The views which some of us learned in our student days, and which were forcibly enunciated by Prof. O. W. Holmes, that it is in the tube where the ovule first receives its fructifying or vitalizing influence, though much digression has been indulged in have not as yet been disproved. There are undoubtedly many factors which enter into the causation of the obstruction to the progress of the ovule. Entrance of the ovule into the uterine cavity according to G. A. Moses,⁵ may be delayed from nervous influences, from shock or from organic changes in the tissues of the tube and from proliferation and ecstasis of the vascular tissue incident to the parturient state. In the treatment of ectopic gestation I have no doubt that we should all agree that as soon as the condition is fully recognized laparotomy should be performed. Though some evidence of late has been adduced tending to show that recovery after the occurrence of rupture may take place spontaneously it nevertheless appears that early operative interference affords the only safe course of procedure; leading gynecologists in all countries have advised this.

Cancer of the uterus is still receiving special attention by the German profession. Extirpation when practicable seems to be the only remedy at this time worthy of consideration. By recent advances in the technique and by the observance of strict precaution against sepsis the percentage of mortality has been greatly reduced. The statistics of high amputation or incision indicate that much success has of late been attained. One great drawback to the attainment of the highest success in operative interference is from failure in arriving at an early diagnosis. There is often displayed on the part of the medical attendant too much conservatism: or a hope is often indulged in that the disease may not be really malignant. The primary symptoms of the disease are often overlooked; the sanious discharge, the menorrhagia, the pain, the obstinate sciatica and other symptoms indicative of the presence of cancer are looked upon as the result of processes that are altogether benign in character. After the occurrence of the menopause the uterus should be regarded as a useless organ and a foreign body, for its functions at that time have ceased. Scarcely so can it be said of any other organ. Though the spleen is an organ, the importance of whose functions has been much questioned, it certainly acts at times as a diverticulum. After the menopause the uterus, with its appendages, will have appeared to have exhausted its activity. In accordance with a law that has been well recognized nature sets up eliminative processes. The uterus is tolerated (?) in position at best only by feeble props or supports. Accidents to the perineal tissue occurring during the parturient process should be looked upon rather as conservative than otherwise. The occurrence of these point to the way for vaginal extirpation that the surgeon should be ready to complete when cancer or other lesions appear, with which the uterine tissue has often been invaded. I have spoken thus much on matters relating to our work, and would have gladly extended my remarks to the discussion of other subjects of interest had there been more time for such disposal. Suffice it to say that the Gynecological Society of Boston should still continue to congratulate itself on the good work it has accomplished. Many interesting and important papers have of late been presented and much able

and valuable discussion has been advanced on matters pertaining to our charge. I exceedingly regret that much of the record of our work has been withheld from the medical journals owing to the enforced absence of our accomplished secretary. Against this we seem to have been unable to provide. We are looking forward for a greater activity; with the development of the infusion of new blood we shall expect to accomplish much more. The twenty-fifth anniversary is fast dawning; the proper observance of this will show that the founding of our society antedates all such special societies that have been formed in this and in other lands. I would recommend therefore that in due time some action be taken toward a due regard for this coming event. In the history of our society are interwoven many important movements; we foresaw at an early date the coming sentiment in regard to the status in the profession of the opposite sex. So notwithstanding the frowning by the majority of the profession outside of our number, we were the first to open the doors to the admission to membership of properly qualified women. Upon the wisdom of this measure I will not enter into any consideration. Our records show that women are still being added to our number and that the meetings to some extent are being graced by their presence and their intelligent discussion by on themes of much moment.

As I pause for a retrospect, I am saddened with the thought that many faces once familiar are no longer with us. When, however, I recall the names of Martin, of Warner, and of Bowditch, I am strengthened with pleasant memories. Martin, honest, true, a walking encyclopedia of medical and surgical lore; he did not hesitate to use to the best advantage his withering sarcasm in exposing shams and deceit. We shall never see his like again. Warner, bright and cheery, had an inexhaustible fund of humor; he could use his wit to amuse as well as to sting. Of Bowditch, I would briefly say that we loved and respected him for his great worth and for his unsullied honor. Others also, who in the years gone by, have added prominence and dignity to our meetings, I can now recall. Each has left a good record, a priceless legacy that has been an inspiration to me, and doubtless to most of you, who have had the good fortune of maintaining such long and intimate acquaintance.

