

weight, consequently it resumed its normal position. The cystocele was not of very long standing.

CASE 5.—Mrs. C. O., aged 54 years, was admitted to Grady Hospital July 16, 1898. Urine: Color normal, specific gravity 1028, acid, small amount of albumin, much oxalate calcium crystals; no casts. The perineum was torn to the sphincter ani, a vesicocoele, like a large pear, protruding from the vagina.

I operated on July 28, with diamond shaped denudation; wire purse-string suture, buried; superficial suture, catgut. A flap operation was done on the perineum, with wire and catgut. The stitches were removed Aug. 5. The results were perfect.

This case is selected as an illustration because the operation was done in the presence of Major McDonald, Surgeon U. S. V., of Albany, N. Y. The diamond was drawn together with buried silver wire, No. 28, and the margins of the wound whipped over with small catgut. The results were excellent and the wire was successfully buried. At last accounts the patient remained well and free from polyuria or prolapse of the bladder. The dysuria was completely relieved.

131-133 S. Pryor Street.

INDIVIDUAL PROPHYLAXIS.

W. A. EVANS, M.D.

CHICAGO.

The question of individual prophylaxis includes preventive measures against bacterial and all other diseases and morbid conditions other than inherited structural changes and pathologic processes. What I will say will be limited to a few features of bacterial diseases.

In bacterial diseases we must never lose sight of two groups of factors: 1, the invader and its modifiers, and 2, the defendant and his modifiers. In the case of epidemic diseases the first of these is of supreme importance. However, even here the second is a factor, for even in times of severe epidemic not all of those who inhale or otherwise take in the bacterial cause have the disease, even though they have not the immunity acquired by a previous attack or by intermittent association.

In the case of endemic diseases, the second factor, namely, the individual and his modifiers, becomes of major importance. However, the first factor is not to be lost sight of, for, with influenza bacilli present in mucous secretions that are normal, and there being no such thing as acquired influenza immunity, in the ordinary acceptance of the term, it follows that there must be variance in the chemistry of the influenza bacillus.

Levy and Klemperer say: "From the constant contact with the infective bacteria to which man is continually exposed, infections would be far more frequent than they really are if the predisposition of human beings to bacterial disease were not on the whole but inconsiderable. In general, the power of resistance of our tissues against bacteria is so great that for infection to take place an additional special contributing cause that diminishes this power of resistance, in other words, a predisposing influence is necessary."

When we study the individual as a factor in infectious diseases we find many subsidiary factors. There is inherited immunity acquired by an attack of the disease, by an attack of a similar disease, by intermitting exposure, etc. In addition to these influences retarding infection, there are factors aiding it. I will restrict what I have to say to four of these: 1. Mental depression. 2. Overexertion. 3. Cleanliness. 4. Exposure to cold.

Mental Depression.—We have illustrations in the experience of every one that temporary susceptibility can come from mental depression. Every text-book article on susceptibility and immunity gives mental depression as a predisposing cause. This is a very considerable factor in infection in its inception; it can also be a factor in its continuation. The patient with an infectious disease, who is frightened or otherwise depressed, has a lessened chance of successfully resisting.

Overexertion.—The effects of overexertion are matters of constant laboratory observation. The dog treadmill and the rat-cage with a revolving attachment are matters of almost habitual class demonstration. The only point that I wish to raise here is: Is it not possible that at times our physical treatments are too vigorous? For example, some surgical dressings, especially those of fractures; the prolonged maintenance of one position in bed, whether that position is difficult or the easiest possible; the prolonged maintenance of head-low-position after hemorrhage; vigorous tubbing, etc.

Cleanliness.—A few years ago one of the most brilliant younger members of Chicago's medical profession quit that for the soap business. In a recent private letter he claims continued kinship with the medical profession because the soap profession is the cleanest of professions.

