disease. The first case he lost was one that came to him on the seventh day and died of a mixed infection, streptococci having invaded the child's blood.

One day on entering the ward we found three children breathing through tracheotomy tubes, aged respectively 2, 4 and 7 years. The Doctor explained that the 2-year-old child was on the point of suffocating when he entered the barracks; the 4-year-old child came to the hospital on the sixth day. His larynx was involved at the time and before the serum had had an opportunity to retard the progress of the disease, stenosis occurred and tracheotomy became necessary. The 7-year-old child was brought in on the third day with a thick membrane in the larynx; his parotid glands were greatly swollen. In this instance, Dr. Kossel conjectured that the disease was of longer duration than was known. All three recovered.

One of my colleagues expressed surprise that tracheotomy was still necessary with this treatment. The explanation given was that in some cases the laryngeal stenosis comes before the remedy has had time to influence the disease, as in the case above mentioned. In other instances the patients were so profoundly poisoned that the membrane continued to form for hours after the serum was injected and during this time stenosis could occur. This made it necessary in a percentage of cases to use the tube.

The percentage of recoveries in the barracks since August, when the blood serum treatment was introduced was 85; before August 1 recoveries were 40 per cent. Out of twenty-five tracheotomies 55 per cent. recovered. He also mentioned that of fourteen tracheotomies in children who came under treatment before the third day, twelve recovered.

Roux, of Paris, states that the mortality rate in the children's hospital there was reduced from 55 to 26 per cent. since the Behring treatment was introduced.

In Vienna, the serum was used in a case of puerperal fever, although Behring claims that the remedy is only to be relied upon to attack the germs of diphtheria. The patient is recovering. How much the serum influenced the disease one can not tell, although her temperature has steadily descended.

The treatment is simple; Koch's syringe is used for the purpose; ten cubic centimeters of the serum are injected below the axilla, where the connective tissue is quite loose. *Asepsis strictly observed.* The temperature in nearly every case begins to descend in from eight to twenty hours. There is no reaction after the injection. No elevation of temperature or discomfort to the patient occurs.

The injection is repeated after twenty-four hours if no improvement is noticed in the patient, and may be repeated daily if necessary. Usually, however, the first injection is followed by decided improvement within twenty-four hours, and in the milder cases one injection is sufficient to stay the progress of the disease. After twenty-four hours the membrane softens and in many cases comes away in shreds. No other medicines are given, except to weak patients who are supplied with an abundance of wine, milk and beef tea. Behring says the serum is a *specific* for the destruction of the diphtheria germ *only*, and if complications arise in the case as a result of a *mixed* infection his treatment should not be held responsible for it, as diphtheria is a disease peculiarly liable to be accompanied by a mixed infection; other germs finding an infective atrium in the naso-pharynx, larynx and bronchial tubes. Any complications appearing must be treated by the usual methods, but so long as diphtheria germs are discernible the serum is to be used to *destroy them*.

He also wishes to have it understood that the remedy is not a poison like Koch's tuberculin, but an *antitoxin*, being the blood serum of an animal (horse or sheep) that has suc-

cessfully stood inoculation with the diphtheria culture. He claims to have found small "bodies" in the blood serum of such animals which he says are antagonistic to the diphtheria germ. He calls them "Heil Köfer" and claims to have proved his discovery by repeated experiments upon lower animals. As the remedy is considered an antitoxin, many of the most prominent members of the profession in Berlin, Vienna and Paris say that the remedy can not injure the patient and ought to be thoroughly tried in view of the fact that such remarkable statistics have been presented in its favor by thoroughly competent and well-known physicians of Germany and France.

Yours truly,

F. C. SCHAEFER, M.D.

The Discoverer of Anesthesia.

ATHENS, CLARKE CO., GA., Nov. 26, 1894.

To the Editor:—Dr. Ephraim Cutter, in his note to the JOURNAL of November 17, says the rotunda of the Capitol contains a statue of Dr. "J. D. Crawford," the discoverer of ether in 1842. This note is replied to by Dr. W. H. Sharp, of Parkersburg, W. Va. Dr. Sharp's note is on the right track. Dr. Crawford W. Long used ether as an anesthetic in 1842 in Jefferson, Jackson Co., Ga., eighteen miles from Athens, to which fact a number of old citizens of Jackson County will testify. It was first used for surgical purposes on a man named Venable, and a member of this same Venable family lived near Jefferson, Ga., for several years previous to 1842.

Both in Jackson and Clarke Counties the young people at parties would call for volunteers to whom ether should be given for the amusement of the crowd present on these occasions. My own mother was present at a number of these entertainments in Clarke County, one of which was at the old Weir place four miles from Athens, on the Monroe road. At this time ether was given to a negro boy, and when full anesthesia was established, the young men who gave the ether became very much frightened, thinking they had killed the negro. In their fright they sent to Athens for a physician, but when he arrived the negro had come to life as they thought, and so expressed it.

Now as to the statue spoken of by Drs. Cutter and Sharp, I have this to say, which I think will explain the matter fully. A few years after the death of Dr. Crawford W. Long, portraits were made of two of Georgia's most distinguished citizens (two portraits of each one); one to be placed in the State Capitol at Atlanta, Ga., the other in the rotunda of the Capitol in Washington, D. C. The name of Dr. Crawford W. Long was presented as one of the number, being the discoverer of ether as an anesthetic in 1842. This claim has been fully established by abundant proof, and some authors give the honor to Dr. Long. In the "American Text-book of Surgery," by Keen and White, Dr. Long is named as the discoverer, and one or two English authors give the credit to Long. In the East the credit has been given to Dr. Morton, who first used his anesthetic in 1844, and to whom a monument has been erected, and a public demonstration held in his honor as the discoverer. Dr. Morton deserves all this as one of the discoverers, but Long having antedated Morton two years, he should at least share this honor, notwithstanding the fact that Morton did make known first his discovery to the world. The medical profession of the world should take up this subject and ask for a monument fund, to be raised by voluntary subscriptions by the physicians of every nation.

