Patient confined to bed with severe abdominal pains. Tumor on right side, reaching nearly to umbilicus, accompanied with many of the symptoms of pregnancy. Uterus evidently merged in the growth. Proved an ectopic pregnancy. Closed the wound. Miscarriage followed. Recovery complete and patient remains well.

Case 7.—April, 1887. F., æt. 30. Patient ill four weeks. Tumor on right side, growing rapidly. Exploration revealed cancer of omentum. Closed wound. Autopsy later showed round cell sarcoma. Thought result not materially changed by operation.

Case 8.—April, 1887. F., æt. 33. Pulse and temperature high, with severe pains caused by a tumor of right side extending to umbilicus. Although from subsequent history probably cystic, it was found everywhere adherent and judged malignant. Patient still living, but for the most part confined to the bed for the year. Tumor increasing in size, and again I have advised exploration with the hope of removal.

Case 9.—July, 1887. Dr. W., æt. 72. Sufferer for years from gall stones. Now *in extremis* from biliary obstruction. Laparotomy and found adhesions to ascending colon and the parts about. Could feel and probably dislodged, in a measure, a calculus, size of a walnut. It was thought not safe to proceed further, so closed the abdomen and improvement followed for a short period. Wound healed perfectly. Symptoms of obstruction returned and death supervened within a month. Autopsy showed a large impacted calculus and conditions which warranted the conclusion that the duct adhesions prevented a safe removal.

Case 10.—August, 1887. Boy, æt. 12. Perityphilitis. Freely separated adhesions. Patient recovered well from operation. Wound healed. Death about six weeks later from undetermined cause. Autopsy showed the intestine unobstructed, and only delicate bands to determine place of the extraordinary plastic effusion.

Case 11.—October, 1887. Child, æt. 2. Temperature 104° and pulse 140 to 150. Opened and washed out a large pus cavity involving appendix, drained. Improvement most marked from time of operation. Some weeks later enlarged the incision on account of return of fever, etc. Closed a fistula of the bladder by a continuous tendon suture and two openings in the large intestine which admitted finger, also the abdominal wall. Recovery complete and rapid. Child growing finely, and seems as strong as before her long illness.

From this report it will be seen, although the list of cases is small, that life was not seriously endangered by the operations, and in more than one instance, although seemingly only exploratory, the recovery was dependent upon the surgical interference. To write the opposite side of my experience would be to narrate a long series reach-

ing over more than twenty years of active clinical study, where the post-mortem revelations have taught the shortcomings of our art, and with regretful sadness caused us, at least, the contemplation of what might have been.

I am well aware that I am not alone in the consideration of exploratory laparotomy as to the views taken of the subject in this brief paper. Prominent among the contributions upon this subject, I take pleasure in citing an able article recently written by Dr. T. Gaillard Thomas, of New York City. In the light of the criticisms of a certain considerable and highly respectable class of the profession, raising the protest against what they deem an unjustifiable resort to laparotomy for abdominal disease, I can but believe that it emanates, as a rule, from men only theoretically interested in the subject. Of the quite large number of surgeons, in Europe as well as America, with whom I am personally acquainted, I know of no men more conservative in opinion, or who review with greater care and precision the premises upon which they base the advisability of operative interference, and only a long experience and extended observation has led them to accept exploratory laparotomy as, at times, the only means of a correct diagnosis.

Let us hope those younger in the profession who have entered upon its labors under more favorable auspices, will take heed to such warning, profit by the lesson it teaches, and remember that the future, if not the present, will regard the sins of omission in the same stern light as those of commission.

HYDRIODIC ACID. ITS USES IN GENERAL PRACTICE.

Read in the Section on Practical Medicine at the Thirty-ninth Annual Meeting of the American Medical Association, Cincinnati, May, 1888.

BY WM. C. WILE, A.M., M.D.,

EX-VICE-PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION;
MEMBER OF THE BRITISH MEDICAL ASSOCIATION; EDITOR
OF THE NEW ENGLAND MEDICAL MONTHLY, ETC.

The difficulties which were in the way of the use of hydriodic acid because of its rapid decomposition, were considered so unsurmountable, that it was not until the year 1878, when an unalterable syrup was presented to the profession, that it came into use. Soon after this, in 1880, my attention was attracted to an article by Dr. J. B. Oliver, of Boston, which was published in the *Boston Medical and Surgical Journal*, of the issue of March 4th of that year.

