

journal as a paper of value and of increasing importance whose editorial utterances should have weight. The article to which I take exception as unworthy of the columns in which it appeared, presents to its readers the large ratio of deaths from disease in the Spanish War, as the one fact to be explained, "the crux of the entire discussion," and manifestly elated with his discovery, the editorial writer exclaims in a burst of triumph: "Explain us that right thoroughly and without equivocation, Honorable Sirs," etc. This exuberance of diction from the editorial pen manifests that the writer sent his manuscript to the printer while dazzled by the brilliance of his discovery and without giving it that careful consideration which is needful for the reputation of the editorial columns. I am constrained to look upon this as the explanation of the article. Doctors are generally credited with being weak on figures, and my experience shows that they are not strong in questions of ratios, making honorable exception in this regard of the health officers who deal systematically with medical statistics. I must charitably suppose that the writer in question participates in the general professional failing because I am unwilling to believe that he knowingly presented figures which did not sustain his conclusions, trusting that the latter would be accepted by readers who were unfamiliar with his arithmetical premises. These premises are that: There were killed in the War of the Rebellion 46,874, died of wounds 39,715, died of disease 172,907; and in the recent war: killed 289, died of wounds 65 and died of disease 2565. These figures are official, and I have no exception to take to them. But he continues: "If we reduce these figures to percentages based on the best estimates of the numbers of soldiers participating, and place figures side by side we find:

"Causes of Deaths.	Civil War.	Spanish War.
Killed	18.1%	9.6%
Died of Wounds	15.3%	2.3%
Died of Disease	66.6%	88.1%."

Now in the calculation of these ratios no consideration is given, as claimed by the editorial, to "the best estimates of soldiers participating" nor, I may add, to the relative duration of the two wars. They express merely the relative proportion of deaths from battle casualties and disease in the constitution of the total mortality. Yet from these data the editorial writer, knowingly or unknowingly, concludes that the 88.1 per cent. of deaths from disease in the Spanish War, as compared with the 66.6 per cent. in the Civil War is a point of the highest importance. "There can be no possible question" he says "that the general mortality from disease has been greatly and indubitably lessened in the last thirty-three years. If so, of course the percentage mortality from disease in the Spanish War should be decidedly lower than in the war of the Rebellion. Instead of this it has been decidedly higher," and the members of the Presidential Investigating Commission are called upon to take note that the medical profession regards the cause of this as the main thing that is before them for explanation.

The absurdity of this may be well illustrated by adding to the statistics and ratios given above those derived from the reports of the engagement of Admiral Dewey's fleet on May 1, 1898, at Manila. Dewey's fight lasted only one day. The figures given for the Spanish War covered a period of five months and those for the Civil War a period of five years and two months; but as the element of time does not enter into the calculations of the ratios criticised this element need not be considered in the engagement at Manila. Here we find that no man was killed, no man died of wounds received, but that one man, an engineer officer, succumbed to heat exhaustion or insolation. Stating these figures as percentages of the total mortality we find: killed 0 per cent. died of wounds 0 per cent, died of disease 100 per cent, as compared with 88.1 per cent. in the Spanish War and with 66.6 per cent. in the War of the

Rebellion. If it is needful for the Honorable Sirs to give such high consideration to the greater death-rate from disease as compared with the deaths from wounds and deaths on the battle-field in the Spanish War considered as a whole, how serious is the consideration they ought to give to this frightful rate of mortality from disease as compared with that from battle casualties in the Bay of Manila.

It was my intention in beginning this letter to state the conclusions that are really admissible from the figures and ratios presented by the *Philadelphia Medical Journal*, but the pressure of current work at this time is very great, and I conceive that I have effected my purpose by directing attention to the unsubstantial basis on which the argument of the editorial writer was constructed.

Respectfully yours,

CHAS. SMART,

Deputy Surgeon-General, U. S. Army.

Twins with Complications.

LAUREL, IOWA, Oct. 18, 1898.

To the Editor:—October 2 I was called to attend Mrs. R. in confinement and found myself confronted with a number of unpleasant conditions, not the least of which was a morbid fear on my patient's part that she would not be able to give birth to her child, or children as proved to be the case, she having been told at her previous confinement, about a year ago, when she gave birth to triplets, all still-born, that she would not live through another confinement. She was a German woman, large and strongly built, about 40 years of age and had given birth to five children, the oldest 14 years of age. She said she had suffered a great deal at all her previous confinements and that they had been slow, lasting from twenty-four to forty-eight hours. She complained of being "deathly sick" and felt as if she was going to vomit.

