

opium itself in one or another of its varied forms. The preparations of this character enumerated in the analyst's report were obtained, in all instances, either directly from the proprietors or from their authorized agents, and were accompanied with their published circulars.

"The purchaser of such preparations thus becomes the victim of a cruel fraud, under the supposition that he is obtaining a remedy or antidote, the article which he receives being simply the enemy in disguise against which he is bending his energies to obtain relief. This shameful practice deserves nothing but the severest condemnation. To the credit of Massachusetts, but few, if any, of these preparations are made within its limits.

"There is one notable exception to the above statement as to the presence of opium in these 'cures,' and that is the chloride of gold cure, a preparation sold at an exorbitant price, doubtless in consequence of its alleged precious component. Reference to the analyst's statement, however, shows that this article contains not even a trace of that precious metal. Further comment upon this fraud is needless.

"The circulars referred to as accompanying the 'cures' are omitted from this report. It is sufficient to say that their style is remarkably similar in their methods of securing and fleecing their victims, each one accusing the others of fraud, and publishing as endorsements the names of many prominent persons in various parts of the country. We have sufficient proof that in many instances such names were published without the least shadow of authority."

The nostrum samples we secured were examined by Dr. B. F. Davenport, State Analyst of the Massachusetts Board, and his report is appended:

"S. W. ABBOTT, M.D., HEALTH OFFICER:

"*Dear Sir:*—I have to report upon twenty samples of so-called opium cures which have been obtained from their proprietors. They have all been tested for the presence of morphine, and they have all responded to the usual reaction therefor, except the 'Keeley's Double Chloride of Gold Cure.' This one, however, gave no reaction for the presence of even a trace of gold therein.

"The 'cures' were all uniformly obtained as for one who had acquired the habit of taking the, for an opium-eater, very moderate quantity of only one grain of morphine per day. It was expected, as proved to be the case, that the 'cures' for even such a mild case would contain enough morphine to furnish unmistakable evidence of its presence, if they contained any at all. The twenty varieties of 'cures' were as follows:

"S. B. Collins, La Porte, Ind.; Mrs. J. A. Drollinger, La Porte, Ind.; W. B. Squire, Worthington, Ind.; P. B. Bowser, Logansport, Ind.; J. C. Beck, Cincinnati, Ohio; J. L. Stephens, Lebanon, Ohio; H. L. Baker, Toledo, Ohio; J. S. Carleton, Chicago, Ill.; L. Meeker, Chicago, Ill.; Wm. T. Phelon, Chicago, Ill.; L. E. Keely, Dwight, Ill.; H. H. Kane, New York City; Chas. C. Beers, New York City; Salvo Remedy Co., New York City; F. E. Marsh,

Quincy, Mich.; B. S. Dispensary, Berrien Springs, Mich.; B. M. Woolley, Atlanta, Ga.; Geo. A. Bradford, Columbus, Ga.; J. C. Hoffman, Jefferson, Wis.; Jos. A. Dunn, Elizabeth, N. J. Respectfully submitted.
B. F. DAVENPORT."

Further comment is uncalled for. He who runs may read.

THE MEDICAL SERVICE OF THE U. S. PENSION BUREAU.¹

BY P. S. CONNER, A.M., M.D.,

OF CINCINNATI, OHIO.

Professionally we come in official relation with the general Government in the inspection of recruits for the army and navy, the medical care of soldiers, sailors and boatmen, and the examination of applicants for pension, original and increase. The medical corps of the army and that of the navy can be entered only through rigid examination. The merchant sailors and river boatmen are cared for in the Marine Hospital service, by those who have passed an examination yearly becoming more severe. Neither chief nor subordinate in the war, the navy, or the treasury departments has aught to do with the selection of medical officers, and in none of the competitive examinations is regard had to political affiliations or party interests. The result is the existence of bodies of medical men capable, learned, honorable and honored.

The examining surgeons of the Pension Bureau, now numbering twenty three hundred, are the appointees of the Commissioner of Pensions, selected from the local practitioners because of personal friendship, of influential recommendations, or for political reasons; holding office only so long as may be agreeable to the appointing power. A few of the reviewing examiners at Washington owe their positions to having successfully passed competitive examinations; but their tenure of office is an uncertain one, and some of those best qualified have been removed upon the occurrence of a change of administration. The medical positions under the Pension Bureau, therefore, are among the offices which are of the party spoils, belonging to the victors, to be given to those whom it is thought best, for political reasons, to secure and to reward. Good men have often, incompetent men not seldom, been selected. The duties of an examining surgeon are peculiar. Pensions are granted for injuries and diseases received or contracted in the military and naval service, and in the line of duty. The present physical condition is, therefore, first to be determined. Is the applicant sound or unsound? And, if unsound, is the disability that for which pension is claimed? Subjective symptoms are so generally and so largely magnified (especially has this been the case since the passage of the "Arrears of Pension Act"), that little or no regard can ordinarily be had to them. The objective symptoms may be easily recognized, or be so ill defined that their determination is a matter of

