many daily calls. The practice of this school speaks volumes, and meets, for so it seems to me, every indication of exactness without being meddlesome. When one compares the low rate of mortality with the indiscriminate examinations made by students and visitors, and bears in mind the unsuitable condition of the building in which both Professors Braun and Spaeth have their material, the results are simply marvellous. It proves that antiseptic obstetrics, under the most unfavorable conditions, is infinitely preferable to any other form of obstetrics, even coupled though it may be with every hygienic detail of excellence in the building itself.

Parametritis and Perimetritis.—I long held with Emmet that the distinction between these two inflammatory conditions was really without any difference, and that clinically they could not be differentiated. For sixteen months I have labored faithfully in this direction, both in Berlin and in Vienna, and have availed myself of enormous material and of every other possible means to enter intelligently into the nice discrimination made by German gynecologists. To this end I made a close study of the connective tissue of the female pelvis, without a thorough knowledge of which no gynecologist can ever hope for a logical conception of para- or perimetric inflammation. To those wishing to make similar investigations I cordially commend Freund's "Gynäkologische Klinik," Strassburg, 1885, as being the most exhaustive and thorough work that I know of. I am gradually being convinced, by actual observation and constant study, that Emmet's statement is too absolute, and that in many cases the two diseases are entirely separable. This becomes more plain to me as I advance more logically in an anatomical survey of the para- and perimetric tissues. I do not disguise the fact that even here in Germany, in the polyclinics, the mistake is often made of confounding the two, and that the nice differential points insisted upon by Freund are often lost sight of, and I also realize that in some cases it is really impossible to separate the two; but I do believe, and that thoroughly, that there are other and many cases in which it is not difficult to make the diagnosis. At least seventy-five per cent. or more of all the women that I have examined in Berlin and Vienna, have suffered from acute or chronic inflammations of this sort, and without any exaggeration I think I may safely say that I have seen in the neighborhood of a thousand such cases. This will savor less of Munchausen to those who have studied in these schools, and who remember that in Vienna alone, in two touch courses per day, one may examine from twenty-five to forty-five women. I have learned to count largely upon the salient characteristics of subjective as well as of objective symptoms. In the large majority of instances—nay, more, according to the anatomy of the parts, it *must* be so that in every instance where the symptoms are relegated to a point just behind the cervix, where the connective tissue is situate around the infra-vaginal portion, the disease is a "posterior parametritis," but where the tenderness and objective symptoms are higher up in the fornix, where the peritoneum dips down, we have to do with a "peri-

metritis." In the former instances only the infra or middle cervix will be fixed—partially or wholly—in the latter, the fundus itself will suffer. Just so we may have a para-cystitis, or a para-kolpitis, or a para-proktitis. In the connective tissue itself the points of exudation may be limited; they may not run into each other, they may not reach the peritoneum, and they may be absorbed rapidly. Perimetritic exudations are situate higher up than those of the parametrium, and are attended with an entirely different symptomatology. The *fornix vaginæ* is not flattened out in perimetritis, as it is in parametritis. Perimetritic exudates are generally situated high up in the posterior cul-de-sac, as one would expect to be the case. The *collum uteri* is fixed in parametritis, and in endeavoring to move it the patient will complain of pain, which is not the case in perimetritis. In short, there are many points of difference between the two, which have been made equally plain to some other gentlemen who have been associated with me in gynecological studies abroad. One must see and study both forms, at every stage of development, and must examine by rectum and vagina. Examine especially the base of the broad ligaments and the cul-de-sac of Douglas; also the left lateral fornix (which is a favorite habitat of perimetritis). It took me many months before I learned exactly where to place the inflammation, but the knowledge came with experience, and from a thorough comprehension of just what is meant by pelvic connective tissue.

I hear of many medical men in Berlin and Vienna who intend coming to the Congress. A. R. B.

DOMESTIC CORRESPONDENCE

INTRIGUE IN THE ASSOCIATION!

