

**SURGICAL DISEASES OF CHILDREN.** By Samuel W. Kelley, Professor of Diseases of Children, Cleveland College of Physicians and Surgeons. Cloth. Pp. 768, with illustrations. Price, \$5.00. New York. E. B. Treat & Co., 1909.

A book devoted to surgical pediatrics is something new. Ordinarily the subjects are covered in works on orthopedic surgery and general surgery. Dr. Kelley's implied reason for the creation of this new general subject is that of all surgical disorders of children, some are found only in children, some are found most often in children, and the rest are modified by occurrence in children. Thus surgical pediatrics, as a subject separate from general surgery, is justified in the same way as medical pediatrics as separate from general medicine, but differently from the justification of orthopedic surgery which is identified by dealing only with certain structures, and not only with a certain age.

The book systematically covers examination of children, surgical pathology of childhood, general infections, fractures and other traumas; all congenital and acquired deformities, bone and joint diseases, and regional surgery in children. The book is well illustrated, the twenty-six page index, an important part of any large book, is carefully prepared, and Dr. Kelley's tone is judicious, personal and not unduly authoritative, for no one man can be authority for such a long range of subjects.

**A MANUAL OF CLINICAL DIAGNOSIS.** By James Campbell Todd, Ph.B., M.D., Associate Professor of Pathology, Denver and Gross College of Medicine (University of Denver). Flexible Leather. Pp. 318, with illustrations. Price, \$2.00. Philadelphia: W. B. Saunders Co., 1908.

This manual is well adapted to be a guide to the clinical laboratory work of the general practitioner. The methods are practical and are selected on the principle that it is better to learn one method well than to be acquainted superficially with many. The book is convenient in size and well illustrated, which adds greatly to the value of such a work.

**A TEXT-BOOK OF MEDICAL CHEMISTRY AND TOXICOLOGY.** By James W. Holland, A.M., M.D., Professor of Medical Chemistry and Toxicology, and Dean, Jefferson Medical College, Philadelphia. Second Edition. Cloth. Pp. 655, with illustrations. Price, \$3. Philadelphia: W. B. Saunders Co., 1908.

The second edition of Dr. Holland's text-book presents a thorough revision, which brings it in accord with the recent edition of the United States Pharmacopeia and the advances in physiologic chemistry. Few medical students enter on their course with a thorough understanding of general chemistry; and this fact makes it necessary to devote a large part of the work—more than half—to general chemical principles and the chemistry of the elements. The treatment, however, is specially suited to the requirements of the medical student. The sections dealing with organic and physiologic chemistry include the methods of analysis of the gastric contents, milk and urine. The tests given are such as will be practically useful. While the revision has introduced the most recent methods, it is a little disappointing to find antiquated methods like Ewald's salol test and the use of potassium iodid to determine the absorptive power of the stomach still retaining a place in so excellent a text-book.

**A SYSTEM OF MEDICINE.** Vol. 4. Parts 1 and 2. By Many Writers. Edited by Sir Clifford Allbutt, K.C.B., M.A., M.D., LL.D., D.Sc., F.R.C.P., F.R.S., F.L.S., F.S.A., Regius Professor of Physic in the University of Cambridge, and Humphry Davy Rolleston, M.A., M.D., F.R.C.P., Senior Physician, St. George's Hospital, Cambridge. Cloth. Price, \$3 per volume. New York: The Macmillan Co., 1908.

This volume iv has been divided into two parts: The sections on diseases of the nose, pharynx and larynx have been expanded and combined with a section on diseases of the ear to form a separate volume. Some new articles have been introduced and the subjects treated in the previous edition brought up to date. No extensive review or commendation of this valuable and well-known work is necessary. The inclusion of diseases of the ear in a work on general medicine, while unusual, seems eminently appropriate, both on account of the intimate relations of the ear with the brain, and also because the general practitioner will naturally desire to find in his treatise on medicine such an account of ear diseases as will enable him to treat successfully such patients as need not be referred to a specialist.

