

become unduly acid, having undergone the acid fermentation in the bladder. This is easily effected by administering citrate of potassium. Local treatment, however, is the most effectual, both in acute and in chronic cystitis; and for this purpose irrigation by means of a double-tube catheter of soft rubber is best. The irrigation fluid should be a solution of corrosive sublimate as strong as can be borne. This will vary from 1 to 10,000 to 1 to 2,000, according to the temperament of the patient and the condition of the mucous membrane of the bladder. The water should be boiled to kill the germs contained therein, and then cooled. In acute cystitis a solution of boric acid may be advantageously employed for half an hour to an hour, in order to thoroughly cleanse the inner surface of the bladder, and the irrigation may then be completed with the sublimate solution, which should run from 10 to 20 minutes. The irrigation fluid is most effectual when somewhat warmer than blood heat, say about 102° F. After washing, the injection of an emulsion of iodoform is a good thing. The irrigation may be employed as above, once or twice a day, in aggravated cases.

DR. W. S. BROWN, in closing the discussion, said that he had left out the surgical treatment in his paper. There are many cases in which it is necessary to open the bladder by making an artificial vesico-vaginal fistula. This is good practice in hospitals, but it cannot be carried out so well when the patient is at home. Dilatation of the bladder should be carefully and cautiously attempted, because in some cases the bladder wall is thin, the mucous and muscular coats have disappeared, leaving only the serous coat, and rupture may occur after even moderate pressure.

DOMESTIC CORRESPONDENCE.

LETTER FROM NEW YORK.

(FROM OUR REGULAR CORRESPONDENT.)

Radical Cure of Inguinal Hernia—Surgical Treatment of Uterine Retroversion—New Method of Shortening the Round Ligaments—New York County Medical Association.

At the first regular meeting of the Academy of Medicine at which the new President, Professor Loomis, occupied the chair, Dr. Charles McBurney, whose admirable operation has of late become so popular among the surgeons of this city, read a paper on *The Treatment of Inguinal Hernia with Reference to Radical Cure*. As an introduction to the exposition of his own operation, which he said had been the result of much thought and labor, he presented some of the considerations which had led him to attempt a procedure different in some respects from any that had preceded

it. In 1886 he met with some cases in which a return of the trouble after operations for the radical cure of hernia convinced him that one great essential to success in any such operation was the complete removal of the sac. The first predisposing cause of hernia he believed to be the pouching of the peritoneum at the internal ring, and therefore, in order to cure a hernia, it was necessary first to prevent laxity at this point, and then to support the peritoneum firmly at this point. He referred to various procedures designed to completely eradicate the sac, and gave a somewhat detailed description of Macewen's method. This operation, when practicable, he said, undoubtedly removed the sac; but it was often difficult or impossible to carry out. In selected cases, however, remarkable results had been obtained with it. Ball's method of twisting the sac he spoke of as a somewhat blind one, not free from serious objections; while some sacs also were altogether untwistable.

In his own operation Dr. McBurney splits the anterior wall of the inguinal canal all the way up to the internal ring. This procedure he supposed at first was original with himself, but he afterwards learned that it had been previously practiced by Riessel. This, he said, exposed the whole length of the sac, and when this had been done the neck of the latter could be disposed of either by ligature or by suture. In this way it was very easy to restore to the peritoneum the natural smoothness which he regarded as another of the great essentials to success in any operation for the radical cure of hernia. In all cases where it is applicable he much prefers the ligature to the suture. The only certain method of closing the entire canal except that portion of it occupied by the cord, he went on to say, he believed to be the open treatment of the wound, and even this was very difficult in some respects. It was requisite, for instance, that the whole wound should be packed extremely closely in order to secure granulation throughout its entire length. The objection had been raised against cicatricial tissue that it melts away and in time yields, and it had also been urged that cicatricial tissue does not prevent the frequent occurrence of ventral hernia after laparotomy; but he was firmly convinced that the cicatricial tissue here was sufficiently strong and permanent for all practical purposes, while the circumstances after the operation referred to were entirely different from those met with after laparotomy. Some operators had practiced the method of sewing up or narrowing the internal ring; but in reality, since the ring was naturally open quite wide, the stitches were of no avail in narrowing it.