From the size and shape of the abdomen, I concluded I had a case of multiple pregnancy, but the sound of but one fetal heart could be heard on auscultation. Digital examination revealed an irregularly contracted vagina, due, no doubt, to the healing of her previous lacerations. The os, however, was fully dilated, and I found a foot protruding, which as a strong pain now came on, I grasped, making slight traction and with some manipulation succeeded in bringing down the other foot. During the next pain the body was born and the head, with chin to the front, was engaged in the superior strait. Now, when good pains were most needed, the patient "gave up" and wished me to leave her to die, as she had been told that she must. Finally, after a delay (which proved fatal to the child) she was delivered of a large girl weighing eight pounds. Another child could be outlined high up in the fundus uteri, and digital examination showed a "cone-shaped" bag of water through the os. The fetal parts could not be made out. The patient gave up entirely, and I let her rest an hour and a half, when, as the pains did not come on, I gave her 15 m. fl. ext. ergot and in a short time they again became quite strong and regular. Another digital examination showed that the child was not presenting, hindered, I think by the low attachment of the placenta. But by making slight downward pressure from above during a pain, I finally succeeded in getting the parts to engage. The sac, which was very dense, had to be ruptured, when an unusually large amount of the liquor amnii came away and I found a foot protruding almost exactly as did the first one. The child, a boy, also weighed eight pounds and was alive, but minus the penis. Where the penis should have been there was a slight elevation about one-eighth of an inch above the surface, with an opening at the apex, through which the child urinates. The placenta, which was delivered in about thirty minutes, also seemed to share in the general anomalous condition. It consisted of two distinct placentæ, seemingly enveloped in a common sac. They were connected at their sides by a strong fibrous band and each had

a circulation of its own, there being no anastomosis of blood-vessels between them. I report this case because of its many bad features and of its comparatively happy ending, as at this writing the mother and baby are doing well. I hope it may be of interest to at least some of the readers of the JOURNAL, who, like myself, have not practiced long enough to become familiar with this class of cases and patients.

Respectfully

L. W. PENCE, M.D.

ASSOCIATION NEWS.

To Commemorate Joseph O'Dwyer's Name—At the meeting of the Section on Diseases of Children of the AMERICAN MEDICAL ASSOCIATION held at Denver, Colo., June 7-10, 1898, it was moved and carried unanimously that a Memorial Committee be appointed to commemorate the late Joseph O'Dwyer, with suitable powers, etc., to collect such moneys and to act with other bodies for the same purpose. The committee is composed of the following: Dr. Louis Fischer, New York, chairman; Dr. J. P. Crozer Griffith, Philadelphia, and Dr. F. E. Waxham, Chicago.

SOCIETY NEWS.

Tri-State Medical Association.—The Tri-State Medical Association of Mississippi, Arkansas and Tennessee, meets in Memphis, Dec. 20-22, 1898. Physicians attending this meeting are promised a pleasant and profitable time in the "Queen City of the Mississippi Valley." Titles of papers should be sent to Dr. Richmond McKinney, secretary, Continental Building, Memphis, Tenn.

Utah State Medical Society.—At the recent meeting of this Society the following were chosen officers for the ensuing year: President, C. M. Wilson of Park City; vice-president, Ira A. E. Lyons of Salt Lake; second vice-president, J. W. Aird of Heber City; secretary, R. W. Fisher of Salt Lake; treasurer, E. S. Wright of Salt Lake; board of censors, G. M. Perkins of Ogden, W. W. Betts of Salt Lake, G. L. Smart of Springville, H. J. Powers of Ogden, A. J. Hosmer of Salt Lake.

Cumberland County (N. J.) Medical Society.—This society held its semi annual meeting at Hotel Cumberland, October 11, with the president, Dr. A. Judson of Newport, in the chair. A paper on "Peritonitis" was read by Dr. Hummel of Deerfield. Dr. Charles P. Noble of Philadelphia read a very interesting and instructive paper on "Conservatism in Gynecology." The society unanimously voted to celebrate its eightieth anniversary on Dec. 8, 1898.

