

of its work. He declared in favor of the University of the Province being a state institution. In connection with this matter it is understood that Trinity Medical College has appointed a committee to wait on the Senate with regard to amalgamation of the two faculties. On the afternoon of June 14, the degrees in medicine, arts, etc., were conferred on forty-four. At the alumni meeting Dr. Reeve called the attention of the members to the fact that the graduates of Toronto University in all departments now numbered something like 10,000, and it would be important for them to discuss and consider in the interval before the next annual meeting, the question of parliamentary representation.

#### PARIS LETTER.

##### MEDICAL TRIPS TO WATERING PLACES.

Dr. Carron de la Carrière, former interne of the Paris hospitals, is at the head of a scientific movement, which consists in undertaking every year a journey to the principal mineral waters of France. Last year 97 medical men, among whom could be counted a certain number of foreigners, such as Ehlers of Copenhagen, Vauleroy of Brussels, and Laache of Christiania, undertook this trip and visited Néris, La Bourboule, le Mont-Dore, St. Nectaire, Royat, Châtel-Guyon, Bourbon-l'Archambault, Bourbon-Lancy, St. Honoré, Pougues, the sanitarium of Durtol, and Vichy. Dr. Landouzy, who is professor of therapeutics at the Faculty of Medicine, was the scientific director of this excursion, and delivered lectures at each watering-place on its advantages, the qualities of the waters, the methods used, and the results obtained.

A similar excursion will be undertaken this year under the guidance of Dr. Landouzy, which will include the Southwestern bathing resorts: Bagnères de Suchon, Capvern, Bagnères de Bigorre, Argelès, Barèges, St. Sauveur, Cauterets, Eaux-Bonnes, Eaux-Chaudes, Saint-Christan, Pau, Salies-de-Bearn, Biarritz, Cambo, Hendaye, Dax, Arcachon.

For American medical men in France for the exhibition this would not only be an easy way of acquiring information regarding these waters, but also an economical and delightful means of seeing one of the most beautiful parts of France, and the Pyrenees.

##### RUBBER GLOVES IN SURGERY.

At the last meeting of the Society of Surgery a discussion was held on the use of gloves in operative surgery and the precautions necessary to ensure complete asepsis of the hands. Some surgeons declared that gloves were quite useless, while others maintained that they were a great element of security.

Another point discussed was whether a surgeon should operate when he has been in attendance on an infectious case during the preceding twenty-four hours.

Dr. Quénu, surgeon at the Cochin Hospital, referred to his last year's report, based on the statistics of this service during 1897 and 1898, and insisted on the following points: The patient should be bathed at least five or six times, and the last time, soap, alcohol and ether should be used. Rubber gloves should be worn, as complete asepsis is thereby obtained. They should, however, be used only in certain cases, such as operations on infected patients. When it is found necessary to do without them, on account of delicacy of touch needed during the operation, it will be found advantageous to put on sterilized gloves if one is obliged to operate soon after.

Dr. Quénu said that he used for his ligations rubber thread, as it was more easily sterilized than silk, was more compact, and stronger. Dr. Quénu's remarks brought forth some objections from Dr. Rochaud, who asked Dr. Quénu if he thought it wise for surgeons to visit dissecting-rooms. This was a veiled allusion to the fact that Dr. Quénu is chief of practical work at the dissecting-rooms belonging to the hospitals—the amphitheater of Clamart. Dr. Quénu answered that he did not consider the subjects used in dissecting work as very virulent, that the use of gloves while dissecting was sufficient protection, and that the chief of a surgical service should never attend autopsies. The discussion was taken up two weeks later by Dr. Bazy, who told the Society that, after having put his fingers into various virulent cultures, and washed his hands with the greatest care, he had performed laparotomy on four rabbits, and had handled their intestines. The rabbits,

which he showed, made a speedy recovery. Four other rabbits were treated in like manner, without any antiseptic precautions being taken, and they all died in a few hours.

##### MASSAGE OF THE HEART IN SYNCOPE.

Dr. Bazy, who has a wide reputation as a genito-urinary specialist, is a plain-spoken man, and does not believe in complicating operations too much. When Dr. Tuffier described his method of massage of the heart in syncope, during the administration of chloroform, and indicated how the incision should be made to uncover the heart, Dr. Bazy said: "Gentlemen, I have seen this operation carried out, and it was something awful to behold—*c'était effrayant*."

