

The advocates of podalic version in contracted pelvis, he said, were divided into two parties, according as they respectively formulated the therapeutical indications. The one side recommended waiting, so long as the passage of the child's head appears possible and devoid of danger; when further delay is no longer permissible in the interests of the mother, perforation and extraction with the cranioclast in high-standing head; forceps in the case of a living child, after the narrow part has been surmounted; in unfavorable engagement at the brim, fixation not ensuing within a certain period, version and extraction. The other side sought to avoid the possibility of a perforation by a prophylactic version before any symptom of danger threatened the mother. Dr. Harrison said that for years his own practice had been based upon this view, and that he could not earnestly advocate the advantages of this method of procedure. Long ago Simpson had argued that the protraction of labor was, *per se*, dangerous both to mother and child, and that any operation was dangerous and fatal in proportion to the length of time allowed to elapse before the artificial delivery was accomplished. For these reasons he declared that in proportion as turning was practiced earlier, so far would it be attended by greater safety and greater success.

The conditions most favorable for version were, of course, intact bag of membranes and completely dilated os uteri. Often, however, the physician was not called to the case until the membranes had already ruptured, and this might have occurred prematurely. This premature rupture was especially to be regretted in a contracted pelvis, as it rendered the prognosis for mother and child more unfavorable, the explanation being that such an accident is more apt to occur at an early stage of the labor in a narrow pelvis. He fully agreed, therefore, with Nagel in the opinion that in a premature rupture of the membranes version should be undertaken as early as possible, and that we should not wait for full dilatation. It was of the utmost importance, as influencing the result, that the after-coming head should be brought through the pelvis with as little delay as possible, and upon the best method of accomplishing this the views of different authors were at variance. All were agreed, however, that the head must be guided into the pelvis and drawn through it with the chin flexed. The finger in the mouth served mainly to approximate the chin to the breast. A supremely important matter was the pressure from without through the abdominal coverings, traction on the trunk being made by the hand over the nape, according to the Veit method. Dr. Harrison's experience has been entirely in accord with that of Nagel, who suggests the propriety of rotating the chin behind, when still in the inlet of the pelvis, so that

the sagittal suture runs in one or the other oblique diameter. In this way, he said, he had repeatedly accomplished delivery in exceedingly contracted pelvises.

In the discussion of the paper Dr. Charles A. Leale described the method he pursued in inducing premature labor and delivering by version in anus where the pelvis was contracted to such an extent that it was not deemed expedient to allow the woman to go to full term; and Dr. Joseph Kercher spoke particularly of the difficulty in correctly estimating the pelvic diameters, stating that he had known good obstetricians to resort to the early use of version or the forceps in cases where the pelvis was in reality of normal size, under the impression that there was present a considerable degree of contraction. In his opinion podalic version was not to be recommended, as a rule, in primiparæ, except the os were well dilated and the membranes unruptured; breech labors being much more dangerous to the latter than to multiparæ.

In closing the discussion Dr. Harrison spoke in deprecation of the emphasis which most of the text-books on obstetrics laid upon the rarity of contracted pelvis in this country as compared with European nations. It was, no doubt, true, he said, that this condition was somewhat less common here than in Europe, but at the same time it was met with with sufficient frequency to make it necessary that every practitioner of midwifery should be fully prepared to treat such cases in the most skilful manner. Personally he had had some terrible experiences with them in this city, and as every one was liable to come across them in his practice, he thought it was a great mistake that the student and young physician should be allowed to get the idea that they were so rare that he need regard the chance of his encountering one as only a remote contingency.

At this meeting, which was the first the Association has held since the long vacation, twenty-nine new members were elected, and a committee was appointed to consider and report upon the best methods of suppressing illegal practitioners and mitigating dispensary abuses in the city of New York.

P. B. P.

#### Chloroform Accidents.

*To the Editor:*—I take the liberty of writing you in regard to the article on "Chloroform Accidents" in THE JOURNAL of October 19th.

I have been for many years following the practice there described for prevention of death under anæsthetics, and have over and over again presented it to the profession of this country. First in the *American Journal of Medical Sciences*, April, 1876, on "The Influence of the Injection of Narcotics upon the Anæsthetic Process;" again in "Transactions of the State Medical Society of

Ohio," 1879, in which paper I particularly urged the influence of atropia in sustaining the heart's action; further, in American edition "Holmes' Surgery," and several times in journals.

