

of iodoform in pills containing each one centigramme ($\frac{1}{10}$ gr). She was suddenly attacked with faintness, vertigo, and double vision; within two days she sank into a deep sleep which lasted for thirty-six hours, and was followed by excitement, violent headache, and confused speech. These symptoms were succeeded by debility and a tottering gait, after which the vertigo, headache and diplopia recurred. This series of symptoms lasted for a fortnight. In the case of another woman, the toxic phenomena occurred at the end of the first week, and when no more than 5 grammes (75 grs.) of iodoform had been taken. She slept continuously for five days, after which debility and vertigo were experienced for several weeks. (Oberlander)."

In my own experience, I have observed no such phenomena from the use of iodoform internally. But in every case in which I have employed it as an internal remedy, the combination with *nux vomica*, *digitalis*, and ext. *belladonna* overcomes or prevents its depressing influence upon the circulation and respiration; and as these remedies are cardiac and respiratory tonics, I think it a most rational method of obviating the dangerous effects sometimes resulting from the internal use of iodoform.

Chicago Opera House Building.

FRACTURE OF THE RIB CAUSED BY SNEEZING.

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There is a Hebrew legend which says that before the days of Jacob no man sneezed more than once—the effort cost him his life. Jacob invoked the blessing of God and survived an attack, and since his time it has been customary for persons, in the presence of one sneezing, to utter a "Praise God!" "Gesundheit!" or other significant exclamation, lest the phenomenon result fatally. That sneezing may not, in all cases, be the harmless action it is commonly believed to be, the following case will serve to illustrate:

Mr. M., aged 72 years, remarkably vigorous and healthy for his years, summoned me hastily for relief of severe pain in his right side, which had commenced suddenly after sneezing with unusual force. I found him standing, supported by a chair; his face pale, his breathing difficult and provoking cries, with pain in the lower part of the right side. I suspected pleuritis and neuralgia; and was surprised on placing my ear on his chest to hear distinctly the crepitus peculiar to fracture of bone. Further examination showed a fracture of the eighth rib, near its angle. The treatment consisted in placing three strips, fourteen inches in length, of Seabury & Johnson's rubber adhesive plaster obliquely over the right side, crossing the ribs at right angles. The plasters were adjusted with sufficient firmness to draw the ribs snugly together, and to limit the motion of the fractured one. Recovery was prompt and without complication.

This case is of interest, because it was unquestionably caused by sneezing, and the fact that sneezing is not usually referred to as a cause of fracture of the ribs. A glance at the mechanics of sneezing

will show that two powerful sets of muscles may be brought into antagonism in a way to expend their opposed forces upon the ribs, making the fracture simply a mechanical matter.

The treatment by means of plasters having some permanency of adhesive power has proven in many cases of fractured ribs, as it did in this one, a great advantage over the old method of a broad bandage encircling the chest. It permits freedom of motion on the uninjured side of the chest, while it insures sufficient immobilization of the fractured bone to control pain and favor union.

It is said that insane persons are particularly prone to fracture of the ribs, and that sneezing among them is not infrequently the cause. Whether there is, in these cases, a dominant frailty of rib-structure, or an unusual quantity of muscular force called out by the mental unsoundness and applied to the ribs in the act of sneezing, is an interesting point to determine.

OPERATION FOR MALFORMED AURICLE.¹

BY S. S. BISHOP, M.D.,

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On July 11th, 1885, Nettie H., eight years old, presented herself at my clinic at the Infirmary and said she "wanted her ears put back." Both auricles were so abnormally prominent as to mar materially the symmetry of a very shapely face and head. The left auricle, which was the more unsightly, projected one and one-fourth inches at a right angle from the junction of the auricle with the mastoid process, and then bent forwards; thus forming what is facetiously termed "lop-ear," or "dog-ear." The natural elevations and depressions were obliterated, and the organ presented the appearance of having been flattened by the pressure of the head in sleep on an auricle folded forward upon itself. The right ear projected one inch, but was not as imperfectly shaped as the left one. At first I contemplated moulding the auricle into shape in a dressing of plaster of Paris, which would retain the parts in position for several months, with proper care and renewed dressings. But on account of the youthfulness of the child, which would render it highly improbable that she would coöperate in that treatment with sufficient persistence to insure success, I performed an operation, with the consent of her parents, and with the assistance of Drs. Hawley, Abbott and Walker.

On July 17th the little patient was anæsthetized with ether. An incision one and three-fourths inches long was made on the posterior surface of the auricle about one-half inch from the free border of the cartilage, and parallel therewith. Another curvilinear incision internal to the first was made, to unite its extremities. These incisions extended only through the skin and subcutaneous tissue, and were made to embrace about one-half inch of integument at the widest divergence of the lines of incision. After dissecting off this skin and subcutaneous tissue, two incisions parallel to the first were made through

¹Read before the Chicago Society of Ophthalmology and Otology, August 11, 1885.

the cartilage, and an elliptical section of this was dissected off from the skin covering the anterior aspect of the auricle, without wounding that integument. The portion of cartilage removed was not quite as wide or long as the section of skin taken from the posterior surface of the auricle. The edges of the wound were united by three sutures, which included the skin only, and the parts were dressed with absorbent cotton and net bandage.