Mississippi Valley Medical Association.—The following officers were elected at the recent meeting: President, Duncan Eve, Nashville, Tenn.; first vice-president, A. J. Ochsner, Chicago; second vice-president, J. C. Morfit, St. Louis; secretary, Henry E. Tuley, Louisville, Ky. (111 W. Ky. St.); treasurer, Dudley S. Reynolds, Louisville; chairman of committee of arrangements, Harold N. Moyer, Chicago. Chicago was selected as the next place of meeting, in October, 1899, the date to be determined by the executive officers and the chairman of the committee of arrangements.

Washington, D. C., Medical Society.—At the meeting of the 19th inst. Dr. Sterling Ruffin presented the specimen and gave the history of a very interesting case of aneurysm of the aorta, which involved the entire arch, but did not give the symptoms of pulsation during life; the other usual symptoms, however, were well marked, the patient eventually dying of inanition. The subject was discussed by Dr. Claytor, who referred to the latest points of diagnosis, calling especial attention to the frequent mistake of considering the presystolic murmur associated with that form of aneurysm as being of valvular heart

origin, and the subsequent injudicious treatment with digitalis. He referred to similar cases occurring in his own practice. Dr. Storch read an essay entitled "Function of the Appendix Vermiformis." The principal function which he assigned for this organ was that of a lubricant to the caput coli. He considered constipation, and not obstruction by intestinal contents, the cause of appendicitis; he considered the appendix a necessary organ and its function an important one. Dr. D. S. Lamb did not agree with Dr. Storch, but believed the appendix had no physiologic function. He regarded the organ as a degeneration of a formerly existing diverticulum from the intestines, and being a degeneration was prone to disease. He considered the only function the organ possessed was that of inducing disease and death. He went into the morphology of the appendix, calling attention to its existence in certain animals and absence in others, and explained the evolution, anatomically, which appeared to explain its origin. The discussion was continued in a very interesting and instructive way by Drs. A. F. A. King, Stone and J. Ford Thompson.

Detroit Academy of Medicine.—The annual meeting of the Detroit Academy of Medicine was held October 13, and the following officers elected for the current year: President, F. W. Robbins; vice-president, Geo. Duffield; secretary and treasurer, H. D. Jenks; trustee, J. E. Emerson. Reports from retiring officials showed the society to be in a flourishing condition. The annual address was given by the retiring president, Dr. David Inglis, on "Social Factors of Today and the Future of the Medical Profession." He said that for weal or woe the steady trend of modern life is toward socialism. Socialism as distinguished from individualism has already affected the medical profession in the matter of the license to practice being restricted to qualified practitioners. There can be no doubt that all thoughtful medical men favor State examining and licensing boards. Michigan is an unfortunate example of pure individualism in this matter. Socialism, as exemplified in the change from competition to combination, is at the bottom of the steady extension of hospitals, dispensaries, railway and other contract surgeons and physicians. Like the trust and department store, these phases of combination are probably permanent. Socialism as exemplified in the concentration of wealth seriously affects medical incomes. If, as the *Iron Age* puts it, "Prosperity has returned, but it is prosperity based on a permanently lowered rate of wages," medical incomes must also be permanently lowered. Finally, as it seems likely that the way out of combination of capital for private gain will be found in the combination of capital for the public weal, the full establishment of a commonwealth, so medical men will find under the socialism so evolved an opportunity to pursue scientific medicine unhampered by the present overpowering commercialism. After the regular meeting Dr. and Mrs. Inglis entertained the members and their wives.

NEW INSTRUMENTS.

A SCIENTIFIC OZONE INHALER.

BY CYRUS EDSON, M.D.

NEW YORK CITY.

In describing this new instrument, which I have devised for the purpose set forth in the foregoing title, the adjective "scientific" has been used in order to distinguish the apparatus from the numerous so-called "ozone inhalers" with which physicians and the laity are confronted in advertising columns and on every hand—nostrums which develop so little ozone that chemic means have never been able to detect it. In point of fact, the word "ozone" has been so abused by misuse in connection with inhalers that it has come to mean something physicians view askance. This ozone inhaler was suggested to me by a conversation with a medical friend who told me of a