Stop bowing the knee to Baal. Renounce now and forever all "unholy alliances," all irregular and quackish methods of curing the professional diseases which at present so cruelly afflict our people. "Better choose the ills we have than fly to others we know not of."

One, and only one, honorable, wise and defensible course is open to true-hearted, humanitarian devotees of the great profession of medicine, and that is to gird up our own loins, cleanse our own Augean stables, clear our own skirts, and take to ourselves the scriptural injunction, "Let your light so shine before men that they may see your good works." Devoting all our efforts and aspirations in this direction we will find little time and less inclination for lobbying at Lansing, and our aims and ambitions on behalf of suffering humanity will be achieved more quickly, more certainly and more triumphantly than in any other way. "Straight is the gate and narrow is the way which leadeth unto life."

Any law creating a composite board of state examiners would, in my humble opinion, be found to be a bad law, and if advocated by the "honest doctors" it would surely be bad policy and unpardonable ethics.

If the opinions here declared prove unpleasant reading and unpalatable doctrine to any of my brethren whose interests I have sincerely at heart and whose friendly regard I prize above all earthly possessions outside of my own fireside circle, all I can say is that they were really not volunteered, but urgently solicited, and they are honestly stated.

These and all words of warning uttered in the true spirit of love and loyalty to my brethren in Michigan were disregarded. That heterogeneous, conglomerate, nondescript "curio," the Michigan Medical Legislation League, combining in itself every power of darkness and devilry by which the lives, limbs, health and purses of our citizens are menaced, succeeded in log-rolling a bill through the legislature, and the Governor signed it.

What the net result of all this ill-conceived and misdirected effort has amounted to is set forth by an independent, intelligent and in every way competent eye-witness, in the following editorial (*italics mine*) from the *Detroit Free Press* of March 13.

A FARCICAL SITUATION.

Every effort being made to purge the medical profession in Michigan of quacks, charlatans and false pretenders is to be applauded. Any output of a "diploma mill" is properly under suspicion and wherever evidences of incompetency or the want of proper credentials appear, the most careful investigation is demanded. The state medical registration board should do everything possible within the scope of its authority to uphold a proper standard of professional worth, even to resolving doubts in favor of the public safety.

Yet the very fact that this is true accentuates the woeful deficiency of the laus bearing upon the attempted reforms. As a rule those attempting to practice medicine without reasonable knowledge of the science to which it pertains, are dangerous and unprincipled men. Otherwise they would not risk human life and commit an occasional murder just as a money-making business.

If the law ousts them from the profession they disgrace they would have no compunction in resorting to some other alleged method of healing. And here the law is without right of interference. They do not pretend to be medical practitioners, do not have to be registered and are privileged to kill or cure as luck may favor them. They may have far less knowledge than a good veterinary, the average nurse or the mother who has raised a family, but they may treat the most deadly maladies in their most acute stages by the laying on of hands, long-distance nummery, incantations, horse-shoe magnetism, telepathy or telephone.

When such a state of affairs is aggravated by the fact that parents are not required to call medical attendance for their children when sick, and when it is remembered how much money Michigan has paid for the making of laws not worth the paper they were printed on, public sentiment can not but be deeply incensed at the inefficiency of those who legislate for the "good" of the state.

Finally, permit me to say that this communication, so far from being instigated by any feeling of triumph, much less of revenge on my part, is written in a spirit of sadness and chagrin, and at the same time in vindication of opinions and acts which, however they may have been misjudged or misrepresented, have in every instance been suggested and animated by that spirit of loyalty and devotion to the welfare of my profession which has been from first to last the guiding

and controlling article of my professional creed. But above all my most vital incentive has been to awaken if possible the scientific doctors of Michigan (in anticipation of the approaching election), to the imperative necessity of guarding against the pernicious morbid influences and tendencies which in the past have brought so much of humiliation and disaster to the precious and holy interests which it is their highest duty and noblest ambition to promote and protect to the best of their ability, and by every honorable means in their power.

DONALD MACLEAN, M.D.

Some Remarks in Reply to Dr. H. A. Kelly's Article on "Ureteral Calculus."