##### MEDICAL EXHIBIT AT THE EXPOSITION.

The Assistance Publique, as it is called in Paris, i. e., the organization which sees to the care and sustenance of the sick and the poor, is the largest and most important body of its kind in the world. Its exhibit is in the Pavilion of the City of Paris, and is on the whole rather disappointing. Foreign physicians can best see the working of the hospitals by visiting the new wards opened in the Cochin and Enfants Malades Hospitals, or by inspecting the Boucicaut Hospital, which is the finest of its type in France. Among some rather dry material of the exhibit, such as graphic charts of infectious diseases, increase in the number of patients, etc., there are two relics of former times which will excite the interest of everyone. One is an old four-posted bed, in use at the Hôtel Dieu during the eighteenth century, which was sometimes used for four patients. Wax effigies represent the patients lying in bed, three of them being stretched out, and a fourth warming himself beside a brazier. The bed is covered with a species of canopy surrounded with red cloth curtains, and there is a green baize coverlet over the bed. On the other side of the room is shown the new style of iron bed, with iron and porcelain night-table, glass spittoon, and all the different modern articles in use in a hospital.

In the next room is the representation of the hole in the wall through which foundlings were passed into the Foundling's Hospital, or Hôpital des Enfants Assistés. This large opening was furnished with a cradle turning in a sort of large box. The woman who wished to abandon her child put it in the cradle, rang the bell, and the watchman inside the building made the box revolve on its pivot and took out the child. This is what was called in olden times a "tour," and was in use up to 1850. Since that time children are registered at a special office. Surgical instruments are also exhibited; some of which date from the time of Dupuytren.

##### SMALLPOX AT LYONS.

Lyons has been having a rather severe epidemic of variola, to judge from the statistics furnished. From February 16 till April 30, there were 308 cases of smallpox with 66 deaths. As there were 12 deaths among patients outside the hospitals, this makes an average of 9 deaths a week. Since the beginning of May here has been an increase in the disease, as 77 new cases were reported from the 2d to the 9th of May.

##### HEALTH OF PARIS.

In Paris there seems to be very few cases of smallpox and the general health of the city has remained quite satisfactory. This condition of the public health is of great importance, on account of the exhibition, as any rumor of an outbreak of plague or smallpox would precipitate a financial disaster.

## Correspondence.

### Hypothetical Questions in a Suit for Malpractice.

TOLEDO, OHIO, June 8, 1900.

To the Editor:—Recently in this city, in a malpractice suit, the following questions were asked:

Assuming that upon a surgical operation, through the usual incision for appendicitis, a surgeon finds the appendix normal, and the condition of the surrounding parts so satisfactory that he returns the appendix to its former position, and permanently closes the incision without drainage, by through-and-through silk-worm gut sutures, reinforced by buried kangaroo tendons, through the peritoneal parts, and immediately thereafter makes an incision in the median line, and removes a

ruptured tubal pregnancy, leaving the surrounding parts in such condition that he permanently closes the latter incision without drainage, with through-and-through silk-worm gut sutures, reinforced by buried kangaroo tendons, through the peritoneal parts, and within ten days thereafter, preceded by great abdominal pains, pus forces its way through the first incision in such quantities that a cotton pad one inch thick, by eight inches square, is to half its extent, twice a day saturated thereby, and such pus, without diminution, continues to discharge for the period of ninety days, to what would you, as a physician and surgeon, attribute the origin of such pus?

What would you do under such circumstances?

If the same conditions continued for four months, to what would you attribute the origin of such pus? What would you do, etc.?

If the same conditions existed for six months, to what would you attribute the origin of said pus? What would you do, etc.?

If the same conditions existed for nine months, to what would you attribute the origin of said pus? What would you do, etc.?

If the same conditions existed for twelve months, to what would you attribute the origin of said pus? What would you do, etc.?

If, after eighteen (18) months, the same conditions, having continued to exist, the said first incision being opened up, and there should be found in the abdominal cavity, a cheese-cloth sponge, composed of eight layers of cheese-cloth  $2\frac{1}{2} \times 3$  inches in size, saturated by pus, and the same had been in said cavity from the time of the first incision, to what would you attribute the origin of said pus, so discharging during said eighteen months?

The grounds for the suit as alleged by the plaintiff are sufficiently well outlined by the questions. The legal points which the plaintiff undertook to prove were lack of ordinary care and skill in making the operation, and inattention, neglect, and lack of ordinary skill in the care of the patient after the operation.

Medical experts were examined on the steps of an ordinarily skilful operation, the amount of pus which an infected kangaroo tendon would or could cause to be secreted but the question which caused experts the most trouble, was to fix a time after an operation where, if conditions as mentioned in the hypothetical question had supervened, they would cease to wait for nature to right the trouble, and when would seek to do so by surgical means. The examination of one expert elicited the fact that he himself had in one instance waited for six years for nature to discharge a suture which he had introduced during the operation. Only the experts for the plaintiff were heard, as at the close of the plaintiff's evidence the defendant moved to dismiss the case because the statute limitation had expired before the proceeding had been begun, and the court so held.

One of the most powerful influences, because the most subtle, which leads to the physician's decision in such a case is a purely psychologic one, and one which he ought always to be on the lookout for. There can be no question that a physician will, with less personal disquiet, invoke surgical influences in such a case as the above, if it be referred to him, than in a case of his own. And where a physician's desire is strong in a given direction, it is astonishing how that desire will cover up unwelcome symptoms, and how it will exaggerate the diagnostic and prognostic value of intercurrent and unimportant ones.

The case is to be carried up on error.

JAMES L. TRACY.

#### Value of the Medical Visit.

ST. LOUIS, June 14, 1900.

To the Editor:—The following is one of many letters which I have received since the publication of my communication on "The Value of the Medical Visit" in THE JOURNAL of June 2. (p. 1430):

TOLEDO, June 7, 1900.

C. H. HUGHES, M.D.:

ST. LOUIS, Mo.:

My Dear Doctor:—Kindly tell me if you ever knew a physician who did or could carry into practice the very truthful

propositions of what ought to be done, as outlined in your letter in THE JOURNAL.

I believe it is a fact that, in this city, a recent graduate is more likely to demand a good fee than is the man whose long experience should entitle him to it, and I think that the universal practice is to charge one price for a visit.

Respectfully,

Replying to this and many other letters, I would say that I always estimate a visit according to what I do for the patient; according to the time spent with him and lost from my office or hours of study and investigation; according to the time passed since I graduated; according to the ability or non-ability to compensate for full value of service; according to special manipulative and technical skill demanded and the value of advice given, as growing out of the facts learned and the skill and experience possessed.

For all to charge one price for a visit is to rob experience of its due value, and younger medical men of legitimate opportunity in practice.

C. H. HUGHES, M.D.

#### Medical Transactions.

HARTFORD, CONN., June 16, 1900.

To the Editor:—Volumes of transactions of medical societies are very often disappointing to the reader. It is a question whether the publication of such volumes has more than a mere local interest. The criticism often made of the papers of the AMERICAN MEDICAL ASSOCIATION is that they have only a personal and local interest, and rarely rise to the height of being real contributions to the literature of the subject. This was true in some cases years ago, but there has been a gradual and well-marked improvement since THE JOURNAL began to publish these papers. Each year's transactions show a larger proportion of well-rounded, thoroughly-studied papers, and this is the secret of the increasing respect which the ASSOCIATION is receiving in all quarters. State and local associations, whose published volumes of transactions are increasing rapidly year after year, have a local interest which should be encouraged. While many of them are but little above the ordinary journal in their ephemeral character, their value undoubtedly is more to the author than to the reader. As studies of psychology and the growth of medical thought and practice, they are exceedingly interesting.

A study of the transactions of different states is very interesting and is probably on a par with the sermons of the divines of a hundred years ago. Papers read in these local and state societies, when confined to epidemics and discussion of local conditions falling under the observation of the author, have great value, but when the author goes out into the field of medicine, discusses larger topics and draws weighty conclusions concerning scientific theories and movements, the value of his contribution is lost. The most valuable papers ever presented to the AMERICAN MEDICAL ASSOCIATION were local personal studies of diseases and methods of treatment which the author had discovered and tested in his experience. If they were extreme and unsupported by other deductions, or contrary to the present experience, the test of time always brought them into prominence or forgetfulness. An author who gives his personal experience, with the facts on which it is based, no matter what transactions it may be published in, is sure of recognition if his conclusions are correct.

The value of these local transactions is more largely in the culture and practice which it brings to the author in putting his ideas into print. Until recently papers of this class were almost the only biographical data which could be found regarding physicians at death. A recent critic has very severely commented on the uselessness of many of these volumes of state and society transactions. This is only partially true, for while it may have only slight value outside of the vicinity, it certainly is worth the publication and the effort to perpetuate it. The same critic has found in volumes of transactions of societies of specialists a dreary waste of words and unfounded theories. This is also an error, although some articles written by specialists abound in technical terms in such a profusion as to indicate darkening counsel with words. A few text-books are marred by this defect. The reader is obliged to get down a modern dictionary to follow the author,