¹Read before the American Academy of Medicine, at its Annual Meeting, at Pittsburg, Pa., October 12, 1886.

great difficulty. If a gunshot wound has been received which has caused manifest disability in loss of limb, in injury of bone or joint, in destruction of tissue, in grave impairment of nutrition, in evident neuralgia, or in marked disfigurement, there is no question but that the applicant is damaged. If there be present positive disease of lung or heart, or liver or kidney, it will be indicated by the ordinary symptoms of such visceral affection, and the subject of it is evidently a diseased man.

But, on the other hand, the alleged complaint may be one the detection of which will require prolonged investigation or special skill, as in the examination of the eye, the ear, the throat, the nervous system, or be, as it not so very rarely is, an affection which can be simulated; and some old soldiers never lose their skill as malingerers. Existence of disease or injury being recognized, the examiner has next to determine whether or not it probably depends upon military service. In many cases such determination can be made only after careful consideration of the applicant's history, and is therefore not so much within the province of the examiner as of that of the authorities at Washington, who are, or are supposed to be, in possession of a full record of the physical condition from the time of enlistment on. But oftentimes the probabilities of a direct dependence, or otherwise, upon causes in action nearly twenty-five years ago can, and therefore must, be established by the examining surgeon. How much likelihood is there, for example, that to-day's advanced tuberculous disease of the lung depends upon the exposures of camp life or the pneumonia of '63? Is the present hepatic or renal disease a legitimate result of army life, especially in view of the fact that the man is evidently a hard drinker? Are the varicose veins of the leg or the scrotum due to hard marching or rough riding, or are they the result of occupation or of developmental changes that took place at and about the period of puberty, before the man went into the army? Again, is not the present disability the result of syphilis or gonorrhœa, and therefore not incurred in the line of duty?

Further, the examiner having recognized the disease or injury, and having satisfied himself that it is the result of legitimate causes entitling to pension, must determine in what degree it unfits for manual labor—in other words, must rate the disability. Here, certainly, is a wide field for the exercise of good judgment based upon knowledge of the ordinary and to be expected effects of an injury or a disease. Even the most hurried glance at what is required of an examining surgeon will suffice to show that he ought to be well educated, experienced in the detection of pathological conditions, of good judgment, honest and independent, having regard solely to what is right and just to the applicant on the one hand and the Government on the other. Besides the 365,783 pensioners now on the roll, there are 168,619 claims pending, and 111,412 rejected claims, many of which may hereafter be reopened. It is probably safe to say that from 150,000 to 200,000 may have to be examined in the near future, at a probable expense, if the present system is continued, of not less than

\$600,000. Upon the certificates of the medical examiners a first payment of probably not less than \$30 000,000 it may be \$60,000,000 or more, will be made.

In view of what is required of the examiners, and of the immense expenditures which must be affected by their decisions, is the existing system for the best interests of the individuals or the Government? The method of appointment is not one likely to secure the services of those most competent to investigate complicated and doubtful cases. The large number of appointees necessarily causes great variations in the rating of practically the same disease or injury, with corresponding injustice to those pensioned. Local prejudices for and against the applicants are likely to exist in direct proportion to the number of localities in which the examiners reside. Would it not be better to have a small permanent corps, adequately paid, not engaged in private practice, but occupied solely with the work of examining applicants? The establishment of such a body was a few years since strongly advocated by the authorities of the Pension Bureau. Without hesitation the question may be answered in the affirmative, provided that the *personnel* of the corps be determined by the results of thorough high-grade examinations, in which due regard is had to "aptitude for service." But if its members should be simply selected by the Medical Referee, by the Commissioner, by the Secretary, by any official, high or low, the greatest of the existing evils would be perpetuated.

I have long thought that the best of all plans would be to entrust pension examinations to detailed officers of the Medical Corps of the Army and Navy, familiar as they are with the mental, moral and physical peculiarities of enlisted men, and with the effects of prolonged service. That this might be done both corps would have to be considerably enlarged. There might, for example, be added to the Army medical staff sixty, and to that of the Navy twenty assistant-surgeons. Then, in like number and proportion, eighty experienced medical officers could be assigned to pension work at forty different places in the country; the Government, if necessary, paying the traveling expenses of applicants ordered to report at the central points. Their examinations would be carefully and thoroughly made, without fear, favor or affection. Deserving applicants would get what they deserve, and the ratings would be far more uniform than at present. The cost to the general Government would be materially diminished. There would be no more complaints or charges that pensions were recommended or advised against because of the applicant's connection with this or that political party. That so small a body of examiners might the more readily and certainly do the work at present performed by thirty times their number, they should be relieved of a large part of that clerical labor that now consumes so much of the time devoted to examinations, labor that could as well or better be done by ordinary clerks or stenographers.