He then proceeded to give the details of the operation employed by him for the past two years. Careful antiseptic precautions having been taken, a free incision is made, beginning a little outside the internal ring, and this is rapidly deepened

over the whole length of the canal. The canal, when reached, is split up to the outer edge of the internal ring, and the deeper layers of the sac having been dissected off, the cord is separated from the sac up to a point a little within the abdomen. The sac is freed from all adhesions and omental attachments, if there are any, and is then held high up from the internal ring, in order to prevent the return of any portion of intestine or omentum; when a ligature is applied at the very highest point. In congenital hernia, however, it is often necessary to suture, instead of ligating.

The wound is left entirely open, and from four to eight stitches are used to fix together the skin and the tissues which form the upper wall. As many more are employed for the lower wall; but as the wound is unnecessarily wide, some tendon sutures are usually passed deeply through the skin and superficial fascia. Iodoform is freely dusted about the wound, and then it is very thoroughly packed with iodoform gauze. The rectal end of the wound, however, is sewed up without a packing, and a drainage tube inserted at its lower extremity. Great care is used in making the external dressings, and in order to prevent contamination by urine rubber bandaging is employed in the case of adults and a plaster of Paris casing in children. Frequently, also, the urine is drawn with a catheter for several days succeeding the operation. At least five or six weeks are required for the healing, but Dr. McBurney believes that this comparatively long period in the prone position is time well spent in such cases. None of his patients are allowed to wear a truss or support of any kind after the operation, as he regards such appliances as positively injurious under the circumstances.

The advantages which he claims for the operation are as follows: 1. It is the only method in which the sac is completely obliterated. 2. The walls are very firmly united throughout their length. 3. The wound being open, septic complications are avoided. 4. The rapidity with which the operation can be performed renders it applicable in all varieties of cases. He said he had now employed this method in thirty-six cases. There was one fatal case, but this result was due to alcoholism. In three the wound became infected and the healing was slow; although there was no general sepsis in any of them. In one case orchitis was set up, and in one there was a relapse of the tumor; the cause of this relapse being without doubt, in his opinion, the fact that the sac was not ligated sufficiently high up. In conclusion, he said that within the past week he had either personally seen or heard from thirty-one of the cases, and that the result in all was thus far perfect. Of the remaining cases, two could not be found, and two were still under treatment. The various steps of the operation were very clearly shown by means of large colored drawings taken

from life, and at the end of the paper Dr. McBurney presented a considerable number of the cases operated on for examination.

The surgeons who took part in the discussion were all unanimous in according the highest praise to the operation. Dr. L. A. Stimson, the first speaker, thought Dr. McBurney was deserving of special thanks for his use of the cicatricial packing to the peritoneum, as he thus came squarely out against the ancient idea that cicatricial tissue was weak and untrustworthy. One of the chief advantages of the operation, and one which had not been particularly dwelt upon in the paper, he said, was the very great freedom from the risk of septic processes which characterized it. There was no necessity for drainage, and no drainage was employed except at the lower end of the wound in the scrotum; the wound above being left entirely open. As to the simplicity of the operation in the matter of ligating the neck of the sac, and restoring the peritoneum to its normal state, he had nothing but the warmest admiration to express for this also.

To realize the full advantages of the operation it was only necessary to consider the alternative measures which were at our disposal for treating the canal; all of which were comprised in an attempt to restore the original canal. In many old hernias, however, there was in fact no longer any canal. The internal ring was dragged down until it overlapped the external, and there remained simply a hole covered on one side by the peritoneum, and on the other by the skin and subcutaneous fascia. There was a complete absence of the valvular arrangement of the sides met with in the normal canal, and while many surgeons had attempted to restore this valve-like arrangement, they had always failed. Now, if we could not restore the canal, some alternative for this must be sought; and this formation of a plug of cicatricial tissue for supporting the peritoneum seemed to him a most excellent device.