Two sides of the dirt question require no word: The first is, dirt as one of the elements of bad hygiene; the second, dirt as a carrier of infection in wounds. There is an unorthodox side about which I wish to say a word. Suppurative conditions and suppuration-bacteria are endemic. In ever-present diseases the personal equation of the individual attacked is the larger factor. Is not cleanliness increasing our susceptibility to pus processes, both as prime causes of localized abscesses, metritis, appendicitis, and diffused disease conditions—septicemias and pyemias—and as complications of other diseases, such as tuberculosis and typhoid. Fowls do not have suppurations. It is difficult to infect guinea-pigs, rabbits, and, in fact, any of the lower animals with pus cocci. Wounds of the feet of horses and other domestic animals do not ordinarily suppurate. Tuberculosis in such animals frequently makes fibrous, often caseating lesions. Sometimes liquefying areas are found. Suppuration is altogether exceptional.

It is a matter of common observation that wounds on the hands of farmers and machinists, where cleanliness is not possible, seldom suppurate. Wounds on the hands of people whose work does not soil the hands are very prone not only to local infection, but they frequently serve as portals for more or less general lymphatic or blood infection. Susceptibility and immunity of a given area entirely regardless of general susceptibility and immunity have been demonstrated in the case of the rabbit's ear.

I have seen postpartum infection of negro women of the less cleanly type yield speedily to the most rudimentary cleanings. Infections in white women, seemingly much less violent and combatted by cleanings that were much more thorough, have been inefficient.

Exposure to Cold.—It would consume space unnecessarily to cite proof that exposure to cold, to heat, to wet, etc., can determine infection in both man and the lower animals. It is quite possible that the mechanism lies in the vasomotor apparatus alone. Again, it is possible that it pertains to the vasomotor apparatus and the local cells combined. The only point I wish to make here is: To protest against the policy of protection; to be specific, woolen underwear, rubber shoes, chest protectors, throat mufflers, hot Scotch, etc.

Our resisting capacity, whether vasomotor, biologic, or something else, does not differ from our muscle capacity in the particular that, if it is exercised, it grows; if it is not it diminishes. If certain zones of the body surface are never allowed to get cool, then a sudden local chilling results in infection. But education can make those areas indifferent to the effects of chilling. One of the predisposing factors is removed. If the feet are habitually dry and warm, cold and wet will determine infection. If no attention is paid to whether the feet are wet or dry, they cease to be predisposing factors in infection. The neck can be trained to the same hardihood and the same indifference to changes of atmospheric conditions as the face, both in its relation to infection of the throat, and to general infection. I am trying to emphasize the habit side of this question. What I have to say does not apply to isolated exposures.

STATEMENT MADE BEFORE THE COMMITTEE ON PUBLIC HEALTH OF THE NEW YORK ASSEMBLY

AT THE PUBLIC HEARING ON ASSEMBLY BILL 759, REGULATING
AND LEGALIZING THE PRACTICE OF OSTEOPATHY IN THE
STATE OF NEW YORK AND FIXING PENALTIES FOR
THE VIOLATION THEREOF.

JAKOB BOLIN.
NEW YORK CITY.

The New York Medico-Gymnastic and Massage Society, incorporated under the laws of the state, has a membership of graduates and non-graduates of medicine who practice those branches of therapy, which are denoted in the name of the society. When this society resolved to appear before you through delegates, it was thought advisable that both these elements in its membership should be represented in order that the opinion might not prevail that the physicians among us carried things with a high hand, but to let it be known to you that whatever differences of opinion there may be on other questions, all the members stand hand in hand on this particular one. I have been elected to represent the laity in our society, and to give you our views on this matter.

The questions for me to answer are simply these: what relations exist between osteopathy on the one hand and massage and medicogymnastics on the other? What are their similarities and differences? And how does this bill, if it becomes law, effect those who practice massage and medicogymnastics?