Union by first intention occurred and the sutures were removed the fifth day. However, the patient chose a pleasure excursion in preference to the clinics before the wound had healed thoroughly; the dressing became displaced and the wound was torn open along the centre. Consequently this portion of the wound healed later by granulation. There was but slight pain or swelling, and the child evinced no dread of an operation on the other ear except with respect to the ether.

The result of the operation is that the auricle now projects but three-fourths of an inch instead of one and one-fourth inches, making a difference of one-half inch between the projection before and after the operation. Besides this, the natural elevations and depressions which are requisite to the beauty of a well formed ear have been restored.

I do not know that any surgeon has previously performed an operation identical with the one I have devised, but when a learned professor informs the French Academy of Sciences that before the illustrious Jenner was born, and "from a period so remote that it loses itself in the night of time," the inhabitants of Senegambia have practiced inoculation for the prevention of a contagious disease, I have not the temerity to call any operation new. A short time since I thought I had originated another new method of treatment, when to my surprise I learned that Dr. Sexton, of New York, had been experimenting in the same direction, although he had not published the fact. Drs. Ely and Roosa have operated in a different manner to effect a similar result. They transfixed the auricle at its junction with the side of the head, and removed the cartilage and the skin covering both the anterior and posterior surfaces.

By the operation which I performed it is apparent that the integument covering the anterior surface of the auricle, or the part most exposed to view, was not at all injured. I was not able to ascertain the exact results in Dr. Ely's case. In Dr. Roosa's case the projection before the operation was the same as in mine, but the projection in my case after the operation was one-eighth of an inch less than in his.

REMOVAL OF THE ENTIRE TIBIA.

BY B. F. HART, M.D.,

OF MARIETTA, O.

In December, 1883, I was called to see a boy, aged 13 years, who had been treated three weeks for rheumatism. On examination, I found the leg much swollen, very hot and painful, with marked fluctuation, the result of extensive periostitis. The boy was very anæmic, and much exhausted.

I opened the leg at its upper third, and anterior aspect, and discharged over a quart of pus and broken down tissue. A rubber band was applied, and a restorative course of treatment was given for four weeks, until the system could be restored sufficiently to permit the removal of the diseased bone. On January 30th, 1884, with the patient under influence of chloroform, I began an incision close to the knee, and finding no sound bone, continued the same to the ankle; and by the use of the enucleator, separated the tibia from its epiphysis.

The upper end having been loosened by disease, the entire bone was easily removed. With the raspatorium I scraped the tibial side of the epiphysis at the knee. After dressing the wound with oakum for ten days, it was gradually drawn together by means of adhesive straps. In ten weeks the new bone had so far re-formed that he could bear his weight upon the limb. About four months elapsed before he was able to walk without the aid of crutches. At this date (October, 1885) recovery is perfect, tibia full size, and there is no halting in his walk.

MEDICAL PROGRESS.

ANATOMY AND PHYSIOLOGY.

WHAT BECOMES OF THE BILE IN THE ALIMENTARY CANAL.—Schiff admitted in 1870 that there was a circulation of the bile from the liver to the intestinal canal, and *vice versa*, as it seemed to him that the quantity of bile was always increased when bile was introduced into the canal. Sokoloff denied both the fact and the theory, for after injecting glychocolate of soda into the intestine of a dog, he could find none in the bile.

A. Weiss has recently repeated these experiments, and the results are published in the *Bulletin de la Société Impériale des Naturalistes de Moscou*, 1884. He made injections of glychocolate of soda into the intestinal canal of a dog for three days, killed the animal, and examined the contents of the gall-bladder for the glychocolate of soda. His results were contrary to those of Sokoloff. The presence of glychocolate of soda was established by the reaction with neutral acetate of lead, and by Hoppe's quantitative method, by which the quantity of cholalic acid and sulphur are determined. From the quantity of sulphur the taurine is found, and consequently the taurocholic acid. Weiss found a surplus of cholalic acid, which could only have come from the glychocolic acid introduced in the experiment, and which had passed into the bile. Had glychocolle been introduced instead of the glychocolate, the result would have been different: the bile would have contained taurocholates only. If cholalate of soda be introduced, it passes into the bile in small quantities, and glychocolic acid is found; by giving the cholalate only a small quantity is found. In the first case it is combined with the glychocol; in the second glychocolates appear; cholalic acid, which is not found in the natural state, being really combined with