PREVENTION OF ACCIDENTS.

In order to prevent accidents and loss of life among the troops through incutaneous bathing on the part of soldiers unable to swim, small piquets, composed of expert swimmers, are to be told off to attend the bathing places frequented by the troops, to be prepared to jump in to the assistance of any man in danger, and in the event of accident, to follow, to the best of their ability, the "Instructions for the Recovery of the Apparently Drowned," printed by the Royal National Lifeboat Institution. A copy of these instructions will be posted up at the several bathing-places, as well as in every hospital and barrack. Should an accident occur, one man of the piquet is to be immediately despatched to the nearest medical officer.

LISTS OF SWIMMERS.

A list of swimmers is to be kept in each company, and with a view to ascertain the progress made by the troops, periodical trials, under the superintendence of an officer, are to be made of men who have learned to swim, when the names of men who have acquired the art, should be added to the list.

To swim easily is the only standard required of enlisted men.

In India, large swimming baths exist in all the lines in nearly every cantonment. In the West Indies and in the Mediterraneaen Stations, the men bathe in the sea all the year round, and to their great advantage. Swimming is in every way greatly encouraged, by example as well as by command: to illustrate, the writer has heard from a most reliable officer of a captain in the West Indies swimming his whole company round a "man-of-war" at anchor, sharks notwithstanding!

THE JAPANESE ARMY.

For the facts as to the Japanese Army the writer is indebted to Viscount Ishiguro, Surgeon-General, and to Dr. Stuart Eldridge, of the U. S. Marine-Hospital Service, stationed in Yokohama.

Japanese soldiers are required to bathe daily in summer and three times weekly in winter, tubs being used.

All recruits are taught swimming, which is encouraged throughout the army by providing excellent schools in the nearest rivers and in the sea. Specially expert teachers are employed, and the standard for military and naval enlistments, as well as for the rank and file, is the ability to swim one or two miles.

(To be continued.)

"NEWS, OLD NEWS." 1

BY SAMUEL A. FISK, A.M., M.D., DENVER, COL.

At the meeting of this Association held in Baltimore in 1887, the discussion was devoted almost entirely to Bergeon's method of treating consumption; and one listening to the reports would have believed that, at last, a specific had been found for the cure of that dread disease. At this date we know how far from true that idea was. A few years later, Koch's tuberculin was heralded as the eradicator of pulmonary consumption, and it, too, has been tried and found wanting. Various modifications of this tuberculin have been advanced and their efficacy has not been admitted. Quite recently, the papers have announced, with the blast of trumpets, the arrival of a second

Jenner come to save the human race, and yet the medical world remains somewhat sceptical. Unquestionably, however, there is a hope occupying the minds of men that some remedy will be found that will blot out pulmonary tuberculosis, just as vaccination has small-pox.

Meanwhile, in this mad rush in search of a specific, it has seemed to me that we are in great danger of neglecting the old and well-tried methods which have been found to be of avail; and that our patients are likely to suffer in consequence. So, it may do no harm to call a halt occasionally, and review what we have learned.

To start with, it should be constantly borne in mind that pulmonary consumption is the most fatal of all diseases; it leads the list as the destroyer of mankind. One hundred and thirty thousand lives, in this country alone, sacrificed to this disease, is a startling fact, and may well give us pause. We should ever bear in mind the fatality of the malady. The combat is a gigantic one. The foe is worthy of our steel. It is a fight to the finish. Here and there cases are recorded that are exceptions; but in the main the rule holds true, that pulmonary tuberculosis tends to run an unfavorable course from bad to worse, with death as the goal.

It is well for the physician to bear this constantly in mind; whether it is advisable to so inform the patient is quite another question. In my own practice, I deem it of prime importance that my patient should understand the gravity of the situation. The old adage of "Forewarned is forearmed" I hold to apply to the treatment of this disease. I find that ignorance is apt to lead to imprudence and dire results; while a just appreciation tends to a hearty co-operation in the method of treatment on the part of the patient. The information can be conveyed in such a way as to carry with it the hope that will stimulate, rather than the dread which destroys. I recognize that the conditions are different with the Eastern practitioner, and that a direct statement of facts on a first visit, would be likely, in many instances, to prove a blow between the eyes which would so stun the patient as to deprive him of the power of action; and that, in many instances, better results can be obtained by a milder, a more gentle handling. Nevertheless, sooner or later, I think, the patient should understand his condition, so that he will lend a heartier support in the efforts to get the better of it.