## Association News

### CLINICS AT PHILADELPHIA

Series of Clinics and Demonstrations Arranged for Those Who Go to Atlantic City

THE JOURNAL has received the following announcements:

#### MEDICO-CHIRURGICAL COLLEGE

The Medico-Chirurgical College of Philadelphia cordially invites any members of the American Medical Association to visit the institution on their way to or from Atlantic City, and to attend the special clinics as indicated below:

#### Monday, June 7

- 9 a. m. Internal Medicine, Prof. W. Frank Haehnlen.
- 10 a. m. Surgery, Prof. William L. Rodman.
- 11 a. m. Surgery, Prof. William L. Rodman.
- 12 m. Orthopedics, Prof. James P. Mann.
- 1 p. m. Ophthalmology, Prof. L. Webster Fox.
- 3 p. m. Internal Medicine, Prof. Judson Daland.

#### Saturday, June 12

- 10 a. m. Obstetrics, Prof. W. Frank Haehnlen.
- 11 a. m. Surgery, Prof. Ernest Laplace.
- 12 m. Genitourinary Diseases, Prof. H. M. Christian.
- 1 p. m. Pediatrics, Prof. W. C. Holloper.
- 3 p. m. Otology, Prof. Edward B. Gleason.

Other clinics will be arranged for Monday, June 14, if desired by any of the visitors.

The members of the Association are also cordially invited to attend the Alumni Reunion and Smoker of the Medico-Chirurgical College on the evening of Tuesday, June 8, which will be held at the Hotel Rudolf, on the Boardwalk, at Atlantic City.

#### SAMARITAN HOSPITAL

The staff of the Samaritan Hospital, Broad and Ontario streets, Philadelphia, will give clinics for visiting physicians as follows:

#### Monday, June 7

- 11-12 a. m. Medical Clinic, Dr. I. Newton Snively.
- 12-1 p. m. Gynecologic Clinic, Dr. Frank C. Hamond.
- 1-2 p. m. Exhibition of Gynecologic Specimens, Dr. Harry A. Duncan.
- 2-3 p. m. Rectal Clinic, Dr. Collier F. Martin.
- 3-4 p. m. Ear, Nose and Throat Clinic, Dr. Nathan G. Ward.
- 4-6 p. m. Surgical Clinic with Demonstrations of Spinal and Narcotic Anesthesia, Dr. W. Wayne Babcock and Dr. William A. Steele.

#### Saturday, June 12

- 11-12 a. m. Obstetric Clinic, Dr. John C. Applegate.
- 12-1 p. m. Gynecologic Clinic, Dr. Wilmer Krusen.
- 1-2 p. m. Pediatric Clinic, Dr. James H. McKee.
- 2-3 p. m. Medical Clinic, Dr. Samuel Wolfe.
- 3-4 p. m. Ophthalmic Clinic, Dr. Wendell Reber.
- 4-5 p. m. Surgical Clinic, with Demonstrations of Spinal and Narcotic Anesthesia, Dr. W. Wayne Babcock.
- 5-6 p. m. Genitourinary Clinic, Dr. William A. Steel.

## Correspondence

### A National Home for Aged or Invalid Physicians

*To the Editor:*—The establishment of a national home for aged, incapacitated and invalid physicians is a question which can profitably be considered by the American Medical Association. The broad humanitarianism of such a plan should appeal to our membership; its practicability should insure an early investigation and a report of its advisability.

The project is feasible. That has been demonstrated by labor unions and fraternal orders. In 1892, the Union Printers' Home, the pioneer of such institutions, was dedicated at Colorado Springs, Colo. In the seventeen years which have elapsed since that time every cent of the \$800,000 which has been spent in maintenance and in permanent improvements, with the exception of a \$10,000 gift and an endowment of \$1,000, has come from the ranks of the union. The monthly assessment on each of the 45,000 members was originally ten cents; this was increased a few years ago to fifteen cents, which means half a cent a day, or less than the amount an average printer will earn in a minute's working time. This provides an annual fund of nearly \$90,000. More than 1,000 members have been admitted to the Printers' Home; the average number of residents is 150; and the average cost per month \$30. The property has a valuation of \$1,000,000.

