

element is not altogether a negligible matter. It may even have its share in causing the excessive (as it would appear) mortality that has followed so slight an operation.

While Dr. WHITE appears to have fairly replied to the other objections to the operation, this one is left unanswered, and it may not be an insignificant one. Time, of course, will be required to determine its full value and importance.

THE LABOR MOVEMENT AND MEDICINE.

The recent celebration of labor day throughout the country and the great extension and popularity of the so-called labor movement suggest certain questions that may become practical ones in the near future. Every one sympathizes with the desire of the working classes to improve their condition in all legitimate ways and the usefulness of labor organizations under judicious management need not be questioned. That their managers have not always been judicious is evident enough, but that is perhaps to be expected and it is to be hoped that more wisdom may guide their actions in the future than it has in the past. The question that concerns us most especially is that of their extension into certain lines of occupation that have hitherto been free from these complications. Medicine, being a liberal profession, is in no danger of falling into this line; the laws regulating practice are matters of public hygiene, not of private interest, though the medical defence associations that seem to be popular in Great Britain at the present time have some general resemblance to trades union or labor methods. There would, it may here be said incidentally, be no better object lesson of the evils of certain labor methods than a sympathetic strike of doctors, leaving their patients to go, in many cases literally as well as metaphorically, to the devil, according to orthodox beliefs. The nearest approach to this that is likely to occur is what happened, we believe, in England not long since, when the lay management of a certain hospital became so obnoxious that physicians refused to serve on its staff. Such an event would, however, be more the result of the individual expression of professional self-respect than of any combination analogous to trades organizations. There are, however, auxiliary to medicine certain occupations the followers of which can not be expected to be always governed by the high professional motives that are assumed to control regular physicians, and it is entirely possible to conceive of what we denominate labor troubles arising in their ranks. A general sympathetic strike in very many employments could easily have the most disastrous effects on the public health, a railroad strike involving the milk supply for only a few days in a great city would cause a terrible increase of infant mortality, and many other like instances and effects can be easily imagined. To

come down more closely, however, to strictly medical employments, a strike of hospital employes, especially if in connection and alliance with a general strike, would be most disastrous; yet it is a perfectly conceivable possibility. In certain hospitals this contingency is calculated upon and all employment is regulated by contracts requiring notice and other precautionary provisions.

It is not to be supposed that public opinion would support any long extended movement that would have gross inhumanity as its consequence, and it is to be hoped that no labor combination would really deliberately attempt to injure or prejudice the welfare of the helpless and the invalid. It must be remembered, however, that the greatest wrongs are committed not through deliberate malice, but by inconsideration and recklessness, and the inability to see beyond an immediate desired end.

CORRESPONDENCE.

Physicians' Cards.

ANDERSON, S. C., Sept. 5, 1896.

To the Editor:—Is it contrary to the Code of Medical Ethics or the by-laws of the AMERICAN MEDICAL ASSOCIATION to use on a business or visiting card the words "Diseases of Women and Children," or any other words indicating a special line of practice? If not those words, is the word "Gynecologist" admissible? For instance, "Dr. Leptandrin, Cormes, Florida, Diseases of Women and Children."

Awaiting your reply, am very truly yours, J. O. W.

ANSWER: The reading of the Code explicitly says: "It is derogatory to the dignity of the profession to resort to public advertisements, or *private cards*, or hand bills inviting the attention of individuals affected with particular diseases, etc."—Vide Code of Ethics, "Of the Duties of Physicians to Each Other and to the Profession at Large."—Art. 1, Sec. 4. Now this is the exact language of the Code, and is in all well regulated societies regarded as the safest plan to follow.

The Bicycle.

IRONTON, OHIO, Aug. 30, 1896.

To the Editor:—I was greatly pleased to see so sensible an article in the last JOURNAL as that written by Dr. Brown of Birmingham. That the bicycle has come to stay is an assured fact. That more people are going to use them is another assured fact. That we, as physicians, should accept these as facts and devote more time to the "wheel and its effects" is also quite as much a fact. For the masses the wheel has come nearer annihilating space than anything that has so far been invented. Until we have a practical, low-priced flying machine people will continue the use of the wheel despite the fact that it produces pelvic troubles. I do not think, however, that it will produce as many of them as the same amount of horse-back riding. It is no more fair to call the hump-backed, ewe-necked, pop-eyed scorcher the typical bicycle rider than it is to compare the goggle-eyed thing that rides through Central Park to one of Buffalo Bill's riders in his Wild West Show. As long as we have in use the prevailing style of saddle we will have "the hump" because that is the easiest position. When we can have a seat that is flat, or nearly so, and receive its support from the center instead of the ends and has no prominent horn, then, and not until then, will we have what is to my mind, the

correct position. I have had one case of ruptured urethra and several cases of vesical irritation under my care, but have never failed to promptly give relief to the latter when the proper saddle was prescribed. When a fond mother asks me if I think her daughter can ride a wheel I say, "Yes, if the saddle is right." When a man asks me if he can ride a wheel I say, "If you get the right saddle and then use a little common sense." There are many good saddles now being manufactured and if we will use our influence in the right direction "the hump" and vesical irritation will soon be things that are not charged up to the bicycle. I have been a constant user of the wheel for three years, averaging about fifteen miles a day, the year round. Being compelled to investigate the saddle question, I went into the subject a little more seriously than if some one else were the patient, but since having the saddle right I feel as much freedom from pain and danger as if I were riding in a carriage. Prescribe the wheel for your patients, "but see that the saddle is right."