RESULTS OF MILITARY SERVICE AS EXEMPLIFIED BY CASES FOUND IN THE NATIONAL MILITARY HOMES.

Read at the First Meeting of the Wisconsin Society of National Guard Surgeons, at the Milwaukee Military Home.

BY SURGEON WALTER H. LEIGHTON.

Gentlemen:—It would not be consistent, either with a proper respect for you or a fair consideration of the subject involved, to give you this paper without an apology, felt more by me than it can possibly be by you, for now, in the presence of my peers, I am weak indeed. Words fail to express the gratitude for the honor conferred by your attendance here—yet, in the presence of one of the most eminent surgeons in the world, judge of my embarrassment in attempting anything; but, as I have always been used to obey, I will try to do the very best I can, and hope that I shall be able to do that which will make

⁵ American Gynecological Journal, 1892.

you feel repaid for the trouble you have taken to be with us to-day. If I succeed I will thank you, and the account will be fully settled. How little do we know of the long hours of anxious research and study of those *real* students who burn the midnight oil, that science may finally triumph over disease. The *minutia* is the real thing, but who of us can get down to it? Only one in ten thousand. No; we reap the advantage of the work of the tireless students, and often the searcher himself is lost sight of. But thank God, there are those who toil, and those who reap, and in God's providence probably each has his compensation. The one, glad that he can do a little; the other, in the firm conviction that God has allowed him to be the means of doing so much for his fellow-men. I should like to have been one to originate, or probe to the bottom, yet still I am thankful that with the vast improvement, the great advance of the present day, I am in it at all. The change, if not the advance, is great, and undoubtedly it will be found that the new is not all right, or the old all wrong; but still, on the whole, we feel sure there has been a forward movement. Blood-letting had its day, and went out as a snuffed candle, but doubtless, among the profession, there is a feeling that the angle or divide was too abrupt and sudden, and regret that the public sentiment rendered the practice almost disreputable, and that, for the benefit of humanity, it would have been better if a middle course had prevailed. Wonderful strides have been taken since Lister came to the front with his claims for aseptic surgery, yet if we are ever so unfortunate as to have another war, we shall as heretofore, in my opinion, be compelled to face all the mischief and evils inherent thereto, for advanced science can never obviate the results of exposure and privations, of the long and weary march, the night vigil on the lonely picket, or the malarial poison of the swamps—it cannot prevent, with our present knowledge, rheumatism, intermittent fever, cerebrospinal meningitis, or disease of the heart, liver or lungs, hernia, varicose veins, diseases of the nervous system and brain, for even now the causes of most if not all of these are still in dispute, and have yet to be proved. We cannot, even with our most advanced knowledge of sanitation, prevent disease in any great measure; at least, under the trying ordeals of actual war, nor can we prevent shock from wounds or injuries. We may perhaps by aseptic surgery, when it is convenient and possible, prevent in a degree inflammation, suppuration, and their concomitant evil results, and the ambition of our eminent Surgeon-General, Prof. Senn, for a man to be his own antiseptic panacea, is certainly original, and preëminently grand, but still we must always face nostalgia, shock, inflammation, ulceration, suppuration, necrosis, and the thousand and one remote results of camp exposure and camp life. The conditions and the surroundings on the battlefield must always be different than in private practice. Why let us look to one condition. We were often glad during the late unpleasantness to get men for assistant surgeons who had not even had the advantage of reading medicine with a country doctor, but (as tradition has it) had only taken care of his horse. Undoubtedly, knowledge of surgery and medicine has been gaining ground rapidly for the past twenty-five years, and to-day, the intelligent physician or surgeon who faces disease or wounds with long pre-

scriptions or meddlesome surgery, hoping by a shot-gun policy to hit somewhere, is numbered with the errors of the past. Yet still we are faced by the fact that man must die. Therefore preventive ways will always prove more reliable than all cures put together. Gross has a passage in his *Manual of Military Surgery* of 1861, where he says: "The duties and requirements of military surgery are essentially similar to those of civil surgery."