The Modern Woodmen of America, with a membership of 1,000,000, has this winter opened its national sanatorium for the treatment of tuberculosis, north of Colorado Springs. This institution will ultimately involve an expenditure for personal improvements of \$500,000 or more, and will provide accommodations for 500, or possibly 1,000 patients. It costs every member of the order ten cents a year.

With a membership of about 32,000, the American Medical Association is assured of ample support in undertaking to build and maintain an institution of this character. An assessment of \$2.50 the first year would provide all the money necessary for the purchase of a site and the erection of the necessary buildings. After that, a monthly assessment of five or ten cents would adequately maintain the home.

Such an institution would fill a want in the membership of the Association. To the physician who is no longer able to engage in the practice of his profession because of broken health, it would offer a retreat where he could build up his lost strength and vitality, under the most favorable of conditions; to the aged practitioner who still is required by force of circumstances to continue his daily work at a time when his years of active service should entitle him to a rest, it would be a haven of peace. The matter of planning the institution on such broad lines that provision might be made for the care of the families of those who seek its shelter is one that should be given the most careful attention.

This is a humanitarian project of the highest type; it is not charity. Every member of the American Medical Association, on doing his share in the establishment and maintenance of the institution, would by right feel that it truly should be and would be his home should the vicissitudes of life, from which none of us are immune, ever give him reason to seek its kindly shelter. This is a matter which is deserving of the most careful consideration of our membership, and I present it at this time that it may come up for preliminary discussion at least, at the forthcoming convention at Atlantic City.

A. C. MAGRUDER, M.D., Colorado Springs, Colo.

## Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish name or address will be faithfully observed.

### METHOD OF DETERMINING DIASTOLIC BLOOD PRESSURE

To the Editor:—I have just been reading two articles in German periodicals describing the determination of diastolic blood pressure by the auscultatory method. When I was in Germany last summer, I learned this method from a young German physician in Nauheim and have successfully used it with interest ever since. In none of these articles is mentioned this method, which I have found in practice to be much simpler than any other and just as accurate.

The method is this: After the physician has determined the systolic pressure by some method involving the circulatory compression of the arm, he relaxes the pressure and says to the patient, "At one time during the examination, you felt a very distinct throbbing of the arm. Now I am going to make the determination over again and I want you to tell me as soon as that throbbing returns to me as great an extent as you felt it at any time." Then the physician gradually makes pressure on the arm and when the patient says, "Now I feel the throbbing to as great an extent as before," the physician reads the diastolic pressure.

I have tested this method in comparison with the other methods and my personal belief is that with the instruments so far invented, it will be found, in the hands of most observers, more correct than any of them. Of course most of my own experience has been with my own blood-pressure apparatus, using hydrostatic pressure as shown in the accompanying illustration.

I therefore enumerate the diastolic pressure determination methods as follows: (1) the tactile method; (2) the graphic method; (3) by the observation of the fluctuations of pressure; (4) the auscultatory method; (5) the subjective pulsation method, which I employ.

LOUIS FAUGÈRES BISHOP, 54 West 53th St., New York.

### DISINFECTION BY FORMALDEHYD

To the Editor:—Please tell me how formaldehyd and potassium permanganate are used in combination as a germicide, and what is the result of the combination. C. C.

ANSWER.—This method was described in THE JOURNAL, July 14, 1906, xlvii, 139, and Jan. 12, 1907, xlviii 159. The action between the potassium permanganate and a part of the formaldehyd produce enough heat to volatilize the greater part of the formaldehyd as formaldehyd gas, which is the disinfecting agent.

