

on account of the difficulty of removing all foreign matter without it. I have, however, treated a large number of this class entirely by the dry method with most satisfactory results.

It is possible, rapidly and thoroughly, to remove all debris even in quite a large uterus with the finger, a dull curette and curetting forceps. I have not had the accidents so often spoken of in this connection, due to instrumental interference. The unfavorable sequence (pelvic inflammations, etc.) are often due, to the forcing of pus through the tubes by the irrigation. I have known peritonitis to follow irrigation of the uterus several times. I am very partial to the use of Martin's heavy forceps in these cases. With them the uterus can be more rapidly emptied than by the curette alone, and in many cases they are more efficient than the curette or fingers. I have never had any unfavorable results from them. So far, I have not treated the infected puerperal uterus by the dry method, nor has it to my knowledge been employed by any one, but it has been so successful in my hands in smaller infected uteri, that I shall try it the next case I have to treat.

Formerly I performed operations on the cervix, vagina and external genitals under constant irrigation with antiseptic solutions, and later with sterilized water, as was the general custom. The later works on gynecology (Keating and Coe) recommend it. Since adopting the dry methods my results have been much more satisfactory. So much so that I have entirely abandoned irrigation in all operations on the genital tract. No water, not even a wet sponge is used. I use irrigation to cleanse the parts before the operation, but after the first cut, not a drop of water is used.

Irrigation in the abdominal cavity, while still employed by many operators, has been entirely abandoned by a large number. It seems impossible to wash out with any degree of thoroughness the abdominal cavity. In aseptic cases it is certainly superfluous, and in pus cases the careful protection of the cavity by gauze, and wiping out with the same material, has been more satisfactory in the hands of many. Careful, thorough work renders irrigation superfluous except in rare instances. The dry method seems to me more rational, and in my experience has been attended with better results. This method possesses great advantages to the surgeon who does much of his work in their patients' homes. He can pack his bag with everything he needs thoroughly sterilized, and after he has disinfected his hands, use absolutely nothing on the premises. When I go from home to perform surgical operations, I take everything I need except the water to wash my hands, and I think by this method I exclude many avenues of infection. If antiseptics or water are used, it adds that many more chances of trouble. The instruments should not be immersed in any fluid for the same reason. Simplicity all along the line is the watchword, and every additional detail may furnish a loophole for the entrance of the enemy. A fair trial will convince any surgeon of the superiority of the dry method.

**Magnan's Sign in Chronic Cocainism.**—Ribakoff has had occasion to observe a couple of cases of severe chronic cocainism in which Magnan's sign was the predominant symptom. This is a hallucination of the cutaneous sensibility, characterized by the sensation of a spheric foreign body under the skin, varying in size from a grain to a nut. This sensation is peculiar to this intoxication and its differential value should be more generally recognized.—*Gaz. d. Osp. e d. Clin.*, August 4.

## EXPERIENCE OF AN AMERICAN PHYSICIAN IN MEXICO.

A CASE OF MALIGNANT EDEMA—A MEXICAN FUNERAL.

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CHICAGO, ILL.

The patient was a laborer, 38 years old, who had received a crushing injury to the foot from a car wheel, which passed over it high up on the instep. The accident happened on Sunday and he arrived at the hospital Tuesday afternoon, sixty hours later, after a journey of 200 miles.