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—The following extract is taken from the *Nashville Journal of Medicine and Surgery*, of February, 1886, and reprinted in the *Medical News*, of February 27:

"Of late years this Association has appeared to degenerate into a body merely medico-political, and it is time something should be done to elevate it to a proper standard and make it what the British Medical Association is to the profession in England, representative and national. Political intrigue and trickery have too long held sway in this Association and it is time the profession should see to it that it be no longer thus degraded, and be brought back to the place it occupied in its palmy days. From year to year the meetings have become less and less important in a scientific point of view, and it is time every true physician should individually strive to change its downward course. If some change is not soon effected, the Association will cease to exist and the profession will turn its attention to the separate special Associations which are all now in a flourishing condition. We hope, therefore, that all who can will make an effort to attend the coming meeting."

If the editor who made this statement had looked over the list of names that have figured largely in the

meetings of the American Medical Association within the past few years, of whom I need mention only those of Drs. Marion Sims and Samuel D. Gross, he certainly could not have had the effrontery to parade such nonsense before an intelligent profession. The founders of the American Medical Association have conferred a lasting benefit upon the American Medical profession, but during the last few months its enemies have made every effort to destroy its usefulness. Doubtless an effort will be made at the coming meeting in May to degenerate the Association into a medico-political meeting by the very men who have so roundly abused it, but it is to be hoped that the better element which has hitherto guided its counsels will succeed in preventing the disaffected element of the profession from impairing the usefulness of the Association. Its influence for good has been felt from the St. Lawrence River to the Gulf of Mexico, from the Atlantic to the Pacific Ocean; and the man whose spleen finds vent in the above quotation is, in the opinion of the writer, an enemy to the medical profession. I am, etc.,

J. F. JENKINS, M.D.

Tecumseh, Mich., March 1, 1886.

A NAVAL INEBRIATE ASYLUM.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—I am much struck by Dr. Frederick Horner's paper, "A Plea in Behalf of a Hospital for Naval Inebriates," in *THE JOURNAL* for March 6. It is especially painful to infer that the sober men are inferior to the bulk of their comrades, for we are told that, "apart from inebriety, these are in all respects the best and most intelligent men in the service." In every rural community there is a drunken medical practitioner who is "the best doctor in town, if you can find him sober!"

We may grant that inebriety is a disease, but it is one the causation of which is so well known that its victims are as inexcusable as those of syphilis. Let the cadet and midshipman know that prompt dismissal will follow the first detection of the drinking habit, and there will be no occasion either to cashier or send to an inebriate asylum a valuable and experienced officer at a later date. Let the Navy cease to be a school of inebriety, and spare the nation the disgrace of a Naval Inebriate Asylum. Teetotally yours,

IRVING W. SMITH.

Charles City, Iowa, March 10, 1886.

NECROLOGY.

AUSTIN FLINT, SR., M.D., LL.D.

At a special meeting of the Executive Committee of the New York County Medical Association, the following was unanimously adopted:

Whereas, It has pleased God to remove from our Association our beloved and highly honored friend, Professor Austin Flint, M.D., LL.D., one of our Founders, and an ever willing co-worker: We desire to record the great appreciation of our loss.

Professor Flint, from early manhood, has ever been

an indefatigable laborer in the field of Medical Science, and for half a century has been one of the most accomplished teachers and writers in the profession.

His varied experience, extending over different portions of our country, enabled him on his settling in New York City, at once to take the foremost place in the profession. As a consultant, he was without a peer; his calm judgment, urbane manners, and strict conscientiousness made his presence ever welcome to his brethren. As a gentleman, he will be held in grateful remembrance by all with whom he came in contact; his charities were proverbial.

His death will be the cause of universal sorrow, especially occurring at a time when his deliberate counsels are most needed. We can never forget that genial countenance, those cheerful words, and that buoyant disposition, which, amid the greatest of sorrows, always pointed out the ray of light affording hope.

Therefore, in testimony of your respect for the deceased, it is earnestly hoped that you will attend the funeral services at Christ Church, corner of 35th street and Fifth avenue, on Tuesday, March 16, 1886, at 2 o'clock P.M.

The members of the Association will assemble in the Sunday School room, entrance on 35th street, at 1:45 P.M.

CHARLES A. LEALE, M.D.,

President.

GLOVER C. ARNOLD, M.D., *Sec'y.*

A review of the life and work of Dr. Flint will appear in the next issue of *THE JOURNAL*.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday and Friday, May 4, 5, 6 and 7, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently organized State Medical Societies and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by