

attack." Referring to Professor Parke's remarkable record of tracheotomy, I can not help feeling that his cases could not have been so unfavorable. I cannot believe that he had many young infants to operate upon. I would like to ask the age of his youngest patient?

DR. PARKES: Three and a half years.

DR. WAXHAM: That explains why his record has been far more successful than that of many physicians. I believe that if tracheotomy were performed upon every case without reference to age, condition, or type of disease, we would not save more than one out of every ten or twelve. Many physicians select their cases; indeed, I know of some who *will not* operate upon a child under three years, and of others who will not operate upon diphtheritic cases on account of the known fatality occurring after tracheotomy in these cases.

In regard to the difficulty of performing intubation, I would say, that any of you who attempt the operation upon a child without practice upon the cadaver, will certainly be sorry for it. I have known of four physicians who have failed completely. In regard to the patient to whom the last speaker referred, the young lady with the tube in her stomach, that case I am afraid was not in my record. I, unfortunately, or perhaps fortunately, did not secure the patient.

Dr. Parkes has stated that after tracheotomy, if he were able to remove the tube in less than six days he would have concluded that there could have been no membrane within the larynx, and that if he had waited a few days longer the patients would have recovered without the operation! May I be pardoned for feeling that the natural inference would be, that in these cases of intubation because the tube has frequently been removed on the third, fourth or sixth day, that there could have been no membrane present and that the operation was unnecessary? In reply, I would state that in every case coming under my observation false membrane has been expelled when the tube was introduced. The reason why the laryngeal tube can be removed earlier than the tracheotomy tube is, that more or less membrane is detached when the tube is first introduced, and second, the pressure of the tube and the frequent coughing assists in dislodging the membrane; while after tracheotomy little or no air passes through the larynx until after the removal of the tube, and there is nothing to cause the dislodgement of the membrane.

In regard to feeding the patient: Many of my patients have taken abundance of nourishment without difficulty. Occasionally, however, there will be one that will not take a sufficient amount. It will depend a great deal upon the size of the tube. If we use a tube larger than is appropriate for the age of the patient, it will not always fit perfectly into the cavity of the larynx, and consequently the epiglottis will not close accurately over it. In a case such as Dr. Strong has referred to, where the membrane is pushed down ahead of the tube, the trachea forceps would be very useful in removing it.

There are a great many dangers from tracheotomy that are never met with from intubation; but we rarely hear of them. I have learned of one physi-

cian who attempted a tracheotomy on a child four years old. Cutting down hastily he severed large blood-vessels, and losing his head at the sight of the copious hæmorrhage, at once sewed up the wound, while the child, almost with his last breath, wanted to know if they were going to cut him any more. Another physician, in cutting down hastily in order to open the trachea, missed it, and accidentally severed the carotid artery. Indeed, the history of tracheotomy is replete with horrors, but we do not hear of them. In the hands of experienced surgeons, who are cool and collected, the operation may be a simple and safe one; but in the hands of the inexperienced and the nervous, performed, as it frequently is, in the dead of night, it then becomes a formidable, yes, a dangerous procedure. Intubation, on the other hand, can be performed quickly, in a very few seconds, and without the dangers attendant upon tracheotomy.

NINTH INTERNATIONAL MEDICAL CONGRESS,
TO BE HELD IN WASHINGTON, D. C.,
COMMENCING SEPT. 5, 1887.

PRELIMINARY ORGANIZATION.

SECTION XIV. PUBLIC AND INTERNATIONAL
HYGIENE.

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—I have the honor to submit the following with reference to questions N and O, relative to *Quarantine*, proposed for discussion by the Fourteenth Section of the Ninth International Medical Congress:

The idea which I had in propounding questions N and O, was for the purpose of bringing about a grand union of action on the part of all civilized nations on the subject of *Quarantine*, so as to advance the cause of medical science and humanity.

As matters now stand commerce is made to bear the *brunt* of *Quarantine*. The unfortunate ship stricken by pestilence suffers detention and in some cases immense expense. The unfortunate crew and passengers, who have committed no crime, are treated like *outcasts* and *outlaws*. They are supposed to have no rights which humanity is bound to respect.

Commerce bears in its bosom the germs of civilization; commerce establishes and sustains the markets of the world; commerce is the agent for the dissemination of all that is grand and noble in the life and development of our common humanity; and the brave and hardy sons of commerce have in all ages and in all times rallied to the defense of their native lands.

Is it just, is it right, that the pestilence-stricken ship should bear all her expenses, and suffer all that the safety of man may demand and that avarice and cowardice may suggest?