Let me then state that here, as in so many other cases, the old saying slightly changed is true: What is good in osteopathy is not new, what is new is not good. Manipulations and movements have been used in therapy from time immemorial. It is not necessary to refer to the ancients, but you should know that from 1804 they were set into system in Sweden by P. H. Ling, and were in 1813 recognized by the government as a legitimate branch of therapy, and at the present time they are so recognized. But even in that country where these practices are unqualifiedly better understood than anywhere else, where the course of instruction has a duration of three years, and the students must have a preliminary knowledge corresponding approximately to the academic degree of B. A. before they may even enter upon their professional studies, the government does not allow the independent practice of the graduates of its own institution, but requires a certain amount of co-operation between them and the legalized physicians. In this bill it is proposed to give independent practice to persons who may have taken a course of a month or a correspondence course of a few months. When the standard of medical education in the state has been laboriously raised to approach that of Europe, is it not an arrogance, an audacity, a crime, aye, even a stupidity, which is perhaps still worse, to try to degrade it with one stroke?

The treatment of disease by manipulations and movements is not, then, a new discovery, as claimed. Nor is it new in this country. From Sweden it was introduced into New York by

two physicians, the two brothers Taylor, in the fifties, and it is now practiced more or less successfully by several hundred persons all over the country, who have gained no new knowledge from the osteopaths. I have here some works by osteopaths, and some by gymnasts. It was my intention to demonstrate by the pictures in them their similarities of procedure. The denial by the osteopaths of authoritative value to the works published in their name would, however, make such demonstration invalid.

Have our physicians taken any interest in these matters? A great variety of manipulations were collected in 1835, by Dr. Martin, of Lyon, and under the name of massage they have been studied and applied by several of the most noted physicians of our era. The celebrated Esmarch, late surgeon-general of the Prussian army, was one of its most pronounced advocates. Zabludowsky, Mosso, and a host of others have studied its physiology. Dr. Metzger has gained world-fame in its application.

Now these men who come before you to urge this bill, which under the guise of breaking the monopoly of the physicians, endeavor to set up a monopoly in this particular branch, shutting out completely us who have practised long before osteopathy was thought of, these men are simply very poor imitators of their predecessors, very poor not only in so far that they apply only part of the means at our disposal, but poor also in the sense that they apply what they do use upon absolutely false and preposterous grounds. They see dislocations and subluxations everywhere. Last summer there came under my care a case of locomotor ataxia where they had diagnosed a dislocation of the spine. Less than two months ago I received from one of the most prominent neurologists in the city of New York a patient with localized cerebral venous stasis. They had "discovered" a subluxation in his neck! That is one difference between them and us. We take the diagnosis of the physician. They claim to make their own diagnosis and it is practically always the same. Why, if any one of you should put yourself in their care you would undoubtedly be found to have a dislocation of the neck. And still I will warrant that it is not your heads which have been turned, but theirs—turned completely around and topsy-turvy into the bargain.

The society, which I have the honor to represent, endeavors to gradually embrace all the reputable practitioners in this mode of treatment. And one of the cardinal points in our declaration of faith is this, that there must be co-operation between the physician and us, that the diagnosis lies outside of our sphere, that we are not prepared for it, and this notwithstanding the fact that most of us have looked far deeper into the etiology and pathology of diseases than these gentlemen with their peculiar notions. When we have got the diagnosis made by a reputable physician, we undertake the treatment in suitable cases, and so far as technique is concerned I have yet to learn of undue influence by the medical fraternity, at least the foremost among them. They recognize that those of us who have made a conscientious study of this matter during several years understand it far better than they themselves, while we bow to them without hesitancy so far as diagnosis is concerned.

It is rumored that an esteemed gentleman here present, Mark Twain, is to speak on the opposite side of this question. I do not know what his acquaintance with osteopathy, so-called, may be, but this I do know, that he himself has gained his first insight and benefit from manipulations and movements not from them but from Swedish gymnasts at Sanna in Sweden.

Let this bill become a law and havoc will be played with the health of the community. You will make impossible the endeavors of our society to raise the standard, so as to become an honor to the country. You will frustrate the plan, now in progress, to found a school where the science and art of this branch of therapy may be taught in accord with the doctrines of science. Defeat the bill and you will uphold our hands, and you will shortly see in New York City a school worthy of the imperial state, a school conducted by citizens of this state, a school which shall put the diploma factories in the west to shame.

7 West One Hundred and Twelfth Street.