Recognizing, then, the gravity of the disease, it is of the highest importance that an early diagnosis should be made in every case. One should familiarize himself with the early signs and symptoms of pulmonary consumption. They may not be "as deep as a well, nor as broad as a church-door," but they are enough, they will do. The acute ear will be on the watch for the early click, developed it may be on cough; for the prolonged blowing expiration, the lengthened percussion note; and he will not disregard these signs because they are found at the interscapular space, or in that part of lung over the region of the heart, or at the angle of the scapula behind rather than at the apex. The physician who is on the alert will not always regard the chills and fever as due to malaria; nor will he construe the loss of appetite as due to simple debility. It may be that he will not even wait for the detection of the bacillus before he has made his diagnosis.

Early diagnosis of this condition cannot, then, be

1 Presented at the meeting of the American Climatological Association, May 13, 1886.
too strenuously insisted on. One does not wait until the prairie is on fire before he attempts to extinguish the flames. If there is a fire in the basement of your house, you put it out and do not wait for it to reach the upper stories before you begin to fight it. Why, then, do you delay with so fatal a disease as consumption? It will almost certainly climb to the upper stories and destroy the building, if left to itself; so, stamp it out at the very start, put it out in the early stages! And use no half-way, uncertain method, but, recognizing the gravity of the situation, bearing in mind the inevitable outcome, try to extinguish the first sparks.

How can this best be done? Has success attended the home treatment of the disease? Have drugs and home comforts taken the place of change of climate, or done anything but fatten the pocket-book of the physician, or coddled the patient through a steadily progressing malady, an onward and distressing decline to the grave?

To-day, whatever may come in the future, to-day change of climate stands as the well-recognized treatment for pulmonary tuberculosis. True, it does not cure in every instance. But, what treatment is unfailing in any disease? Persons have small-pox two and three times, and may be afflicted even though properly vaccinated. Antitoxin does not save every case of diphtheria. Why, then, should we neglect climatic change because some try it and fail? Nor is the argument that some get well at home to prevail. They are the very rare, the exceptional cases, and should not weigh against the immense number who do not recover, but who sink steadily, steadily to the end. I have known typhoid patients to eat beefsteak and recover, but I do not want to be treated that way, if it is ever my misfortune to have that disease; nor do I believe that you do, either, gentlemen.

Delay is fatal. Tentative methods are not to be tolerated. The patient is entitled to the best that medical experience can offer.

But climate is to be accepted? The factors that are usually thought to be essentials are ability to lead a life out-of-doors, a pure, aseptic air, freedom from moisture, both soil and atmospheric; and it may be rarefied air.

Where are these conditions to be obtained? “I am as sure as I can be about anything at present incapable of actual demonstration,” writes Sir Andrew Clark, “that recoveries from phthisis judiciously treated at high altitudes, are much more numerous and much more lasting than those treated by any other method at any other place.”

The very carefully collated tables of our worthy ex-President, Dr. Solly, shortly to be published, prove, beyond question, the truth of this statement.

Another of our Presidents, Dr. Knight, of Boston, whose judgment we all value, writes: “There seems to be little doubt that, in suitable cases, the improvement in nutritive activity is much more marked in mountainous regions than on the plains.” Then, after citing the cases that can expect benefit: from climates of high elevations — such as inipient cases, or those more advanced, but without excavations and not having any serious constitutional disturbance; the hemorrhagic and the fibroid conditions, when the patient is young and the heart not enlarged; and those recovering from pleurisy and pneumonia, in whom the irritation of tubercles is feared — he goes on to say: “The region which I have found the best for this kind of treatment is the eastern slope of the Rocky Mountains, in the States of Colorado and New Mexico, where the altitude ranges from 4,000 to 8,000 feet.”

