the pulse and the drug promptly discontinued upon the first discovery of nausea and undue slowing of the heart's contractions. In hospital, if not in private practice, such watchful surveillance is easy.

On the whole, therefore, we think the gentleman of the Wolverhampton and Staffordshire hospital might have rendered the resort to blood-letting unnecessary, had they so chosen.

TENNESSEE STATE BOARD OF HEALTH.—Dr. J. Berrien Lindsley, of Nashville, has been elected to the position of Secretary and Executive Officer of the State Board of Health of Tennessee, which had recently been vacated by the resignation of Dr. C. C. Fite. The position is one involving much labor, directed by a high order of executive ability. The appointment of Dr. Lindsley is an excellent one in all respects.

LITERARY HONORS.—At the recent commencement of the Syracuse University, the honorary degree of LL.D. was conferred by the Faculty and Trustees upon Dr. Nathaniel C. Husted, formerly one of the Vice-Presidents of the American Medical Association and a well-known physician of New York City, etc.

Rutherford College, of North Carolina, has conferred the degree of Doctor of Laws upon Dr. Morris H. Henry, of New York City.

Dr. MacRae of Scotland, recently died suddenly while inhaling chloroform for the purpose of having a tumor removed from his neck by Professor Annandale, of Edinburgh. He was at the middle period of life, and in apparently good health.

SOCIETY PROCEEDINGS.

SOME REMARKS UPON THE TYPE OF TYPHOID FEVER PREVALENT LAST WINTER, WITH PATHOLOGICAL SPECIMENS.

BY GEORGE W. VOGLER, M.D.

Read before the Philadelphia County Medical Society, May 21, 1884.

Mr. President:

The following brief notes may prove of interest to those present this evening.

I desire more particularly to call attention to the unusual prevalence of typhoid fever in our city during the past winter, to the grave type of a majority

of the cases, and to the unusually numerous complications.

These notes refer only to the cases that came under my notice during my service at the German Hospital for the months of January, February and March of this year. I might state in passing that what is true of these cases, is also true of those occurring in my private practice.

During the three months twenty-four (24) cases were admitted into the wards, more than half the entire number of cases treated in that institution last year. As three (3) of the above number were brought into the house in a moribund condition, dying immediately or shortly after their admission, the remarks to follow will not appertain to them.

The balance, twenty-one (21) in number, receiving treatment at our hands, may be divided into the following two classes: mitior, 7; gravior, 14; total, 21. Of the gravior died: uncomplicated, 3; complicated, 2; total, 5 deaths.

For a time there were thirteen (13) cases of typhoid fever under treatment at one and the same time.

My resident, Dr. Weed, kindly tabulated twelve (12) of the fourteen (14) cases of the gravior type, and the more *prominent complications* noticed in this list are: peritonitis, meningitis, pneumonia, pleuritis, hydroa, rheumatic arthritis, abscesses, otitis media purulenta, parotiditis, and extreme nervous depression.

TWELVE OF THE FOURTEEN CASES OF THE GRAVIOR TYPE.												
	Nervous Depression.	Hyperpyrexia.	Hæmorrhage.	Vomiting.	Peritonitis.	Meningitis.	Pneumonia.	Pleuritis.	Hydroa.	Arthritis.	Abscesses.	Otitis Med. P.
Stelig.....						I						R.
Emery.....		107°		I	I		I	I			I	R.
Schlipf.....	I	I	I									D.
Kindsvater.....					I							R.
Nill.....										I		R.
Bühler.....							I	I				R.
Meyer.....	I	I									I	R.
Murphy.....	I	I					I				I	D.
Stoetz.....			I	I								D.
Menzell.....	I								I			R.
Holzworth.....	I	I										D.
Kolb.....	I	I										D.

R. for recovered; D. for died.

It will be seen that some of these patients were troubled with more than one of these complications at the same time.

There is no doubt in my mind that a majority of the complications enumerated are chiefly attributable to the extraordinary long siege of inclement weather experienced during last winter.

In eight (8) of the gravior type of cases, the temperature ranged between 104 to 108 degrees. The ages ran from 16 to 34 years.

In some cases in which diarrhœa was not controlled by opium and silver, resorcin in doses of three grains acted very kindly, possessing also the

additional advantage of destroying the fœtor of the stools.

In those cases marked by great nervous excitement or actual delirium, and in which opium or bromides seemed of little or no avail, hypodermic injections of ten grains of muriate of quinia acted apparently as a hypnotic. In passing, I would like to state here that, in one instance, the hypodermic use of this remedy produced an abscess that gave us much trouble to heal. Our statistics at the hospital, however, show this to be a rare occurrence, as out of about 250 hypodermic injections of this remedy in various diseases, abscess resulted in but two instances.

An interesting feature noticed was that whenever the catamenia occurred it was invariably attended by an increase of temperature. In one instance, (Emery), where a relapse was supposed to have taken place, the temperature ran from normal up to 103°, and gradually subsided with the cessation of the menses. This phenomenon was noticed to occur twice in this particular case.

