pital for observation. A few hours after his admission, Dr. Maisch, the interne, was called to see him for severe nose bleed, the epistaxis was profuse, and as the ordinary means failed to arrest it, it was necessary to plug the nares. Twelve hours later the hemorrhage from the wound recurred, the blood showed no signs of coagulating, and the bleeding only ceased when the patient was on the verge of collapse. The respite, however, was brief, and six hours later another alarming hemorrhage occurred, and after all the ordinary means had been used without success, Dr. Maisch suggested that we try the internal administration of chlorid of calcium. This was given in 1.30 gram doses, and in a few hours the effect was magical; the blood, which had showed no signs of clotting, began to coagulate, a firm clot formed, and the hemorrhage was completely arrested. The calcium salt was given in 1.30 gram doses every four hours during the first day, every six hours during the second day, and three times a day on the third, when its use was discontinued. The hemorrhage did not recur, and after the expiration of a few days the patient was discharged from the hospital, and passed from my observation. The effect of the salt in this case was certainly prompt and efficacious, and was the only agent whose use was followed by beneficial results.

The points I wish to emphasize in concluding the description of this case are:

1. The alarming hemorrhage that may result in these cases from the most trivial injuries.

2. The utility of using local styptics and the ordinary means of arresting bleeding in cases of hemophilia.

3. To impress the fact that in the use of the physiologic styptic, chlorid of calcium, we have a prompt and reliable agent, one that will render valuable results in trying moments, and will rescue apparently hopeless cases.

CONGENITAL TEETH.

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On reading Dr. McKee's article in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, page 253, Feb. 6, 1897, I was so impressed with its statements in regard to the etiology, treatment and non-frequency of the cases of congenital teeth, that it seemed to be my duty to register my personal experience in these cases. Dr. McKee says, "this freak of nature has been noticed at wide intervals and with great rarity for a long time." Also "these cases serve as a curiosity for doctors and students, and are a sight many do not see in a lifetime." I had not supposed these cases so rare or so much of a curiosity, for in a practice of thirty years, with a fair obstetrical clientage, I have attended three cases when there were two lower central incisor teeth at birth; and I never failed at these cases, or soon after, while it was the talk of the neighborhood to find several old ladies who had *seen* or *heard* of several such cases. My wife who is now fifty years old (don't let her know that I am telling her age, for she looks to be only forty) informs me that she had two central inferior incisors at birth and that they remained the usual length of time, when they were replaced by permanent teeth, which she still has in a perfect state of preservation. Her family and personal history is perfect. My first case was at my wife's third confinement, resulting in twins, male

and female; born at full term, both strong and healthy, with nothing out of the usual line except the girl, had two central inferior incisor teeth, firmly set in gums and well developed, but a little smaller than ordinary milk teeth developed at the natural time. The teeth were in healthy condition when she died of cholera infantum at the age of four months. My second case was at my wife's fifth and last confinement, when a strong and healthy daughter was born with two central inferior incisor teeth; one firm in the gums and the other loose and attached only to the outer gum. I removed it with my fingers without producing any hemorrhage or soreness. It has never been replaced. The other is firm and in a good state of preservation but smaller than to correspond with the other teeth. She is seven years old, and a well developed, strong healthy child. I am somewhat anxious to see if a permanent tooth will be developed where the one was extracted. My third case was a fine healthy boy, fifth child of Mr. and Mrs. J. E. B., both parents healthy and with good family history. This child was born at full term with same teeth as other cases, being as large as ordinary milk teeth and firmly set in gums. At the age of three weeks the teeth had made an intractable ulcer under the child's tongue, rendering nursing impossible. I extracted them. No hemorrhage or other trouble followed. The family soon moved from the city and I have lost track of them. My cases would indicate that no milk teeth would come to fill the vacancy caused by the exfoliation or extraction of congenital teeth; also that rickets or improper nutrition was not a causative factor in their development. It seems to me to be a more rational conclusion to assign the appearance of congenital teeth to a precocious or premature occurrence of the normal processes in the development and cutting of the milk teeth. We certainly have this precocity in the development and physiologic action of other parts of the human economy.

SURGERY ONE HUNDRED YEARS AGO.

AN HISTORICAL STUDY

BY DR. GEORGE FISCHER.

DEDICATED TO THE GERMAN SURGICAL ASSOCIATION.

TRANSLATED FOR THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

BY CARL H. VON KLEIN, A.M., M.D.

CHAPTER II.—THE QUACK.

(Continued from page 455.)

Beside the rupture and cataract operations there was also lithotomy, which was practiced almost exclusively by itinerant operators, the lithotomists (Steinschneider). It is wonderful that the very most difficult operations have always been abandoned to the mountebanks. The learned men were too proud to class themselves with those, by performing the same kind of operations. Therefore it happened that there were too few surgeons who possessed any comprehensive skill. This class of crude empirics, who like other mountebanks, advertised themselves, and as a rule collected a great number of lithotomic patients about them in the spring and fall, arose out of gray antiquity. Hippocrates would not submit to this operation, and subjected himself to others, probably because in his time they regarded the operation as too cruel. So the physicians in Alexandria were obliged to take the so-called Hippocratic oath, which recites: "I will operate upon no stone-patient, but will turn over this part of my practice to the mercenaries following