

posted in workshops, etc., a special dispensary is to be organized and an organ founded if possible.

International Convention for Unification of Heroic Remedies.—The scope and description of this convention were given in *THE JOURNAL* for October 18, p. 998. Forty-one heroic remedies were placed on the list, for which a standard strength of 10 per cent. was agreed on by the delegates from 19 governments. The convention adopted three resolutions. One advocated the exclusive use of Latin terms for the more powerful drugs. The second condemned the practice of dispensing any heroic remedy in the form of a medicinal wine, and recommended that the more powerful drugs should be made up in the form of a 10 per cent. tincture by percolation with 70 per cent. alcohol, and the fluid extracts in a 100 per cent. strength. The third resolution was in favor of the universal adoption of a standard dropper whose external diameter should be 3 mm. at the tip, that is, a dropper which at a temperature of 15 C. (59 F.) allows the passage of 20 drops of distilled water, a weight of 1 gm. The heroic remedies included in the list are aconite, belladonna, colchicum, digitalis, ipecac, hyoseyamus, nux vomica, opium with laudanum and Dover's powder, strophanthus, ergot, diluted hydrocyanic acid (this contains 1 per cent. of the acid in France and 10 per cent. according to certain other pharmacopeias), cherry-laurel water, bitter almond water, phenoli solutio (to be made with 2 per cent.), sodium arseniate (to be made with the crystallized salt representing 36.85 per cent. of the arsenic acid), Fowler's solution (to be made with 1 per cent. of arsenious acid), syrup of ferrous iodid (to be made with 5 per cent. of anhydrous ferrous iodid), tincture of cantharides, tincture of iodine (to be made with 95 per cent. alcohol), tincture of lobelia, cocain hydrochlorate (the anhydrous salt), mercurial ointment (to be made with 30 per cent.) and wine of antimony (to be made with .4 per cent. of the emetic). A committee was appointed to determine the most appropriate Latin term for the various drugs. A number are known by several Latin names. Further particulars will be found in the *Semaine Méd.* of October 8 and 15.

LONDON LETTER.

Lectures at the Medical Graduates' College and Polyclinic.

A somewhat novel scheme has been inaugurated at the Medical Graduates' College and Polyclinic. It is proposed to have a long, possibly interminable course of lectures on medicine, surgery and the specialties in which the lecturer shall take a subject to which he has given special attention. Thus it will constitute a sort of *viva voce* encyclopedia of which new and amended editions will constantly appear. The lectures will be systematic as distinct from clinical and good summaries of up-to-date knowledge are desired rather than original views. For the latter the college has already made ample provision. The arrangements for the first series of this course from October to end of year have been completed. Sir W. Broadbent will lecture on the pulse. Dr. Patrick Manson on dysentery and sprue; Dr. Theodore Williams on pulmonary tuberculosis; Dr. Seymour Taylor on tabes; Dr. Judson Bury on peripheral neuritis; Mr. James Cantlie on plague; Mr. C. B. Keetley on coxa vara; Mr. J. Hutchinson on syphilis, and Dr. T. Colcott Fox on lupus.

Correspondence.

Meckel's Diverticulum Mistaken for the Appendix.

CHURUBUSCO, IND., Oct. 14, 1902.

To the Editor:—The inclosed letter I wrote to Dr. James E. Moore and as this case has been referred to twice through *THE JOURNAL* during the past spring and summer, I think it but justice to your readers that I set myself right before them.

JAMES W. SQUIRES, M.D.

CHURUBUSCO, IND., Oct. 14, 1902.

Dr. James E. Moore, Minneapolis.

My Dear Doctor:—I wish to beg pardon in advance for writing to a stranger, but I wish to thank you on my own part, and that from the bottom of my heart; and in behalf of the medical profession in general, from whom I know, perhaps better than any other man, that thanks are due for your valuable article on obstruction of the bowel from Meckel's diverticulum, that was read at the last meeting of the American Medical Association, and published in *THE JOURNAL* of the American Medical Association, Oct. 4, 1902, of which I am a member and have been for a decade. I am deeply interested in the whole

paper; we have so little literature on the subject in our profession, but most particularly am I interested in the following, which I copy from your paper: "A verdict for \$1,000 was recently given by a jury in one of our western states against a surgeon who admitted that he had removed a Meckel's diverticulum instead of an appendix." I am unquestionably the surgeon who was victimized in this instance, and the one to whom you refer, but the verdict was for \$1,500, instead of \$1,000; said judgment was rendered April 9, 1902, by a jury of twelve farmers who I suppose knew as much about surgery as the average farmer, and I find that the farmer knows about as much about surgery as the average lawyer at the bar or judge on the bench. Why should not he? Said verdict was approved by J. W. Adair of the Circuit Court, Thirty-third Judicial District, who resides at Columbia City, Ind., who admitted that in his opinion, after hearing the evidence, that the operation was necessary, and that it was well performed, but seemed inclined to believe, as did the attorneys for the prosecution and the jury, that a surgeon had no business to be mistaken, and should he make a mistake, though it be only in the name, and affect not in the least the efficacy of the operation, he should pay for said mistake. I operated on this patient, a young man of 23 years, June 28, 1901. He presented the history and symptoms of all but a typical case of appendicitis. I removed what I named the appendix, dressed the wound and bandaged the patient, the same as I have done on many patients before; I saw him with Dr. N. B. Moore the next day and found him doing well, but doing some moaning. We dressed the wound. I then discharged the patient so far as I was concerned and left him in the care of their family physician, Dr. Moore. Two days later another doctor was called, the family physician discharged, another surgeon called and another doctor. The belly was reopened, my mistake discovered, the family and patient informed of the find, and then pandemonium reigned supreme. Six weeks later, this same patient rode to Columbia City, a distance of ten miles, over country roads, in a wagon or buggy to employ attorneys to prosecute his savior. He secured their services on a contingent fee, as I have been creditably informed, and rode home the same day. The trial came on in March, 1902, and that prosecuting witness was there, a picture of health. The case is now in the Indiana Supreme Court.

Doctor: Should the case be reversed in the Supreme Court, may I not count on you for a deposition? Yours truly,

JAMES W. SQUIRES.

The Successful Treatment of Gonorrhea.

RUTLAND, VT., Oct. 22, 1902.

To the Editor:—I note in *THE JOURNAL*, Oct. 11, 1902, an article from the pen of S. T. Rucker, M.D., of Tennessee, "The Successful Treatment of Gonorrhea and All Inflammatory Diseases of the Urethra by Packing It with an Antiseptic Oiled Dressing." The author states that he wishes "to announce to the profession a new method of treating this intractable malady by packing the urethra with an antiseptic oiled dressing."

This "new method" is not a new method, unless the important part of it is the oily medicant. For in a paper published in the *Medical News*, Sept. 27, 1893, Pitts describes a treatment used by him, namely, tamponing the urethra with pledgets of cotton soaked in a mercurial solution, and introduced into the urethra by the aid of an ordinary endoscopic tube. Pitts, if I remember correctly, did not treat his cases as frequently as Dr. Rucker suggests, however. I can not see but that the methods are identical in their purpose, i. e., that of draining and antisepticizing the urethra. If this be the case I can not understand (or have I been able to attain the results that the originators report) how any one who is familiar with the endoscope and has witnessed the spasmodic contractions of the canal on a cotton swab on the end of an applicator, can help expecting to get this same spasm on any foreign substance left in the urethra. The secondary irritation that must result therefrom can not help aggravating the morbid condition present. In the cases I treated by both methods the victims "pulled the string" shortly after leaving my office.

WILLIAM WARREN TOWNSEND, M.D.