Another matter of interest was that two of the female employes of the hospital were stricken down with typhoid fever, barely escaping with their lives. The duty of one of these women was to empty and disinfect the receptacles for the excrement, etc., and to care for the soiled linen from the typhoid fever wards. The other was employed to wash this linen. I certainly would not like to draw the moral in the first instance: "Do not use disinfectants."

Of course, the treatment of the grave and complicated cases was adapted to suit each individual case. In the milder type of the disease, simple common-sense treatment was used, preferably the mineral acids, 5 or 10 drop doses of nitro-muriatic dil., changing to the dil. sulphuric if diarrhœa became troublesome. Where quinia was indicated, I gave it in small but repeated doses, instead of one or more large doses, rarely giving over 7 grains daily. This method has always obtained the most satisfactory results for me.

Dover's powder for sleep, and opium, silver, ergot and resorcin for diarrhœa and hæmorrhage, were used when necessary; also turpentine, when indicated.

A favorite method of giving small doses of turpentine, quinia, and dil. nitro-muriatic acid together, in cases where the symptoms existing demanded the need of all these remedies, was to use a menstruum of syr. ext. glyc. fld. in the proportion of 2 $\text{f}\overline{3}$ ext. glyc. fld. to 1 $\text{f}\overline{3}$ of syrup, flavored with ol. gaultheriæ. This makes a smooth, pleasant and palatable mixture.

I desire to show the following specimen of perforation of the bowels, the other interesting pathological specimens having been mislaid:

Anna Stötz, æt. 20, domestic, single. Admitted into house January 28, the seventh day of the disease, having had several severe hæmorrhages previous to admission. Some pulmonary complications of an acute nature also present; this rapidly disappeared under proper treatment. On the 30th profuse hæmorrhages occurred, seven or eight during the twenty-four hours.

Treatment: Gallic acid by bowels; opium, ergot and silver by mouth; strychnia hypodermically. By

this treatment hæmorrhage was controlled, and fair hopes of recovery were held out.

About the 5th of February hæmorrhage again suddenly came on, which also gave way kindly to treatment. On the morning of the 10th, sudden collapse with intense pain in abdomen, followed rapidly by death.

The post-mortem examination revealed very extensive ulceration and a perforation situated close to the inner border of an ulcer some two inches in diameter, situated within a short distance of the ileo-cæcal valve.

ANNUAL MEETING OF THE UNION MEDICAL SOCIETY OF NORTHERN MICHIGAN.

The annual meeting of the Union Medical Society of Northern Michigan was held at Ionia, April 17, 1884.

There were present at the meeting Drs. Gundrum, H. B. Barnes, Romig, Will. L. Barnes, and Corcoran, of Ionia; McLean, Corey, and Bachman, of Stanton; Bower, Nichols, and Sheldon, of Greenville; Groner, of Big Rapids; Roller, of Edmon; White, of Reed City; Brandt, of Belding; Bailey, of Berlin; Hathaway, of Howard; Smith, of Orleans; and Forsyth, of Lakeview. Four new members were received into the Society.

The following papers and reports of cases were presented: A case of melanosis, by Dr. N. E. Bachman, of Stanton; a case of melanotic sarcoma, occurring at the Big Rapids Hospital, by Dr. F. J. Groner, the surgeon in charge; a case of dropsy of the broad ligament, by Dr. C. S. Sheldon, of Greenville; a case of erysipelas, in which the use of ergot was advocated as a specific in the affection, by Dr. E. O. Smith, of Orleans; a case of pelvic hæmatocèle, by Dr. F. J. Groner, of Big Rapids; a paper with the following title, "Was it a Case of Superfœtation?" by Dr. H. L. Bower, of Greenville; a paper by Dr. A. W. Nichols, of Greenville, on "The Relations of the General Practitioner to Insanity." These reports of cases and papers gave rise to spirited and interesting discussions.

The election of officers for the coming year was held, with the following result: President, Dr. D. A. McLean, of Stanton; Vice-Presidents—Dr. S. V. Romig, of Ionia county; Dr. L. A. Roller, of Montcalm county; Dr. F. J. Groner, of Mecosta county; Dr. L. S. Ellis, of Manistee county; Dr. W. H. Aylesworth, of Kent county; Dr. C. H. White, of Osceola county; Treasurer, Dr. N. E. Bachman, of Stanton; Secretary, Dr. C. S. Sheldon, of Greenville; Board of Censors—Dr. F. Gundrum, of Ionia; Dr. L. S. Griswold, of Big Rapids; Dr. A. L. Corey, of Stanton; Dr. J. H. Forsyth, of Lakeview; Dr. C. S. Ford, of Cedar Springs.

The retiring President, Dr. H. B. Barnes, of Ionia, then delivered an earnest and practical address, advocating more thoroughness and a higher standard of medical education.

The following delegates were appointed to attend the next meeting of the American Medical Associa-