Now gentlemen, I leave it to those of my peers who served in the late civil war to say (with all due deference to the great surgeon, Christian man and teacher who to have his name appended to my diploma is one of the greatest honors) whether the requirements of military surgery do not differ in a greater degree than those from civil practice. To be brief, I remember at the battle of Cold Harbor, to have been one of the assistants to one of the best surgeons (in my opinion) furnished in the late Rebellion, when unexpectedly the Rebels got a range of our field hospital, where we were operating for the resection of the elbow. The operator suddenly got tired, and turning to one of the assistants said, "Can't you finish this operation?" and without waiting for an answer gave up the knife, and he afterwards said in my presence, "By Jingo, he did that better than I thought he could." Circumstances must be different on the battlefield, and the advice of the revered professor of surgery, S. D. Gross, in his manual to young surgeons in 1861, is too good to be omitted here. He says: "The sole object which prompts me to publish this little book, is an ardent desire to be useful to the young physicians who have so hurriedly entered the volunteer service, perhaps not always with a full knowledge of the weighty responsibilities of their position. I pray the young men, into whose hands this manual may happen to fall, to be careful of the health and lives of the poor soldiers committed to their professional keeping. I exhort them to perform their duty as skilful surgeons and physicians, as men of courage and as Christians, in order that when they return to their homes and their friends, after the tumult and peril of war shall be over (if war there should unfortunately be), they may be able to render a good account of their stewardship, and so entitle themselves to their country's benediction. I would also exhort them in a special manner to take good care, not only of the lives of their countrymen, but also of their limbs mutilated in battle. Conservative surgery has, at the present day, claims of paramount importance upon the attention of every military practitioner. For, in the language of good old George Herbert:

"Man is all Symmetrie!—Full of proportion one limb to another, and all to all the World besides! Each part calls the furthest brother, for head with foot hath private amity and both with winds and tides."

We of the past numbers, reverently regard this advice from an old and revered teacher. But, gentlemen, I am wandering away from my subject. I have endeavored to get together a few cases, and give you a paper to illustrate some of the results of military service, as exemplified by cases found in the National Military Homes—established by a generous people, and a grateful Government, for the disabled veterans of the wars of 1776, 1812, 1846 and 1816.

These Homes were first established in 1866, since which time there has been one built at Togus, Me.,

Dayton, O., Hampton, Va., Leavenworth, Kan., Santa Monica, Cal., Marion, Ind., and our own in Milwaukee, Wis.

More than \$2,000,000 are annually appropriated by Congress for their support, and about 25,000 veterans are cared for. The only requisite for admission is an honorable discharge, and the surgeon's certificate of disability, recommending applicant for admission on account of being unable to support himself by manual labor, upon which he is taken in by the Local Manager. The Homes are gaining rapidly in numbers, and it is calculated that they will continue to increase for ten years. The cost of medical supplies of the five branches of the National Homes, during the year 1889, was \$36,553.26.

Cost of medical supplies per capita, \$2.33. The number cared for at this Home during the year 1890 was 2,781, against 2,710 for 1889, and the average number present, and absent for 1891 was 2,420, as against 2,104 for 1889. The maximum was 2,050, the minimum 1,663. The amusements provided for the old veterans in Memorial Hall cover nearly all of the fall and winter months, and last year cost \$2,796, which is paid out of the Post Fund—nearly all of which money is made by the sale of beer on the Home grounds.

We have band concerts (by the Home band) in the open air, daily during the summer, which are attended by thousands of the best people of Milwaukee; and in winter there is a concert every Sunday evening in Memorial Hall. The Home library has over 5,000 volumes, and billiard, bagatelle and card tables are furnished for the veterans in the smoking-room. This too is paid for by the sale of beer, which in the opinion of the managers has proven effective in lessening intemperance, as it tends to keep the members at home, and so under control of the management.

The sanitary regulations are under control of the surgeon, and whatever suggestions are made by him, conducive to the health and cleanliness of the members, or other preventives of disease, are fully carried out. Weekly inspections are made of the members and quarters every Sunday, by the officers of the Home, also frequent week-day inspection by the surgeon.