Professionally, whether there was a special new corps or enlarged old ones, we might expect benefit in the recorded and reported condition of the soldiers

and sailors of twenty and more years ago. The end results of excisions and amputations, for example, might be determined, as now they cannot be. The slowly developed organic changes arising from, or at least associated with known causes, and not dependent upon time, occupation and habits, could be studied and analyzed. The Government would be benefited, meritorious soldiers and sailors in some degree rewarded for privations, sickness and wounds, scientific medicine advanced, and regard be had to the just demands for an elevation of the plane of medical practice.

A NEW PERIMETER.¹

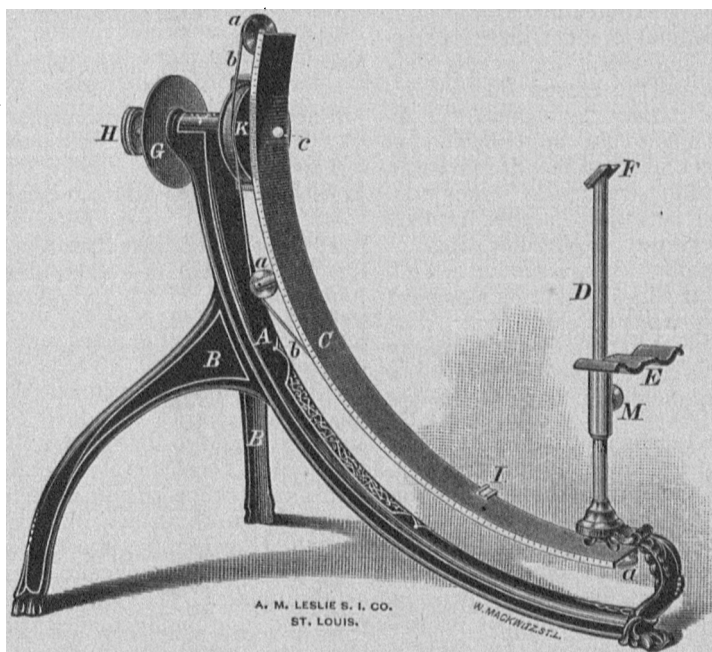
BY LEROY S. DIBBLE, M.D.,
OF ST. LOUIS, MO.

Perimeters are admitted by all practitioners of ophthalmology to be a necessity. But they are so heavy and unwieldy that they have been looked upon

as useless for testing a presbyopic eye. The chin-rest, E, is of brass lined with black velvet. It slides on the standard, D, and is held at the proper point by the thumb-screw, M.

The eye of the patient is placed just above the eye-piece, F, which prevents the head from moving too far forward while looking at the point of fixation, c.

The movement of the color-carrier, I, is practically the same as in the Förateo instrument, which I consider a great improvement over the usual method of moving the color-carrier by hand, in which case the patient is liable to anticipate the object. I have proven this by actual experiment. The milled head, H, is connected with the pulley K by an iron rod passing through the head of the stand, A. The cord, bb, running over the pulley, K, and the small pulleys, aaa, is attached to the color-carrier, I, which is moved up or down by turning the milled head, H, with the fingers. The dial-plate, G, gives the angle of the quadrant, C. The chin-rest and legs are held



as a nuisance in the office, hardly to be tolerated. A perimeter that best meets all the demands for which they are used, is light, neat, and of moderate price, will commend itself to all. These conditions I have tried to meet, with what result I leave my professional brethren to judge. I do not claim great originality; I have simply utilized principles already existing.

The base, A, is of cast iron, japanned, and with the legs, BB, forms a tripod. The quadrant C, of brass, japanned black on the upper side, is cut out by a lathe and is absolutely correct. It has a radius of twelve and one-half inches; a smaller radius I con-

sider useless for testing a presbyopic eye. The chin-rest, E, is of brass lined with black velvet. It slides on the standard, D, and is held at the proper point by the thumb-screw, M.

This perimeter only weighs 12½ pounds.
3147 Washington Ave., St. Louis, Mo.

MEDICAL PROGRESS.

ENTEROTOMY FOR ILEUS.—In reviewing the various opinions hitherto expressed of the relative value of enterotomy and laparotomy for the relief of ileus, Dr. F. FUHR, of Giessen, and Dr. F. WESENER, of Freiburg, compare the two methods together critic-

¹Read in the Section of Ophthalmology, Otology and Laryngology, at the Thirty-seventh Annual Meeting of the American Medical Association.