To the Editor:—In THE JOURNAL of March 3, Dr. H. A. Kelly reports, as entirely new, the diagnosis of a ureteral calculus by means of a wax-tip bougie, and he closes with the words: "I am not aware that ureteral calculus has ever been assisted to escape in this way before." I am ready to admit that the removal of a stone from the ureter is not an old practice, that the literature on the subject is of more recent date, and does not cover a great many cases, but the practice is not unique and the case is not a singular one, and I am very much surprised to see the statement propounded by a gentleman as well read as H. A. Kelly. Kolischer presented the first case of this kind to the Vienna Medical Society, about two years ago. The stone was found impacted in the left ureter, several inches above its vesical opening, the impaction and the exact localization of the concrement having been determined by a metal-tipped ureteral catheter. Injection of 50 c.c. of sterile vaselin-oil freed the stone and brought it down into the bladder, from where the woman passed it spontaneously through the urethra after an hour. The second case was demonstrated by L. Casper in the Berliner Medical Society, a few weeks later. This time the obstruction consisted of an agglomeration of uric acid crystals, which were distinctly felt and crumbled by the ureteral sound; the fragments were spontaneously discharged in the urine following the withdrawal of the sound. Both of these cases are described in L. Casper's text-book of cystoscopy, published in 1899. (*Handbuch der Cystoscopie*, von Dr. L. Casper, Leipzig, 1898, pp. 170 and 191.)

About a year ago Casper presented, before the Berliner Medical Society, his second case of this kind, in which the impaction was followed by reflex anuria and ureter catheterization; vaselin-oil injection removed the obstruction almost instantaneously, followed by a speedy recovery of the patient. (*Berliner Klin. Woch.*, 1899.)

In the meeting of the Chicago Medical Society of March 8, 1899, I exhibited a patient and the stone which I had removed by ureter catheterization. The stone obstructed the left ureter at a distance of about five inches from its vesical end. Immediate relief followed the loosening of the concrement, which the patient spontaneously passed the next day. The accompanying picture illustrates the actual size and shape of the uric acid stone. The case is also interesting, as the configuration of the concrement would rather preclude the possibility of its spontaneous discharge through the male urethra.

As stated before, the literature on this subject is not abundant with cases on record. But just for this reason, every new report is the more valuable on this but recently developed field of bladder and kidney surgery, and it is therefore not only permitted, but also benefiting the advancement of the subject, to ventilate such a report by analyzing and discussing it.

I can not comprehend why Kelly injected 6 c.c. of a 1 per cent. cocain solution directly into the ureter and into the surrounding tissue through the vaginal wall and on it desired to instillate a eucaïn solution into the ureter through the cystoscope. If Dr. Kelly believes in the harmlessness of the eucaïn—the contrary of which is proven by Reclus, Kolischer and others—then I can not conceive what has induced him to inject cocain, a noted poison, from outside into the tissues, the most dangerous form of its application. Notwithstanding the danger connected with cocain injection even in mild concentration, it is, particularly in women, not necessary to use local anesthesia

for cystoscopy or ureteral sounding, if one uses the Nitze or Brenner instrument and exercises delicacy in introducing the cystoscope and the ureteral catheter. It is one of the drawbacks of the Pawlik-Kelly cystoscope that it requires the painful dilation of the urethra. I also do not agree with his method of forcible dilation of the vesical end of the ureter where, as it appears from his description, he had found a ureteral stricture simply from the appearance of the orifice. Ureteral strictures, by the way, are extremely rare—spasmodic contractions are frequently pronounced as such—and ought to be gradually dilated by sounds or catheters of increasing caliber.

It is not very plausible that the introduction of a wax-tipped bougie for feeling and localizing the stone as practiced in this case complies with a long-felt want or means a progress. Ureter stones, like bladder concretions, are very often covered with a thick, viscid coat of mucus, pus and blood, so much that the surface becomes perfectly smooth and slippery and consequently will not produce a scratch-mark on the passing wax-tip. It will, therefore, not do to infer, from the non-appearance of the marks, the absence of a ureter stone with certainty without committing a serious mistake when some symptoms suggest the possible presence of it. Such symptoms are the typical pain, blood in the urine, sometimes in abundance, sometimes only in microscopic quantities, anuria of the obstructed, and occasionally of the fellow, ureter.

In which way the proposed mounting of wax particles on the catheter in certain intervals should facilitate the exact localization of the stone is not comprehensible. Scratch-marks appearing on one, two, or all of them will indicate that they have passed over a rough surface, but nothing else. But all these wax particles are unnecessary. In the four cases cited above, and in all the others diagnosed as impacted stones and operated on, the diagnosis and the location of the concrement were accomplished with ureter catheters, or sounds carrying a silver cap on the tip. The sensation communicated to the fingers holding the catheter when the latter meets the obstruction, and the resistance felt when the catheter passes it, taken altogether with all other symptoms, will hardly allow of an error.

In encountering a stricture in the ureter, an extremely rare occurrence, we also feel an obstruction, but the sensation to touch is different and the *unbloody* urine flows through the catheter long before the latter reaches the stricture. In cases of impacted stones the, as a rule, more or less bloody urine, commences to flow after the catheter has passed the obstruction.