Dr. Gerster, while expressing great admiration for the McBurney operation, thought it was as yet too soon to decide as to its permanent value; time being the only test for such procedures. In many old cases of hernia, with widely dilated ring, he did not consider it necessary to slit up the anterior wall of the canal, as he believed that the upper part of the sac could be reached sufficiently well without this.

Dr. Abbe said it was perfectly true that we were obliged to leave the question of radical cure to time, but nevertheless he thought surgeons ought in the meanwhile to express their opinions in regard to the various methods advocated. During the past year he had performed Dr. McBurney's operation in seventeen cases, and he felt entirely convinced that it was the best that was now at command. In all he had operated in 117 cases, and fifty-two of these were by Macewen's method,

by which he had been greatly attracted. Macewen claimed that other operators did not succeed with it as well as he himself because they did not operate in the right way; but if the procedure was so difficult that no one but Macewen could perform it properly, it was scarcely worthy of the confidence of the profession. He had now abandoned all other methods for Dr. McBurney's, and one of the greatest advantages of the latter he considered its simplicity in general practice. He had not as yet, however, felt willing, like Dr. McBurney, to leave his patients without a truss after the operation.

A considerable number of other speakers also took part in the discussion. In concluding it Dr. McBurney said in regard to the test of time that no results could, of course, be claimed if it were said arbitrarily that we must wait ten years before deciding as to the validity of the cure in any given case. While, however, longer time was certainly to be desired, he thought we could at least study the principles that ought to guide us in such operations. He had not, with a single exception, refused to operate in a single case; the exception being an old man suffering from advanced Bright's disease and in a generally broken down condition. In every case except the one in which the relapse occurred he was quite satisfied that the sac was completely obliterated and the peritoneum rendered smooth. As to omitting to split the canal in certain old cases where the ring might be perhaps 2 inches in diameter, as suggested by Dr. Gerster, he claimed that even in this class of cases the sac could not be obliterated unless the canal was slit up so that the ligature could be applied at the highest possible point. Although he hoped for the contrary, it might be that in the course of time some of his cases would relapse. Up to the present, however, with the exception of the one mentioned, he had failed to find any evidence of threatened or commencing recurrence in any of them.

At the last meeting of the Section on Obstetrics and Gynecology of the Academy Dr. W. Gill Wylie, who is widely known as one of the boldest and most successful operators among American gynecologists, read a paper on *Surgical Treatment of Retroversion of the Uterus with Adhesions, with a New Method of Shortening the Round Ligaments*, in which he expressed views which not very long ago would have been very generally pronounced as decidedly "advanced," but which have of late been steadily gaining ground among many of our most able specialists in this department. Dr. Wylie believes that in nine cases out of ten where there is retroversion with adhesions the tubes and ovaries are diseased, and consequently, that any treatment which does not involve the uterine appendages, if these are diseased, is not only useless but dangerous. He expressed himself strongly on this point because

he finds that many still treat such cases with pessaries, and that even quite young teachers of gynecology still practice and teach the use of the uterine repositors, an instrument that for many years he has considered obsolete and dangerous, since by opening the abdomen it has been found that in the vast majority of instances retroversion with adhesions means salpingitis, local peritonitis, etc., and it is now known why, as a result of trying to break up adhesions years ago, such patients had so many attacks of so-called cellulitis.