LESTER KELLER, M.D.

Diagnosis of Knee Joint Affections.

MINNEAPOLIS, MINN., Sept. 12, 1896.

To the Editor:—While it is usually a comparatively easy matter to make a diagnosis in tuberculosis of the knee, it is possible to be mistaken, as illustrated by the following cases:

Case 1.—A young man 19 years of age came to the writer with a knee which had been pronounced tubercular by a number of physicians who had seen it. It had already been treated by iodoform and iodine injections. He gave a history of having sustained a slight injury about a year before the writer saw him, and some time afterward the joint began to swell and became painful.

When he came to me he had an enlarged white joint with enlarged veins. There was flexion, atrophy, muscular spasm and severe pain which was much worse at night. He was put in bed and extension made by means of weight and pulley. In about a month his pain was relieved, the deformity overcome and the swelling seemingly diminished. At this time there was no question in the writer's mind but that the knee was tubercular. A plaster cast was applied and the patient allowed to go out on crutches.

After a very few weeks the pain returned; the swelling increased and the patient returned to bed, where he remained until he died three months later from an osteo-sarcoma. At that time my belief was that the sarcoma was secondary to tuberculosis, but the probability is that it was sarcoma from the beginning.

Case 2.—A lady, 49 years of age, was brought to me, who had a knee which was decidedly enlarged and which had been pronounced tubercular by many of the eminent surgeons of three different cities. An independent diagnosis of tubercular synovitis was made and excision advised. There was local swelling and heat, and what seemed to be a tubercular abscess in the popliteal space. There was flexion and tenderness upon pressure, but comparatively little pain. The family physician, acting upon the advice of a consulting surgeon, had tapped the joint some time before, drawing off quite a quantity of serous fluid, after which he injected iodine. The patient accepted the advice of myself and all the other surgeons (except one who wanted to try iodoform injections) and requested me to excise the joint. The patient had a hemophilic joint, and died one week after the operation, from acute anemia.

These rare and unexpected cases may occur in any joint, but the above are the only cases occurring in the writer's practice.

JAMES E. MOORE, M.D.

Work for the Association.—Let every member get a new member before the close of the year! Try it now! Let us reach the ten thousand mark in the semi-centennial year.

NECROLOGY.

ALEXANDER BUCHANAN, M.D., New York City, September 2, from complication of diseases from which he had been suffering for several years. He went to Sands Point early in the summer, but becoming worse he was taken to the Post-Graduate Hospital where he died. Dr. Buchanan was born in Glasgow sixty-five years ago. He came to New York in 1856, but returned to Scotland to study medicine and graduated from the University of Glasgow in 1860. In 1862 he graduated from the New York Medical College. He was a Fellow of the Royal College of Physicians and Surgeons, Glasgow, a member of the New York State and County Medical Associations and a member of the New York County Medical Society.

ABRAHAM LIVEZEY, M.D., at Yardley, Pa., August 31. He was at one time professor of obstetrics at the Woman's Medical College of Philadelphia. He had been suffering for thirty years from lupus of the face. He was born in Solebury township, Pa., in 1821, and graduated from Princeton College in 1842, and from Jefferson Medical College in 1845.

ASBURY M. DAY, M.D. (Albany Medical College, Albany, N. Y., 1860), at Farmington, Del., September 4, aged 60 years.

—WILLIAM K. CONAWAY, M.D. (Jefferson Medical College, Philadelphia, Pa., 1890), of Ridgeley, Del., September 4.

CHARLES LOTIN HILDRETH, M.D., of Southampton, N. Y., who was gaining prominence among the younger poets and writers of this country, died at the residence of his wife's sister, Mrs. Mary Kyle Dallas, on August 12. He was 40 years old and leaves a widow who is an authoress. There are no children. Dr. Hildreth's death was due to nervous prostration brought on by the intense heat of the week previous.

MATT YOUNG, M.D., the oldest physician of Ashland, Ky., died August 26.

J. L. BENSON, M.D., aged 79, died at his home in Noblesville, Ind., September 8. He was a surgeon of volunteers during the war, and had practiced medicine for fifty years.

NEW INSTRUMENTS.

A NEW SELF-RETAINING NASAL SPECULUM.

BY J. R. STRAW, M.D., ASHLAND, WIS.

Late House Surgeon Baltimore Eye, Ear and Throat Charity Hospital, Baltimore, Md.

I have realized, as has I presume every other rhinologist, the need of an absolutely self-retaining nasal speculum. To obviate this, about two years ago I devised the instrument

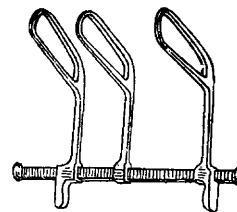


FIGURE 1.

illustrated in the accompanying cuts. As an inventor is always an enthusiast on his own devices, I have hesitated to recommend it to the profession, fearing it would prove, as many other instruments, useless for its designed purpose.

Knowing this fact, I have used it for the last two years, and am thoroughly satisfied as to its merits and practicability, especially for operations on the nose.

Cut No. 1 represents the instrument with fenestrated blades, consisting of three, on a straight, square bar, those on either end being movable, the central stationary. This latter or central blade is placed on one side of the septum, while the dilating blade on the opposite side of the nose to be dilated, is