exciting cause of hay fever in certain cases, the failure to obtain relief by some of these patients does not supply positive proof that the extracts of solidago and ambrosia are not beneficial, for it is possible that with these patients the negative results might have been avoided had we added to the remedies the fluid extracts from various other blossoms, such as those of Indian corn, timothy, June grass, etc.

In some of the persons experimented on, the dosage may have been much too small, yet in others an attempt to increase the dose appeared to disturb the digestive organs. It will be remembered that the minimum dose of this mixture was only 1/22 of the minimum dose recommended by authors for the administration of these drugs, and that the dose we employed of these 2 fluid extracts was less than 1/4 of the average maximum doses of the two as recommended by the authors consulted.

OTHER EFFECTS OF THE REMEDIES.

It will be observed that in the literature, the preparations of golden rod are reputed to possess diaphoretic properties. Some of these patients noticed peculiar sweating while taking the medicine, similar to that they had experienced in former years during the beginning of the hay fever. Solidago has been used as a febrifuge. Some of these observers believe that the remedy prevented the burning sensation from which they had suffered in former years during the hay fever. Ambrosia is classed by the eclectics as a hemostatic, especially valuable in epistaxis. The same property may possibly account for the dryness of the nasal mucous membrane experienced by some of the persons who used these remedies, a property, by the way, which if found to be constant would make this a useful remedy not only in hay fever, but in some other disorders affecting the nasal mucous membrane.

ETIOLOGY IN THESE PATIENTS.

Of the 12 patients who believed themselves benefited by the remedy, 3, or 25 per cent., attributed the attacks to ragweed, none to golden rod and 9, or 75 per cent., to other things, as car smoke, odor of flowers and weeds, night air, dusty weather, dust from grain and new-mown hay. Of the patients who experienced no relief, 3, or 50 per cent., attributed the attack to ragweed, 2, or 33 per cent., to golden rod, and 1, or 17 per cent., to other things, such as damp, warm or cloudy weather. Of these getting relief, 5, or 42 per cent., report their cases as severe, 5, or 42 per cent., moderate, and 2, or 17 per cent., as mild to moderate. The shortest time with these patients during which they had been subject to hay fever was 3 years and the longest 30 years; 6, or 50 per cent., being less than 10 years' duration, and 6, or 50 per cent., above 10 years; 9, or 75 per cent., were of 7 years' or more duration. Of those not obtaining relief, all state their cases as severe and the duration was 9 to 25 years. Of those relieved by the medicine, in 9 cases, or 75 per cent., the trouble had returned every year since its commencement, while in only 3, or 25 per cent., of the cases had there been years when the symptoms did not appear, 2 of these being explained by the patients going to Europe during the hay-fever season. Of those not relieved, all had had the symptoms return every year with the hay-fever season.

RELIABLE PREPARATION OF DRUG NEEDED.

These remedies are used very little in medicine, therefore doubt arises as to the effectiveness of the preparations employed. It is not improbable that the particular lots that we experimented with had been in stock many years and may have lost their virtue. It would appear necessary that the plant in order to furnish an effective

remedy should be gathered during the flowering season, whereas with the remedies we employed, it is not unlikely that but little care was taken in selecting the crude plant. Fraser's liq. ambrosia is a proprietary preparation, the constituents of which are not known to the profession; therefore, careful physicians will hesitate to recommend it, and when it is taken no one can know certainly to what its good or ill effects may be due.

PLANS FOR FURTHER TRIAL.

From these considerations, I was induced to urge Parke, Davis & Co. to prepare standard fluid extracts from both of these plants gathered during the flowering season. This they have done so that they may be employed next summer. In order to make the administration as easy and pleasant as possible for the patient, they have at my request also put up the remedies in chocolate-coated tablets of the fresh extract, of two sizes; each of the smaller tablets represents 2 1/2 minims of each of the fluid extracts. These are to be used at the beginning and while the dose is being increased; the larger tablets each represent 10 minims of each of the fluid extracts which is the full dose that was generally employed by us during the past year, although twice this quantity might well be tried. The manufacturers assure me that the remedies will be quite as effective in this form as in any other and therefore with the quality assured and the administration made easy, we hope to give it a more thorough trial another year, and I hope that each of you will lend your aid to this investigation.