The statue to Sims, at the unveiling of which I had the honor of being present, is an honor worthily bestowed. The noble profession of the healing art deserves much praise for this work, and I hope the good work will go on. The

names of McDowell, Long, Gross, Morton and Sims, as well as others, should be placed on statues, that in this way their names and achievements may be perpetuated in the minds of future generations. I will head the subscription list from Athens (and no doubt every physician in Athens and vicinity will follow) in raising a fund to erect a statue to the memory of Long. Respectfully, ISHAM H. GOSS, M.D.

Report of a Case of Extensive Gunshot Wound.

READING, PA., Nov. 1, 1894.

To the Editor:—On Aug. 2, 1894, I was summoned in great haste to see Mr. G. B., who met with a dangerous accident half an hour previous to my arrival at his residence, by a discharge of a full shell, containing No. 8 shot, from a breech-loading shotgun, into his left side. Upon examination, after anesthetization by the assistant physician, I found the whole contents of the shell, containing about two hundred and fifty shot, had entered three and three-fourth inches to the left of mid-sternum between the seventh and eighth ribs, fracturing the ninth, eighth and part of the seventh ribs to minute pieces, tearing and lacerating the pleura, peritoneum and diaphragm; lung and liver protruding, and impregnated with numerous shot.

At first sight the case was thought and expected to be entirely hopeless. However, I was determined to do all that could be done, so I excised a great deal of lacerated marginal tissue. I extracted all the pieces of bone obtainable, with numerous shots, and shreds of clothing from lower left lobe of lung and liver; washed out the peritoneal and pleural cavities with a warm bichlorid of mercury solution, 1 to 2500, but could hardly control capillary oozing until, as a last resort, I applied hydrozone half diluted with water, which admirably controlled all capillary oozing, and at the same time acted as a strong disinfectant.

After a thorough cleaning and removal of lacerated tissue, I brought the edges together and coaptated with silk sutures, after inserting two drainage tubes; one under the lower lobe of the left lung and the other under the liver from which I ascertained there was absolute drainage. The external dressing was composed of iodoform gauze. I prescribed internally brandy, belladonna and quinin and a bland but nutritious diet.

On the third day, I found my patient restless and coughing, with hematemesis and fever. Upon this I removed the dressing and washed out the abdominal and thoracic cavities with hydrozone in solution through the herein mentioned drainage tubes, and reapplied another antiseptic dressing, from which time the case made a remarkable forward progress until about the fifteenth day, when again the patient began to show some internal disturbance that on the eighteenth day proved to be an abscess on a large scale in left lower lobe of lung; this ruptured spontaneously three days later, leading to profuse purulent expectoration (undoubtedly a result of remaining shots and small fragments of bone) breaking down the patient's vitality very much for a time which, however, was soon repaired with quinin and iron, and now the patient is absolutely well.

I merely report this remarkable unusual case to show what can be and often is done to apparently hopeless cases.

Fraternally,

F. H. BROBST, M.D.

Report of a Case of Bifid, or Double Uvula.

KANSAS CITY, MO., Dec. 3, 1894.

To the Editor:—The patient whom I present is 23 years old, and is a mechanic by occupation. He was born in Ireland, came to the United States three years ago, all of which

time has been spent in Philadelphia, Pa. About four weeks ago he came to Kansas City to enter Park College, the great industrial school at Parkville, Mo., about ten miles from this city. His family history is good, and is of no importance as far as his own case is concerned. He has always been well. None of his relatives have ever had cleft palates, or any trouble with their throats. Several weeks ago he was referred to me by my friend, Dr. Jessie Woodside, of Parkville. He complains of some difficulty of deglutition and articulation. The voice is rather fine, for a man. On attempting to sing he notices a little accumulation in his throat; this is caused by the saliva adhering to the bifid uvulæ and sticking them together.

He is a good patient to examine, and has such perfect control of his throat, and opens the mouth so wide, that every one can have a perfect view of this beautiful specimen of double uvula. On looking in his throat, you see two distinct uvulæ, side by side, separated all the way to the arch. As you see, there is not the slightest tendency to cleft palate in his case; in other words, his hard palate is perfectly natural. If you will look in his mouth you will see that each uvula is about the normal size. I am under obligations to my friend, Dr. J. C. Steward, who has kindly drawn the perfect sketch of my case which accompanies this article.

The patient insists on having one uvula removed, and I have promised to comply with his wish, thereby hoping to relieve the small amount of difficulty he has in deglutition and articulation. This patient was exhibited to the Kansas City Academy of Medicine Oct. 8, 1894.

HAL FOSTER, A.B., M.D.

"Great Swelling Words."

CHICAGO, Dec. 3, 1894.

To the Editor:—The man who knows neither Greek or Latin, and at the same time lacks training in English, seems to have a mania for padding out his writings with useless but sonorous phrases of classical derivation. He appears to think that by inflating his language in this way he will make his thoughts more pompous and impressive than if he sets them forth in the crystalline gems of pure English words.

Two of the stilted phrases which have recently gotten into vogue are "etiologic factor" and "etiologic entity," and they have been rattled about our ears from so many quarters that nobody knows the first sinner who introduced them.

The Greek word, *αιτια*, means a cause. *Αιτιολογια*,