most accurate approximation and coaptation of the margins of the wound. After excision of the breast he relies entirely upon the horsehair suture. The wound is covered with a small compress of hygroscopic gauze wrung out of a solution of 1 part of carbolic acid and 7 parts of glycerine. Over this a compress of common gauze or cotton is placed, and the whole retained in place with a flannel bandage. This dressing is allowed to remain for a time, when it and the sutures are removed. The bowels are kept quiet for a week, when a gentle laxative is administered. Catheterization is avoided whenever the patient is able to pass the urine without assistance.

N. SENN.

DOMESTIC CORRESPONDENCE

"RECTAL SURGERY MADE EASY."

Dear Sir:—In a former article in THE JOURNAL I exposed the "systems" of rectal surgery practised by numerous Western itinerants and charlatans. In that article I referred to the little rectal "pockets and fringes" or "pockets and papillæ," described by various standard authors, and well known to anatomists as existing at the base of the columns of Morgagni, just above the verge of the anus. A writer of certain lectures and essays on the subject had claimed these as being mainly his own discovery, and urged that they were "lesions," and fearfully bad ones at that; in short, that they should always be snipped out when found. I maintained, on the other hand, that these minute organs were natural, and composed of healthy mucous membrane and connective tissue. I remarked, however, that, like other organs of the body, they sometimes became diseased and required surgical attention, but were not themselves diseases requiring to be split and snipped in ordinary cases.

The *Peoria Medical Monthly* avers that, by admitting such occasional disease and need of surgical attention, I concede all that the author of the essays claims. The editor of the *Monthly* is mistaken as to what had been promulgated. The writer of the essay on "Pockets and Fringes," or "Pockets and Papillæ," as he elsewhere calls them, has shown no disposition to hide himself or his ideas in a corner. He has expressed himself fully on every possible occasion, and loudly makes the following claims:

1. That, as to these "pockets and papillæ," "no mention of them can be found in current literature;" though they are described in various works, both old and new.

2. That these little natural irregularities are "lesions," of the most fearful, health-destroying power.

3. That "they always occasion a spasmodic contraction of the sphincter ani."

4. That "their removal is invariably attended by improvement;" though many patients have got worse instead of better under the treatment.

5. He says: "I am now, as I was two years ago, in favor of removing these rectal pockets under all circumstances, and in all cases in which they are found."

6. He remarks: "I look upon these conditions as being the most mischievous of rectal disorders."

7. He emphasizes with italics the following: "*In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that produce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation in the rectum or the orifices of the sexual system.*" He adds in substance as he proceeds, that while piles, fistulæ, etc., do more or less injury, the principal part of all the above-mentioned obstinate diseases of every part of the body are caused by the "pockets and papillæ" of the rectum, and that the snipping of them out is "invariably attended by more or less improvement." Were good old Hahnemann alive, this etiology of one of his followers would make his hair stand on end.

The writer has made some special rectal dissections in this connection, and may have occasion at a future time to show how the peculiar banded arrangement and loose submucous connections of the thin mucous membrane of the part tend to deceive the unwary examiner.

EDMUND ANDREWS, M.D.

6 Sixteenth St., Chicago, May 5, 1887.

GALVANIC DOSAGE.

Dear Sir:—I have no wish to enter into the controversy that seems to be raging between several of your correspondents on the subject of galvanic dosage, but a statement made by Dr. Martin in his article on the "Treatment of Fibroid Tumors of the Uterus by Electrolysis," which appeared in your issue of April 23, is so remarkable as to call for correction in the mere interest of humanity.

Really strong currents are now becoming possible by the use of direct dynamo circuits or of secondary batteries of sufficient electromotive pressure, and should some physician while using them put Dr. Martin's directions about dosage in practice, the result would be most disastrous to the patient. The particular statements referred to, which appear also in Dr. Martin's letter in the same issue, are those in which he claims to have applied currents varying from 250 to 1000 milliampères without unfavorable results, and even as much as 10 ampères (10,000 milliampères) without giving excessive pain. Since Dr. Martin takes occasion to describe a milliampère meter in his paper, which he states to be correct and evidently uses himself, the extraordinary nature of these claims remained a mystery until the last paragraph of the third section of his paper (page 450) was scanned. He there states that his 1000 ma. were obtained from a battery of 115 gravity cells. Such a thing is utterly impossible, for these cells present an internal resistance of at least 10 ohms apiece—more often 13 to 15 ohms. Placing it at 10 ohms, the total internal resistance of the battery of 115 gravity cells would be 1150 ohms, and with the electromotive pressure of each cell taken as one volt (which is rather high) the greatest amount of current

obtainable from the battery with the metallic poles brought directly together will be shown by the following calculation: 115 volts divided by 1150 ohms equals 0.1 ampère or 100 ma. But as soon as his patient is inserted in the circuit even this amount of current becomes impossible. If one electrode is large and one applied beneath the skin by puncture, the resistance of the body may possibly add only about 850 ohms to the circuit, making a total of 2000 ohms. This changes the results to the following: $115 \text{ volts} \div 2000 \text{ ohms} = 0.0575 \text{ ampère}$ or 57 milliampères. This calculation is a simple application of the most rudimental law in electrophysics, and it is but just to suppose that the gentleman making the important blunder pointed out had forgotten about his battery resistance and its effect upon his figures, although the mistaking of 50 milliampères for 1000 is a trifle startling. But even the 40 or 50 ma. really used by Dr. Martin are strong doses when applied to the delicate lining membrane of the uterus or concentrated at a single point within the tissues, and it would seem that some words of caution might be added to both his and Apostoli's commendation of these methods respecting the dangers as well as advantages of such vigorous electrolysis. In my own practice 10 to 15 ma. have been generally sufficient.