It is needless for me to give this personal testimony; it corroborates that of Dr. Knight, but then it is ex parte, and, to that extent, imperfect. But, after all, the vital question is — to select the very best climate for the patient, whether it be the Adirondacks, Georgia, Colorado, New Mexico or California, and to send him there at once. There should be no more delay in the wise selection of climate than in the early diagnosis of the disease. Having then located the patient in the spot that is deemed best adapted to his case, put him absolutely in the charge of some physician in that place, in whose ability and experience you have reason to place confidence; inspire the patient to have full faith in that man, and leave the case with him. From that time on, the case requires care and attention such as cannot be furnished by letter or from a distance. And it does require care. A climate, like any other therapeutic measure, has to be used discreetly to obtain the best results. That doctor who sends his patient away from home and tells him to depend on climate and to avoid wise direction at the hands of some competent practitioner in the place to which he has gone, is grossly negligent of his patient’s highest welfare.

I have ample authority to back me in this assertion. “The author will have written to little purpose,” says Dr. Lindsay, “if he has not shown that climate per se is not the exclusive agent in the case, and that, to rely upon it alone, to the exclusion of its indirect influence upon life and habit, is to invite failure.” “Wherever the patient goes, he should if possible,” writes Dr. Knight, “consult some good physician of the region, who will lay out a plan of life. Many patients make themselves sick, and even destroy their chances of recovery, by neglecting to consult a local authority for this purpose.”

“I have already alluded to the circumstance,” are the words of Dr. Hermann Weber, “that intelligence on the part of the patient and his friends is a great help towards recovery in phthisis, and that want of judgment as to the nature of the illness, and of the manifold dangers, and as to the means of care, renders the diagnosis less hopeful, unless we are able to place the patient under the strictest superintendence of a judicious doctor.”

In this respect, doctors who should know better are extremely negligent. How commonly patients are told: “Oh, you don’t need any medical advice. Go West, get a horse and lead a life in the saddle, and you will be all right.” Only we, who see the dire results of such advice, know! If recall instance after instance of just such counsel, and very bad counsel it is.

One doctor tells his patient: “You don’t need any doctor. After you have been West three or four weeks you might drop in and see a doctor, and see how your lungs are.” The result is, that, under the stimulus of the Hermann Weber, the young man refuses; comes down with high temperature, has one hemorhage, and then a second, and Dr. — is called in to tell him that his lungs are in a very bad condition, and that he has a fight on hand for his life.

Another doctor tells his patient: “Go West. Take a shotgun and plenty of whiskey, and you will be all right.” And then has the audacity to charge for what he terms his advice.
This is all wrong, thoroughly wrong. The local doctor has a great many things to determine that are of the highest importance to the patient. He has to see, for instance, that the invalid is properly located, that he has a good home and a proper room. What good is it for a young man to come to Colorado and shut himself up in the inside room of a poor hotel, as I have known case after case to do? or to take a room that the sun never enters? or to sleep in a room on the ground-floor of a small cottage with no cellar underneath, and with the only window opening upon a narrow, dark and damp passage between his house and the adjoining house? He has come West for the air; but, is he getting it? All the other conditions of life he can get, it may be, in a far better degree at home than in his new location, and then he takes particular pains not to get that for which he came West. This is no exaggeration. It is common, everyday experience. He is after air—pure air—and then gets damp, impure air—all for the lack of wise direction. Selection of a proper abode is one of the things that the local doctor must consider.

The question of proper food is another matter of prime importance. The invalid must have good, nutritious food—rare meats, plenty of milk, eggs, good bread and butter, fresh vegetables. This is not always an easy matter to regulate. Every boarding-house does not furnish good food in abundance. The local doctor must have a wise supervision of this factor in life. He should have lived in the community long enough to know where good food and a good home are to be obtained—"Fresh air and plenty of it, good food and rest."

The question of exercise for the invalid is a much debated one, but it is one on which I have very positive opinions. At the start, "Fresh air, without exercise," is my rule; or, if exercise is allowed, it must be very moderate. Have the patient so situated that he can sit on some piazza where he will be sheltered from the wind, and where he can breathe in the air and bask in the sunshine by the hour. It is tedious work, I know. But, then, an invalid's life is not the perfection of existence, and I find that one soon becomes accustomed to a quasi monotony. It furnishes large opportunity for reading and for pleasant converse if the patient should have one of his family or a friend along with him. A pleasant loggia, with a southern exposure, overlooking the plains and the vast reach of mountain range, as enjoyed by one of my patients, suggests itself to my mind as an almost ideal location. For there one gets shelter from the wind, sunshine, plenty of fresh air, and an immense and grand view.

Gentlemen, if you had seen the bad results of over-exertion, especially in the stage of early residence, that I have seen, I think that you would come to my way of thinking and would join "Fresh air, without exercise." One must be very insistent upon this point, especially in attitudes like those of Colorado. I have seen such dire results; hemorrhages, extension of tubercular invasion, death from over-exertion, that I have come to be very insistent on this point, "Fresh air, without exercise"; no long walks, no horse-back riding, no mountain climbing, no bicycle riding, no exertion that is going to fatigue, that is going to make the heart, already laboring, beat too rapidly, or to cause the patient to get out of breath or to make him fatigued.

Then, after a time, exercise is to be taken up—in moderation, extreme moderation—a carriage drive, and then a longer, until the whole forenoon, and then the afternoon itself, is spent in driving; or a short walk, and then a longer, and then a longer, until the patient is doing his miles. After this, horse-back, moderately at first and always with caution—I have seen too many hemorrhages, too many reverses following undue horse-back exercise not to view it with some misgivings. In fact, one has to feel his way on the question of exercise and to increase the amount quite gradually. This may seem unnecessary to the ordinary practitioner and an excess of caution, but all that I can say is, "Come and see." Results justify the means.

Then the local doctor must have more or less of a supervision of the invalid's goings and comings. He is not to keep late hours. He is not to enter much into the social life. It is not his day for wine and dining, for late card parties, for sitting in close rooms, smoking his life away; early hours and plenty of sleep are to be enjoined. The invalid's life is to be systematic and regular. The recovery of health is not a pastime. It is a business, requiring unremitting attention, constant daily care and a stout heart. Grit on the part of the patient is a requisite. "It requireth courage bold," and this the local doctor can often evoke by the timely word, the encouraging word.

The details, with reference to the proper conduct and cure of consumption, are so various, requiring such adaptation to the individual case that I cannot attempt to enumerate them. Eternal vigilance is the price of recovery. One does not jump, full-armed, into a recovery, but the process is like gaining a fortune—save the nest-egg and keep adding to it. The man who spends, as he makes, is not apt to get rich; no more is the invalid who uses up his surplus strength as he gains it likely to get well.

"Throw physic to the dogs," may, in some cases, be wise advice; but it is likely to be very unwise. I am no advocate of injudicious and wholesale medication. I have seen great harm come from it. I often wonder how the patient is able to get in all the doses that I have known to be ordered for him, in one day. But it is nonsense, arrant nonsense, to condemn all medication because of these abuses. If one is able to increase the appetite, to improve the digestion, to regulate the bowels, to stop the night-sweats, to lessen the cough without interfering with important functions, to lessen the expectoration, to increase the weight, to help elimination, etc., it would be foolish for him not to attempt to give this assistance, because, forsooth, the results are to be obtained through the agency of drugs.

Herein will lie, to a very considerable extent, the skill of the local doctor; and in the wise direction of his patient, and the judicious exhibition of remedies, he will be able to second the efforts of nature and the efficacy of climate in the repair of destruction caused by disease.

The remarks that I have offered may seem trite and exceedingly commonplace. They are every-day observations, and contain nothing new or startling; but, I see them so often disregarded—I find, almost daily, a violation of general principles so flagrant—that I feel harm cannot come from calling them again to the attention of this Association, and through it to the attention of the medical profession at large.
In the medical world, as in the world at large, the
admonition holds good:

"Those friends thou hast, and their adoption tried,
Grapple them to thy soul with hooks of steel;
But dull not thy palm with entertainment,
of each new-hatched, unfeathered croward."

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**Clinical Department.**

**INTESTINAL OBSTRUCTION FROM A LARGE GALL-STONE: OPERATION, RECOVERY.**

BY FRANCIS B. HARRINGTON, M.D.,
Visiting Surgeon at Massachusetts General Hospital.

Mrs. M., of healthy parentage and of previous
good health, began to have so-called "bilious attacks"
four years ago. At this time she also began to have
frequent attacks of diarrhea. She is fifty-nine years
of age. She has never been jaundiced. For ten days
before her acute illness she had slight pain in the
right hypochondrium, but kept about her usual
affairs.

She dates her sickness from July 7, 1893. After
eating lobster salad on that day she began to have
a feeling of discomfort in the epigastrium. "Two days
later vomiting and purging began, with severe pain in
the right hypochondrium. The vomiting and diarrhea
continued for several days.

