Some of the physicians with a smaller income add to it by conducting at the same time some business enterprise.

QUEEN'S HOSPITAL.

Queen's Hospital is the only hospital in Honolulu. It was erected and endowed by the late Queen Emma (Fig. 4) who took a deep interest in charity work (Fig. 5). It is a handsome structure, located in the center of a park ornamented with flowers and tropical trees and shrubs. The palm avenue leading from the street to the entrance of the hospital, is one of the finest I have ever seen. The hospital is managed by a board of trustees, composed of forty members, and represents the most influential men of the city. The hospital has a capacity for ninety patients and the new wing which is nearing completion will accommodate an additional fifty. Four physicians appointed by the board of trustees constitute the staff. Formerly these physicians were salaried, but I presume in consequence of the additional expenditure incident to the building of the new wing, and the depression in the value of the real estate in which the endowment largely consists, the salaries have been withdrawn. The equipments of the hospital are adequate, and the new operating room will fill a long-felt want. The nursing is in the hands of eight trained nurses, who receive a monthly salary of from \$40 to \$50. Experiments have been made to train native young women, but they failed, so that the hospital is put to the large expense of hiring trained nurses. The indigent native sick are amply provided for, and others pay according to their means.

MEDICAL SOCIETY OF THE HAWAIIAN TERRITORY.

The first attempt to organize the medical profession in Hawaii was made through the instigation of Dr. H. W. Howard, in 1893, when the physicians of Honolulu met from time to time in each other's houses, thus combining social with professional interests. Under the above title a permanent organization has been effected with monthly meetings, at which physicians from the different islands attend, so far as transportation facilities will permit. It is a source of regret that the transactions, so far, have not been published, and, in view of the importance of the subjects that are discussed from time to time, more particularly everything pertaining to tropical diseases and island sanitation, the reports of many of these meetings would make interesting and profitable reading for the medical world.

(To be continued.)

Clinical Reports.

A PROCEDURE FOR FACILITATING THE EXPERIMENTAL TESTING OF RABIES.

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In the course of a considerable number of cases in which our laboratory has been called on to make a diagnosis of rabies in dogs or cattle, I have found it possible to expedite the examination and minimize the danger to the operator by a simple method which is not described, and which is original if not novel. As is well known to those interested in the experimental study of hydrophobia, the material for examination which usually finds its way to a laboratory consists either of the carcass or the head and neck of a dog or other suspected animal. To prosecute the requisite tests one must obtain certain ganglia for making the rapid histologic examination (the Van Gehuchten-Nelis test), and a portion of the brain or cord, preferably of the medulla, for experimental inoculation. Ordinarily the brain of the suspected animal is exposed by piecemeal clipping off the dome of the skull and the arches of the vertebra by means of bone forceps. This process is laborious and dangerous, inasmuch as the operator may injure his hands on projecting spiculae of bone or be struck by flying osseous fragments. The substitute which I have adopted and successfully practiced consists in transecting the skull, by sawing, after dissecting away the soft

parts. For this purpose we are accustomed to employ the modified butcher's saw recently described and illustrated by my associate, Dr. W. H. Buhlig,¹ although any large saw will answer the purpose. The line of saw cut is midway between the orbits and the auditory meatuses at right angles to the cranio-vertebral axis. By means of heavy gloves the hands of the assistant who steadies the head and those of the operator are protected. The sawing is continued until all resistance by bone beneath the skull is overcome; then the bisected portions may readily be pressed apart and the divided brain becomes fully exposed.

With a sterilized spatula the posterior portion of the cerebrum is removed. Then the tentorium is chipped away with sterilized heavy scissors, or bone forceps, though it is possible to dig out the cerebellum and expose the fourth ventricle without doing this. With the dorsal surface of the medulla thus laid bare, it becomes a simple matter to cut out with sterile scissors or scalpel, and forceps, one or more small cubes which constitute the material from which the emulsion for experimental inoculation is prepared. It is our practice to make such an emulsion for immediate use from one portion of the medulla, and to preserve another portion in sterile glycerin for future use. Furthermore, we practice two methods of inoculation in rabbits—the intra-cerebral injection of Leclainche-Morel² and the intranasal method of Galtier.³

It now remains to obtain ganglia for the Van Gehuchten-Nelis histologic test. I have found the gasserian ganglia to present very excellent and characteristic histologic pictures in dogs affected with street rabies, and have accordingly made it a routine procedure to obtain both these ganglia, each of which, because of its large size, may be split on the flat, one slice being fixed in absolute alcohol or Carnoy's acetic acid-chloroform-alcohol mixture for the rapid preparation of sections, after paraffin imbedding; the other portions being fixed in formaldehyde solution to prepare for immediate frozen sections or for permanent preservation. With the skull bisected as described above, and the brain removed, it becomes a simple matter to dissect out the gasserian ganglia.

Ordinarily it is also desirable to secure one or more inter-vertebral ganglia to control the histologic test. These are to be obtained by opening the cervical vertebral canal by clipping away the arches of the vertebra in the usual manner, fully exposing the spinal cord and its nerves with their ganglia.

METRORRHAGIA IN TYPHOID FEVER.

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Woman, aged 35, unmarried, presented herself at my office with a temperature of 102.5 F. and a history of bronchi, vomiting and general malaise. She was at once sent to Lane Hospital. In a few days the case was diagnosed typhoid fever. Enlarged spleen, "pea soup" diarrhea and abdominal spots manifested themselves, Widal reaction being negative; finally, with interval of several days, a positive Widal was obtained, thus clinching diagnosis. On January 20 there was a pronounced uterine hemorrhage; prior to this the temperature was 103.5, shortly followed by a drop to 100, with subsequent rising. A careful bimanual pelvic examination excluded any lesion, and close questioning and absence of characteristic odor eliminated the menstrual flow. All efforts to check the hemorrhage were futile. After two days it ceased spontaneously. About the twentieth day the temperature declined to 100.2 F., and suddenly, preceded by a pronounced chill, shot up to 104 F. An examination of the chest demonstrated a pneumonia involving the lower lobe of the right lung.

It took the usual course, and the patient was eventually discharged some six weeks later.

1. General and Special Methods in the Postmortem Examination of the Brain and Spinal Cord. Cleveland Medical Journal, January, 1904.

2. L'Inoculation Intracérébrale du Virus Rabique, *Annal. de L'Institut Pasteur*, No. 6, 1899.

3. Vera Solomon: Experimentelle Untersuchungen über Rabies, *Cent. f. Bakter., Erste Abteilung*, No. 3, 1900, p. 76.