The employment of the alligator forceps, to crush the stone, might give satisfaction in very small phosphatic concretions or in small agglomerations of various texture. Every one familiar with litholapaxy knows what powerful instruments are required to crush comparatively small uric acid stones or oxalates and will indorse my opinion about the limited value of the forceps. Notwithstanding this I consider such a procedure in the ureter too serious, on account of the probable and dangerous lesions it is likely to produce. If the stone is located near the renal pelvis, one has to try to push it back into the pelvis, from where its prompt removal by nephrotomy will be possible. If immovable, its location and localization will determine the route an operation has to take. But at any rate, especially when situated nearer to the vesical end, the vaselin-oil injection ought to be tried, to assist the escape of the stone before it is decided to do a cutting operation. For stones in the ampulla, pressing them into the bladder through the rectum in the male sex, through the vagina in women, has been recommended,

also their removal with a forceps introduced through the operation cystoscope.

F. KREISSL, M.D.

Tumors of Mammary Gland.

ANN ARBOR, MICH., April 2, 1900.

To the Editor: The concise statements made in the last two paragraphs of my paper on "Tumors of the Mammary Gland," in THE JOURNAL of March 31, admit of misinterpretation. My meaning is expressed more clearly as follows: The gross differential diagnosis of tumors of the breast in so far as the histologic variety is concerned is extremely uncertain and should not be taken as an operative guide. In a large proportion of cases it is not possible to distinguish the different forms. In nearly every case in which the histologic variety has been diagnosed in the gross, the microscopic examination has shown the diagnosis to be incorrect. The difficulty is obvious when the variety of pictures which one case may present is considered.

It seems reasonable from the data afforded by these eighty cases that the percentage of malignant tumors of the breast is so great as to warrant the statement that the most rational treatment in cases of tumors of this organ is immediate surgical interference.

FRITZ CARLETON HYDE, M.D.

Marriages.

BROWN—HILLYER.—Dr. Philip King Brown and Miss Helen A. Hillyer, San Francisco, Cal., March 7.

DAVIS—JAMES.—Dr. W. S. Davis, Marshall, Ind., and Miss Estella James, Brazil, Ind., March 18.

DILLY—LEAVITT.—Dr. Frederick C. Dilly and Miss Mary E. Leavitt, Brazil, Ind., March 14.

GESSNER—HAYES.—Dr. Hermann B. Gessner, demonstrator of Operative Surgery in the Medical Department of Tulane University, New Orleans, La., and Miss Jessie Hayes, Lake Charles, La.

HILL—BURT.—Dr. F. M. Hill, Falcon, Colo., and Miss Bettie Burt, Woodland, Cal., March 22.

SPOONER—FERGUSON.—Dr. Ernest H. Spooner and Miss Mary G. Ferguson, St. Louis, Mo., March 20.

Deaths and Obituaries.

JOHN ALEXANDER LOCKWOOD, M.D., 89 years old, who spent thirty-three years in the service of the United States as surgeon in the navy, died on March 11, at the Newstead, Bournemouth, England. He was born in Delaware, and was the eldest son of William R. Lockwood. He was appointed assistant-surgeon on Feb. 8, 1832, was made surgeon on Oct. 13, 1840, and resigned on March 13, 1865. His last duty was at Mare Island navy yard, California.

JOHN COOPER, M.D., Royal College of Surgeons, London, 1873, died at the Seney Hospital, Brooklyn, N. Y., March 29, aged 85 years. He was born in London, and for some time after his graduation he saw much of the British possessions in South Africa, as an army surgeon. For a number of years he was also a member of the New South Wales Medical Board. He settled in Brooklyn, N. Y., in 1858, after having lived in Huntsville, Ala., for about twelve years.

HENRY B. CARPENTER, M.D., died at his home in Rochester, N. Y., March 23, aged 36 years. He was graduated from the College of Physicians and Surgeons, N. Y., in 1886.

ANDERSON MOFFETT NEWMAN, M.D., said to be the oldest male resident of Harrisburg, Va., died there March 29, in his 90th year. He was a native of Shenandoah County, and resided in Harrisburg since 1855. He leaves two children and a large estate. He was a member of the constitutional convention of 1850.

FRANKLIN B. HAZEL, M.D., Philadelphia, died March 28, aged 54. He was a graduate of the Medical Department of the University of Pennsylvania.

HENRY D. HARDACKER, M.D., Chicago Medical College, 1875, died at his home in Hortonville, Wis., March 26, aged 53 years.