### RUOTTE'S ANASTOMOSIS OF SAPHENOUS VEIN TO PERITONEUM

To the Editor:—In THE JOURNAL (Nov. 14, 1908, li, 1662), which I have had the pleasure of taking for two years, there is a paper by Alexis Carrel, entitled "Results of the Transplantation of Blood Vessels, Organs and Limbs," in which the following passage appears: "Ruotte cut the saphenous vein and sutured its peripheral end to the peritoneum in a case of chronic ascites. The ascites disappeared." As there is no further mention of the said Ruotte, I apply to you for any possible information in regard to Ruotte's paper.

L. SLAVINSKI, M.D., Warsaw, Poland, Russia.

ANSWER.—Ruotte published his work on the treatment of chronic ascites by anastomosis of the saphenous vein to the peritoneum in *Lyon médical*, 1907, page 574. The title of the paper is "Abouchement de la veine saphène au péritoine comme traitement de l'ascite." In a case of cirrhosis of the liver, the ascites reproduced itself very quickly after puncture. Ruotte dissected and cut the saphenous vein 8 cm. below its mouth, and sutured its peripheral end to the peritoneum just above Poupart's ligament. The ascites disappeared. Several months after the operation, the patient was in good condition and the ascites had not reappeared. In another case, the patient was in a very bad general condition and died a few days after the operation. Post-mortem examination showed that the saphenous vein was normal. On the peritoneum, a little infundibulum was seen at the place of its anastomosis to the saphenous vein. A catheter could easily be introduced from the peritoneum to the femoral vein through the saphenous vein.

## The Public Service

### Army Changes

Memorandum of changes of stations and duties of medical officers, U. S. Army, week ended May 15, 1909:

Hanson, L. H., 1st lieutenant, granted leave of absence for fourteen days.

Woodson, R. S., major, granted leave of absence for four months.

Russell, F. F., major, ordered to Philadelphia and New York City, on business of the Medical Department, and then to return to Washington.

Schmitter, Ferdinand, 1st lieutenant, granted leave of absence for ten days.

Whitmore, E. R., captain, detail with Bureau of Science, Department of the Interior, Philippine Islands, extended one year.

Field, Peter C., captain, ordered to duty at a military tournament at Toledo, Ohio, June 26, 1909.

Chamberlain, W. P., major, granted leave of absence for ten days.

Love, Albert G., 1st lieutenant, granted leave of absence for fourteen days.

Crosby, E. D., lieutenant-colonel, Kean, J. R., lieutenant-colonel, Ireland, M. W., major, Russell, F. F., major, detailed to represent the medical department of the Army at the meeting of the American Medical Association at Atlantic City, N. J., June 8 to 11.

Thomason, H. D., captain, relieved from duty at Fort Douglas, Utah, and ordered to Fort Missoula, Mont., for duty.

### Navy Changes

Changes in the Medical Corps, U. S. Navy, for the week ended May 15, 1909:

Nash, F. S., surgeon, ordered to additional duty at the Marine Recruiting Station, Philadelphia.

Minter, J. M., assistant-surgeon, detached from the Naval Recruiting Station, Cincinnati, and ordered to the Naval Medical School Hospital, Washington, D. C., for treatment.

Gardner, J. E., medical inspector, ordered to additional duty at the Naval Recruiting Station, Boston.

Byrnes, J. C., medical inspector, detached from the West Virginia and ordered to the Tennessee as fleet surgeon of the Pacific Fleet.

Porter, F. E., P. A. surgeon, detached from the Naval Recruiting Station, Boston, and ordered to the Naval Station, San Juan, P. R., sailing from New York May 22.

Turner, H. W. B., assistant-surgeon, detached from the Hancock and ordered to the Paducah, sailing from New York about May 21.

Fauntleroy, A. M., P. A. surgeon, detached from Marine Recruiting Office, Philadelphia, and ordered to the Hartford.

### Health Reports

The following cases of smallpox, yellow fever, cholera and plague have been reported to the Surgeon-General, Public Health and Marine-Hospital Service, during the week ended May 14, 1909: