" 22	78	80	26	26	101	102	Still very weak and exhausted by least motion.
" 23	58	58	20	20	100.5	101	Appears to be much better.
" 24	..	..	..	..	103	103	Paroxysm of fever.
" 25	..	..	..	..	103	101	Fever; quinin freely administered.
" 26	74	76	32	24	101	98	Fever subsided.
" 27	80	68	24	28	99	101.5	Convalescent.
" 28	80	..	26	..	101	..	Convalescent.

After the subsidence of the yellow fever, it was found that the temperature did not subside, but still kept up, and upon careful examination I found evidence of phthisis pulmonalis in both lungs. The following is the record of the pulse, temperature and respiration after the subsidence of the yellow fever:

Date.	Pulse.		Resp.		Temp.	
	M.	E.	M.	E.	M.	E.
1873						
Oct. 28	..	72	..	28	102.5	103
" 29	88	88	24	32	102	103
" 30	88	94	28	30	101.5	103.5
" 31	84	..	28	..	101.5	103.5
Nov. 1	92	..	32	..	101	103.5
" 2	92	..	32	..	101	103
" 3	90	88	24	36	101.5	103
" 4	90	..	24	..	100	103
" 5	94	88	23	24	100.8	101.2
" 6	84	79	24	21	100.6	101.5
" 7	..	100	..	32	101	103.2
" 8	80	..	28	..	100.5	101.6
" 9	84	88	32	28	101.3	102.5
" 10	84	88	28	30	101.5	102.3
" 11	..	90	..	28	101.3	103
" 12	..	100	..	30	101.5	103
" 13	88	88	26	32	101.2	101.5
" 14	90	84	28	24	102.2	102.5
" 15	98	64	28	28	102	101
" 16	90	..	36	..	102	..

Case 11.—Yellow fever. Charity Hospital, Ward 25; John Pflum; age 26; native of St. Louis; fever begun with a chill of half an hour's duration, followed by fever on October 7. The fever continued up to the time the patient entered the hospital, Oct. 20, 1873. Had been sick two days before entering the hospital.

Date.	Pulse.		Resp.		Temp.	
	M.	E.	M.	E.	M.	E.
1873						
Oct. 20	78	74	28	26	104.5	104.5
" 21	72	76	24	26	102	103
" 22	66	72	22	24	101.1	103
" 23	66	70	22	24	100	100.2
" 24	64	70	24	22	100.1	101.1
" 25	62	62	22	20	99.3	100
" 26	64	60	25	25	99.1	99.1
" 27	60	59	22	18	97	98.5
" 28	60	56	18	20	97.6	98
" 29	60	76	18	24	98	98.6
" 30	62	..	18	..	98.2	..

REMARKS.

October 20.—High fever; skin congested; conjunctiva of eyes very much congested and injected; tongue furred and red at edges; great pain in forehead and throat; passes urine only with great effort; ordered iced milk and ice fragments in mouth; gums congested.

October 21.—Passes urine with great effort; urine loaded with albumen; complete suppression of urine during night; grows restless and talks at random during the night.

October 22.—Ice cold injections ordered and repeated three times; after the third injection, passes quite a quantity of urine; when patient gets to sleep complains of nausea, when the sulpho carb. of sodium was ordered in 10 grain doses, repeated every two hours, which afforded relief to the symptoms and nausea.

October 23.—Patient slept well during night; has been able to drink a glass of milk and cup of beef tea; during the night, passes urine quite freely, loaded with albumen, and urine is greenish-yellow in color.

October 24.—Bowels moved; feels great relief and expresses himself as better; continue the sulpho carb. of sodium as above ordered; drinks milk and beef tea; urine passes pretty freely; albumen present in urine but decreasing in amount; complains of hunger; bowels moved.

October 26.—Tongue clearing off; skin begins to clear up; great hunger; urine returning to the normal standard; quantity of urine increasing.

October 27.—Patient sat up during the day.

October 28.—Goes about the ward, but watched; albumen disappears from urine.

October 29 and 30.—Patient goes about, is discharged and goes out cured.

Case 11.—Yellow fever. Adolph Kammer; age 21; native of Sweden, has been in America six years. In St. Louis, Mo. Admitted in the Charity Hospital, Ward 13, November 1, 8 p.m. Had been in New Orleans two weeks; sick two days previous to entrance.