34 Washington Street.

A NEW METHOD OF TREATING THE BROAD LIGAMENT STUMPS IN VAGINAL HYSTERECTOMY.

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In the operation of vaginal hysterectomy the broad ligament stumps are usually treated in one of two ways:

1. They may be ligatured, cut short and returned to the abdominal cavity and the vaginal wound closed, according to the nature of the case, with or without drainage. The objections to this method are apparent; they are: first, the dangers which always arise from the intraperitoneal ligature of a mass which may slough or at least become infected; second, the stumps having been returned to the peritoneum, the broad ligaments can not perform their functions of holding up the pelvic floor, especially holding up the rectum, vagina and bladder. In consequence, these viscera are apt to descend with resultant cystocele, rectocele and enterocele vaginalis.

2. In order to avoid such evil effects, it has been customary to draw the stumps down into the vagina and fasten them there with the same sutures which are used to close the vaginal wound. This makes the operation extraperitoneal and enables the ligaments to perform their functions of holding up the rectum, vagina and bladder.

In some cases the ligaments are so short and rigid that they can not be drawn into the vagina and therefore must be returned to the abdominal cavity. Usually, however, it is quite possible to make the operation extraperitoneal by fastening the stumps below the level of the vaginal wound. The ligatures on the stumps are usually applied *en masse* around the entire ligament in such a way that the ligatured portion will slough. It is better to apply the ligatures so that no sloughing will occur,

that is, to let the ligatures include only that portion of the ligament through which the arteries pass.

OPERATION PROPOSED.

The accompanying plate shows a very practical method of treating the ligatured ends of the broad ligaments

wound between the vaginal and peritoneal sides of it. The explanation of the procedure is as follows:

Fig. A. The ligaments, having been ligatured *en masse* in such a manner as to avoid sloughing of the ligatured stumps, are drawn down into the vagina by

in such a manner as to avoid sloughing of the ligatured stumps and to fix them in the vaginal wound. The method here illustrated is only applicable to those cases in which the ligaments are sufficiently long to permit either end-to-end approximation or the folding of one on the other and the fixation of them in the vaginal

means of pressure forceps. The anterior and posterior peritoneal margins of the vaginal wound are being whipped together by a continuous catgut suture. At either end of the line of union this continuous suture secures the broad ligaments so that they can not slip back into the pelvic cavity. Only one ligature is here

shown on each broad ligament. In the majority of cases more than one ligature may be required.

Fig. B. The anterior and posterior peritoneal margins having been united as shown in Fig. A, the broad ligaments are brought together by end-to-end approximation and united by a continuous catgut suture. The united ends of the broad ligaments are now in contact with and in front of the united peritoneal margins, Fig. A.

Fig. C. The anterior and posterior margins of the peritoneal wound have been united and the broad ligaments have been approximated, end to end, by continuous sutures as already shown in Figs. A and B. The anterior and posterior margins of the vaginal mucosa are being united by a continuous catgut suture, making a line of union from side to side. This suture completes the operation.

Fig. D. In some cases the broad ligaments are so long that instead of uniting them end to end they may be folded one upon the other and so fastened together. The anterior and posterior peritoneal margins have been united in precisely the same manner as shown in Fig. A.

Fig. E. The anterior and posterior peritoneal margins of the vaginal wound have been united by a transverse line of union as shown in A and D. The ends of the broad ligaments have been folded on themselves and are being united by a continuous catgut suture along their lower border. A similar suture should be introduced along the upper border. The ligaments having been thus united are to be covered by the upper and lower margins of the mucosa as shown in Fig. C.

The method of fixing the ends of the broad ligaments between the peritoneal and vaginal sides of the wound will be found to have great value, when practical, for the ligaments so fixed can then perform the very important function of holding the pelvic viscera high up in the pelvis and of preventing the unfortunate prolapse of the pelvic floor (rectum, vagina and bladder), a not uncommon and most unfortunate result of hysterectomy when performed by the older methods.