Dr. E. F. Cummings, of Beachmont, was called to
see her on July 12th. At that time there was no
fever. The vomitus was at first dark, then green,
and finally became fecal. The diarrhea stopped on the
16th. On July 17th Dr. H. F. Vickery was called
in consultation with Dr. Cummings. A diagnosis of
intestinal obstruction was made. Dr. Vickery found
the conditions as mentioned, with tenderness over the
liver and a sense of resistance below the right ribs.
There was no tenderness elsewhere. The pulse was
rapid and weak. The vomiting had been fecal, and
there were colicky pains since July 15th. There was
slight abdominal distention.

I saw the patient on July 19th. She had then
been vomiting for ten days, with fecal vomiting for
four days. There had been diarrhea for seven days,
and the complete absence of movements for three
days. The pulse was rapid and feeble and the abdo-
men slightly distended. There was frequent vomiting.
I advised exploratory laparotomy for obstruction,
which I thought was probably due to malignant
disease.

On making digital exploration after the abdomen
was opened, no evidence of malignant disease was
discovered. The intestine was carefully inspected
and upon drawing out a portion of the small intestine,
probably the ilium, a mass was seen filling its lumen.
The intestine was cut open longitudinally and a large
gall-stone was removed. The intestine was quickly
closed and the abdominal incision united without
drainage. Four hours after the operation there were
copious fecal defecitons. The patient made a rapid
recovery, and has been in good health since.

The gall-stone is in shape a cylinder, with a cir-
cumference of three and one-half inches, a diameter
of one and one-eighth inches and a length of one
inch. It weighs when dry 170 grains. Its ends sug-
gest facets.

This stone without doubt was formed in the gall-
bladder. The latter organ became inflamed and
attached to the intestine. The gall-stone then sloughed
into the intestine and caused the symptom which arose
before complete obstruction took place. When the
stone reached the position at which it was found,
nothing could pass and symptoms of obstruction ap-
peared. A fatal result would unquestionably have
occurred if the obstruction had not been removed by
operation.

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**Reports of Societies.**

**AMERICAN CLIMATOLOGICAL ASSOCIATION.**

Thirteenth Annual Meeting, Lakewood, N. J.,
May 12 and 13, 1896.

The President, Dr. James B. Walker, of Phila-
delphia, made the introductory address on
SOME OF THE DIFFICULTIES OF CLIMATO-THERAPY.

He classified these difficulties as follows:
(1) The uncertainty of the composition of the agent.
(2) Lack of sufficient data concerning many Ameri-
can stations.
(3) Difficulty of choice for the individual case.
(4) Lack of general information as to the elements
of climate affecting health, and the consequent lack
of ability to wisely use the agent.

Dr. Walker expressed the opinion that the closed
treatment of phthisis with complete supervision and
explicit personal care adapted to the particular case
gives as good results as the climatic, and that the future
will not consign the incipient phthisial to a life of
exile from home and friends.

Dr. Frederick I. Knight, of Boston, read a paper on
LARYNGEAL VERTIGO,

and related the case of a patient.

The points to which Dr. Knight invites attention
and discussion were these:
(1) That cases of loss of consciousness after cough
are not all produced in the same way.
(2) That the condition may be due to syncope, or le
petit mal.
(3) That there is a general predisposition to one or
the other of these conditions.
(4) That the exciting causes are various, sometimes
organic and sometimes functional.

If we take a comprehensive view of all cases on
record, we shall find that the cerebral condition can
sometimes be described as syncope, which has been
produced by disturbed cerebral circulation, such as we
have from long-continued rapid breathing, and which
was formerly employed to produce momentary uncon-
sciousness for minor surgical operations; and some-
times it can better be described as an exhibition of le
petit mal. In some cases there is not the slightest evi-
dence of epilepsy, and in others we find convulsive
movements of the limbs, head and face, and in a few
cases mental confusion after the attack.

We shall also find that there is a predisposition
to syncope or le petit mal in these cases, as shown from
their occurrence from other than laryngeal causes.
Among the 15 collected cases which formed the basis
of Dr. Knight's paper in 1886 there was one (Kris-
haber's) in which the first loss of consciousness oc-

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