Now, I do not wish to trouble you, and care little about the *personal* honor of priority in this matter, but think that when a procedure is published as a *good thing*, being so discovered *abroad*, those who have worked at it for many years before *in this country* deserve mention.

In speaking of *priority* of this process, I do not claim *originality*, but only that I have been a persistent and repeated advocate of it. I believe it to be one of the most important and most valuable modifications of the anæsthetic process. Nussbaum first used it. When in Munich, in 1887, I took the trouble to call upon him in reference to it, but found that he never carried it beyond his first essay.

The method was placed upon a scientific basis by Bernard ("*Leçons sur l'Asphyxie et l'Anæsthetic*"), and the results as to death of dogs there given is quite as striking as that in the article you have published.

I am very respectfully and truly yours,

J. C. REEVE, M.D.,

Dayton, O., October 19, 1889.

#### Tenth International Medical Congress.

*To the Editor:*—I have received the following letter from Professor Virchow, the President-elect of the next Medical Congress.

Very truly yours,

JOHN B. HAMILTON.

Treasury Department, U. S. Marine-Hospital Bureau, Washington, D. C., October 30, 1889.

BERLIN, October 1, 1889.

*Dear Sir:*—The Organizing Committee of the Tenth International Medical Congress is now constituted. I myself am elected President, and Dr. Lassar (Karlstrasse 19, N.W.) Secretary-General. We will be very happy to receive the Transactions of the Ninth International Congress, and we hope to see you and many of your countrymen at the new session.

I am, sir, very sincerely your obedient servant,

PROFESSOR RUD. VIRCHOW.

#### Holland Claims the Microscope.

*To the Editor:*—Allow me to call your attention to an error in THE JOURNAL of September 14th, which mistake I have recently seen in one or more other journals. On page 385 of THE JOURNAL, under the caption of "The Tercentennial of the Microscope," you ascribe the invention of that highly useful instrument to a Zacharias Janssen, of Magdeburg, the capital of a Prussian province, Saxony. Zacharias Janssen, to whom belongs the credit of constructing the first *compound* microscope (the simple microscope was known previous to that time), was not a German but a *Hollander*, born and reared in *Middelburg*,

the capital of the province of Zeeland, one of the eleven provinces of the United Netherlands.

Germany and the Germans seem particularly anxious to monopolize the credit of most of the *useful* inventions—now they lay claim to the invention of the microscope. "Honor to whom honor is due."

J. VANDERLAAN, M.D.

Muskegon, Mich., September 14, 1889.

## NECROLOGY.

### Dr. Isaac E. Taylor.

This distinguished physician, so well known to the medical profession and so highly honored, died at his residence in West Thirty-fifth street, New York City, on the 30th ult., at the age of 77 years. He was from the time of its organization until his death the first and only President of Bellevue Hospital Medical College, and has always been esteemed as one of the foremost promoters of medical education.

About ten days previous to his death he was attacked with acute pericarditis and was confined to his bed. Up to the moment of death he had not been considered seriously ill. While lying in bed and reading from a book his daughter noticed that he suddenly threw his hand over his head, sank into his pillow and in three-quarters of an hour he was dead. Mrs. Taylor died in 1867. Four children—Mrs. Pierre Lorillard, Col. Stewart Taylor, Mrs. Hilliard M. Judge, and an unmarried daughter, are his immediate surviving relatives. His was a well rounded life, full of years, of unusual achievement and of signal honors. To the family bereaved and to the Faculty of the College, the profound sympathy of the profession will be most freely accorded.

### Dr. L. F. Warner.

DR. LEVI FARR WARNER, of Boston, for many years an influential member of the American Medical Association, and in 1874 one of its Vice-Presidents, was born Oct. 25, 1822, at Norwich, Chenango Co., N. Y. He died Oct. 12, 1889, at Boston, two weeks before the completion of his 67th year. Educated preliminarily at the Academy at Mexico, N. Y., he studied for his profession during 1842-3 at Geneva Medical College, and subsequently graduated in 1862 at Lind University, Chicago. He commenced practice at Vienna, at Oneida Co., N. Y., and removed thence to St. Louis, where during the war he was Ass't Medical Examiner for the First District of Missouri. He then came to Boston, and was admitted a member of the Massachusetts Medical Society. He was one of the founders of the Gynæcological Society of Boston, and soon became recognized as of especial skill in the diag-