While in some cases the ovaries and tubes are not involved, he said we could not in all instances be sure of this without performing laparotomy, and when the abdomen has once been opened, he has devised a simple and efficient way of fixing and holding the uterus forward. Having freed all adhesions, he catches up the round ligament, at a point about midway between the fundus of the uterus and the pubic bone, with a pair of pressure forceps, pulls it up through the abdominal wound, and with a scalpel scrapes the peritoneum on the inner side of the ligament, so as to make it raw. He then folds together the two halves of the ligament and brings them in close apposition by means of two or four strong silk ligatures passed around and slightly into the ligament, so as to hold the folds of the latter firmly together, but not using sufficient force to cut into or destroy the ligament. Afterwards he may make still closer apposition, if this is indicated, by means of finer and more superficial sutures. These steps are then repeated on the other round ligament, and the wound closed.

This procedure, he states, is easily carried out, and if the sutures are not placed deep enough to injure the bladder or include a ureter, he considers it about as free from danger as an exploratory incision. He thinks it is much to be preferred to the so-called hysterhaphy, and is much better than Polk's suggestion to close the abdominal wound and do Alexander's operation after healing up the adhesions. Dr. Wylie has done this operation for the past three years and with excellent results in some cases, and he says that long before this, when removing the tubes and ovaries, he so included the round ligament in his pedicle ligature as to shorten it and sustain the fundus forward.

At the February meeting of the New York County Medical Association formal addresses were delivered by Dr. J. R. MacGregor, the retiring President, and Dr. C. S. Wood, President-elect of the Association. The former was mainly devoted to the consideration of the relations of medical science to the various interests of the community, the advancement of the standard of medical education, and the advantages to be derived from active work in medical societies; while the topic proper of the latter was the *vis medicatrix nature*. This Dr. Wood believed to be for the

most part a delusion and a snare, and, denouncing the so-called expectant plan of treatment of disease, he stated that his faith in drugs had only increased with his experience in practice. A portion of the address was taken up with suggestions for increasing the efficiency and scientific work of the Association.

P. P. B.

MISCELLANY.

MEDICAL GRADUATES.—Following are the numbers of graduates of medical schools that have closed the session of 1888-89: Ensworth Medical College, St. Joseph Mo., 9 graduates; Michigan College of Medicine and Surgery, 11; Medical Department of the University of Louisville, 128; Medical College of Indiana, 27; Southern Medical College, Atlanta, 50 (?); Medical Department of Georgetown University, 14; Medical College of the State of South Carolina, 25; Medical Department, State University of Iowa, 43; Miami Medical College, 12; Medical College of Ohio, 85.

THE LACAZE PRIZE of 10,000 fr. has been awarded to Dr. Malassez, Director of the laboratory of histology of the College de France, for his work on tuberculosis.

PUBLIC MEDICAL LIBRARIES.—In the proceedings at the reception given to Dr. Oliver Wendell Holmes on the occasion of his presenting his library to the Boston Medical Library Association, Dr. R. M. Hodges, president of the Association, gave some facts regarding the public medical libraries of this country. "First," he said, in point of time, is the library of the Pennsylvania Hospital, founded in 1760; second, that of the College of Physicians, in Philadelphia, founded in 1788; third, the New York Hospital library, in 1796, etc. Of course, the library of the surgeon-general's office has surpassed in size all these, having a large annual appropriation and a magnificent librarian. Next in rank comes the library of the College of Physicians; next, that of the Academy of Physicians; and our library comes fourth in rank. After that come the Medical Department of the Public Library of Boston, and the New York Hospital Library. In other words, although the youngest of the seven libraries, ours has already passed three of them. We have nearly twenty thousand volumes."

A DOCTRINE OF PUBLIC POLICY.—Another legal decision of interest to physicians has just been announced in this city, and as it is the first of the kind coming before the courts, and will now be accepted as a precedent, we hasten to give our readers the benefit. The suit was brought to recover fees for consultation rendered by a physician while at a distance, the consultant in the case being the patient's own regular attendant, while the temporary attendant was a physician unacquainted with the previous ailments, and asked the regular attendant for advice in the matter as the patient's case assumed a grave form. The patient died at the end of three weeks, during the absence of his sister, his only surviving relative, who was at the time travelling on the continent of Europe. As residuary legatee, the sister not only refused to pay the consultant's fees, but roundly abused both him and his confrère, and like many other doctors, there was nothing for him to do but to bow himself out and enter his claim for collection according to law.