Dr. Oliver, in his paper alluded to the use of syrup of hydriodic acid, in the treatment of asthma, and in conclusion says, that Dr. Knight "had surprisingly satisfactory results," from the same remedy. Having under observation at this time a severe case of chronic asthma, complicated with chronic bronchitis, on which I had

tried iodide of potassium, which was intolerable to the stomach, I at once put the lady, a woman of 49 years, upon the syrup of hydriodic acid. The effect was all that could be desired. There was an almost immediate relief from the asthmatic conditions, rapid amelioration of the cough, decreased expectoration, which was very profuse before the exhibition of the remedy. The sputa which was thick and viscid, became thinner in character, and my patient's general health commenced to improve, and after three months of the use of the syrup of hydriodic acid, in increasing doses till two teaspoonfuls were taken three times a day, complete recovery took place, and from that time till her death of pneumonia two years later, had no relapse. The results in this case were so satisfactory, that ever since it has been my favorite remedy, in all asthmatic troubles, and though every case has yielded promptly and effectually as this one, still, I have never administered it in this class of diseases, without unmistakable evidences of relief and comfort. In chronic bronchitis of long standing, in my hands it has produced most excellent results, and can be given when the iodide of potassium cannot for a moment be tolerated. The cases which seem to derive the most benefit from this remedy, are that class of long standing bronchitis, when the lung seems about to take on a deeper seated and less tractable form of disease.

My attention has been frequently called, in the treatment of chronic bronchitis with hydriodic acid, to the fact that small doses, frequently repeated are of signal service, when larger doses do not seem to accomplish the same results. In fact, from long experience, I would suggest the constant use of the syrup in small doses, 15 drops, gradually increased a drop a dose, until the point of toleration is reached, in order to get the most satisfactory and lasting results. While practicing at Sandy Hook, Conn., I had the opportunity of observing its action in lead poisoning, in a great many cases, lead entering largely into the compounds which are mixed with the crude rubber during the process of manufacture. I depended almost entirely on the syrup of hydriodic acid for all forms of chronic lead poisoning. In lead paralysis, this remedy combined with keeping the bowels quite free, and the application of the Faradic current were the only means employed, and always with satisfactory and oftentimes surprising results. Wrist-drop and chronic abdominal pains would yield to the remedy, combined with saline cathartics. In scrofulous diseases, of children especially, does the hydriodic acid seem to produce most marvelous results. In infantile eczema, enlarged glands, cold abscesses, indolent sores, treated with small doses gradually increased until it is all that can be borne, will prove a source of great gratification to the patient, and gratitude towards the doctor.

At the suggestion of my friend, Dr. F. A. Burrall, of New York, I am using it in a case of obesity, with the result of steady diminution of the amount of fat, without a single disagreeable symptom, or interference with the general health, or the action of any of the functions of the body. In hay fever it has been used by other observers with good results, but my own experience with its use in this disease has been *nil*.

It is hardly necessary for me to more than say, that in all the latest stages and manifestations of syphilis, it has yielded its most magnificent results. Pleasant to take, rapidly pushed to large doses, I have found the most pronounced and favorable effects. Patients take it readily, and the improvement is so rapid and immediate, that they need no urging to continue its use for as long a time as the doctor deems desirable.

My paper has now reached the limits which I prescribed for it, but I cannot resist the temptation of recording briefly three of the most unique cases of my experience with this drug. The one was a man 42 years of age, who was a paper-box manufacturer, suffering from arsenical poisoning from the inhalation of arsenical dust arising from the glazed paper which he handled and cut. After repeated trials of other remedies, the syrup of hydriodic acid made a complete cure inside of a month.

In Danbury, the city in which I now reside, they make large quantities of hats; in fact, it is said that at least one-half of the hats made in the United States, are made in that place. To preserve the fur, "carrot" is used, which is composed largely of mercury; consequently, many of the hatters working in the plank-shop suffer from mercurial poisoning, and many from mercurial tremor and paralysis. No remedy has proved of so much value to me as the hydriodic acid. Always prompt in its effects and reliable in its results. The last case was one of chronic rheumatism in a man 37 years old. He was almost a complete cripple in his hands and feet, and had not done a stroke of work in two years. I had exhibited every remedy known to me, including electricity, massage, Turkish baths, colchicum, etc., but until I commenced the use of the hydriodic acid, no permanent improvement was made. After continuing its use for four months the patient seemed, and was to all appearances entirely well. For fear of relapse, he continued taking it for two months more, in order as he explained it, "to make assurance doubly sure." I do not believe that this remedy is enough understood, or the advantages it possesses over all other forms of iodide as thoroughly appreciated as it should be; but of this I am assured, that it will be tolerated by the stomach many times, when no other preparation of its class can be retained, and do work that none other will. It is scarcely necessary for me to

state, that I have never used any other preparation than that of the originator of the unalterable syrup, of Mr. R. W. Gardner, of New York.