Has not civilization advanced to that stage, and are not the great civilized and Christian Powers of the world (the United States of America, the British Empire, France, Germany, Austria, Russia, Italy, Spain, Portugal, Denmark, Norway and Sweden) sufficiently strong, wealthy and enlightened to estab-

lish a uniform system of quarantine which should embrace:

1. A system of mutual confidence; a uniform system of registration of diseases and deaths.

2. A system of regular health reports, giving detailed statements, weekly, monthly and annually, and if necessary daily, of all matters relating to the public health—to the sanitary welfare of nations. By the use of the telegraph all civilized nations could be kept informed of the appearance, spread or arrest of any contagious or infectious disease, as small-pox, cholera, yellow fever, etc.

3. A uniform system of quarantine, adapted, of course, to the climate, latitude, and endemic or epidemic diseases.

By a *uniform system* we mean uniformity in the construction of quarantines, and their administration, and the uniform assumption by the great Governments of the world of all quarantine expenses of cleaning, fumigation, and the treatment of the sick. The only expense necessarily borne by the pestilence stricken ship, or by the *suspected* ship, detained in quarantine, would be the loss of time and the necessary expenses for food of crew and passengers.

As quarantine is now conducted, the owners of ships as well as the passengers and crews suffer, often unequally and unjustly, for the general good.

The two questions are complementary one to the other; and to make this relation plain we re-state them.

N. Shall the General Governments of the civilized world assume control of all the quarantine systems, and by mutual consent reduce the entire subject of quarantine to order, and apply the most improved methods of sanitation and disinfection?

O. Shall the Government of the United States assume charge of the entire subject of quarantine (within her own borders), and relieve the individual States of all further responsibility for not merely foreign, but also inter-State quarantine?

O flows necessarily from N; to be of any practical value the discussion of N must precede that of O; O cannot be construed as relating to anything but the United States of America and its individual States, and does not refer to foreign States, only so far as one of the contracting parties under proposition N.

I hope that the high purpose by which I am actuated in propounding these questions is clear—the discussion is for all civilized nations, and the earnest hope is entertained that great good will grow out of it for the protection of commerce, the advancement of medical science and the welfare of humanity.

Your obedient servant,

JOSEPH JONES, M.D.,
President Section XIV, Public and International
Health, Hygiene, Provisional Organization Ninth
International Congress.

156 Washington Ave., New Orleans, La., July 7, 1886.

AMERICAN MEDICAL ASSOCIATION.

FORMED IN 1846.

Next annual meeting will be held June 7th, 8th,

9th, and 10th, 1887, in Chicago, Ill. President, E. H. Gregory, M.D., St. Louis, Mo. Permanent Secretary, W. B. Atkinson, M.D., Philadelphia, Penn. Assistant Secretary, J. Nevins Hyde, M.D., Chicago, Ill. Treasurer, Richard J. Dunglison, M.D., Philadelphia, Penn. Librarian, C. H. A. Kleinschmidt, M.D., Washington, D. C. Chairman of Committee of Arrangements, Charles Gilman Smith, M.D., Chicago, Ill.

All membership dues should be sent direct to the Treasurer, RICHARD J. DUNGLISON, M.D., lock box 1274, Philadelphia, Penn.

DR. A. M. POLLOCK, of Pittsburgh, Pa., has been appointed Secretary of the Section of Surgery and Anatomy of the American Medical Association for the present year.

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

(Concluded from page 55.)

An Excursion to the Catskills—The Ulster County Medical Society—Mr. Henry Berghon Pasteurization.

But to return to our medical excursion party. The ride in the cars up through Stony Clove was a most picturesque and charming one, and it was rendered all the more attractive by the masses of wild laurel in full bloom all along upon the mountain sides. The finest part of the Clove is that near its upper entrance. Here the depth between the two great mountains—Hunter on the one side and Spruceback on the other—is extremely narrow, and the rocky and precipitous cliffs, covered with stunted evergreens, tower to a vast height on either side of the road. Those on the Hunter side, particularly, form an almost perpendicular wall, and present an aspect of wild and indescribable grandeur. It is here that the ice-cans, where ice remains throughout the entire year, are found; and in summer the temperature is always considerably lower at this point than in the surrounding region. After leaving the Clove, the scenery is not less beautiful, and the romantic terminus of the railroad, on the shore of one of the two lovely Catskill Mountain lakes, seems a fitting place of ending for so inspiring a ride. Stages are in waiting for the party, and by six o'clock all are safely landed at the hospitable doors of the great Hotel Kaatskill, whose

"arces

Alpibus impositas tremendis,"

white and gleaming in the sunshine, we had long been watching from afar.

With keen appetites we sat down to a bountiful supper, and afterwards wandered off to enjoy the declining day.

— Sol ubi montium

Mutare et umbras . . . amicam

Tempus argens, abeunte curru.

At half-past eight the scientific session was resumed, and Dr. H. Van Hoevenberg read a paper of medico-