Men with chronic diarrhoea or piles, and a good hospital war record, get good big pensions; while the veterans who served during the war, and came out with honorable bullet and sabre wounds (but no hospital record) receive the miserable pittance of two dollars per month. But to business. The first case to which I call your attention as preëminently suggestive, as a result of the war, is that of John Donahoe, Company G, Fourth Massachusetts Cavalry. It is a case of hypertrophy with dilatation (associate diseases), bronchitis and asthma. Although I think the so-called asthma is really dyspnoea caused by the heart trouble. He has never suffered from vertigo, and worked as a laborer until 1882, when he was obliged to enter the Home at Hampton, Va. The etiology of the case can readily be traced to heavy marching and the strain and excitement of battle. Another soldier of this Home is suffering from rheumatism and disease of heart, stenosis of aorta and hypertrophy, suffers much from vertigo, unable to go up or down stairs without difficulty, associate diseases—injury to spine and chronic gastritis. An exceedingly interesting case is that of

Nelson V. Day, who has hypertrophy and dilatation of the heart, with mitral insufficiency, associate diseases, rheumatism dislocates his left hip at will, cannot stand with eyes closed, cannot shut his eyes and touch his nose, absence of knee-jerk, want of coördination in movement—in fact, I have no doubt as to rapidly developing locomotor ataxia. Fourth case. Chas. Sonnen, late of Company A, Thirty-fifth Wisconsin Infantry, enlisted in 1863, served three years. Has suffered ever since the war with rheumatism. I find hypertrophy with dilation and slight aortic stenosis, suffers frequently from dyspnoea and vertigo—associate diseases, neuralgia of face with angina pectoris; suffers much from rheumatism, being laid up four or five months at a time.

Gentlemen, I might go on indefinitely with these cases, as it is thought by some good authorities, that over fifty per cent. of all the cases admitted into the Homes, are afflicted with hypertrophy of heart, stenosis, etc. Not a few cases of *tabes dorsalis* are found in the Homes, and next year I will endeavor to give you, with other diseases, a tabulated statement or history of some cases, with results as to treatment, etc. But I know I must have wearied you already; and yet, feel that I ought to give you a short account of a case of which you may have already read in the newspapers.

The case of Henry Aulfuss, who was thought to have been murdered by tramps near the Home grounds last May. The man had been a member of the Home for a number of years, and when admitted, the physician's certificate claimed that Aulfuss was disabled by paralysis, but at the autopsy no lesion of brain or cord was found, and on looking up the man's hospital record, I found that about a year ago I had diagnosed his case as heart disease and rheumatism, which the post-mortem verified. The following was our report:

We found that the deceased, Henry Aulfuss, had received in some manner unknown to us from twenty to twenty-five scalp wounds, only three of which penetrated through the skull cap, the most serious wound being about three inches in length and cutting into the external table of the frontal bone. The internal table of the skull was found intact. The membranes were uninjured; no clot, or any evidence of disease or injury, was found in any part of the brain. The trachea was free from any evidence of injury, or any unusual secretion. On removing the lungs they were found to contain air, and floated on being placed in water. Both lungs were congested. On examining the heart, the right ventricle was found hypertrophied and the left fatty, and the walls very thin. The left ventricle contained clotted blood. Two small vegetations were found in the pulmonary valves. One of the most frequent causes of trouble here in the Home is alcoholism, but when we think of the temptations to which the young soldier was exposed, and the privations suffered and the hardships endured by the men who fought to save the country, we would fain draw around them the mantle of charity. One poor fellow in the guard-house said: "You have no business to blame us; you learned us the bad habit, and now we are reaping the results."

No doubt there is much truth in this, for if we consider the youth who, full of energy, fire and patriotism, rushed to the front in 1861 to 1865, many of them nothing but boys (prevaricating as to their

age to get there), and then remember the consequences, when the real life of the soldier began to dawn upon them; when they stood fast and firm through the dreadful carnage, and saw one by one of their comrades in arms (or even their childhood's playmates) drop out—then when the battle was won or lost, or stopped by the welcome shades of night, only to be renewed at dawn, can we fail to realize the shock to the young heart. Then perhaps, after a hurried dipper of coffee with the hard-tack, the inevitable detail for picket falls to the lot of the poor wearied fellow; is it to be wondered at that an artificial stimulant was necessary before he was able to take another step forward? No; and then the habit was formed, the appetite created which to many thousands was worse than the crack of doom itself. General Sherman said, "War is hell"—and it was. The deadly minie bullet was not the worst part of that hell. Let Uncle Sam continue to be grateful to his defenders, and take the best care possible of them in their old age. There is only a very narrow line between prosperity and adversity, between success and defeat; and they saved to the freest and best of Governments; a government for the people, and by the people, and money cannot pay for the boon.

Gentlemen, change in medicine and surgery should be governed by natural laws, but unlike other advances, it is often subject to the whims of ignorant professionals and the caprice of the community at large. So it is up-hill work for those who seek its improvement.

There are many set-backs, and progress is necessarily slow. Yet with all that we can look ahead, and find much to encourage. Disease in all probability will continue to flourish, in spite of the most advanced science; and although some enterprising Yankee may originate a sublimate filter to wear over the entrance to the trachea and œsophagus, to prevent the inhalation or swallowing of bacilli, yet the improbability of its success is still in the air. Therefore let us not forget that it has been the sad experience of the past, and is likely to be that of the future, that theories and speculations (however promising at first), have been abandoned one by one, and would fill quite a respectable burying-ground, while the utmost difficulty usually bars the way to progress. The road to knowledge has ever been a rocky one; and due praise should always be awarded to the prodger after the truth.

America ought to go to the front. And the claim that this country is young or poor, cannot longer be sustained.

The Government of this great and growing country should help forward the advance and growth of medical and surgical science, by means adequate to the importance of the subject involved. Its honor is involved, and what better use can its treasures be put to than the protection of its citizens against disease, and bring about this much wished for result; so that America, and not Europe, may be pointed to as the foremost of all the nations of the world in encouraging scientific research. We have among us men with the real keenness for such pursuits, and education fully fitting them for investigation; ripe in scholarship, only waiting for the opportunity when they can shake off the worry and drudgery of private practice, to take up the nobler pursuit of working in the interest of their fellow-men the world over. We

read nowadays of efforts to bring into the United States representatives of nations of the globe, so as to bring together the highest products of man; a place where can be gathered for the education of all the industry, energy, skill and character of the world's people. But I ask, where millions are spent for these things, because they bring monied wealth to the United States, where is the Government spending anything for surgical or medical science? Is it not time that the people should recognize the fact that without health, wealth is of no permanent benefit; that without a sound physical and mental organization, money is of no worth; that only with both, can men, women and children enjoy life and the pursuit of happiness. Is it not high time for our Government to encourage the advance of medical and surgical science, by protecting those who are ready, enthusiastic and qualified for this great work?

Let us hope, pray, and above all, work for this great object.

SARCOMA OF THE PONS AND GLIO-SARCOMA OF THE CEREBELLUM.

Read before the January, 1893, Meeting of the Chicago Academy of Medicine.

BY LUDWIG HEKTOEN, M.D.,
OF CHICAGO.

The following two instances of tumor of the brain are reported in order to increase the number of such cases recorded and described in medical literature.

Case 1. Sarcoma of the Pons.—This case occurred in the Cook County Hospital, where Dr. E. T. Edgerly ascertained and wrote down the clinical history as well as the results of the physical examination; the writer made the post-mortem examination and examined the tumor microscopically.

Man, single, baker, German by birth, 37 years old, was admitted to the Cook County Hospital of Chicago, April 5, 1890. He was his parents' only child; the parents were both dead, the cause of death being unknown. He denied having had any venereal disease, said that he drank beer in moderate quantities, and that he had never been ill before his present sickness, which began with headache three months ago, since which time he had been unable to work on account of the pain, which was of a dull persistent character, with nocturnal exacerbations, principally frontal, but often extending over the entire top of the head. Two days before admission he fell on the sidewalk in a fit of faintness, but did not lose consciousness entirely; he had been troubled with dyspepsia; the bowel and urinary functions had been subjectively normal. The patient on admission is mentally dull and a clear cut history cannot be obtained.

Present Condition.—Patient is well nourished; he lies in bed groaning and complaining loudly of pain in the head, which he grasps with his hands; the right eye is tightly closed, the left is half open; the pupil of the right eye is somewhat contracted, but both pupils respond to light. Movement of the eyeballs seem to be limited, particularly as regards motion upwards and to the left. The tongue is normal and does not deviate on protrusion; the lines in the face seem better marked on the right side. Physical examination of the chest and abdomen is negative; there is no ankle clonus; the patellar and cremasteric reflexes are normal; muscle reflexes are universally present; rough tests indicate the tactile sensibility to be much impaired, thus two points three inches apart cannot be distinguished on the hands or the feet; when half an inch apart on the tongue the two points cannot be separated. Taché cerebrale is very distinct.

Pulse 64, respiration 16, temperature 97.6°.

Ophthalmoscopic examination by Dr. Mary C. Fowler: The discs cannot be outlined at all, yet the vessels are not large and do not pulsate. This condition is more marked in the left eye than in the right.