Date.	Pulse.		Resp.		Temp.	
	M.	E.	M.	E.	M.	E.
1873						
Nov. 2	84	82	32	43	104.5	105
" 3	86	96	32	34	102	102.5
" 4	72	70	28	36	101.5	102
" 5	54	48	26	24	98.5	101
" 6	52	50	26	22	98.3	98
" 7	46	50	22	24	97.5	98.5
" 8	45	54	22	22	97.7	98
" 9	52	50	26	27	97.8	98
" 10	48	48	20	19	98	98.2
" 11	52	52	26	24	98	98.2
" 12	54	52	24	24	98	98.2
" 13	52	46	26	24	98	98.2

REMARKS.

November 2.—Skin hot and dry; slight jaundice; gums congested, tongue dry and swollen; kidneys acting imperfectly. Passed a small quantity of urine by catheter; urine loaded with albumen; ice water injection caused passage of urine during day and evening.

November 3.—Complaints of stomach, but relieved by ice sprays to epigastrium. Has been treated with sulpho carb. of sodium, 5ij divided into 6 powders, one powder (20 grains) every four or six hours; milk punch, brandy and beef tea, and small lumps of ice in mouth. At night slight hemorrhage from the gums; passed urine quite freely towards the morning of November 4; urine dark colored and loaded with albumen and bile.

November 4.—Very quiet during the day; perspires freely and seems to be in better condition; passes urine freely. Continue sulpho carb. of sodium in the same doses. Milk punch, beef tea and ice. Wash the face and hands with tincture of camphor and water; this seems to refresh him greatly. Bowels have been moved.

November 5.—Passed a good night, had some sleep, begins to look more cheerful and desires to sit up.

November 6.—Passed a very comfortable night; jaundice disappearing; urine freely passed; urine still contains albumen, but the quantity is diminished.

November 7.—Doing well, sits up; all pain disappeared, although quite weak; eats and sleeps well; jaundice disappearing.

November 8.—Patient still improves; albumen disappeared from urine; walks around.

November 9, 10, 11 and 12.—Rapidly improves; jaundice disappearing rapidly; slight traces of yellow in eyes.

November 13.—Discharged from observation and leaves, November 17, quite well.

(To be continued.)

THE IDENTIFICATION CARDS OF THE U. S. ARMY.

BY MAJOR CHARLES SMART, U. S. A.

Every recruit enlisted in the U. S. Army, besides being examined as to his physical qualifications to undertake military duty, is subjected to a careful scrutiny for scars, moles, tattooings and other permanent marks on his person by which his identification may at any time be determined. These are recorded in their proper locality on a card bearing a front and back view, in outline, of the human figure. The card of each recruit, as soon as completed, is forwarded to the Surgeon-General's Office, where it is compared with the cards of the deserters, ex-military convicts and other undesirable men that have been filed in the office during the past six years. Should the result of this comparison be favorable to the man, his card is then placed in an alphabetical file and there continues until the honorable termination of his service. The office of the Surgeon-General thus contains an identification card for every enlisted man now in the military service. Should any of these men desert or be convicted of some military crime involuntarily dishonorable discharge, his card would immediately be transferred to the file of "undesirable men."

For convenience of reference and comparison, the cards of the undesirable files are arranged systematically, the first division in accordance with location of scars, those cards showing a scar on the right forehead being in one file box or drawer, on the left forehead in another, and so for fifty-eight anatomic locations or divisions of the surface of the body. Each of these files is subdivided by height into seventeen sections beginning with "64 inches and under" and proceeding by half-inch gradations to

"72 inches and over;" and each of these sections is, if need be, separated into two groups by color of eyes, blue or brown. To permit of accuracy in the determination of color, the Surgeon-General has issued to medical and recruiting officers chromolithographed standard eye colors, by which the various shades may be indicated with precision, as Blue, No. 1; Brown, No. 4, etc., on the identification card. The cards of all undesirable men having the same height and color of eyes, with scars similarly situated on the body, are thus brought together and used with facility for purposes of comparison.

The second division of the files is arranged in accordance with location of birth marks, including moles, and these are subdivided as in the case of scars by height and color of eyes. These two divisions give 3,944 final groups— $2 \times 58 \times 17 \times 2 = 3,944$. Up to this time some of the sub-files have not required division by height or eye colors, on account of the small accumulation of cards of that particular kind.

The third division provides for the cards of men who have suffered amputations, as of part of the ear, toes or fingers. These give twenty-three sub-files without division by height or eye colors. The fourth division consists of tattoo markings which are separated into "distinctive" and "common." The first includes letters and initials, words, phrases, numbers and common tattoos in unusual locations; the second consists of hearts, crosses, anchors, sunbursts, flags, coats of arms, ballet girls, etc. The latter are grouped by location.