In vaginal hysterectomy for carcinoma and metritis the broad ligaments will frequently be sufficiently long to permit end-to-end approximation, but they will not in most cases, permit the overlapping as illustrated in Figs. D and E. This method of overlapping the ligaments, however, will always be possible in the operation of vaginal hysterectomy when performed for complete procidentia uteri and is strongly urged in that class of cases.

When the ligaments are not sufficiently long for end-to-end approximation, they may be fixed in the vagina in the ordinary manner, or if not sufficiently long for this, may have to be returned to the pelvic cavity.

Observe in Figs. E and D the isolated ligature of the arteries. This form of ligature will usually be quite practical except for very short and very large ligaments, and when practical, should always be employed. It insures normal circulation in the stumps and is a safeguard against sloughing.

In hysterectomy for carcinoma it is desirable to remove as much as possible of the broad ligaments; hence this operation will be found more especially applicable for the non-malignant cases.

1617 Indiana Avenue.

April 1912.

Test for Dog Sausages.—It has been suggested to use the blood serum for examining meat in sausages. It is possible by this test to establish the absence or presence of meat from horses, dogs, etc. *St. Louis Courier of Medicine.*

THE PHYSICIAN AS A SOCIAL ECONOMIC FACTOR.*

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In the long-forgotten ages, while men yet lived in caves, the figure that stood out in boldest relief was the medicine man. When society began slowly and timidly to organize itself into a body politic, the chipped flint doing duty as both tool and weapon, the grain about which it crystallized was the ever present medicine-man-priest. To him came his tribe, singly and collectively, asking enlightenment and guidance. His war chief, however brave, however fierce, was only tribal warrior leader, he himself being the real ruler, holding the scepter of life and death over his people. His remedies were few and therapeutically worthless, but his dogmas were all powerful. This picture is faithfully reflected among all primitive peoples even unto this day.

As culture made progress slowly, very slowly at first, but gaining rapidity with the passing of the centuries, the priest-physician was found ever in the forefront, grasping every idea and using each thought put forth by members of any other calling. The lowliest peasant and the veriest tyrant sought the opinions and advice of the astute jugglers in human frailties.

What was true as to influence wielded by the medicine man of the ages past ought to be and will be many times manifold for the enlightened medical man of to-day. Surely if any profession has the right to be proud of its achievements the great family of physicians stand possessed of that honor. See what has been done in lengthening life: From 1890 to 1900 four years have been added to the average longevity of those within the statistical area. It is our first and very pleasant duty to lengthen life, and who can gainsay our success? Is it fair to other professions that we be compared to them? If so, have the lawyers decreased crime or the preachers lessened infidelity? Only in the fields of applied science and the mechanical arts do we find any approach to the record made in medicine.

Twenty years ago tuberculosis was a mystery—deadly as the embrace of the boa—fatal as the sting of the asp—but to-day the great medical laboratories, the doctors' manual training schools, have laid bare its erstwhile mysteries and are rapidly loosening its deadly grasp and plucking its fatal fangs.

Twenty years ago the paranoiac murderer hanged beside the wilful assassin, but to-day the keen-thinking equity-loving physician guides court and jury into the path of actual justice.

Gentlemen, have we done and are we doing our best here? Are we not yet prone to sit in the galleries, silent and helpless, while we are needed in the arenas? We owe the public the benefit of our learning and skill, whether dealing with the criminal, the lunatic, the inebriate or the physically unsound. The fulfillment of this duty will lead to the broadening and deepening of our influence. Let us wake up here and do our fuller duty, gain the greater influence and accomplish the most good.

Twenty years ago men about to enter new business relations did not first obtain their physician's opinion, but they are doing it now among the most intelligent classes, and within a few years the physician's permission will be a *sine qua non* among men about to make radical changes in life, as well as in the choice of callings. The writer can recall numerous interviews like these:

* Read before the Medical Association of Georgia at its Fifty-third Annual Meeting, Savannah, April, 1902.