names of McDowell, Long, Gross, Morton and Sims, as well as others, should be placed on statues, that in this way their names and achievements may be perpetuated in the minds of future generations. I will head the subscription list from Athens (and no doubt every physician in Athens and vicinity will follow) in raising a fund to erect a statue to the memory of Long. Respectfully, ISHAM H. GOSS, M.D.

Report of a Case of Extensive Gunshot Wound.

READING, PA., Nov. 1, 1894.

To the Editor:—On Aug. 2, 1894, I was summoned in great haste to see Mr. G. B., who met with a dangerous accident half an hour previous to my arrival at his residence, by a discharge of a full shell, containing No. 8 shot, from a breech-loading shotgun, into his left side. Upon examination, after anesthetization by the assistant physician, I found the whole contents of the shell, containing about two hundred and fifty shot, had entered three and three-fourth inches to the left of mid-sternum between the seventh and eighth ribs, fracturing the ninth, eighth and part of the seventh ribs to minute pieces, tearing and lacerating the pleura, peritoneum and diaphragm; lung and liver protruding, and impregnated with numerous shot.

At first sight the case was thought and expected to be entirely hopeless. However, I was determined to do all that could be done, so I excised a great deal of lacerated marginal tissue. I extracted all the pieces of bone obtainable, with numerous shots, and shreds of clothing from lower left lobe of lung and liver; washed out the peritoneal and pleural cavities with a warm bichlorid of mercury solution, 1 to 2500, but could hardly control capillary oozing until, as a last resort, I applied hydrozone half diluted with water, which admirably controlled all capillary oozing, and at the same time acted as a strong disinfectant.

After a thorough cleaning and removal of lacerated tissue, I brought the edges together and coaptated with silk sutures, after inserting two drainage tubes; one under the lower lobe of the left lung and the other under the liver from which I ascertained there was absolute drainage. The external dressing was composed of iodoform gauze. I prescribed internally brandy, belladonna and quinin and a bland but nutritious diet.

On the third day, I found my patient restless and coughing, with hematemesis and fever. Upon this I removed the dressing and washed out the abdominal and thoracic cavities with hydrozone in solution through the herein mentioned drainage tubes, and reapplied another antiseptic dressing, from which time the case made a remarkable forward progress until about the fifteenth day, when again the patient began to show some internal disturbance that on the eighteenth day proved to be an abscess on a large scale in left lower lobe of lung; this ruptured spontaneously three days later, leading to profuse purulent expectoration (undoubtedly a result of remaining shots and small fragments of bone) breaking down the patient's vitality very much for a time which, however, was soon repaired with quinin and iron, and now the patient is absolutely well.

I merely report this remarkable unusual case to show what can be and often is done to apparently hopeless cases.

Fraternally,

F. H. BROBST, M.D.

Report of a Case of Bifid, or Double Uvula.

KANSAS CITY, MO., Dec. 3, 1894.

To the Editor:—The patient whom I present is 23 years old, and is a mechanic by occupation. He was born in Ireland, came to the United States three years ago, all of which

time has been spent in Philadelphia, Pa. About four weeks ago he came to Kansas City to enter Park College, the great industrial school at Parkville, Mo., about ten miles from this city. His family history is good, and is of no importance as far as his own case is concerned. He has always been well. None of his relatives have ever had cleft palates, or any trouble with their throats. Several weeks ago he was referred to me by my friend, Dr. Jessie Woodside, of Parkville. He complains of some difficulty of deglutition and articulation. The voice is rather fine, for a man. On attempting to sing he notices a little accumulation in his throat; this is caused by the saliva adhering to the bifid uvulæ and sticking them together.

He is a good patient to examine, and has such perfect control of his throat, and opens the mouth so wide, that every one can have a perfect view of this beautiful specimen of double uvula. On looking in his throat, you see two distinct uvulæ, side by side, separated all the way to the arch. As you see, there is not the slightest tendency to cleft palate in his case; in other words, his hard palate is perfectly natural. If you will look in his mouth you will see that each uvula is about the normal size. I am under obligations to my friend, Dr. J. C. Steward, who has kindly drawn the perfect sketch of my case which accompanies this article.

The patient insists on having one uvula removed, and I have promised to comply with his wish, thereby hoping to relieve the small amount of difficulty he has in deglutition and articulation. This patient was exhibited to the Kansas City Academy of Medicine Oct. 8, 1894.

HAL FOSTER, A.B., M.D.

"Great Swelling Words."

CHICAGO, Dec. 3, 1894.

To the Editor:—The man who knows neither Greek or Latin, and at the same time lacks training in English, seems to have a mania for padding out his writings with useless but sonorous phrases of classical derivation. He appears to think that by inflating his language in this way he will make his thoughts more pompous and impressive than if he sets them forth in the crystalline gems of pure English words.

Two of the stilted phrases which have recently gotten into vogue are "etiologic factor" and "etiologic entity," and they have been rattled about our ears from so many quarters that nobody knows the first sinner who introduced them.

