo., said parotitis occurs with greater frequency than is supposed in connection with operations involving the ovaries and tubes. He is inclined to believe that there is a sympathetic relationship between the ovaries and the parotid gland.

DR. A. H. FERGUSON, of Chicago, asked as to the condition of the patient's mouth at the time of the parotitis. In scarlet fever, diphtheria, and a number of diseases associated with disease of the uterine appendages, extension takes place to the parotid gland. In such cases the mouth is foul, and if it can be kept clean parotitis is not so apt to occur.

DR. ROSS said it is well known that the parotid glands, the thyroid glands, and the submaxillary glands frequently become inflamed in inflammatory disease of the testicles; but as to inflammation of the ovaries, we are not so sure. He could not say as to the condition of his patient's mouth at the time of operation.

INTERMEDIATE TREATMENT OF PUERPERAL SEPSIS.

This paper was read by DR. A. B. MILLER, of Syracuse, N. Y. The author summarized his remarks as follows: 1, that suspected infection of the birth canal should be confirmed when possible by a bacteriologic examination of vaginal secretions, and every means of differentiating it from other affections should be resorted to, that it may be treated rationally either by medicine or surgery; 2, irrigation and antiseptics destroy the nutrition of the parts when continued, and, furnishing increased moisture, improve the field for the development of microorganisms, aside from the danger of death resulting from the antiseptic used; 3, that the birth canal can be kept comparatively dry by absorbent dressing, removing the culture media and arresting the development of germs and infection until the abraded parts have been repaired.

DR. L. S. MCMURTRY, of Louisville, Ky., followed with a paper entitled

THE INDICATIONS FOR OPERATION IN PUERPERAL SEPSIS.

Since operative surgery a few years ago disclosed the various lesions of pelvic disease, it has been known that pregnancy and the puerperal state may be complicated by pre-existing inflammatory diseases of the uterine appendages, tumors, and septic accumulations inside the pelvis. Chronic and circumscribed disease of this character may be converted into acute and diffuse inflammatory conditions by the trauma of labor. Puerperal sepsis may in this way be the result of pre-existing disease. This class of cases must necessarily be small, since women thus diseased are as a rule, sterile. That such cases necessarily come within the scope of operative treatment will be generally conceded. The indications and guides for operative interference in this class of cases were then considered by the author. In all cases of puerperal sepsis the most careful examination of the pelvic organs should be made.

In conclusion, he alluded to the class of puerperal cases wherein the local symptoms are those of diffuse peritonitis without localization of lesions, but where the uterus is presumably the focus of infection. This class of cases has recently been discussed extensively in relation to treatment by hysterectomy. Empirical operations in surgery are likely to prove more disastrous than similar methods of treatment in medicine. The gravity of such cases may often justify exploration and drainage, but the more extensive operation of hysterectomy will almost invariably prove disastrous.

DR. W. E. B. DAVIS, of Birmingham, said with reference to cases of puerperal sepsis, where the temperature runs high, they usually die in from a week to ten days, and he believes surgery offers very little hope.

DR. HERMAN E. HAYD, of Buffalo, said that where a septic condition takes place in the endometrium, or where there remains a portion of the placenta which breaks down, he is satisfied that a sharp curette should be used. With a sharp curette the surgeon can scrape away a good piece of tissue and yet do very little harm.

DR. WM. WARREN POTTER, of Buffalo, said there was no puerperal fever except it be due to infection; that if the history of these cases were carefully traced, the gynecologist would find underlying somewhere infection, which may be carried into the genital tract either by the obstetrician himself, or by the environment of the puerperal woman; hence the great collateral interest lying closely alongside this subject was the one of preventive medicine. The impor-