At the adjudication of the case before the Orphan's Court, counsel insisted that although the patient may not have been competent to decide as to the need for consultation during his illness, he was in such a condition when the attendant first saw him, and the auditing judge de-

cided that the consultant having no contract to show was not entitled to recover, as the physician first called had no authority to employ him. An appeal was taken, and on the first of the present month an opinion was delivered by Judge Ashman, reversing the decision of the auditing judge, and allowing the amount claimed on the ground that it was the doctrine of public policy. The judge said: "If the right, in the consulting physician, to compensation for his services, is without legal merit, then the law is a reproach to conscience. That it has not been passed upon hitherto means nothing, or rather, it means that it has never been questioned, any more than the right of the physician to charge his patient with the drugs he has purchased, or the nurse he has hired for him, when drugs and nursing were indispensable to his recovery."—*Medical Register*.

THE PORTER COUNTY (IND.) MEDICAL SOCIETY recently met at Valparaiso and elected officers as follows: President, G. W. Arnold; Vice-President, A. P. Letherman; Secretary, D. J. Loring.

THE BIRMINGHAM (ALA.) ACADEMY OF MEDICINE held its regular monthly meeting on March 6. The officers of the Academy are: Dr. C. B. Richards, President; Dr. J. G. Orton, Secretary; Dr. W. A. Moore, Treasurer. The Academy was established in 1854. Nearly all of the charter members are now dead. Dr. Orton has officiated in the capacity of secretary from the time the society was organized until now. The next meeting will be held on the Third Thursday in April.

THE CINCINNATI ACADEMY OF MEDICINE elected the following officers on March 4: President, Dr. William Judkins; first Vice-President, Dr. George W. Ryan; second Vice-President, Dr. W. S. Christopher; Recording Secretary, Dr. Geo. A. Frackler; Corresponding Secretary, Dr. J. M. Withrow; Treasurer, Dr. Geo. E. Jones; Librarian, Dr. David De Beck; Trustees, Dr. S. G. Highway, Dr. Giles S. Mitchell, Dr. C. D. Palmer.

THE NORTH-EASTERN KANSAS MEDICAL ASSOCIATION met at Holton on March 6. The attendance was good and the exercises interesting. The next Meeting of the Association will be at Whiting the first Tuesday in June.

SEXUAL CAUSES OF INSANITY.—The Medico-Legal Society of New York has appointed a committee to consider this subject. It is composed of Clark Bell, Esq., President of the Medico-Legal Society; Dr. P. Bryce, Superintendent of Insane Asylum at Tuscaloosa, Ala.; Alice Bennett, M.D., Superintendent of the Pennsylvania State Hospital for Insane, at Norristown, Pa.; Dr. C. A. Rice, Superintendent of Mississippi State Hospital for the Insane, at Meridian, Miss.; Ex-Governor Hoyt, of Philadelphia, Pa.; and E. W. Chamberlain, Esq., of the New York Bar. This committee will be glad to receive the views of alienists, superintendents of asylums, and others as to the question: "How far is Insanity due to Sexual Causes?" Dr. Bennett will read a paper upon this topic before the Medico-Legal Society of New York on March 13.

DR. H. R. STORER, Newport, R. I., Chairman of the Committee of Arrangements of the American Medical Association, has recently received the diploma of associate membership in the Archæological and Geographical Society of Pernambuco, Brazil.

THE AMERICAN MEDICAL ASSOCIATION.—One of the events of the coming season will be the fortieth annual convention of the American Medical Association, which will be held here the last week in June. The last meeting of this Association occurred at Cincinnati in June last, when nearly 1,500 physicians from all parts of the country were present. In addition to this large number, many of whom bring their families, there were upwards