The injured foot had been wrapped in cotton waste, such as is used about the engines for cleaning purposes. I sent for a Mexican physician and then prepared to operate, with the assistance of a couple of servants. I put the patient to sleep with chloroform, changed to ether and then gave the cone to one of the servants. The leg was prepared for amputation just above the ankle, the operating table being outside the house in the shade of the building. As I began to operate the Mexican doctor arrived and greatly to my relief took charge of the anesthetic. I placed the instruments in two basins on two chairs so that I could reach them without much difficulty, as I had to procure my instruments as well as do my own sponging. In one pan I had a knife, a saw, a pair of artery forceps and a needle threaded with silk. The other pan contained a few other instruments which I thought might be needed. As the bone was sawed through the doctor took it in his hands to lay it down thus getting them covered with blood and pus. I picked up an artery and put on a ligature and then looked for more but could not find any. The doctor noticing my difficulty, wiped his hands on the patient's clothing and swept his fingers over the stump in search of other vessels which might need tying. As he also was unsuccessful, I motioned (we could only communicate by signs, as I could not speak Spanish and he could not speak English and we had no interpreter) to him to loosen the Esmarch bandage so that we might find the other arteries by the bleeding. He did so but no blood appeared, even downward stroking of the leg failed to reveal any spots bleeding sufficiently to require tying. The wound was then closed in the usual way with silk sutures, a drainage tube put in and a dressing put on. Before closing it however, I irrigated very carefully with a solution of bichlorid of mercury in the hope that I might remove the infection implanted by the doctor's hands and with the expectation that I would discover, at least, a second artery that would need a ligature. We now turned our attention to a rather insignificant injury in the other leg, a triangular wound of the skin over the thickest part of the calf, exposing the muscles which appeared to be uninjured. This was carefully washed out with a bichlorid solution and an iodoform dressing put on. On Wednesday I repeated the irrigation of this wound, which seemed to be in good condition. On Thursday the dressing was saturated with a bloody fluid and I irrigated it several times with hot bichlorid solution. Friday the discharge was more copious and the leg slightly swollen. In washing it, I separated the muscles with my fingers and irrigated very thoroughly between them. All day the swelling increased so that at 4 o'clock the leg seemed ready to burst with the tension and it was almost black. Bloody fluid ran in a stream through the mattress to the floor. Several incisions were made from the knee to the ankle, the

first one was three-quarters of an inch deep and gaped nearly two inches.

My Mexican friend predicted that the patient would die before morning but suggested that he have some medicine. At my request he wrote a prescription which I took to the drug store. The druggist gave me two bottles full (one was not large enough); one held about twenty-four ounces and the other sixteen ounces. Directions: half a teacupful every three hours.

Amputation was out of the question, and the patient died the next morning, five and a half days after the injury. The stump of the amputated leg was healing well with very little suppuration.

Never having seen a Mexican funeral, I thought this a good opportunity to do so. The patient died at 4:30 A.M., and at 7:30 the Mexican physician wrote out an application for a burial permit. This I took to the "civil judge," who copied the document entire into a large book. He then asked my name, age, birthplace, whether married or single and the number of children I had. The last question followed the previous one, though I had just said that I was unmarried. I signed my name to what he had written in the book, paid \$1.25 and was given the permit. This was taken to the custom house, endorsed by an official there and we were free to proceed with the funeral. A coffin was obtained for \$2.50. It was made of light wood, painted black and trimmed with white stripes. A cross was painted on top and "1893" on the head end.

The body was wrapped up in the sheet on which it lay and put into the coffin. Four cargadores, hired for the purpose (at 50 cents each), put it upon their shoulders and took it to the graveyard. In twenty minutes we arrived at the "Cemetery of the Angels." This is surrounded by a high stone wall through which we enter by an iron gate under an imposing stone archway. On passing this gate we came into an enclosure of, perhaps, five acres, containing quite a number of monuments. This was the "yard of the first class." Walking through this we passed by another gate into a second enclosure of about the same size constituting the "yard of the second class." The entire surface of the ground here was level except for irregular piles of earth here and there, and bare except for seven or eight small mesquite trees. Not a spear of grass! Not a flower! Near the middle there was a row of ten open graves, about five feet deep and separated from each other by about a foot of earth. The loose earth was piled up in a windrow at either end of the row of graves. Here the bearers set down their burden. An attendant, who had followed from the entrance with two short ropes and five shovels, took the permit, the coffin was opened for his inspection but he disdained to look. The lid was put on again and fastened with two or three small nails driven in with a small stone picked up near by. The coffin was then lowered into the grave nearest the path and the five men began shoveling in the dry earth, talking and laughing, meanwhile; but about what, I did not know.

While they were thus engaged I employed myself examining the mound of earth under my feet. I was standing on a human femur. On looking more carefully I found that the earth was covered and filled with human bones! A tibia, a scapula, a radius, half a dozen ribs in a pile, part of a pelvis, bones of hands and feet without number! Easily fifty bones in sight without disturbing the earth a particle! Meantime

the grave was full, no mound being made, one of the cargadores said "lista" (ready or done), and we turned away. The burial over, the funeral services ended! Antonio Hernandez under the sod! No, under the sand, gravel and the bones of his predecessors in this particular spot. Four hours before, he began his last long sleep, now begins his last long rest (?) No, five years hence his bones will be notified that their lease is up and they must move. The landlord wants the ground for another tenant. Then his skull, perchance, may sit on a pile of earth, as two skulls sat to-day, and watch his successor take his place. The bones of his hands and feet will be a part of the earth which fills the grave over the newcomer.

I made inquiries and found that this cemetery was eighteen years old and that every five years the ground is reopened for new burials. The bones are supposed to be gathered up and deposited in a trench dug for that purpose, but that many of them are returned to help fill up the newly opened grave, I, myself, witnessed. The rich buy lots and dig graves eighteen to twenty-four (!) feet deep, in order that their bones may not be exhumed in the next turning up of the soil.

What an impression is made on one accustomed to the orthodox funeral at home! The darkened room or church, the expensive felt-covered silver-trimmed coffin, the crape, the flowers, the people with their sympathy and tears. The pall-bearers, dressed in black, with white gloves and bared heads. The hearse with its somber plumes and black horses, the long procession of carriages; the cemetery, with its trees and grass, flowers and monuments; the throng of people about the open grave, the measured tones of the minister repeating the solemn burial service, all culminating in the "ashes to ashes, dust to dust," as the clouds roll in upon the coffin.

To one who carried such an impression of what a funeral ought to be, the Mexican way seemed forbidding enough.

But is not that, in some respects, a better custom than ours? The object in putting a body into the ground is, or ought to be, to resolve it into its elements. There it is put in as light a coffin as possible and buried in dry soil where disintegration will rapidly take place. Here we put it in a strong, sometimes a metallic, coffin and inclose this in an outer box; thus retarding decomposition as much as possible. There a funeral costs \$6 or \$7, here even the poor will spend \$100 or \$200 on a funeral, for coffin, carriage, flowers, etc., even when they are too poor to pay the doctor or even buy the decent necessities of life. If prejudice is so great that cremation can not soon be made general, people might, as a step in the right direction, be compelled to use coffins of wickerwork or very light wood so that nature's work of purification might be facilitated, and not retarded.

In five years, buried in Mexican soil, the body disappears, except the bones. Investigations in our cemeteries would reveal a very different condition. We should not regard with such horror the customs of other people without considering the end sought. The feeling of abhorrence we have for new or strange customs is only relative and disappears when we become accustomed to them, particularly if any good end is attained thereby.

As I left the cemetery I was approached by the attendant with a request for money to buy pulque for himself and the cargadores. Returning to the

hospital, I took the mattress, bedding, dressings and indeed everything combustible which had been about the patient, into the back yard, saturated it with kerosene and burned it. The room was scrubbed, then washed with a solution of carbolic acid and left open and unoccupied for some time. There were other patients in the hospital who had wounds, but none of them became infected.

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## A NEW FIGURE-OF-8 PEDICLE LIGATURE.

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The following pedicle ligature is, so far as I know, original:

I have used it with much satisfaction for the last nine months. It is an improvement upon the old

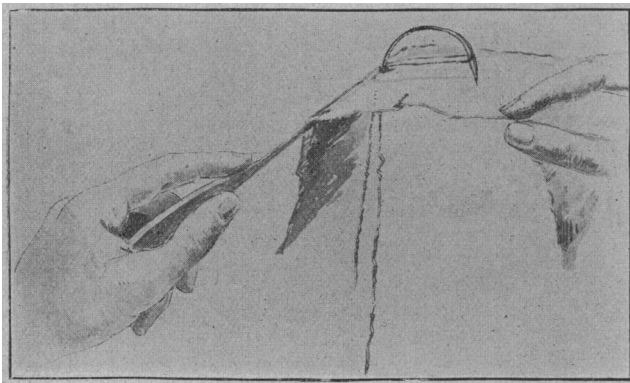


FIGURE 1.

Worlich ligature, because it can be quickly tied, whether it be used singly or as a continuous ligature; for very broad pedicles only one knot is required; the

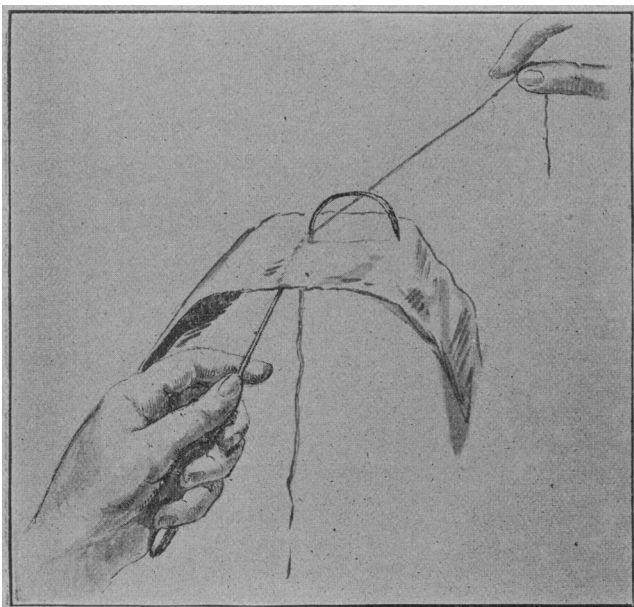


FIGURE 2.

threads cross naturally when passing through the pedicle. It is better than the Tait ligature because of its applicability to any breadth pedicle and can be safely tied, and without any trouble whatever.

An armed needle is passed through the pedicle, as

shown in Fig. 1. That part of the ligature passing through the eye of the needle is withdrawn from it, as shown in Fig. 2. We now have the needle and ligature passing through the same opening in the pedicle, and yet are independent of each other. Take that part of the ligature corresponding with the handle of the needle, carry it half way around the pedicle and pass it through the eye of the needle as shown in Fig. 3.

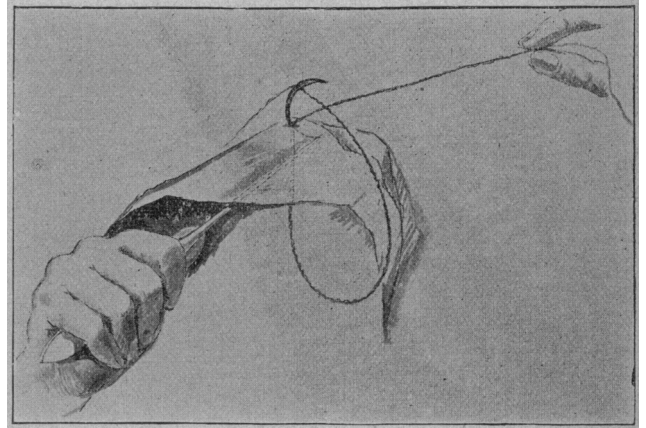


FIGURE 3.

Now withdraw the threaded needle from the pedicle, thereby forming a loop upon one side of the pedicle, the ends passing and crossing through the same opening appear upon the other side and may be tied,

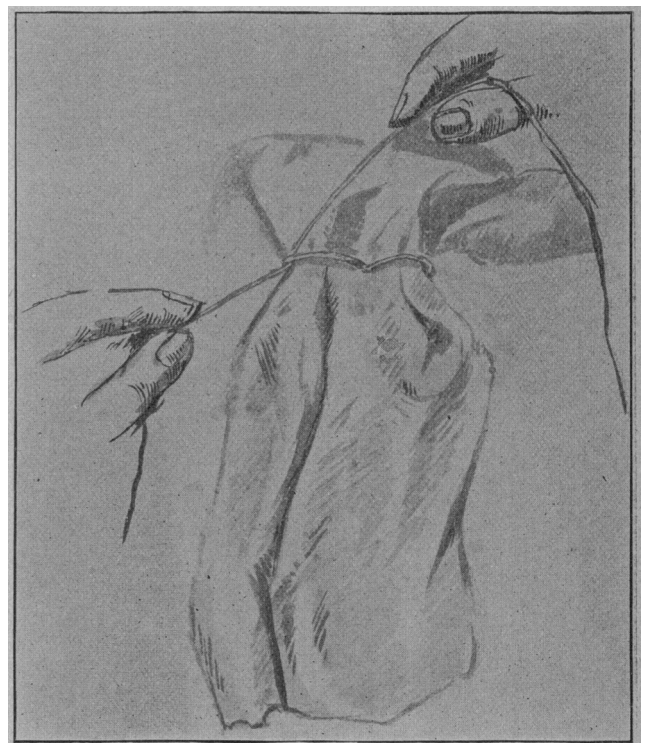


FIGURE 4.

as shown in Fig. 4, or, in a very broad pedicle that can not be securely tied with one figure-of-8, the needle may be passed through the pedicle at a distance of one-half inch or more, threaded with one of the free ends, then unthreaded of that end and again threaded