THORACOPAGUS.

Read before the Medical Society of the District of Columbia, June 13, 1883.

BY D. S. LAMB, M.D.,
OF WASHINGTON, D. C.

I present, herewith, a double monster, known as a *Thoracopagus*. It was procured by Dr. E. C. C. Winter, who placed it in my hands for a few days. The mother was a young negro, and this was her first pregnancy. She stated that so far as she knew, there had been no deformity nor even twins in the family history of her husband or herself.

There is but one umbilical cord; for which reason the monster has been also called *omphalopagus*. There are two distinct heads and necks, and as is usually the case, one is smaller than the other. Indeed some writers affirm that one of a double monster is *always* the smaller. The bodies, otherwise than the heads of this specimen, do not show any marked difference in size. On one side the limbs are separate and perfect, on the other the arms coalesce, though from a superficial examination, I conclude that two sets of bones are present; the hands are separate; on the same side the lower limbs also are united like the arms, while the toes are separate, except that the great toes are fused. The trunks are joined a little to one side of the middle line, though no doubt the actual bony junction is by the sternum; whence the monster gets its name *sternopagus* or *thoracopagus*.

Dissection not having been permitted as yet, we can only infer the arrangement of internal organs from what is usually found in these cases. The heart is probably double; the alimentary canal is very likely in part common to both segments; the liver doubtless double, but the two organs joined by process of gland substance. The position of the anal openings is represented by two teat like prominences in the normal situation; while the genitals appear as two similar prominences in juxtaposition, and behind each of them a small opening. Doubtless females.

The size of the monster would indicate an age of about five months.

Although this specimen is the commonest kind of double monster, yet the shelves of the Army Medical Museum show but one specimen of this kind.

There are other specimens in which the fusion has also included the head; others in which it has included the face; others in which the head only is involved. Out of over twenty specimens, only two are human; a *thoracopagus* and a *proso-*

pothoracopagus; one of these was contributed by the Medical Faculty of Columbian College of this city, in 1867.

There are besides, however, a number of specimens in which one of the two segments of the double monster is much smaller than the other, so that it appears parasitic. There is an *acardiacus acephalus*, which was presented before this Society some years ago by Dr. Harrison Crook of this city. It may be called a placental parasite, because the parasitic segment which is without head or heart, and hence the name it bears, was connected to the same placenta as the antosite or host and depended upon the latter for its circulation. There is also a specimen of *thoracopagus parasiticus* from the human subject, a cast from the Warren Museum of Harvard University; and represents an infant which lived to the age of five months and had a parasitic infant, devoid of head and neck, and with only part of the trunk, the heart being absent, joined to the thorax of the host.

There is a specimen of *cephalo-thoracopagus parasiticus*, that is to say, fusion of both heads and thoraces. This was contributed by the Medical Faculty of Columbian College of this city in 1867. There is also a *teratoma* from the late Dr. Joshua A. Ritchie of this city. There are also specimens in which the duplicity is either anterior or posterior only. Altogether the collection is fairly representative with desiderata, however, especially in the matter of the human subject.

I put this matter in this shape to emphasize the desirability of making the collection, already valuable, even more so, by rendering it more complete; and for this purpose to enlist the interest of the members of this Society. I would add that all of the information I have given in regard to these museum specimens can be verified by any inquirer from the labels attached thereto.

The most interesting question, perhaps to all of us, is that of causation. What is the preponderating opinion now among investigators as to the cause of these monsters? I will try briefly to present the matter to you.

In the first place, since a monster may be single or double, it might be inferred, and truly, that the cause of the one was different from that of the other. Single monsters show arrest of development, or an absence of one or more parts. It is therefore called a monster by defect. Sometimes, however, there is instead, a deviation in structure or position of a part, as shown in transposition of the viscera of the thorax and abdomen. On the other hand, double monsters show us a fusion of two nearly similar individuals; or one of them may be poorly developed and therefore parasitic; or lastly, particular parts may be doubled or simply hypertrophied.

The cause must be one of two, unless it be both; namely, either inherent and inherited in the