Very respectfully yours,

G. BETTON MASSEY, M.D.

1706 Walnut St., Philadelphia, May 2, 1887.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-eighth Annual Session will be held in Chicago, Ill., commencing on Tuesday, June 7, at 11 A.M., in Central Music Hall, corner of State and Randolph streets, and will continue four days. Good rooms for the several Sections will be provided as near the hall for general meetings as possible. Registration books will be open in Central Music Hall on Monday, the day preceding the meeting, for those who wish to register early.

In addition to the list of papers for the Sections published last week the following subjects are announced:

Section on Practice of Medicine.

C. H. Hughes, St. Louis, Mo., will present a "Unique Case of Athetosis resulting from Railway Shock." F. C. Schaefer, Chicago, will present a case of "Complete Loss of Scalp, including the greater portion of the Eyelids and one Ear. Treatment by Skin-Grafts. New Scalp."

Section on Surgery and Anatomy.

Edmund Andrews, Chicago, Ill., "On the Solution of Necrosed Bone in Spinal Abscess by Dilute Hydrochloric Acid."

Geo. E. Stubbs, Philadelphia, Pa., "Wound Dressing—Some Notions Accepted, and some under Discussion."

Section on Ophthalmology, Otology and Laryngology.

J. W. Wright, Columbus, Ohio, "Evulsion as a Means for the Radical Removal and Cure of Pterygium;" G. C. Savage, Nashville, Tenn., "The Function of the Oblique Muscles in Certain Cases of Astigmatism;" Edward Jackson, Philadelphia, Pa., "The Effects of Obliquity of the Correcting Lens to the Visual Axis, with practical deductions;" also "A New Form of Facial Frame;" Seth S. Bishop, Chicago, "Treatment of Hay Fever;" "Treatment of Chronic Suppurative Inflammation of the Middle Ear."

Section on Medical Jurisprudence.

Joseph Jones, New Orleans, La., "A Claim to Priority in the Determination of the Chemical and Microscopical Characters and Changes of the Blood in the various forms of Malarial Paroxysmal Fever, and the application of the results of their investigations to Medical Diagnosis and Medical Jurisprudence;" Marshall D. Ewell, Chicago, Ill., "Micro-metric Measurements, as applied to the measurement of Blood Corpuscles in Medico-Legal Cases;" John Godfrey, U. S. Marine Hospital Service, Louisville, Ky., "Expert Testimony;" H. M. Bannister, Eastern Illinois Hospital for the Insane, Kankakee, Ill., "The Criminal Responsibility of Epileptics;" Rev. Louis Thebaud Jones, Moweaqua, Ill., "The Intimacy of the Medical and Clerical Professions, with the Supremacy of the Former in the Sociological Sense, at Least;" H. C. B. Alexander, Chicago, Ill., "Forensic Relations of the Puerperal State;" John V. Shoemaker, Philadelphia, Pa., subject not stated.

Section on Obstetrics and Diseases of Women.

W. W. Potter, Buffalo, N. Y., "A case of Pyosalpinx—Cure without Operation;" C. R. Reed, Middleport, O., "Case of Tubal Pregnancy, with Specimen of the Anomaly;" Joseph Eastman, Indianapolis, Ind., "Uterine Subinvolution and Areolar Hyperplasia."

RAILWAY RATES.

The following named roads will give reduced fares to all delegates, members, and their families attending the meeting. Return tickets will be issued on the certificate plan *only*. Tickets for the return journey will be sold at $\frac{1}{2}$ the highest regular limited fare. If there is no limited fare to a desired point, the price will be $\frac{1}{2}$ the unlimited fare. Tickets for the return journey will be limited to continuous passage by first train after they are bought. All tickets for return journey must be accompanied by a certificate signed by the Chairman of the Committee on Transportation, or by an authorized member of the Committee, showing that the holder has attended the meeting. Tickets are good for 10 days from date of purchase.

The roads which will accept return tickets on the certificate plan are:

Baltimore & Ohio (west of the Ohio River).
Buffalo, New York and Philadelphia.
Chicago & Grand Trunk.
Cincinnati, New Orleans & Texas Pacific.
Chicago, Vincennes & Cairo Line.
Chicago & West Michigan.
Chicago, St. Louis & Pittsburgh.
Cincinnati, Hamilton & Dayton.
Cincinnati, Indianapolis, St. Louis & Chicago.
Cincinnati, Washington & Baltimore.
Cleveland, Akron & Columbus.
Cleveland & Marietta.