Separate files are kept for white and for colored men. The negroes are not subdivided by eye colors; but a sub-file is kept for those colored men who have blue eyes, this color in itself being a distinctive mark for these cases. This system of filing gives a total of 337 divisions, with 7,033 subdivisions, and it has the merit of being susceptible of expansion or contraction to meet the requirements of the service in which it is engaged. It may be contracted by omitting to subdivide by the eye colors, by making fewer subdivisions for height and by increasing the size and lessening the number of the surface locations, and it may be expanded by subdividing those anatomic locations which call for such treatment by a large accumulation of cards.

If an undesirable man has several notable scars on his person a card is made to be filed under the location of each of the scars, to insure his detection. A man having a prominent scar on the right forehead and another on the left shin has a copy of his identification card filed under both of these locations. In examining the files a margin of one inch below and half an inch above the recorded height is assumed to be needful on account of inaccuracy in taking measurements. The card of a recruit said to be 66 inches tall is compared with the cards of deserters from 65 to 66.5 inches. This suffices to cover the limits of inaccuracy in ordinary cases.

This system has proved most efficient in the Army. The Bertillon system of measurements is merely an index by which the card or record of an individual may be discovered in a mass of others; his identity is determined subsequently by reference to personal marks and other data. An error in any one of the various measurements will throw the investigator off the track of the required individual. In the U. S. Army system the personal marks themselves consti-

tute the index and there is no liability to get off the track except in the case of height which is specially guarded as above mentioned.

SOCIETY PROCEEDINGS.

Louisville Academy of Medicine.

The regular meeting of the Academy was held in their rooms Monday evening, January 21, Dr. F. C. Simpson, Vice-President, in the chair. Dr. J. M. Ray exhibited a case of double empyema of the antrum, in which different operations had been done on the two sides. The first operation had been done in July last; with the aid of a dental surgeon the second molar tooth was drawn, an opening drilled through and a gold tube introduced, the cavity being washed out through this opening. The operation on the other side had been done in September, 1894, the opening being made through the canine fossa, and a Miles antrum soft rubber drainage tube introduced; of the two the latter operation seemed the most effectual as the drainage was better through the opening in the canine fossa. The case was exhibited with the drainage tubes *in situ*. The transillumination test in this case had not been satisfactory, owing to the double trouble.

Dr. T. C. EVANS stated that in his experience the light test was very unsatisfactory, the diagnosis being made more from the other symptoms.

Dr. DABNEY stated that in his experience the lamp test had proved very satisfactory. The points to be observed in its application which may often cause it to be unsuccessful, were: 1, have the room totally dark; and 2, always ask if patient has a plate in the mouth.

Dr. VANCE exhibited a case of double inguinal hernia which has been reported in detail in *Mathews Medical Quarterly*, Vol. I, page 225, and in whom the hernia has not descended for eight months, the cure being almost entirely complete from the mechanical effect of the truss described in the article above referred to.

Dr. RODMAN showed a case who had been kicked by a horse, over a truss, which was worn over an irreducible hernia. A week later he was operated on, an incision was made and fecal matter with pus escaped, and continued to pass through the opening for a week. The case was undoubtedly a rupture of an irreducible hernia with spontaneous reduction and a radical cure resulting from the inflammatory action. He also reported and exhibited six other cases in whom an operation for the radical cure of hernia had been done, the length of time elapsing being from a few months to eighteen months without a relapse. In one of these cases while tying off the sac he had included the appendix and amputated it, having considerable hemorrhage from the artery. Kocher's method of operating was used.

Dr. W. H. WATHEN reported a case of double intra-ligamentous cyst, the two cysts being on the same side but entirely separate and distinct; the largest perhaps originated in the hylum of the ovary, the other perhaps in the parovarium. The patient is now convalescing, and the cyst is being washed out, first with peroxid of hydrogen, followed by sulphurous acid 1 to 10, which kills offensive odors most excellently. Dr. Rodman then showed a specimen of acute necrosis of the bones of the leg following acute osteomyelitis. Ten weeks ago, the patient, a boy of 14, fell under a horse, his leg being caught under it; there was no wound, no fracture, but great pain occurred in the tibia some little time afterward. There was hectic, temperature 103 degrees, pulse 130. When first seen sinuses riddled the leg throughout. A preliminary operation was done, and no sound bone was found. An amputation was immediately done as he took chloroform poorly. Examination of the leg afterward found two spontaneous fractures at the epiphyses and the bone necrotic throughout, the process extending to the soft tissue.

The papers of the evening were then read, Dr. Vance reading Dr. Bullitt's paper in his absence on the "Truss Treatment of Hernia," and the one on the "Operative Treatment of Hernia," was read by Dr. Rodman.