The Greek word, *αιτια*, means a cause. *Αιτιολογια*,

from which is derived etiology, is compounded of *αιτια* a cause and *λογος*, which taken in composition signifies a study or science. The whole means the study or science of causes. *Αιτιολογικός*, from which comes etiologic, means a person skilled in the study of causes, and may mean any person or thing pertaining to the science of causation. *Factor* is a Latin word lugged in to mix with the Greek, and signifies a person doing or producing anything. It has also a mathematical use. When two quantities are multiplied together and bring out a product, they are called factors, that is producers. Putting it all together, an "etiologic factor" should be some person or thing producing some other person or thing skilled in, or related to the science of causes; or in other words a causative-science-maker; or a maker of something or of somebody pertaining to the science of causes.

In the name of all the gods of Greece and Rome, what idea are these men trying to express? If they simply mean *cause*, why don't they say *cause*, and be done with it?

As to "etiologic entity," I believe the phrase originated in England and its elucidation may be safely left to the learning and wisdom of our mother country.

Can we not, in some way, induce medical men to reduce their technical terms and classical derivatives to the smallest possible amount and to use the simplest and purest English which will express their meaning? This is the rule among all the best scholars and writers, and only by diligently observing it can medical literature be elevated to its proper dignity.

EDMUND ANDREWS, M.D.

Testimonial to Sir Joseph Lister.

To the Editor:—Sir Joseph Lister having recently retired from active hospital and teaching work, the occasion has been thought appropriate for presenting him with a testimonial of the esteem in which he is held by his former colleagues and pupils, and committees have, therefore, been formed in Glasgow, Edinburgh and London for the purpose of raising the necessary funds.

It is proposed that the testimonial shall take the form of a portrait. Subscriptions have been limited to two guineas, and it is hoped that sufficient funds will be collected to permit of some memento of the occasion being presented to each subscriber of that amount.

As there are probably many surgeons in the United States who may wish to join in the movement, but whose names and exact address it has been difficult to ascertain, I should be glad if you would permit me to state that subscriptions may be sent to me at 29 Weymouth Street, Portland Place, London W. England, or to one or other of the following gentlemen who have kindly consented to act as Treasurers, viz: Dr. James Finlayson, 4 Woodside Place, Glasgow, Scotland; Professor Chiene, 26 Charlotte Square, Edinburgh, Scotland; Prof. William Rose, 17 Harley Street, London, W. England; Dr. Malloch, 124 James Street, South, Hamilton, Ont., or J. Stewart, M.B. 37 South Street, Halifax, Nova Scotia.

I have the honor to remain sir,

Yours faithfully,

J. FREDERICK W. SILK, Honorary Secretary.

P. S. Two guineas are about \$10.23.

Tubercular Abscess of Spine—Incision and Irrigation—Drainage with Iodoform Gauze—Recovery.

MEYERSDALE, PA., Nov. 2, 1894.

To the Editor:—A. M., age 26 years; German-American, applied to me in March, 1894, for relief of rheumatism of the spine and lower extremities. He had been suffering for some years, and at this time was unable to perform any

manual labor. Examination showed carious spine with large lumbar abscess.

March 24. A free lumbar incision was made and the abscess cavity evacuated. The cavity was gently curetted and irrigated with saturated solution of boric acid. It was then injected with a 10 per cent. emulsion of iodoform in sterilized olive oil and packed with iodoform gauze, applying externally the usual antiseptic dressing. The dressing was repeated every third day until July, when the healing was found to be complete. Every effort was made to have and maintain asepsis throughout the entire course of treatment. Some tonics were given to improve the general health which was much depreciated. No anesthetic was used; the patient declining to take any. Since the operation he has gained some twenty pounds in weight and seems entirely well, having been at his work (coal mining) for several months and experiences no inconvenience.

A. C. HARRISON, M.D.

Souvenir of the Mississippi Valley Medical Association.

A CARD FROM MRS. HAY.

HOT SPRINGS, ARK., Nov. 30, 1894.

To the Editor:—On November 23, the wheels and flying sparks took from me the most enthusiastic and charming assembly of people it has ever been my good fortune to know, and after many miles lay between us I received an exquisite token, a circular pin, of richest gold, with a diamond in the center; its rays showed me plainly the brilliancy of the givers. I do not thank them "four or five times," but four or five million times.

Yours appreciatively,

LOTANANNA F. HAY.

The Term Scirrhus.

CHICAGO, ILL., Nov. 29, 1894.

To the Editor:—To settle a dispute, will you kindly inform me of the origin of the term "scirrhus?"

MEDICAL STUDENT.

ANSWER.—The term *σκιρροζ*, from *σκιρροζ*, "hard," was first used by Galen to all indurations, but gradually became limited to one form of carcinoma.

ASSOCIATION NEWS.

The Treasurer's Notice.

Many and generous have been the responses to the Treasurer's notification of arrears, but there are many, very many, who forgot to respond. Another notice will, therefore, be mailed this week. The Treasurer would be pleased to present a report to the Association at Baltimore next May, to the effect that every member had paid his annual subscription for the current year. The purchase of the new office plant makes it imperatively necessary that every member who has not already done so, should pay his subscription promptly.

The Baltimore Meeting.—Active preparations for the next annual meeting are being carried forward in Baltimore. Dr. Julian J. Chisolm has been temporarily compelled to rest from his labors on account of illness, and has delegated Dr. Wm. Osler, of Johns Hopkins as acting Chairman. Dr. George H. Rohé is secretary of the committee, and the members may rest assured that the committee's work will be well done. All the signs point to the next meeting as one likely to be the largest ever held in the history of the Association. It is expected that two special trains will be organized west of the Alleghenies.