symptoms of the disorder are ignored or denied. There is a similar inability to demonstrate the pathology of "spinal irritation," "neurasthenia," Landry's ascending paralysis, melancholia, and other grave disorders, but such inability does not abolish the ailments. Nor is anything proven by the fact that Erichsen has not revised later editions of his book, a common failing of authors for which there are many excuses.

Dr. Burry acknowledges that Page is equally faulty with Erichsen, a rather rare admission for a railroad surgeon to make. He claims that upon the "wholly imaginary pathological state, known as anæmia of the cord," is built up "a symptomatology equally vague and illusory," and then sweeps into this all the "mental, psychical and cerebral symptoms," and so on. *Is* the symptomatology of concussion built upon Erichsen's pathology? If we knew nothing of the pathology of pneumonia would its symptoms cease? There seems to be special pleading here.

Next comes the usual allusions to "corrupt practices, fraud, and defeating the ends of justice," as though claimants, almost always, and railway experts seldom, if ever, were corrupt.

In all the cases I have seen it would take a pretty good malingerer to pass the fire of medical inquisition the railroads are able to employ, aside from the *sometimes* bribed juries, of which we have notorious instances, in the corporation's behalf, and the *sometimes* very questionable practices of railway medical experts in ignoring evident symptoms, and even gross objective disorders, and avoiding anything like a scientific examination.

Dr. Lyman, in the discussion which followed, considered Page's book superior to Erichsen's. Page was a railway surgeon, and the very evident intent of his work was to counteract the effects of Erichsen in concussion cases. Dr. Lyman thought that many such alleged cases were cerebral or in other words hysterical. Erichsen characterizes hysteria as "a word which serves as a cloak to ignorance," something like our term malaria. But admitting that there is often an unhealthy emotional condition produced by spinal concussion, as part of the symptomatology, it does not make it any the less an undesirable consequence of the accident.

Westphal, Oppenheim, Rigler, Walton and Wharton Jones effectively disposed of this hysterical substitution for "railway spine," and as Dr. P. C. Knapp says: "Depression, anxiety, loss of memory, mental impairment, the tremor, the exaggerated reflexes, and the swaying with closed eyes, the pronounced paræsthesiæ, the vertigo and headaches (persistent headache being confessedly not a symptom of hysteria), nystagmus, vesical paresis, all these point to something besides hysteria." Drs. Wyllys Andrews and J. G. Kiernan answered many other points raised by the author of the paper.

The establishment of such a disease as spinal concussion does not rest upon Erichsen alone. The literature of the subject is accumulating and by excluding the frequent myelitis, meningitis, compression and other complications, the exact symptomatology is demonstrable, except perhaps to interested corporations.

Room 29, Central Music Hall, Chicago.

CASE OF BREECH PRESENTATION (SACRO-POSTERIOR):

UNSUCCESSFUL ATTEMPT TO DELIVER THE AFTER-COMING HEAD BY DEVENTER'S METHOD.

Read before the Medical Society of the District of Columbia, June 13 1888.

BY HENRY D. FRY, M.D.,
OF WASHINGTON, D. C.

During the meeting of the Ninth International Medical Congress, held in Washington, in September, 1887, Dr. John Bartlett, of Chicago, presented a paper to the Obstetrical Section, entitled "A Study of Deventer's Method of Delivering the After-coming Head." The mechanism of this method was ingeniously demonstrated at the time by means of a manikin, and the impression conveyed to the members present was favorable as regards the feasibility of delivering the after-coming head by this means.

In the discussion which followed, Dr. Charles T. Parkes, of Chicago, reported three cases delivered successfully by Deventer's method after-failure of the usual modes of extraction, and Dr. G. W. Jones, of Danville, Ill., mentioned his success in a similar number of cases. In the absence of any single method of delivering the after coming head, that is any method that is so successful as to receive the unqualified endorsement of the profession, it seems to me that Deventer's idea commends itself to us as a valuable aid in special cases. Having been an interested listener to Dr. Bartlett's paper, I determined to employ the method at the first opportunity, and I beg to report to-night the result of that trial.

In the fall of 1887, I was consulted by Mrs. J., who was several months pregnant, regarding the advisability of removing a pessary which she had been wearing for the relief of retroversio uteri. I decided not to disturb the support, and it was allowed to remain in position until several months later, when the fundus had reached a point above the sacral promontory, and all danger of a recurrence of displacement had passed.

