sideration was so much a grievance to myself as a violation of a principle in which we are all interested. There is nothing in my critique which calls for correction or apology. The facts alleged are admitted by you, and nothing is now required further than the publication of your explanation of how it all happened. Very truly yours,

G. F. LYDSTON.

Good Men in Bad Company—An Explanation which Explains.

NEW YORK CITY, Dec. 3, 1903.

To the Editor:—My attention has been called to an advertising circular of the *Medical Brief* in which my name appears as a contributor. Will you kindly permit me to state through the columns of your widely-circulated journal that this article on "Fracture of the Radius" was not written for the *Medical Brief*. Some months ago a woman stenographer called at my office and represented that she was in great financial distress and asked me to dictate to her some short article for which she said she would be able to obtain \$20 which was greatly needed at that time to prevent her from being turned out of her home by her landlord. She promised that the article should be offered to the *New York Medical Journal* or to the *Medical Record*, and if not accepted by them she would return it to me. Since that time I have not seen her or the article, nor did I know what had become of it until I saw it advertised as a contribution to the *Medical Brief*. I learn that she has imposed on the generosity of other members of the profession here in this city in like manner.

JOHN A. WYETH.

[Does this explain why certain other reputable men appear as contributors to the above so-called medical journal, in some instances with photograph?—Ed.]

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

A CRANIOTOMY, WAS IT JUSTIFIABLE?

WEST VIRGINIA, Nov. 27, 1903.

To the Editor:—I desire to report a case which was more than interesting to me, having practiced medicine less than three years, and one which required more than ordinary thought.

At 6 p. m., on November 4, I was called to Mrs. H., who had been in labor three or four hours, and made an examination, which revealed R. O. A. position, half-dollar dilatation, but no waters. The pains were sharp, cutting and irregular, pulse 82, temperature normal. After an hour the pains became more frequent and sharp, with no tendency to bearing down. She being a primipara, I suggested that she use all effort to expel contents and not cry aloud, gave 20 grains chloral and waited until 10:30, when I again examined and found dollar-size dilatation or more, but pains were yet sharp and cutting with only three or four minutes' interval—no waters yet formed. At 2 a. m. examination was again made and the membranes ruptured with less than a pint of water escaping. The pains soon became more severe and cutting, of a continuous character and very high up; after slight massage full dilatation was secured, but the head would not engage. It was then I had Dr. X called in, who examined the patient and agreed with the above findings. Chloroform was at once administered and a high application of the forceps tried, but found to be impossible by either of us, even with external pressure from above. Another physician was called by the husband and he repeated the trial of high application, but failed. I then tried to do a podalic, but could never reach a foot, as did Drs. X and Y, who were also unable to accomplish anything. The woman was then growing cyanotic, with some hemorrhage going on all the time, so I decided to do a craniotomy, which was accomplished in a very few minutes at 5 a. m. The child was of medium size, weighing 8½ pounds, and nothing out of the ordinary was discernible. The woman made an uneventful recovery and is now sitting up. Catheterization was necessary for two days after delivery.

Did the case justify operation? Being a young man in the field of medicine, I feel that older physicians should not hesitate to comment.

ANSWER.—We gladly publish the above report of a case, as requested, but omit name of reporter and place. As the reporter asks for comments we gladly give them.

The case well illustrates a mistake—we hope an uncommon one—of premature and unnecessary operative interference. While the average duration of labor in primiparae is from 16 to 20 hours, a labor lasting 36 to 48 hours is not rare, and calls for no interference unless there is danger to the mother or to the child. So far as the report shows there was nothing abnormal in the labor up to 2 a. m., when the membranes were artificially ruptured. It was a mistake to urge the patient to bear down for the exercise of the voluntary muscles has little effect in dilating the uterus and needlessly wears out the patient. It would have been well to give the patient some relief from her suffering by administering some analgesic. The chloral was all right, but the dose was too small. Morphine would have been much more efficient. A hypodermic injection of ¼ grain would probably have given her some sleep and much relief. Although our correspondent does not describe the condition of the cervix when the membranes were ruptured, it is evident that dilatation was not completed, and the bleeding which occurred later during the manipulations was probably from tears in the cervix caused by the forceps or the efforts to turn. The artificial rupture was not indicated and was harmful. The application of the forceps to the head above the brim of the pelvis is always difficult and likely to be dangerous to both mother and child. It should never be attempted unless there is urgent indication. No indication was proved to exist in this case. Unless there was a contracted pelvis the head would probably have molded and descended in the course of a few hours. Finally, after the efforts to extract and turn had been in vain craniotomy was justifiable if the child was dead. Nothing is said on this point. We do not know that any effort was made to find the fetal heart beats. In case of failure to hear the fetal heart the death of the child should be determined by introducing the hand into the uterus and finding whether the cord beats or not. This case shows the importance of knowing the mechanism, progress and prognosis of spontaneous labor in its various manifestations in different individuals, and the danger of premature interference. It shows the importance of adhering strictly to the indications for interference, namely, danger to mother and child. It suggests the rule that when in doubt it is safer to rely on Nature than on interference.—Ed.

HEISTER'S SURGERY.

FLAGSTAFF, ARIZ., Dec. 1, 1903.

To the Editor:—I have procured a copy of Heister's Surgery—English edition—a very novel old book, indeed, but, unfortunately, the title leaf is missing and I can not determine the year of publication. I am anxious to know in what year this book was printed and take the liberty of asking your assistance. The author was an operating surgeon as early as 1708. The text refers to events as late as 1736. The German edition must have been written after this.

W. P. SIRE.

ANSWER.—The first English edition of this work was published by W. Innys, London, in 1743, from the Latin edition (2 vols., Venice, 1740). The fifth English edition appeared in 1753. All the English editions contained the two volumes in one; the first five editions were each composed of an introduction of XVI pages and two parts, of 476 and 338 pp. respectively, with 38 plates. The sixth and seventh editions were translated from Heister's later editions and appeared in 1757 and 1763; the sixth edition containing XVI, 456 and 404 pp. and 40 plates; the seventh (J. Clarke, London) XVI, 456 and 414 pp.

ANALYSIS OF MILK.

ST. LOUIS, Dec. 2, 1903.

To the Editor:—Will you give the name of some good book on the quantitative analysis of cow's milk and of condensed milk?

LEO C. HUELSMANN.

ANSWER.—Any one of the following we believe will be satisfactory: *Outlines of Dairy Bacteriology*, by H. L. Russell. Cloth, \$1.00. *Analysis of Milk and Milk Products*, by H. Leffman. Cloth, \$1.25. *Air, Water and Food*, by Richards and Woodman. Cloth, \$2.00. These books can be obtained of W. T. Keener & Co., Chicago; L. S. Mathews & Co., St. Louis; or any bookseller will order them.

TOOTH EXTRACTION IN PRESENCE OF ALVEOLAR ABSCESS WITH FISTULA.

WEST VIRGINIA, Dec. 2, 1903.

To the Editor:—1. Why is extraction of a tooth contraindicated when there is an alveolar abscess with fistula present? 2. When, in a case of this kind, could the tooth be extracted safely?

ANSWER.—1. It is not contraindicated. 2. A tooth of this kind may be extracted safely at any time.

Marriages.

THOMAS W. SHAW, M.D., Worcester, Mass., to Miss Diamond of Hartford, Conn.

WILLIAM KERR, M.D., to Miss Lula Dodd, both of Randolph, Iowa, November 18.