Mrs. J., was the mother of five children, and all of her labors had been rapid. Her health had been much impaired on account of the uterine displacement, but since the introduction of the pessary, two years ago, she had been greatly improved. A cough, which she had been told was from weak lungs, had disappeared, she had in-

creased in weight, could take moderate exercise without fatigue, and her despondent spirits had brightened. She passed through pregnancy with little of its inconveniences, and at midnight, May 23d, I received a message that she was in labor. I lost no time in responding to the call, as, judging from the rapidity of her former labors, she had repeatedly expressed the fear that I would not reach her bedside in time to deliver the child. She had been awakened by the discharge of amniotic fluid, and when I arrived labor pains had only commenced.

Digital examination failed to reach the presenting part which was above the brine. Palpation revealed the fœtal extremities applied to the mother's abdominal walls, and the head at the epigastrium. The back of the child could not be felt. The pains increased in strength and one hour later had forced the breech into the pelvic cavity. The penis and scrotum of the child were immediately behind the symphysis, further backwards was the anus, and in the mother's sacral cavity, was the sacrum of the infant. The hips failed to rotate, but passed down to the inferior strait transversely.

The patient was changed to the dorsal position and uterine contractions were supplemented by forcible manual pressure upon the fundus. In a short time the breech was born, passing through the vulva in its original transverse position.

The patient was again turned upon her left side; the body came through with a spiral motion and the right shoulder turned under the symphysis. As soon as the shoulders were delivered, the occiput having rotated forward, the child was drawn backwards towards the mother's perineum. The arms which passed up on each side of the head, were not disturbed, and while drawing the child in the direction indicated, efforts were made to bring the occiput down and deliver by extension. The attempt was unsuccessful, and not daring to risk the child's life by continuing my efforts in the same direction, the arms were brought down, the body carried forward toward the mother's abdomen, and delivery promptly effected by flexion of the head. The infant was well developed and cried lustily.

I have reported this case, although the attempt to deliver by Deventer's method was unsuccessful, because I think the fault may have been with myself and not the method.

The want of confidence which is natural to one's first experience with a new procedure, caused me to abandon it quickly when the head failed to come out by extension. Added to the want of confidence was the responsibility I felt that continued efforts might sacrifice the child, nor could I foresee whether or not further delay were in store for me by attempts to deliver in the usual manner, in case I were finally driven to it. In the hands of one practiced in the maneuver the result may have been different.

I shall repeat the experiment at the next opportunity, but with this difference, which is according to Deventer's rules, to place the patient in the dorsal position, the buttocks projecting over the edge of the bed, and to draw the infant downwards in the direction of the floor.

That the lateral position, however, is not a decided obstacle to the success of the method, is shown by the experience of Dr. Jones, reported in the discussion which followed the reading of Dr. Bartlett's paper. Referring to three cases he had delivered by the method in question, he said, they occurred with the mother upon the left side.

From the fact that the infant's pelvis was born with its transverse diameter in the direction of the short diameter of the outlet, it may be surmised that the infant was small. On the contrary it was well developed and weighed ten pounds.

Full particulars of Deventer's method will be found published in the "Transactions of the International Congress" (Ninth session, vol. 2, pp. 438–445).

One cannot read them without feeling that the obstetrican possessed a key to the easy delivery of the after-coming head. Deventer even declares that it is safer and easier to draw the infant out by its feet, even in head presentations, than to allow it to come head first.

MEDICAL PROGRESS.

LANDERER ON A NEW METHOD OF TREATING TUBERCULOUS AFFECTIONS.—The object being to cause cicatrization by inflammation artificially caused, the author, after trials of many things, has fixed upon Peruvian balsam. Sayre's remarkable success with this in spondylitic abscesses induced the author to try it. Applied as a piaster to tuberculous ulceration of glands, Peruvian balsam, though having no action at a distance, causes rapid healing. Internal tuberculous foci were injected by the author with the balsam in the following form: ℞. Bals. peruv., muc. gum. arab., āā 1.0, ol. amygd. q.s., ut fiat emulsio subtiliss., sod chlor. 0.7, aq. dest. 100.0. This emulsion was used in parenchymatous and intravenous injections. In fifty-one cases the balsam was used. In sixteen the glands were affected, and the balsam was applied as a plaster; any fistula were injected with the balsam in ether, or packed with gauze saturated with balsam; treatment lasted four to twelve weeks, and permanent cure was obtained. Two cases of fungoid ulceration were cured by division, scraping and packing as before. Twenty-nine cases of bone disease included two of the spinal column, one psoas abscess, and one lumbar abscess (the former was injected with the balsam in ether, the